

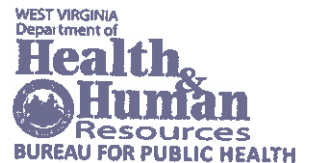


Proposal  
**Request for Quotation**  
CRFQ 0506 EHP1700000006

April 18, 2017

Presented to

04/18/17 12:25:25  
Purchasing Division



On behalf of





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## Company Background

beBetter Health, Inc. is a West Virginia based business who is a leading provider of tobacco cessation products and programs that help organizations reduce health care costs, boost employee productivity and ultimately save lives. For 30 years, we have delivered proven results to thousands of organizations across the country through onsite health screenings, health risk assessments, health coaching, healthy lifestyle programs, and quit-smoking solutions.

As the original developer of the West Virginia Tobacco Cessation Quitline we have had well over 1,000,000 service interactions with West Virginia Tobacco Users over the past 16 years. In an average year we field over 50,000 thousand incoming calls and enroll over 9,000 individuals in the cessation process. Those enrolled individuals receive on average five different touchpoints of service via mail, phone and web based outreach. Our scientifically based, clinically validated methodologies are delivered by a highly experienced and professional staff all devoted to the health of West Virginia and its residents. On average participants report program satisfaction in the upper 90% range with a quit rate of approximately 30%.

In addition, we are a 'Charter Member' of the North American Quitline Consortium and actively participate in this and other tobacco cessation related organizations in order to stay current with industry trends and best practices.

## Executive Summary

The West Virginia Department of Health and Human Resources, Bureau for Public Health and Division of Tobacco Prevention is requesting bids for professional Quitline providers to provide West Virginians with a convenient telephone based tobacco cessation helpline at no cost to the caller.

Specific services to be provided to callers as a part of a convenient, telephone-based tobacco cessation helpline include screening, assessment of readiness to quit, four proactive counseling calls, reactive counseling calls, support materials to be mailed upon successful enrollment, referrals to community based or other available cessation programs as well as nicotine replacement therapy. In keeping up with growing communication trends it is also necessary to have online access to Quitline services including community referral databases, enrollment and coaching options for residents of West Virginia. The newly launched "BreatheBetter" web based program as well as general "Wellness Portal" can help meet this need for expanded modes of communication and delivery.

Services such as these are essential in our State of West Virginia since we continue to be among the highest prevalence of tobacco use in the country. Being a West Virginia based company and having provided tobacco cessation services to the State for over 16 years,



beBetter Health understands the demographics and needs West Virginia residents allowing our staff to provide very specific and personal support to enrollees. beBetter Health has been a partner with the State for many special research projects giving us a very clear picture of account management needs such as data collection, reporting and the need to be plugged into various healthcare coalition activity throughout the State.

Below is a partial list of beBetter Health Staff assigned to the West Virginia Tobacco Cessation Quitline and their related experience:

- **Gary B. Sams MS** – Chief Wellness Officer of beBetter Health and original architect of the West Virginia Tobacco Quitline, Certified "Freedom from Smoking" Instructor. Designer of the online BreatheBetter Program.
- **Jayne Kinney** – Program Manager of the West Virginia Tobacco Quitline for the past 2 years and staff member for the past 4 years. BA in Criminal Justice, Certified Tobacco Treatment Specialist (ACT Center), ACE Certified Health Coach, Freedom From Smoking Facilitator, 4 years Tobacco Cessation Program Coordinator at West Virginia University/West Virginia University Hospital Pulmonary Clinic, 7 years of health coaching experience
- **Ashley Kirk** – Manager of Health Coaching Services, BS in Nutrition and Dietetics , Certified Tobacco Treatment Specialist (Mayo Clinic), active in the West Virginia Quitline for the past 5 years, Diabetes Prevention Specialist, 9 years of health coaching experience

beBetter Health looks forward to the possibility of our partnership with the State of West Virginia.

The following sections are a response to the Request for Quotation provided by West Virginia Department of Health and Human Resources for Quitline Services, CRFQ 0506 EHP1700000006.

## Section 1. Qualifications:

- 3.1. Quitline coaches must have a Bachelor's Degree in social, behavioral, or health related field with a minimum of two years counseling experience. The Quitline coach must be certified by an outