



Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

State of West Virginia Master Agreement

Order Date: 09-18-2024

CORRECT ORDER NUMBER MUST
APPEAR ON ALL PACKAGES, INVOICES,
AND SHIPPING PAPERS. QUESTIONS
CONCERNING THIS ORDER SHOULD BE
DIRECTED TO THE DEPARTMENT
CONTACT.

Order Number:	CMA 0506 2868 EHP2500000001 1	Procurement Folder:	1407305
Document Name:	TOBACCO CESSATION QUITLINE	Reason for Modification:	
Document Description:	TOBACCO CESSATION QUITLINE		
Procurement Type:	Central Master Agreement		
Buyer Name:			
Telephone:			
Email:			
Shipping Method:	Best Way	Effective Start Date:	2024-10-01
Free on Board:	FOB Dest, Freight Prepaid	Effective End Date:	2025-09-30

VENDOR	DEPARTMENT CONTACT																				
Vendor Customer Code: VS0000045046 RVO Health LLC 1101 Red Ventures Drive Fort Mill SC 29707 US Vendor Contact Phone: 7579186633 Extension:	Requestor Name: Christine L Basham Requestor Phone: (304) 356-4930 Requestor Email: christine.l.basham@wv.gov																				
Discount Details:	2025 FILE LOCATION																				
<table><tr><th></th><th>Discount Allowed</th><th>Discount Percentage</th><th>Discount Days</th></tr><tr><td>#1</td><td>No</td><td>0.0000</td><td>0</td></tr><tr><td>#2</td><td>No</td><td></td><td></td></tr><tr><td>#3</td><td>No</td><td></td><td></td></tr><tr><td>#4</td><td>No</td><td></td><td></td></tr></table>			Discount Allowed	Discount Percentage	Discount Days	#1	No	0.0000	0	#2	No			#3	No			#4	No		
		Discount Allowed	Discount Percentage	Discount Days																	
#1		No	0.0000	0																	
#2		No																			
#3	No																				
#4	No																				

INVOICE TO	SHIP TO
PURCHASING DIRECTOR 304-356-4116 HEALTH AND HUMAN RESOURCES BPH - EPIDEMIOLOGY AND HEALTH PROMOTION 350 CAPITOL ST, RM 515 CHARLESTON WV 25301-3715 US	PURCHASING DIRECTOR 304-356-4116 HEALTH AND HUMAN RESOURCES BPH - EPIDEMIOLOGY AND HEALTH PROMOTION 350 CAPITOL ST, RM 515 CHARLESTON WV 25301-3715 US

Purchasing Division's File Copy

Total Order Amount:

Open End

PURCHASING DIVISION AUTHORIZATION
DATE: 9/18/24
ELECTRONIC SIGNATURE ON FILE

ATTORNEY GENERAL APPROVAL AS TO FORM
DATE: 9/25/2024
ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION
DATE: 9-25-24
ELECTRONIC SIGNATURE ON FILE

Extended Description:

.THE VENDOR, RVO HEALTH LLC, AGREES TO ENTER WITH THE AGENCY, DEPARTMENT OF HEALTH AND HUMAN RESOURCES (DHHR), BUREAU FOR PUBLIC HEALTH (BPH), DIVISION OF TOBACCO PREVENTION, THE OFFICE OF MATERNAL CHILD AND FAMILY HEALTH (OMCFH), AND THE BUREAU FOR MEDICAL SERVICES (MEDICAID/MVCHIP), INTO AN OPEN-END CONTRACT TO PROVIDE A NO-CHARGE-TO-THE-CALLER TOBACCO CESSATION QUITLINE PER THE TERMS AND CONDITIONS, SPECIFICATIONS, BID REQUIREMENTS, ADDENDUM 1 ISSUED 05/02/2024, ADDENDUM 2 ISSUED 05/02/2024, AND THE VENOR'S PROPOSAL DATED 05/16/2024, INCORPORATED HEREIN BY REFERENCE, AND MADE A PART OF HEREOF.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	80000000				0.000000
	Service From	Service To		Service Contract Amount	
	2024-10-01	2025-09-30		96000.00	

Commodity Line Description: Administrative Costs

Extended Description:

Administrative Costs - 1 Year

Yearly Fee: \$96,000.00

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
2	81111508				0.000000
	Service From	Service To		Service Contract Amount	
	2024-10-01	2025-09-30		0.00	

Commodity Line Description: Intake/Eligibility Verification

Extended Description:

Intake/Eligibility Verification - Per enrolled person

Unit Price: \$30.00

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
3	81111508				0.000000
	Service From	Service To		Service Contract Amount	
	2024-10-01	2025-09-30		0.00	

Commodity Line Description: Coaching Call #1

Extended Description:

Coaching Call #1 - Per Call

Unit Price: \$35.00

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
4	81111508				0.000000
	Service From	Service To		Service Contract Amount	
	2024-10-01	2025-09-30		0.00	

Commodity Line Description: Coaching Call #2

Extended Description:

Coaching Call #2 - Per Call

Unit Price: \$35.00

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
5	81111508				0.000000
Service From		Service To		Service Contract Amount	
2024-10-01		2025-09-30		0.00	

Commodity Line Description: Coaching Call #3

Extended Description:
Coaching Call #3 - Per Call

Unit Price: \$35.00

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
6	81111508				0.000000
Service From		Service To		Service Contract Amount	
2024-10-01		2025-09-30		0.00	

Commodity Line Description: Coaching Call #4

Extended Description:
Coaching Call #4 - Per Call

Unit Price: \$35.00

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
7	81111508				0.000000
Service From		Service To		Service Contract Amount	
2024-10-01		2025-09-30		0.00	

Commodity Line Description: Reactive Calls #1-4

Extended Description:
Reactive Calls #1-4 - Per Call

Unit Price: \$35.00

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
8	81111508				0.000000
Service From		Service To		Service Contract Amount	
2024-10-01		2025-09-30		0.00	

Commodity Line Description: Nicotine Gum 4mg

Extended Description:
Nicotine Gum 4mg - Per Shipment

Unit Price: \$60.00

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
9	81111508				0.000000
Service From		Service To		Service Contract Amount	
2024-10-01		2025-09-30		0.00	

Commodity Line Description: Nicotine Gum 2mg

Extended Description:
Nicotine Gum 2mg - Per Shipment

Unit Price: \$60.00

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
10	81111508				0.000000
Service From		Service To		Service Contract Amount	
2024-10-01		2025-09-30		0.00	

Commodity Line Description: Nicotine Patch 21mg

Extended Description:

Nicotine Patch 21mg - Per Shipment

Unit Price: \$52.00

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
11	81111508				0.000000
Service From		Service To		Service Contract Amount	
2024-10-01		2025-09-30		0.00	

Commodity Line Description: Nicotine Patch 14mg

Extended Description:

Nicotine Patch 14mg - Per Shipment

Unit Price: \$52.00

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
12	81111508				0.000000
Service From		Service To		Service Contract Amount	
2024-10-01		2025-09-30		0.00	

Commodity Line Description: Nicotine Patch 7mg

Extended Description:

Nicotine Patch 7mg - Per Shipment

Unit Price: \$52.00

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
13	81111508				0.000000
Service From		Service To		Service Contract Amount	
2024-10-01		2025-09-30		0.00	

Commodity Line Description: Nicotine Lozenge 4mg

Extended Description:

Nicotine Lozenge 4mg - Per Shipment

Unit Price: \$65.00

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
14	81111508				0.000000
Service From		Service To		Service Contract Amount	
2024-10-01		2025-09-30		0.00	

Commodity Line Description: Nicotine Lozenge 2mg

Extended Description:

Nicotine Lozenge 2mg - Per Shipment

Unit Price: \$65.00

GENERAL TERMS AND CONDITIONS:

1. CONTRACTUAL AGREEMENT: Issuance of an Award Document signed by the Purchasing Division Director, or his designee, and approved as to form by the Attorney General's office constitutes acceptance by the State of this Contract made by and between the State of West Virginia and the Vendor. Vendor's signature on its bid, or on the Contract if the Contract is not the result of a bid solicitation, signifies Vendor's agreement to be bound by and accept the terms and conditions contained in this Contract.

2. DEFINITIONS: As used in this Solicitation/Contract, the following terms shall have the meanings attributed to them below. Additional definitions may be found in the specifications included with this Solicitation/Contract.

2.1. "Agency" or "Agencies" means the agency, board, commission, or other entity of the State of West Virginia that is identified on the first page of the Solicitation or any other public entity seeking to procure goods or services under this Contract.

2.2. "Bid" or "Proposal" means the vendors submitted response to this solicitation.

2.3. "Contract" means the binding agreement that is entered into between the State and the Vendor to provide the goods or services requested in the Solicitation.

2.4. "Director" means the Director of the West Virginia Department of Administration, Purchasing Division.

2.5. "Purchasing Division" means the West Virginia Department of Administration, Purchasing Division.

2.6. "Award Document" means the document signed by the Agency and the Purchasing Division, and approved as to form by the Attorney General, that identifies the Vendor as the contract holder.

2.7. "Solicitation" means the official notice of an opportunity to supply the State with goods or services that is published by the Purchasing Division.

2.8. "State" means the State of West Virginia and/or any of its agencies, commissions, boards, etc. as context requires.

2.9. "Vendor" or "Vendors" means any entity submitting a bid in response to the Solicitation, the entity that has been selected as the lowest responsible bidder, or the entity that has been awarded the Contract as context requires.

3. CONTRACT TERM; RENEWAL; EXTENSION: The term of this Contract shall be determined in accordance with the category that has been identified as applicable to this Contract below:

☒ **Term Contract**

Initial Contract Term: The Initial Contract Term will be for a period of one (1) year. The Initial Contract Term becomes effective on the effective start date listed on the first page of this Contract, identified as the State of West Virginia contract cover page containing the signatures of the Purchasing Division, Attorney General, and Encumbrance clerk (or another page identified as _____), and the Initial Contract Term ends on the effective end date also shown on the first page of this Contract.

Renewal Term: This Contract may be renewed upon the mutual written consent of the Agency, and the Vendor, with approval of the Purchasing Division and the Attorney General's office (Attorney General approval is as to form only). Any request for renewal should be delivered to the Agency and then submitted to the Purchasing Division thirty (30) days prior to the expiration date of the initial contract term or appropriate renewal term. A Contract renewal shall be in accordance with the terms and conditions of the original contract. Unless otherwise specified below, renewal of this Contract is limited to three (3) successive one (1) year periods or multiple renewal periods of less than one year, provided that the multiple renewal periods do not exceed the total number of months available in all renewal years combined. Automatic renewal of this Contract is prohibited. Renewals must be approved by the Vendor, Agency, Purchasing Division and Attorney General's office (Attorney General approval is as to form only)

☐ **Alternate Renewal Term** – This contract may be renewed for _____ successive _____ year periods or shorter periods provided that they do not exceed the total number of months contained in all available renewals. Automatic renewal of this Contract is prohibited. Renewals must be approved by the Vendor, Agency, Purchasing Division and Attorney General's office (Attorney General approval is as to form only)

Delivery Order Limitations: In the event that this contract permits delivery orders, a delivery order may only be issued during the time this Contract is in effect. Any delivery order issued within one year of the expiration of this Contract shall be effective for one year from the date the delivery order is issued. No delivery order may be extended beyond one year after this Contract has expired.

☐ **Fixed Period Contract:** This Contract becomes effective upon Vendor's receipt of the notice to proceed and must be completed within _____ days.

☐ **Fixed Period Contract with Renewals:** This Contract becomes effective upon Vendor's receipt of the notice to proceed and part of the Contract more fully described in the attached specifications must be completed within _____ days. Upon completion of the work covered by the preceding sentence, the vendor agrees that:

☐ the contract will continue for _____ years;

☐ the contract may be renewed for _____ successive _____ year periods or shorter periods provided that they do not exceed the total number of months contained in all available renewals. Automatic renewal of this Contract is prohibited. Renewals must be approved by the Vendor, Agency, Purchasing Division and Attorney General's Office (Attorney General approval is as to form only).

☐ **One-Time Purchase:** The term of this Contract shall run from the issuance of the Award Document until all of the goods contracted for have been delivered, but in no event will this Contract extend for more than one fiscal year.

☐ **Construction/Project Oversight:** This Contract becomes effective on the effective start date listed on the first page of this Contract, identified as the State of West Virginia contract cover page containing the signatures of the Purchasing Division, Attorney General, and Encumbrance clerk (or another page identified as _____), and continues until the project for which the vendor is providing oversight is complete.

☐ **Other:** Contract Term specified in _____

4. AUTHORITY TO PROCEED: Vendor is authorized to begin performance of this contract on the date of encumbrance listed on the front page of the Award Document unless either the box for "Fixed Period Contract" or "Fixed Period Contract with Renewals" has been checked in Section 3 above. If either "Fixed Period Contract" or "Fixed Period Contract with Renewals" has been checked, Vendor must not begin work until it receives a separate notice to proceed from the State. The notice to proceed will then be incorporated into the Contract via change order to memorialize the official date that work commenced.

5. QUANTITIES: The quantities required under this Contract shall be determined in accordance with the category that has been identified as applicable to this Contract below.

☒ **Open End Contract:** Quantities listed in this Solicitation/Award Document are approximations only, based on estimates supplied by the Agency. It is understood and agreed that the Contract shall cover the quantities actually ordered for delivery during the term of the Contract, whether more or less than the quantities shown.

☐ **Service:** The scope of the service to be provided will be more clearly defined in the specifications included herewith.

☐ **Combined Service and Goods:** The scope of the service and deliverable goods to be provided will be more clearly defined in the specifications included herewith.

☐ **One-Time Purchase:** This Contract is for the purchase of a set quantity of goods that are identified in the specifications included herewith. Once those items have been delivered, no additional goods may be procured under this Contract without an appropriate change order approved by the Vendor, Agency, Purchasing Division, and Attorney General's office.

☐ **Construction:** This Contract is for construction activity more fully defined in the specifications.

6. EMERGENCY PURCHASES: The Purchasing Division Director may authorize the Agency to purchase goods or services in the open market that Vendor would otherwise provide under this Contract if those goods or services are for immediate or expedited delivery in an emergency. Emergencies shall include, but are not limited to, delays in transportation or an unanticipated increase in the volume of work. An emergency purchase in the open market, approved by the Purchasing Division Director, shall not constitute of breach of this Contract and shall not entitle the Vendor to any form of compensation or damages. This provision does not excuse the State from fulfilling its obligations under a One-Time Purchase contract.

7. REQUIRED DOCUMENTS: All of the items checked in this section must be provided to the Purchasing Division by the Vendor as specified:

☐ **LICENSE(S) / CERTIFICATIONS / PERMITS:** In addition to anything required under the Section of the General Terms and Conditions entitled Licensing, the apparent successful Vendor shall furnish proof of the following licenses, certifications, and/or permits upon request and in a form acceptable to the State. The request may be prior to or after contract award at the State's sole discretion.

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The apparent successful Vendor shall also furnish proof of any additional licenses or certifications contained in the specifications regardless of whether or not that requirement is listed above.

8. INSURANCE: The apparent successful Vendor shall furnish proof of the insurance identified by a checkmark below prior to Contract award. The insurance coverages identified below must be maintained throughout the life of this contract. Thirty (30) days prior to the expiration of the insurance policies, Vendor shall provide the Agency with proof that the insurance mandated herein has been continued. Vendor must also provide Agency with immediate notice of any changes in its insurance policies, including but not limited to, policy cancelation, policy reduction, or change in insurers. The apparent successful Vendor shall also furnish proof of any additional insurance requirements contained in the specifications prior to Contract award regardless of whether that insurance requirement is listed in this section.

Vendor must maintain:

☒ **Commercial General Liability Insurance** in at least an amount of: \$1,000,000.00 per occurrence.

☐ **Automobile Liability Insurance** in at least an amount of: _____ per occurrence.

☐ **Professional/Malpractice/Errors and Omission Insurance** in at least an amount of: _____ per occurrence. Notwithstanding the forgoing, Vendor's are not required to list the State as an additional insured for this type of policy.

☐ **Commercial Crime and Third Party Fidelity Insurance** in an amount of: _____ per occurrence.

☐ **Cyber Liability Insurance** in an amount of: _____ per occurrence.

☐ **Builders Risk Insurance** in an amount equal to 100% of the amount of the Contract.

☐ **Pollution Insurance** in an amount of: _____ per occurrence.

☐ **Aircraft Liability** in an amount of: _____ per occurrence.

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9. WORKERS' COMPENSATION INSURANCE: Vendor shall comply with laws relating to workers compensation, shall maintain workers' compensation insurance when required, and shall furnish proof of workers' compensation insurance upon request.

10. VENUE: All legal actions for damages brought by Vendor against the State shall be brought in the West Virginia Claims Commission. Other causes of action must be brought in the West Virginia court authorized by statute to exercise jurisdiction over it.

11. LIQUIDATED DAMAGES: This clause shall in no way be considered exclusive and shall not limit the State or Agency's right to pursue any other available remedy. Vendor shall pay liquidated damages in the amount specified below or as described in the specifications:

☐ _____ for _____.

☐ Liquidated Damages Contained in the Specifications.

☒ Liquidated Damages Are Not Included in this Contract.

12. ACCEPTANCE: Vendor's signature on its bid, or on the certification and signature page, constitutes an offer to the State that cannot be unilaterally withdrawn, signifies that the product or service proposed by vendor meets the mandatory requirements contained in the Solicitation for that product or service, unless otherwise indicated, and signifies acceptance of the terms and conditions contained in the Solicitation unless otherwise indicated.

13. PRICING: The pricing set forth herein is firm for the life of the Contract, unless specified elsewhere within this Solicitation/Contract by the State. A Vendor's inclusion of price adjustment provisions in its bid, without an express authorization from the State in the Solicitation to do so, may result in bid disqualification. Notwithstanding the foregoing, Vendor must extend any publicly advertised sale price to the State and invoice at the lower of the contract price or the publicly advertised sale price.

14. PAYMENT IN ARREARS: Payments for goods/services will be made in arrears only upon receipt of a proper invoice, detailing the goods/services provided or receipt of the goods/services, whichever is later. Notwithstanding the foregoing, payments for software maintenance, licenses, or subscriptions may be paid annually in advance.

15. PAYMENT METHODS: Vendor must accept payment by electronic funds transfer and P-Card. (The State of West Virginia's Purchasing Card program, administered under contract by a banking institution, processes payment for goods and services through state designated credit cards.)

16. TAXES: The Vendor shall pay any applicable sales, use, personal property or any other taxes arising out of this Contract and the transactions contemplated thereby. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.

17. ADDITIONAL FEES: Vendor is not permitted to charge additional fees or assess additional charges that were not either expressly provided for in the solicitation published by the State of West Virginia, included in the Contract, or included in the unit price or lump sum bid amount that Vendor is required by the solicitation to provide. Including such fees or charges as notes to the solicitation may result in rejection of vendor's bid. Requesting such fees or charges be paid after the contract has been awarded may result in cancellation of the contract.

18. FUNDING: This Contract shall continue for the term stated herein, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise made available, this Contract becomes void and of no effect beginning on July 1 of the fiscal year for which funding has not been appropriated or otherwise made available. If that occurs, the State may notify the Vendor that an alternative source of funding has been obtained and thereby avoid the automatic termination. Non-appropriation or non-funding shall not be considered an event of default.

19. CANCELLATION: The Purchasing Division Director reserves the right to cancel this Contract immediately upon written notice to the vendor if the materials or workmanship supplied do not conform to the specifications contained in the Contract. The Purchasing Division Director may also cancel any purchase or Contract upon 30 days written notice to the Vendor in accordance with West Virginia Code of State Rules § 148-1-5.2.b.

20. TIME: Time is of the essence regarding all matters of time and performance in this Contract.

21. APPLICABLE LAW: This Contract is governed by and interpreted under West Virginia law without giving effect to its choice of law principles. Any information provided in specification manuals, or any other source, verbal or written, which contradicts or violates the West Virginia Constitution, West Virginia Code, or West Virginia Code of State Rules is void and of no effect.

22. COMPLIANCE WITH LAWS: Vendor shall comply with all applicable federal, state, and local laws, regulations and ordinances. By submitting a bid, Vendor acknowledges that it has reviewed, understands, and will comply with all applicable laws, regulations, and ordinances.

SUBCONTRACTOR COMPLIANCE: Vendor shall notify all subcontractors providing commodities or services related to this Contract that as subcontractors, they too are required to comply with all applicable laws, regulations, and ordinances. Notification under this provision must occur prior to the performance of any work under the contract by the subcontractor.

23. ARBITRATION: Any references made to arbitration contained in this Contract, Vendor's bid, or in any American Institute of Architects documents pertaining to this Contract are hereby deleted, void, and of no effect.

24. MODIFICATIONS: This writing is the parties' final expression of intent. Notwithstanding anything contained in this Contract to the contrary no modification of this Contract shall be binding without mutual written consent of the Agency, and the Vendor, with approval of the Purchasing Division and the Attorney General's office (Attorney General approval is as to form only). Any change to existing contracts that adds work or changes contract cost, and were not included in the original contract, must be approved by the Purchasing Division and the Attorney General's Office (as to form) prior to the implementation of the change or commencement of work affected by the change.

25. WAIVER: The failure of either party to insist upon a strict performance of any of the terms or provision of this Contract, or to exercise any option, right, or remedy herein contained, shall not be construed as a waiver or a relinquishment for the future of such term, provision, option, right, or remedy, but the same shall continue in full force and effect. Any waiver must be expressly stated in writing and signed by the waiving party.

26. SUBSEQUENT FORMS: The terms and conditions contained in this Contract shall supersede any and all subsequent terms and conditions which may appear on any form documents submitted by Vendor to the Agency or Purchasing Division such as price lists, order forms, invoices, sales agreements, or maintenance agreements, and includes internet websites or other electronic documents. Acceptance or use of Vendor's forms does not constitute acceptance of the terms and conditions contained thereon.

27. ASSIGNMENT: Neither this Contract nor any monies due, or to become due hereunder, may be assigned by the Vendor without the express written consent of the Agency, the Purchasing Division, the Attorney General's office (as to form only), and any other government agency or office that may be required to approve such assignments.

28. WARRANTY: The Vendor expressly warrants that the goods and/or services covered by this Contract will: (a) conform to the specifications, drawings, samples, or other description furnished or specified by the Agency; (b) be merchantable and fit for the purpose intended; and (c) be free from defect in material and workmanship.

29. STATE EMPLOYEES: State employees are not permitted to utilize this Contract for personal use and the Vendor is prohibited from permitting or facilitating the same.

30. PRIVACY, SECURITY, AND CONFIDENTIALITY: The Vendor agrees that it will not disclose to anyone, directly or indirectly, any such personally identifiable information or other confidential information gained from the Agency, unless the individual who is the subject of the information consents to the disclosure in writing or the disclosure is made pursuant to the Agency's policies, procedures, and rules. Vendor further agrees to comply with the Confidentiality Policies and Information Security Accountability Requirements, set forth in www.state.wv.us/admin/purchase/privacy.

31. YOUR SUBMISSION IS A PUBLIC DOCUMENT: Vendor's entire response to the Solicitation and the resulting Contract are public documents. As public documents, they will be disclosed to the public following the bid/proposal opening or award of the contract, as required by the competitive bidding laws of West Virginia Code §§ 5A-3-1 et seq., 5-22-1 et seq., and 5G-1-1 et seq. and the Freedom of Information Act West Virginia Code §§ 29B-1-1 et seq.

DO NOT SUBMIT MATERIAL YOU CONSIDER TO BE CONFIDENTIAL, A TRADE SECRET, OR OTHERWISE NOT SUBJECT TO PUBLIC DISCLOSURE.

Submission of any bid, proposal, or other document to the Purchasing Division constitutes your explicit consent to the subsequent public disclosure of the bid, proposal, or document. The Purchasing Division will disclose any document labeled "confidential," "proprietary," "trade secret," "private," or labeled with any other claim against public disclosure of the documents, to include any "trade secrets" as defined by West Virginia Code § 47-22-1 et seq. All submissions are subject to public disclosure without notice.

32. LICENSING: In accordance with West Virginia Code of State Rules § 148-1-6.1.e, Vendor must be licensed and in good standing in accordance with any and all state and local laws and requirements by any state or local agency of West Virginia, including, but not limited to, the West Virginia Secretary of State's Office, the West Virginia Tax Department, West Virginia Insurance Commission, or any other state agency or political subdivision. Obligations related to political subdivisions may include, but are not limited to, business licensing, business and occupation taxes, inspection compliance, permitting, etc. Upon request, the Vendor must provide all necessary releases to obtain information to enable the Purchasing Division Director or the Agency to verify that the Vendor is licensed and in good standing with the above entities.

SUBCONTRACTOR COMPLIANCE: Vendor shall notify all subcontractors providing commodities or services related to this Contract that as subcontractors, they too are required to be licensed, in good standing, and up-to-date on all state and local obligations as described in this section. Obligations related to political subdivisions may include, but are not limited to, business licensing, business and occupation taxes, inspection compliance, permitting, etc. Notification under this provision must occur prior to the performance of any work under the contract by the subcontractor.

33. ANTITRUST: In submitting a bid to, signing a contract with, or accepting a Award Document from any agency of the State of West Virginia, the Vendor agrees to convey, sell, assign, or transfer to the State of West Virginia all rights, title, and interest in and to all causes of action it may now or hereafter acquire under the antitrust laws of the United States and the State of West Virginia for price fixing and/or unreasonable restraints of trade relating to the particular commodities or services purchased or acquired by the State of West Virginia. Such assignment shall be made and become effective at the time the purchasing agency tenders the initial payment to Vendor.

34. VENDOR NON-CONFLICT: Neither Vendor nor its representatives are permitted to have any interest, nor shall they acquire any interest, direct or indirect, which would compromise the performance of its services hereunder. Any such interests shall be promptly presented in detail to the Agency.

35. VENDOR RELATIONSHIP: The relationship of the Vendor to the State shall be that of an independent contractor and no principal-agent relationship or employer-employee relationship is contemplated or created by this Contract. The Vendor as an independent contractor is solely liable for the acts and omissions of its employees and agents. Vendor shall be responsible for selecting, supervising, and compensating any and all individuals employed pursuant to the terms of this Solicitation and resulting contract. Neither the Vendor, nor any employees or subcontractors of the Vendor, shall be deemed to be employees of the State for any purpose whatsoever. Vendor shall be exclusively responsible for payment of employees and contractors for all wages and salaries, taxes, withholding payments, penalties, fees, fringe benefits, professional liability insurance premiums, contributions to insurance and pension, or other deferred compensation plans, including but not limited to, Workers' Compensation and Social Security obligations, licensing fees, etc. and the filing of all necessary documents, forms, and returns pertinent to all of the foregoing.

Vendor shall hold harmless the State, and shall provide the State and Agency with a defense against any and all claims including, but not limited to, the foregoing payments, withholdings, contributions, taxes, Social Security taxes, and employer income tax returns.

36. INDEMNIFICATION: The Vendor agrees to indemnify, defend, and hold harmless the State and the Agency, their officers, and employees from and against: (1) Any claims or losses for services rendered by any subcontractor, person, or firm performing or supplying services, materials, or supplies in connection with the performance of the Contract; (2) Any claims or losses resulting to any person or entity injured or damaged by the Vendor, its officers, employees, or subcontractors by the publication, translation, reproduction, delivery, performance, use, or disposition of any data used under the Contract in a manner not authorized by the Contract, or by Federal or State statutes or regulations; and (3) Any failure of the Vendor, its officers, employees, or subcontractors to observe State and Federal laws including, but not limited to, labor and wage and hour laws.

37. NO DEBT CERTIFICATION: In accordance with West Virginia Code §§ 5A-3-10a and 5-22-1(i), the State is prohibited from awarding a contract to any bidder that owes a debt to the State or a political subdivision of the State. By submitting a bid, or entering into a contract with the State, Vendor is affirming that (1) for construction contracts, the Vendor is not in default on any monetary obligation owed to the state or a political subdivision of the state, and (2) for all other contracts, neither the Vendor nor any related party owe a debt as defined above, and neither the Vendor nor any related party are in employer default as defined in the statute cited above unless the debt or employer default is permitted under the statute.

38. CONFLICT OF INTEREST: Vendor, its officers or members or employees, shall not presently have or acquire an interest, direct or indirect, which would conflict with or compromise the performance of its obligations hereunder. Vendor shall periodically inquire of its officers, members and employees to ensure that a conflict of interest does not arise. Any conflict of interest discovered shall be promptly presented in detail to the Agency.

39. REPORTS: Vendor shall provide the Agency and/or the Purchasing Division with the following reports identified by a checked box below:

☒ Such reports as the Agency and/or the Purchasing Division may request. Requested reports may include, but are not limited to, quantities purchased, agencies utilizing the contract, total contract expenditures by agency, etc.

☐ Quarterly reports detailing the total quantity of purchases in units and dollars, along with a listing of purchases by agency. Quarterly reports should be delivered to the Purchasing Division via email at purchasing.division@wv.gov.

40. BACKGROUND CHECK: In accordance with W. Va. Code § 15-2D-3, the State reserves the right to prohibit a service provider's employees from accessing sensitive or critical information or to be present at the Capitol complex based upon results addressed from a criminal background check. Service providers should contact the West Virginia Division of Protective Services by phone at (304) 558-9911 for more information.

41. PREFERENCE FOR USE OF DOMESTIC STEEL PRODUCTS: Except when authorized by the Director of the Purchasing Division pursuant to W. Va. Code § 5A-3-56, no contractor may use or supply steel products for a State Contract Project other than those steel products made in the United States. A contractor who uses steel products in violation of this section may be subject to civil penalties pursuant to W. Va. Code § 5A-3-56. As used in this section:

- a. "State Contract Project" means any erection or construction of, or any addition to, alteration of or other improvement to any building or structure, including, but not limited to, roads or highways, or the installation of any heating or cooling or ventilating plants or other equipment, or the supply of and materials for such projects, pursuant to a contract with the State of West Virginia for which bids were solicited on or after June 6, 2001.
- b. "Steel Products" means products rolled, formed, shaped, drawn, extruded, forged, cast, fabricated or otherwise similarly processed, or processed by a combination of two or more or such operations, from steel made by the open hearth, basic oxygen, electric furnace, Bessemer or other steel making process.
- c. The Purchasing Division Director may, in writing, authorize the use of foreign steel products if:
 1. The cost for each contract item used does not exceed one tenth of one percent (.1%) of the total contract cost or two thousand five hundred dollars (\$2,500.00), whichever is greater. For the purposes of this section, the cost is the value of the steel product as delivered to the project; or
 2. The Director of the Purchasing Division determines that specified steel materials are not produced in the United States in sufficient quantity or otherwise are not reasonably available to meet contract requirements.

42. PREFERENCE FOR USE OF DOMESTIC ALUMINUM, GLASS, AND STEEL: In Accordance with W. Va. Code § 5-19-1 et seq., and W. Va. CSR § 148-10-1 et seq., for every contract or subcontract, subject to the limitations contained herein, for the construction, reconstruction, alteration, repair, improvement or maintenance of public works or for the purchase of any item of machinery or equipment to be used at sites of public works, only domestic aluminum, glass or steel products shall be supplied unless the spending officer determines, in writing, after the receipt of offers or bids, (1) that the cost of domestic aluminum, glass or steel products is unreasonable or inconsistent with the public interest of the State of West Virginia, (2) that domestic aluminum, glass or steel products are not produced in sufficient quantities to meet the contract requirements, or (3) the available domestic aluminum, glass, or steel do not meet the contract specifications. This provision only applies to public works contracts awarded in an amount more than fifty thousand dollars (\$50,000) or public works contracts that require more than ten thousand pounds of steel products.

The cost of domestic aluminum, glass, or steel products may be unreasonable if the cost is more than twenty percent (20%) of the bid or offered price for foreign made aluminum, glass, or steel products. If the domestic aluminum, glass or steel products to be supplied or produced in a “substantial labor surplus area”, as defined by the United States Department of Labor, the cost of domestic aluminum, glass, or steel products may be unreasonable if the cost is more than thirty percent (30%) of the bid or offered price for foreign made aluminum, glass, or steel products. This preference shall be applied to an item of machinery or equipment, as indicated above, when the item is a single unit of equipment or machinery manufactured primarily of aluminum, glass or steel, is part of a public works contract and has the sole purpose or of being a permanent part of a single public works project. This provision does not apply to equipment or machinery purchased by a spending unit for use by that spending unit and not as part of a single public works project.

All bids and offers including domestic aluminum, glass or steel products that exceed bid or offer prices including foreign aluminum, glass or steel products after application of the preferences provided in this provision may be reduced to a price equal to or lower than the lowest bid or offer price for foreign aluminum, glass or steel products plus the applicable preference. If the reduced bid or offer prices are made in writing and supersede the prior bid or offer prices, all bids or offers, including the reduced bid or offer prices, will be reevaluated in accordance with this rule.

43. INTERESTED PARTY SUPPLEMENTAL DISCLOSURE: W. Va. Code § 6D-1-2 requires that for contracts with an actual or estimated value of at least \$1 million, the Vendor must submit to the Agency a disclosure of interested parties prior to beginning work under this Contract. Additionally, the Vendor must submit a supplemental disclosure of interested parties reflecting any new or differing interested parties to the contract, which were not included in the original pre-work interested party disclosure, within 30 days following the completion or termination of the contract. A copy of that form is included with this solicitation or can be obtained from the WV Ethics Commission. This requirement does not apply to publicly traded companies listed on a national or international stock exchange. A more detailed definition of interested parties can be obtained from the form referenced above.

44. PROHIBITION AGAINST USED OR REFURBISHED: Unless expressly permitted in the solicitation published by the State, Vendor must provide new, unused commodities, and is prohibited from supplying used or refurbished commodities, in fulfilling its responsibilities under this Contract.

45. VOID CONTRACT CLAUSES: This Contract is subject to the provisions of West Virginia Code § 5A-3-62, which automatically voids certain contract clauses that violate State law.

46. ISRAEL BOYCOTT: Bidder understands and agrees that, pursuant to W. Va. Code § 5A-3-63, it is prohibited from engaging in a boycott of Israel during the term of this contract.

DESIGNATED CONTACT: Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.

(Printed Name and Title) Nick Fradkin, Director of Public Health Strategy

(Address) 1101 Red Ventures Drive, Fort Mill SC 29707

(Phone Number) / (Fax Number) _____

(email address) nfradkin@rvohealth.com

CERTIFICATION AND SIGNATURE: By signing below, or submitting documentation through wvOASIS, I certify that: I have reviewed this Solicitation/Contract in its entirety; that I understand the requirements, terms and conditions, and other information contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation/Contract for that product or service, unless otherwise stated herein; that the Vendor accepts the terms and conditions contained in the Solicitation, unless otherwise stated herein; that I am submitting this bid, offer or proposal for review and consideration; that this bid or offer was made without prior understanding, agreement, or connection with any entity submitting a bid or offer for the same material, supplies, equipment or services; that this bid or offer is in all respects fair and without collusion or fraud; that this Contract is accepted or entered into without any prior understanding, agreement, or connection to any other entity that could be considered a violation of law; that I am authorized by the Vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on Vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

By signing below, I further certify that I understand this Contract is subject to the provisions of West Virginia Code § 5A-3-62, which automatically voids certain contract clauses that violate State law; and that pursuant to W. Va. Code 5A-3-63, the entity entering into this contract is prohibited from engaging in a boycott against Israel.

DocuSigned by:

(Company) 

(Signature of Authorized Representative)

Jeff Cross, SVP of Prevention

5/9/2024

(Printed Name and Title of Authorized Representative) (Date)

602-326-3439.

(Phone Number) (Fax Number)

jcross@rvohealth.com

(Email Address)

PROJECT GOALS AND PROPOSED APPROACH

4.2.1 Goals and Objectives

RVO Health's commitment to delivering comprehensive, evidence-based quitline services tailored to the needs of our state clients is unwavering, and we are eager to demonstrate how our approach can support West Virginia's tobacco control efforts.

As the leading service provider for state quitlines, RVO Health possesses the infrastructure, personnel, facilities, and equipment necessary to operate a toll-free statewide tobacco quitline. Our services are rooted in a rich legacy of experience and expertise, enabling us to offer a diverse array of evidence-based, cost-effective tobacco cessation services.

Aligned with the North American Quitline Consortium's (NAQC) best practices for quitlines, our participant-facing quitline services encompass essential elements designed to maximize participant engagement and support. These include proactive telephone counseling by experienced Quit Coaches, an integrated online/web component featuring digital dashboards, mobile apps, and interactive features, tailored text messaging, email support mechanisms, and comprehensive tobacco cessation materials in digital and print formats. Additionally, our specialized counseling protocols ensure inclusivity and effective support for priority populations, while our pharmacotherapy options, including direct mail order for nicotine replacement therapy, enhance cessation efforts.

In addition to direct participant support, we offer robust multi-modal referral services and healthcare provider education initiatives. Our state partners can expect to benefit from marketing services aimed at expanding quitline reach, detailed reporting of participant demographics and services provided, rigorous evaluation of program outcomes, and opportunities for collaborative research to foster innovation and advancement in tobacco cessation efforts.

We are committed to working closely with the State of West Virginia to achieve its tobacco cessation goals, and we look forward to the opportunity to collaborate and contribute to the state's comprehensive tobacco control program.

4.2.1.1 Call Volume

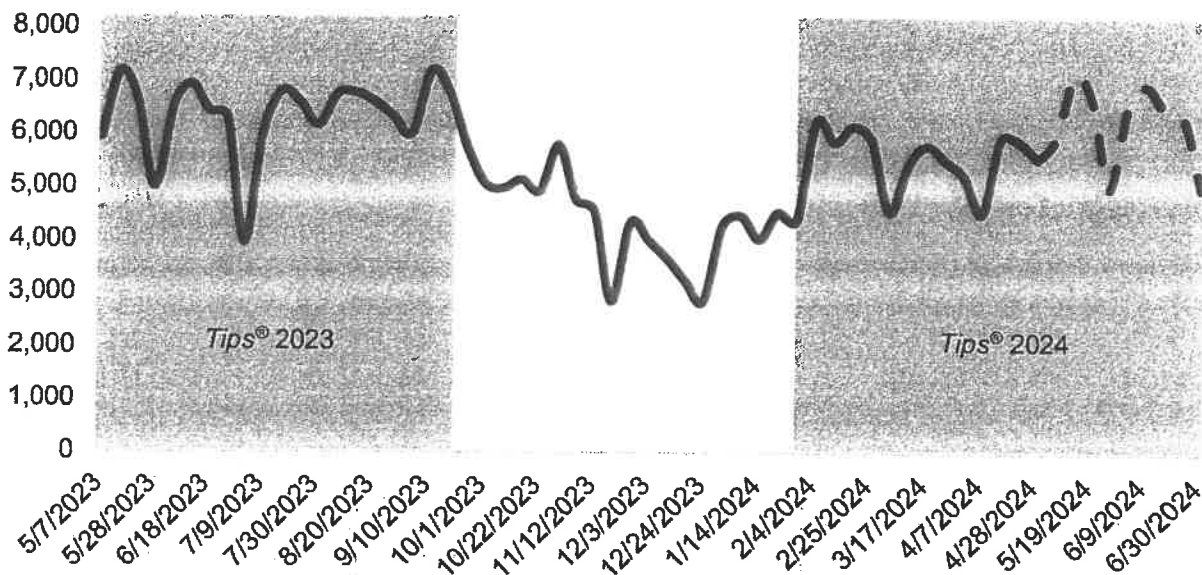
4.2.1.1 Vendor should describe their approach and methodology for achieving the following standards for call volumes:

RVO Health understands the importance of catching the caller in the moment they decide to call for tobacco cessation help, and we staff our quitlines 24/7 to answer the call. In Calendar Year 2023, our live response rate for all state clients averaged 95.1% for around the clock calls, demonstrating our commitment to maintaining live response. Additionally, our telephone system is streamlined to make sure that callers are required to select no more than two options before speaking to a live Quit Coach.

The CDC's national *Tips From Former Smokers*® campaign first ran in March 2012 and has run every year since then. For the last 12 years, we have staffed our quitlines to meet the increase in quitline calls due to the national *Tips* campaign, and we are proud to have successfully managed the increase in calls during that time. We respond quickly and effectively to both short and long periods of high demand.

Our Operations team uses forecasted call volumes to staff appropriately. We do this by closely tracking historical call trends, translating information provided on promotional activity, media events, and anticipated monthly volumes based on current offerings.

Weekly Inbound Calls to RVO Health State Quitlines:
Past 52 Weeks + Forecast through June 2024



4.2.1.1.1 Providing an 80% live call response for calls which occur during the airing of a state or national educational campaign.

RVO Health meets and exceeds this requirement. At RVO Health, we are well-prepared to meet and exceed the requirement of providing an 80% live call response during state or national educational campaigns. With our robust infrastructure and dedicated staffing, bolstered by a remarkable live response rate averaging 95.1% for all state clients throughout Calendar Year 2023, we demonstrate our unwavering commitment to ensuring timely assistance to individuals seeking tobacco cessation support, even during peak call volumes associated with educational campaigns. Through strategic resource allocation, proactive monitoring, and leveraging cutting-edge technologies, we are poised to maintain high levels of live call response, contributing effectively to the success of the State of West Virginia's tobacco cessation efforts.

Although we carefully plan Quit Coach levels to match anticipated call volumes, we also understand that unexpected surpluses can and do occur. We work closely with the CDC to get

advance notice of the *Tips* campaign schedule, but occasionally we have little notice of certain placements and timing of ads, including NRT tags, that do unexpectedly provide spikes in call volumes.

An example of our successful staffing during a time of unexpectedly high call volume was the CDC's 2020 national *Tips* campaign NRT tagging that occurred in September 2020. The previous NRT tagging had resulted in a consistent bump in volume, but the September increase was 40% higher than the previous NRT tagging bumps and therefore, volumes were much higher than what we had originally planned to staff. Our Workforce Management Team immediately observed the spike in call volume and routed staff who normally are assigned to complete outbound calls to inbound calls to capture overflow calls. Additionally, we utilized our standard tactics including having staff work extra hours and adjusting or cancelling meetings to support necessary staffing for the phones. As a result, during the 2020 *Tips* Campaign and despite the increase in call volumes, we provided a live response rate consistent with non-*Tips* months.

4.2.1.1.2 Providing an average initial answer speed within 30 seconds with a less than 5% abandonment for calls waiting greater than 30 seconds following an initial client queue message if a live response is not provided.

RVO Health meets and exceeds this requirement. RVO Health ensures an average initial answer speed of within 30 seconds, coupled with a low abandonment rate of less than 5% for calls waiting longer than 30 seconds after an initial client queue message.

Our operational framework is finely tuned to prioritize promptness without compromising on quality. Through efficient call routing algorithms and a dedicated team trained in rapid response techniques, we ensure that clients receive timely attention to their inquiries. Additionally, our proactive approach includes automated messages to inform clients of their queue status, mitigating frustration and reducing the likelihood of abandonment.

By maintaining a delicate balance between speed and service excellence, RVO Health remains committed to delivering optimal customer experiences while meeting stringent performance benchmarks.

4.2.1.1.3 Returning 95% of voicemail messages within one day and send 100% of self-help materials within one day of registration.

RVO Health meets this requirement. At RVO Health, we understand the importance of being available to callers when they make the decision to seek tobacco cessation help. That's why we maintain full staffing 24/7, with the exception of limited holidays such as Independence Day, Thanksgiving Day, Christmas Day, and early closures on Christmas Eve and New Year's Eve. During these closures, participants can still enroll online, access web-based services, and receive program emails and texts. To ensure continuity of support, our robust voice-message system handles up to 150 simultaneous callers, allowing customization of greetings and enabling callers to request a return call and access quit tips in English and Spanish. Voicemail messages are returned by our Quit Coaches the next business day within the requested time

frame, ensuring prompt assistance and adherence to the requirement of returning 95% of voicemail messages within one day. Additionally, our commitment to ensuring 100% of self-help materials are available immediately upon registration ensures that participants have immediate access to the resources they need to begin their tobacco cessation journey. Printed Quit guides are ordered the same day of program registration.

4.2.1.1.4 Reaching or documenting an attempt to reach, 90% of multiple call participants during their established appointment time for all intervention calls

RVO Health meets this requirement. RVO Health recognizes the importance of reaching or documenting an attempt to reach 90% of multiple call participants during their established appointment time for all intervention calls. While our reporting methodology primarily focuses on extract-level reporting rather than formal SLA reporting, we assure our commitment to providing comprehensive insights into call outreach and participation. Our reporting approach will encompass detailed documentation of attempted calls, including timestamps and outcomes, to ensure transparency and accountability in our intervention processes. By prioritizing extract-level reporting, we aim to offer valuable insights that support program evaluation and refinement, aligning with the objectives of the intervention initiative.

4.2.1.2 Data Collection and Reporting

4.2.1.2 Vendor should describe their data collection and reporting processes including:

RVO Health will provide comprehensive reporting and evaluation services, and we are confident that we can meet all reporting and evaluation requirements specified in the scope of work. We are excited to showcase our improved reporting and evaluation capabilities. We developed our new reporting suite using state client feedback; the resulting deliverables are as much a reflection of the feedback our state clients shared as they are our tobacco cessation and reporting expertise. Further, the data behind these reports have been engineered to meet CDC specifications and reporting requirements. While our data systems enable us to efficiently develop these reports, our reporting and evaluation success is dependent on equally strong data management practices.

Data Collection

RVO Health quitline data can be categorized into two types: Participant data specific to individual enrollments, and service data that describe individual “events,” such as referrals, coaching interactions, and NRT shipments.

Participant Data

When we enroll an individual for quitline services, we collect responses to all questions required by the NAQC Minimal Data Set (MDS) intake questionnaire. Our intake questions match across telephone and online/web enrollment methods. While the order in which some questions are asked over the phone may vary from how they are displayed online, data collected through both methods facilitate proper program eligibility and enrollment into the best benefit available to the participant.

RVO Health can program custom enrollment questions to help determine participant eligibility for a specific benefit, or simply to collect additional data for reporting purposes. To this end, we will also work with DTP to identify specific response options for the “how heard about” question to help measure the impact of state- and community-based promotion activities on quitline reach.

Service Data

Our coaching platform consists of a set of integrated technologies that enables us to provide a unique set of services specifically for residents and report meaningful data to DTP. Not only do we collect data about individual phone, chat, and text coaching sessions, but we can identify individual group video sessions attended by specific participants. We also record clicks on specific dashboard content, such as videos and action cards, which helps us make programmatic decisions to optimize the online user experience. Perhaps the most critical improvement we have made involves our NRT data; our medication fulfillment vendor reports detailed data to us, which we have – in turn – integrated into our standard reporting.

Data Ownership and Sharing

RVO Health confirms that DTP is the sole owner of participant information in our database and that we will not use DTP-specific information for any purpose other than the services performed under this contract without written permission.

As our participant data contain personally identifiable information (PII) and referral data typically qualify as protected health information (PHI), RVO Health complies with HIPAA and applies the “minimum necessary” standard when sharing data. By default, we de-identify PII and PHI for our state clients, unless otherwise specified in the contract. As an additional safeguard, we only send disaggregated, record-level participant data via secure email or secure file transfer protocol (SFTP).

Reporting

As we are seeking to enhance quitline services, we are excited to showcase our improved reporting capabilities. RVO Health understands that there are myriad ways to aggregate and disaggregate data, and that a standard reporting suite may not meet all DTP reporting needs – and that needs may shift (e.g., with the next CDC funding opportunity). To this end, we can support specialized reporting, including *ad hoc* reports upon request. The below sub-sections describe, at a high level, the standard reports we will provide DTP on a weekly, monthly, quarterly, and annual basis.

Weekly reporting

Our weekly reports will be delivered by the Tuesday of each week following the week being reported, which aligns with the CDC quitline standard, Monday through Sunday. We review and adjust these more frequent, operational reports periodically based on collective state client feedback. Currently, they are delivered in Excel format and include counts of participant enrollments by type, services in which they enrolled (i.e., standard or a tailored program), entry method, enrollment method, gender, age range, language, health insurance, and county. A

second tab includes the same data broken out for each county in the state.

Monthly reporting

As we transitioned to the Rally platform and collaborated with state clients to identify reporting needs, one finding was abundantly clear: We needed to create a more concise, presentable summary of state quitline activity – and develop clear record-level data extracts to back it up. The below sub-sections walk through our new monthly dashboard, additional aggregate reports, and data extracts.

Dashboard

Our monthly dashboard report leverages best-in-class data visualization technology, which enables us to run reports with visually compelling, actionable insights by various reporting classifications – including county, special protocol (e.g., Youth Support, Pregnancy and Postpartum), English vs. Spanish, and health insurance category (e.g., uninsured, Medicaid, Medicare, commercial). The first page or “view” of the dashboard is an Executive Summary of the views that follow:

- **Enrollment Summary** – Summaries of enrollments by entry method, health insurance category, support track (standard vs. special protocols), and how participants heard about the program
- **Enrollment – Demographics** – Distributions of participants by age range, ethnicity, race, education, gender, and sexual orientation
- **Enrollment – Health Status** – Summaries of pregnancy status, behavioral health, and chronic conditions among participants
- **Baseline Tobacco and Nicotine Use** – Breakdowns of commercial tobacco type(s) utilized and measures of nicotine dependence
- **Services Summary** – Number of participants who engaged with the program (irrespective of enrollment date), proportions of participants who interacted with a live coach vs. utilized digital tools, number of sessions completed by session number, and interaction modalities
- **Nicotine Replacement Therapy** – Number and percentage of participants sent NRT, how NRT was ordered (phone or online), number of orders shipped, orders by shipment number (e.g., 1, 2, or 3 for a 12-week split-shipment benefit), and average days from order to delivery

This dashboard will soon include telecom data (currently reported separately), which can help our state clients answer questions such as, “How many people called the quitline last month?”

Executive Summary

Sample Client

All Groups and Support Tracks

Current Period: Apr 01, 2024 - Apr 30, 2024

Year-to-Date: Jan 01, 2024 - Apr 30, 2024



1,006
Enrollments
YTD: 4,174

78
Re-Enrollments
YTD: 253



1,767
Engaged Members
YTD: 4,648

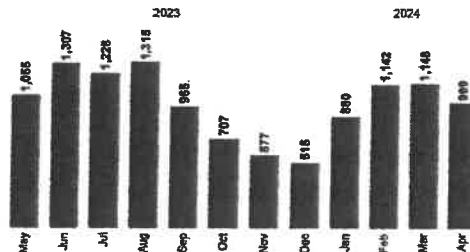
2,770
Member Interactions
YTD: 10,208

Members can have both Coaching and Digital Interactions

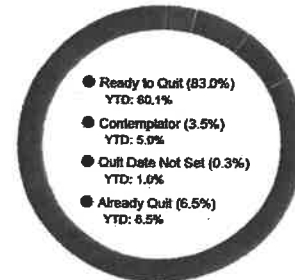
527
"Text a Coach" Opt-Ins
YTD: 2,234

Personalized coaching tips and strategies received via text message.

Monthly Enrollment Trend



Readiness to Quit



Engaged Member Details



*Includes 527 members who opted in for "Text a Coach"

Nicotine Replacement Therapy

71.6%
YTD: 79.0%



of members sent Nicotine Replacement Therapies

RVOHealth

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See Attachment 1 – Dashboard Sample for more screenshots of the dashboard.

Supplemental Reports

In addition to a more concise reporting suite with more sophisticated services data, two more key needs arose out of our reporting conversations with states: 1) Actionable referral data that distinguish between referring facilities and providers to support health systems change work; and 2) Transparency into the exact services for which the state is being invoiced. Each of the following aggregate reports is currently delivered in Excel format to enable our state clients to quickly manipulate data (e.g., sorting, filtering, highlighting) for internal conversations:

- **Referral Aggregate** – Provides several different views of referrals, by referring facility, referring provider, referral modality (i.e., fax, online, HL7, file/SFTP), referral outcome, acceptance rate, and adjusted acceptance rate (factors out inaccessible patients, such as those with invalid phone numbers)
 - See Attachment 2 – Referral Report for a mock report
- **Affiliation Cost Breakdown** – Disaggregates costs for billable line items by benefit configuration, typically health plan;
 - See Attachment 3 - Affiliation Cost Breakdown Report for a mock report
- **Billing Detail** – This report includes a record for each participant that received a billable service in the reporting month, irrespective of enrollment date.

Our current clients find the latter two reports useful for reconciling invoices and billing schedules to aggregate reports, as well as for submission to the Centers for Medicare & Medicaid Services for Federal Financial Participation ("Medicaid Match") reimbursement.

Data Extracts

Each month, DTP can expect to receive the following record-level data in Excel format. As mentioned earlier, all PHI and PII will be sent securely and will be de-identified, as required by DTP:

- **Referrals**, including patient contact information, provider name and NPI, facility name and NPI, referral modality, and referral outcome;
- **Enrollments**, from participant contact information to responses to NAQC MDS and any DTP-specific intake questions;
- **Coach interactions**, including both coaching and support sessions, by service modality (phone, chat, group, or text);
- **NRT orders**, from each participant's clinical recommendation to each of their NRT order shipment and delivery date; and
- **Digital activity**, including specific content viewed on the Rally Coach dashboard.

We provide a comprehensive data dictionary to support state evaluators' and epidemiologists' analysis and reporting needs. Our data dictionary includes narrative on how the data are organized in our data extracts, including detail on field names, definitions and attributes regarding the data elements that are presented in our reports. The data dictionary can also help non-technical staff navigate and find relevant information.

Quarterly Reporting

RVO Health will support both DTP and national quarterly reporting requirements. In addition to a quarterly version of the dashboard described previously, we will send the below reports to DTP by the 15th of the month (or next business day):

- **NQDW intake data** – A single, de-identified data extract with one record for each participant's responses to MDS and other enrollment questions, this is currently due to the CDC National Quitline Data Warehouse (NQDW) contractor on the 15th of the second month following the end of the calendar quarter;
- **NQDW Services Survey data** – Every other quarter, we provide required service data counts to assist states in completing the semiannual H1 and H2 NQDW Service Survey, currently due to the CDC NQDW contractor on August 15 (H1) and February 15 (H2);
- **Key Performance Indicators (KPIs)** – This standard quarterly "check-up" report includes state-level versions of key metrics that RVO Health uses to monitor program health across all state clients, and can be adapted to meet Service Delivery Performance Management Report specifications (e.g., number of calls answered within 30 seconds);
- **Compliments** – Brief participant success stories are certain to be found in this report, but if additional information is needed, we can coordinate with DTP on a HIPAA-compliant process to enable participants to proactively share their success stories.

We also calculate a net promoter score (NPS) as part of our participant feedback collection

process. This both provides quick insights into our customer service trends and aids in qualitative data analysis of compliments and complaints.

Annual Reporting

RVO Health understands the criticality of accurate, timely annual reporting to both state and national quitline stakeholders. We can meet all DTP requirements for annual reporting. As with quarterly reporting, we will provide an annual version of our dashboard report with participant demographic and services data for the previous fiscal year by August 15. We will also provide a custom report with the amount of funds expended for the previous fiscal year with the necessary level of detail to assist with state reporting.

To ease national data collection and entry requirements for our state clients, we populate CDC, NAQC, and NQDW standard reporting templates with all data that we are best positioned to provide. We strive to send the service provider data that our state clients need to complete the NAQC Annual Survey of Quitlines – responses to which are typically due in mid-late December – by the Thanksgiving holiday, so that our state clients have plenty of time to review and ask questions before submitting their complete responses to NAQC.

We will also support DTP in completing performance measures required by CDC as part of the DP20-2001 cooperative agreement – specifically:

- **7a-d:** Average quitline (telephone) intake time
- **10a-n:** Number of unique tobacco users who received specific services through the quitline, and quitline treatment reach
- **11a-n:** Number of tobacco users in specific populations who received telephone counseling and/or FDA-approved medications through the quitline

RVO Health will adapt its reporting processes to reflect changes to national reporting measures and requirements, coordinating with CDC and NAQC staff, as appropriate.

4.2.1.2.1 Issuing at least two outcome reports to referring providers after the first and second or third calls to the participant. These reports should include the participants' quit dates, the type of services requested and received (e.g., materials only, one call, multiple call, specialized protocols, NRT), and the tobacco use status of the participants.

RVO Health partially meets this requirement. At present, our reporting structure differs slightly from the specified approach. While we currently consolidate registration details, including NRT utilization, into a single post-registration outcome report, we continuously strive to enhance our reporting capabilities. While we do not have immediate plans to align with the requirement, we are dedicated to exploring avenues for improvement and innovation within our intervention services. See *Attachment 4 - Referral Outcome Report Sample* for a sample report.

4.2.1.2.2 Providing, at minimum, status updates and reports via secure emails to referring providers and DTP, as well as other updates and any needed technical assistance. The portal should include the ability for providers to enroll their patients online by providing detailed information and instructions for enrollment.

RVO Health meets this requirement. RVO Health is fully equipped to meet the requirement of providing status updates and reports via secure emails to referring providers and the West Virginia Division of Tobacco Prevention (DTP), in addition to any other updates and technical assistance required. Our comprehensive infrastructure includes robust data management systems and secure communication channels, ensuring the confidentiality and integrity of all information shared. Referring providers and DTP will receive status updates and reports detailing participant progress, program outcomes, and any relevant updates or technical assistance needed. These communications will be sent securely via encrypted emails to safeguard sensitive information. Additionally, our dedicated support team is readily available to provide any necessary technical assistance and address inquiries promptly, further enhancing the effectiveness and efficiency of our collaboration with referring providers and DTP.

4.2.1.2.3 Providing reporting to DTP on the quitline referrals that come from the OMCFH Home Visiting program, Right from the Start and other Programs to be determined at a frequency to be determined by OMCFH.

RVO Health meets this requirement. Our system is capable of generating reports on quitline referrals originating from the OMCFH Home Visiting program, Right from the Start, as well as any other programs designated by OMCFH or DTP. Although our referral intake and reporting systems are organized by referring facility and provider, we are accustomed to supporting state clients and affiliated research partners in tracking referrals for special outreach programs and studies. We understand the importance of timely reporting and are flexible to adapt to the frequency determined by OMCFH. Our reporting capabilities ensure that the data provided is comprehensive and readily accessible, facilitating effective monitoring and evaluation of quitline referral outcomes.

4.2.1.2.4 Providing reporting on all BMTF referrals to DTP.

RVO Health meets and exceeds this requirement. Our approach will involve the integration of BMTF referral data into our existing data management infrastructure, ensuring seamless tracking and reporting alongside other program activities. Each BMTF referral will be meticulously recorded, capturing essential information such as participant demographics, referral sources, program enrollment status, and outcomes achieved. Reports will be generated on a regular basis, detailing the number of referrals received, participant progress, and program effectiveness metrics. These reports will be shared securely with DTP via encrypted channels to ensure data confidentiality and compliance with privacy regulations. Additionally, our reporting system is flexible and customizable, allowing for the adaptation of report formats and metrics based on DTP's specific reporting requirements and preferences. Through this tailored approach to reporting, RVO Health will provide DTP with actionable insights and transparent visibility into the impact of BMTF referrals, facilitating informed decision-making and ongoing program optimization. See response to requirement 4.2.1.8.8 for more details.

4.2.1.2.5 Providing outcome reports from all health system referral options including fax, web referrals, and electronic health records.

RVO Health meets and exceeds this requirement. RVO Health will implement a comprehensive reporting process that captures and analyzes data from each referral channel. Our approach

involves integrating outcome tracking mechanisms into each referral pathway to ensure seamless data collection and reporting. For fax referrals, we will establish a streamlined process for logging incoming referrals and documenting participant progress. Web referrals will be tracked using our secure online platform, with data automatically recorded upon participant registration and updated throughout their cessation journey. Integration with electronic health records systems will enable us to extract relevant data directly from participating healthcare providers' EHR systems, ensuring accurate and real-time reporting of participant outcomes. Outcome reports will be generated regularly, detailing key metrics such as quit rates, engagement levels, and program effectiveness for each referral option. These reports will be shared securely with relevant stakeholders, providing visibility into the impact of health system referrals and facilitating continuous improvement of our cessation services.

4.2.1.2.6 Implementing a computerized tracking system to document Quitline activity to accurately tabulate unique individuals, services provided, caller demographics, and referrals

RVO Health meets and exceeds this requirement. RVO Health will leverage our expertise in data management and technology to develop a comprehensive tracking system that captures and tabulates key metrics related to Quitline services. When enrolling individuals for Quitline services, we collect responses to all questions required by the NAQC Minimal Data Set (MDS) intake questionnaire, ensuring consistency across telephone and online/web enrollment methods. While the order of questions may vary between methods, the data collected facilitates proper program eligibility and enrollment into the best benefit available to participants. Through our customized tracking system, RVO Health will ensure accurate documentation of Quitline activity, enabling us to provide transparent reporting and optimize our cessation services effectively in alignment with DTP's goals and objectives.

4.2.1.2.7 Collaborating with an independent evaluator chosen by BPH to facilitate research evaluation efforts. This collaboration may involve data use agreements for the purpose of HIPAA compliance, issuing a notice of privacy practices identifying the evaluator as a recipient of participant information and obtaining permission from the participant to be contacted by an independent evaluator.

RVO Health meets this requirement. RVO Health confirms and capacity and willingness to facilitate such collaboration. RVO Health will coordinate with your identified third-party evaluator to evaluate the program. Note that we have successfully executed similar collaborations for multiple other states. Our established protocols include executing data use agreements to uphold HIPAA compliance, issuing notices of privacy practices that designate the evaluator as a recipient of participant information, and securing participant consent for contact by the independent evaluator.

4.2.1.2.8 Providing raw data from the database to the evaluator at least monthly in the form determined by the BPH and the external evaluator.

RVO Health meets this requirement. With our advanced database infrastructure and expertise in data management, we ensure accurate and timely extraction of raw data.

4.2.1.2.9 Developing a secure, confidential, and efficient means of transferring the database to BPH or the evaluator as needed.

RVO Health meets this requirement. RVO Health's solution involves leveraging Files.com for SFTP secure file transfers. With Files.com's robust security measures and reliable performance, we guarantee the confidentiality and integrity of your data throughout the transfer process, ensuring compliance with DTP's requirements and industry standards.

4.2.1.2.10 Providing DTP with monthly reports due by the 15th of each month. Reports should include, but will not be limited to:

RVO Health meets this requirement. RVO Health is well-equipped to offer monthly reporting to meet the needs of the State of West Virginia's tobacco cessation program. Leveraging our robust data management systems and advanced analytics capabilities, we can compile comprehensive monthly reports that provide detailed insights into Quitline activity, participant demographics, services provided, and program outcomes. These reports will offer a clear overview of the effectiveness and impact of our cessation services, allowing stakeholders to monitor progress, identify trends, and make informed decisions to optimize program delivery. Additionally, our reporting will be flexible and customizable to accommodate specific requirements and preferences, ensuring alignment with the goals and objectives of the West Virginia Division of Tobacco Prevention. RVO Health can meet the requirement of providing reports by the 15th of every month. Through transparent and timely reporting, RVO Health aims to foster collaboration, accountability, and continuous improvement in tobacco cessation efforts. See *Attachment 1 - Dashboard Sample* for an example of how reports are displayed in dashboard format.

4.2.1.2.10.1 Number of callers

RVO Health meets this requirement. RVO Health can provide monthly reporting on the number of callers.

4.2.1.2.10.2 Number of enrollees

RVO Health meets this requirement. RVO Health can provide monthly reporting on the number of enrollees.

4.2.1.2.10.3 Race or ethnic background

RVO Health meets this requirement. RVO Health can provide monthly reporting on race or ethnic background.

4.2.1.2.10.4 Mental health status

RVO Health meets this requirement. RVO Health can provide monthly reporting on mental health status.

4.2.1.2.10.5 Sexual orientation

RVO Health meets this requirement. RVO Health can provide monthly reporting on sexual orientation.

4.2.1.2.10.6 Tobacco products used

RVO Health meets this requirement. RVO Health can provide monthly reporting on tobacco products used.

4.2.1.2.10.7 Number and name of NRT shipments distributed during the previous month

RVO Health meets this requirement. RVO Health can provide monthly reporting on the number and name of NRT shipments distributed during the previous month.

4.2.1.2.10.8 Provider referrals (broken down by type of referral [provider fax or electronic], provider name, and outcome status of each referral)

RVO Health meets this requirement. RVO Health can provide monthly reporting on provider

4.2.1.2.10.9 Participant county de-identified

RVO Health meets this requirement. RVO Health can provide monthly reporting on participant counties that are de-identified.

4.2.1.2.10.10 And other data points requested by DTP. Additional reporting metrics may be added during the contract period.

RVO Health meets this requirement. Please see response to 4.2.1.2 *Data Collection and Reporting* for more information regarding RVO Health's reporting capabilities.

4.2.1.2.11 Providing extensive monthly reporting, due to DTP by the 15th of each month, on:

RVO Health meets this requirement. Please see responses below.

4.2.1.2.11.1 The number of enrollees who use vape/electronic nicotine delivery devices and the amount/type of NRT distributed, including the use of dual therapy.

RVO Health meets this requirement. RVO Health can provide monthly reporting on the number of enrollees who use vape/electronic nicotine delivery devices and the amount/type of NRT distributed, including the use of dual therapy.

4.2.1.2.11.2 The number of enrollees who are smokeless tobacco users and the amount/type of NRT therapy distributed including the use of dual therapy.

RVO Health meets this requirement. RVO Health can provide monthly reporting on the number of enrollees who are smokeless tobacco users and the amount/type of NRT therapy distributed including the use of dual therapy.

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4.2.1.2.11.3 Special populations (LGBTQ+, pregnant women, those with behavioral health conditions, African American community, among others) and the amount/type of NRT therapy distributed, including the use of dual therapy.

RVO Health meets this requirement. RVO Health can provide monthly reporting on Special

populations (LGBTQ+, pregnant women, those with behavioral health conditions, African American community, among others) and the amount/type of NRT therapy distributed, including the use of dual therapy.

4.2.1.2.12 Providing monthly budget reports to DTP by the 15th of each month. Budget reports for the previous month should include, at minimum, the cost of NRT by product type and strength as well as coaching services.

RVO Health meets this requirement. RVO Health can provide monthly budget reports. Additionally, DTP will be assigned a Client Service Managers who proactively tracks monthly and annual budget to verify DTP is staying within contract limits. See *Attachment 5 - Billing Schedule Template* for a sample billing schedule. See *Attachment 6 - Billing Details Report* for a sample report.

4.2.1.2.13 Making recommendations for managing the funds available under this contract in the event that demand begins to exceed the budget and vice versa.

RVO Health meets and exceeds this requirement. RVO Health is committed to ensuring efficient management of funds under the contract, particularly in scenarios where demand fluctuates in relation to the allocated budget. DTP will be assigned a dedicated Client Service Manager, who will establish a proactive system for monitoring and addressing fluctuations in demand. In the event that demand surpasses the budget, our Client Service Manager will promptly assess the situation, leveraging comprehensive data analysis to provide informed recommendations for managing funds effectively. This may involve exploring options for reallocating resources, identifying potential cost-saving measures, or seeking additional funding sources to accommodate increased demand. Conversely, if demand falls below budgeted levels, our Client Service Manager will analyze the situation and propose strategies to optimize fund utilization while maintaining service quality. Through regular communication and collaboration with DTP, our Client Service Manager ensures that financial decisions are aligned with program objectives and stakeholders' needs, fostering transparency and accountability in fund management.

4.2.1.2.14 Providing extensive quarterly reporting on call volume and include:

RVO Health meets this requirement. See responses below.

4.2.1.2.14.1 The total number of calls received by Vendor

RVO Health meets this requirement. RVO Health can provide quarterly reporting on the total number of calls received.

4.2.1.2.14.2 The total number of completed enrollments

RVO Health meets this requirement. RVO Health can provide quarterly reporting on the total number of completed enrollments.

4.2.1.2.14.3 The total number of live call responses

RVO Health meets this requirement. RVO Health can provide quarterly reporting on the total number of live call responses.

4.2.1.2.14.4 The total number of calls that went to voicemail

RVO Health meets this requirement. RVO Health can provide quarterly reporting on the total number of calls that went to voicemail.

4.2.1.2.14.5 The total number of hang-ups

RVO Health meets this requirement. RVO Health can provide quarterly reporting on the total number of hang-ups.

4.2.1.2.14.6 Wait times

RVO Health meets this requirement. RVO Health can provide quarterly reporting on wait times.

4.2.1.2.14.7 Incomplete enrollments

RVO Health will be able to meet this requirement. RVO Health can provide quarterly reporting on incomplete enrollments.

4.2.1.2.14.8 Successful return call backs

RVO Health will be able to meet this requirement. RVO Health can provide quarterly reporting on successful return call backs.

4.2.1.2.15 Providing extensive quarterly reporting on other means of communications and include number of failed/successful text messages, email attempts, and website utilization.

RVO Health meets this requirement. RVO Health offers comprehensive reporting capabilities to track various means of communication and engagement metrics on a quarterly basis. For SMS outreach, our reporting includes the number of successful SMS sends and failed sends. Additionally, we can monitor URL clicks for users directed to the Quitline website. Note that we are currently unable to measure interactions beyond the initial click to the website. Our reporting encompasses calls made to the Quitline, detailing the number of calls and the duration of each call, providing valuable insights into member engagement. Furthermore, we track opt-outs to ensure compliance and gauge member preferences.

Regarding email communication, our reporting covers the number of successful and failed email sends, as well as the open rate to gauge recipient engagement. Similar to SMS outreach, we monitor URL clicks within emails, including those directing recipients to the Quitline website. Additionally, if the email includes a click-to-call feature with the Quitline number, we can track the number of calls generated and the duration of each call. This comprehensive approach enables us to assess the effectiveness of email communication and member response. Furthermore, we diligently monitor opt-outs to respect member preferences and ensure compliance with communication regulations.

4.2.1.3 Website

4.2.1.3 Vendor should describe their plan for developing and maintaining an interactive website to assist the program participant in their quit attempt that will be a companion aid to telephone and text messaging counseling sessions. Each registered tobacco user will be given access to the website. This website should be maintained in both English and Spanish languages, and the activity level should be tracked for inclusion in monthly reporting.

RVO Health meets and exceeds this requirement. RVO Health provides a comprehensive and innovative approach to tobacco cessation support through our interactive website and companion mobile app, Rally Coach. With a deep understanding of the importance of online interventions in smoking cessation, we have continuously evolved our digital platforms to meet the evolving needs of participants. Our transition to the Rally Coach platform in May 2023 represents a significant advancement in enhancing program reach and participant engagement. Rally Coach serves as a virtual health coach, offering personalized recommendations, guidance, and support tailored to each participant's specific health goals and needs. RVO Health offers multiple avenues for participants to enroll in its state quit services programs, catering to their preferences and convenience. Enrollment can be completed telephonically or digitally through various entry methods:

- **Telephone:** Participants can dial a toll-free phone number to connect with our trained representatives who guide them through the enrollment process.
- **Online/Web:** Accessible via QuitNow.net, participants can conveniently enroll in the program digitally, utilizing the website's user-friendly interface.
- **Text Message:** Enrollment is also available via text message; participants can simply respond to our message with a link to initiate the enrollment process.
- **Referral:** Healthcare providers can refer consenting participants to our programs, ensuring seamless integration into our services.

During enrollment, we prioritize gathering participants' health plan and employer information. This data is pivotal in identifying additional cessation services accessible to them. If eligible for cessation benefits through another RVO Health contract, participants are directed accordingly, maximizing the utilization of resources and offering tailored support. By triaging participants appropriately, we optimize state quitline funding for those lacking access to cessation benefits, potentially enhancing the benefits received by participants. Additionally, all participants are asked to provide consent for follow-up evaluation services, facilitating ongoing assessment and improvement of our programs.

Telephone

Quitline participants can enroll via telephone. When a participant initiates contact with the quitline, they are greeted by a Quit Coach who guides them through the enrollment process. The Quit Coach begins by collecting basic information to establish an account and proceeds to gather data in accordance with the NAQC Minimal Data Set (MDS), encompassing demographic information and tobacco use history. Additionally, any specific data requested by our state clients is also recorded.

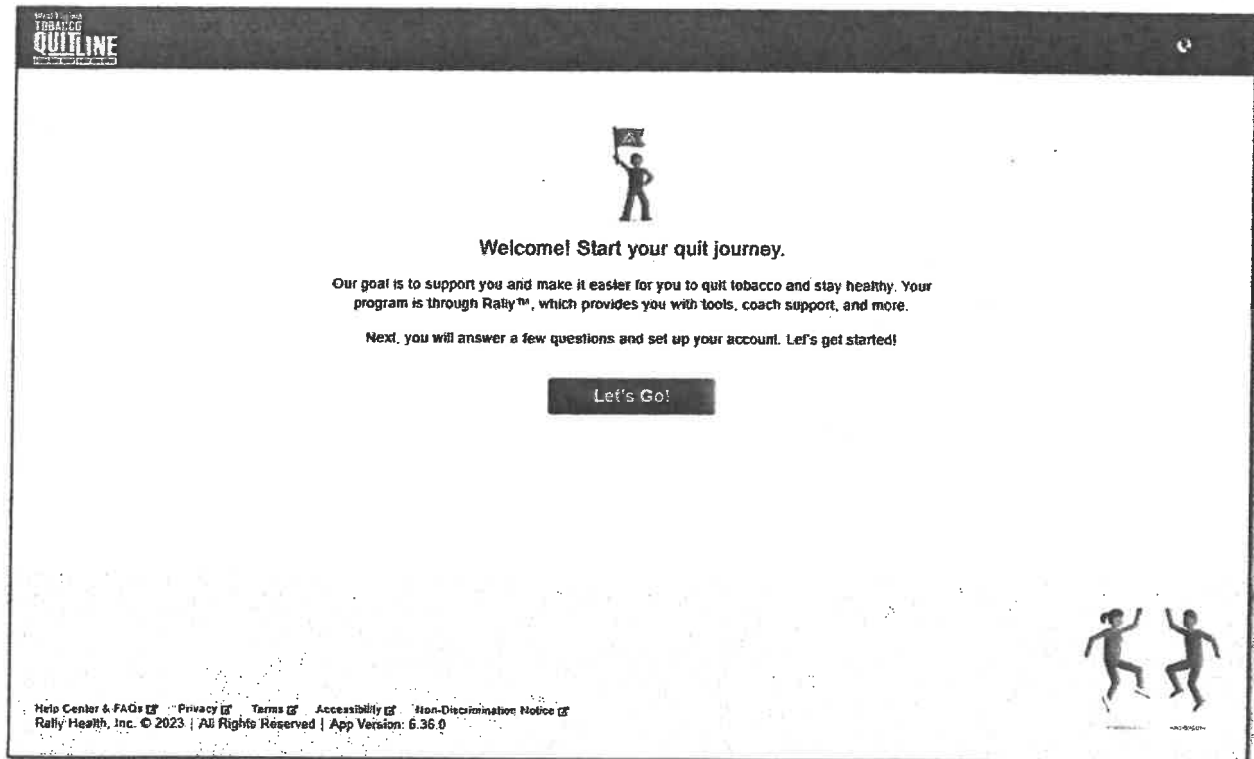
If the caller provides their email address, the Quit Coach introduces the features of our web-based Rally Coach platform, encouraging them to explore the range of services available. This comprehensive approach aims to optimize support and increase the caller's chances of successfully quitting commercial tobacco.

During the call, the Quit Coach outlines the services accessible to the caller based on the configuration of the state client's program and NRT (Nicotine Replacement Therapy), as well as any tailored programs for which the caller may be eligible. Moreover, the Quit Coach highlights other available resources, such as support materials viewable on the web dashboard or mailed directly to the participant. Additionally, referrals to community-based or national resources are made to provide further customized support.

Furthermore, the Quit Coach informs the caller about the option for digital support coaching, which can be integrated into the telephonic counseling service package or utilized as a standalone service based on the caller's preference. This approach ensures that participants receive personalized support aligned with their needs and preferences, ultimately enhancing their journey towards quitting tobacco use.

Online/web

Participants in RVO Health's state quit services can enroll conveniently through the customized QuitNow.net landing page. This landing page, tailored specifically for the quitline, streamlines the enrollment process. We anticipate a significant influx of online/web enrollment traffic from waytoquit.org, a platform we can monitor and provide comprehensive reports on.



To enhance the manageability of online enrollment and mitigate program dropout rates, we have divided the process into several surveys. Participants can pause and resume these surveys at their convenience or opt to complete them via telephone:

- **Account Setup and Communication Preferences:** Participants begin by setting up their accounts and specifying their preferred communication methods.
- **Program Stratification:** This section includes demographic questions to better tailor the program to the participant's needs.
- **Tobacco Use and NRT Questions:** Participants provide details about their tobacco use and any previous or current use of Nicotine Replacement Therapy (NRT).
- **Additional MDS and Custom Questions:** Further information is gathered based on the NAQC Minimal Data Set (MDS) and any additional custom questions required by state clients.

Upon completing the enrollment process, participants are encouraged to engage with a Quit Coach through calls, chats, or texts. For participants enrolled in the Coach Plus program, proactive counseling calls are initiated by RVO Health if no contact is made within 48 hours. This proactive approach ensures continuous support and encourages participants to remain engaged in their journey toward quitting tobacco use.

Text message

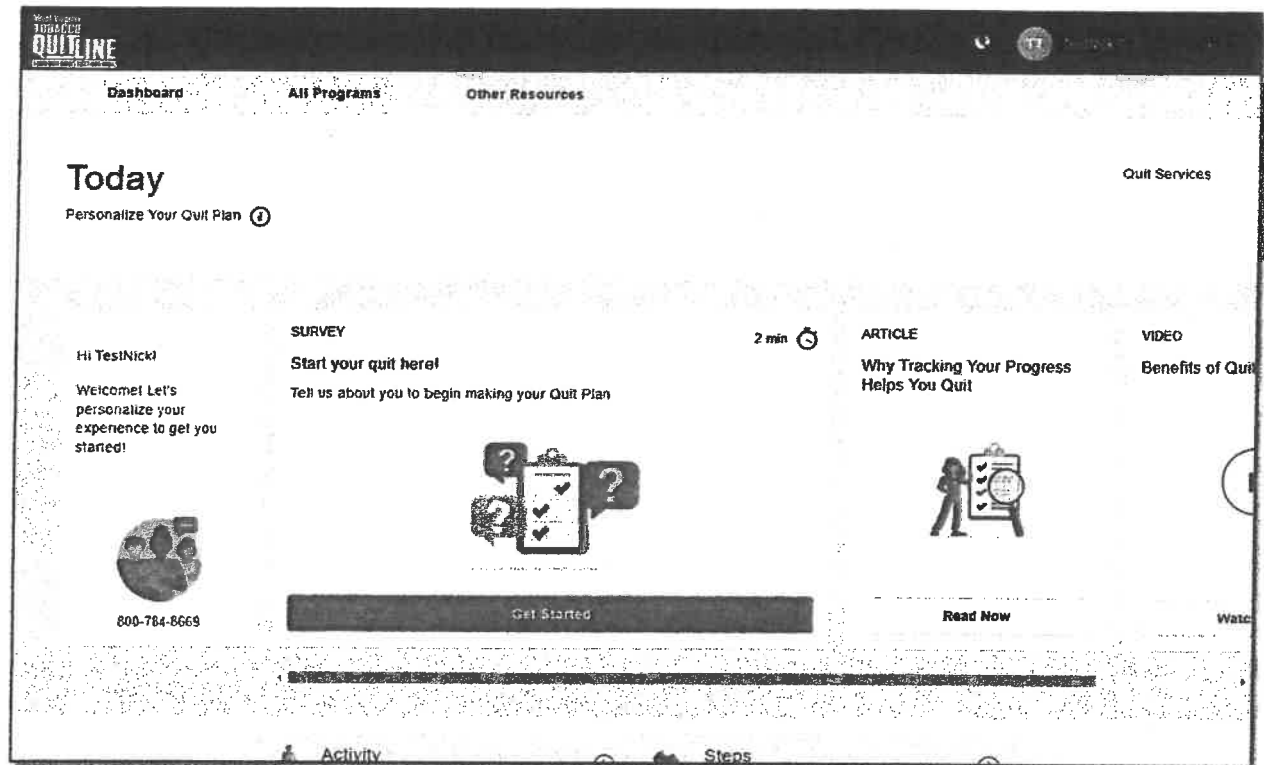
RVO Health has set up the text enrollment capability for participants who want to enroll from their mobile phone. Participants can text "READY" (or, for Spanish speakers, "LISTO") to 34191 to receive a text reply containing a clickable link that takes them to our enrollment page. They can then navigate our easy-to-use website to enroll for services, just as they would online. As part of the migration to the Rally Coach platform, RVO Health set up Text2Start for participants who want to enroll from their mobile phone. Participants can text "READY" (or, for Spanish speakers, "LISTO") to 34191 to receive a text reply containing a clickable link that takes them to our enrollment page. They can then navigate our easy-to-use website to enroll for services, just as they would online.

Through Rally Coach, participants have access to a range of tailored tools and strategies designed to address the unique challenges associated with quitting smoking. These include personalized quit plans, expert guidance and support from trained Quit Coaches, and behavioral change techniques grounded in evidence-based practices. The platform's intuitive interface and comprehensive support tools empower participants to successfully quit smoking and improve their health and well-being.

One key aspect that sets RVO Health apart from its competition is the incorporation of the Rally Coach mobile app, providing participants with convenient access to program resources regardless of their preferred platform. This ensures seamless connectivity and access to evidence-based strategies for tobacco cessation, aligning with the evidence-based principles endorsed by the 2020 Surgeon General's Report. Whether participants choose to engage with

the app or the website, they receive the same level of support and access to resources, maximizing their chances of quitting successfully.

Additionally, RVO Health's commitment to platform customization ensures seamless brand alignment across state clients' web properties and online services. The inclusion of state-specific logos and branding on every page of the digital dashboard reinforces participants' connection to the state's tobacco cessation program, fostering a sense of trust and familiarity.



4.2.1.3.6 Tracking website utilization to inform data analytics

RVO Health meets and exceeds this requirement. In conjunction with our enhanced digital solutions and resources, RVO Health has always prioritized the importance of web analytics to evaluate the effectiveness of our quitline service package. As our digital services have evolved, we identified an opportunity to increase our data analytics effectiveness to keep pace with the volume of data we collect, and how it can be analyzed to help increase reach, engagement, and positive outcomes in the form of actual people quitting.

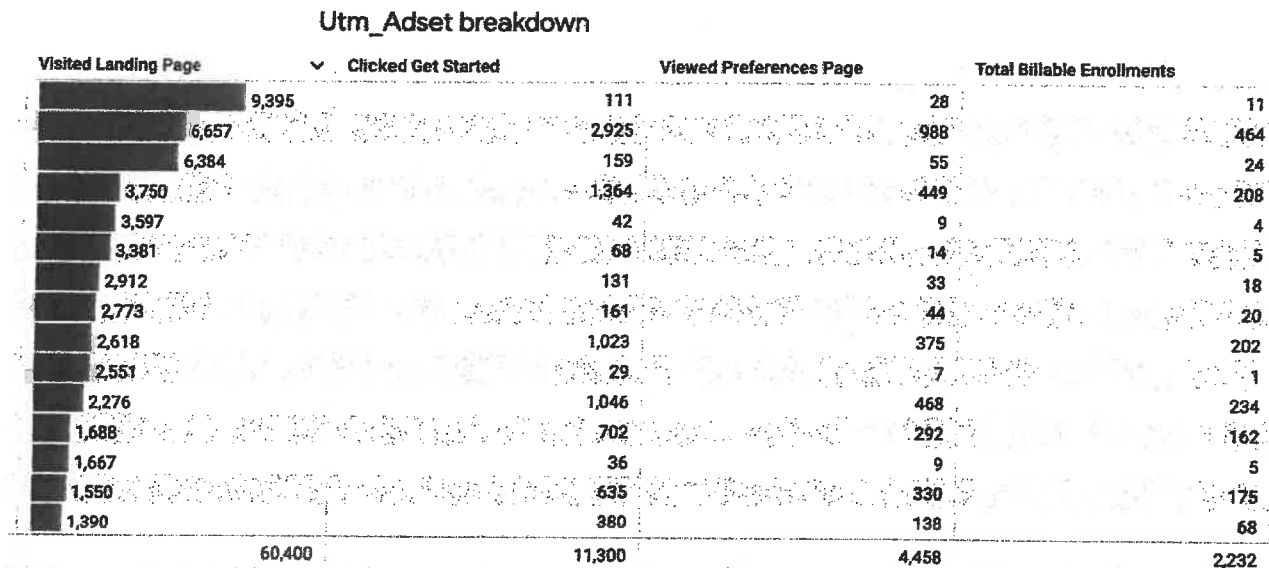
To that end, RVO Health leverages Red Ventures' Red Platform, a cloud-based platform that enables data-driven and personalized experiences for quitline participants. When integrated as part of the state tobacco quitline solution, Red Platform serves as a powerful tool to enhance the effectiveness and efficiency of tobacco cessation efforts. Tailored specifically to the needs of quitline services, Red Platform facilitates targeted outreach, personalized support, and comprehensive data analytics to drive positive health outcomes.

Red Platform leverages data analytics to identify and target individuals who are most likely to benefit from tobacco cessation support. By analyzing demographic information, smoking behaviors, and engagement patterns, states can reach out to high-risk populations with personalized messages and resources. Furthermore, through advanced segmentation and targeting capabilities, Red Platform enables states to deliver tailored support and interventions to quitline participants. By understanding each participant's unique needs and preferences, counselors can provide personalized counseling, medication support, and behavioral interventions to maximize success rates.

Red Platform offers the following key tools:

- **Engagement Tracking:** Red Platform tracks user engagement on a state's quitline website and other digital assets. DTP can monitor user actions such as visiting the site, reading educational content, or starting the registration process for quitline services.
- **User Behavior Segmentation:** Users who visit DTP's website but do not complete desired actions, such as registering for the quitline, are segmented into different audience groups based on their behavior and level of engagement.
- **Personalized Messaging:** Using the data collected from engagement tracking, Red Platform delivers personalized retargeting messages to users who have shown interest in the quitline but have not completed registration. These messages can include reminders to complete registration, information about available services, or motivational content to encourage participation.
- **Multi-Channel & Cross-Device Retargeting:** Retargeting efforts extend across various digital channels, including display ads, social media platforms, email campaigns, and search advertising. Red Platform also employs cross-device retargeting capabilities to reach users across different devices, such as desktops, smartphones, and tablets. This ensures that retargeted users are reached through multiple touchpoints, increasing the likelihood of re-engagement with the quitline solution, as well as ensures consistent messaging and maximizes the chances of reaching online users.
- **Robust Analytics:** Red Platform provides robust reporting and analytics tools to track performance in real-time. DTP can monitor key marketing metrics such as click-through rates, conversion rates, and engagement levels, allowing for continuous optimization and refinement of retargeting strategies to maximize effectiveness.

By harnessing the capabilities of Red Platform, RVO Health can assist DTP in re-engaging individuals interested in quitting smoking who haven't completed registration, thereby boosting participation rates and enhancing quitline outcomes. Furthermore, Red Platform plays a crucial role in reaching and engaging priority populations in tobacco cessation efforts. Through data analytics, states can pinpoint individuals from high-risk groups, such as specific demographics or those with particular risk factors, who stand to benefit most from tobacco cessation support. Red Platform facilitates personalized outreach to these populations, providing tailored messages and resources tailored to their distinct needs and circumstances. This approach not only fosters increased participation rates but also improves the overall effectiveness of quitline initiatives.



Example of data reporting visualization

4.2.1.4 Medicaid/MCO Collaboration

4.2.1.4 Vendor should describe their approach and methodology to working with Medicaid and MCOs including:

With over 25 years of experience operating state-funded quitlines, contracting with dozens of unique MCOs across the country, *and* a mission to help people make healthcare easier to navigate, more accessible, and more affordable for everyone, RVO Health recognizes that:

- Managed care organizations (MCOs) are free to make healthcare purchasing decisions to meet state Medicaid requirements.
- When an individual is ready to make a quit attempt, it's critical to eliminate as many hurdles and barriers as possible for them to be successful.
- As a public health agency, the West Virginia DTP seeks to increase quit attempts and cessation outcomes across an entire state population, and needs to support equitable access to services, notably for individuals with low income (i.e. the Medicaid population).

To help DTP meet its public health goals and the needs of Medicaid, MCOs, and individuals, RVO Health commits to:

- Offering our best-in-class tobacco cessation services to the MCOs at the same unit cost rates as we are offering to DTP (contracting separately, as needed);
- Integrating MCO offerings into the West Virginia Tobacco Quitline (WVQL) infrastructure, so that callers can be connected with a Quit Coach as quickly and seamlessly as possible;
- Billing each MCO for WVQL services rendered to their members (whether through separate contracts or an agreement with DTP);
- Supporting DTP with federal financial participation (FFP) reimbursement for services rendered to Medicaid Fee for Service members;

- Assisting DTP with proposing this member-centric arrangement to the state Medicaid office, as needed and appropriate.

Overall, we believe this collaborative, “payer-agnostic” approach will help manage state healthcare costs and – ultimately – inspire more quit attempts and drive better outcomes among Medicaid members. RVO Health also recognizes that managing large-scale system changes takes time and negotiation, so – at the start of the contract – RVO Health will meet the state’s specific requirements in collaborating with Medicaid and managed care to connect members with the counseling and medication currently available to them, as further described below.

4.2.1.4.6 Recording insurance specifics and verifying pregnancy status. If the Medicaid member is covered by an MCO, Vendor should forward the call to the appropriate MCO.

RVO Health meets this requirement. For each participant, RVO Health will collect and record health insurance information, verify Medicaid eligibility for individuals who indicate having Medicaid coverage (see response to requirement 4.2.1.4.10), and forward MCO members’ calls to the appropriate MCOs. For participants eligible for DTP-funded counseling – including uninsured, underinsured, and Medicaid Fee for Service members – RVO Health will verify pregnancy status.

4.2.1.4.7 Training coaches to evaluate the Medicaid member using a tool such as the Fagerstrom Scale (https://www.aarc.org/wp-content/uploads/2014/08/Fagerstrom_test.pdf) for motivation and willingness to quit.

RVO Health meets and exceeds this requirement. For over a decade, we have used the Fagerström Test for Nicotine Dependence (FTND) to guide smoking cessation treatment. RVO Health’s Quit Coaches undergo extensive training to effectively evaluate Medicaid members for motivation and willingness to quit smoking. This training is essential to tailor support and interventions according to each individual’s readiness to quit.

In addition to the Fagerström Test for Nicotine Dependence, RVO Health ensures that Quit Coaches are adept at evaluating Medicaid members in the following ways:

- **Behavioral Assessment Techniques:** Quit Coaches are trained in behavioral assessment techniques to gauge the readiness of Medicaid members to quit smoking. They are equipped with skills to identify behavioral cues, such as verbal and non-verbal indicators of motivation and commitment to change.
- **Motivational Interviewing (MI) Skills:** RVO Health’s Quit Coaches are trained in motivational interviewing techniques, a proven approach to enhance motivation and resolve ambivalence regarding behavior change. Through MI, Quit Coaches engage Medicaid members in collaborative conversations, exploring their motivations, values, and goals related to smoking cessation.
- **Active Listening and Empathy:** Quit Coaches are trained to actively listen to Medicaid members’ concerns, empathize with their experiences, and validate their feelings. This empathetic approach creates a supportive environment where members feel understood and valued, fostering trust and rapport between the member and Quit Coach.

- **Assessment Tools:** RVO Health provides Quit Coaches with assessment tools to systematically evaluate Medicaid members' readiness to quit smoking. These tools may include standardized questionnaires or checklists designed to assess motivation levels, readiness to change, and potential barriers to quitting.
- **Goal Setting and Action Planning:** Based on the assessment of Medicaid members' motivation and willingness to quit, Quit Coaches collaborate with them to set achievable goals and develop personalized action plans. These plans may include identifying triggers, building coping strategies, and accessing relevant resources and support services.
- **Continuous Training and Supervision:** RVO Health prioritizes continuous training and supervision for Quit Coaches to enhance their skills in evaluating Medicaid members' readiness to quit smoking. Regular feedback, coaching sessions, and ongoing professional development opportunities ensure that Quit Coaches remain proficient in applying motivational interviewing techniques and assessment strategies.

By equipping Quit Coaches with the necessary skills and tools to evaluate Medicaid members for motivation and willingness to quit, RVO Health ensures that each interaction is tailored to the individual's needs and preferences.

4.2.1.4.8 Recording the Medicaid member's tobacco history and current use.

RVO Health meets and exceeds this requirement. RVO Health's Quit Coaches are trained to effectively record the tobacco history and current use of all participants, including Medicaid members. Through structured interviews and standardized assessment tools, Quit Coaches gather comprehensive information about the member's smoking history, including frequency, duration, and patterns of tobacco use. Additionally, Quit Coaches document any previous quit attempts, including strategies used and outcomes achieved. If, for example, the Medicaid member has attempted to quit previously and they made excellent progress using a specific type of nicotine replacement therapy, it is important that this information be used to help tailor another future quit attempt by the member. This thorough recording ensures that Quit Coaches have a detailed understanding of the member's tobacco and nicotine use, enabling them to tailor cessation interventions and support services accordingly.

4.2.1.4.9 Directing the Medicaid member to visit their primary care provider to obtain a prescription for a pharmacotherapy smoking cessation product.

RVO Health meets this requirement. RVO Health's approach to directing Medicaid members to visit their primary care provider (PCP) for a prescription for a pharmacotherapy smoking cessation product is guided by a commitment to comprehensive and personalized tobacco cessation support. While Quit Coaches can provide valuable guidance and support to Medicaid members, including information about pharmacotherapy options, our protocol emphasizes the importance of collaboration with healthcare providers, including PCPs, for optimal cessation outcomes.



When appropriate, Quit Coaches may encourage Medicaid members to consult their PCPs for a prescription for pharmacotherapy smoking cessation products. PCPs play a crucial role in assessing the member's medical history, determining their eligibility for prescription pharmacotherapy, and prescribing appropriate medications based on individual needs and preferences. This collaborative approach ensures that cessation interventions are aligned with the member's overall healthcare plan and that they receive comprehensive support for their quit attempt.

Furthermore, directing Medicaid members to their PCPs for pharmacotherapy prescriptions enhances continuity of care and facilitates ongoing monitoring of their progress. PCPs can provide valuable medical oversight, address any potential contraindications or concerns, and coordinate with Quit Coaches to optimize the member's cessation journey.

We understand that state quitlines are not a substitute for provider-led tobacco dependence treatment, but rather an additional resource to which providers may refer their patients for assistance in quitting tobacco products and/or preventing relapse. As such, we encourage providers to utilize the Brief Tobacco Intervention in assessing their patients' health status.

4.2.1.4.10 Contacting the Medicaid Third-Party Prior Authorization Vendor to determine eligibility and provide authorization for Medicaid or MCO member to receive approved drugs to treat tobacco cessation.

RVO Health will meet this requirement and plans to exceed it. RVO Health's current process involves thorough screening of Medicaid members for over-the-counter tobacco cessation medication. Once eligibility is determined, we promptly initiate communication with the identified Pharmacy Benefit Manager via email. Through this channel, we help members secure

authorization for, and timely access to, approved drugs.

For West Virginia Medicaid members who enroll with the WVQL: Prior to providing counseling to Medicaid Fee for Service members or referring Medicaid managed care members to their MCO (see response to requirement 4.2.1.4.6), a Quit Coach will confirm their eligibility (see response to requirement 4.2.2.7) and contact the Medicaid Third-Party Prior Authorization Vendor to determine each member's eligibility and provide authorization for them to receive approved drugs for tobacco cessation.

Pending interest from – and agreement between – DTP and Medicaid, RVO Health will be able to facilitate medication prescription writing and billing for Medicaid members by state fiscal year 2026. Through our partnership with a large, reputable telemedicine platform, **RVO Health will be able to provide an asynchronous telemedicine solution that reduces wait times and barriers for Medicaid members to receive a prescription for tobacco cessation medications through the WVQL.** RVO can work with DTP to ensure the fulfillment vendor is able to submit claims directly to Medicaid for reimbursement, reducing barriers to users accessing medication support for their quit attempt. RVO Health also expects to be able to facilitate prior authorization needs and mail over-the-counter NRT to Medicaid members to fully mirror the experience of other WVQL participants, and work with Medicaid to make prescription medication (i.e., varenicline and bupropion) similarly available to members.

4.2.1.4.11 Limiting medications to treat tobacco dependence to members who register with Medicaid's Quitline Program. Medication products require prior authorization. For more information on medications:

[https://dhhr.wv.gov/bms/Provider/Documents/Manuals/Chapter 518 Pharmacy Services%20.pdf](https://dhhr.wv.gov/bms/Provider/Documents/Manuals/Chapter%20518%20Pharmacy%20Services%20.pdf)

RVO Health will meet this requirement. Unless a different arrangement is negotiated between DTP, Medicaid, and RVO Health, **RVO Health will not mail NRT to eligible Medicaid members** because, per Bureau for Medical Services (BMS) policy, medications to treat tobacco dependence require prior authorization.

While adherence to this protocol is crucial, we recognize that there may be instances in which individuals who have not yet enrolled with the program require medication. In such cases, we are prepared to take proactive steps to facilitate enrollment and promptly contact the Medicaid Third-Party Prior Authorization Vendor to notify them about the enrollment and, for Medicaid Fee for Service members, the specific medication requested. This proactive approach ensures that individuals receive the necessary medications while also aligning with the program's guidelines and requirements.

4.2.1.4.12 Contacting the Medicaid member every two weeks for a total of four proactive calls.

RVO Health meets and exceeds this requirement. RVO Health's approach consist of making four proactive outbound calls to the member, with three attempts each, totaling twelve attempts to reach the member. These calls are strategically scheduled for the member's convenience,

with the first call made upon enrollment, the second around the quit date, and the third scheduled for the week following the quit date. Additionally, we facilitate one additional interaction through a group coaching session, for which outbound attempts are not made. This comprehensive approach ensures consistent engagement and support for Medicaid members throughout their tobacco cessation journey.

4.2.1.4.13 Providing no more than four reactive coaching calls.

RVO Health partially meets this requirement. At RVO Health, we prioritize creating an environment where members can readily seek assistance as needed. Our approach ensures unrestricted access to support through various channels, including unlimited reactive (inbound) support calls, as well as text and chat messages, all of which are provided without billing our state partners.

In our standard program, members are entitled to receive up to five coaching calls, regardless of whether they are proactive or reactive. However, we do not bill for more than five coaching calls per member. It's crucial to understand that our call model does not differentiate between proactive (outbound) and reactive (inbound) calls. Please note that our specialty programs offer up to seven billed calls. However, we do not charge for any additional calls beyond this limit.

Approximately 98 percent of our state quitline participants engage in five or fewer coaching calls, the majority of which are proactive. Additionally, certain priority population programs, such as Behavioral Health, Pregnancy & Postpartum, and American Indian programs, have their own protocols that include up to seven proactive calls. For these specialty programs, we do not charge for more than seven calls.

This approach ensures that members have the necessary support and guidance throughout their journey to better health, without encountering limitations on the number of calls they can make.

4.2.1.4.14 Limiting the Medicaid member to an initial approval for Medicaid of 12-weeks.

RVO Health meets this requirement. For all quitline participants, RVO Health's maximum clinical recommendation is 12 weeks of nicotine replacement therapy. This aligns with the West Virginia Bureau for Medical Services (BMS) policies for Pharmacy Services (section 518.1.6) and Tobacco Cessation Services (section 519.18), as well as Affordable Care Act preventive services implementation guidance to provide members with a 90-day supply of medications approved by the US Food and Drug Administration for tobacco cessation.

4.2.1.5.10 Providing additional therapy approved with a letter from the prescriber briefly addressing the efficacy of the current therapy, the reason a longer than typical course of therapy is required and the readiness of the patient to quit.

RVO Health meets this requirement. RVO Health is dedicated to facilitating comprehensive support for our quitline participants and recognizes that there may be instances in which additional therapy is warranted. Participants can re-enroll for additional benefits (contingent on DTP restrictions), and upon client request, participants can have consecutive enrollments in our

Continuum of Care (CoC) program.

4.2.1.5.11 Becoming familiar with the BMS/Medicaid tobacco cessation policy located here: <https://dhhr.wv.gov/bms/BMS%20Pharmacy/pages/PA-criteria.aspx> under Tobacco Cessation policy. For additional information and details please see sections 518.1.6 and 519.18 <https://dhhr.wv.gov/bms/pages/manuals.aspx>.

RVO Health meets this requirement. and is familiar with the BMS/Medicaid tobacco cessation policy. The below steps outline our understanding of how RVO Health will need to comply with this policy, as the WVQL service provider:

1. The Medicaid member calls 1-800-QUIT-NOW and is routed to RVO Health.
2. A Quit Coach will greet the caller, ask for the caller's health plan information, and confirm a member's Medicaid eligibility through the West Virginia Medicaid Management Information System (see response to requirement 4.2.2.7).
 - a. If the member is enrolled in a managed care plan, the Quit Coach will forward the call to their MCO counseling services (see response to requirement 4.2.1.4.6).
 - b. If the member is eligible for Medicaid Fee for Service, the Quit Coach will proceed with the first coaching session.
 - c. If the member is not eligible for Medicaid, the Quit Coach will not provide further services (see response to requirement 4.2.2.7) and recommend that the caller discuss tobacco cessation with their PCP (see response to requirement 4.2.1.4.9).
3. Upon eligibility verification (and first coaching session for Medicaid Fee for Service members), the Quit Coach will contact the Medicaid Third-Party Prior Authorization Vendor (i.e., Rational Drug Therapy) to determine each participant's eligibility and provide authorization for them to receive approved drugs for tobacco cessation (see response to requirement 4.2.1.4.10).

4.2.1.5.12 Providing Medicaid/MCO reporting such as:

RVO Health meets this requirement. Please see responses below.

4.2.1.5.12.1 Medicaid eligibility information, including contacting the WV Medicaid vendor to determine eligibility for services and Rational Drug Therapy to determine eligibility for medications provided by BMS/Medicaid.

RVO Health will meet this requirement. Our current capabilities align with reporting on eligibility for services, although we do not currently facilitate reporting on medication eligibility provided by a third part (e.g., BMS/Medicaid). We look forward to expanding our capabilities to encompass medication eligibility reporting for the state of West Virginia.

4.2.1.5.12.2 Number of enrollment intake calls; number of coaching calls one through four.

RVO Health meets this requirement. RVO Health standardly reports on the number of enrollment intake calls and number of coaching calls, by call number.

4.2.1.5.12.3 Additional reporting metrics added during the contract period.

RVO Health meets this requirement. RVO Health is fully equipped to accommodate additional reporting metrics for Medicaid members during the contract period. Our standard reporting framework, which is adept at capturing data for state quitline participants, can seamlessly extend to encompass reporting for Medicaid participants as well.

4.2.1.6 Web-based Portal

4.2.1.6 Vendor should describe their plan for providing access to a web-based portal for referrals from healthcare providers (medical or dental, or community organizations), a fax referral system, and the ability to support bi-directional electronic health system referral options.

RVO Health meets and exceeds this requirement. RVO Health has developed a comprehensive plan for providing access to a web-based portal for referrals from healthcare providers, community organizations, as well as a fax referral system, and bi-directional electronic health record (EHR) system referral options. Our approach is rooted in over 20 years of experience managing provider referral programs for state quitlines, ensuring seamless coordination between healthcare professionals and our tobacco cessation services.

The screenshot shows the 'Referrals' page of the West Virginia Tobacco Quitline. The page has a header with the 'Quit Services' logo and a navigation bar. The main content area is titled 'Facility and Healthcare Professional Search' and includes a search form. The form has fields for 'Search Referring Facility', 'Search Healthcare Professional', and 'Referral Contact Information'. The 'Referral Contact Information' section includes fields for 'First Name', 'Middle Name', 'Last Name', 'Date of Birth', 'Phone Number', 'Primary Language', 'State', and 'Zip Code'. There are also checkboxes for 'I am not affiliated with a Facility', 'I confirm that the fax or email provided here is HIPAA compliant', and 'May we send text messages to this number?'. A footer note states: 'Would you like an Outcome Report on whether the patient enrolled, declined, or was unreachable? Please select your preferred method.' Below this note are three radio buttons: 'Outcome Report', 'Declined', and 'Unreachable'.

West Virginia
Tobacco
QUITLINE
1-800-QUIT-4U

Facility and Healthcare Professional Search

Search Referring Facility

☐ I am not affiliated with a Facility

Search Healthcare Professional

Referral Contact Information

* First Name

Middle Name

* Last Name

* Date of Birth

* Phone Number

May we send text messages to this number?

☐ Yes

☐ No

Primary Language

State

Virginia

☐ I confirm that the fax or email provided here is HIPAA compliant

Zip Code

Would you like an Outcome Report on whether the patient enrolled, declined, or was unreachable? Please select your preferred method.

☐ Outcome Report

☐ Declined

☐ Unreachable

Provider Referrals

Our system is designed to facilitate referrals from various entities, including healthcare providers, schools, and community organizations, to our state quit services. Leveraging a

proprietary database of healthcare providers and facilities, we ensure accurate and up-to-date referral reporting for our state clients. This database encompasses all providers and facilities with National Provider Identifiers (NPIs) and can accommodate entities without NPIs. We emphasize that state quitlines complement provider-led tobacco dependence treatment and encourage providers to utilize the Brief Tobacco Intervention in assessing patients' health status.

Referral modalities

We currently manage fax referral programs for all our state quitlines, and nearly all of our state clients promote our online referral portal. We also manage dozens of e-referral programs with health systems, ranging from SFTP (Secure File Transfer Protocol) to HL7 (Health Level 7) electronic health record (EHR) connections. In 2022, we received 37% of our provider referrals through HL7 EHR connections, another 37% through fax, 15% through SFTP, and the remaining 11% through our online referral portal.

Fax referrals

RVO has recently enhanced our fax referral process. Providers can continue to fax referrals to the same number (1-800-483-3114), but they can now choose to receive an outcome report via secure email (or decline an outcome report). To further reduce barriers to services, we have included the option for providers to authorize NRT directly on the fax referral form for participants who they know or anticipate will have a use exclusion during screening. In addition to selecting the type of referring entity (clinic, pharmacy, hospital, or other) on the fax referral form, providers can now input NPIs to standardize reporting at both the health care facility and provider level.

Online referrals

Our online referral portal offers health care providers an easy and secure way to refer patients. The portal, located at <https://rallycoaching.my.site.com/referral/s/>, is available 24/7 with a link easily shared by QR code and/or built into our state clients' websites.

The fields in the online referral portal mirror those on the fax referral form. Provider and facility are providers and facilities with NPI numbers (regardless of past registration/approval), as well as the pre-loaded referring entities without NPI numbers. When referring providers access our online referral portal, they will be able to search for and select their own unique provider record and associate referrals with a facility record.

Further, our system can notify the state's designated contact, via email, of each new facility or unaffiliated provider submitting a referral via the online portal for the first time and include their contact information for outreach.

Electronic Health Record referrals

RVO Health has supported electronic health record (EHR) referral connections to state quitlines for a decade. Of note, we participated in the workgroup that created the NAQC "Guide for Implementing eReferrals Using Certified EHRs." RVO Health supports bidirectional EMR referral

in two different HL7 formats and plans to develop HL7 FHIR connectivity soon. We also work with health systems to submit bulk referral lists (i.e., exports from provider EMRs) via secure file transfer/SFTP or HTTPS connections. All options require RVO Health to host and maintain the connection. The below table summarizes each format, expected implementation timeline, requirements, and associated benefits/constraints.

Format	Timeline	Technical requirements	Benefits/Constraints
HL7v2.x Virtual Private Network (VPN)	30 - 45 business days <ul style="list-style-type: none"> 2 business days to process forms 2 weeks for security setup 2-4 weeks for testing phase 2-3 business days to configure clients in production 	<ul style="list-style-type: none"> Message Type: Order Message (ORM), Result (ORU) Optional Message Type: Pharmacy Order Message (RDE) Client Information Form UAT Form Site-to-Site VPN Form HL7 v2.x layout requirements Production Form Review Implementation Overview 	Benefits: <ul style="list-style-type: none"> Format broadly supported in most EHR systems Does not require a HISP provider Constraints: <ul style="list-style-type: none"> Requires setup and maintenance of a VPN connection and longer implementation time Cost for additional sending facilities
HL7v3.x Direct Secure Message	15 - 30 business days <ul style="list-style-type: none"> 2 business days to process forms 1-2 weeks for testing phase 2-3 business days to configure clients in production 	<ul style="list-style-type: none"> Message Type: CCD - Continuity of Care Documentation / Progress Note Client Information Form UAT Form CCDA Progress layout example Production Form Review Implementation Overview 	Benefits: <ul style="list-style-type: none"> Current standard for EMR data exchange Simpler implementation Constraints: <ul style="list-style-type: none"> Multiple messages in one transmission not supported
Flat File Secure Transfer Protocol (SFTP)	30-60 business days <ul style="list-style-type: none"> 2 business days to process forms 2 weeks to setup account 2-4 weeks for testing phase 2-3 business days to configure clients in production 	<ul style="list-style-type: none"> SFTP Setup Form SFTP File Layout Requirements Review SFTP Overview Document 	Benefit: <ul style="list-style-type: none"> Does not require HL7 knowledge to implement Constraints: <ul style="list-style-type: none"> Weekly reporting instead of real-time outcomes Cost for additional health systems

4.2.1.7 Quality Assurance and Evaluation

4.2.1.7 Vendor should describe their approach and methodology for providing sufficient

data collection to implement quality assurance and evaluation plans.

Quality Assurance

RVO Health systematically collects coaching and website performance data to inform quitline service delivery and provide quality assurance to participants and clients, alike. For coaching, our Quality Team uses recording software to digitally capture the audio portion of coaching calls, as well as a portion of the Quit Coach's computer screen at the time of the interaction. For website performance, our Platform Team has created alerts that page the developer-on-call should an automated process fail. More information about how our teams use these data to implement quality assurance and make system improvements is provided in response to requirement 4.2.1.9.

Evaluation

In our more than two decades operating state quitline programs, we have performed dozens of quitline project evaluations for our state clients, all in accordance with NAQC and CDC guidelines. RVO Health uses intake and 7-month follow-up questionnaires. Our quitline services include data collection according to NAQC MDS recommendations.

The table below shows how, for evaluations conducted in Calendar Year 2022, average RVO Health quit rates exceeded both the NAQC benchmark of 30% and across all US quitlines reporting this metric:

NAQC quit rate benchmark = 30%		
	Average RVO Health Quit Rate (CY 2022)	Overall/National Quit Rate (CY 2022)
Conventional tobacco	36.6% (Range 32% to 43%)	32.8%
Conventional tobacco + ENDS	33.8% (Range 29 to 41%)	29.9%

RVO Health proposes to use 7-month post-registration evaluation surveys that will be administered to eligible quitline registrants who:

- Enrolled into Standard Care
- Enrolled into the Behavioral Health program
- Enrolled in the Pregnancy and Postpartum Support program

We sample enough callers to achieve at least 95% confidence and 5% precision in quit-rate estimates for the quitline callers and digital users. For DTP, we will also embed a census sample of Spanish speakers within the evaluation. However, the number of completed surveys from programs with fewer program participants will likely not achieve this level of confidence and precision within a single evaluation year. For programs with smaller numbers of program participants, continuous surveying over the contract period will likely yield enough responses to achieve 95% confidence and 5% precision in quit rate estimates.

Participants will be eligible for inclusion if they meet the following criteria:

- Tobacco user
- 18 years of age or older
- Received treatment from the DTP Quit Line (i.e., completed at least one intervention call, group coaching call, live chat session, live text session, engaged with online platform, or received NRT)
- Consented to evaluation follow-up
- Speak English or Spanish
- Valid phone number in the RVO Health database

We will exclude participants from the evaluation sample if they fall into one of the following groups:

- Proxy callers (i.e., calling to obtain information for someone else)
- Health care providers
- Callers seeking information or materials only
- Participants already included in a separate research study
- Prank callers

Follow-up Protocol and Response Rates

Follow-up surveys will be administered using a multi-modal survey methodology to maximize response rates. First, participants who have consented to email, text SMS, or who have set up their web portal account will be invited to complete the survey online. Those who do not complete the online survey after multiple email reminders will then be contacted by survey staff to complete a phone-based survey. Multiple attempts will be made to reach each participant over approximately a 4-week period. If interviewers are not able to reach a participant after all attempts have been completed, the survey will be considered not answered.

We strive for the highest possible survey response rate, and conservatively assume a:

- 25% response rate for Standard Care and Behavioral Health program participants
- 15% response rate for Pregnancy and Postpartum Support program participants for evaluation planning purposes, which are in line with other evaluations of state quitline populations

Computing Quit and Satisfaction Rates

In accordance with NAQC recommendations, we measure two 30-day point prevalence quit rates:

1. The primary tobacco quit rate, in which quit success is defined as being abstinent from all forms of tobacco (not including ENDS) for 30 days or longer at follow-up.
2. The secondary tobacco plus ENDS quit rate, in which quit success is defined as being abstinent from all forms of tobacco and ENDS for 30 days or longer at follow-up.

To provide a comprehensive overview of quit rates in the population, we calculate both responder and intent-to-treat quit rates. Data will be collected to allow for reporting both 7- and 30-day point prevalence quit rates, if DTP prefers that both metrics be included. Satisfaction will

be determined by asking participants to rate their satisfaction with the program, with the options of very, mostly, somewhat, or not at all satisfied. Participants who indicate that they are very, mostly, or somewhat satisfied will be considered satisfied with the program.

We also ask additional tobacco related questions, such as tobacco type, first use, and if they would recommend the quitline program to a friend. At the conclusion of the survey, we thank them for their time and offer them the quitline phone number if they want to share their story or want to re-enroll or seek additional support.

Analyses and reporting

We will combine follow-up data with registration and ongoing interaction data for analyzing outcomes by participant characteristics, tobacco use factors, and levels of service received. The evaluation services team at RVO Health has extensive experience using sound, statistical principles to analyze and draw reliable conclusions from quitline evaluation data. We propose to provide a Stakeholder Report at the end of Years 2 (to include data from Years 1 & 2), 3, 4, and 5 of the contract period (four reports total). The purpose of the Stakeholder Report is to summarize services, utilization, and outcomes in a non-technical format for an audience that does not have expertise in tobacco cessation. Intended audiences for this type of report can include State-level decision makers and external funding organizations. The report employs narrative, graphics, and figures to present the following information (approximately 10 to 20 pages maximum, with a preference for brevity):

- Executive Summary
- Introduction — overview of RVO Health as the quitline vendor and of data regarding tobacco use in the State
- Quitline Effectiveness Summary — brief overview of research evidence in support of quitlines
- Description of program services
- Summary of the characteristics of the quitline population, including: caller characteristics, such as gender, ethnicity/race, language, age, education, tobacco type(s) used, pregnancy status, chronic condition status, and how callers heard about the quitline
- Enrollment volumes by county
- Overview of quitline evaluation methodology standards and details regarding methods used for the quitline evaluation
- Summary of quitline program outcomes, including quit and satisfaction rates obtained during 7-month follow-up evaluation surveys
- Findings from Return on Investment (ROI) analyses
- Selected quotations from quitline callers regarding how their needs were met by the program

Bivariate analysis to determine correlations between participant characteristics, satisfaction, and quit rates can be conducted within the context of this report. DTP and RVO Health will agree on all pricing and evaluation services before the start of any work.

4.2.1.8 Service Delivery

4.2.1.8 Vendor should describe their approach and methodology for service delivery protocols including nicotine replacement therapy. This includes, but is not limited to the following:

As the leading service provider for state quitlines, we offer comprehensive infrastructure, skilled personnel, state-of-the-art facilities, and cutting-edge equipment to operate toll-free tobacco quitlines statewide. Our commitment extends to delivering a diverse array of evidence-based, cost-effective tobacco cessation quitline services tailored to the needs of our state clients seeking tobacco cessation support and services.

Aligned with NAQC's prioritized best practices for quitlines, our participant-facing quitline services encompass a range of essential elements. These include:

- **Proactive telephone counseling** conducted by our experienced Quit Coaches, commencing from participant enrollment and persisting throughout their cessation journey.
- **An integrated online/web component** offering a digital dashboard, a mobile app, and interactive features enabling participants to chat with Quit Coaches and engage in group sessions for added support.
- **Tailored text messaging** strategically deployed to reinforce participant engagement, providing timely encouragement, counseling, and facilitating program evaluation.
- **Email support mechanisms** designed to guide participants seamlessly through the cessation process, aiding their progress along the quit continuum.
- **Accessible tobacco cessation materials** available in both digital and print formats to provide participants with comprehensive resources and information.
 - *See Attachment 7 – Printed Materials for examples*
- **Specialized counseling protocols** designed to address the unique needs of priority populations, ensuring inclusivity and effective support for all individuals seeking to quit tobacco use.
- **Pharmacotherapy options**, including the convenience of direct mail order for nicotine replacement therapy, enhancing the effectiveness of cessation efforts.

Furthermore, we offer robust multi-modal referral services to healthcare providers, along with comprehensive healthcare provider education initiatives. Beyond our direct support to quitline participants and healthcare providers, our state partners can anticipate receiving unparalleled additional benefits, including:

- **Marketing services** aimed at expanding the reach and impact of the quitline services within the state. These marketing services can be tailored for priority populations.
- **Detailed reporting** of participant demographics and services provided, aiding states in meeting CDC grant requirements and facilitating program optimization.
- **Rigorous evaluation of program outcomes**, including quit rates and participant satisfaction, ensuring continuous improvement and efficacy.

- **Opportunities for collaborative research** aimed at fostering innovation and advancing state quit services, ensuring that our offerings remain at the forefront of tobacco cessation efforts nationwide.

4.2.1.8.1 Determining eligibility for participants who may be eligible for Quitline services through a health plan, employer, or other resource, and if such eligibility is determined.

RVO Health meets this requirement. When we enroll an individual for quitline services, we collect responses to all questions required by the NAQC Minimal Data Set (MDS) intake questionnaire. Our intake questions match across telephone and online/web enrollment methods. While the order in which some questions are asked over the phone may vary from how they are displayed online, data collected through both methods facilitate proper program eligibility and enrollment into the best benefit available to the participant. RVO Health can program custom enrollment questions to help determine participant eligibility for a specific benefit, or simply to collect additional data for reporting purposes.

4.2.1.8.1.1 Facilitating a transfer of those participants to the Quitline/cessation service for which they are eligible without any cost to DTP

RVO Health meets this requirement. RVO Health ensures the seamless transfer of participants to the appropriate Quitline or cessation service for which they are eligible, without any cost to the West Virginia Division of Tobacco Prevention (DTP). Our process is designed to prioritize participant needs and ensure they receive the most suitable support for their tobacco cessation journey.

To facilitate this transfer, we employ a robust participant assessment system that evaluates each individual's eligibility criteria based on factors such as demographics, insurance coverage, and specific program requirements. Upon enrollment, participants undergo a comprehensive intake process where their eligibility for various cessation services is determined.

Once eligibility is established, participants are seamlessly transitioned to the designated Quitline or cessation service at no additional cost to DTP. Our team coordinates this transfer efficiently, ensuring continuity of care and minimal disruption to participants' cessation efforts.

Furthermore, we maintain open communication channels with DTP throughout the transfer process, providing regular updates on participant enrollment and service utilization. This transparent approach enables DTP to stay informed and actively involved in supporting participants' tobacco cessation journey.

4.2.1.8.2 Providing referrals to the Asian Quitline or 855-QUIT-VET Quitline, as appropriate.

RVO Health meets and exceeds this requirement. RVO Health is dedicated to providing comprehensive cessation support to participants, including referrals to specialized quitline services such as the Asian Quitline or the 855-QUIT-VET Quitline, as appropriate. To facilitate these referrals, we maintain a meticulously curated list of external resources in collaboration with DTP staff. This resource list encompasses community-based services tailored to

participants' locations and needs, ensuring that they receive targeted support beyond standard quitline services.

Upon engaging with a participant, our Quit Coaches first offer available quitline services as part of their counseling sessions. Following this, if the participant expresses interest in additional support or specialized services, Quit Coaches utilize the referral resource list to make appropriate referrals. This may involve providing the caller with the phone number or URL of the resource, enabling them to access the support they need. Additionally, participants have access to these resources at any time through the Rally Coach dashboard, ensuring convenience and accessibility.

Our referral resource list extends beyond cessation support to include resources for other chronic illnesses such as diabetes and cancer. By default, participants are informed about national cessation resources including CDC, Smokefree.gov, You Can Quit 2, TRICARE, Quit VET, and the Asian Smokers Quitline. This comprehensive approach ensures that participants have access to a wide range of support options to address their health needs effectively.

We recognize the unique challenges faced by certain populations, such as Pacific Islanders, who experience higher smoking prevalence rates and smoking-related health disparities. Our Quit Coaches undergo specialized training to understand and address the cultural and social factors influencing smoking behavior within these communities. For instance, Quit Coaches are sensitive to the likelihood of other smokers in the participant's home and work environments, and they provide tailored strategies to create smoke-free environments. Moreover, we provide translation services for callers who are not fluent in English, ensuring linguistic accessibility for all participants.

In the case of Asian Americans and Pacific Islanders, Quit Coaches are trained to understand gender differences in smoking prevalence and provide culturally relevant support accordingly. For participants identified as Asian or Asian American, we offer to refer them to the Asian Smokers' Quitline—a free, CDC-funded resource specifically tailored to their needs.

4.2.1.8.3 Minimizing potential issues, including but not limited to: the amount of time and information required to register for services and allowing participants to engage with Quitline services without requiring additional steps.

RVO Health meets this requirement. RVO Health employs several strategies to minimize potential issues, including streamlining the registration process and ensuring seamless engagement with Quitline services for participants. These measures are designed to reduce the amount of time and information required to register for services while allowing participants to access Quitline support without encountering unnecessary barriers or additional steps.

- **Simplified Registration Process:** RVO Health has optimized the registration process to be as straightforward and efficient as possible. This involves minimizing the number of required fields in registration forms to essential information only, thereby reducing the time and effort required for participants to complete the registration process. By

prioritizing key data points necessary for enrollment, such as contact information and smoking history, we ensure that participants can swiftly register for services without being overwhelmed by unnecessary questions or requests.

- **User-Friendly Interfaces:** Our online registration portals and digital platforms are designed with user experience in mind. We utilize intuitive interfaces and clear instructions to guide participants through the registration process seamlessly. By providing easy-to-navigate interfaces and minimizing technical complexities, we empower participants to register for services quickly and without confusion, regardless of their level of digital literacy.
- **Pre-populated Data and Auto-fill Features:** To further expedite the registration process, RVO Health leverages pre-populated data and auto-fill features wherever possible. This involves automatically populating certain fields in registration forms with data provided by participants during previous interactions or from integrated systems. By minimizing the need for participants to manually input repetitive information, such as contact details, we reduce registration time and potential errors, enhancing the overall user experience.
- **Optimized Accessibility:** RVO Health ensures that Quitline services are accessible across multiple channels, including telephone, web, and mobile platforms. Participants can engage with Quitline services through their preferred communication method without encountering additional steps or barriers. Whether accessing support via phone calls, web chats, or mobile apps, participants can seamlessly connect with Quitline counselors and resources without the need for additional registration or verification processes.

Personalized Support and Outreach: Recognizing that participants may have varying needs and preferences, RVO Health offers personalized support and outreach initiatives. This may include targeted communications, reminders, and follow-ups tailored to individual participant profiles and engagement levels. By proactively reaching out to participants and providing tailored support, we ensure that individuals feel supported throughout their Quitline journey, minimizing the likelihood of dropout or disengagement due to registration-related issues.

4.2.1.8.4 Providing a voicemail option for any period outside the Quitline's hours of operation.

RVO Health meets and exceeds this requirement. RVO Health meets this requirement. RVO Health recognizes the importance of being available to support individuals seeking assistance with tobacco cessation, even outside of traditional Quitline operating hours. To ensure continuous accessibility and support, RVO Health implements a voicemail option for periods outside of the Quitline's regular hours of operation. This voicemail system serves as a valuable resource for participants who may wish to leave messages, seek assistance, or request callbacks when Quitline services are temporarily unavailable.

RVO Health provides the following:

- **Voicemail System Setup:** RVO Health establishes and maintains a dedicated voicemail system specifically for the Quitline service. This system is equipped with features to receive and store voicemail messages from participants, ensuring that their inquiries, concerns, or requests are captured effectively, even during non-operational hours.
- **Clear Communication:** Participants are informed about the availability of the voicemail option through various communication channels, including pre-recorded messages, website notifications, and promotional materials. Clear instructions are provided on how participants can leave voicemail messages, including guidance on providing relevant information and contact details for follow-up.
- **Call Routing:** Incoming calls received outside of Quitline operating hours are automatically routed to the voicemail system, where participants can leave detailed messages about their needs or inquiries. This ensures that participants have an avenue to reach out for support even when Quitline counselors are not immediately available to take their calls.
- **Prompt Response:** Upon resumption of Quitline operations, RVO Health prioritizes the retrieval and handling of voicemail messages. Trained Quitline staff promptly review and respond to voicemail messages, either by returning calls to participants during operational hours or by providing appropriate follow-up actions based on the nature of the inquiry.
- **Callback Requests:** Participants who leave voicemail messages may request callbacks at convenient times for further assistance or counseling. RVO Health ensures that callback requests are honored promptly, allowing participants to engage with Quitline services and receive the support they need, even if initial contact attempts occur outside of regular operating hours.

4.2.1.8.5 Obtaining enrollment demographics including name, address, date of birth, telephone numbers, email address, and other NAQC MDS data.

RVO Health meets and exceeds this requirement. RVO Health employs a comprehensive approach to obtain enrollment demographics and other essential information from Quitline participants, ensuring accurate record-keeping and adherence to NAQC MDS (North American Quitline Consortium Minimal Data Set) standards. RVO Health obtains enrollment demographics, including name, address, date of birth, telephone numbers, email address, and other relevant data in the following ways:

- **Intake Questionnaire:** Upon enrollment in the Quitline program, participants are guided through an intake questionnaire designed to collect essential demographic information and other data required by the NAQC MDS. This questionnaire is administered either verbally during telephone enrollment or electronically through the online/web component of the Quitline service. The questionnaire covers various aspects, including personal

details, tobacco use history, cessation goals, and preferred contact methods.

- **Telephone Enrollment:** For participants enrolling via telephone, Quitline staff (Quit Coaches) conduct structured interviews to gather demographic details directly from participants. Quit Coaches meticulously document responses provided by participants, ensuring accuracy and completeness of the information collected. This includes capturing participant names, addresses, dates of birth, telephone numbers, email addresses, and any additional data necessary for program enrollment and follow-up.
- **Online/Web Enrollment:** Participants opting for online/web enrollment are guided through a digital registration process hosted on the Quitline's website or dedicated online portal. The registration form is designed to capture demographic information, with mandatory fields for name, address, date of birth, contact numbers, and email address. Participants input their details directly into the online form, with built-in validation checks to ensure data accuracy and completeness.
- **Data Validation and Verification:** To maintain data integrity, RVO Health employs validation checks and verification processes during enrollment. This includes verifying participant-provided information against existing records (if applicable), validating email addresses and telephone numbers for accuracy, and cross-referencing demographic details with external databases or identity verification tools to mitigate errors and ensure data quality.

4.2.1.8.6 Recording participant's tobacco history and current use, including the participants previous attempts to quit.

RVO Health meets and exceeds this requirement. RVO Health systematically records participants' tobacco history and current use, capturing comprehensive data to inform personalized cessation interventions. During enrollment Quit Coaches conduct detailed assessments to gather information on participants' tobacco use behaviors, including smoking frequency, duration, and quantity, as well as any concurrent tobacco product usage such as smokeless tobacco or e-cigarettes. Additionally, participants' previous attempts to quit smoking are meticulously documented, including methods utilized, duration of abstinence, and perceived barriers to success. Quit Coaches employ structured interviews and standardized assessment tools to ensure consistent data collection, allowing for thorough evaluation of participants' cessation needs and tailored intervention planning.

4.2.1.8.7 Obtaining participant consent for post-enrollment follow-up.

RVO Health meets this requirement. RVO Health ensures participant consent for post-enrollment follow-up through a transparent and participant-centered approach. Upon enrollment, Quitline staff, or Quit Coaches, explicitly outline the purpose of post-enrollment follow-up and seek participants' informed consent to engage in ongoing communication for program evaluation and support purposes. Participants are provided with detailed information regarding the nature of follow-up interactions, including the frequency and method of contact, and are given the opportunity to express their preferences and level of engagement.

4.2.1.8.8 Vendor should partner with the Baby and Me Tobacco Free Program (BMTF) to refer and accept pregnant participants, when applicable.

RVO Health meets and exceeds this requirement. Note that RVO Health has an existing partnership with Vincere Health, a key player in the tobacco cessation realm with a well-established affiliation with the Baby and Me Tobacco Free Program (BMTF). The Baby and Me



Tobacco Free Program utilizes Vincere Health's mobile technology to operate the program in West Virginia. We have been partners for several years now and have developed robust processes together to ensure seamless referrals. This strategic alliance streamlines access to vital resources and underscores our commitment to supporting the health and well-being of expectant mothers. During the COVID pandemic, it was our mobile technology that enabled the BMTF program to operate remotely and safely. Since then, we have collaborated effectively with BMTF to support thousands and thousands of expectant mothers in low-resource areas with excellent clinical outcomes for the states we serve together.

RVO Health also offers a dedicated state quitline program for pregnant and postpartum participants. All callers who are pregnant, breastfeeding, postpartum for up to one year, and/or planning pregnancy within three months are triaged to a special program track that is person-centered around pregnancy. The goal of the coaching is to help those who are pregnant quit tobacco products and sustain their quit after delivery. If a participant is ineligible for the BMTF program for any reason, RVO Health will offer our dedicated, evidence-based pregnancy or postpartum program.

Our highly skilled and knowledgeable team of Quit Coaches understand the complex needs and support required to help those who are pregnant or postpartum. All our Quit coaches are trained to service this population and participants can request to speak to a specific coach by gender to meet their preferences. Quit Coaches work to foster increased levels of treatment continuity and sensitivity. The program offers seven sessions by phone, chat, text, or group sessions. Participants can opt-out of chat or group sessions to exclusively receive phone coaching throughout their program. Additional sessions can be added through support interactions to complete up to a seven-call program.

Quit Coaches receive training specific to working with this population that highlights challenges and themes they may encounter during their interventions. This training includes pregnancy-

specific cessation content information about the adverse effects of smoking on pregnancy, the benefits of quitting for everyone, including the unborn child, the impact of second-and third-hand smoke on the family and the importance of committing to sustaining the quit after the baby is born.

Quit Coaches also receive training to develop facilitation skills in working with this vulnerable population. We are better able to meet the needs of pregnant callers because all Quit Coaches are trained to deliver interactions with this priority population. We found it is important for participants to access a Quit Coach without needing a call back or waiting 24/7. Because of our protocols and robust coach documentation, Quit Coaches provide consistent and personalized care to all callers. We train Quit Coaches to respond to pregnant callers' feelings about their pregnancy, underscoring that their and the baby's health will improve if they quit smoking. Coaches assess the many challenges that quitting tobacco while pregnant may present and consider this information in tailoring a quit plan to meet the pregnant smoker's needs. Quit Coaches also look for opportunities to educate pregnant and postpartum callers about the risks of continued tobacco use during pregnancy and after delivery, and the many benefits of quitting both for the baby and the whole family.

4.2.1.8.9 Providing culturally appropriate and enhanced coaching services by coaches who are specially trained to address specific populations. Vendor should provide new and emerging ways to increase access to services covering nicotine dependence with high risk and hard to reach population groups such as:

RVO Health meets and exceeds this requirement. RVO Health offers specific evidence-based, culturally appropriate programs for participants who are part of special populations. We have an accomplished history of supporting people from all demographic and ethnic groups in their efforts to quit tobacco through quitlines across the country for more than 25 years. The below sections describe our tailored programs and other population-specific protocols and experience.

4.2.1.8.9.1 Racial and ethnic groups, especially for the African American and LGBTQ+ populations, youth, people with behavioral health challenges, people with substance use disorders, and other communities where tobacco use can vary by racial, ethnic, community, tradition, or cultural norms.

Youth and young adults

For over 15 years, RVO Health has been dedicated to providing quit services tailored to support youth in quitting tobacco. Recognizing the importance of understanding how youth engage in conversation, we have prioritized the effective development and deployment of youth cessation programs. With cell phones playing a central role in teen life, it's noteworthy that in 2022, 95% of teens aged 13 to 17 own or have access to a smartphone, marking a significant increase from 2015 when only 73% reported smartphone access. Considering these statistics and the prevalent use of smartphones among teenagers, RVO Health has reimagined its approach to better engage youth and drive quit outcomes.

We acknowledge that the process of adoption and engagement takes time, and therefore, a comprehensive strategy is essential, especially as the landscape of youth engagement

continually evolves. Such a strategy necessitates ongoing assessment and refinement, including direct feedback from the youth we serve.

All RVO youth programs are grounded in social cognitive theory (SCT) and informed by adolescent literature, utilizing available empirical evidence for treating young tobacco users. Our programs leverage communication channels commonly used by youth today, including online content, videos, and live chats with a Quit Coach. Our Quit Coaches are specially trained and experienced in working with youth, employing an empathetic, non-judgmental approach. They focus on enhancing and sustaining motivation to quit while utilizing cognitive-behavioral strategies to help youth build a personalized plan to stop using tobacco.

RVO Health offers two tracks of cessation support for youth: the Youth Support Program, designed for those using any commercial tobacco, and Live Vape Free, tailored specifically for those using nicotine vaping products (i.e., electronic nicotine delivery services [ENDS]). We offer comprehensive support for participants aged 13 to 26.

Youth Support Program

Our Youth Support Program is designed to meet teens where they are and offer them support, guidance, and motivation to quit vaping or smoking. Enrollment can be done online or by phone call with a Quit Coach. The program consists of six steps, takes six to eight weeks to complete, and includes support for one year after enrollment. Youth use the program to guide themselves through milestones, which are designed to help them progress toward their goal of quitting. The program, designed to be engaging, is delivered via an online dashboard, which includes TikTok-like videos, animations, podcasts, quizzes, and live chat. The communication modality is digital; youth can reach out to a Quit Coach for a chat interaction any time for help with specific problems, strategies, or tips to quit and stay quit.

During each step, Quit Coaches are available 24/7 to answer questions, offer tips, and provide support. Quit Coaches are specifically trained to communicate effectively with teens and provide relevant content on triggers to use vapes and tobacco, social pressure, health issues, environmental impact of tobacco products, social justice issues, and big tobacco's targeted marketing. Quit Coaches are also trained to help teens manage withdrawal from nicotine with behavioral and cognitive strategies and refer them to their doctor or pharmacist if they have questions about NRT/quit meds. Upon program completion, they will have access to a Letter of Completion, which they can download from the dashboard or email to themselves. In addition to supporting cessation, the program can serve as a school or court-based diversion program. RVO Health will work with DTP to implement an incentive plan for youth participants.

We understand that parental involvement is important to youth cessation. RVO Health is exploring ways to obtain parental consent in a manner that does not discourage youth from participation in the program. As such, we intend to work directly with DTP to understand how to best support this feature.

NRT and other prescription cessation medications are not FDA-approved for those under the

age of 18, so we refer youth who ask about cessation medication to their health care provider to discuss the use of medications.

Live Vape Free

In 2021, we launched Live Vape Free for 13- to 17-year-olds, our full spectrum support program for youth vapers and concerned adults in their lives. Those who come to our landing page will be triaged to the correct program: LVF-Teen, LVF-Young Adult (YA), LVF-Adult Advocate. After a quick enrollment, LVF-Teen and LVF-YA text messaging programs will automatically be started in the following day or two. The teen program is a multimedia experience, including videos, quizzes, podcasts, self-assessments, and flip cards that we provide through text message links, their preferred modality. At any point during the program, youth can text one of several keywords to get support in the moment (e.g., 'STRESS', 'BOOST', 'CRAVE'), or "COACH" and receive access to a live Quit Coach who engages with the youth, answers questions, or conducts a full intervention – all through text. Automated messages are tailored by quit date and natural language understanding allows for appropriate responses to free texts sent in by users.

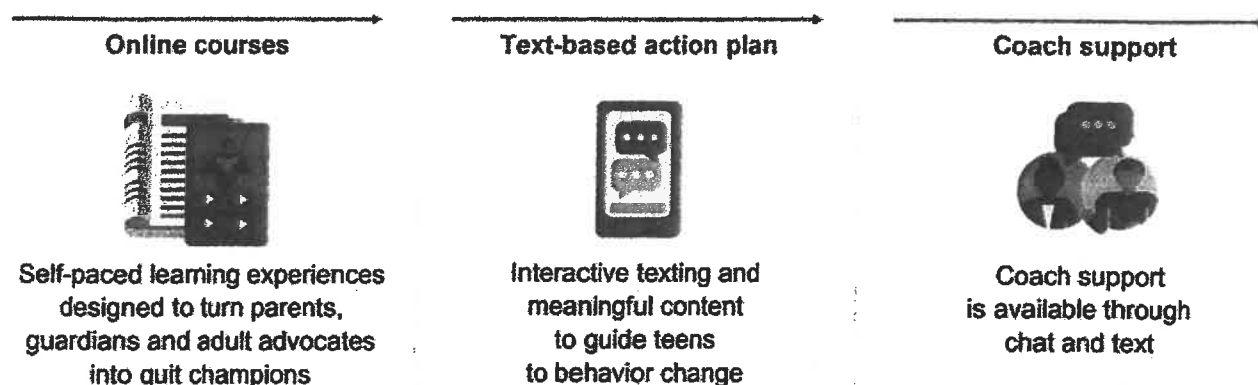
We developed Live Vape Free to be agile and adaptable to keep up with the growing needs of youth vapers and provide them with the most up-to-date information to help them quit and stay quit. Understanding the vastness of the vaping epidemic in youth, we evaluated how to best approach curbing the surge of teen vapers by leveraging more than 15 years of youth tobacco cessation expertise paired with our digital engagement platform.

Live Vape Free - Young Adult

Launched in January 2024, the young adult version of Live Vape Free includes an mHealth program tailored to 18-26 year-olds and developed to be delivered along with NRT. Like the teen version of LVF, LVF-YA includes daily text messages tailored by quit date, including links to interactive media such as TikTok-style videos, animations, flip card exercises, assessments, quizzes, and podcasts. Keywords can be texted by the YA at any time to get tailored support in the moment (e.g., "CRAVE," "SLIP," "WHY," "STRESS"). A starter kit of 2 weeks of NRT will be offered to all LVF-YA enrollees.

Helping Teens Live Vape Free

Our Live Vape Free program also has a module for parents or other interested adults, Helping Teens Live Vape Free, to teach them how to have production conversations with youth about vaping and present themselves as an advocate instead of an adversary. The graphic below illustrates the different ways we support adult advocates in helping teens quit vaping.



Adult advocates can access online courses through our website and chat with a Quit Coach for guidance. Online courses are accessible for parents when they are ready to learn about all things vaping. The online courses offer parents and advocates an opportunity to learn at their own pace. The courses include content about vaping products, risks of vaping, practical advice for determining if a teen is vaping, as well as strategies for facilitating productive conversations with teens. There is also an interactive toolkit designed to facilitate conversations between the adult and teen.

Pregnancy and Postpartum Support

Please see above response to requirement 4.2.1.8.8 for details.

Behavioral Health Program

People who report a behavioral health condition (i.e., mental health and substance use disorders) smoke approximately 44% of the cigarettes smoked annually in the country. Additionally, those with behavioral health conditions die approximately 25 years earlier than the general population of tobacco users. Prevalence rates among those with more severe forms of behavioral health conditions, such as schizophrenia, can exceed 80%.

We have experience and expertise in helping those with mental health or substance use disorders quit tobacco, as our Director of Public Health Strategy, Nick Fradkin, is a member of the Smoking Cessation Leadership Center's National Partnership on Behavioral Health and Tobacco Use. A joint publication between our Center for Wellbeing Research and CDC found that quitline callers with behavioral health conditions have quit rates about 9% lower than those without these conditions.¹



¹ Katrina A. Vickerman, Gillian L. Schauer, Ann M. Malarcher, Lei Zhang, Paul Mowery, Chelsea M. Nash, "Quitline Use and Outcomes among Callers with and without Mental Health Conditions: A 7-Month Follow-Up Evaluation in Three States", *BioMed Research International*, vol. 2015, Article ID 817298, 11 pages, 2015. <https://doi.org/10.1155/2015/817298>

To address the needs of this population, RVO Health developed the Tobacco Cessation Behavioral Health Program (TCBHP), which addresses the unique challenges faced by persons with mental health and substance use disorders. For this program, RVO Health identifies participants with behavioral health conditions during the intake process and triages them into the behavioral health program. Those who report a behavioral health condition during enrollment are asked if they feel their concern is a barrier to quitting. If they respond affirmatively, these participants are triaged into the program.

The TCBHP features seven coaching sessions with a focus on stress and coping strategies, and a letter for the participants' health care provider with tips to support their patient through the quit process. Tailored content to support these participants is available throughout the dashboard. We recommend that participants receive 12 weeks of combination NRT to increase the chances of a successful quit.

The program was piloted in the Texas Tobacco Quitline and results were published in 2019, showing increased engagement and promising cessation rates for pilot participants as compared to those with behavioral health conditions enrolled in the standard quitline program.² Subsequent evaluations have shown the value of the program to participants with behavioral health conditions. Over just the last five years, RVO Health has had more than 214,000 quitline participants enroll in our TCBHP. Some of our additional collaborations and partnerships include:

- Contributing to the Behavioral Health Advisory Forum, which reviewed the scientific literature on the subject and made recommendations for screening questions, training resources and research and evaluation strategies to the North American Quitline Consortium.
- Creating a training to inform mental health and substance use disorder providers about the positive impact quitlines can have on their clients. We also provided them with training on the brief tobacco intervention and provided technical assistance toward system changes to ask, advise to quit, and refer all tobacco users in their practice.

American Indian Commercial Tobacco Cessation Program

RVO Health has provided care to over 56,000 American Indians or Alaska Natives throughout the country since 2002, and more than 16,000 in just the last five years. We currently serve American Indian callers across our book of business and have especially strong American Indian participation in South Carolina, North Carolina, Florida, Oklahoma, Texas, and New Mexico. All Quit coaches are trained to deliver culturally tailored care and are available 24/7. Quit Coaches receive initial and ongoing training on cultural practices unique to this population, facilitation skills, behavioral health training, engagement, and other related topics. The training was designed in collaboration with American Indian/ Alaska Native partners.

² Carpenter KM, Nash CM, Vargas-Belcher RA, Vickerman KA, Haufle V. Feasibility and Early Outcomes of a Tailored Quitline Protocol for Smokers With Mental Health Conditions. *Nicotine Tob Res.* 2019 Apr 17;21(5):584-591. doi: 10.1093/ntr/ntz023. PMID: 30768203.

We launched our American Indian Tobacco Cessation Program in March 2018. The program was created in collaboration with the American Indian Cancer Foundation (AICAF), which organized focus groups with tribes to gather input on building a successful program and informed the development of our American Indian program. We also published a journal article describing this collaborative effort.³

The program focuses on the use of commercial tobacco products, while considering the traditional use of ceremonial tobacco. Participants receive seven coaching sessions, and we recommend offering 12 weeks of combination NRT to increase the chance of a successful quit. It covers topics, such as balancing support for quitting commercial tobacco while respecting traditional tobacco use, communicating effectively, building trust, and the importance of elders in the American Indian culture. Since the program's launch, we have seen an increase of 21% in the number of American Indians (self-reported) calling the national quitlines, and of those callers, 87% have opted to enroll.

Some of our collaboration and partnerships from our long history includes:

- Our Clinical and Quality Support team has participated in Indian Health Service's (IHS) Tobacco Task Force meetings as an invited guest expert. We have worked with the IHS Tobacco Task Force to distribute our community resource questionnaire for states to solicit feedback from tribes regarding the availability of other cessation programs for American Indians.
- We partnered with a recommended member of the Muskogee Creek Nation in Oklahoma to develop our initial training curriculum for our entire service delivery team on serving American Indians. We worked with the State of Oklahoma to develop an American Indian training tool for our staff. We have collected data from American Indian callers regarding their tribe affiliation over the life of the program.
- RVO Health partners with the American Indian Cancer Foundation to address the high prevalence of cigarette smoking among American Indian/Alaska Native (AI/AN) populations. Through this collaboration, RVO Health and AICAF gathered community feedback, incorporating insights into the design of tailored quitline services aimed at supporting AI/AN commercial tobacco users in their cessation efforts. RVO Health incorporated this feedback into the AI Quitline to create a culturally sensitive cessation service for AI/AN commercial tobacco users.

Menthol Enhancement

As the popularity of menthol cigarettes and menthol e-cigarettes has continued to soar, RVO Health recognizes that these products have remained on the market while other flavored products were removed. While closely monitoring these developments, RVO Health is not

³ Lachter RB, Rhodes KL, Roland KM, Villaluz C, Short E, Vargas-Belcher R, O'Gara E, Keller PA, Bastian T, Specktor CE. Turning Community Feedback into a Culturally Responsive Program for American Indian/Alaska Native Commercial Tobacco Users. *Prog Community Health Partnersh*. 2022;16(3):321-329. doi: 10.1353/cpr.2022.0049. PMID: 36120875.

content to simply wait for further regulatory action. Accordingly, we have developed a comprehensive menthol cessation enhancement that launched in April 2024. We are committed to providing the highest level of support and resources to those seeking to make this important change in their lives.

In an effort to better support participants who use menthol tobacco and nicotine products, RVO Health offers the intensive Menthol Enhancement to meet the needs of this population. The program design includes tailored menthol coaching support consisting of:

- Personalized coaching focusing on how to quit, not switch, from highly addictive menthol products
- Option to offer custom Nicotine Replacement Therapy dosage for this population
- Additional tailored menthol content (interactive quizzes, articles, etc.) that can be accessed on the participant's dashboard
- A team of Coaches who have received additional extensive training on menthol tobacco cessation including the background on how tobacco companies marketed menthol cigarettes to populations historically disadvantaged by the US healthcare system. Coaches are able to flex intervention content and tailor the treatment to these participants.

RVO Health also offers extensive content on menthol cigarettes for Black/African American participants, specifically. These participants' dashboard milestone experience includes content from the evidence-based "Pathways to Freedom" videos. Menthol cigarettes is a topic covered in the videos and includes information on nicotine dependence and menthol products, the health impact, and the tobacco industry's deceptive marketing tactics targeting African American people.

Other Protocols and Experience

We gather information about and react to each participant's culture, perspectives, and demographics because of the inherent individualization built into our clinical approaches to coaching. While carefully adjusting our communication and coaching style as well as our attention to subtopics and content from individual callers, we provide a consistent set of clinical protocols and culturally appropriate interventions to all callers.

Medicaid, Uninsured, Low Socioeconomic Status

Since 2002, over 1.3 million participants have either reported Medicaid benefits or reported being uninsured or having low income. Interventions for these participants address their sociocultural situation and its contribution to their nicotine use. In addition, RVO Health recognizes that participants of certain communities may have lower income levels and educational attainment, that tobacco/nicotine use may be more accepted in their social circles, and that increased rates of smokeless tobacco use and/or higher levels of tobacco/nicotine use and dependence are possible. We train Quit Coaches to recognize that access to health care is not equal across our society and that low income, Medicaid, uninsured, and underinsured participants may face challenges in accessing medical care and support for quitting. All of these

factors can contribute to less success in quitting tobacco/nicotine, so we train Quit Coaches to identify and problem-solve for barriers to quitting.

For West Virginia, our Quit Coaches will assess participants for Medicaid eligibility and handle calls according to processes described in response to requirement 4.2.1.4.

People with Low Literacy

To ensure the information we share with participants is accessible and easy to understand, we use plain language principles for our written content and aim for a fourth-grade reading level. Medical terminology like "Nicotine Replacement Therapy" can increase overall reading level, so we use short sentences and one syllable words to improve the readability of our material. Health literacy experts have reviewed our materials to make sure they are written at a low literacy reading level. Quit Coaches are always ready to answer questions and help participants in understanding cessation-related terms. We also train Quit Coaches to match the conversational style and cadence of the participants with whom they are speaking to help them feel comfortable, while still providing the support they need.

Senior Adults

Most of our quitline protocols are tailored to adults ages 18 years and older, including senior adults, and much of our training and protocols are geared toward adult users of tobacco products. For those adults who are also members of a special population, Quit Coaches are trained to weave our adult protocols with the protocols of that special population to offer the best tobacco cessation services combination to fit that participant's identity, circumstances, and needs.

Over the last five years, we have served more than 292,000 participants aged 50 and older across all our quitlines, and more than 207,000 participants ages 60 and over. Our Coaches understand that when a person quits, no matter their age, they are likely to add years to their life, breathe easier, have more energy, and save money. Quit Coaches also understand that with senior adults, members of this population may have a long history of using tobacco, having started using tobacco before its harmful effects were well-known, and may already be experiencing health issues related to tobacco use. We have found older participants can be more vulnerable and may lack social support. Talking with a Quit Coach can provide that support and increase self-efficacy, which can help motivate them during their quit. With older adults, Quit Coaches discuss how quality of life and/or health may still improve after a quit. Individuals in this population often mention their family as a motivation for wanting to quit, and Quit Coaches are trained to focus on and reinforce that motivation in an encouraging and supportive way.

Dual or Multi-users of Tobacco Products

Our initial dual/multi-users of tobacco products were previously limited to smoking and smokeless tobacco. More recently, this has included the addition of e-cigarettes to another form of tobacco use. We have developed protocols to help participants switch to safe, FDA-approved NRT, and Quit Coaches stress using these products as directed, toward the goal of quitting all

tobacco products and reaching independence from tobacco addiction.

E-cigarette/ENDS Users (Vaping)

We have established that quitline protocols are effective for exclusive vapers, and our findings were published in the June 2023 issue of *Preventing Chronic Disease*.⁴ Just over the last five years, RVO Health has served more than 130,000 quitline participants using e-cigarettes or other electronic nicotine delivery systems (ENDS). Nevertheless, the e-cigarette (vaping) epidemic among young people today is punctuated by inappropriate use and abuse. This generates a concern that the prevalence and acceptance of vaping in youth and young adults is creating a whole new generation of people addicted to nicotine. To address this epidemic, we launched our Live Vape Free program, aimed at young adults and youth who vape and their concerned parents.

Our Center for Wellbeing Research (CWR) has monitored and studied vaping in the context of state quitlines for a decade, starting with an early publication in 2013 highlighting rates of e-cigarette use among quitline enrollees and calling for more attention to vaping in the quitline community. RVO Health has conducted two randomized controlled trials (RCTs), one qualitative study, one survey study, and two published secondary data analyses to understand and develop interventions for e-cigarette users. Most recently, in collaboration with Ohio State University, RVO Health was awarded a grant from the American Heart Association to develop and evaluate an effective, scalable treatment for young adult exclusive vapers. The intervention components included innovative digital content (text linking to multimedia online education), and NRT. Results from this study have been integrated into our Live Vape Free Teen and Young Adult programs.



Smokeless Tobacco Users

RVO Health has supported more than 32,000 smokeless tobacco users in their efforts to quit tobacco over the last five years. While 2% of US population are smokeless tobacco users, this population accounts for 4% of the population we serve nationwide, and we have extensive history in supporting this population. Our protocols support people regardless of tobacco type. Quit Coach training includes behavioral and pharmacological strategies to support smokeless tobacco users and knowledge about health effects related to smokeless tobacco. Quit Coaches collaborate with participants to build a quit plan to manage behavioral, psychological, and physical challenges specific to smokeless tobacco. The NRT algorithm converts smokeless tobacco use to cigarettes per day to support recommendations for NRT dosing. Participants can

⁴ Short E, Carpenter KM, Mullis K, Nash C, Vickerman KA. Tobacco Quitlines May Help Exclusive Vapers Quit: An Analysis of Data From an Employer-Sponsored Quitline. *Prev Chronic Dis* 2023;20:220300. DOI: <http://dx.doi.org/10.5888/pcd20.220300>

learn more about quitting smokeless tobacco in the Quit Guide, which includes a section on smokeless tobacco and in content in the online dashboard.

Persons with Disabilities

We tailor our coaching plan and recommendations for people with disabilities to the needs of the individual participants. For individuals with disabilities, it is of critical importance that participants can both understand and implement the treatment plan developed in collaboration with their Quit Coach. To accomplish this, Quit Coaches may flex their communication style to match the caller's pace of conversation or break the quitting process into distinct and clear, concrete steps for those with cognitive deficits, or they may tailor action steps for those with physical limitations. If there is scientific evidence indicating proven benefits to modifying a protocol, we will make these modifications. For example, for those who report a behavioral health condition, we encourage higher dosages of NRT as well as encourage them to inform their health care provider of their intention to quit tobacco.

Tobacco users with chronic medical conditions

Over the last five years, we have served over 570,000 quitline participants with chronic medical conditions. Moreover, our Center for Wellbeing Research has participated in five studies, one systematic review, and one secondary analysis to better understand the nature of tobacco users with chronic medical conditions (including cancer, obesity, diabetes, and recently discharged hospitalized smokers) and how to better support these individuals in their efforts to quit smoking:

- **Cancer survivors:** This study recruited cancer survivors and randomized them into usual care or an enhanced quitline-based intervention. An enhanced quitline smoking cessation intervention appears to be acceptable to cancer survivors and result in a trend toward slightly higher cessation at 12 weeks.
- **CDC Chronic Conditions Paper:** We helped lead this paper through secondary analysis.
- **Obesity:** This study conducted in-depth semi-structured interviews with quitline participants with obesity. Most viewed cessation as their primary goal and discussed other challenges as being more important than their weight, such as managing stress or coping with a chronic health condition.
- **Diabetes:** This systematic review synthesizes the relevant studies that investigate the consequence of tobacco cessation on body weight and diabetes. Interventions that combine smoking cessation and weight control can be effective for improving cessation and minimizing weight gain but need to be tested in specific populations.

Black/African Americans

RVO Health has served more than 13,000 Black/African Americans over the last five years and more than 240,000 African Americans since 2002. In addition to comprehensive coursework and classroom trainings on cultural competency, Quit Coaches also receive training on how to recognize that African American family norms may include a strong desire to prevent their children from becoming smokers. We validate that our Quit Coaches understand that African

Americans are targeted by the tobacco industry, suffer disproportionately from tobacco-related diseases and health care disparities, metabolize nicotine more slowly than the general population, and smoke menthol cigarettes at higher rates — 85% compared with 30% of Caucasian smokers. Menthol cigarettes have been shown to make quitting more difficult for smokers trying to quit and to be strongly associated with smoking initiation by teens and younger adults. The tobacco industry aggressively advertises menthol cigarettes in African American communities and print media.

Our treatment protocols include coaching that addresses population-based and personal motives as well as barriers in quitting tobacco. Quit Coaches receive training on how to tailor treatment to the needs of each African American caller, so that each person receives a personalized quitting and relapse prevention plan. The relapse prevention plan may include strategies for dealing with stronger smoking norms in the African American community. Each treatment plan includes information about the harms of smoking, recognizing that lower income African Americans may not get this information from the health care system, and incorporates strategies for dealing with pervasive, targeted advertising as well as potentially higher life stresses surrounding the meeting of basic needs. The dashboard includes the Pathways to Freedom videos, validated in the “Pathways to Freedom” study we recently published.⁵ The videos are placed throughout the dashboard journey for participants to view - and then stored in the library.

Asian American/Pacific Islanders

We know that Pacific Islanders, as an Indigenous population, have higher smoking prevalence than many other ethnic populations, and this is especially true for those who are not born in the U.S. (This is the result of social norms as well as a concerted effort by the tobacco industry to target campaigns over the past 25 years.) As a result, smokers in this population often suffer from smoking-related illnesses at higher rates than many other populations. Quit Coaches are sensitive to this and to the fact that Asian/Pacific Islanders who desire to quit may have a much greater chance of having other smokers in their home and possibly work environments and will assist them with strategies to create smoke-free environments for themselves. Additionally, in the case of both Asian Americans and Pacific Islanders, we train Quit Coaches to understand that men are much more likely to be smokers than women. We provide translation services for callers who are not fluent in English. Furthermore, if a participant is identified as Asian or Asian American, we will also offer to refer the participant to the Asian Smokers' Quitline – a free, CDC-funded resource.

Veterans and Active Military Members

RVO Health has extensive experience serving Veterans. In 2011, in partnership with the VA, we created a customized program for Veterans called Telephone Lifestyle Coaching (TLC). The program's purpose was to teach Veterans to live a healthier lifestyle by focusing on up to 6 health goals, including being tobacco free, limiting alcohol consumption, managing stress, being

⁵ Webb Hooper M, Carpenter KM, Salmon EE, Resnicow K. Enhancing Tobacco Quitline Outcomes for African American Adults: An RCT of a Culturally Specific Intervention. *Am J Prev Med*. 2023 Dec;65(6):964-972. doi: 10.1016/j.amepre.2023.06.005. Epub 2023 Jun 10. PMID: 37302513.

more physically active, and eating wisely. Our pilot program demonstrated that lifestyle coaching was effective for Veterans. We were the service provider for the Veterans Integrated Service Network (VISN) Region 4 from 2005 until the VA created a nationwide Veterans quitline in association with the NCI in 2018.

We delivered a successful lifestyle coaching pilot for the VA from 2011- 2013 where we served more than 4,500 Veterans. As a result of this successful pilot, the VA established a lifestyle Coaching program and we were awarded a five-year contract to deliver this service to an expanded list of VISNs, including VISN Region 23, the VA Nebraska Western Iowa Health Care System, headquartered in Omaha, Nebraska, starting in 2019.

We developed VA-specific training content working with external subject matter experts to produce a job aid and develop and deliver training to our Quit Coaches addressing the specific needs of military personnel. This training emphasized flexing our interventions and adapting to include key cultural issues (including military jargon) and showing appropriate empathy and awareness of culture, lifestyle, and policy issues for the Veteran population. Additionally, our Quit Coaches can refer them to other services for which they may be eligible, including Tricare and (855) QUIT VET.

LGBTQ+ individuals

Since 2002, we have served more than 70,000 participants identifying as LGBTQ+, and more than 33,500 in the last five years. We understand the unique challenges that face the LGBTQ+ population, such as:

- **Stigma and discrimination:** The LGBTQ+ population has been subject to high levels of stress due to prejudice and discrimination.
- **Social Bonding and Cultural Challenges:** In some communities, the LGBTQ+ population has few opportunities to socialize with members of their community outside of bars.
- **Access to quality health care:** Those in same-sex relationships were reported to have less access to health care systems and reported high levels of substandard care.

Since 2007, we have partnered with the National LGBT Tobacco Control Network and other organizations to deliver training to our service delivery staff on the unique needs of the LGBTQ+ population. Through these trainings, Quit Coaches gain a better understanding of these communities and how to provide a welcoming environment for these callers. Training topics range from the epidemiology of tobacco use in the LGBTQ+ population, reasons why members of this community use more tobacco, and key concepts of sexual orientation and gender, to overcoming the barriers to care. We offer LGBTQ+ callers the pamphlet "LGBTQ Communities: Motivation to Quit Smoking," developed by the National LGBT Tobacco Control Network.

The smoking prevalence for youth LGBTQ+ ranges from 38% to 59%, compared to a range of 28% to 35% for their non-LGBTQ+ counterparts. We understand that these higher rates of smoking are compounded by the possible intersectionality of stress caused by homelessness due to the coming out process and other risky behaviors. While there is mixed evidence around

tailored programs supporting the needs of the LGBTQ+ population, many leaders in the LGBTQ+ community are calling for specialized support. We are currently conducting an analysis of utilization of quitline services for those reporting LGBTQ+ status at registration. From there, we will continue to partner with key members of both the tobacco treatment community as well as the LGBTQ+ community in developing more tailored approaches.

Rural Populations

People in rural areas often lack access to specialty medical services, like live one-on-one or group counseling for tobacco cessation. Quit Coaches are available 24/7 so people can connect from home. People can connect through phone or text, so participants do not need access to broadband or smartphones to work with a Quit Coach. People who prefer chat or text have that option; however, the telephone remains a primary way to interact for people who prefer to talk or don't have access to internet or cellular service.

Participants with cell phones can access our robust portal for a wide variety of educational materials, quitting tips and strategies, and tools to help them track their quit effort, as well as information illustrating the benefits of quitting, from extra money in their pockets to better health and fewer medical issues in the future.

Quit Coaches are aware that there is a high tobacco use prevalence in rural areas of the United States. Because social factors affect smoking and quitting behavior, Quit Coaches are sensitive to additional challenges that participants who live in rural areas may face. When delivering interventions, Quit Coaches listen with empathy and adjust their approach to meet the needs of each participant, in this case with strategies to assist rural participants in making their best quit attempt.

Spanish-speaking Individuals

Over the past several years, we have honed our competency in working with the Hispanic/Latino population. Best practices for helping these callers include incorporating an awareness of collectivism and family values, an emphasis on "simpatía" or personal skills, and sensitivity to concerns over disclosing Hispanics' legal status in the U.S., which may result in reluctance to provide contact information. We eagerly seek ways to improve in this arena. For example, following a 10-person secret shopper evaluation conducted by a state client, we enhanced the experience of Spanish speaking participants by strengthening the consistency of culturally appropriate language in our Spanish NRT recommendation letters.

Spanish-speaking Quit Coaches are available during all hours of operation. We recently implemented a new set of materials for Spanish speakers, designed and created by us. External subject matter experts reviewed all materials to provide both linguistic and cultural appropriateness. A culturally adapted, Spanish language version of our online quitting resource, is also available.



¡Bienvenido! Comienza tu travesía para dejar de fumar.

Nuestra meta es apoyarte y hacer que te sea más fácil dejar el tabaco y mantenerte saludable. Tu programa se ofrece a través de Raily™, que te brinda herramientas, apoyo de un asesor y más.

Luego, responderás algunas preguntas y configurarás tu cuenta. Comencemos.

¡Vamos!

Other Limited English-speaking Populations

RVO Health can deliver the same tobacco cessation support we provide to English speakers, by delivering services through our LanguageLine Solutions live interpreting connection. We use LanguageLine for translation services in more than 240 languages and dialects. Our staff is trained to identify the need, interface with LanguageLine, and provide support during translation of the intervention. With more than 16,000 trained professionals, LanguageLine has a 99.99% platform availability and fast connection rates to interpreters. LanguageLine services are available during all hours of operation.

4.2.1.8.10 Managing multiple simultaneous, incoming and outgoing calls with Telecommunication Device for the Deaf (TDD) options.

RVO Health meets this requirement. While this population is not a large segment of the quitline population we serve, we incorporate their needs as part of our efforts to serve everyone in the manner that best helps them quit tobacco. RVO Health recognizes the unique stressors that individuals who are deaf or hard-of-hearing experience, as well as the fact that deaf and hard-of-hearing adults are more likely to use tobacco.

RVO Health also uses both 711 and video relay (for sign language) when working with deaf or hard-of-hearing participants so they receive thorough and supportive interventions. We have structured our training to make sure our staff recognize the distinctive stressors that individuals who are deaf or hard of hearing experience. Accordingly, they are well versed in supporting these individuals and addressing the challenges they face while quitting smoking. As technology continues to improve, we are consistently seeking out new and innovative ways to reach and support this population more effectively.

4.2.1.8.11 Providing both a reactive support program and a multiple-call proactive support program.

RVO Health meets and exceeds this requirement. Participants enrolled in the Coach Plus or Coach program within state quit services benefit from a structured approach rooted in the Social Cognitive Theory (SCT), which serves as the foundational theory guiding our interventions. SCT underscores the significance of behavioral, environmental (both social and setting), and personal factors (including biology and thoughts/emotions) in tobacco addiction and cessation.

Each participant is granted access to a minimum of five coaching sessions, during which evidence-based practices and strategies, informed by SCT principles, are implemented consistently across all communication modalities, including phone, chat (accessible via the website), and text.

Our holistic approach acknowledges the pivotal influence of these factors in shaping individuals' journeys toward tobacco cessation. This is encapsulated in the Five Keys to Quitting, which are based on the STAR model:

- **Set a quit date:** Ideally, the quit date should be within 2 weeks.
- **Tell family, friends, and coworkers about quitting, and request understanding and support.**
- **Anticipate challenges to the upcoming quit attempt,** particularly during the critical first few weeks. These include nicotine withdrawal symptoms.
- **Remove tobacco products from your environment:** Prior to quitting, avoid smoking in places where you spend a lot of time (e.g., work, home, car). Make your home smoke-free.
- **Recommend the use of approved medication,** except when contraindicated or with specific populations for which there is insufficient evidence of effectiveness.

These guidelines have been integrated into our program as the Five Keys to Quitting. They provide a clear roadmap to cessation, underpinned by empirical research, clinical insights, and SCT principles. We have seamlessly combined the STAR model recommendations with quit medication guidance, infusing them with SCT tenets, into our digital strategy. This ensures participants experience consistent guidance regardless of their chosen mode of engagement.

Recognizing the uniqueness of each participant's journey, we uphold a stance of non-judgmental empathy, tailoring our support to individual needs and circumstances. At the heart of our program lies self-efficacy, which we operationalize as motivation and confidence. We strive to foster a supportive environment where every participant feels empowered and understood as they navigate their path towards tobacco cessation, leveraging their strengths and addressing barriers through the lens of SCT. These evidence-based behaviors serve as the building blocks of an effective quit plan within our program.

Initial assessment

During the inaugural coaching session, whether conducted via phone, chat, or text message, the Quit Coach delves into a comprehensive assessment of the participant's readiness to quit. This assessment is not merely a surface-level inquiry; rather, it involves a nuanced exploration of the participant's tobacco use history, as well as an evaluation of key factors rooted in the Social Cognitive Theory (SCT).

By examining SCT factors, such as behavioral patterns, environmental influences, and personal perceptions, Quit Coaches gain deeper insights into the participant's strengths and challenges that will impact their quit journey. This detailed understanding allows Quit Coaches to tailor their

support accordingly, recognizing the unique position each participant occupies on the quit continuum.

Whether a participant is contemplating quitting, actively preparing for cessation, or already seeking strategies to overcome challenges in their quit attempt, our Quit Coaches adeptly guide them towards their goals of achieving tobacco abstinence. This guidance is not only informed by the participant's readiness but also by a thorough consideration of SCT elements, ensuring a holistic approach to support.

Regardless of where participants find themselves on their quit journey, our commitment to providing unwavering support and tailored assistance remains steadfast. Every interaction with our Quit Coaches is marked by a dedication to meeting the individual needs and aspirations of each participant, fostering a supportive environment conducive to successful tobacco cessation.

Assessing readiness to quit

RVO Health has a comprehensive protocol for supporting and service participants in different stages of readiness to quit, or the Quit Continuum, as indicated in the table below.

Quit Continuum Table: A Guide to Intervention Decision-Making				
	Not Ready To Quit	Ready to Quit	Recently Quit	Maintaining Quit
Call Goal	Move to Ready to Quit →	Move to Recently Quit →	Move to Maintaining Quit →	Status Quo ★
Participant Objectives for Intervention	Decide to quit Build Confidence Develop motivation	Set Quit Date Decide on Medication Use Identify and Practice Coping Strategies (mini-quits) Use Resources for Support and Tobacco-Proofing	Continue proper medication use Maintain/Refine Positive Behaviors Identify and Practice Coping Strategies for Immediate and Long-Term Risk Factors	Complete Full Regimen of Medication Maintain Motivation Relapse Prevention
Assessment Considerations	Nicotine Dependence Motivating Factors Ambivalence/Barriers Self-Efficacy Past Experiences with Quitting	Self-Efficacy Factors: • Performance Mastery • Organization • Vision Previous Use of Urge Management Tools Current Challenges Related to 5 Keys Previous Experience with Medication	Urge Severity Relapse Prevention: • Current Risk Factors and Historic Triggers Self-Efficacy Factors: • Performance Mastery • Organization • Vision Current Use of Medications	Urge Severity Long-Term Motivating Factors and Rewards Self-Efficacy Factors: • Performance Mastery • Attribution Current Use of Medications

RVOHealth

For participants not ready to quit, Quit Coaches use motivational interviewing to shift the decisional balance to quit. Often, participants who are ambivalent have a lack of confidence rather than low motivation. To help improve confidence, the Quit Coach and participant discuss incremental steps the participant can take, from identifying social support, to making a first visit to the Rally Coach dashboard, to trying a practice quit. Quit Coaches conduct a self-efficacy assessment, help participants build confidence, reframe irrational thoughts about quitting, provide valuable education about the quitting process, and learn important quit skills. The goal

is to shift participants to a perspective from which they are ready to make a quit attempt.

If a participant expresses readiness to quit, the Quit Coach completes the assessment process, which includes a detailed exploration of the participant's readiness, strengths, and challenges, rooted in the Social Cognitive Theory (SCT). Within the session, the Quit Coach and participant engage in discussions about incremental steps the participant can take to progress towards quitting. These steps may include identifying sources of social support and exploring strategies to manage cravings and triggers effectively.

Moreover, Quit Coaches provide valuable education about the quitting process, ensuring participants understand what to expect and how to navigate challenges effectively. They also equip participants with important quit skills, such as coping mechanisms and stress management techniques, empowering them to overcome obstacles and succeed in their quit journey.

During this collaborative session, Quit Coaches and participants work together to develop a personalized quit plan tailored to the participant's needs and aspirations. Quit Coaches encourage participants to set a quit date within two weeks of enrollment, facilitating a proactive approach towards tobacco cessation.

For participants recently and/or maintaining their quit, the Quit Coach delves into a comprehensive discussion to ensure they are effectively utilizing quit medications. In addition to assessing pharmacotherapy use, the Quit Coach inquires about the severity of urges, exploring various strategies for urge management and coping mechanisms.

This discussion aims to support the participant in effectively navigating high-risk situations and reinforcing their long-term intrinsic motivation for change. The Quit Coach assists the participant in building a robust plan tailored to their individual needs, fostering resilience against potential triggers and setbacks.

By addressing pharmacotherapy use, urge severity, and coping strategies, the Quit Coach plays a crucial role in supporting the participant's long-term maintenance of their quit journey. Through personalized guidance and ongoing support, the participant is empowered to sustain their tobacco cessation efforts and achieve lasting success.

Quit planning and coaching

Quit Coaches help participants develop quit plans tailored to their strengths and identify solutions to barriers to quitting and staying quit. Action plans are based on our Five Keys to Quitting and use SMART (Specific, Measurable, Achievable, Realistic and Time-bound) goals, so that participants can take the next best step toward becoming or staying tobacco-free. The planning process includes a variety of proven strategies that encourage participants to:

- Track their nicotine use during their preparation period;
- Utilize online services to identify strategies to cope with urges to use tobacco/nicotine;
- Practice a "mini-quit" prior to their planned quit date to increase confidence in their ability to quit;
- Call, chat, or text for additional support.

BUILD YOUR QUIT PLAN

13

Step 5: Tobacco-Proof Your Environment

My Quit Plan

1. Quit date: _____

2. Plan for managing urges:
Mini-quit plan

My triggers	Coping strategies

3. Quit medication plan

- I plan to use quit medications to manage my urges.

Medication selection

- I read more information about quit medication.
- I will use other strategies to cope with nicotine cravings and withdrawal.

4. My support team

Supporters	How they will help

5. Tobacco-proof my environment

- I commit to removing tobacco products, ashtrays, lighters, unfollow social media accounts the night before my quit date.

During coaching sessions, Quit Coaches apply an array of evidence-based techniques, drawing from cognitive behavioral therapy (CBT), motivational interviewing, modeling, reinforcement, skill building, and principles of self-efficacy to facilitate effective behavior change. These techniques form the foundation of our coaching approach, aimed at empowering participants to make lasting changes in their tobacco use habits.

Mini-Quits: Building Coping Strategies

Pre-quit, our Quit Coaches guide participants through what we refer to as "mini-quits," a proprietary method developed by RVO Health. These mini-quits provide a supportive environment for individuals to experiment with coping strategies tailored to their specific triggers, such as stress, driving, after meals, and social situations. The objective is to construct a robust toolkit of coping mechanisms that can be applied both before and after the quit date. By engaging in mini-quits, participants gain valuable insights and skills to manage cravings and overcome challenges on their journey to tobacco cessation.

ACE Model: Structured Approach to Relapse Prevention

Post-quit, members of our program are introduced to the ACE model (Avoid, Cope, Escape), another proprietary tool developed by RVO Health. Derived from Alan Marlatt's Relapse Prevention Model⁶, the ACE model offers a structured approach to managing urges and cravings. Participants learn to identify triggers to avoid, develop effective coping strategies, and create plans for removing themselves from high-risk situations. Through this comprehensive

⁶ Parks, George & Anderson, Britt & Marlatt, G.. (2003). Relapse Prevention Therapy.

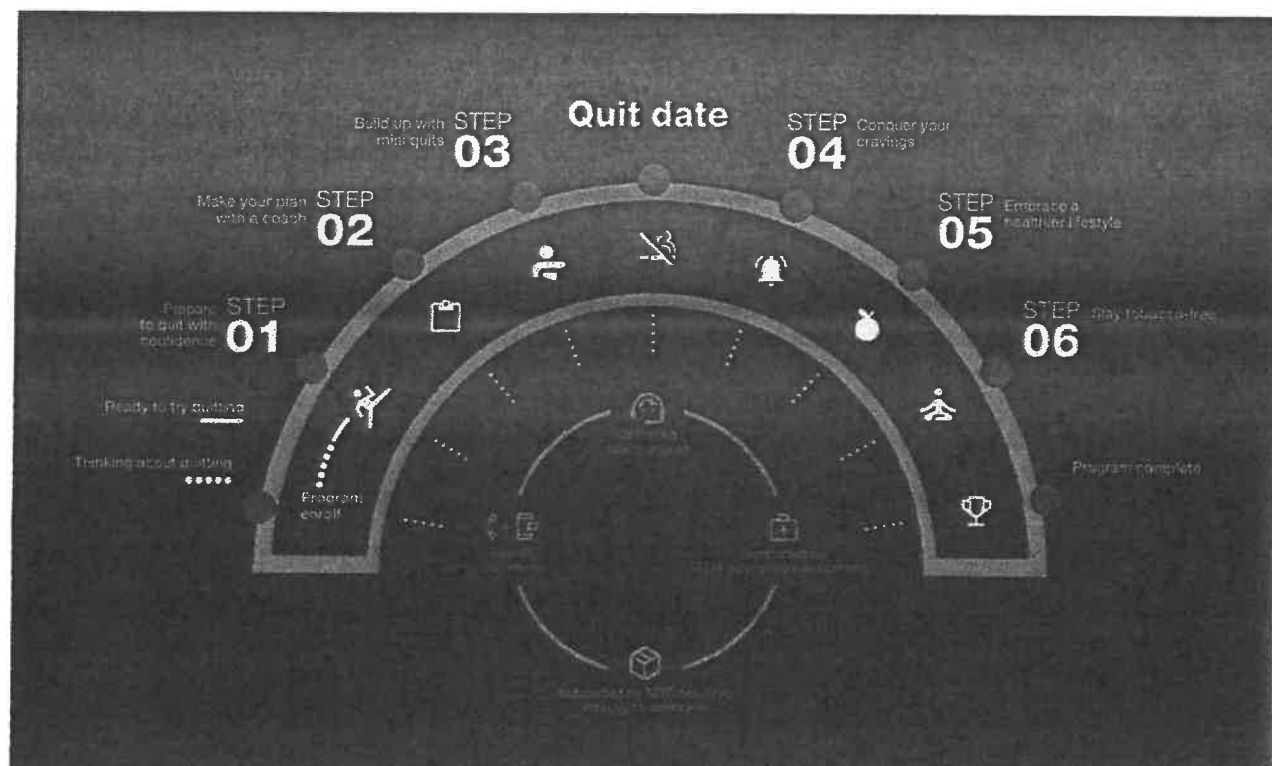
model, participants gain the skills and confidence necessary to overcome challenges and maintain their tobacco-free lifestyle successfully.

Building Social Support and Creating a Tobacco-Free Environment

Quit Coaches collaborate with participants to build a plan for social support and creating a tobacco-free environment. This can be achieved through scheduling group sessions or one-on-one sessions with a Quit Coach. Quit Coaches assist participants in identifying the support they need to quit and problem-solving challenges. Group sessions serve as a strategy for peer support, enhancing the participant's journey towards tobacco cessation.

Addressing Physical Cravings and Withdrawal

In addition to managing behavioral urges, our Quit Coaches address physical cravings and withdrawal from tobacco by educating participants about quit medications and providing decision support for medication selection. If a participant expresses interest in Nicotine Replacement Therapy (NRT), the Quit Coach screens them and determines the correct dosage and information for using NRT. Through follow-up coaching sessions and online dashboard activities, participants continue to gain insights and build skills to support their journey towards tobacco cessation.



Ongoing assessment and interaction

For Coach Plus participants, the Quit Coach schedules additional proactive coaching calls. All participants can call, chat, or text for support at any time. Quit Coaches use ongoing assessment data to help the participant maintain their quit plan that addresses any barriers to

quitting and staying quit.

Each ongoing coaching session continually addresses the environmental, personal, and behavioral domains of social cognitive theory (SCT). This includes encouraging them to track their nicotine use and using exercises on the online dashboard to identify personalized coping strategies to deal with urges to use nicotine products. During follow-up sessions, Quit Coaches reinforce successes and problem-solve to help keep participants on track. As part of ongoing assessment and coaching, Quit Coaches facilitate a self-efficacy assessment, helping participants continue to build confidence, reframe irrational thoughts about quitting, provide valuable education about the quitting process, and learn new quit skills.

Part of the focus of ongoing calls is to make sure the medications are used as directed. If the participant is eligible, the Quit Coach can initiate a second or third shipment of NRT to the participant to support their quit. Overall, Quit Coaches support long-term maintenance by helping participants build plans for high-risk situations, as well as identifying and reinforcing long-term intrinsic motivation for change.

4.2.1.8.11.1 Services should also include information for proxy callers, support callers and those calling with questions.

RVO Health meets this requirement. RVO Health's services are designed to accommodate a diverse range of callers, including proxy callers, support callers, and those seeking information. Proxy callers, who may be calling on behalf of a participant, are provided with comprehensive guidance on how to effectively support the participant in their tobacco cessation journey. Quit Coaches offer tailored advice and resources to proxy callers to ensure they can provide appropriate assistance to the participant. Support callers, such as family members or friends seeking information or guidance on how to support a loved one who is quitting tobacco, receive empathetic and informative support from Quit Coaches. These callers are offered resources and strategies to assist the participant effectively. Additionally, individuals calling with questions about the program or seeking general information about tobacco cessation are provided with accurate and relevant information by Quit Coaches. RVO Health's services prioritize inclusivity and accessibility, ensuring that all callers receive the support and information they need to navigate the cessation process successfully.

4.2.1.8.12 Applying phone-based behavioral counseling to participants using up- to-date motivational interviewing techniques.

RVO Health meets and exceeds this requirement. RVO Health's approach is comprehensive and tailored to facilitate effective behavior change in participants aiming to quit tobacco use. Our Quit Coaches employ a variety of evidence-based strategies, drawing from cognitive behavioral therapy (CBT), motivational interviewing, modeling, reinforcement, skill building, and principles of self-efficacy to empower participants in making lasting changes in their tobacco use habits.

- **Quit Plan Development:** Quit Coaches assist participants in developing personalized quit plans tailored to their strengths, utilizing SMART goals and the Five Keys to Quitting framework. These plans are designed to be specific, measurable, achievable, realistic,

and time-bound, enabling participants to take actionable steps toward tobacco cessation.

- **Mini-Quits and Coping Strategies:** Pre-quit, participants engage in "mini-quits," a proprietary method developed by RVO Health, to experiment with coping strategies tailored to their triggers. These mini-quits serve as a preparatory phase, equipping participants with coping mechanisms to manage cravings and challenges effectively.
- **ACE Model for Relapse Prevention:** Post-quit, participants are introduced to the ACE model (Avoid, Cope, Escape), which offers a structured approach to managing urges and cravings. Derived from Alan Marlatt's Relapse Prevention Model, this model equips participants with strategies to identify triggers, develop coping mechanisms, and plan for high-risk situations, thus bolstering their confidence in maintaining tobacco-free lifestyles.
- **Building Social Support:** Quit Coaches collaborate with participants to build social support networks and create tobacco-free environments. Group sessions and one-on-one sessions with Quit Coaches serve as platforms for peer support and problem-solving, enhancing participants' journey toward tobacco cessation.
- **Addressing Physical Cravings:** Quit Coaches provide education about quit medications and support participants in selecting and using Nicotine Replacement Therapy (NRT) effectively. Follow-up coaching sessions and online dashboard activities ensure ongoing support and skill-building to address physical cravings and withdrawal symptoms.
- **Ongoing Assessment and Interaction:** Quit Coaches schedule proactive coaching calls for Coach Plus participants and provide continuous support via calls, chats, or texts for all participants. Through ongoing assessment and coaching, Quit Coaches address environmental, personal, and behavioral domains, reinforcing successes, problem-solving, and facilitating self-efficacy assessment to help participants maintain their quit plans effectively.
- **Medication Management:** Quit Coaches ensure participants use medications as directed and facilitate additional shipments of NRT if needed, supporting long-term maintenance and reinforcing intrinsic motivation for change.

4.2.1.8.13 Assisting participants in developing a personalized quit plan and include referrals to community-based services, as available.

RVO Health meets and exceeds this requirement. RVO Health is dedicated to assisting participants in developing personalized quit plans that cater to their unique strengths and circumstances. We facilitate this process through the following steps:

- **Initial Assessment:** At the outset, participants undergo a comprehensive assessment conducted by our Quit Coaches. This assessment includes gathering information about the participant's tobacco use history, previous quit attempts, triggers, motivations, and any existing medical conditions.
- **Identifying Goals and Barriers:** Through one-on-one discussions, Quit Coaches work with participants to identify their goals regarding tobacco cessation. This could include setting a quit date, reducing tobacco consumption, or addressing specific triggers.

Additionally, Quit Coaches help participants identify potential barriers to quitting and staying quit, such as stress, social situations, or nicotine cravings.

- **Tailored Strategies:** Quit Coaches then collaborate with participants to develop tailored strategies for overcoming these barriers and achieving their cessation goals. These strategies may include setting SMART (Specific, Measurable, Achievable, Realistic, and Time-bound) goals, practicing coping skills, utilizing support networks, and exploring alternative activities to replace tobacco use.
- **Referrals to Community-Based Services:** As part of our commitment to comprehensive support, RVO Health acknowledges the importance of community-based resources in assisting participants throughout their cessation journey. Quit Coaches provide referrals to relevant community-based services, such as local support groups, counseling centers, tobacco cessation programs, and healthcare providers specializing in smoking cessation.
- **Follow-Up and Adjustments:** Quit Coaches maintain regular contact with participants to monitor progress, provide ongoing support, and make any necessary adjustments to the quit plan. This includes assessing the effectiveness of strategies, addressing new challenges as they arise, and reinforcing positive behaviors.
- **Integration of Community Resources:** Quit Coaches ensure seamless integration between our program and community-based services by providing participants with information, resources, and guidance on accessing external support. This collaborative approach enhances the participant's overall support network and increases the likelihood of long-term success in tobacco cessation.

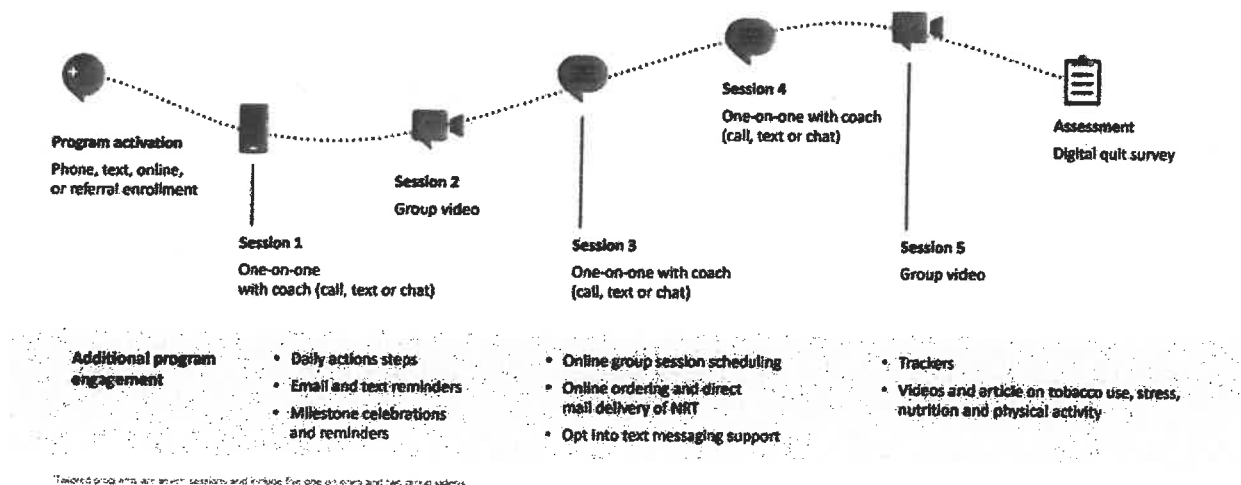
4.2.1.8.14 Assessing Quitline callers' nicotine dependence for tobacco products by using the Fagerstrom Test for Nicotine Dependence and for use of electronic devices by using the Penn State Nicotine Dependence Index (https://www.aarc.org/wp-content/uploads/2014/08/Fagerstrom_test.pdf and <https://research.med.psu.edu/smoking/dependence-index>)

RVO Health meets this requirement. RVO Health employs a systematic approach to assess Quitline callers' nicotine dependence for tobacco products. Through structured interviews conducted by trained Quit Coaches, callers' tobacco use history, patterns, and levels of nicotine dependence are comprehensively evaluated. Utilizing validated assessment tools and guidelines, Quit Coaches gather information on factors including frequency and intensity of tobacco use, previous quit attempts, withdrawal symptoms, and cravings. This thorough assessment enables Quit Coaches to tailor cessation interventions and support strategies to meet the individual needs of callers, facilitating effective tobacco cessation outcomes. For more information, see response to requirement 4.2.1.8.33.

4.2.1.8.15 Contacting participants at least every two weeks for a total of at least four coaching sessions or proactive phone call(s).

RVO Health meets this requirement. Our approach enhances the overall quit journey and behavior change process for participants in state quit services. It provides a range of additional features and supports to engage quitline participants through various mediums, offering timely support in their preferred modalities such as phone, web, chat, group video sessions, and email.

The participant's quit journey is depicted in the figure below, illustrating their progression from enrollment using their preferred method to identifying program offerings that align with their needs and preferences. We accompany participants throughout their journey, assisting them in achieving milestones and offering support as needed. After they successfully quit, we continue to provide tools and support to prevent relapse.



It's important to recognize that the tobacco cessation process is not linear. Participants have the autonomy to determine their own journey, deciding on the number of coaching interactions and digital activities they engage in. The program duration is tailored to the participant's quit date and level of engagement. Typically, if a participant has already quit or has a quit date within two weeks of enrollment, the program lasts 6-8 weeks. However, if the quit date is further away, the program extends accordingly.

Participants complete the program when all coaching sessions are delivered, and/or they have progressed through the milestones on the online dashboard. Approximately seven months post-enrollment, a random sample of consenting participants is contacted to gather feedback on their satisfaction with the program and their likelihood of recommending it to others. Participant feedback is integral for program enhancements, with outcomes reported back to our state clients.

4.2.1.8.16 Providing a response to unlimited reactive calls from the Quitline enrollee.

RVO Health meets this requirement. Based on our interpretation of the requirement, we affirm that enrolled members can call in between scheduled sessions to receive support. At RVO Health, we prioritize accessibility and continuous support for our participants on their cessation journey. Our commitment to offering unlimited reactive support calls ensures that enrollees have access to assistance whenever they need it, contributing to their success in quitting tobacco use.

4.2.1.8.17 Scheduling the proactive follow-up coaching sessions as Appointments with

the caller at a specific date and time, or a specific date and range of time within which the session might be scheduled. For example, a coaching session might be scheduled for Tuesday, June 12 at 8:00 p.m. or Tuesday, June 12 sometime between 6:00 p.m. and 9:00 p.m.

RVO Health partially meets this requirement. While our operational framework diverges from appointment-based scheduling for coaching sessions, RVO Health maintains a commitment to proactively scheduling follow-up coaching sessions in close collaboration with our participants. Unlike traditional appointment models, our approach emphasizes flexibility and adaptability, allowing us to tailor our support to the unique needs and schedules of each individual. Through this collaborative process, we work with participants to determine a mutually convenient time frame for their follow-up sessions, ensuring that our support remains accessible and accommodating. This personalized approach not only optimizes engagement and participation but also underscores our dedication to providing comprehensive, participant-centered care.

4.2.1.8.18 Making no less than four and no more than seven attempts to reach each caller to be deemed "unreachable" by call or text.

RVO Health partially meets this requirement. Our current telephonic outreach strategy deviates slightly from the requirement, as we make three attempts to reach participants for coaching sessions and five attempts for referral purposes. This approach is designed to balance participant engagement with operational efficiency. Additionally, for those who opt-in, we supplement our outreach efforts with text and email reminders of scheduled sessions, enhancing communication effectiveness and participant accountability.

4.2.1.8.19 Ensuring that all calls from the Quitline to individuals are identified on Caller ID as the WV Quitline or 1-800-QUITNOW.

RVO Health meets this requirement. RVO Health can configure our telecommunications systems to display 1800QuitNow as a recognizable and official identifier, providing clarity and assurance to recipients about the origin and purpose of incoming calls. This approach not only minimizes the likelihood of calls being ignored or mistaken for spam but also reinforces our commitment to delivering reliable and credible tobacco cessation support services.

4.2.1.8.20 Providing live web-based chat, email, and live text support counseling as stand-alone counseling or in support of phone counseling.

RVO Health meets and exceeds this requirement. RVO Health offers a versatile array of counseling options to support individuals in their tobacco cessation journey. Through web-based chat, email, and text support, our dedicated counselors provide personalized assistance tailored to each individual's needs and preferences. These digital counseling services can be utilized independently or seamlessly integrated with our phone counseling, ensuring comprehensive and accessible support for individuals seeking to quit tobacco use.

Our telephonic and digital coaching services are firmly grounded in evidence-based protocols meticulously developed through collaborations both internally and with esteemed partners such as state public health agencies, universities, and community organizations. These protocols are

rigorously vetted and continuously refined to ensure the highest standards of effectiveness and relevance in assisting individuals on their journey towards tobacco cessation. Through this collaborative approach, we integrate the latest research findings and best practices into our coaching services, empowering participants with the most effective strategies and support mechanisms available.

In turn, our work has substantially contributed to CDC quitline resources⁷, best practices⁸, NAQC recommendations⁹, as well as clinical guidelines released by the US Public Health Service (USPHS), which endorsed telephone quitline counseling for its broad reach and effectiveness.¹⁰

A 2020 report from the US Surgeon General was the first significant update to the evidence base for tobacco cessation since the 2008 USPHS Clinical Practice Guideline. *Smoking Cessation: A Report of the Surgeon General* (2020 SGR) reinforces that our program continues to be consistent with evolving best practices, primarily that – when behavioral counseling and pharmacological strategies are combined, they are more effective than when provided alone.¹¹ Importantly, the report also indicates that healthcare providers can do more to help their patients access effective tobacco cessation services, like quitlines.

The following sub-sections describe how each of our quitline service modalities meets – and often exceeds – evolving best practices.

Phone counseling

As highlighted in the 2020 Surgeon General's Report, there exists a notable dose-response relationship between the number of completed quitline calls and successful tobacco cessation outcomes. Quitlines that proactively engage participants through multiple calls tend to achieve higher quit rates compared to those that do not adopt this approach. Reflecting this evidence-based strategy, our flagship program on Rally, known as Coach Plus, offers up to five proactive telephone counseling calls as part of our standard services. These proactive sessions, facilitated by our trained Quit Coaches, have been shown to significantly support individuals on

⁷ Telephone quitlines; a resource for development, implementation, and evaluation. Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion. Office on Smoking and Health. 2004. <https://stacks.cdc.gov/view/cdc/5380>

⁸ Best Practices User Guide: Cessation in Tobacco Prevention and Control. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. Office on Smoking and Health. 2020. <https://www.cdc.gov/tobacco/stateandcommunity/guides/pdfs/best-practices-cessation-user-guide-508.pdf>

⁹ Quality Improvement Initiative: Identifying Priority Best Practices for State Quitlines. North American Quitline Consortium. 2019.

https://cdn.ymaws.com/www.naquitline.org/resource/resmgr/reports_2010/QIIdentifyingPriorityBestPr.pdf

¹⁰ Clinical Practice Guideline Treating Tobacco Use and Dependence 2008 Update. A U.S. Public Health Service report. Am J Prev Med. 2008 Aug;35(2):158-76. doi: 10.1016/j.amepre.2008.04.009.

¹¹ Smoking Cessation. A Report of the Surgeon General. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. Office on Smoking and Health. 2020. <https://www.hhs.gov/sites/default/files/2020-cessation-sgr-full-report.pdf>

their path to quitting smoking.

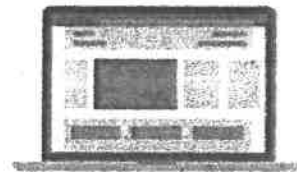
In recognition of budget constraints and the evolving landscape of phone counseling utilization, our Coach program configuration offers flexibility for our state clients. They have the option to disable proactive calls to specific populations, such as individuals with private health insurance, while still ensuring a comprehensive support package. Even without proactive calling, participants in the Coach program have unlimited opportunities to reach out to a Quit Coach by phone, chat, and text. The program ensures that participants receive up to five counseling sessions, maintaining a high standard of care and support.

Despite the observed decline in phone counseling utilization, as indicated by the NAQC Annual Survey data¹², we remain committed to phone counseling utilization while modernizing to incorporate digital modalities to maximize engagement and cost efficiency. Notably, our trained Quit Coaches receive ongoing training to enhance their proficiency in offering support through online/web platforms and text messaging. These digital avenues complement our telephone counseling services, providing participants with additional channels to connect with our Quit Coaches and receive tailored support, thereby ensuring a comprehensive and effective tobacco cessation experience.

Online/web component

The 2020 Surgeon General's Report (SGR) highlighted the efficacy of online interventions in boosting smoking cessation rates, especially when incorporating interactive features that promote behavior change. Recognizing the importance of meeting participants where they are, RVO Health has been at the forefront of providing an online/web component in our tobacco cessation program since 2006, with the introduction of Web Coach.¹³

As of May 2023, our online/web component has transitioned to the Rally Coach platform, marking a significant advancement in enhancing participant engagement and program reach. By leveraging Rally Coach's highly interactive and engaging interface, we maximize the effectiveness of our online program, ensuring that participants have access to dynamic resources and personalized support tailored to their needs. This approach enables us to meet participants in their digital space, thus expanding the reach of our program and empowering more individuals to successfully quit smoking.



Welcome to Your Dashboard

Check in daily to access everything you need to quit smoking for good.

Next



¹² North American Quitline Consortium. 2022. NAQC FY22 Annual Survey: A National Progress Update. K. Mason, editor. Available at www.naquitline.org/page/2022survey.

¹³ Zbikowski S, Hapgood J, Smucker Barnwell S, McAfee T. Phone and Web-Based Tobacco Cessation Treatment: Real-World Utilization Patterns and Outcomes for 11,000 Tobacco Users. J Med Internet Res 2008;10(5):e41. doi: 10.2196/jmir.999

Rally Coach

RVO Health's state quitline solution incorporates Rally Coach, a digital health platform. At its core, Rally Coach serves as a virtual health coach, offering personalized recommendations and guidance tailored to each user's specific health goals and needs. Through the platform, users can track their progress, set achievable goals, and receive ongoing support and motivation to help them stay on track towards better health.

For state quitline participants, Rally Coach offers a tailored approach to help participants successfully quit by providing tailored support, guidance, and resources. Rally Coach caters to participants by offering specialized tools and strategies designed to address the unique challenges associated with quitting smoking. Key features of Rally Coach for state quitline participants include:

- **Tailored Quit Plans:** While the platform doesn't directly facilitate the creation of personalized quitting plans, Rally Coach empowers participants with content and tools to craft their own strategies. By considering personal factors like smoking habits, triggers, and motivations, individuals can establish achievable goals and forge a customized roadmap for their journey to quit smoking. Moreover, Quit Coaches stand ready to support participants in this endeavor, providing personalized guidance and assistance tailored to their unique needs and circumstances.
- **Expert Guidance and Support:** The platform offers access to trained Quit Coaches who specialize in smoking cessation. Quit Coaches provide personalized support, guidance, and evidence-based strategies to help participants overcome cravings, manage withdrawal symptoms, and navigate the challenges associated with quitting smoking. This one-on-one support can significantly enhance participants' chances of successfully quitting tobacco.
- **Behavioral Change Techniques:** Rally Coach harnesses behavioral change techniques deeply grounded in evidence-based practices. These techniques encompass skill-building, practical problem-solving, modeling, and cognitive-behavioral strategies. By integrating these proven methodologies, Rally Coach empowers participants to modify their smoking behavior and embrace healthier habits. Additionally, the platform utilizes mindfulness techniques and motivational interviewing to address psychological dependencies, fostering a supportive environment that facilitates lasting positive changes in behavior.

In summary, Rally Coach provides a comprehensive and personalized quitting solution that combines evidence-based strategies, personalized support, and innovative technology. By addressing the unique challenges of quitting smoking and offering tailored support and guidance, Rally Coach empowers participants to successfully quit and improve their health and well-being.

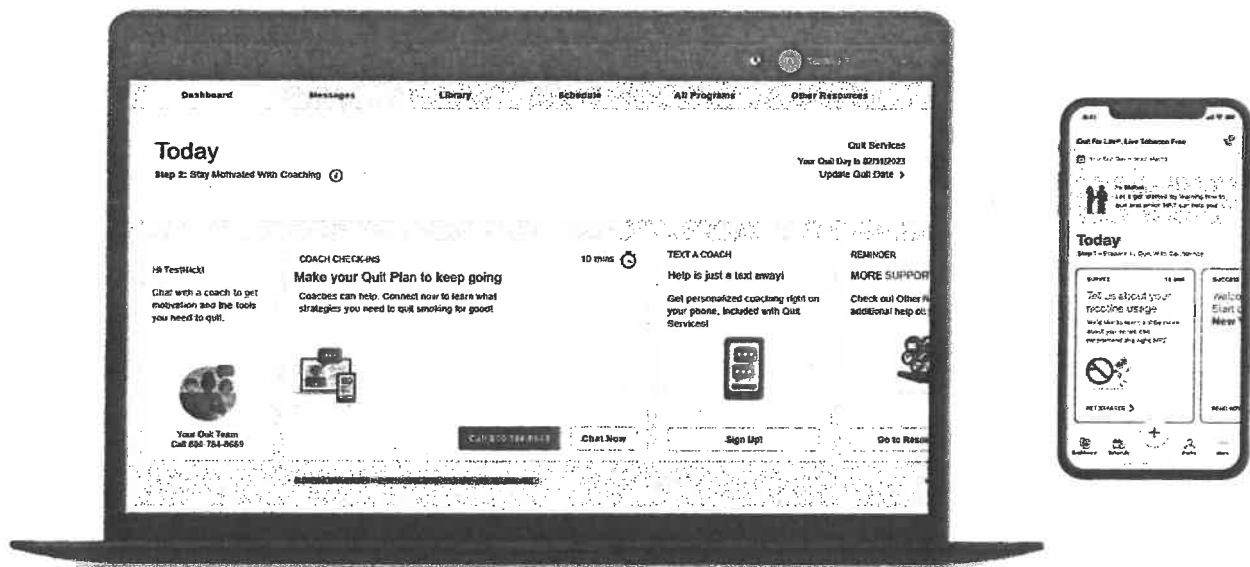
Platform Customization

To ensure seamless brand alignment across our state clients' web properties and the online/web services we offer, RVO Health incorporates a version of the state's preferred logo

(e.g., Way to Quit) on every page of the dashboard.

Our Rally Coach dashboard mirrors the progress facilitated by our Quit Coaches during counseling sessions, adhering to evidence-based milestones. In line with this approach, we empower our state clients to configure a self-led Digital Coach option, which operates without direct counseling from Quit Coaches, thereby conserving budget resources for priority populations. As funding allows, we advocate for universal access to Coach Plus, affording all participants the flexibility to engage with the program and/or Quit Coaches as they navigate their journey towards cessation.

As the landscape of mobile applications (apps) for tobacco cessation continues to evolve, it's important to note the findings of the 2020 Surgeon General's Report (SGR), which indicated insufficient evidence to support standalone mobile apps as cessation interventions. In response, our Rally Coach app functions as a complementary mobile access point to the online dashboard for enrolled participants, ensuring seamless connectivity and access to program resources. The app mirrors all functionalities available on the web platform. This ensures that participants can leverage the evidence base and benefit from the program's resources regardless of their preferred platform. Whether participants opt for the app or the website, they receive the same level of support and access to evidence-based strategies for tobacco cessation. This approach aligns with the evidence-based principles endorsed by the SGR, while also offering another convenient choice to participants who prefer using apps for their tobacco cessation journey.

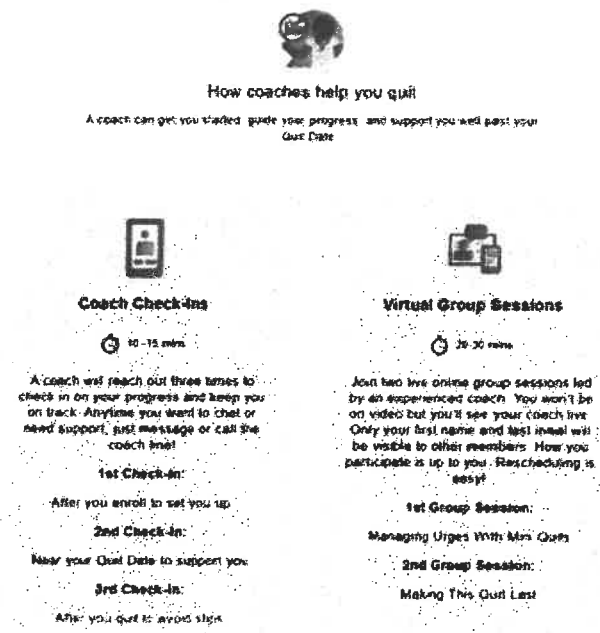


Individual chat and coach-led group sessions

At RVO Health, we empower all participants in state quit services to directly engage with our Quit Coaches through the Rally Coach dashboard, fostering convenient access to support when needed. Typically utilized for ad hoc assistance sessions, such as reminders on how to use nicotine replacement therapy (NRT), participants can also utilize the online chat feature for counseling. This chat option is particularly beneficial for individuals with hearing impairments or

difficulties in speaking.

Drawing from the insights of the 2020 Surgeon General's Report (SGR), group counseling remains a highly effective modality for delivering support. One of the standout features of the Rally Coach platform is the provision of social support through coach-led group sessions. By default, all participants are encouraged to join two group sessions: one prior to their quit date (pre-quit) and another following their quit date (post-quit). Led by a Quit Coach, these sessions facilitate interactions between participants and the Quit Coach, as well as among participants themselves, via a chat feature. This dynamic enables the exchange of successful quit strategies and mutual encouragement, bolstering peer support for participants' quit attempts.



While group sessions are encouraged, participants have the option to opt for individual coaching instead. They can connect with a Coach via call, chat, or text to complete an individual session. For participants enrolled in Coach Plus, proactive telephone counseling calls are provided in place of the group sessions, ensuring seamless progression through the program while catering to individual preferences and needs.

Text messaging services

The Surgeon General's report on Smoking Cessation highlighted the effectiveness of text messaging (SMS) as a powerful tool for aiding smoking cessation efforts, especially when messages are tailored to the individual's needs.

Since 2011, RVO Health has been at the forefront of providing text messaging services to participants, beginning with the introduction of the Text-A-Coach program to our state quit service program offerings. Today, our text messaging services are seamlessly integrated throughout the participant journey, from initial enrollment to program evaluation. Our latest text messaging services, while building upon the foundation of Text-A-Coach, boast several enhancements:

- **Tailored Messages:** Our text messages are personalized using multiple data points beyond just the quit date, ensuring relevance and effectiveness for each individual.
- **Interactive Responses:** Participants can engage with the text messages by responding in their own words, fostering a conversational and supportive experience.

- **Alignment with Coaching Protocols:** The text message journey is closely aligned with our coaching protocols, ensuring consistency and coherence in the support provided.
- **Access to Quit Coach:** Participants can easily connect with a live Quit Coach by texting the keyword "COACH" whenever they need guidance or support.

After enrollment, participants can opt into two types of text messages:

- **Transactional Text Messages:** RVO Health curates a vast library comprising over 300 tobacco cessation messages, meticulously designed to tailor the participant experience. These messages are personalized by addressing participants by name and making references to their respective state quitline program. Leveraging specific data points and events such as the participant's stage of change, types of tobacco and/or nicotine replacement therapy (NRT) used, and coaching session dates, we craft messages that resonate with each individual's journey. These text messages are strategically sent based on participant actions, such as setting a quit date, or inaction, like missing a call from a Quit Coach. Unlike generic pre-determined series of messages that may be disregarded, our approach ensures that participants receive timely and relevant messages that are tailored to their unique needs and circumstances.
- **Coaching Text Messages:** In addition to transactional text messages, participants in state quit services can engage in conversational and tailored text dialogues through Text-A-Coach. Powered by natural language understanding (NLU), this system "listens" to participants' open-ended responses and provides appropriate support and resources accordingly. The system continuously learns from participants' responses, allowing for further customization of dialogues. Participants who opt into Text-A-Coach can engage in up to two NLU-driven dialogues daily, conducted in the morning and early evening. Tailoring of messages is based on various factors including the quit date, baseline self-efficacy, health literacy, and other relevant considerations. Moreover, participants can access on-demand content using specific keywords such as OOPS, CRAVE, WHY, BOOST, and STRESS. They also have the flexibility to update their quit date by using the keyword CHANGE. RVO Health is actively exploring additional ways in which artificial intelligence can enhance our text messaging services and contribute to an enhanced participant experience.

Much like initiating an online chat session, participants can also initiate unscripted counseling or ad hoc support sessions with a Quit Coach simply by texting the keyword "COACH", available 24/7.

Our text messaging services adhere to stringent legal and privacy standards, and participants can opt out of receiving SMS communications at any time by texting "STOP" or through their Rally Coach dashboard.

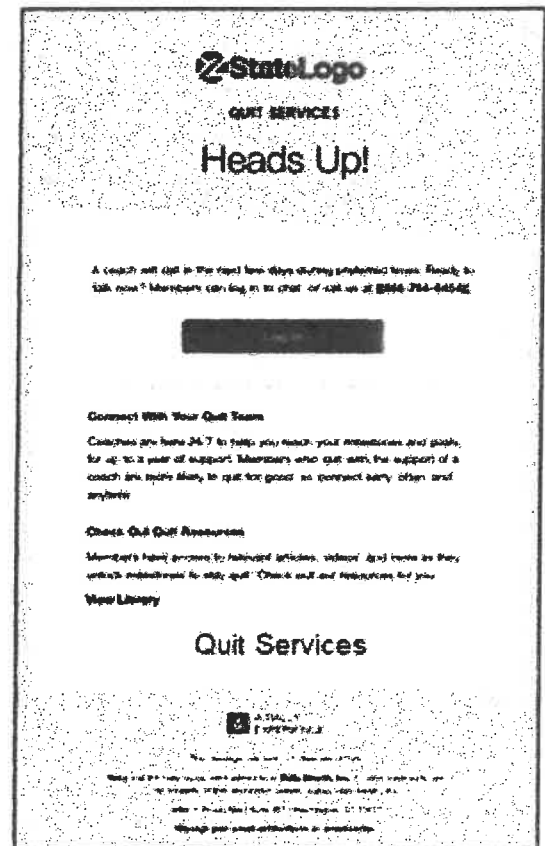
Email Support

Participants also have the option to opt in to receive email communications, providing them with another avenue for engagement and support. Much like our transactional text messages, these emails are meticulously tailored to each participant's journey and are tied to milestones in their quit plan.

Upon enrollment, participants receive a series of welcome emails that introduce them to the program and its resources. Subsequent emails are triggered based on participant actions, such as setting a quit date, or inaction, such as missing a call from a Quit Coach. These pre-formatted emails are personalized to address each participant by name, reference their state quitline program, and include a phone number to directly connect with a Quit Coach for additional support.

In addition to providing general support and encouragement, emails can also include specific information relevant to the participant's quit journey. This may include details about the participant's quit date, information about any nicotine replacement therapy (NRT) they have ordered, and even the tracking number for their NRT shipment.

Just like our text messaging services, our email support is designed to adhere to stringent legal and privacy standards. Participants have the autonomy to opt out of receiving email communications at any time through their Rally Coach dashboard, ensuring that their preferences and privacy are respected throughout their quit journey.



4.2.1.8.21 Providing new and emerging ways to increase access to services covering nicotine dependence with high risk and hard to reach population groups.

RVO Health meets and exceeds this requirement. At RVO Health, innovation is at the core of our mission to enhance accessibility and effectiveness in addressing nicotine dependence, particularly among high-risk and hard-to-reach population groups. Through pioneering approaches and cutting-edge technologies, we strive to break down barriers to access and deliver tailored support where it's needed most. Our groundbreaking product, QuitBuddy, harnesses the power of mobile technology to provide on-the-go guidance, personalized support 24/7, and real-time tracking tools, empowering users to navigate their cessation journey with ease. This product can be used without an internet connection or data connection which increases accessibility for individuals in the most rural areas who may not have reliable access to the internet. Additionally, our financial incentive offerings incentivize and reward progress towards tobacco cessation milestones, motivating individuals within these vulnerable

populations to take positive steps towards a smoke-free future. The financial incentive offerings are constantly being improved through scientifically rigorous evaluations conducted by RVO Health's team of researchers and clinicians. Together, these innovative initiatives exemplify RVO Health's commitment to revolutionizing nicotine and tobacco cessation support and making meaningful impacts in the lives of those who need it most. See below for more details:

QuitBuddy

While RVO Health's text messaging services have been instrumental in smoking cessation efforts, QuitBuddy represents an innovative addition to the toolbox. QuitBuddy is an AI-powered text messaging service specifically designed to provide personalized support and guidance to state quitline participants. Unlike traditional text messaging services, QuitBuddy offers increasingly personalized and relevant support over time, adapting and evolving based on participants' interactions and progress.

At its core, QuitBuddy delivers tailored messaging and support based on participants' unique needs and preferences. Through interactive text conversations, participants receive evidence-based strategies, tips, and encouragement to help them overcome cravings, manage withdrawal symptoms, and navigate the challenges associated with quitting smoking.

One of the key features of QuitBuddy is its ability to adapt based on participant interactions. The AI-powered platform analyzes text responses and behavior patterns to deliver increasingly personalized and relevant support over time. This dynamic approach ensures that participants receive the most effective support tailored to their individual quitting journey.

QuitBuddy also offers round-the-clock availability, providing state quitline participants with instant access to support whenever they need it. Furthermore, QuitBuddy maintains participant privacy and confidentiality, ensuring that individuals feel comfortable and secure while using the service. Participants can trust that their information and interactions with QuitBuddy remain private and protected at all times.

In summary, while traditional text messaging services continue to be effective in smoking cessation efforts, QuitBuddy offers a more personalized and adaptive approach, powered by AI technology. QuitBuddy complements traditional text messaging services by providing enhanced support tailored to each participant's unique needs and preferences, further strengthening the overall smoking cessation program. QuitBuddy also seamlessly integrates the delivery of financial incentives based on years of research with lower-income participants and it has specific safeguards in place to direct a participant to local mental health resources, if needed. Today, QuitBuddy delivers real-time financial incentives to participants for calling into the quitline and synchronously connecting with a coach as well as completing outcome surveys. The financial incentives are delivered in the form of a giftcard to vendors that do not sell alcohol or tobacco related products.

Financial Incentives

At RVO Health, we're transforming the tobacco cessation landscape by pioneering the delivery

of financial incentives directly to state quitline participants through text messaging. This innovative approach stands as a key differentiator, showcasing our commitment to driving successful outcomes in tobacco cessation efforts.

The process of delivering financial incentives via text message begins as the participant enrolls in the quitline. As participants progress and achieve specific milestones, they become eligible to receive financial incentives.

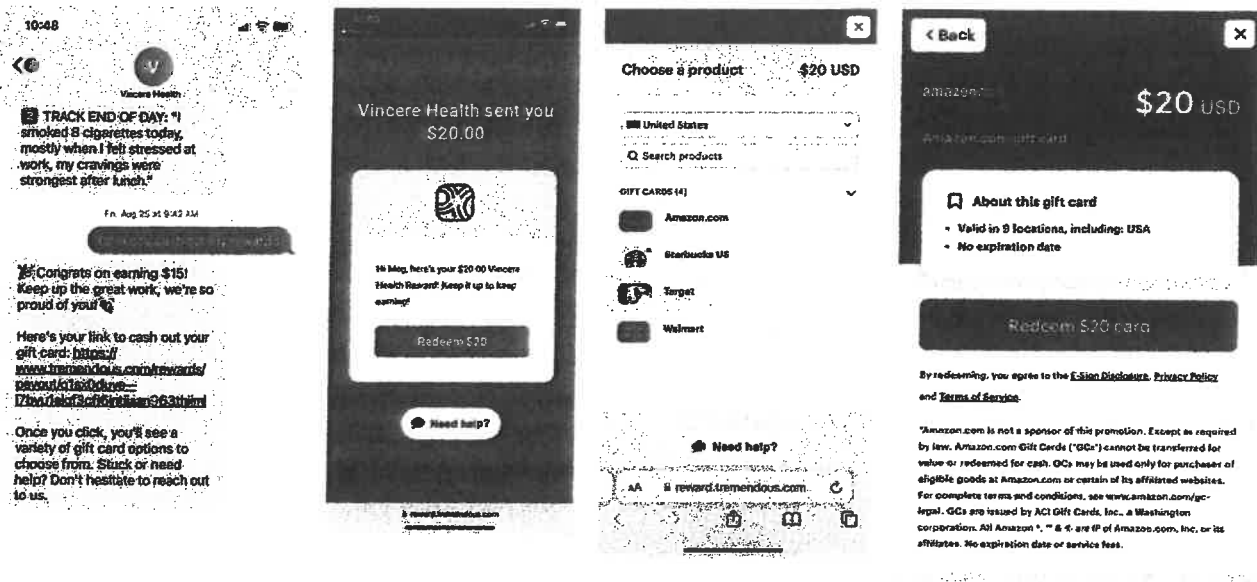
What sets our approach apart is the use of text message delivery for these incentives. Unlike traditional methods that often involve paperwork or complex redemption processes, we leverage the convenience and accessibility of text messaging to streamline the delivery of incentives. Participants receive personalized text messages notifying them of the financial incentives they've earned, along with clear instructions on how to claim their rewards.

This innovative approach not only enhances participant engagement but also increases program adherence. By delivering incentives in real-time via text message, we ensure participants feel valued and motivated to continue their tobacco cessation journey.

Today, we can tie a financial incentive to various participant actions including enrollment in the program, completion of a call with Quit Coach, or the completion of various outcome surveys. The financial incentive technology was designed to accommodate state specific needs, so RVO Health looks forward to collaborating with you on additional use-cases that might be unique to West Virginia.

Financial incentives play a pivotal role in incentivizing participants to stay committed to their goals. By offering tangible rewards for their efforts, we empower participants to overcome obstacles and maintain momentum towards quitting tobacco for good. These incentives serve as powerful motivators, reinforcing positive behavior change and fostering a sense of achievement and progress.





Example of SMS incentive delivery.

4.2.1.8.22 Providing a protocol of intake questions/coaching for smokeless tobacco users, including specific protocol on nicotine replacement products as directed by up-to-date, evidence-based studies provided by BPH, such as the Mayo Clinic Handout found here: <https://www.mayo.edu/research/documents/medication-handout-2015-02-pdf/doc-20140182>

RVO Health meets this requirement. When we enroll an individual for quitline services, we collect data for smokeless tobacco users. Quit Coach training includes behavioral and pharmacological strategies to support smokeless tobacco users and knowledge about health effects related to smokeless tobacco. Quit Coaches collaborate with participants to build a quit plan to manage behavioral, psychological, and physical challenges specific to smokeless tobacco. Our NRT algorithm (described in response to requirement 4.2.1.8.25) converts smokeless tobacco use to cigarettes per day to support recommendations for NRT dosing. Participants can learn more about quitting smokeless tobacco in the Quit Guide, which includes a section on smokeless tobacco and in content in the online dashboard.

Pharmacotherapy

Smoking Cessation: A Report of the Surgeon General (2020 SGR) echoes the US Public Health Service clinical practice guideline that use of nicotine replacement therapy (NRT) is an effective tobacco cessation intervention. As NRT pertains to quitlines:

- Quitline treatment reach increases when NRT is offered with counseling
- Combination NRT delivered in the quitline is more effective than single forms of quit medications for those with high nicotine dependence

Many state quitline participants have high nicotine dependence; the 2020 SGR findings coincide with our data that demonstrate how quit rates increase when free NRT is available, and splitting shipments of NRT increases the number of sessions completed. Provision of NRT also increases quit rates and reduces cost per quit. The following section describes our medication

protocol and order fulfillment process.

Medication Protocol

Our state quitline medication protocol centers around the use of over the counter long-acting NRT (nicotine patch) and short-acting NRT (nicotine gum and lozenge). Our CTTTP-accredited Quit Coach training curriculum (see "Quit Coach training" section) prepares Quit Coaches to describe available NRT, explain how its use increases the chance for a successful quit, communicate the benefits and risks of each type of NRT, determine how to integrate NRT into an effective quit plan, and assure proper use for both tobacco users and providers who may have questions about recommending NRT to their patients. Our team of Quit Coaches are trained to provide support for medication access, assistance, and advice.

Addressing NRT with Participants

The use of NRT or prescription medications is an important, evidence-based component of our program. We have more than 20 years of experience providing decision support for, and delivery of, medications approved by the US Food and Drug Administration (FDA) for tobacco cessation. During coaching sessions, Quit Coaches provide information about the seven medications currently approved by the FDA.

Quit Coaches address the elements of an effective quit plan, which includes pharmacotherapy, during every session, whether or not the participant is eligible to receive pharmacotherapy through the quitline. Quit Coaches are knowledgeable about FDA-approved medication options (NRT vs. prescription medications), the different delivery systems (patch, gum, lozenge, etc.) and talk neutrally about the pros and cons of using medications, including their common side-effects and contraindications. Quit Coaches tailor discussions about medications to the individual knowledge and needs of each caller and provide decision support to help the participant select a medication. As part of the medication selection process Quit Coaches ask a set of questions to identify precautions or exclusions.

Participants can access information about medications in several ways:

- There is detailed information about the seven FDA-approved medications in the printed Quit Guide.
- Participants can access information about the medications on the web portal. Information is presented in articles and a video that describes the medications - presented by expert physician instructor, Reed Tuckson, MD.
- When we send NRT to participants, there is easy to read information about the medication included with the mailing.

By opting into our texting program participants receive tailored information about quit medications, including the following:

- Education about medications in general
- Education about medications – selected topics
- Reminders about using medication and the role medications play in increasing the chances of a successful quit

Screening process

RVO Health's NRT screening process identifies medical conditions or medications that may complicate the use of FDA-approved cessation medications. We break down screening of participants for the nicotine patch, nicotine gum, nicotine lozenge into two sets of questions. These include Exclusionary and Non-Exclusionary questions. The medical condition list is based on a review of cautions included on the manufacturer's package labeling, the FDA approval process, and information in the Physician's Desk Reference. Medical conditions that raise a red flag and render a participant ineligible for NRT, cause us to seek more information, or refer the participant to their primary care provider (or specialist) for assessment regarding NRT use include:

- Having had a recent heart attack
- Have had a stroke or transient ischemic attack (TIA) recently
- Tachycardia or arrhythmia
- Angina
- Hypertension
- Pregnant or planning to get pregnant or breastfeeding
- Under the age of 18

Our rationale for identifying these conditions includes the fact that NRT is a stimulant and can aggravate or trigger some health conditions if used inappropriately or in combination with continued tobacco use. Therefore, if there is any question whether NRT use is safe for a participant, we err on the side of caution and refer the participant to their medical provider for assessment. For participants under the age of 18, we are not allowed to provide NRT to minors in our quitline states.

If there are no contraindications for a participant, we use an algorithm, developed according to clinical guidelines, to determine an appropriate level of NRT use, based on number of cigarettes smoked per day; or if applicable, the extent to which participants use other tobacco products, such as electronic cigarettes (vaping) or spit tobacco.

For participants who enroll online – and for whom no use exclusions are identified – engaging with a Quit Coach is not necessary to receive NRT; participants can independently order NRT online and expect to receive it within 3-5 business days. There is educational content about NRT on the Rally Coach dashboard, such as videos and articles, to support participants as they learn why NRT is important, as well as about different types of NRT.

Ongoing monitoring

At each intervention, Quit Coaches assess for proper use of pharmacotherapy, provide guidance to correct misuse, and advise participants to optimize the medicine's effectiveness. We make every possible effort to answer callers' questions about medications through the quitline so that they do not need to be referred to other sources to get the information they need. When participants ask questions about prescription medications, they are directed to talk to their health care providers; this includes whether the prescription medication is a good fit for the participant and dosing instructions. If medical contraindications are identified, we will send a form to the participant's doctor or other health care provider to obtain their concurrence before

sending the product to the participant. If participants ask a question that is beyond the Quit Coach scope of practice, the Quit Coach will refer the participant to their health care provider or pharmacist.

Participants can be transferred to the Medication Information line at the end of the call. Participants can access this Medication Information line any time by calling the number. To validate that participants are using quit medications effectively, Quit Coaches ask about medication use on all ongoing calls. Participants are also invited to contact a Quit Coach about quit medications at any time in between planned coaching sessions. After implementation of this medication compliance protocol, we saw an increase in quit outcomes.

Order fulfillment

NRT fulfillment is completed by RVO Health's pharmacy vendor, which maintains a large inventory of the different types of NRT at a climate-controlled distribution center meeting all applicable HIPAA requirements. We work with this vendor to maintain adequate inventory levels that will support all of DTP's needs. Subject to budget availability, RVO Health can direct mail order NRT shipments to eligible participants in four different supply levels – 2, 4, 8, or 12 weeks – with the 8- and 12-week benefit options available in either single-shipment (e.g., ship the full 12-week supply at once) or split-shipment (e.g., split the 12-week supply into 4-week increments) configurations:

- Nicotine gum in 2 mg or 4 mg strength
- Nicotine lozenges in 2 mg or 4 mg strength
- Nicotine patches in 7 mg, 14 mg, or 21 mg strength
- Combination therapy of patches and gum, or patches and lozenge

As budget permits, RVO Health recommends that DTP offer 12-week, split-shipment combination therapy to priority populations to maximize program engagement and quit rates.

We carefully plan our direct mail order protocols to streamline access and boost quitting success. On Rally Coach, participants can expect for their NRT to arrive within three to five business days.

In addition to individual shipments, we have the capacity to send bulk NRT orders to administrative staff at mental health or substance use disorder treatment facilities for distribution to individual participant residents at each facility. We also have the capacity to configure and ship prescription medication, including bupropion and varenicline.

4.2.1.8.23 Offering to re-enroll participants as many times as needed if unsuccessful at quitting by the fourth call unless instructed to stop by the DTP due to call volume and budget concerns.

RVO Health meets this requirement. RVO Health offers to re-enroll participants as many times as needed if they are unsuccessful at quitting by the fourth call, unless instructed otherwise by due to call volume and budget concerns. Our protocol prioritizes participant success and ensures continuous support throughout their cessation journey. We diligently offer re-enrollment

opportunities beyond the fourth call to individuals who require further assistance, adhering to the stipulations outlined in the requirement. Additionally, we maintain open communication channels with the DTP to promptly address any directives related to call volume and budget constraints, ensuring operational efficiency while upholding our commitment to participant care.

4.2.1.8.24 Consulting with DTP when funding should be reviewed and DTP will determine and authorize changes to counseling service eligibility, as appropriate, through email.

RVO Health meets this requirement. At RVO Health, our commitment to collaboration and flexibility extends to our partnership with DTP. Through a streamlined communication process via email, RVO Health will use the budget report (as described in response to requirement 4.2.1.2) and consult with DTP regarding funding reviews and any necessary changes to counseling service eligibility. DTP will be assigned a dedicated Client Service Manager from our team, who will serve as the primary point of contact to facilitate these discussions. This proactive approach ensures that decisions regarding funding and counseling service eligibility are made collaboratively, allowing for timely adjustments to meet the evolving needs of our clients and the communities we serve.

4.2.1.8.25 Purchasing and delivering non-prescription NRT in the form of patches, gum, and lozenges through mail or other delivery services.

RVO Health meets this requirement. RVO Health is committed to facilitating access to non-prescription NRT (Nicotine Replacement Therapy) through a streamlined and efficient process.

Smoking Cessation: A Report of the Surgeon General (2020 SGR) echoes the US Public Health Service clinical practice guideline that use of nicotine replacement therapy (NRT) is an effective tobacco cessation intervention. As NRT pertains to quitlines:

- Quitline treatment reach increases when NRT is offered with counseling¹⁴
- Combination NRT delivered in the quitline is more effective than single forms of quit medications for those with high nicotine dependence¹⁵

Many state quitline participants have high nicotine dependence; the 2020 SGR findings coincide with our data that demonstrate how quit rates increase when free NRT is available, and splitting shipments of NRT increases the number of sessions completed. Provision of NRT also increases quit rates and reduces cost per quit. The following section describes our medication protocol and order fulfillment process.

Medication Protocol

Our state quitline medication protocol centers around the use of over the counter long-acting

¹⁴ Fellows JL, Bush T, McAfee T, Dickerson J. Cost effectiveness of the Oregon quitline "free patch initiative". *Tob Control*. 2007 Dec;16 Suppl 1(Suppl 1):i47-52. doi: 10.1136/tc.2007.019943. PMID: 18048632; PMCID: PMC2598519.

¹⁵ Smith SS, Keller PA, Kobinsky KH, Baker TB, Fraser DL, Bush T, Magnusson B, Zbikowski SM, McAfee TA, Fiore MC. Enhancing tobacco quitline effectiveness: identifying a superior pharmacotherapy adjuvant. *Nicotine Tob Res*. 2013 Mar;15(3):718-28. doi: 10.1093/ntr/nts186. Epub 2012 Sep 19. PMID: 22992296; PMCID: PMC3611992.

NRT (nicotine patch) and short-acting NRT (nicotine gum and lozenge). Our CTTTP-accredited Quit Coach training curriculum (see "Quit Coach training" section) prepares Quit Coaches to describe available NRT, explain how its use increases the chance for a successful quit, communicate the benefits and risks of each type of NRT, determine how to integrate NRT into an effective quit plan, and assure proper use for both tobacco users and providers who may have questions about recommending NRT to their patients. Our team of Quit Coaches are trained to provide support for medication access, assistance, and advice.

Addressing NRT with Participants

The use of NRT or prescription medications is an important, evidence-based component of our program. We have more than 20 years of experience providing decision support for, and delivery of, medications approved by the US Food and Drug Administration (FDA) for tobacco cessation. During coaching sessions, Quit Coaches provide information about the seven medications currently approved by the FDA.

Quit Coaches address the elements of an effective quit plan, which includes pharmacotherapy, during every session, whether or not the participant is eligible to receive pharmacotherapy through the quitline. Quit Coaches are knowledgeable about FDA-approved medication options (NRT vs. prescription medications), the different delivery systems (patch, gum, lozenge, etc.) and talk neutrally about the pros and cons of using medications, including their common side-effects and contraindications. Quit Coaches tailor discussions about medications to the individual knowledge and needs of each caller and provide decision support to help the participant select a medication. As part of the medication selection process Quit Coaches ask a set of questions to identify precautions or exclusions.

Participants can access information about medications in several ways:

- There is detailed information about the seven FDA-approved medications in the printed Quit Guide.
- Participants can access information about the medications on the web portal. Information is presented in articles and a video that describes the medications - presented by expert physician instructor, Reed Tuckson, MD.
- When we send NRT to participants, there is easy to read information about the medication included with the mailing.

By opting into our texting program participants receive tailored information about quit medications, including the following:

- Education about medications in general
- Education about medications – selected topics
- Reminders about using medication and the role medications play in increasing the chances of a successful quit

Screening process

RVO Health's NRT screening process identifies medical conditions or medications that may complicate the use of FDA-approved cessation medications. We break down screening of participants for the nicotine patch, nicotine gum, nicotine lozenge into two sets of questions.

These include Exclusionary and Non-Exclusionary questions. The medical condition list is based on a review of cautions included on the manufacturer's package labeling, the FDA approval process, and information in the Physician's Desk Reference. Medical conditions that raise a red flag and render a participant ineligible for NRT, cause us to seek more information, or refer the participant to their primary care provider (or specialist) for assessment regarding NRT use include:

- Having had a recent heart attack
- Have recently had a stroke or transient ischemic attack (TIA)
- Tachycardia or arrhythmia
- Angina
- Hypertension
- Pregnant or planning to get pregnant or breastfeeding
- Under the age of 18

Our rationale for identifying these conditions includes the fact that NRT is a stimulant and can aggravate or trigger some health conditions if used inappropriately or in combination with continued tobacco use. Therefore, if there is any question whether NRT use is safe for a participant, we err on the side of caution and refer the participant to their medical provider for assessment. For participants under the age of 18, we are not allowed to provide NRT to minors in our quitline states.

If there are no contraindications for a participant, we use an algorithm, developed according to clinical guidelines, to determine an appropriate level of NRT use, based on number of cigarettes smoked per day, or if applicable, the extent to which participants use other tobacco products, such as electronic cigarettes (vaping) or spit tobacco.

For participants who enroll online – and for whom no use exclusions are identified – engaging with a Quit Coach is not necessary to receive NRT; participants can independently order NRT online and expect to receive it within 3-5 business days. There is educational content about NRT on the Rally Coach dashboard, such as videos and articles, to support participants as they learn why NRT is important, as well as about different types of NRT.

Ongoing monitoring

At each intervention, Quit Coaches assess for proper use of pharmacotherapy, provide guidance to correct misuse, and advise participants to optimize the medicine's effectiveness. We make every possible effort to answer callers' questions about medications through the quitline so that they do not need to be referred to other sources to get the information they need. When participants ask questions about prescription medications, they are directed to talk to their health care providers; this includes whether the prescription medication is a good fit for the participant and dosing instructions. If medical contraindications are identified, we will send a form to the participant's doctor or other health care provider to obtain their concurrence before sending the product to the participant. If participants ask a question that is beyond the Quit Coach scope of practice, the Quit Coach will refer the participant to their health care provider or pharmacist.

Participants can be transferred to the Medication Information line at the end of the call. Participants can access this Medication Information line any time by calling the number. To validate that participants are using quit medications effectively, Quit Coaches ask about medication use on all ongoing calls. Participants are also invited to contact a Quit Coach about quit medications at any time in between planned coaching sessions. After implementation of this medication compliance protocol, we saw an increase in quit outcomes.

4.2.1.8.26 Directly shipping four two-week supplies to those who agree to more than one coaching call or web/text interaction. Distribution amounts may be altered based on program funding.

RVO Health meets this requirement. Leveraging our partnership with a trusted pharmacy vendor, we ensure the availability of a diverse range of NRT products, including patches, gum, and lozenges, housed in a climate-controlled distribution center that meets all relevant HIPAA requirements.

We work with this vendor to maintain adequate inventory levels that will support all of DTP's needs. Subject to budget availability, RVO Health can direct mail order NRT shipments to eligible participants in four different supply levels – 2, 4, 8, or 12 weeks – with the 8- and 12-week benefit options available in either single-shipment (e.g., ship the full 12-week supply at once) or split-shipment (e.g., split the 12-week supply into 4-week increments) configurations:

- Nicotine gum in 2 mg or 4 mg strength
- Nicotine lozenges in 2 mg or 4 mg strength
- Nicotine patches in 7 mg, 14 mg, or 21 mg strength
- Combination therapy of patches and gum, or patches and lozenge

We carefully plan our direct mail order protocols to streamline access and boost quitting success. Participants can expect their NRT to arrive within three to five business days.

4.2.1.8.27 Offering dual or combination NRT to all participants who agree to more than one coaching call or web/text interaction.

RVO Health meets this requirement. As budget permits, RVO Health recommends that DTP offer 12-week, split-shipment combination therapy to priority populations to maximize program engagement and quit rates. Please also see response to requirement 4.2.1.8.25 above.

4.2.1.8.28 Providing combination or dual therapy should include the following:

RVO Health meets this requirement. RVO Health is aware of compelling evidence from large meta-analyses showing the necessity for using a combination of pharmacotherapy and behavioral treatment for tobacco cessation. This combination approach provides support for the two core components of tobacco addiction – physiological (nicotine withdrawal) and behavioral (smoking triggers related ritual behaviors, stress and other cues). RVO goes a step further and employs a treatment model that fully integrates pharmacotherapy and behavioral treatments. More specifically, integration of behavioral treatment includes education on the importance of using medications, and the safe use of these medications, which maximizes medication adherence. Integrated pharmacotherapy means that we coordinate behavioral treatment with

the physiologic effects of medications so that maximal pharmacologic treatment is present to support behavioral efforts. By offering combination therapy and aligning with best practice guidelines, we have been able to maximize the effectiveness of our interventions.

4.2.1.8.28.1 A nicotine patch to serve as a long-acting nicotine formulation that provides a constant level of nicotine replacement in combination with a short-acting NRT,

RVO Health meets this requirement. RVO Health confirms compliance with the specified requirement to combination NRT – specifically use of the nicotine patch as a long-acting nicotine replacement together with short-acting NRT (e.g. nicotine gum or lozenge). Use of combination NRT is supported by large meta-analyses (e.g. Cochrane Reviews 2013 and 2023) and shows significantly higher efficacy than nicotine monotherapy. Long-acting NRT (patch) has been shown to be most effective at reducing nicotine withdrawal (with symptoms that persist throughout the day), whereas short acting NRT has the complementary effect of reducing smoking urges that arise spontaneously throughout the day.

4.2.1.8.28.2 Either a nicotine gum or nicotine lozenge to control breakthrough cravings and withdrawal symptoms.

RVO Health meets this requirement. As part of our comprehensive approach to tobacco cessation, we pair short-acting NRT options such as nicotine gum or lozenges with long-acting nicotine patches. While use of nicotine patch is most effective for managing nicotine withdrawal, short acting NRT (gum, lozenges) are critical for managing urges that arise from smoking triggers. To align with current evidence, RVO takes this to the next level, providing simple and clear instructions to patients in how to use short-acting NRT to maximize treatment effects and decrease potential side effects. For example, we instruct patients to use nicotine lozenge/gum proactively when known smoking triggers are about to arise (e.g. for a person who always smokes after breakfast, plan to use nicotine gum immediately after breakfast, instead of waiting for the smoking urge to arise). This proactive approach to short-acting NRT is supported by evidence (Shiffman et al.) and is considerably more effective than reactive use of these medications.

4.2.1.8.29 Administering dual or combination therapy according to up-to-date, evidence-based study recommendations as directed by BPH, including but not limited to: Mayo Clinic's recommendations and the U.S. Preventative Services Task Force (USPS) treatment recommendations.

RVO Health meets this requirement. The combined use of FDA approved smoking cessation pharmacotherapy together with behavioral treatment is now supported by all national guidelines. Seminal meta-analyses presented this evidence in the 2008 Treating Tobacco Use and Dependence Guideline (Fiore et al) and is now supported as a GRADE A Recommendation by USPTFS Guideline for non-pregnant adults. Additionally, combination treatment is supported by the 2020 Surgeon General's Report on Smoking and Tobacco Use, the 2021 recommendations by Up To Date (Rigotti et al.), the 2022 Mayo Clinic Tobacco Treatment Recommendation, and most recently by the 2023 National Cancer Consortium Network (NCCN) Smoking Cessation Clinical Practice Guideline. Dr. James Davis, Medical Director for RVO quit services is on the NCCN panel for development of the NCCN Tobacco Treatment Guideline and ensures that all

RVO therapies align with national guidelines.

4.2.1.8.30 Dosing the patch as described according to cigarettes used per day with 2 mg gum or 2 mg lozenge for every 1-2 hours, as needed when withdrawal symptoms and urges to use tobacco occur as directed by up-to-date, evidence-based studies provided by BPH, such as the Mayo Clinic Handout found here:

<https://www.mayo.edu/research/documents/medication-handout-2015-02-pdf/doc-20140182>.

RVO Health meets this requirement. RVO dosing of nicotine replacement (patch, gum and lozenge) is guided by evidence-based practice, which is available and consistent across multiple current guidelines: 2020 Surgeon General's Report on Smoking and Tobacco Use, 2021 recommendations by Up to Date (Rigotti et al), the 2022 Mayo Clinic Tobacco NDC Tobacco Dependence Medication Summary, and 2023 National Cancer Consortium Network (NCCN) Smoking Cessation Clinical Practice Guideline. Foundational principles supported by national guidelines now include increasing to a 21 mg patch at 11 cigarettes per day, proactive use of nicotine gum and lozenge (as described above), and "parking" gum/lozenge between the cheek and gum during use. RVO Health has implemented training protocols so that all Quit Coaches are trained in the importance of correct medication use and all patient materials emphasize correct use.

4.2.1.8.31 Providing clinically-appropriate services to youth and young adults addicted to nicotine and electronic/vaping devices. These services include age-related coaching and NRT suggestions based on physician prescription and parent/guardian permission.

RVO Health meets and exceeds this requirement. For over 15 years, RVO Health has been dedicated to providing quit services tailored to support youth in quitting tobacco. Recognizing the importance of understanding how youth engage in conversation, we have prioritized the effective development and deployment of youth cessation programs. With cell phones playing a central role in teen life, it's noteworthy that in 2022, 95% of teens aged 13 to 17 own or have access to a smartphone, marking a significant increase from 2015 when only 73% reported smartphone access. Considering these statistics and the prevalent use of smartphones among teenagers, RVO Health has reimagined its approach to better engage youth and drive quit outcomes.

We acknowledge that the process of adoption and engagement takes time, and therefore, a comprehensive strategy is essential, especially as the landscape of youth engagement continually evolves. Such a strategy necessitates ongoing assessment and refinement, including direct feedback from the youth we serve.

All RVO youth programs are grounded in social cognitive theory (SCT) and informed by adolescent literature, utilizing available empirical evidence for treating young tobacco users. Our programs leverage communication channels commonly used by youth today, including online content, videos, and live chats with a Quit Coach. Our Quit Coaches are specially trained and experienced in working with youth, employing an empathetic, non-judgmental approach. They focus on enhancing and sustaining motivation to quit while utilizing cognitive-behavioral

strategies to help youth build a personalized plan to stop using tobacco.

RVO Health offers two tracks of cessation support for youth: the Youth Support Program, designed for those using any commercial tobacco, and Live Vape Free, tailored specifically for those using nicotine vaping products (i.e., electronic nicotine delivery services [ENDS]). In February 2024, RVO Health expanded Live Vape Free to meet the increasing demand for vaping cessation support among young adults, ages 18-26.

Youth Support Program

Our Youth Support Program is designed to meet teens where they are and offer them support, guidance, and motivation to quit vaping or smoking. Enrollment can be done online or by phone call with a Quit Coach. The program consists of six steps, takes six to eight weeks to complete, and includes support for one year after enrollment. Youth use the program to guide themselves through milestones, which are designed to help them progress toward their goal of quitting. The program, designed to be engaging, is delivered via an online dashboard, which includes TikTok-like videos, animations, podcasts, quizzes, and live chat. The communication modality is digital; youth can reach out to a Quit Coach for a chat interaction any time for help with specific problems, strategies, or tips to quit and stay quit.

During each step, Quit Coaches are available 24/7 to answer questions, offer tips, and provide support. Quit Coaches are specifically trained to communicate effectively with teens and provide relevant content on triggers to use vapes and tobacco, social pressure, health issues, environmental impact of tobacco products, social justice issues, and big tobacco's targeted marketing. Quit Coaches are also trained to help teens manage withdrawal from nicotine with behavioral and cognitive strategies and refer them to their doctor or pharmacist if they have questions about NRT/quit meds. Upon program completion, they will have access to a Letter of Completion, which they can download from the dashboard or email to themselves. In addition to supporting cessation, the program can serve as a school or court-based diversion program. RVO Health will work with DTP to implement an incentive plan for youth participants.

We understand that parental involvement is important to youth cessation. RVO Health is exploring ways to obtain parental consent in a manner that does not discourage youth from participation in the program. As such, we intend to work directly with DTP to understand how to best support this feature.

NRT and other prescription cessation medications are not FDA-approved for those under the age of 18, so we refer youth who ask about cessation medication to their health care provider to discuss the use of medications.

4.2.1.8.32 Providing specialized coaching and NRT services to participants who use Vaping/Electronic devices. This includes using the Penn State/Maine Health Electronic Cigarette Dependence Index to assess dependence. <https://ctimaine.org/wp-content/uploads/2019/11/Penn-State-assessment-Comms.pdf>.

RVO Health meets and exceeds this requirement. In 2021, we launched Live Vape Free for 13-

to 17-year-olds, our full spectrum support program for youth vapers and concerned adults in their lives. Those who come to our landing page will be triaged to the correct program: LVF-Teen, LVF-Young Adult (YA), LVF-Adult Advocate. After a quick enrollment, LVF-Teen and LVF-YA text messaging programs will automatically be started in the following day or two. The teen program is a multimedia experience, including videos, quizzes, podcasts, self-assessments, and flip cards that we provide through text message links, their preferred modality. At any point during the program, youth can text one of several keywords to get support in the moment (e.g., 'STRESS', 'BOOST', 'CRAVE'), or "COACH" and receive access to a live Quit Coach who engages with the youth, answers questions, or conducts a full intervention – all through text. Automated messages are tailored by quit date and natural language understanding allows for appropriate responses to free texts sent in by users.

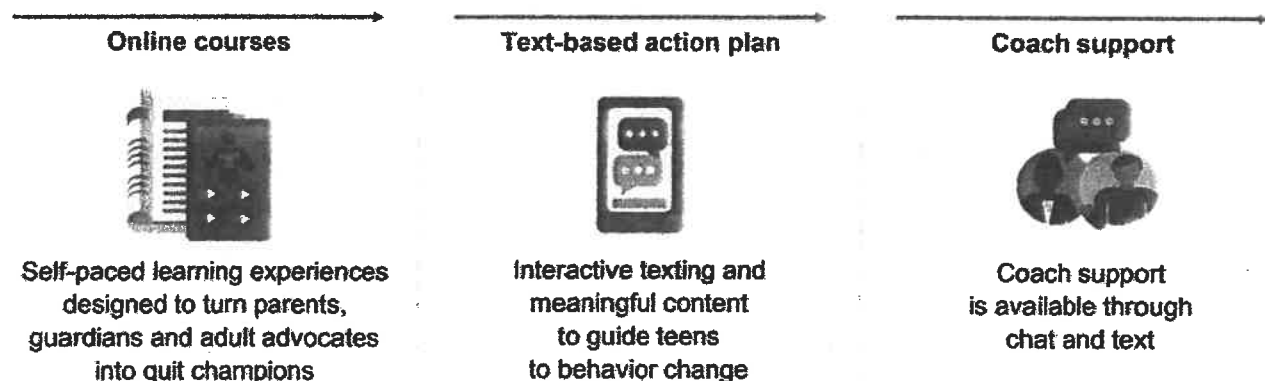
We developed Live Vape Free to be agile and adaptable to keep up with the growing needs of youth vapers and provide them with the most up-to-date information to help them quit and stay quit. Understanding the vastness of the vaping epidemic in youth, we evaluated how to best approach curbing the surge of teen vapers by leveraging more than 15 years of youth tobacco cessation expertise paired with our digital engagement platform.

Live Vape Free - Young Adult

Launched in February 2024, the young adult version of Live Vape Free includes an mHealth program tailored to 18-26 year-olds and developed to be delivered along with NRT. Like the teen version of LVF, LVF-YA includes daily text messages tailored by quit date, including links to interactive media such as TikTok-style videos, animations, flip card exercises, assessments, quizzes, and podcasts. Keywords can be texted by the YA at any time to get tailored support in the moment (e.g., "CRAVE," "SLIP," "WHY," "STRESS"). A 2-weeks NRT patch starter kit will be offered to all LVF-YA enrollees.

Helping Teens Live Vape Free

Our Live Vape Free program also has a module for parents or other interested adults, Helping Teens Live Vape Free, to teach them how to have production conversations with youth about vaping and present themselves as an advocate instead of an adversary. The graphic below illustrates the different ways we support adult advocates in helping teens quit vaping.



Adult advocates can access online courses through our website and chat with a Quit Coach for guidance. Online courses are accessible for parents when they are ready to learn about all things vaping. The online courses offer parents and advocates an opportunity to learn at their own pace. The courses include content about vaping products, risks of vaping, practical advice for determining if a teen is vaping, as well as strategies for facilitating productive conversations with teens. There is also an interactive toolkit designed to facilitate conversations between the adult and teen.

4.2.1.8.33 Using the modified Fagerstrom Test to include vaping/electronic delivery devices to assess the dependence level of the Quitline enrollee.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8021063/table/T1/?report=objectonly>.

RVO Health meets this requirement. For over a decade, RVO Health has used the Fagerström Test for Nicotine Dependence (FTND) to guide smoking cessation treatment. With the rise of e-cigarette use, which delivers nicotine differently (due to different nicotine levels, different pulmonary delivery coefficients, and different topography (patterns of use) between smoking and vaping, it became imperative to develop a modified FTND for e-cigarette users (Rahman et al, 2020). There is now a recognition that on average FTND scores are roughly 10% higher (1 point on FTND) in people who use e-cigarettes compared to people who smoke. Use of the FTND and modified FTND is critical for guiding tobacco treatment at RVO Health. The FTND is needed because the overall level of nicotine use does not always align with physiologic adaptation to nicotine (nicotine dependence). For example, a patient with high-level nicotine dependence (FTND >7) may be smoking only a few cigarettes per day (or only vaping several times per day) but withdrawal and craving may be severe due to high dependence. RVO Health's treatment protocols are responsive to both nicotine use and nicotine dependence.

4.2.1.9 Quality Assurance and Improvement

4.2.1.9: Vendor should include in their plan, steps to assure quality assurance and improvement including but not limited to:

Quality is a guiding value of RVO Health culture and is a personal responsibility of all employees. The RVO Health service delivery vision is to build a sustainable culture of continuous improvement to become a constructive and transformational force in the healthcare system. We are committed to delivering products and services that fully meet the expectations of our customers, with maximum effectiveness and appropriate costs. Our quality assurance and improvement plan provides a way to continually improve our services, processes, and systems to ensure we meet the expectations of our clients, consumers, and providers, as well as act upon opportunities to improve processes and outcomes.

Our quality assurance and improvement plan at RVO Health encompasses comprehensive measures to ensure the seamless operation of critical infrastructure components. Utilizing proactive monitoring software, we conduct continuous checks on hardware systems, servers, telephony, network equipment, and software infrastructure, ensuring their functionality 24/7. Additionally, our robust system includes protocols to address various emergencies, such as floods, fire, weather-related incidents, and electrical disruptions, to safeguard uninterrupted

access to quitline services. These plans incorporate technological backups to protect and securely store participant data, mitigating risks and maintaining the integrity of our services even in challenging circumstances.

Service Delivery

The Coaching Quality Team uses a standardized tool to evaluate Quit Coaches on call quality and perform audits (T=90%). Examples include the following elements:

- Thoroughly assessing information about the participant's tobacco history and current use patterns
- Incorporating assessed information into a quit plan, tailored to the needs of the individual
- Expertly applying information about quit medications and adhering to clinical protocols to help the participant access and use quit medications effectively
- Expertly applying information about the impact quitting will have on certain chronic diseases and pregnancy
- Engaging the participant in the quitting process by using motivational interviewing and cognitive behavioral therapy principles to facilitate behavior change.

The Quality Team and Operations leaders perform calibrations and inter-rater sessions to consistently and accurately interpret and apply quality expectations, as determined by Operations. Managers also receive individual oversight of their work by ad hoc requests to provide input about an evaluation and through random checks of their completed evaluations. Employees attend ongoing trainings, receive evaluations of recorded calls, and attend monthly meetings with a manager on results of their quality audits.

The Performance Management process is designed to help determine what type of corrective action to apply when staff member results or behavior falls below standard. There are tools in place to measure metrics, such as the Balanced Performance Scorecard (BPS), which is a performance management tool that evaluates staff member's performance against strategic goals. BPS results are posted in accordance with a set reporting schedule and evaluated against monthly targets and annual performance goals. The BPS is one of many tools that measure performance, and the Performance Management process can be applied with a variety of measurement tools. Managers are accountable to communicate metrics, weightings and target changes, monitor results, conduct and document coaching events and communicate corrective action as necessary to address performance issues.

Website

The RVO Health platform team has automated alerts that page the developer-on-call should a process, such as file ingest, or API connection fail. These alerts are also present for platform services such as webpage availability failure. There are runbooks to triage and fix the issues if an alert is triggered. In addition to alerts, the platform has automated daily reports to monitor any anomalies in services that could result in issues. If anomalies are observed, runbooks are followed to triage and fix anomalies.

For every platform and feature release quality assurance team, a division of our engineering

team, completes full regression testing in lower environments prior to release. Upon successful regression testing, the team monitors logs during release to spot any anomalies. Once full release is successful, full end to end testing is completed on key performance areas such as – but not limited to – enrollment flow. The platform team also conducts regular testing of production environments to ensure end to end process functionality.

4.2.1.9.1 Vendor should notify DTP within three business days via email whenever call center performance drops below the aforementioned standards for operations.

RVO Health meets this requirement. If call center performance falls below the specified standards for operations, we will email DTP within three business days. We understand the critical importance of maintaining high standards of performance in call center operations, and our proactive notification system ensures timely communication when deviations occur. This approach allows for prompt identification of issues and enables collaborative efforts between RVO Health and the DTP to address any concerns and implement necessary corrective actions swiftly.

4.2.1.9.2 Vendor should communicate the corrective actions that will be taken to address deficiencies.

RVO Health meets this requirement. RVO Health is committed to prompt and effective corrective actions. Our approach includes clear communication channels to promptly notify relevant stakeholders of any identified deficiencies. Upon detection, we initiate a thorough investigation to determine the root cause of the issue. Subsequently, we implement targeted corrective measures to address the deficiencies and prevent recurrence. These actions may involve adjustments to processes, protocols, or technologies to ensure optimal performance and adherence to standards. Throughout this process, transparency and collaboration remain paramount, as we strive to continuously improve the quality and reliability of our quitline services.

4.2.1.9.3 Vendor should have the capability to record calls and share with BPH upon request for quality assurance purposes.

RVO Health meets this requirement. At RVO Health, transparency and accountability are paramount in our quality assurance practices. We maintain the capability to digitally record calls and sessions, ensuring accurate documentation of interactions between participants and Quit Coaches. These recordings, along with screen captures of staff members' computers, provide comprehensive insights for thorough reviews and quality improvement. While adhering to privacy regulations, we readily share this data with BPH upon request, empowering them with valuable insights to enhance the effectiveness of our quitline services.

4.2.1.10 NAQC Reporting

4.2.1.10 Vendor should describe their plan for NAQC reporting including but not limited to:

RVO Health meets this requirement. RVO Health understands the criticality of accurate, timely

annual reporting to both state and national quitline stakeholders. We can meet all DTP requirements for annual reporting. As with quarterly reporting, we will provide an annual version of our dashboard report with participant demographic and services data for the previous fiscal year by August 15. We will also provide a custom report with the amount of funds expended for the previous fiscal year with the necessary level of detail to assist with state reporting.

4.2.1.10.1 Using NAQC MDS follow-up survey evaluation methods. This evaluation will include, but not be limited to, a compilation of all collected data, participant satisfaction, seven-month quit rates, and a bivariate analysis to determine correlations between participant demographics, satisfaction, and quit rates. The seven-month quit rates should be calculated using both intent-to-treat and respondent rates.

RVO Health meets this requirement. At RVO Health, we are dedicated to utilizing the NAQC MDS follow-up survey evaluation methods to comprehensively assess the impact of our quitline services. Our evaluation process extends beyond mere data compilation, encompassing participant satisfaction, seven-month quit rates, and detailed bivariate analysis. We meticulously collect the minimal NAQC dataset, ensuring adherence to standardized reporting practices. Through our robust evaluation framework, we not only calculate seven-month quit rates using both intent-to-treat and respondent rates but also facilitate NAQC reporting. This approach allows us to derive meaningful insights into the correlations between participant demographics, satisfaction levels, and quit rates, ultimately guiding continuous improvement efforts to enhance the effectiveness of our tobacco cessation programs. More information about our evaluation services is included in our response to requirement 4.2.1.7.

4.2.1.10.2 Submitting the annual evaluation to DTP no later than 3 months following the completion of all seven-month follow-up surveys.

RVO Health meets this requirement. Should DTP select RVO Health as the WVQL evaluator, we will draft a separate statement of work, in which case our process will ensure that the annual evaluation is completed and submitted to the DTP no later than three months following the completion of all seven-month follow-up surveys. We have established protocols and dedicated resources in place to ensure the accuracy, comprehensiveness, and punctuality of these evaluations. More information about our evaluation services is included in our response to requirement 4.2.1.7.

4.2.1.10.3 Providing reporting data necessary to complete the NAQC Annual report in a separate report using an agreed-upon format and submitted to DTP within 2 weeks before deadline as related to the survey due date, unless vendor sends for approval to extend timeline.

RVO Health meets and exceeds this requirement. To ease national data collection and entry requirements for our state clients, we populate CDC, NAQC, and NQDW standard reporting templates with all data that we are best positioned to provide. We strive to send the service provider data that our state clients need to complete the NAQC Annual Survey of Quitlines – responses to which are typically due in mid-late December – by the Thanksgiving holiday, so that our state clients have plenty of time to review and ask questions before submitting their complete responses to NAQC.

4.2.1.10.4 Administering seven-month follow-up surveys to achieve a minimum response rate of 50% by utilizing multiple points of contact, including mail, email, texts, and/or phone surveys. NAQC recommends a 50% follow-up response rate to increase data validity.

RVO Health partially meets this requirement. Follow-up surveys will be administered using a multi-modal survey methodology to maximize response rates. First, sampled participants who have consented to email, text SMS, or who have set up their web portal account will be invited to complete the survey online. Those who do not complete the online survey after multiple email reminders will then be contacted by survey staff to complete a phone-based survey. Multiple attempts will be made to reach each participant over approximately a 4-week period. If interviewers are not able to reach a participant after all attempts have been completed, the survey will be considered not answered.

4.2.1.11 Technical Assistance

4.2.1.11 Vendor should describe their plan to provide technical assistance such as:

RVO Health meets this requirement. RVO Health is dedicated to providing comprehensive technical assistance to healthcare providers and stakeholders involved in tobacco cessation efforts. Our initiatives include online education and training sessions tailored to healthcare professionals, rapid response liaison support addressing enrollment, NRT shipments, and data requests, and the development of online training modules covering best practices in tobacco interventions and Quitline services. We track training usage and provide reports to inform program improvement, manage educational credits such as CME and CEU, and offer ongoing technical assistance to healthcare providers on accessing Quitline services. Through these efforts, we strive to enhance knowledge, facilitate access, and ensure quality in tobacco cessation services.

4.2.1.11.1 Providing online Quitline education and training to healthcare providers and interested parties

RVO Health meets and exceeds this requirement. Understanding that healthcare professionals play an important role in helping their patients quit tobacco, they are welcome to call the quitline at any time. Our coaching staff answering the phone can provide technical assistance and consultation in providing quitline information.

Common areas of support are around questions about services, hours of operation, confirmation of fax number, and where to obtain promotional materials. More in depth technical assistance about a particular patient experience, motivational interviewing techniques, questions about dosing level of nicotine replacement therapy, benefits specific to a patient, or escalations are handled by senior staff or supervisors.

Because health care professionals are critical to the tobacco control ecosystem, we value their participation and frequently, we put them in contact with the state for more sophisticated questions like Medicaid billing, screening tool implementation, data analysis, staff training and

community partnerships. We have also developed an online provider referral tool and provide training on how to use it in both our provider training module and separately on our Rally Coach platform.

RVO Health has robust experience in providing more hands-on technical assistance and consultation with healthcare professionals. Our Training Services division specializes in tobacco intervention trainings to teach providers and their clinical staff to effectively address tobacco use with patients. Health care professionals will also be able to access information on tobacco dependence and treatment issues online and may call the quitline to speak with a Quit Coach or a member of our clinical team for support in understanding quitline services and/or how best to support their patients.

Our Training Services department is devoted to the design, development and delivery of healthcare provider training and technical assistance. We offer innovative training and outreach services to build sustainable systems in healthcare practices to allow providers to identify tobacco users, advise them to quit, and refer those willing to quit to the quitline or other resources.

The tailored training services may include a) interactive online training on the brief tobacco intervention and related topics, b) webinars, c) toolkit dissemination and d) highly trained outreach specialists performing academic detailing in select provider locations. Our trainings include information on NRT and other pharmacotherapies, use of evidence-based practices, clinical guidelines, managing challenging and complicated patients, and the use of community-based programs to support participants on their journey to quit.

A meta-analysis of internet-based learning techniques found that they were associated with larger positive effects for provider educational outcomes when compared with no intervention (Cook, Levinsin, Garside, et. al, 2008). Due to the ease of dissemination, internet-based learning can also be more cost-effective and sustainable than a number of field-based approaches.

If appropriately promoted, an online training tool can increase tobacco product treatment in health care settings, ultimately helping to increase quit attempts among individuals served by these organizations. RVO Health offers interactive, easily accessible online training programs customized to support client priorities and utilize adult learning theory to enhance successful knowledge transfer. Trainings are compatible with mobile and desktop devices. Most provider online trainings are suitable for accreditation for continuing education credits and our staff is prepared to assist in the application process, if desired.

RVO Health will develop an online training on the brief tobacco intervention. In addition, RVO Health will host, maintain, and track utilization of the training, reporting outcomes on a quarterly basis. The training may be tailored to educate health care providers and other stakeholders on a number of topics based on education needs. Suggested topics include the Brief Tobacco Intervention, quitline referral methods, pharmacotherapy, and/or other training topics as

prioritized by DTP. The training can be generalized to reach a wide variety of health care providers or can be designed to target specific types of providers (e.g., behavioral health professionals, oral health professionals, and respiratory therapists).

4.2.1.11.2 Designating a staff person as a liaison to respond to the State within a four-hour timeframe, addressing any problems/issues that may occur during a regular business day, including but not limited to questions about enrollment, NRT shipments, and data requests.

RVO Health meets and exceeds this requirement. To ensure we meet DTP day-to-day needs, we will identify a Client Services Manager (CSM) as a single point of contact for account management and oversight of all contract deliverables. Our CSM team works closely with our subject matter experts provide support and consultation of best practices, promotion, and budget management that are complemented by a comprehensive reporting package to analyze trends and assess program impact. The assigned Client Services Manager will stay in contact with DTP staff, and communicate by email, phone, virtual meetings, annual statewide meetings, and site visits. Communication will occur regularly, and the CSM is also available via request to address questions or concerns. If any issues impact operations or availability, the CSM will notify DTP staff in their preferred method to report on the nature of the issue, cause of the issue, and time frame for expected resolution.

4.2.1.11.3 Creating, hosting and maintaining online trainings on best practices of brief tobacco interventions (5As or 2As and R), NRT guidelines, other clinical proactive guidelines, and WV Quitline services.

RVO Health meets this requirement. See response above to requirement 4.2.1.11.1.

4.2.1.11.4 Updating the training as necessary to maintain quality.

RVO Health meets this requirement. Updating the training to maintain quality involves a multifaceted approach at RVO Health. Our Training Services division specializes in tobacco intervention trainings, offering innovative and tailored programs to healthcare providers and their clinical staff. These trainings cover a range of topics, including brief tobacco interventions, quitline referral methods, pharmacotherapy, and more, based on education needs and priorities outlined by DTP. Utilizing adult learning theory and internet-based learning techniques, our interactive online trainings ensure successful knowledge transfer and are compatible with mobile and desktop devices. We track utilization and report outcomes quarterly, ensuring ongoing quality improvement. Additionally, we develop and host an online training on the brief tobacco intervention, providing healthcare professionals with up-to-date resources and support to effectively address tobacco use with their patients.

4.2.1.11.5 Tracking the overall training usage and provide this information to DTP.

RVO Health meets this requirement. Our tracking mechanisms allow for precise monitoring of training utilization, and we offer quarterly reports, to align with DTP's needs. These reports will furnish comprehensive insights into training engagement and effectiveness, enabling you to make informed decisions to enhance your quitline program.

4.2.1.11.6 Managing all administration aspects of any Continuing Medical Education (CME) credits and well as additional credits such as Continuing Education Units (CEU), and any other educational credits needed. This may include verifying training completion, processing provider requests for CE credits, and administering certificates for CE credits to providers.

RVO Health meets this requirement. RVO Health is prepared to support applications to appropriate accrediting bodies, including providing background information as needed for the application, modifying the training to be compliant with accreditation requirements, providing certificates, and monitoring and reporting on viewer completions, as needed. Additionally, for trainings appropriate to a physician audience, RVO Health will manage all administrative aspects of applying and maintaining accreditation with the American Academy of Family Physicians, when possible.

4.2.1.11.7 Providing technical assistance to healthcare providers on accessing Quitline services and other aspects of the Quitline program.

RVO Health meets this requirement. RVO Health is dedicated to providing technical assistance to healthcare providers to ensure seamless access to Quitline services and support across various aspects of the Quitline program. Our experienced team offers guidance and support to healthcare professionals on navigating the Quitline services, including enrollment processes, accessing NRT shipments, and understanding data requests. We address inquiries related to services, operational hours, promotional materials, and more, providing timely and comprehensive assistance to enhance providers' understanding and utilization of Quitline resources. Additionally, we offer more in-depth technical assistance on patient-specific experiences, motivational interviewing techniques, dosing levels of NRT, and other clinical aspects, leveraging the expertise of senior staff and supervisors. Furthermore, we facilitate communication between healthcare providers and state entities for advanced inquiries, such as Medicaid billing, screening tool implementation, data analysis, staff training, and community partnerships. Through these efforts, RVO Health ensures that healthcare providers receive the support they need to effectively engage with Quitline services and optimize tobacco cessation efforts for their patients.

4.2.1.12 Support Materials

4.2.1.12 Vendor should describe their methodology for providing support materials such as:

RVO Health meets and exceeds this requirement. RVO Health delivers extensive support materials to bolster DTP's quitline services, ensuring accessibility and relevance across diverse populations. Continuously updated and revised, these materials encompass print, digital, and mobile formats, aligning with the intuitive design of the Rally Coach platform. Tailored to specific populations, such as pregnant individuals, LGBTQ+ communities, and Native American/Alaska Native groups, these materials adhere to CDC guidance and are informed by health literacy experts. Quit Coaches proactively identify callers who may benefit from specialized support materials during conversations, offering options for download or mail delivery. Moreover,

seamless integration of the digital dashboard into the Rally Coach platform enhances participants' access to a wealth of resources, including online videos, trackers, milestones, and quit tips, further enriching their cessation journey.

4.2.1.12.1 Providing and sending appropriate educational materials on tobacco dependence and its treatment, the dangers of secondhand smoke, Quitline services and effectiveness, and other tobacco-related information (to be approved by DTP) as requested by the participant.

RVO Health meets and exceeds this requirement. RVO Health provides comprehensive promotional materials to support DTP's quitline services. Of note, RVO Health continually revises our print, digital, and mobile materials to mirror the intuitive and informative format of our Rally Coach platform.

RVO Health recently revised and improved our support materials for special populations, using the same graphics format and appearance that participants see on our digital dashboard, to reinforce the same concepts and strategies we offer throughout our tobacco cessation service package. All materials are based on CDC guidance, our Rally Coach format and tobacco cessation service package, and our own research in the field.

As our Quit Coaches speak with callers, they ask several questions to collect data related to the NAQC Minimal Data Set for reporting and tracking purposes. During the discussion with the caller, the Quit Coach will also listen for any cues indicating whether the caller may fall into any of the groups for which we have created specific support materials. If the caller is in one of those populations, the Quit Coach advises the caller that we have specific support material to help them in their quit, which the caller can either download or have mailed to them.

The table below outlines the support materials that we currently provide. This list is continually updated as we revise materials with new content and graphics based on CDC guidance, experts in the field, and health literacy experts. All materials can be downloaded, emailed, or mailed to those requesting a print copy. For sample print materials, please see *Attachment 7 - Printed Materials*.

Printed Material	Intended Audience	Developed by
Quit Guide	All participants without email or requesting print copy (includes cigarettes, smokeless tobacco, e-cigarettes)	RVO Health
Usted Puede Dejar de Fumar	Spanish speaking participants without email or requesting print copy (includes cigarettes, smokeless tobacco, e-cigarettes)	RVO Health

Printed Material	Intended Audience	Developed by
Chronic Conditions - If you have any of these conditions quitting tobacco can help	All participants without email or requesting print copy	RVO Health
Usted puede dejar de fumar. Le enseñaremos cómo. (Chronic Conditions)	Spanish speaking participants without email or requesting print copy	RVO Health
Helping You on Your Quit Journey - Support for Parent and Babies	Tobacco users who are pregnant	Adapted - CDC
Información para su viaje dejar fumar Apoyo a padres y bebés	Spanish speaking tobacco users who are pregnant	Adapted - CDC
Helping You on Your Quit Journey - Support for American Indian and Alaska Native quitting commercial tobacco	Native American / Alaska Native	Adapted - CDC
Helping You On Your Quit Journey - Support for LGBTQ+	Gay, Lesbian, Bisexual, Transgender, Questioning and Intersex	Adapted - Smokefree.gov
Te ayudamos en tu recorrido para dejar fumar Apoyo para la comunidad LGBTQ+	Gay, Lesbian, Bisexual, Transgender, Questioning and Intersex	Adapted - Smokefree.gov
Ally Guide: A Guide to Help You Help Them Quit	All participants without email or requesting print copy	RVO Health

Additionally, RVO Health seamlessly incorporates its digital dashboard into the Rally Coach platform, offering participants a comprehensive suite of cessation support tools. Mirroring the intuitive and informative design of the Rally Coach platform, the digital dashboard provides easy access to support materials, including online videos, trackers, milestones, quit tips, and strategies. Participants receive email links to the digital dashboard, enabling swift access to a wealth of resources tailored to aid them in their cessation journey. This integration ensures that participants can effortlessly navigate between the Rally Coach platform and the digital dashboard, maximizing their access to essential support materials and enhancing their overall quitting experience.

4.2.1.12.1.1 The educational materials should include information related to, but not be limited to, smoking cessation, smokeless tobacco cessation, effects of using electronic tobacco delivery systems (Vaping), smoking during pregnancy, African American

tobacco users, and LGBTQ+ tobacco users.

RVO Health meets this requirement. Please see response above to requirement 4.2.1.12.1.

4.2.1.12.2 Developing, providing, and sending materials either through mail or electronically.

RVO Health meets this requirement. RVO Health ensures comprehensive access to support materials through a multi-faceted approach that caters to diverse preferences and needs. All materials, including printed and digital formats, can be easily accessed, downloaded, emailed, or mailed to individuals requesting print copies. Additionally, the seamless integration of the digital dashboard into the Rally Coach platform provides participants with swift access to a wealth of resources tailored to their cessation journey. Email links to the digital dashboard enable convenient access, ensuring participants can effortlessly navigate between platforms, maximizing their access to essential support materials.

4.2.1.12.2.1 Evidence-based cessation support materials that address self-help cessation techniques for tobacco and nicotine users should be provided when requested by the participant and should be mailed within five business days after the request.

RVO Health meets this requirement. Please see response above to requirement 4.2.1.12.1.

4.2.1.12.2.2 Materials should be identified as being provided by the WV Quitline

RVO Health meets this requirement. RVO Health ensures that materials provided by the WV Quitline are distinctly identified to promote transparency and trust among recipients. Through prominent branding or labeling prominently featuring the WV Quitline logo or name, materials are clearly marked as originating from the program. This ensures that recipients easily recognize and associate the materials with the WV Quitline services, fostering credibility and consistency in communication efforts. By adhering to this practice, RVO Health maintains integrity in its promotional efforts and reinforces the visibility and legitimacy of the WV Quitline program.

4.2.1.12.2.3 Developing and maintaining a comprehensive tobacco cessation internet site. Internet links should be made available to offer social media platforms, short videos, GIFs, quizzes, memes, and imagery to enhance the engagement of youth and young adults. Activity level for the site and on-demand support should be tracked and be provided in reporting to DTP

RVO Health meets and exceeds this requirement. RVO Health has been a pioneer in integrating online interventions into our tobacco cessation program, recognizing their efficacy in boosting cessation rates, especially when incorporating interactive features. Since 2006, we have provided an online/web component, initially through Web Coach and now transitioning to the advanced Rally Coach platform as of May 2023. Rally Coach revolutionizes participant engagement and program reach by offering a highly interactive interface that maximizes effectiveness and personalization. Through Rally Coach, participants can access dynamic resources, set achievable goals, and receive tailored support, meeting them in their digital space and empowering more individuals to successfully quit smoking.

Rally Coach serves as a digital health platform at the core of RVO Health's state quitline solution, offering personalized recommendations and guidance to users. Participants benefit from tailored support, guidance, and resources to address the unique challenges of quitting smoking. The platform facilitates personalized quitting plans, provides access to trained Quit Coaches for expert guidance and support, and incorporates evidence-based behavioral change techniques. By harnessing these methodologies, Rally Coach empowers participants to modify smoking behavior and embrace healthier habits, fostering lasting positive changes.

To ensure seamless brand alignment and engagement across our state clients' web properties, RVO Health incorporates the state's preferred logo on every page of the Rally Coach dashboard. The platform mirrors progress facilitated during counseling sessions and allows for configuration of a self-led Digital Coach option, conserving resources for priority populations. Additionally, the Rally Coach app serves as a complementary mobile access point, offering the same functionalities as the web platform and ensuring seamless connectivity and access to program resources. This comprehensive approach aligns with evidence-based principles and provides participants with convenient choices for accessing tobacco cessation support.

4.2.1.13 Transition

4.2.1.13 Vendor should describe their transition plan including but not limited to:

RVO Health meets this requirement. See response below to requirement 4.2.1.13.1.

4.2.1.13.1 Providing a detailed Exit Transition Work Plan that describes continuity of services for enrolled participants prior to transition, call numbers and online service transfer, re-enrollment call-back to prior participants, and reporting data.

RVO Health meets this requirement. To ensure a seamless transition for enrolled participants, Quit Services will implement a comprehensive Exit Transition Work Plan as follows:

1. Termination Notification

When a client notifies their Client Services Manager of contract termination, Quit Services, in partnership with DTP, will establish a termination date, providing three months of run-out for enrolled participants.

2. Referral Redirect

One week prior to termination, all referral connections will be paused, and the client will coordinate referral intake with the new provider.

3. Enrollment End

On termination date, all enrollments in Quit Services programs cease, and new enrollments are directed to the new vendor upon client request

4. Service Delivery End

RVO Health will continue delivering services to existing participants for three months

post-termination. At the end of this period, all services cease, and participants are directed to the new vendor.

4.2.1.13.2 Ensuring that the transition to the successor Vendor for future Quitline RFQ is seamless and without interruption of services to Quitline participants, BPH, and DTP.

RVO Health meets this requirement. RVO Health's comprehensive transition plan ensures continuity of care and data reporting integrity throughout the transition process. Please see our response to requirement 4.2.1.13.3.

4.2.1.13.3 Providing a detailed Incoming Transition Work Plan including a timeline of activities to guide the implementation of the Quitline from date of award to "go live" date.

The following detailed Incoming Transition Work Plan outlines the activities and timeline to which we will adhere to for successfully onboarding of the WVQL to RVO Health. We are committed to ensuring a smooth transition and delivering a high-quality service that meets the needs of the State and its residents.

1. Implementation Manager Engagement

Upon receiving the award for the project, RVO Health will assign a dedicated Implementation Manager who will spearhead the transition process. This individual will be the primary point of contact for all implementation-related matters.

2. Implementation Kick-off Meeting

A comprehensive kick-off meeting will be conducted with representatives from the State, Client Service Manager, and Implementation Manager. This meeting will serve to align expectations, establish communication protocols, and outline the overall project timeline.

3. Requirements Gathering

As needed, recurring meetings will be scheduled to gather requirements from key stakeholders. These sessions will ensure that all necessary specifications are identified and documented accurately.

4. Finalization of Requirements

Approximately 60 days prior to the planned launch date, all requirements will be finalized and presented to the State for sign-off. This step is crucial to ensure that the project stays on track and meets the expectations of all parties involved.

5. Prioritization of Development Requirements

Once requirements are confirmed, they will be prioritized to ensure that essential features are developed and implemented first, in alignment with the project timeline.

6. Request for Marketing/Materials Support

45 days before the anticipated launch date, the Services will request marketing and materials support as necessary to ensure a successful rollout and promotion of the Quitline services

7. Configuration Phase

Configuration activities will commence 45 days prior to launch, encompassing the setup and customization of systems and processes according to the finalized requirements.

8. Weekly Status Meetings

Throughout the implementation phase, weekly status meetings will be conducted with the Client Services Manager and Implementation Manager to review progress, address any challenges, and make necessary adjustments.

9. Configuration Testing

30 days before the launch date, the configured systems will undergo rigorous quality assurance testing to identify and rectify any issues or discrepancies.

10. Testing Links Provided for Client Services Manager

20 days before the scheduled launch, testing links will be provided to the Client Services Manager for their review and validation. This step ensures that the Quitline services meet the specified criteria and function as intended.

11. Feedback and Adjustments

With 10 days remaining before the launch, any additional feedback or requested changes will be incorporated and adjusted accordingly to ensure a seamless transition.

12. Go Live

Finally, on the designated launch date, the Quitline services will officially go live, marking the culmination of the implementation process and the beginning of a new phase focused on service delivery and support.

4.2.2 Mandatory Project Requirements

The following mandatory requirements relate to the goals and objectives and must be met by the Vendor as a part of its submitted proposal. Vendor should describe how it will comply with the mandatory requirements and include any areas where its proposed solution exceeds the mandatory requirement. Failure to comply with mandatory requirements will lead to disqualification, but the approach/methodology that the vendor uses to comply, and areas where the mandatory requirements are exceeded, will be included in technical scores where appropriate. The mandatory project requirements are listed below.

4.2.2.1 Call Center

4.2.2.1 Vendor must provide a call center which includes a toll-free system with multiple and simultaneous inbound and outbound call capabilities.

RVO Health meets and exceeds this requirement. Our robust technology platform exceeds all CDC guidelines for a quitline telephonic hub. We have integrated several core technologies into a single, scalable platform that enables us to provide quitline services to all callers and support large call volumes.

The capacity of our telephone system far exceeds its use on an average day. We can absorb, without system disruptions, any abnormally high inbound call volume driven by successful promotions or other media events. It also supports all outbound calls to respond to referrals and complete proactive follow-up calls to actively enrolled participants. We use an enterprise-level, private branch exchange (PBX) and an automatic call distributor (ACD) to answer more than 500,000 inbound calls annually. The PBX runs on a primary server that is designed to automatically fail over to an identical stand-by system, minimizing service interruptions in the event of a problem with the primary system. Our system recognizes the state from which an individual is calling then queues and distributes incoming calls based on defined skills-based routing rules to Quit Coaches who have the appropriate skill set (e.g., English vs. Spanish).

4.2.2.2 Personnel, Facilities, and Equipment

4.2.2.2 Vendor must provide qualified personnel, facilities, and equipment necessary to provide a toll-free telephone, live text and web service.

RVO Health currently employs 135 Quit Coaches and 11 Supervisors. All our quitline direct service staff telecommute. This eliminates the possibility of a call center failure due to various reasons (e.g., an outbreak of illness or a natural disaster in any single area of the country) as our system routes calls to staff in unaffected areas. We provide our quitline staff with current computers and related hardware (peripherals), as well as 24/7 access to our Rally Coach platform via a Virtual Private Network (VPN) connection, enabling them to efficiently and effectively assist quitline callers. As the current vendor for 20+ state quitline operations, all the computers and related hardware are already in place with our staff and fully functional. All hardware is handled as if PHI is physically stored on it. Hard drives of all company laptops are

encrypted, and all mobile devices are required to have password and encryption protection. All removable and fixed storage media is electronically and physically destroyed if it is no longer being used.

Managing call volume

Please see response to requirement *4.2.1.1 Call Volume* for details of how RVO Health manages call volume.

Quality management

We digitally record sessions using software that not only captures the audio portion of the call but can also record the staff member's computer screen at the time of the interaction. This visual information complements the audio portion of the call and helps supervisors analyze the content of coaching sessions while also confirming the accuracy of data collected and documented by service delivery staff. Data can be used for quality improvement and training processes.

Qualified Personnel

Please see our response below to requirement *4.3.1.1* for detailed information about our qualified personnel.

4.2.2.2.1 Telephone-based services must be offered to all West Virginia residents and inclusive of special populations including, but not limited to, youth, pregnant women, individuals with identified behavioral health issues, the African American population and LGBTQ+ community.

RVO Health meets and exceeds this requirement. Please see response above to requirement *4.2.1.8.9* for detailed information on how RVO provides tailored services for special populations.

Cultural Sensitivity

Furthermore, RVO Health's Quit Coaches are trained in cultural competency skills, social issues, and health beliefs that are present in all cultures as well as in specific cultural norms and values that may impact participants' tobacco quit. All Quit Coaches receive cultural competence training during new-hire training and annual refresher training, including an annual Alaska / Native American Training. We teach our staff about the differences and challenges encountered by members of various populations, and we train them to flex their communication style to match the norms of each participant. This emphasis on communication encourages positive working relationships between the Quit Coaches and participants, which results in strong therapeutic alliance. Quit Coaches demonstrate a strong alliance by demonstrating:

- Warmth: The ability to provide a safe and accepting space for the participant to share their challenges
- Accurate empathy: The degree the Quit Coach understands the participant's situation, culture, challenges, and feelings as well as the capacity to express this accurately to the participant, whereby they feel understood

- **Genuineness:** The ability to remain present and honest in a collaborative fashion, which helps participants feel safe to tell their stories and feel understood.

Our staff flexes their communication and facilitation style with the goals of:

- Communicating effectively to foster mutual understanding (e.g., communicate without judgment, without interrupting, matching pace and tone)
- Asking questions to engage the participant in a dialogue related to their goal (e.g., asking open-ended questions, encouraging expression of feelings, using silence when appropriate)
- Using reflections to demonstrate active listening and an understanding of the participant's point of view (e.g., summarize statements, give content, meaning, and feeling reflections)

Within this flexible communication model, which actively uses motivational interviewing and cognitive behavioral approaches, our staff members rely on the knowledge and understanding that they gain from our cultural competency program, which honors and respects individual experiences and backgrounds to meet each participant's needs appropriately. As stated, we treat participants as they seek to be treated, and our goal is to always take our cues from them regarding what is or is not relevant to their tobacco cessation efforts. The goal of our cultural sensitivity training is to prepare Quit Coaches to address the needs of all participants, regardless of race, gender, age, or sexual orientation.

711 and video relay service

RVO Health complies with FCC rules and has implemented 3-digit 711 dialing to Telecommunications Relay Services (TRS) to support persons with either hard of hearing or deaf. In these instances, the Voice (our Quit Coaches) and TRS users (persons with a hearing or speech disability) can dial 711 quickly, at no cost, and be connected to a communication assistant, who relays the TRS user's text (via a TTY) to a hearing individual. 711 dialing access does not work for Video Relay Services (VRS), Internet Protocol Relay (IP Relay), or IP Captioned Relay Service (IP CRS) because such calls are initiated through the internet. In these cases, the hearing person (Quit Coach) will initiate VRS, IP Relay or IP CRS, by calling the participant directly (using the phone number provided by the participant at registration), and a communications assistant will be automatically connected to the call and facilitate the call in American Sign Language (ASL) with the user (via video) and voice to the hearing person.

4.2.2.2 Telephone-based services must be responsive to all types of commercial tobacco users (e.g., smokers of any combustible tobacco product, smokeless tobacco users, Electronic Nicotine Delivery Systems (ENDS) users, those who are not ready to quit, those who have already quit, those who are planning to quit, and those who have relapsed). Telephone-based services for youth (13-17 years) will include youth coaching with additional services, such as NRT, requiring permission from a parent/guardian and a physician. Telephone-based services for pregnant women will include coaching with additional services, such as NRT, requiring permission from a physician.

RVO Health meets this requirement. Our telephone-based services are designed to cater to the diverse needs of all types of commercial tobacco users, ensuring inclusivity and accessibility for

individuals at various stages of their quitting journey. For those who are not yet ready to quit, our services are tailored to meet their needs effectively. By offering comprehensive support while adhering to necessary permissions and protocols, we strive to provide high-quality, personalized care to all individuals seeking assistance in their tobacco cessation journey.

4.2.2.3 Quitline Implementation

4.2.2.3 Vendor must implement, at no cost to the caller, Tobacco Cessation Quitline to assist West Virginians with quitting smoking or using any product that contains tobacco/nicotine, including e-cigarettes and smokeless tobacco.

RVO Health meets and exceeds this requirement. RVO Health is committed to partnering with DTP to implement a Tobacco Cessation Quitline tailored to the needs of West Virginians, ensuring accessibility and affordability for all callers. Through this partnership, RVO Health can offer a range of services at no cost to the caller, including support for quitting smoking or using any product containing tobacco/nicotine, such as e-cigarettes and smokeless tobacco. By leveraging our expertise in tobacco cessation services, we can provide comprehensive support, including counseling, coaching, and access to resources like nicotine replacement therapy (NRT), all without any financial burden on the caller. This collaborative effort between RVO Health and DTP aims to maximize the reach and impact of tobacco cessation efforts in West Virginia, empowering individuals to quit tobacco use and improve their health and well-being.

Key sections that illustrate how RVO Health will meet and exceed this requirement include *4.2.1.13 Transition* and *4.2.1.8 Service Delivery*.

4.2.2.4 NAQC Membership: Vendor

4.2.2.4 Vendor must become a member of the NAQC, at no cost to DTP, and attend its meetings and technical assistance updates.

RVO Health meets this requirement. As an esteemed member of the North American Quitline Consortium (NAQC), RVO Health is committed to upholding the highest standards of excellence in tobacco cessation services. Our proud membership with NAQC demonstrates our dedication to adhering to industry best practices and continually improving our quitline offerings. By actively participating in NAQC meetings and technical assistance updates, we ensure that our programs are informed by the latest research, developments, and evidence-based strategies in the field of tobacco cessation. Our alignment with NAQC best practices not only reflects our commitment to excellence but also underscores our unwavering dedication to supporting the cessation needs of individuals and communities. As such, our membership with NAQC comes at no cost to DTP, further highlighting our commitment to enhancing tobacco cessation efforts in West Virginia and beyond.

4.2.2.5 NAQC Membership: DTP

4.2.2.5 Vendor must pay the yearly NAQC membership dues and should provide individual memberships for each of the following: DTP Director, DTP Cessation

Coordinator, Quitline evaluator, and a BMS/Medicaid representative.

RVO Health will meet this requirement. We are committed to fulfilling this obligation by covering the annual NAQC membership dues as stipulated. Additionally, we will ensure that individual memberships are obtained for each of the designated personnel, including the DTP Director, DTP Cessation Coordinator, Quitline evaluator, and a representative from BMS/Medicaid. By providing access to these memberships, RVO Health aims to foster collaboration, professional development, and access to resources that are essential for the successful implementation and ongoing improvement of the program. We understand the importance of staying connected to industry networks and staying abreast of the latest developments and best practices in tobacco cessation.

4.2.2.6 Enrollment Demographics

4.2.2.6 Vendor must obtain enrollment demographics including name, address, date of birth, and other MDS data.

RVO Health meets this requirement. RVO Health obtains enrollment demographics, including name, address, date of birth, and other Minimal Data Set (MDS) data, through a comprehensive intake process facilitated by our highly trained Quit Coaches. During initial interactions with participants, our Quit Coaches collect essential demographic information to ensure accurate and personalized service delivery. This data collection is conducted in alignment with privacy regulations and protocols to safeguard the confidentiality of participants' information. Additionally, we adhere to the NAQC MDS guidelines, which outline the essential data elements necessary for reporting and tracking purposes. By systematically gathering enrollment demographics and MDS data, we are equipped to provide tailored support and track participant progress effectively, ultimately enhancing the quality and impact of our tobacco cessation services.

4.2.2.6.1 Screening and participant registration must include the Minimal Data Set (MDS) questions as recommended by NAQC, screening for special populations as determined by BPH-DTP, and other additional questions as determined by BPH-DTP.

RVO Health meets this requirement. At RVO Health, our screening and participant registration processes adhere to industry best practices and regulatory guidelines, including the Minimal Data Set (MDS) questions recommended by the North American Quitline Consortium (NAQC). We also implement screening protocols to identify and address the needs of special populations as determined by DTP. Additionally, we accommodate additional questions or requirements specified by DTP to ensure comprehensive and tailored support for participants across West Virginia.

4.2.2.7 Medicaid Eligibility Verification

4.2.2.7 Vendor must call the WV Medicaid vendor's Automated Voice Response System and/or access the WV Medicaid Management Information System (MMIS) (<https://www.wvmmis.com/default.aspx>) to obtain member eligibility verification information. If the member is not eligible, they will not receive Quitline services from

Medicaid or DTP.

RVO Health will meet this requirement. RVO Health is well-equipped to obtain member eligibility verification information from the WV Medicaid vendor's Automated Voice Response System or the WV Medicaid Management Information System (MMIS). While the requirement above mentions calling the Automated Voice Response System or accessing the MMIS directly, our preferred approach involves leveraging technology to streamline this process. If Application Programming Interface (API) access is available through the WA Medicaid vendor, we can seamlessly pull a list of eligible members into our system from the WV Medicaid vendor's database. This enables us to access eligibility verification information efficiently, helping ensure that only eligible members receive Quitline services from Medicaid or DTP.

More information about our approach to managing Medicaid enrollment is included in response to requirement 4.2.1.4.

4.2.2.7.1 Vendors must have the option to allow clients to send eligibility files weekly through an SFTP and the vendor can verify eligibility from the file.

RVO Health meets this requirement. RVO Health enables clients to send eligibility files weekly through a Secure File Transfer Protocol (SFTP). This approach streamlines the process of verifying member eligibility, enhancing efficiency and facilitating seamless coordination between our system and that of our clients. Upon receiving eligibility files via SFTP, our system is equipped to promptly verify member eligibility using the information provided in the file. This ensures that eligible members can access quitline services in a timely manner, while also enabling us to maintain compliance with contractual obligations.

4.2.2.7.2 Vendor must verify member eligibility for a second time before submitting billing to Medicaid.

This question is no longer required in the RFP per the Addendum issued.

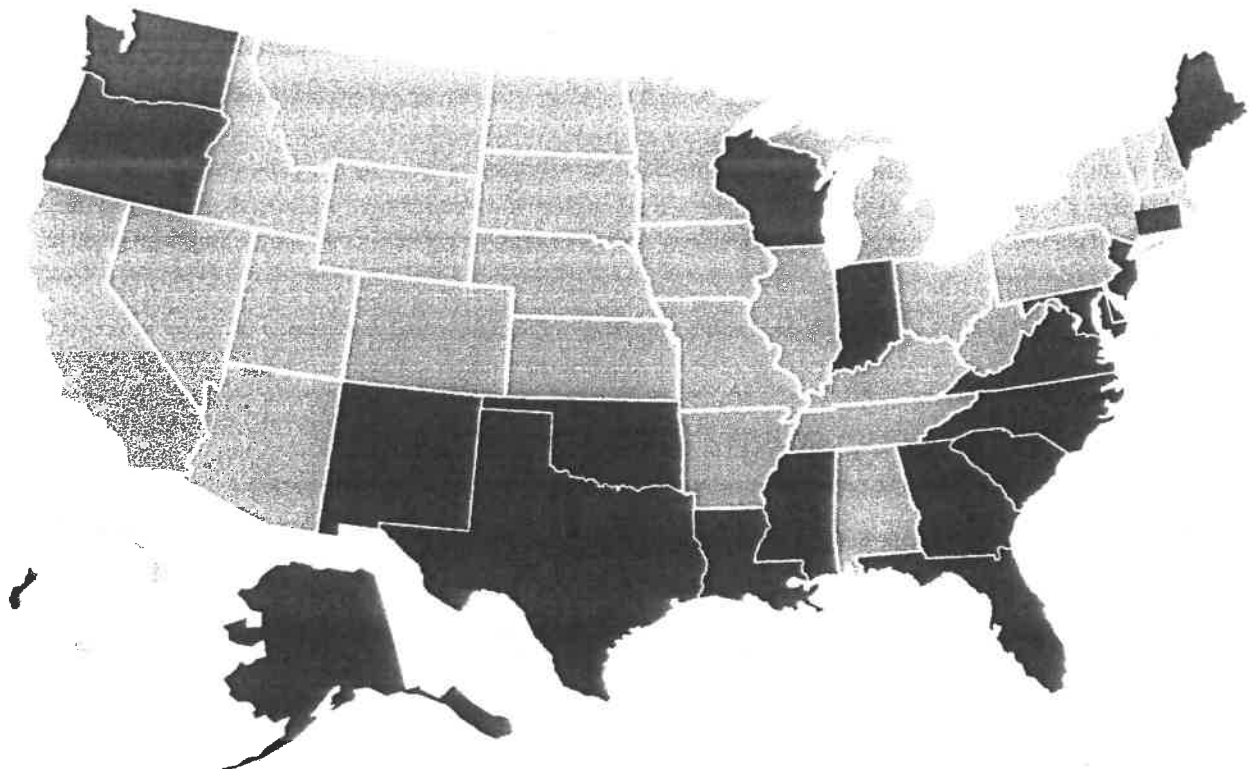
QUALIFICATIONS AND EXPERIENCE

4.3.1 Qualification and Experience Information

4.3.1 Vendor should describe in its proposal how it meets the desirable qualification and experience requirements listed below.

RVO Health is an industry leader in providing best-in-class tobacco cessation services. We have historically provided these services as Optum, part of UnitedHealth Group. As of June 2022, our state quit services business entity, Consumer Wellness Solutions, LLC (CWS), is a wholly owned subsidiary of RVO Health, a joint venture between select businesses from Optum and Red Ventures – the leading digital publisher in the US. RVO Health is uniquely positioned to create a first-of-its-kind, comprehensive consumer healthcare platform that meets people where they are in their personal journeys and connects them with both the information and the care they need. Our corporate headquarters is in Fort Mill, South Carolina.

CWS has operated state quitlines for over 25 years. We were originally known as Free & Clear before acquisitions by Alere Wellbeing and Optum. Our state quit services program evolved out of research funded by the National Cancer Institute in 1985 to test the effectiveness of telephonic smoking cessation treatment. We have grown from operating the Oregon Tobacco Quit Line in 1998 to operating 22 unique and customized state quitlines today, indicated in dark blue in the following map.



Since then, we have become a national leader in tobacco dependence treatment. Members of the tobacco control community – including the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC), the North American Quitline Consortium (NAQC), the Council for Tobacco Treatment Training Programs (CTTTP), and the Smoking Cessation Leadership Conference (SCLC) have invited us to serve as consultants, members of boards of directors and advisory boards, and participate at conference symposia as well as provide recommendations and guidance on best practices.

At RVO Health, our mission is to give people a better way to health and wellbeing. A key part of this mission is to provide leading-edge support for people who want to quit commercial tobacco. The recent partnership between Optum and Red Ventures enables our state quit services team to offer additional products and services, including marketing campaigns through the Healthline Group portfolio and the Healthgrades brand, which comprise the largest health information audience in the US. Additionally, in November 2023, RVO Health acquired Vincere Health, a company that built an impressive set of technologies designed to help increase reach and engagement in priority populations and overall efficacy of existing state quit services offerings. The Vincere Health team has extensive experience servicing Medicaid populations and successfully prompting them to call their quitline.

Case Study: Vincere Metrics with MCO

395

Enrolled

91%

Likely to Recommend Program

92%

Find Program Somewhat or Very Helpful

88%

Somewhat or Very Satisfied
with Quit Buddy program

304

Calls to the Quitline (162 were >=5 min)

5,404

CPD/VPD loggings

55,111

Messages exchanged between QB and user

9,803

Messages sent between by user

Together, we are better positioned than ever to provide evidence-based cessation services to those who use commercial tobacco, support the health care providers who treat them, help West Virginia accomplish its strategic tobacco prevention and control goals, and – ultimately – improve the public's health.

RVO Health Differentiators

RVO Health's state quit services solution stands on the pillars of a rich 25-year legacy of managing state quitlines, during which we have consistently delivered evidence-based and effective smoking cessation services. This extensive experience underscores our deep understanding of the complexities of tobacco dependence and enables us to refine our

interventions continually to meet the evolving needs of individuals seeking support. We believe that our program is differentiated from our competitors' in the following ways:

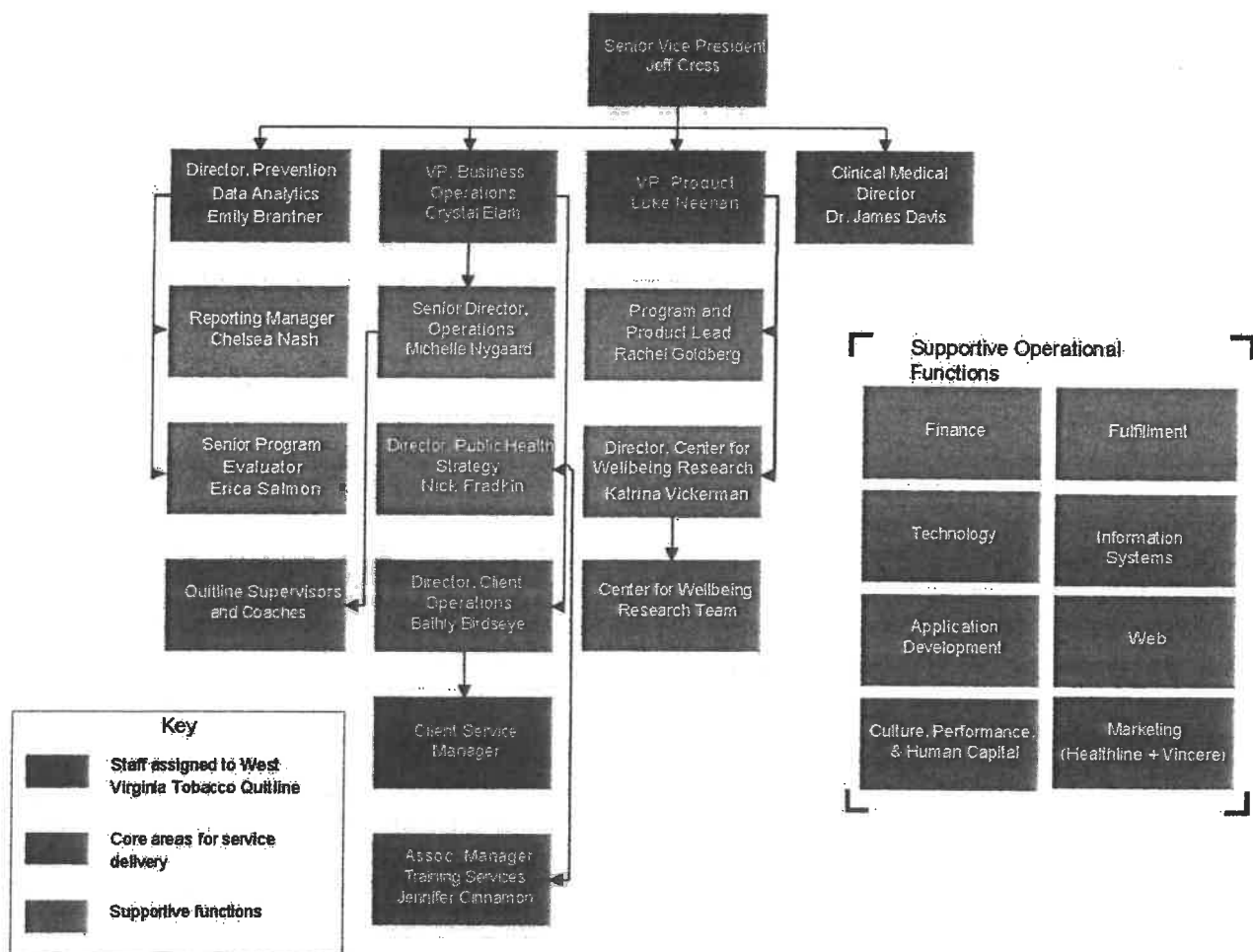
- **Research Integration:** We deeply embed the latest research findings into our cessation interventions, collaborating closely with leading experts in the field. This collaborative effort ensures that our programs are always informed by the most current scientific knowledge, enabling us to adapt and refine our strategies to align with the evolving understanding of tobacco addiction and cessation techniques.
- **Expanded Reach:** Our commitment to expanding the reach of our cessation programs goes beyond just providing services. We actively engage with community organizations, healthcare providers, and employers to create a network of support that extends into diverse communities. By reducing the stigma associated with seeking help for tobacco addiction, we aim to ensure that our services are accessible to all individuals, regardless of their background or circumstances.
- **Tech-Enabled Solutions:** Utilizing state-of-the-art technology, we enhance the effectiveness and accessibility of our quitline services. Our integrated telecommunication and data management systems allow us to offer personalized counseling through various channels such as phone, chat, and video consultations. This tech-driven approach not only improves accessibility but also enables us to tailor interventions to individual preferences, ensuring a more impactful and personalized experience for participants.
- **Data-Driven Optimization:** We prioritize the collection and analysis of data to continuously optimize our quitline services. By leveraging robust analytics tools, we gain real-time insights into program effectiveness, user engagement, and outcomes. This data-centric approach empowers us to identify areas for improvement and refine our strategies accordingly, ensuring that our programs remain responsive to the dynamic needs of participants and yield the best possible outcomes for public health.
- **Agile Mobilization:** Recognizing the urgency of addressing tobacco addiction, we maintain an agile approach to mobilize quickly in support of cessation initiatives. Whether it's responding to emerging trends or launching targeted campaigns, our swift action ensures that individuals seeking to quit smoking receive timely and effective support. At RVO Health, we can access the latest in technology, hire top-tier talent, and invest capital in enhancing our quit services program.

4.3.1.1. The Vendor should propose a staffing plan that includes staff that can address the unique needs of members while assuring that services are provided in the most economical manner. In their proposal, the Vendor should describe how the staffing plan will provide the skills necessary to meet the requirements of the project throughout the life of the contract. The Vendor's proposed staffing plan should include:

RVO Health meets this requirement. RVO Health employs 135 Quit Coaches and 11 Supervisors in our direct Tobacco Cessation Service Delivery department. Within RVO Health, we also maintain various support staff necessary for the smooth and efficient provision of quitline services, such as finance, information technology, reporting, clinical oversight, quality assurance, web maintenance, evaluation, research, and fulfillment.

Organizational Chart

Within RVO Health, we also maintain various support staff necessary for the smooth and efficient provision of quitline services, such as finance, information technology, reporting, clinical oversight, quality assurance, web maintenance, evaluation, research, and fulfillment.



Leadership

Our key personnel will have a deep understanding of the State's goals and objectives. They will be educated on the priority populations requiring service and will work collaboratively with the State to deliver the best-in-class quitline services.

The following RVO Health leaders will support the program and associated functions:

- Baihly Birdseye, MPH – Director, Client Operations
- Jennifer Cinnamon – Associate Manager, Training Services
- Jeff Cross, MPH – Senior Vice President, Prevention
- Crystal Elam – Vice President, Business Operations
- Nick Fradkin, MPH, MPA – Director, Public Health Strategy
- Rachel Goldberg, MA – Program and Product Lead
- Chelsea Nash – Manager, Reporting
- Luke Neenan – Vice President, Product
- Michelle Nygaard – Senior Director, Operations
- Emily Brantner – Director, Prevention Data Analytics
- Erica Salmon – Senior Program Evaluator
- Katrina Vickerman, PhD – Director, Center for Wellbeing Research
- James Davis, MD – Medical Director

Quit Coaches

RVO Health's approach to coaching provides better support for those seeking to quit commercial tobacco products. The majority of calls are answered by a Coach. Enrollment specialists are only used during times of high call volumes to protect service levels and member engagement. This strategy is aimed at higher completion rates for the first session, and capitalizing on individuals' motivation to quit, ultimately facilitating their journey towards tobacco cessation.

We staff our quitlines around the clock with a ratio of 13 Quit Coaches to each (1) Supervisor. Our quitline operations team matches staffing levels to forecasted call volumes by translating information provided on promotional activity, media events, budget, and anticipated monthly spend received into an enrollment forecast to project volume for future months.

Throughout each day, Supervisors and Workflow Analysts closely monitor call volumes, service levels, and schedule adherence. With this information, they can shift resources between work types to manage spikes in call volumes and achieve service objectives. Possible actions we can take include moving staff making outbound calls to answering inbound calls, having Supervisors take calls as necessary, activating Quit Coaches not scheduled for that day or time, and granting overtime pay.

Hiring Qualifications

Although our Quit Coaches provide what is generally understood to be telephone counseling, it is important to note that most of our Quit Coaches are not licensed counselors; they are experienced health coaches with an average tenure of more than nine years. The next table shows the minimum qualifications of our Quit Coaches, as well as the multiple quitline Supervisors who support our Quit Coaches:

Position	Minimum Qualifications
Quit Coach	Bachelor's degree in counseling, addiction studies, community health education, or social work, as well as previous experience providing interventions in health behavior change programs or related professional experience in place of a degree. Must be abstinent from tobacco and nicotine for 2 or more years upon employment.
Supervisor	Minimum of 3 years of supervisory experience and demonstrated success as a Quit Coach. Preferably promoted from within the organization. Must have demonstrated success as a Quit Coach as well as excellent leadership and mentoring skills.

Quit Coach Training

Our Quit Coach training curriculum is accredited by the Council of Tobacco Treatment Training Programs (CTTTP). The Association for the Treatment of Tobacco Use and Dependence (ATTUD) established the CTTTP (ctttp.org/) as an independent panel of experts to conduct a rigorous review of training programs for Tobacco Treatment Specialists. Accreditation demonstrates that an independent panel has carefully reviewed the training program and determined that it meets the core competencies as established by ATTUD.

All Quit Coaches receive a 4-week training, which is all completed virtually by our telecommuting staff. The first three weeks consist of initial training and the last week is for precept. RVO Health's comprehensive training program requires Quit Coaches to complete more than 115 hours of rigorous training and evaluation before moving to precept. During precept, new hires are evaluated individually to be ready to take calls. Training modules are developed by our qualified learning and development team and experienced staff, with operational support and alignment from Kari Keller and Michelle Nygaard, Sr. Director of Coaching Operations.

Quit Coaches receive training on various coaching strategies, including CBT, motivational interviewing, education, skill building, reinforcement, and modeling. They are trained to respond to callers in a non-judgmental way with an understanding of each individual's readiness to quit tobacco. Additional training topics include:

- Nicotine dependence
- Medication use
- Proven quitting strategies
- Clinical assessment
- Behavioral change techniques
- Nicotine use among special populations

All Quit Coaches receive training on privacy practices, crisis protocols, cultural competency, customer service, and software application skills. Specific training topics include:

- Tobacco Dependence Knowledge and Education
- Coaching Skills and Intervention Strategies
- Assessment Interview
- Treatment Planning
- Pharmacotherapy
- Relapse Prevention

- Diversity and Special Populations
- Chronic Health Issues Related to Tobacco Use
- File Documentation
- Professional Resources
- Professional Development
- HIPAA
- Youth
- Vaping
- Menthol

Quit Coach Training Topics

Curriculum	Objective
Tobacco Dependence Knowledge and Education	Provide clear and accurate information about tobacco use, strategies for quitting, the scope of the health impact on the population, the causes and consequences of tobacco use, and nicotine dependence
Counseling Skills and Intervention Strategies	Demonstrate effective application of counseling theories and strategies (including CBT, motivational interviewing, practical skill building) to establish a collaborative relationship, and to facilitate client involvement in treatment and commitment to change
Assessment Interview	To obtain comprehensive and accurate data needed for treatment planning and personalized care
Treatment Planning	Demonstrate the ability to develop an individualized treatment plan using evidence-based treatment strategies
Pharmacotherapy	Provide clear and accurate information about FDA-approved pharmacotherapy options, decision support, screening of relevant medical conditions, and how to access selected medications(s) Implement medication assessment and compliance protocol during ongoing follow-up calls
Relapse Prevention	Tailor relapse prevention strategies to reduce lapses and relapse; provide ongoing support for tobacco-dependent persons that integrates behavioral counseling and pharmacological treatments
Diversity and Special Populations	Demonstrate competence in working with diverse populations and tailoring coaching to the specific needs

Curriculum	Objective
Chronic Health Issues Related to Tobacco Use	Demonstrate competence in working with populations who are managing chronic health conditions related to tobacco use.
File Documentation	Describe and use systematic methods for tracking individual progress using detailed notation protocols
Professional Resources	Access to published peer-reviewed studies, guidelines, and discussion
Professional Development	Provide opportunities for professional development and skill enhancement that include case studies and education on developing treatment approaches
Law and Ethics	Consistently use a code of ethics and adhere to government regulations specific to the health care or worksite setting
Youth	<p>Quit Coaches are trained in the differences between communicating with teens and adults and are also trained on the types of triggers teens may have, social pressure, and health issues that are relevant for teens. Quit Coaches are trained to provide appropriate and relevant content that supports youth at their level and program.</p> <ul style="list-style-type: none"> - Behavioral and cognitive strategies are trained to manage withdrawal - Quit Coaches are trained to not discuss NRT/Quit meds with teens. If a teen asks about NRT/Quit meds the Quit Coaches will refer teens to their doctor or pharmacist.
Menthol	Quit Coaches are trained to educate and discuss the impact of menthol cigarettes and the challenges it poses to quitting, including supporting participants with the correct NRT recommendations.
Vaping	Our Quit Coach training includes content on vaping, especially in the context of youth and young adults, who are more likely to vape. Quit Coaches are trained on the evolving science about the abuse of vaping and the health hazards and risks, such as "popcorn lung" and cardiac complications, stroke, or even death. They are trained to address those topics in an informational way, and provide the necessary content for members without preaching or castigating the participant. Since those vaping tend to be youth or young adults, our

Curriculum	Objective
	Quit Coach training includes many of the same principles addressed in our training for supporting youth, expressed above. Quit Coaches are taught that quitting vaping and quitting smoking tobacco are very similar and require the same steps, but tailor their support and input to be relatable to youth and young adults.

Coach Skill Development and Assessment

Part of RVO Health's quality assurance process is to record coaching interactions. Quit Coaches undergo two audited calls per month. Additional calls may be reviewed for coaching support or if a Quit Coach requests additional feedback.

Quit Coaches receive four weeks of formal coaching call training, with three weeks of classroom instruction and one week of one-on-one mentoring with an experienced peer. In addition, supervisors provide ongoing support with developmental knowledge, skills, and values. Quit Coaches must continue to meet ongoing quality and productivity measures and receive follow-up when needed, and all Quit Coaches participate in brief monthly trainings and comprehensive quarterly trainings.

Quit Coaches also attend periodic training sessions about new research, coaching techniques, and technologies. Ongoing training reinforces and enhances skills learned during new-hire training and to introduce innovations, including pharmacotherapy updates, coaching techniques, and technology developments. We offer courses throughout the year on additional tobacco types, including electronic smoking devices (vaping) and smokeless tobacco. Priority populations receive a large focus with trainings on youth, youth vaping, callers who report mental illness, pregnant smokers, LGBTQIA+, American Indians, and those who report behavioral health conditions. Our staff is required to complete annual compliance, security, and privacy trainings as part of their continuing education.

Newly hired Quit Coaches must pass a skill assessment review before delivering supervised calls. After delivering 240 hours of tobacco cessation interventions, Quit Coaches are eligible for designation as a National Certified Tobacco Treatment Counselor. We support Coaches by covering fees to apply and sit for the exam.

Continuing Education

After successfully completing the training program, Quit Coaches must continue to meet ongoing quality and productivity measures. Quit Coaches attend refresher courses to reinforce and enhance skills learned during new hire trainings. Continuing education sessions are conducted to introduce innovations, including pharmacotherapy updates, coaching techniques, and technology developments. Quit Coaches meet monthly with their supervisor for individualized coaching. They can access ongoing training material from the learning library, job aid catalog, and onscreen support.

Our counseling information is regularly reviewed by our clinical team for accuracy and best practices and is updated as new information becomes available or new guidelines are published. For example, the 2020 Surgeon General report confirmed that RVO Health's suite of tobacco cessation counseling offerings are in alignment with best practices and recent insights from the U.S. Smoking Cessation Surgeon General's Report 2020 (SGR).

Additionally, our own tobacco cessation research, conducted by our Center for Wellbeing Research, supplements the best practices to which we already adhere, allowing us to stay continually at the forefront of successful tobacco cessation intervention strategies.

4.3.1.1.1. Coaches know private insurance benefits to inform the caller when the tobacco user's private health insurance plan offers more comprehensive cessation services than the Quitline.

RVO Health can partially meet this requirement. As an industry leader in tobacco cessation services, In addition to how our Quit Coaches will handle Medicaid MCO benefits (see response to requirement 4.2.1.4), our Quit Coaches will identify the maximum benefit available to them through RVO Health – whether through one of our hundreds of employer contracts, health plan contracts, or the WVQL. If we do not have information about their private health insurance plan, Quit Coaches encourage callers to check with their insurance carrier, as the carrier may offer more comprehensive cessation services than the Quitline. Our Quit Coaches are trained to utilize this information during interactions with participants, providing informed guidance on available resources and encouraging participants to explore coverage options that may enhance their cessation journey.

4.3.1.1.2. Quitline program Manager should have a master's degree in a social, behavioral, or health-related field, with a minimum of five years' experience in tobacco cessation programming.

RVO Health meets this requirement. While we do not employ a sole program manager, we have individuals whose combined roles and expertise exceed the capabilities required for this position.

Rachel Goldberg, our Associate Director of the Quit for Life program, holds a Master of Arts in Counseling Psychology and is a board-certified counselor by the National Board for Certified Counselors (NBCC). With 15 years of dedicated work in tobacco cessation programming, Rachel brings extensive experience and a deep understanding of the behavioral aspects of tobacco addiction, making her exceptionally qualified for the role.

Additionally, Michelle Nygaard is Senior Director in Operations. She boasts over 20 years of experience supporting various aspects of telephonic, email/text message, and group session coaching. Michelle's Master's Degree in Mental Health Counseling and Bachelor's degree in Psychology equip her with a solid foundation for understanding the intricacies of behavior change and effective coaching techniques. Her leadership in overseeing day-to-day operations and staff management ensures the delivery of top-notch cessation services and drives

continuous improvement within our programs.

Together, Rachel and Michelle's combined expertise, qualifications, and leadership capabilities exceed the requirements outlined for a Quitline Program Manager. Their diverse skill sets and extensive experience contribute to the success of our tobacco cessation initiatives, ensuring that we deliver exceptional support to individuals seeking to quit smoking or vaping.

4.3.1.1.3. A Certified Tobacco Treatment Specialist (CTTS), trained by an outside entity to provide tobacco cessation counseling.

RVO Health meets this requirement. All RVO Health Quit Coaches undergo a comprehensive training curriculum that is accredited by the Council of Tobacco Treatment Training Programs (CTTTP). The Association for the Treatment of Tobacco Use and Dependence (ATTUD) established the CTTTP (ctttp.org/) as an independent panel of experts to conduct a rigorous review of training programs for Tobacco Treatment Specialists. Accreditation demonstrates that an independent panel has carefully reviewed the training program and determined that it meets the core competencies as established by ATTUD.

All Quit Coaches receive a 4-week training, which is all completed virtually by our telecommuting staff. The first three weeks consist of initial training and the last week is for precept. RVO Health's comprehensive training program requires Quit Coaches to complete more than 115 hours of rigorous training and evaluation before moving to precept. During precept, new hires are evaluated individually to be ready to take calls. Training modules are developed by our qualified learning and development team and experienced staff, with operational support and alignment from Kari Keller and Michelle Nygaard, Sr. Director of Coaching Operations.

Quit Coaches receive training on various coaching strategies, including CBT, motivational interviewing, education, skill building, reinforcement, and modeling. They are trained to respond to callers in a non-judgmental way with an understanding of each individual's readiness to quit tobacco. Additional training topics include:

- Nicotine dependence
- Medication use
- Proven quitting strategies
- Clinical assessment
- Behavioral change techniques
- Nicotine use among special populations

All Quit Coaches receive training on privacy practices, crisis protocols, cultural competency, customer service, and software application skills. Specific training topics include:

- Tobacco Dependence Knowledge and Education
- Coaching Skills and Intervention Strategies
- Assessment Interview
- Treatment Planning
- Pharmacotherapy
- Relapse Prevention
- Diversity and Special Populations
- Chronic Health Issues Related to Tobacco Use
- File Documentation
- Professional Resources
- Professional Development
- HIPAA

- Youth
- Vaping
- Menthol

4.3.1.1.4. Key Personnel for Vendor should be assigned to this contract for the full duration proposed. No Key Personnel may be reassigned or otherwise removed early from this contract without explicit written permission of BPH-DTP. In the event that a replacement or substitution is required, notice must be provided to DTP at least (15) calendar days before the proposed effective date of the change. Each request should provide a detailed explanation of the circumstances necessitating the proposed reassignment or replacement and accompanied by the name of the replacement.

RVO Health can meet this requirement. RVO Health understands the critical role that continuity and expertise play in delivering effective tobacco cessation services. Therefore, we commit to ensuring that Key Personnel identified in our proposal remain dedicated to this contract for its entirety, and – in the event a replacement or substitution is required – RVO Health will provide DTP with notice and an explanation of the circumstances at least 15 calendar days prior to the proposed change.

4.3.1.1.5. Vendor should maintain at least one Spanish-speaking Quitline coach per shift during Quitline open hours as listed in 5.3.4.5; if at any time Quitline is unable to maintain at least one Spanish-speaking coach, the Quitline will utilize the Certified Languages International service.

RVO Health meets this requirement. Over the past several years, we have honed our competency in working with the Hispanic/Latino population. Best practices for helping these callers include incorporating an awareness of collectivism and family values, an emphasis on “simpatía” or personal skills, and sensitivity to concerns over disclosing Hispanics’ legal status in the U.S., which may result in reluctance to provide contact information. We eagerly seek ways to improve in this arena. For example, following a 10-person secret shopper evaluation conducted by a state client, we enhanced the experience of Spanish speaking participants by strengthening the consistency of culturally appropriate language in our Spanish NRT recommendation letters.

Spanish-speaking Quit Coaches are available during all hours of operation. We recently implemented a new set of materials for Spanish speakers, designed and created by us. External subject matter experts reviewed all materials to provide both linguistic and cultural appropriateness. A culturally adapted, Spanish language version of our online quitting resource, is also available.

4.3.1.1.6. Vendor should have a staffing plan in place that provides a 95% live call response for a minimum of 64 hours per week (minimum 10:00 am-8:00 pm)

RVO Health meets this requirement.

Hours of operation

RVO Health will provide live-response, evidence-based tobacco cessation services 24/7 through

the English toll-free number, 1-800-QUIT-NOW (1-800-784-8669), the Spanish equivalent number, 1-855-DÉJELO-YA (1-855-335-3569), as well as our American Indian/Alaska Native line 1-888-7AI-QUIT (1-888-724-7848). Our remote workforce, spread across more than 30 states, enables us to better accommodate staff schedules that support live response to quitline callers around the clock. This has vastly improved our business continuity capabilities and increased staff tenure and satisfaction.

It is important to be available for callers when they decide to call for tobacco cessation help and taking that first step can be difficult. For that reason, we are available and fully staffed 24/7 to answer calls, with the exception of limited holidays. These holidays include Independence Day, Thanksgiving Day, Christmas Day, and early closures on Christmas Eve (3 p.m. ET) and New Year's Eve (6 p.m. ET). During closures, participants can still enroll online, access web-based services for support, and continue to receive program emails and texts. They can leave voicemails for a call back the next day.

To accommodate calls on the holidays listed, we provide a robust voice-message system that handles up to 150 simultaneous callers. The system allows customization of the structure and content of the greeting message and lets callers request a return call as well as listen to quit tips on 10 topics in English and Spanish. Quit Coaches return voicemail messages the next business day.

Workforce planning

Our workforce planning systems include workforce management software and real-time monitoring tools that are integrated with our phone systems and data warehouse, giving us a powerful set of resources to plan for and manage the activities of our service delivery staff. We use a state-of-the-art workforce management package to analyze call trends, plan staffing levels, and produce individual work schedules. Our workflow analysts and supervisory staff use real-time tools to monitor the status of all call queues and productivity levels. This software helps us plan for adequate staffing levels in response to promotions and provide detailed performance reporting.

4.3.2 Mandatory Qualification/Experience Requirements

The following mandatory qualification/experience requirements must be met by the Vendor as a part of its submitted proposal. Vendor should describe how it meets the mandatory requirements and include any areas where it exceeds the mandatory requirements. Failure to comply with mandatory requirements will lead to disqualification, but areas where the mandatory requirements are exceeded will be included in technical scores where appropriate. The mandatory qualifications/experience requirements are listed below.

4.3.2.1. Vendor must have at least five years of demonstrated experience and success in the following:

RVO Health meets and exceeds this requirement. Please see response to 4.3.1. above. RVO Health, with over 25 years of industry experience, is a leading provider of tobacco cessation services. Originally established as Free & Clear, our state quit services entity, Consumer Wellness Solutions, LLC (CWS), is now a wholly owned subsidiary of RVO Health. Through strategic partnerships with Optum and Red Ventures, we have expanded our capabilities to offer comprehensive consumer healthcare solutions. Based in Fort Mill, South Carolina, our team operates 20+ state quitlines nationwide. Recognized by global organizations like the World Health Organization and the CDC, we are committed to delivering evidence-based cessation services and supporting healthcare providers in achieving tobacco prevention goals. With recent acquisitions, including Vincere Health, we are poised to enhance reach and engagement in priority populations, advancing public health initiatives and improving overall well-being.

4.3.2.1.1. Delivering proactive services that include a multiple-call program of telephone-based tobacco-use cessation support by trained quit coaches,

RVO Health meets and exceeds this requirement. RVO Health boasts over 20 years of extensive experience providing proactive services, notably through a multiple-call program delivering telephone-based tobacco-use cessation support led by our trained quit coaches. This longstanding commitment underscores our dedication to offering comprehensive assistance to individuals seeking to overcome nicotine addiction.

4.3.2.1.2. Providing live text messaging support services.

RVO Health meets and exceeds this requirement. Since 2011, RVO Health has been at the forefront of providing text messaging services to participants, beginning with the introduction of the Text-A-Coach program to our state quit service program offerings. Today, our text messaging services are seamlessly integrated throughout the participant journey, from initial enrollment to program evaluation. See response above to requirement 4.2.1.8.20 for more details.

4.3.2.1.3. Distributing of nicotine replacement therapy (NRT) to eligible callers with the

registrant receiving the NRT within 3-5 business days.

RVO Health meets and exceeds this requirement. Since 2004, RVO Health has provided essential nicotine replacement therapy (NRT) to eligible callers with unparalleled efficiency and care. Our robust distribution system ensures that registrants receive their NRT within an expedited timeframe of 3-5 business days, offering a vital lifeline to those striving to overcome nicotine addiction. See response above to requirement 4.2.1.8.

4.3.2.1.4. Establishing measurable outcomes; providing regular reports; complying with the North American Quitline Consortium minimal data standards; and conducting annual evaluations to assist in the documentation of the effectiveness of a tobacco-use cessation program,

RVO Health meets and exceeds this requirement. RVO Health has 20+ years of experience in meeting the criteria defined above. See below for more details:

- **Establishing Measurable Outcomes:** RVO Health begins by defining clear and measurable outcomes aligned with the goals of tobacco-use cessation programs. These outcomes are typically established in collaboration with stakeholders, including government agencies, public health organizations, and healthcare providers. Examples of measurable outcomes may include quit rates, reduction in tobacco use, participant satisfaction, and adherence to treatment protocols.
- **Providing Regular Reports:** RVO Health generates regular reports to track progress towards established outcomes. These reports are typically generated on a monthly, quarterly, or annual basis, depending on the specific requirements of the program. They include quantitative data, such as participant demographics, call volume, intervention activities, and participant outcomes. Qualitative data, such as participant feedback and testimonials, may also be included to provide a more comprehensive understanding of program effectiveness.
- **Complying with NAQC Minimal Data Set:** RVO Health ensures compliance with the North American Quitline Consortium (NAQC) minimal data standards, which serve as a benchmark for the collection and reporting of data in tobacco cessation programs. This involves adhering to standardized data collection protocols, data management practices, and reporting requirements outlined by NAQC. By following these standards, RVO Health ensures the consistency, accuracy, and reliability of data collected across its programs.
- **Conducting Annual Evaluations:** RVO Health conducts annual evaluations to assess the effectiveness of its tobacco cessation programs. These evaluations involve a comprehensive review of program outcomes, participant feedback, program implementation processes, and adherence to best practices in tobacco cessation.

Evaluation findings are documented in detailed reports, which include recommendations for program improvement and adjustments to strategies and interventions based on evaluation results. This iterative process allows RVO Health to continuously refine and enhance its programs to better meet the needs of participants and stakeholders.

4.3.2.1.5. And, receiving referrals and providing feedback electronically with health care systems.

RVO Health meets and exceeds this requirement. RVO Health has more than 20 years of experience managing provider referral programs for our state clients. Our comprehensive referral system enables health care professionals and other stakeholders, such as schools or community organizations to refer people who use commercial tobacco to our state quit services at no charge to them. Please see response above to requirement 4.2.1.6 for more details.

4.3.2.1.6. Vendor must provide its staffing infrastructure including key personnel, among others identified by the Vendor, who will perform the tasks and have appropriate experience. Vendor may propose other staff members as "key" if desired but must include at least the following key personnel:

RVO Health meets this requirement. Please see response to requirement 4.2.2.2 above for comprehensive staffing information.

Key Personnel: Leadership

Luke Neenan, General Manager of RVO's Quit Services program, brings a wealth of financial expertise and strategic acumen to the Accounts/Fiscal Manager role. With a career dedicated to financial and business management, Luke's leadership is poised to elevate the efficiency and effectiveness of the quitline's operations. His role as General Manager of RVO's Quit Services program since April 2023 has provided him with invaluable experience in overseeing programmatic initiatives and driving organizational growth. Prior to this, Luke honed his skills in managing strategic planning and capital allocation at the renowned social media platform Pinterest, where he played a pivotal role in shaping the company's financial direction. Additionally, his tenure overseeing mergers and acquisitions for the digital media publisher Red Ventures has equipped him with a comprehensive understanding of complex financial structures and industry dynamics.

Crystal Elam, Vice President of Operations for RVO's Quit Services program, is a pivotal figure in ensuring the success of the WVQL through her extensive expertise in operational readiness and product deployment. With a background deeply rooted in driving operational excellence, Crystal has been instrumental in shaping the Quit Services program. Her leadership in cross-functional operational readiness activities, coupled with her commitment to executing standard operational methodologies, guarantees that the quitline will operate at peak efficiency.

4.3.2.1.6.1. Accounts/Fiscal Manager

RVO Health meets this requirement. To ensure we meet day-to-day DTP needs, we will identify a Client Services Manager (CSM) as a single point of contact for account management and oversight of all contract deliverables. Our CSM team works closely with our subject matter experts provide support and consultation of best practices, promotion, and budget management that are complemented by a comprehensive reporting package to analyze trends and assess program impact. The assigned Client Services Manager will stay in contact with DTP staff, and communicate by email, phone, virtual meetings, annual statewide meetings, and site visits. Communication will occur regularly, and the CSM is also available via request to address questions or concerns. If any issues impact operations or availability, the CSM will notify DTP staff in their preferred method to report on the nature of the issue, cause of the issue, and time frame for expected resolution.

4.3.2.1.6.2. Quitline Manager

RVO Health meets this requirement. Rachel Goldberg, Associate Director, Quit for Life, serves as the Quitline Manager. Rachel brings extensive expertise and qualifications to this role, with a Master of Arts in Counseling Psychology and certification as a board-certified counselor by the National Board for Certified Counselors (NBCC). With 15 years of dedicated work in tobacco cessation programming, Rachel possesses a deep understanding of the behavioral aspects of tobacco addiction and effective cessation strategies. Her leadership, coupled with her wealth of experience, makes her exceptionally qualified to oversee the Quitline program, ensuring the delivery of high-quality support and guidance to individuals seeking to quit smoking. RVO Health is confident in Rachel Goldberg's ability to lead the Quitline program with excellence, driving positive outcomes and making meaningful contributions to the health and well-being of program participants.

4.3.2.1.6.3. Lead Quitline Coach

RVO Health meets this requirement. RVO Health proudly appoints Michelle Nygaard, Senior Director of Operations, as the Lead Quitline Coach. With over 20 years of experience in operations and a strong background in coaching and counseling, Michelle brings a wealth of expertise to this role. Holding a Master's Degree in Mental Health Counseling and a Bachelor's degree in Psychology, Michelle possesses the necessary qualifications to provide effective guidance and support to our coaching team.

As a Senior Director in Operations, Michelle has demonstrated exceptional leadership skills, overseeing day-to-day operations and staff management within the tobacco cessation and vaping programs. Her focus on building and sustaining a professional team, implementing efficient work processes, and utilizing motivational interviewing techniques aligns perfectly with the responsibilities of a Lead Quitline Coach. Moreover, Michelle's commitment to driving continuous improvement and enhancing participant experiences ensures that our coaching services are delivered at the highest standard.

4.3.2.1.7. Coaches must have a bachelor's degree in a social, behavioral, or health-related field, with a minimum of two years' counseling experience.

RVO Health meets this requirement. Our quit coaches are required to meet specific qualifications, which typically involve holding a bachelor's degree in counseling, addiction studies, community health education, or social work, along with previous experience in providing interventions within health behavior change programs or similar professional contexts. However, we also acknowledge the value of extensive practical experience. Therefore, individuals without a bachelor's degree may qualify as coaches if they possess a minimum of five years of experience working in Quit for Life in a direct member experience role. Additionally, regardless of their educational background, all our coaches must demonstrate abstinence from tobacco and nicotine for two or more years upon employment, ensuring they serve as positive role models for participants on their cessation journey.

Tobacco Cessation Quitline

Appendix B: Service Level Agreements

Service Level Agreements

Department of Tobacco Prevention (DTP) will monitor the Vendor's performance during the contract period. Each Service Level Agreement (SLA) establishes the performance level expected by DTP in a particular area. Key Performance Indicators (KPIs) are identified within each SLA and are to be measured and reported each month by the Vendor. Service Level Agreements found in this appendix are:

1. Call Abandonment
2. Voice Messages Returned
3. Incoming Calls
 - a. Answer rate
 - b. Answer rate during education campaigns
4. Answer Speed
5. Outgoing Calls
6. Nicotine Replacement Therapy (NRT)
7. Enrollment Demographics
8. Reporting

SLAs and Performance Monitoring DTP has identified the performance measures required to provide the best level of service to callers/enrollees. Failure to achieve any service level may, at the discretion of DTP, result in financial retainage.

Monthly Reporting The Vendor is expected to monitor performance against the DTP-specified SLAs in this document and is to develop operations reports to demonstrate compliance with applicable SLAs. The Vendor is to submit a performance report card monthly regarding the prior month's performance, no later than the 15th of the month. The Vendor may include additional information regarding SLA compliance in its report.

Corrective Action When an SLA is not met, the Vendor is expected to provide DTP with a written detailed Corrective Action Report which describes:

1. The missed SLA
2. Full description of the issue
3. Cause of the problem
4. Risks related to the issue
5. The resolution, including any failed solutions implemented prior to resolution
6. Proposed corrective action going forward to avoid missing the SLA in the future

Upon receipt of the report, DTP may request a meeting to further discuss related issues. The Vendor is to implement the proposed corrective action (#6 above) only upon approval of DTP.

Tobacco Cessation Quitline

Right to Retainage DTP and the Vendor agree that failure by the Vendor to perform in accordance with established SLAS results in a loss to DTP. If the Vendor fails to meet the identified in the Service Level Agreements, DTP may retain a percentage of the total monthly invoice as identified in each SLA and deduct said amounts from the fees due to the Vendor.

1. Service Level Agreement – Call Abandonment

Performance Standard: Vendor will have less than 5% abandonment for calls waiting greater than 30 seconds following an initial client queue message.

Retainage: 1% of the total monthly invoice in which the performance standard was not met.

2. Service Level Agreement – Voice Messages Returned

Performance Standard: Vendor will ensure 95% of voicemail messages shall be initiated for return within one day.

Retainage: 0.5% of the total monthly invoice in which the performance standard was not met.

3. Service Level Agreement – Incoming Calls

a. Performance Standard: Vendor will provide a 90% live call response for calls which do not occur during the airing of a state or national educational campaign.

Retainage: 1% of the total monthly invoice in which the performance standard was not met.

b. Performance Standard: Vendor will provide an 80% live call response for calls which occur during the airing of a state or national educational campaign. Most campaigns last six weeks to three months.

Retainage: 0.5% of the total monthly invoice in which the performance standard was not met.

4. Service Level Agreement – Answer Speed

Performance Standard: Vendor will have an average initial answer speed within 30 seconds.

Retainage: 0.5% of the total monthly invoice in which the performance standard was not met.

5. Service Level Agreement – Outgoing Calls

Performance Standard: Vendor will reach or document an attempt to reach, 95% of multiple call participants during their established appointment time for all intervention calls.

Retainage: 2% of the total monthly invoice in which the performance standard was not met.

6. Service Level Agreement – Nicotine Replacement Therapy (NRT)

Performance Standard: Vendor will ensure NRT is sent within 3-5 business days once a request is received.

Retainage: 0.5% of the total monthly invoice in which the performance standard was not met.

7. Service Level Agreement – Enrollment Demographics

Performance Standard: Vendor will collect NAQC Mandatory Data Set (MDS) required data sets during caller enrollment.

The Vendor is to ensure it meets the following performance standards:

1. Name
2. Address
3. Date of birth

Tobacco Cessation Quitline

4. Telephone numbers
5. Email address
6. All Other NAQC MDS data

Retainage: 0.5% of the total monthly invoice in which the performance standard was not met.

8. Service Level Agreement – Reporting

Performance Standard: Vendor will provide DTP with monthly reports due by the 15th of each month. Reports should include, but will not be limited to:

1. Number of callers,
2. Number of enrollees,
3. Race or ethnic background,
4. Mental health status,
5. Sexual orientation,
6. Tobacco products used,
7. Number and name of NRT shipments distributed during the previous month,
8. Provider referrals (broken down by type of referral [provider fax or electronic], provider name, and outcome status of each referral),
9. Participant county de-identified,
10. And other data points requested by DTP. Additional reporting metrics may be added during the contract period.

Retainage: 2% of the total monthly invoice in which the performance standard was not met.

Tobacco Cessation Qultline

Step 2 – 1×300 = Total Cost Score of 300

Proposal 2: Step 1 – $\$1,000,000 / \$1,100,000$ = Cost Score Percentage of 0.909091 (90.9091%)
Step 2 – 0.909091×300 = Total Cost Score of 272.7273

- 6.8. Availability of Information:** Proposal submissions become public and are available for review immediately after opening pursuant to West Virginia Code §5A-3-11(h). All other information associated with the RFP, including but not limited to, technical scores and reasons for disqualification, will not be available until after the contract has been awarded pursuant to West Virginia Code of State Rules §148-1-6.3.d.

By signing below, I certify that I have reviewed this Request for Proposal in its entirety; understand the requirements, terms and conditions, and other information contained herein; that I am submitting this proposal for review and consideration; that I am authorized by the bidder to execute this bid or any documents related thereto on bidder's behalf; that I am authorized to bind the bidder in a contractual relationship; and that, to the best of my knowledge, the bidder has properly registered with any State agency that may require registration.

RVO Health

(Company)

Jeff Cross , SVP Prevention

(Representative Name, Title)

602-326-3439

(Contact Phone/Fax Number)

5/9/2024

(Date)



Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

State of West Virginia
Centralized Request for Proposals
Service - Prof

Proc Folder: 1407305

Doc Description: REQUEST FOR PROPOSAL-TOBACCO CESSATION QUITLINE

Reason for Modification:

ADDENDUM 2
TO PROVIDE ANSWERS TO
VENDOR QUESTIONS

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2024-05-02	2024-05-16 13:30	CRFP 0506 EHP2400000001	3

BID RECEIVING LOCATION

BID CLERK
DEPARTMENT OF ADMINISTRATION
PURCHASING DIVISION
2019 WASHINGTON ST E
CHARLESTON WV 25305
US

VENDOR

Vendor Customer Code:

Vendor Name :

Address :

Street :

City :

State :

Country :

Zip :

Principal Contact :

Vendor Contact Phone:

Extension:

FOR INFORMATION CONTACT THE BUYER

Crystal G Hustead
(304) 558-2402
crystal.g.hustead@wv.gov

Vendor
Signature X

FEIN#

DATE

All offers subject to all terms and conditions contained in this solicitation

ADDITIONAL INFORMATION

THE STATE OF WEST VIRGINIA PURCHASING DIVISION FOR THE AGENCY, DEPARTMENT OF HEALTH AND HUMAN RESOURCES (DHHR), BUREAU FOR PUBLIC HEALTH (BPH), DIVISION OF TOBACCO PREVENTION, THE OFFICE OF MATERNAL CHILD AND FAMILY HEALTH (OMCFH), AND THE BUREAU FOR MEDICAL SERVICES (MEDICAID/WVCHIP) IS SOLICITING PROPOSALS TO ESTABLISH AN OPEN-END CONTRACT TO PROVIDE A NO-CHARGE-TO-THE-CALLER TOBACCO CESSATION QUITLINE PER THE ATTACHED DOCUMENTS.

QUESTIONS REGARDING THE SOLICITATION MUST BE SUBMITTED IN WRITING TO CRYSTAL.G.HUSTEAD@WV.GOV PRIOR TO THE QUESTION PERIOD DEADLINE CONTAINED IN THE INSTRUCTIONS TO VENDORS SUBMITTING BIDS

ONLINE RESPONSES ARE PROHIBITED FOR THIS SOLICITATION

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BPH - EPIDEMIOLOGY AND HEALTH PROMOTION 350 CAPITOL ST, RM 515 CHARLESTON WV 25301-3715 US	HEALTH AND HUMAN RESOURCES BPH - EPIDEMIOLOGY AND HEALTH PROMOTION 350 CAPITOL ST, RM 515 CHARLESTON WV 25301-3715 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
1	Administrative Costs				

Comm Code	Manufacturer	Specification	Model #
80000000			

Extended Description:
Administrative Costs - 1 Year

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BPH - EPIDEMIOLOGY AND HEALTH PROMOTION 350 CAPITOL ST, RM 515 CHARLESTON WV 25301-3715 US	HEALTH AND HUMAN RESOURCES BPH - EPIDEMIOLOGY AND HEALTH PROMOTION 350 CAPITOL ST, RM 515 CHARLESTON WV 25301-3715 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
2	Intake/Eligibility Verification				

Comm Code	Manufacturer	Specification	Model #
81111508			

Extended Description:
Intake/Eligibility Verification - Per enrolled person

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BPH - EPIDEMIOLOGY AND HEALTH PROMOTION 350 CAPITOL ST, RM 515 CHARLESTON WV 25301-3715 US	HEALTH AND HUMAN RESOURCES BPH - EPIDEMIOLOGY AND HEALTH PROMOTION 350 CAPITOL ST, RM 515 CHARLESTON WV 25301-3715 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
3	Coaching Call #1				

Comm Code	Manufacturer	Specification	Model #
81111508			

Extended Description:
Coaching Call #1 - Per Call

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BPH - EPIDEMIOLOGY AND HEALTH PROMOTION 350 CAPITOL ST, RM 515 CHARLESTON WV 25301-3715 US	HEALTH AND HUMAN RESOURCES BPH - EPIDEMIOLOGY AND HEALTH PROMOTION 350 CAPITOL ST, RM 515 CHARLESTON WV 25301-3715 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
4	Coaching Call #2				

Comm Code	Manufacturer	Specification	Model #
81111508			

Extended Description:
Coaching Call #2 - Per Call

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BPH - EPIDEMIOLOGY AND HEALTH PROMOTION 350 CAPITOL ST, RM 515 CHARLESTON WV 25301-3715 US	HEALTH AND HUMAN RESOURCES BPH - EPIDEMIOLOGY AND HEALTH PROMOTION 350 CAPITOL ST, RM 515 CHARLESTON WV 25301-3715 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
5	Coaching Call #3				

Comm Code	Manufacturer	Specification	Model #
81111508			

Extended Description:
Coaching Call #3 - Per Call

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BPH - EPIDEMIOLOGY AND HEALTH PROMOTION 350 CAPITOL ST, RM 515 CHARLESTON WV 25301-3715 US	HEALTH AND HUMAN RESOURCES BPH - EPIDEMIOLOGY AND HEALTH PROMOTION 350 CAPITOL ST, RM 515 CHARLESTON WV 25301-3715 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
6	Coaching Call #4				

Comm Code	Manufacturer	Specification	Model #
81111508			

Extended Description:
Coaching Call #4 - Per Call

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BPH - EPIDEMIOLOGY AND HEALTH PROMOTION 350 CAPITOL ST, RM 515 CHARLESTON WV 25301-3715 US	HEALTH AND HUMAN RESOURCES BPH - EPIDEMIOLOGY AND HEALTH PROMOTION 350 CAPITOL ST, RM 515 CHARLESTON WV 25301-3715 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
7	Reactive Calls #1-4				

Comm Code	Manufacturer	Specification	Model #
81111508			

Extended Description:

Reactive Calls #1-4 - Per Call

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BPH - EPIDEMIOLOGY AND HEALTH PROMOTION 350 CAPITOL ST, RM 515 CHARLESTON WV 25301-3715 US	HEALTH AND HUMAN RESOURCES BPH - EPIDEMIOLOGY AND HEALTH PROMOTION 350 CAPITOL ST, RM 515 CHARLESTON WV 25301-3715 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
8	Nicotine Gum 4mg				

Comm Code	Manufacturer	Specification	Model #
81111508			

Extended Description:

Nicotine Gum 4mg - Per Shipment

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BPH - EPIDEMIOLOGY AND HEALTH PROMOTION 350 CAPITOL ST, RM 515 CHARLESTON WV 25301-3715 US	HEALTH AND HUMAN RESOURCES BPH - EPIDEMIOLOGY AND HEALTH PROMOTION 350 CAPITOL ST, RM 515 CHARLESTON WV 25301-3715 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
9	Nicotine Gum 2mg				

Comm Code	Manufacturer	Specification	Model #
81111508			

Extended Description:

Nicotine Gum 2mg - Per Shipment

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BPH - EPIDEMIOLOGY AND HEALTH PROMOTION 350 CAPITOL ST, RM 515 CHARLESTON WV 25301-3715 US	HEALTH AND HUMAN RESOURCES BPH - EPIDEMIOLOGY AND HEALTH PROMOTION 350 CAPITOL ST, RM 515 CHARLESTON WV 25301-3715 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
10	Nicotine Patch 21mg				

Comm Code	Manufacturer	Specification	Model #
81111508			

Extended Description:

Nicotine Patch 21mg - Per Shipment

INVOICE TO		SHIP TO	
HEALTH AND HUMAN RESOURCES BPH - EPIDEMIOLOGY AND HEALTH PROMOTION 350 CAPITOL ST, RM 515 CHARLESTON WV 25301-3715 US		HEALTH AND HUMAN RESOURCES BPH - EPIDEMIOLOGY AND HEALTH PROMOTION 350 CAPITOL ST, RM 515 CHARLESTON WV 25301-3715 US	

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
11	Nicotine Patch 14mg				

Comm Code	Manufacturer	Specification	Model #
81111508			

Extended Description:

Nicotine Patch 14mg - Per Shipment

INVOICE TO		SHIP TO	
HEALTH AND HUMAN RESOURCES BPH - EPIDEMIOLOGY AND HEALTH PROMOTION 350 CAPITOL ST, RM 515 CHARLESTON WV 25301-3715 US		HEALTH AND HUMAN RESOURCES BPH - EPIDEMIOLOGY AND HEALTH PROMOTION 350 CAPITOL ST, RM 515 CHARLESTON WV 25301-3715 US	

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
12	Nicotine Patch 7mg				

Comm Code	Manufacturer	Specification	Model #
81111508			

Extended Description:

Nicotine Patch 7mg - Per Shipment

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BPH - EPIDEMIOLOGY AND HEALTH PROMOTION 350 CAPITOL ST, RM 515 CHARLESTON WV 25301-3715 US	HEALTH AND HUMAN RESOURCES BPH - EPIDEMIOLOGY AND HEALTH PROMOTION 350 CAPITOL ST, RM 515 CHARLESTON WV 25301-3715 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
13	Nicotine Lozenge 4mg				

Comm Code	Manufacturer	Specification	Model #
81111508			

Extended Description:

Nicotine Lozenge 4mg - Per Shipment

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BPH - EPIDEMIOLOGY AND HEALTH PROMOTION 350 CAPITOL ST, RM 515 CHARLESTON WV 25301-3715 US	HEALTH AND HUMAN RESOURCES BPH - EPIDEMIOLOGY AND HEALTH PROMOTION 350 CAPITOL ST, RM 515 CHARLESTON WV 25301-3715 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
14	Nicotine Lozenge 2mg				

Comm Code	Manufacturer	Specification	Model #
81111508			

Extended Description:

Nicotine Lozenge 2mg - Per Shipment

SCHEDULE OF EVENTS		
Line	Event	Event Date
1	VENDOR QUESTION DEADLINE	2024-04-23

SOLICITATION NUMBER: CRFP EHP2400000001
Addendum Number: 2

The purpose of this addendum is to modify the solicitation identified as CRFP EHP2400000001 ("Solicitation") to reflect the change(s) identified and described below.

Applicable Addendum Category:

- ☐ Modify bid opening date and time
- ☒ Modify specifications of product or service being sought
- ☒ Attachment of vendor questions and responses
- ☐ Attachment of pre-bid sign-in sheet
- ☐ Correction of error
- ☐ Other-

Additional Documentation: This addendum is to answer vendor questions and change to specifications. No other changes.

4.2.2.7 Vendor must call the WV Medicaid vendor's Automated Voice Response System and/or access the WV Medicaid Management Information System (MMIS) (<https://www.wvmmis.com/default.aspx>) to obtain member eligibility verification information. If the member is not eligible, they will not receive Quitline services from Medicaid.

4.2.2.7.2 Requirement removed.

Terms and Conditions:

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

Question 1: Please reconfirm the due date for this procurement by providing it in response to answers to questions.

Answer 1: The due date for this procurement is May 16, 2024

Question 2: What is the date by which you will answer these questions?

Answer 2: The questions will be answered when the addendum is published.

Question 3: If there was a previous solicitation for these services, what was its title, number, release date, and due date?

Answer 3: Requesting copies of previously awarded contracts, other solicitations or documents related to previous contracts through the question and answer process included in this solicitation is not appropriate. Requests for documentation of this nature can be obtained by interested parties through a Freedom of Information Act request.

Question 4: Can you please provide greater explanation of your expectations related to any required subcontracting to minority-owned, women-owned, or other types or categories of small or disadvantaged businesses? For example, what is required with the proposal, and what is required to comply during the term of the contract?

Answer 4: The answer to this can be found in the Instructions to Vendors Submitting Bids, No. 16.

Question 5: Are bidders permitted to deviate in any way from any manner of quoting fees you may be expecting? For example, if there is a pricing page in the RFP, can bidders submit an alternate fee structure? If there is no pricing page in the RFP, do you have any preference for how bidders should quote fees or can bidders create their own pricing categories?

Answer 5: A Vendor's inclusion of price adjustment provisions in its bid, without an express authorization from the State in the Solicitation to do so, may result in bid disqualification.

Question 6: Please describe your level of satisfaction with your current or recent vendor(s) for the same purchasing activity, if applicable.

Answer 6: Not applicable

Question 7: Has the current contract gone full term?

Answer 7: Requesting copies of previously awarded contracts, other solicitations or documents related to previous contracts through the question and answer process included in this solicitation is not appropriate. Requests for documentation of this nature can be obtained by interested parties through a Freedom of Information Act request.

Question 8: Have all options to extend the current contract been exercised?

Answer 8: Requesting copies of previously awarded contracts, other solicitations or documents related to previous contracts through the question and answer process included in this solicitation is not appropriate. Requests for documentation of this nature can be obtained by interested parties through a Freedom of Information Act request.

Question 9: Who is the incumbent, and how long has the incumbent been providing the requested services?

Answer 9: Requesting copies of previously awarded contracts, other solicitations or documents related to previous contracts through the question and answer process included in this solicitation is not appropriate. Requests for documentation of this nature can be obtained by interested parties through a Freedom of Information Act request.

Question 10: To what extent will the location of the bidder's proposed location or headquarters have a bearing on any award?

Answer 10: Vendor location will have no bearing on award as long as services listed can be provided.

Question 11: How are fees currently being billed by any incumbent(s), by category, and at what rates?

Answer 11: Requesting copies of previously awarded contracts, other solicitations or documents related to previous contracts through the question and answer process included in this solicitation is not appropriate. Requests for documentation of this nature can be obtained by interested parties through a Freedom of Information Act request.

Question 12: What estimated or actual dollars were paid last year, last month, or last quarter to any incumbent(s)?

Answer 12: Requesting copies of previously awarded contracts, other solicitations or documents related to previous contracts through the question and answer process included in this solicitation is not appropriate. Requests for documentation of this nature can be obtained by interested parties through a Freedom of Information Act request.

Question 13: Is previous experience with any specific customer information systems, phone systems, or software required?

Answer 13: Vendor must have at least 5 years' experience delivering proactive services that include a multiple-call program of telephone-based tobacco-use cessation support. Vendor must provide a call center which includes a toll-free system with multiple and simultaneous inbound and outbound call capabilities. Vendor must provide qualified personnel, facilities, and equipment necessary to provide a toll-free telephone, live text and web service. No other specific systems or software requirements are provided.

Question 14: What is the minimum required total call capacity?

Answer 14: None Specified

Question 15: What is the minimum simultaneous inbound call capacity?

Answer 15: None Specified

Question 16: What is the maximum hold time?

Answer 16: Vendor should describe their plan to provide an average initial answer speed within 30 seconds with a less than 5% abandonment for calls waiting greater than 30 seconds following an initial client queue message if a live response is not provided.

Question 17: What percentage of calls must be resolved without a transfer, second call, or a return call?

Answer 17: Vendor should provide a plan for minimizing potential issues, including but not limited to: the amount of time and information required to register for services and allowing participants to engage with Quitline services without requiring additional steps. This plan may include an anticipated percentage of such situations.

Question 18: Is there a minimum or maximum number of operators and supervisors?

Answer 18: Vendor must staff at least: Accounts/Fiscal Manager, Quitline Manager, and Lead Quitline Coach. Vendor should provide a staffing plan to accomodate call volume. No specific number of coaches is specified.

Question 19: What is the required degree of dedication for the call center? (Can call centers work on other contracts at the same time as this one)?

Answer 19: Not Specified

Question 20: What is the required degree of dedication for the operators? (Can operators work on other contracts at the same time as this one)?

Answer 20: Not Specified

Question 21: Are callers required or allowed to connect with a message verification system or pre-recorded message before connecting to a live operator, or must a live operator be the initial contact?

Answer 21: An initial client queue is allowed if a live response is not provided. Vendor should describe their plan to provide an average initial answer speed within 30 seconds with a less than 5% abandonment for calls waiting greater than 30 seconds following an initial client queue message if a live response is not provided.

Question 22: What are the recording requirements for inbound and outbound phone calls and how long must recordings be maintained?

Answer 22: Vendor should have the capability to record calls and share with the State upon request for quality assurance purposes. Length of time the recording is to be maintained is not specified.

Question 23: What are the recording and storage requirements for non-phone communications?

Answer 23: Not Specified

Question 24: What information is to be included in call logs?

Answer 24: Vendor must obtain enrollment demographics including name, address, date of birth, and other MDS data. Vendor should describe a plan obtain enrollee's tobacco history and current use, including the participants previous attempts to quit.

Question 25: What was your average monthly call volume over the past year?

Answer 25: Average monthly calls in calendar year 2023 - 1,380

Question 26: What is the current number of seats for operators and supervisors at your existing call center?

Answer 26: One Supervisor and 4 coaches

Question 27: What is the current average wait time for phone calls?

Answer 27: Unknown

Question 28: What is the current average handle time for phone calls and other types of communications?

Answer 28: Unknown

Question 29: What is the current average after-call work time for operators?

Answer 29: Unknown

Question 30: Over the past year, what is the percentage of calls received in English versus non-English?

Answer 30: Unknown

Question 31: Over the past year, what percentage of calls received were in Spanish?

Answer 31: Unknown

Question 32: What time of day, days of the week, or times of the year do calls typically peak?

Answer 32: New Year, (resolutions) CDC TIPS Campaign. Other instances when Quitline promotion occurs through mass media. Daily and weekly peak times are unknown at this time.

Question 33: Can the State please provide the anticipated award notification date of the Contract?

Answer 33: To be determined

Question 34: Can the State please provide the anticipated start date of the Contract?

Answer 34: To be determined

Question 35: Can the State please provide the amount spent on Quitline services for the past two fiscal years? Please provide the total budget spent on Services versus NRT.

Answer 35: Data is unavailable at this time.

Question 36: Can the State please provide the anticipated Annual Budget for the Quitline Contract? How much will be allocated to Services and how much will be allocated to NRT?

Answer 36: The Agency does not publish or provide budget information. The vendor should propose the costs necessary to meet the requirement or specifications detailed in the RFP .

Question 37: Can the State please clarify which West Virginia residents by health insurance category are eligible for counseling (e.g. Uninsured, Medicaid, Medicare, Privately-Insured)?

Answer 37: Uninsured, Medicaid, Medicare, those privately insured with a plan that does not include a cessation program. One of the three Medicaid managed care organizations provides counseling for their members.

Question 38: Can the State please clarify which West Virginia residents by health insurance category, are eligible for NRT (e.g. Uninsured, Medicaid, Medicare, Privately-Insured)?

Answer 38: Uninsured, Medicare, and those privately insured with a plan that does not include a cessation program (underinsured). Medicaid covers NRT through provider RX and filled at a pharmacy.

Question 39: Can the State please provide the number of participants. Enrolled in the Quitline program by insurance status (Uninsured, Underinsured, Medicaid, etc.)?

Answer 39: For calendar year 2023, a total of 2,250 were enrolled as uninsured/underinsured and a total of 3,563 were enrolled as Medicaid.

Question 40: Can the State please provide the number of orders by NRT type for the past two complete fiscal years, i.e. FY22 and FY23?

Answer 40: For uninsured/underinsured: NRT shipment type for calendar year 2022: 21mg patch - 894, 14mg patch - 361, 7mg patch - 198, 4mg gum - 114, 2mg gum - 15, 4mg loz - 158, and 2mg loz - 29. NRT shipment type for calendar year 2023: 21mg patch - 1,114, 14mg patch - 452, 7mg patch - 215, 2mg gum - 38, 4mg gum - 133, 2mg loz - 39, 4mg loz - 171. The State anticipates an increase in NRT shipments due to proposed changes.

Question 41: Can the State please provide the actual number of completed phone registrations, number of Coaching Call 1, and number of Coaching Call 2+ for past two complete fiscal years (i.e. FY22 and FY23)?

Answer 41: Data is unavailable.

Question 42: Can the State please provide the actual number of NRT orders by category (e.g. 2-week lozenge, 2-week patch, 2-week Combo Patch/Gum, etc.) for the past two complete fiscal years (i.e. FY22 and FY23)?

Answer 42: For uninsured/underinsured: NRT shipment type for calendar year 2022: 21mg patch - 894, 14mg patch - 361, 7mg patch - 198, 4mg gum - 114, 2mg gum - 15, 4mg loz - 158, and 2mg loz - 29. NRT shipment type for calendar year 2023: 21mg patch - 1,114, 14mg patch - 452, 7mg patch - 215, 2mg gum - 38, 4mg gum - 133, 2mg loz - 39, 4mg loz - 171. The State anticipates an increase in NRT shipments due to proposed changes.

Question 43: Can the State please provide the number of web registrants in the Quitline program for the past two complete fiscal years, i.e. FY22 and FY23? RFP Section 4.2.1.3

Answer 43: Data is unavailable at this time.

Question 44: Can the State explain how the Medicaid Quitline Program is different from the DTP quitline program? RFP Section 4.2.1.4.11

Answer 44: For Medicaid enrollees, NRT is provided through a prescription from their provider and filled at a pharmacy. Medicaid members must enroll for Quitline services within 30 days in order to continue refills. Member eligibility and prescription information must be verified through electronic fax to third party vendor. Uninsured and underinsured enrollees should receive NRT through the Quitline via mail.

Question 45: Can the State please provide the number of live text coaching sessions for the past two complete fiscal years, i.e. FY22 and FY23? RFP Section 4.2.1.8.20

Answer 45: Data is unavailable at this time.

Question 46: Can the State please provide the number of participants enrolled in the text and/or email program for the past two complete fiscal years, i.e. FY22 and FY23? RFP Section 4.2.1.8.20

Answer 46: Data is unavailable at this time.

Question 47: Can the State please provide the number of young adults enrolled in the Quitline Program for the past two complete fiscal years, i.e. FY22 and FY23? RFP Section 4.2.1.8.31

Answer 47: Data unavailable for 2023. Calendar year 2021 enrollments for ages 18-24: 167. Calendar year 2022 enrollments for ages 18-24: 188

Question 48: Can the State please provide the number of pregnant and post-partum women enrolled in the Quitline Program for the past two complete fiscal years, i.e. FY22 and FY23? RFP Section 4.2.2.2.2

Answer 48: Data is unavailable for 2023. Calendar year 2021 enrollments with pregnant status: 96. Calendar year 2022 enrollments with pregnant status: 82

Question 49: Can the State please provide the number of youth enrolled in the Quitline Program for the past two complete fiscal years, i.e. FY22 and FY23? RFP Section 4.2.2.2.2

Answer 49: Data is unavailable for 2023. Calendar year 2021 enrollments for under 18 years: 8. Calendar year 2022 enrollments for under 18 years: 22

Question 50: Will the State consider receiving a written cost proposal narrative to more fully identify and describe specific programs and deliverables in addition to Appendix A – Cost Sheet? RFP Section 5.3.1

Answer 50: The Agency evaluation committee will review the cost proposals, assign points in accordance with the cost evaluation formula according to specification 6.7 and make a final recommendation to the Purchasing Division. Any narrative information will have no impact on the cost evaluation formula.

Question 51: How should bidders reflect services they can offer but may not be included as a service in Appendix A – Cost Sheet? Can bidders add line items to the Cost Sheet? Appendix A – Cost Sheet

Answer 51: A Vendor's inclusion of price adjustment provisions in its bid, without an express authorization from the State in the Solicitation to do so, may result in bid disqualification.

Question 52: Will the State consider eliminating the required auto liability insurance since this contract does not require automobiles to support Quitline Services? General Terms and Conditions – 8. Insurance

Answer 52: Auto Liability Insurance has been waived.

Question 53: Would the State consider an alternative State venue for contract disputes or the venue for contract disputes be neutral for both parties? General Terms and Conditions – 10. Venue

Answer 53: No

Question 54: Would the State consider that Colorado be the applicable law? General Terms and Conditions – 21. Applicable Law

Answer 54: No

Question 55: In FY23, how many Medicaid members received counseling from the WVTQ?

Answer 55: There were 3,532 Medicaid enrollees - perscriptions are filled by an outside pharmacy. There are no standing orders for NRT through the Quitline.

Question 56: In FY23, how many Medicaid members received cessation medications from the WVTQ?

Answer 56: Zero perscriptions were filled by the Quitline. 6,656 claims for NRT products for SFY 2023 were issued. Medicaid NRT perscriptions are filled by an outside pharmacy. There are no standing orders for NRT through the Quitline.

Question 57: In FY23, how many Medicaid MCO members did the WVTQ transfer to their MCO for services? 4.2.1.4.10

Answer 57: In FY2023 there were 1632 Medicaid members enrolled in their MCO's counseling plan and 365 members completed.

Question 58: Does the State expect all required MDS questions to be asked of Medicaid MCO members before being transferred to their MCO/Health Plan? 4.2.2.7 and 4.2.2.6

Answer 58: Eligibility is first determined and callers are transferred appropriately before enrollment questions begin.

Question 59: There are two time points to verify eligibility for Medicaid members, one at intake and one at billing. Will the State cover the cost of services delivered if someone is eligible at the first verification but not eligible at the second verification? 4.2.2.7 and 4.2.2.7.2

Answer 59: Requires Amendment: Remove requirement. Medicaid will pay for services provided on the dates of eligibility regardless of billing date within the timely filing date.

Question 60: Which WVTQ participants require a prescription from their primary care provider for NRT? How does WVTQ verify a prescription was received? Are the medications delivered from a pharmacy or from the WVTQ? 4.2.1.4.9

Answer 60: Only Medicaid members require a prescription which is filled at the member's pharmacy. Members have a 30 grace period for Quitline enrollment before further prescriptions can be filled. For all Medicaid enrollees, the Quitline sends an electronic verification form to third party vendor which provides member status and prescription verification.

Question 61: Is the State open to pursuing a Medicaid standing order (i.e., a single population level prescription covering all NRT orders) for NRT?

Answer 61: No, the state is not open to pursuing standing orders for NRT.

Question 62: Does the State have Medicaid Match/Federal Financial Participation in place for Quitline services?

Answer 62: Yes

Question 63: In FY23, what percent of WVTQ callers were covered by Medicaid?

Answer 63: FY23: 64% were Medicaid enrollments.

Question 64: 4.2.1.1.1 Is the 80% live call response during operational hours for the duration of campaign or during the actual time the ads are airing.

Answer 64: During actual time the ads are airing.

Question 65: 4.2.1.2.7 & 4.2.1.2.8 Prior contract required the Vendor to perform an annual evaluation. For the current proposal, will BPH be choosing the independent evaluator as well as paying for the services performed? Should the data provided to the evaluator be de-identified data? What specific permissions should be obtained from the participant to be contacted by the evaluator and what documentation is required?

Answer 65: BPH/DTP will be selecting the evaluator and paying for evaluation services. Individual names will not be requested when completing the evaluation.

Question 66: 4.2.1.2.12 Please explain further what information is being requested in the monthly budget report. Is this for the current month being reported on or for future months? If for future months, how many?

Answer 66: Costs of products and services for the previous month.

Question 67: 4.2.1.8.26 Are participants required to complete the next coaching to get another 2-week shipment?

Answer 67: No, the only requirement is that enrollees agree to future coaching calls.

Question 68: 4.2.1.8.27 Is this based on assessment results or should everyone be offered dual therapy if they agree to more than one coaching?

Answer 68: An assessment is completed to indicate whether or not dual therapy is required. Additional requirements refer to the use of approved assessments for treatment level in order for the vendor to determine the approach to therapy.

Question 69: 4.2.1.8.30 Is dual therapy only for those who use cigarettes? What about a 4mg lozenge or 4mg gum with patch?

Answer 69: Dual therapy is not only for those who use cigarettes. 4.2.1.8.29 references cigarettes but 4.2.1.26 references all participants eligible for dual therapy.

Question 70: 4.2.2.7 If the member is not eligible for Medicaid, they will not receive services from the

Quitline through DTP?

Answer 70: Requires Amendment: 4.2.2.7 Vendor must call the WV Medicaid vendor's Automated Voice Response System and/or access the WV Medicaid Management Information System (MMIS) (<https://www.wvmmis.com/default.aspx>) to obtain member eligibility verification information. If the member is not eligible, they will not receive Quitline services from Medicaid.

Question 71: 4.2.2.7.2 Why would vendor need to verify member eligibility for a second time before submitting billing to Medicaid? It is completed before enrollment and before each coaching.

Answer 71: Requires Amendment: Remove requirement.

Question 72: 4.2.2.7.2 Why would vendor need to verify member eligibility for a second time before submitting billing to Medicaid? It is completed before enrollment and before each coaching.

Answer 72: Requires Amendment: Remove requirement.

Question 73: 4.3.1.1.2 "...with a minimum of five years' experience in tobacco cessation programming." Is this a desirable qualification or an experience requirement?

Answer 73: 5 years' experience for the Quitline Program Manager is a desirable qualification (4.3.1.1.2) while 5 years' experience for the vendor is a required qualification (4.3.2.1).

Question 74: Is there currently an interactive patient facing website? If so, will the successful vendor take ownership or are they required to rebuild based on take ownership or are they required to rebuild based on state specifications?

Answer 74: The current website offers online enrollment. Depending on the selected vendor, the website may need to be rebuilt.

Question 75: Is the potential vendor responsible for the creation of the smoking cessation materials? If so, please provide further details regarding quantity and types of materials provided along with the state approval process.

Answer 75: The vendor will be responsible for the creation of cessation materials in consultation with the State. No further approval process is required if materials are produced by the vendor. Quantity and types are to be determined.

Question 76: What is the current and/or projected call volume?

Answer 76: Call volume for calendar year 2023 (which included enrollment, hang ups, other insurance coverage/ineligible, and information only) was 23,497 and the enrollment rate was 5,813. With increased benefits outlined in this RFP, the State would like to see an enrollment rate increase of 20%.

Question 77: What is the estimated volume of prescriptions required?

Answer 77: There is no volume requirement. Medicaid will provide prescriptions for all eligible members who enroll in the Quitline Program.

Question 78: Is there a requirement for translation services?

Answer 78: Yes, 4.3.1.1.5. Vendor should maintain at least one Spanish-speaking Quitline coach per shift during Quitline open hours as listed in 5.3.4.5; if at any time Quitline is unable to maintain at least one Spanish-speaking coach, the Quitline will utilize the Certified Languages International service.

WV STATE GOVERNMENT

HIPAA BUSINESS ASSOCIATE ADDENDUM

This Health Insurance Portability and Accountability Act of 1996 (hereafter, HIPAA) Business Associate Addendum ("Addendum") is made a part of the Agreement ("Agreement") by and between the State of West Virginia ("Agency"), and Business Associate ("Associate"), and is effective as of the date of execution of the Addendum.

The Associate performs certain services on behalf of or for the Agency pursuant to the underlying Agreement that requires the exchange of information including protected health information protected by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), as amended by the American Recovery and Reinvestment Act of 2009 (Pub. L. No. 111-5) (the "HITECH Act"), any associated regulations and the federal regulations published at 45 CFR parts 160 and 164 (sometimes collectively referred to as "HIPAA"). The Agency is a "Covered Entity" as that term is defined in HIPAA, and the parties to the underlying Agreement are entering into this Addendum to establish the responsibilities of both parties regarding HIPAA-covered information and to bring the underlying Agreement into compliance with HIPAA.

Whereas it is desirable, in order to further the continued efficient operations of Agency to disclose to its Associate certain information which may contain confidential individually identifiable health information (hereafter, Protected Health Information or PHI); and

Whereas, it is the desire of both parties that the confidentiality of the PHI disclosed hereunder be maintained and treated in accordance with all applicable laws relating to confidentiality, including the Privacy and Security Rules, the HITECH Act and its associated regulations, and the parties do agree to at all times treat the PHI and interpret this Addendum consistent with that desire.

NOW THEREFORE: the parties agree that in consideration of the mutual promises herein, in the Agreement, and of the exchange of PHI hereunder that:

1. **Definitions.** Terms used, but not otherwise defined, in this Addendum shall have the same meaning as those terms in the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164.
 - a. **Agency Procurement Officer** shall mean the appropriate Agency individual listed at: <http://www.state.wv.us/admin/purchase/vrc/agencyli.html>.
 - b. **Agent** shall mean those person(s) who are agent(s) of the Business Associate, in accordance with the Federal common law of agency, as referenced in 45 CFR § 160.402(c).
 - c. **Breach** shall mean the acquisition, access, use or disclosure of protected health information which compromises the security or privacy of such information, except as excluded in the definition of Breach in 45 CFR § 164.402.
 - d. **Business Associate** shall have the meaning given to such term in 45 CFR § 160.103.
 - e. **HITECH Act** shall mean the Health Information Technology for Economic and Clinical Health Act. Public Law No. 111-05. 111th Congress (2009).

- f. **Privacy Rule** means the Standards for Privacy of Individually Identifiable Health Information found at 45 CFR Parts 160 and 164.
- g. **Protected Health Information or PHI** shall have the meaning given to such term in 45 CFR § 160.103, limited to the information created or received by Associate from or on behalf of Agency.
- h. **Security Incident** means any known successful or unsuccessful attempt by an authorized or unauthorized individual to inappropriately use, disclose, modify, access, or destroy any information or interference with system operations in an information system.
- i. **Security Rule** means the Security Standards for the Protection of Electronic Protected Health Information found at 45 CFR Parts 160 and 164.
- j. **Subcontractor** means a person to whom a business associate delegates a function, activity, or service, other than in the capacity of a member of the workforce of such business associate.

2. Permitted Uses and Disclosures.

- a. **PHI Described.** This means PHI created, received, maintained or transmitted on behalf of the Agency by the Associate. This PHI is governed by this Addendum and is limited to the minimum necessary, to complete the tasks or to provide the services associated with the terms of the original Agreement, and is described in Appendix A.
- b. **Purposes.** Except as otherwise limited in this Addendum, Associate may use or disclose the PHI on behalf of, or to provide services to, Agency for the purposes necessary to complete the tasks, or provide the services, associated with, and required by the terms of the original Agreement, or as required by law, if such use or disclosure of the PHI would not violate the Privacy or Security Rules or applicable state law if done by Agency or Associate, or violate the minimum necessary and related Privacy and Security policies and procedures of the Agency. The Associate is directly liable under HIPAA for impermissible uses and disclosures of the PHI it handles on behalf of Agency.
- c. **Further Uses and Disclosures.** Except as otherwise limited in this Addendum, the Associate may disclose PHI to third parties for the purpose of its own proper management and administration, or as required by law, provided that (i) the disclosure is required by law, or (ii) the Associate has obtained from the third party reasonable assurances that the PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party by the Associate; and, (iii) an agreement to notify the Associate and Agency of any instances of which it (the third party) is aware in which the confidentiality of the information has been breached. To the extent practical, the information should be in a limited data set or the minimum necessary information pursuant to 45 CFR § 164.502, or take other measures as necessary to satisfy the Agency's obligations under 45 CFR § 164.502.

3. Obligations of Associate.

- a. **Stated Purposes Only.** The PHI may not be used by the Associate for any purpose other than as stated in this Addendum or as required or permitted by law.
- b. **Limited Disclosure.** The PHI is confidential and will not be disclosed by the Associate other than as stated in this Addendum or as required or permitted by law. Associate is prohibited from directly or indirectly receiving any remuneration in exchange for an individual's PHI unless Agency gives written approval and the individual provides a valid authorization. Associate will refrain from marketing activities that would violate HIPAA, including specifically Section 13406 of the HITECH Act. Associate will report to Agency any use or disclosure of the PHI, including any Security Incident not provided for by this Agreement of which it becomes aware.
- c. **Safeguards.** The Associate will use appropriate safeguards, and comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health information, to prevent use or disclosure of the PHI, except as provided for in this Addendum. This shall include, but not be limited to:
 - i. Limitation of the groups of its workforce and agents, to whom the PHI is disclosed to those reasonably required to accomplish the purposes stated in this Addendum, and the use and disclosure of the minimum PHI necessary or a Limited Data Set;
 - ii. Appropriate notification and training of its workforce and agents in order to protect the PHI from unauthorized use and disclosure;
 - iii. Maintenance of a comprehensive, reasonable and appropriate written PHI privacy and security program that includes administrative, technical and physical safeguards appropriate to the size, nature, scope and complexity of the Associate's operations, in compliance with the Security Rule;
 - iv. In accordance with 45 CFR §§ 164.502(e)(1)(ii) and 164.308(b)(2), if applicable, ensure that any subcontractors that create, receive, maintain, or transmit protected health information on behalf of the business associate agree to the same restrictions, conditions, and requirements that apply to the business associate with respect to such information.
- d. **Compliance With Law.** The Associate will not use or disclose the PHI in a manner in violation of existing law and specifically not in violation of laws relating to confidentiality of PHI, including but not limited to, the Privacy and Security Rules.
- e. **Mitigation.** Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Associate of a use or disclosure of the PHI by Associate in violation of the requirements of this Addendum, and report its mitigation activity back to the Agency.

f. **Support of Individual Rights.**

- i. **Access to PHI.** Associate shall make the PHI maintained by Associate or its agents or subcontractors in Designated Record Sets available to Agency for inspection and copying, and in electronic format, if requested, within ten (10) days of a request by Agency to enable Agency to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 CFR § 164.524 and consistent with Section 13405 of the HITECH Act.
- ii. **Amendment of PHI.** Within ten (10) days of receipt of a request from Agency for an amendment of the PHI or a record about an individual contained in a Designated Record Set, Associate or its agents or subcontractors shall make such PHI available to Agency for amendment and incorporate any such amendment to enable Agency to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 CFR § 164.526.
- iii. **Accounting Rights.** Within ten (10) days of notice of a request for an accounting of disclosures of the PHI, Associate and its agents or subcontractors shall make available to Agency the documentation required to provide an accounting of disclosures to enable Agency to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 CFR § 164.528 and consistent with Section 13405 of the HITECH Act. Associate agrees to document disclosures of the PHI and information related to such disclosures as would be required for Agency to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR § 164.528. This should include a process that allows for an accounting to be collected and maintained by Associate and its agents or subcontractors for at least six (6) years from the date of disclosure, or longer if required by state law. At a minimum, such documentation shall include:
 - the date of disclosure;
 - the name of the entity or person who received the PHI, and if known, the address of the entity or person;
 - a brief description of the PHI disclosed; and
 - a brief statement of purposes of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure.
- iv. **Request for Restriction.** Under the direction of the Agency, abide by any individual's request to restrict the disclosure of PHI, consistent with the requirements of Section 13405 of the HITECH Act and 45 CFR § 164.522, when the Agency determines to do so (except as required by law) and if the disclosure is to a health plan for payment or health care operations and it pertains to a health care item or service for which the health care provider was paid in full "out-of-pocket."
- v. **Immediate Discontinuance of Use or Disclosure.** The Associate will immediately discontinue use or disclosure of Agency PHI pertaining to any individual when so requested by Agency. This includes, but is not limited to, cases in which an individual has withdrawn or modified an authorization to use or disclose PHI.

- g. Retention of PHI.** Notwithstanding section 4.a. of this Addendum, Associate and its subcontractors or agents shall retain all PHI pursuant to state and federal law and shall continue to maintain the PHI required under Section 3.f. of this Addendum for a period of six (6) years after termination of the Agreement, or longer if required under state law.
- h. Agent's, Subcontractor's Compliance.** The Associate shall notify the Agency of all subcontracts and agreements relating to the Agreement, where the subcontractor or agent receives PHI as described in section 2.a. of this Addendum. Such notification shall occur within 30 (thirty) calendar days of the execution of the subcontract and shall be delivered to the Agency Procurement Officer. The Associate will ensure that any of its subcontractors, to whom it provides any of the PHI it receives hereunder, or to whom it provides any PHI which the Associate creates or receives on behalf of the Agency, agree to the restrictions and conditions which apply to the Associate hereunder. The Agency may request copies of downstream subcontracts and agreements to determine whether all restrictions, terms and conditions have been flowed down. Failure to ensure that downstream contracts, subcontracts and agreements contain the required restrictions, terms and conditions may result in termination of the Agreement.
- j. Federal and Agency Access.** The Associate shall make its internal practices, books, and records relating to the use and disclosure of PHI, as well as the PHI, received from, or created or received by the Associate on behalf of the Agency available to the U.S. Secretary of Health and Human Services consistent with 45 CFR § 164.504. The Associate shall also make these records available to Agency, or Agency's contractor, for periodic audit of Associate's compliance with the Privacy and Security Rules. Upon Agency's request, the Associate shall provide proof of compliance with HIPAA and HITECH data privacy/protection guidelines, certification of a secure network and other assurance relative to compliance with the Privacy and Security Rules. This section shall also apply to Associate's subcontractors, if any.
- k. Security.** The Associate shall take all steps necessary to ensure the continuous security of all PHI and data systems containing PHI. In addition, compliance with 74 FR 19006 Guidance Specifying the Technologies and Methodologies That Render PHI Unusable, Unreadable, or Indecipherable to Unauthorized Individuals for Purposes of the Breach Notification Requirements under Section 13402 of Title XIII is required, to the extent practicable. If Associate chooses not to adopt such methodologies as defined in 74 FR 19006 to secure the PHI governed by this Addendum, it must submit such written rationale, including its Security Risk Analysis, to the Agency Procurement Officer for review prior to the execution of the Addendum. This review may take up to ten (10) days.
- l. Notification of Breach.** During the term of this Addendum, the Associate shall notify the Agency and, unless otherwise directed by the Agency in writing, the WV Office of Technology immediately by e-mail or web form upon the discovery of any Breach of unsecured PHI; or within 24 hours by e-mail or web form of any suspected Security Incident, intrusion or unauthorized use or disclosure of PHI in violation of this Agreement and this Addendum, or potential loss of confidential data affecting this Agreement. Notification shall be provided to the Agency Procurement Officer at www.state.wv.us/admin/purchase/vrc/agencyli.htm and,

unless otherwise directed by the Agency in writing, the Office of Technology at incident@wv.gov or <https://apps.wv.gov/ot/ir/Default.aspx>.

The Associate shall immediately investigate such Security Incident, Breach, or unauthorized use or disclosure of PHI or confidential data. Within 72 hours of the discovery, the Associate shall notify the Agency Procurement Officer, and, unless otherwise directed by the Agency in writing, the Office of Technology of: (a) Date of discovery; (b) What data elements were involved and the extent of the data involved in the Breach; (c) A description of the unauthorized persons known or reasonably believed to have improperly used or disclosed PHI or confidential data; (d) A description of where the PHI or confidential data is believed to have been improperly transmitted, sent, or utilized; (e) A description of the probable causes of the improper use or disclosure; and (f) Whether any federal or state laws requiring individual notifications of Breaches are triggered.

Agency will coordinate with Associate to determine additional specific actions that will be required of the Associate for mitigation of the Breach, which may include notification to the individual or other authorities.

All associated costs shall be borne by the Associate. This may include, but not be limited to costs associated with notifying affected individuals.

If the Associate enters into a subcontract relating to the Agreement where the subcontractor or agent receives PHI as described in section 2.a. of this Addendum, all such subcontracts or downstream agreements shall contain the same incident notification requirements as contained herein, with reporting directly to the Agency Procurement Officer. Failure to include such requirement in any subcontract or agreement may result in the Agency's termination of the Agreement.

- m. **Assistance in Litigation or Administrative Proceedings.** The Associate shall make itself and any subcontractors, workforce or agents assisting Associate in the performance of its obligations under this Agreement, available to the Agency at no cost to the Agency to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings being commenced against the Agency, its officers or employees based upon claimed violations of HIPAA, the HIPAA regulations or other laws relating to security and privacy, which involves inaction or actions by the Associate, except where Associate or its subcontractor, workforce or agent is a named as an adverse party.

4. Addendum Administration.

- a. **Term.** This Addendum shall terminate on termination of the underlying Agreement or on the date the Agency terminates for cause as authorized in paragraph (c) of this Section, whichever is sooner.
- b. **Duties at Termination.** Upon any termination of the underlying Agreement, the Associate shall return or destroy, at the Agency's option, all PHI received from, or created or received by the Associate on behalf of the Agency that the Associate still maintains in any form and retain no copies of such PHI or, if such return or destruction is not feasible, the Associate shall extend the protections of this Addendum to the PHI and limit further uses and disclosures to the purposes that make the return or destruction of the PHI infeasible. This shall also apply to all agents and subcontractors of Associate. The duty of the Associate and its agents

and subcontractors to assist the Agency with any HIPAA required accounting of disclosures survives the termination of the underlying Agreement.

- c. **Termination for Cause.** Associate authorizes termination of this Agreement by Agency, if Agency determines Associate has violated a material term of the Agreement. Agency may, at its sole discretion, allow Associate a reasonable period of time to cure the material breach before termination.
- d. **Judicial or Administrative Proceedings.** The Agency may terminate this Agreement if the Associate is found guilty of a criminal violation of HIPAA. The Agency may terminate this Agreement if a finding or stipulation that the Associate has violated any standard or requirement of HIPAA/HITECH, or other security or privacy laws is made in any administrative or civil proceeding in which the Associate is a party or has been joined. Associate shall be subject to prosecution by the Department of Justice for violations of HIPAA/HITECH and shall be responsible for any and all costs associated with prosecution.
- e. **Survival.** The respective rights and obligations of Associate under this Addendum shall survive the termination of the underlying Agreement.

5. General Provisions/Ownership of PHI.

- a. **Retention of Ownership.** Ownership of the PHI resides with the Agency and is to be returned on demand or destroyed at the Agency's option, at any time, and subject to the restrictions found within section 4.b. above.
- b. **Secondary PHI.** Any data or PHI generated from the PHI disclosed hereunder which would permit identification of an individual must be held confidential and is also the property of Agency.
- c. **Electronic Transmission.** Except as permitted by law or this Addendum, the PHI or any data generated from the PHI which would permit identification of an individual must not be transmitted to another party by electronic or other means for additional uses or disclosures not authorized by this Addendum or to another contractor, or allied agency, or affiliate without prior written approval of Agency.
- d. **No Sales.** Reports or data containing the PHI may not be sold without Agency's or the affected individual's written consent.
- e. **No Third-Party Beneficiaries.** Nothing express or implied in this Addendum is intended to confer, nor shall anything herein confer, upon any person other than Agency, Associate and their respective successors or assigns, any rights, remedies, obligations or liabilities whatsoever.
- f. **Interpretation.** The provisions of this Addendum shall prevail over any provisions in the Agreement that may conflict or appear inconsistent with any provisions in this Addendum. The interpretation of this Addendum shall be made under the laws of the state of West Virginia.
- g. **Amendment.** The parties agree that to the extent necessary to comply with applicable law they will agree to further amend this Addendum.
- h. **Additional Terms and Conditions.** Additional discretionary terms may be included in the release order or change order process.

AGREED:

Name of Agency: WV Office of Shared
Administration/BPH

Signature: Heather White

Title: Procurement Specialist, Senior

Date: 9/18/24

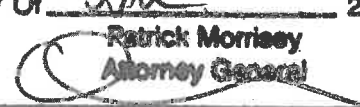

Name of Associate: Jeff Cross

Signature: 
7C73663A24504EA...

Title: SVP Prevention

Date: 9/17/2024

Form - WVBAA-012004
Amended 06.26.2013

APPROVED AS TO FORM THIS 26th
DAY OF Jan 20 13

Patrick Morrissey
Attorney General
BY 

Appendix A

(To be completed by the Agency's Procurement Officer prior to the execution of the Addendum, and shall be made a part of the Addendum. PHI not identified prior to execution of the Addendum may only be added by amending Appendix A and the Addendum, via Change Order.)

Name of Associate: Jeff Cross

Name of Agency: WV DHHR

Describe the PHI (do not include any actual PHI). If not applicable, please indicate the same.

Any and all health information that can be tied to an individual's information.

FEDERAL FUNDS ADDENDUM

2 C.F.R. §§ 200.317 – 200.327

Purpose: This addendum is intended to modify the solicitation in an attempt to make the contract compliant with the requirements of 2 C.F.R. §§ 200.317 through 200.327 relating to the expenditure of certain federal funds. This solicitation will allow the State to obtain one or more contracts that satisfy standard state procurement, state federal funds procurement, and county/local federal funds procurement requirements.

Instructions: Vendors who are willing to extend their contract to procurements with federal funds and the requirements that go along with doing so, should sign the attached document identified as: “REQUIRED CONTRACT PROVISIONS FOR NON-FEDERAL ENTITY CONTRACTS UNDER FEDERAL AWARDS (2 C.F.R. § 200.317)”

Should the awarded vendor be unwilling to extend the contract to federal funds procurement, the State reserves the right to award additional contracts to vendors that can and are willing to meet federal funds procurement requirements.

Changes to Specifications: Vendors should consider this solicitation as containing two separate solicitations, one for state level procurement and one for county/local procurement.

State Level: In the first solicitation, bid responses will be evaluated with applicable preferences identified in sections 15, 15A, and 16 of the “Instructions to Vendors Submitting Bids” to establish a contract for both standard state procurements and state federal funds procurements.

County Level: In the second solicitation, bid responses will be evaluated with applicable preferences identified in Sections 15, 15A, and 16 of the “Instructions to Vendors Submitting Bids” omitted to establish a contract for County/Local federal funds procurement.

Award: If the two evaluations result in the same vendor being identified as the winning bidder, the two solicitations will be combined into a single contract award. If the evaluations result in a different bidder being identified as the winning bidder, multiple contracts may be awarded. The State reserves the right to award to multiple different entities should it be required to satisfy standard state procurement, state federal funds procurement, and county/local federal funds procurement requirements.

State Government Use Caution: State agencies planning to utilize this contract for procurements subject to the above identified federal regulations should first consult with the federal agency providing the applicable funding to ensure the contract is compliant.

County/Local Government Use Caution: County and Local government entities planning to utilize this contract for procurements subject to the above identified federal regulation should first consult with the federal agency providing the applicable funding to ensure the contract is compliant. For purposes of County/Local government use, the solicitation resulting in this contract was conducted in accordance with the procurement laws, rules, and procedures governing the West Virginia Department of Administration, Purchasing Division, except that vendor preference has been omitted for County/Local use purposes and the contract terms contained in the document entitled “REQUIRED CONTRACT PROVISIONS FOR NON-FEDERAL ENTITY CONTRACTS UNDER FEDERAL AWARDS (2 C.F.R. § 200.317)” have been added.

FEDERAL FUNDS ADDENDUM

REQUIRED CONTRACT PROVISIONS FOR NON-FEDERAL ENTITY CONTRACTS UNDER FEDERAL AWARDS (2 C.F.R. § 200.317):

The State of West Virginia Department of Administration, Purchasing Division, and the Vendor awarded this Contract intend that this Contract be compliant with the requirements of the Procurement Standards contained in the Uniform Administrative Requirements, Cost Principles, and Audit Requirements found in 2 C.F.R. § 200.317, et seq. for procurements conducted by a Non-Federal Entity. Accordingly, the Parties agree that the following provisions are included in the Contract.

**1. MINORITY BUSINESSES, WOMEN'S BUSINESS ENTERPRISES, AND LABOR SURPLUS AREA FIRMS:
(2 C.F.R. § 200.321)**

- a. The State confirms that it has taken all necessary affirmative steps to assure that minority businesses, women's business enterprises, and labor surplus area firms are used when possible. Those affirmative steps include:
 - (1) Placing qualified small and minority businesses and women's business enterprises on solicitation lists;
 - (2) Assuring that small and minority businesses, and women's business enterprises are solicited whenever they are potential sources;
 - (3) Dividing total requirements, when economically feasible, into smaller tasks or quantities to permit maximum participation by small and minority businesses, and women's business enterprises;
 - (4) Establishing delivery schedules, where the requirement permits, which encourage participation by small and minority businesses, and women's business enterprises;
 - (5) Using the services and assistance, as appropriate, of such organizations as the Small Business Administration and the Minority Business Development Agency of the Department of Commerce; and
 - (6) Requiring the prime contractor, if subcontracts are to be let, to take the affirmative steps listed in paragraphs (1) through (5) above.
- b. Vendor confirms that if it utilizes subcontractors, it will take the same affirmative steps to assure that minority businesses, women's business enterprises, and labor surplus area firms are used when possible.

**2. DOMESTIC PREFERENCES:
(2 C.F.R. § 200.322)**

- a. The State confirms that as appropriate and to the extent consistent with law, it has, to the greatest extent practicable under a Federal award, provided a preference for the purchase, acquisition, or use of goods, products, or materials produced in the United

Vendor agrees that if this Contract includes construction, all construction work in excess of \$2,000 will be completed and paid for in compliance with the Davis–Bacon Act (40 U.S.C. 3141–3144, and 3146–3148) as supplemented by Department of Labor regulations (29 CFR Part 5, “Labor Standards Provisions Applicable to Contracts Covering Federally Financed and Assisted Construction”). In accordance with the statute, contractors must:

- (a) pay wages to laborers and mechanics at a rate not less than the prevailing wages specified in a wage determination made by the Secretary of Labor.
- (b) pay wages not less than once a week.

A copy of the current prevailing wage determination issued by the Department of Labor is attached hereto as Exhibit B. The decision to award a contract or subcontract is conditioned upon the acceptance of the wage determination. The State will report all suspected or reported violations to the Federal awarding agency.

7. ANTI-KICKBACK ACT:
(2 C.F.R. § 200.327 and Appendix II)

Vendor agrees that it will comply with the Copeland Anti-KickBack Act (40 U.S.C. 3145), as supplemented by Department of Labor regulations (29 CFR Part 3, “Contractors and Subcontractors on Public Building or Public Work Financed in Whole or in Part by Loans or Grants from the United States”). Accordingly, Vendor, Subcontractors, and anyone performing under this contract are prohibited from inducing, by any means, any person employed in the construction, completion, or repair of public work, to give up any part of the compensation to which he or she is otherwise entitled. The State must report all suspected or reported violations to the Federal awarding agency.

8. CONTRACT WORK HOURS AND SAFETY STANDARDS ACT
(2 C.F.R. § 200.327 and Appendix II)

Where applicable, and only for contracts awarded by the State in excess of \$100,000 that involve the employment of mechanics or laborers, Vendor agrees to comply with 40 U.S.C. 3702 and 3704, as supplemented by Department of Labor regulations (29 CFR Part 5). Under 40 U.S.C. 3702 of the Act, Vendor is required to compute the wages of every mechanic and laborer on the basis of a standard work week of 40 hours. Work in excess of the standard work week is permissible provided that the worker is compensated at a rate of not less than one and a half times the basic rate of pay for all hours worked in excess of 40 hours in the work week. The requirements of 40 U.S.C. 3704 are applicable to construction work and provide that no laborer or mechanic must be required to work in surroundings or under working conditions which are unsanitary, hazardous or dangerous. These requirements do not apply to the purchases of supplies or materials or articles ordinarily available on the open market, or contracts for transportation or transmission of intelligence.

9. RIGHTS TO INVENTIONS MADE UNDER A CONTRACT OR AGREEMENT.
(2 C.F.R. § 200.327 and Appendix II)

If the Federal award meets the definition of “funding agreement” under 37 CFR § 401.2 (a) and the recipient or subrecipient wishes to enter into a contract with a small business firm or nonprofit organization regarding the substitution of parties, assignment or performance of experimental, developmental, or research work under that “funding agreement,” the recipient or subrecipient must comply with the requirements of 37 CFR Part 401, “Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements,” and any implementing regulations issued by the awarding agency.

10. CLEAN AIR ACT
(2 C.F.R. § 200.327 and Appendix II)

Vendor agrees that if this contract exceeds \$150,000, Vendor is to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401–7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251–1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).

11. DEBARMENT AND SUSPENSION
(2 C.F.R. § 200.327 and Appendix II)

The State will not award to any vendor that is listed on the governmentwide exclusions in the System for Award Management (SAM), in accordance with the OMB guidelines at 2 CFR 180 that implement Executive Orders 12549 (3 CFR part 1986 Comp., p. 189) and 12689 (3 CFR part 1989 Comp., p. 235), “Debarment and Suspension.” SAM Exclusions contains the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549.

12. BYRD ANTI-LOBBYING AMENDMENT
(2 C.F.R. § 200.327 and Appendix II)

Vendors that apply or bid for an award exceeding \$100,000 must file the required certification. Each tier certifies to the tier above that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. 1352. Each tier must also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award. Such disclosures are forwarded from tier to tier up to the non-Federal award.

13. PROCUREMENT OF RECOVERED MATERIALS
(2 C.F.R. § 200.327 and Appendix II; 2 C.F.R. § 200.323)

Vendor agrees that it and the State must comply with section 6002 of the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act. The requirements of Section 6002 include procuring only items designated in guidelines of the

Environmental Protection Agency (EPA) at 40 CFR part 247 that contain the highest percentage of recovered materials practicable, consistent with maintaining a satisfactory level of competition, where the purchase price of the item exceeds \$10,000 or the value of the quantity acquired during the preceding fiscal year exceeded \$10,000; procuring solid waste management services in a manner that maximizes energy and resource recovery; and establishing an affirmative procurement program for procurement of recovered materials identified in the EPA guidelines.

14. PROHIBITION ON CERTAIN TELECOMMUNICATIONS AND VIDEO SURVEILLANCE SERVICES OR EQUIPMENT.

(2 C.F.R. § 200.327 and Appendix II; 2 CFR § 200.216)

Vendor and State agree that both are prohibited from obligating or expending funds under this Contract to:

- (1) Procure or obtain;
- (2) Extend or renew a contract to procure or obtain; or
- (3) Enter into a contract (or extend or renew a contract) to procure or obtain equipment, services, or systems that uses covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system. As described in Public Law 115–232, section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).
 - (i) For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).
 - (ii) Telecommunications or video surveillance services provided by such entities or using such equipment.
 - (iii) Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise connected to, the government of a covered foreign country.

In implementing the prohibition under Public Law 115–232, section 889, subsection (f), paragraph (1), heads of executive agencies administering loan, grant, or subsidy programs shall prioritize available funding and technical support to assist affected businesses, institutions and organizations as is reasonably necessary for those affected entities to transition from covered communications equipment and services, to procure replacement equipment and services, and to ensure that communications service to users and customers is sustained.

State of West Virginia

By: Heather White

Printed Name: Heather White

Title: Procurement Specialist, Senior

Date: 9/18/2024

Vendor Name:

By: 
7C73683A24504EA...

Printed Name: Jeff Cross

Title: SVP Prevention

Date: 9/17/2024

EXHIBIT A To:
REQUIRED CONTRACT PROVISIONS FOR NON-FEDERAL ENTITY
CONTRACTS UNDER FEDERAL AWARDS (2 C.F.R. § 200.317):

W. Va. CSR § 148-1-5

West Virginia Code of State Rules
Title 148. Department of Administration
Legislative Rule (Ser. 1)
Series 1. Purchasing

W. Va. Code St. R. § 148-1-5
§ 148-1-5. Remedies.

Currentness

5.1. The Director may require that the spending unit attempt to resolve any issues that it may have with the vendor prior to pursuing a remedy contained herein. The spending unit must document any resolution efforts and provide copies of those documents to the Purchasing Division.

5.2. Contract Cancellation.

5.2.1. Cancellation. The Director may cancel a purchase or contract immediately under any one of the following conditions including, but not limited to:

5.2.1.a. The vendor agrees to the cancellation;

5.2.1.b. The vendor has obtained the contract by fraud, collusion, conspiracy, or is in conflict with any statutory or constitutional provision of the State of West Virginia;

5.2.1.c. Failure to honor any contractual term or condition or to honor standard commercial practices;

5.2.1.d. The existence of an organizational conflict of interest is identified;

5.2.1.e. Funds are not appropriated or an appropriation is discontinued by the legislature for the acquisition;

5.2.1.f. Violation of any federal, state, or local law, regulation, or ordinance, and

5.2.1.g. The contract was awarded in error.

5.2.2. The Director may cancel a purchase or contract for any reason or no reason, upon providing the vendor with 30 days' notice of the cancellation.

5.2.3. Opportunity to Cure. In the event that a vendor fails to honor any contractual term or condition, or violates any provision of federal, state, or local law, regulation, or ordinance, the Director may request that the vendor remedy the contract breach or legal violation within a time frame the Director determines to be appropriate. If the vendor fails to remedy the contract breach or legal violation or the Director determines, at his or her sole discretion, that such a request is unlikely to yield a satisfactory result, then he or she may cancel immediately without providing the vendor an opportunity to perform a remedy.

5.2.4. Re-Award. The Director may award the cancelled contract to the next lowest responsible bidder (or next highest scoring bidder if best value procurement) without a subsequent solicitation if the following conditions are met:

5.2.4.a. The next lowest responsible bidder (or next highest scoring bidder if best value procurement) is able to perform at the price contained in its original bid submission, and

5.2.4.b. The contract is an open-end contract, a one-time purchase contract, or a contract for work which has not yet commenced.

Award to the next lowest responsible bidder (or next highest scoring bidder if best value procurement) will not be an option if the vendor's failure has in any way increased or significantly changed the scope of the original contract. The vendor failing to honor contractual and legal obligations is responsible for any increase in cost the state incurs as a result of the re-award.

5.3. Non-Responsible. If the Director believes that a vendor may be non-responsible, the Director may request that a vendor or spending unit provide evidence that the vendor either does or does not have the capability to fully perform the contract requirements, and the integrity and reliability necessary to assure good faith performance. If the Director determines that the vendor is non-responsible, the Director shall reject that vendor's bid and shall not award the contract to that vendor. A determination of non-responsibility must be evaluated on a case-by-case basis and can only be made after the vendor in question has submitted a bid. A determination of non-responsibility will only extend to the contract for which the vendor has submitted a bid and does not operate as a bar against submitting future bids.

5.4. Suspension.

5.4.1. The Director may suspend, for a period not to exceed 1 year, the right of a vendor to bid on procurements issued by the Purchasing Division or any state spending unit under its authority if:

5.4.1.a. The vendor has submitted a bid and then requested that its bid be withdrawn after bids have been publicly opened.

5.4.1.b. The vendor has exhibited poor performance in fulfilling his or her contractual obligations to the State. Poor performance includes, but is not limited to any of the following: violations of law, regulation, or ordinance; failure to deliver timely; failure to deliver quantities ordered; poor performance reports; or failure to deliver commodities, services, or printing at the quality level required by the contract.

5.4.1.c. The vendor has breached a contract issued by the Purchasing Division or any state spending unit under its authority and refuses to remedy that breach.

5.4.1.d. The vendor's actions have given rise to one or more of the grounds for debarment listed in W. Va. Code § 5A-3-33d.

5.4.2. Vendor suspension for the reasons listed in section 5.4 above shall occur as follows:

5.4.2.a. Upon a determination by the Director that a suspension is warranted, the Director will serve a notice of suspension to the vendor.

5.4.2.b. A notice of suspension must inform the vendor:

5.4.2.b.1. Of the grounds for the suspension;

5.4.2.b.2. Of the duration of the suspension;

5.4.2.b.3. Of the right to request a hearing contesting the suspension;

5.4.2.b.4. That a request for a hearing must be served on the Director no later than 5 working days of the vendor's receipt of the notice of suspension;

5.4.2.b.5. That the vendor's failure to request a hearing no later than 5 working days of the receipt of the notice of suspension will be deemed a waiver of the right to a hearing and result in the automatic enforcement of the suspension without further notice or an opportunity to respond; and

5.4.2.b.6. That a request for a hearing must include an explanation of why the vendor believes the Director's asserted grounds for suspension do not apply and why the vendor should not be suspended.

5.4.2.c. A vendor's failure to serve a request for hearing on the Director no later than 5 working days of the vendor's receipt of the notice of suspension will be deemed a waiver of the right to a hearing and may result in the automatic enforcement of the suspension without further notice or an opportunity to respond.

5.4.2.d. A vendor who files a timely request for hearing but nevertheless fails to provide an explanation of why the asserted grounds for suspension are inapplicable or should not result in a suspension, may result in a denial of the vendor's hearing request.

5.4.2.e. Within 5 working days of receiving the vendor's request for a hearing, the Director will serve on the vendor a notice of hearing that includes the date, time and place of the hearing.

5.4.2.f. The hearing will be recorded and an official record prepared. Within 10 working days of the conclusion of the hearing, the Director will issue and serve on the vendor, a written decision either confirming or reversing the suspension.

5.4.3. A vendor may appeal a decision of the Director to the Secretary of the Department of Administration. The appeal must be in writing and served on the Secretary no later than 5 working days of receipt of the Director's decision.

5.4.4. The Secretary, or his or her designee, will schedule an appeal hearing and serve on the vendor, a notice of hearing that includes the date, time and place of the hearing. The appeal hearing will be recorded and an official record prepared. Within 10 working days of the conclusion of the appeal hearing, the Secretary will issue and serve on the vendor a written decision either confirming or reversing the suspension.

5.4.5. Any notice or service related to suspension actions or proceedings must be provided by certified mail, return receipt requested.

5.5. Vendor Debarment. The Director may debar a vendor on the basis of one or more of the grounds for debarment contained in W. Va. Code § 5A-3-33d or if the vendor has been declared ineligible to participate in procurement related activities under federal laws and regulation.

5.5.1. Debarment proceedings shall be conducted in accordance with W. Va. Code § 5A-3-33e and these rules. A vendor that has received notice of the proposed debarment by certified mail, return receipt requested, must respond to the proposed debarment within 30 working days after receipt of notice or the debarment will be instituted without further notice. A vendor is deemed to have received notice, notwithstanding the vendor's failure to accept the certified mail, if the letter is addressed to the vendor at its last known address. After considering the matter and reaching a decision, the Director shall notify the vendor of his or her decision by certified mail, return receipt requested.

5.5.2. Any vendor, other than a vendor prohibited from participating in federal procurement, undergoing debarment proceedings is permitted to continue participating in the state's procurement process until a final debarment decision has been reached. Any contract that a debarred vendor obtains prior to a final debarment decision shall remain in effect for the current term, but may not be extended or renewed. Notwithstanding the foregoing, the Director may cancel a contract held by a debarred vendor if the Director determines, in his or her sole discretion, that doing so is in the best interest of the State. A vendor prohibited from participating in federal procurement will not be permitted to participate in the state's procurement process during debarment proceedings.

5.5.3. If the Director's final debarment decision is that debarment is warranted and notice of the final debarment decision is mailed, the Purchasing Division shall reject any bid submitted by the debarred vendor, including any bid submitted prior to the final debarment decision if that bid has not yet been accepted and a contract consummated.

5.5.4. Pursuant to W.Va. Code § 5A-3-33e(e), the length of the debarment period will be specified in the debarment decision and will be for a period of time that the Director finds necessary and proper to protect the public from an irresponsible vendor.

5.5.5. List of Debarred Vendors. The Director shall maintain and publicly post a list of debarred vendors on the Purchasing Division's website.

5.5.6. Related Party Debarment. The Director may pursue debarment of a related party at the

same time that debarment of the original vendor is proceeding or at any time thereafter that the Director determines a related party debarment is warranted. Any entity that fails to provide the Director with full, complete, and accurate information requested by the Director to determine related party status will be presumed to be a related party subject to debarment.

5.6. Damages.

5.6.1. A vendor who fails to perform as required under a contract shall be liable for actual damages and costs incurred by the state.

5.6.2. If any commodities delivered under a contract have been used or consumed by a spending unit and on testing the commodities are found not to comply with specifications, no payment may be approved by the Spending Unit for the merchandise until the amount of actual damages incurred has been determined.

5.6.3. The Spending Unit shall seek to collect damages by following the procedures established by the Office of the Attorney General for the collection of delinquent obligations.

Credits

History: Filed 4-1-19, eff. 4-1-19; Filed 4-16-21, eff. 5-1-21.

Current through register dated May 7, 2021. Some sections may be more current. See credits for details.

W. Va. C.S.R. § 148-1-5, WV ADC § 148-1-5

End of Document

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EXHIBIT B To:
REQUIRED CONTRACT PROVISIONS FOR NON-FEDERAL ENTITY
CONTRACTS UNDER FEDERAL AWARDS (2 C.F.R. § 200.317):

Prevailing Wage Determination

- ☐ – Not Applicable Because Contract Not for Construction
- ☐ – Federal Prevailing Wage Determination on Next Page

Appendix A: Cost Sheet

Appendix: A Tobacco Cessation Quidline Services

Item	Description	Unit of Measure		Pricing of Service	
	Service				
1	Administrative Costs	Yearly Fee		\$96,000.00	
Coaching/Reactive Calls					
2	Intake/Eligibility Verification	Per enrolled person		\$30.00	
3	Coaching Call #1	Per Call		\$35.00	
4	Coaching Call #2	Per Call		\$35.00	
5	Coaching Call #3	Per Call		\$35.00	
6	Coaching Call #4	Per Call		\$35.00	
7	Reactive Calls #1-4	Per Call		\$35.00	
Nicotine Replacement Therapy (4 week supply)					
8	Nicotine Gum 4mg	Per Shipment		\$60.00	
9	Nicotine Gum 2mg	Per Shipment		\$60.00	
10	Nicotine Patch 21mg	Per Shipment		\$52.00	
11	Nicotine Patch 14mg	Per Shipment		\$52.00	
12	Nicotine Patch 7mg	Per Shipment		\$52.00	
13	Nicotine Lozenge 4mg	Per Shipment		\$65.00	
14	Nicotine Lozenge 2mg	Per Shipment		\$65.00	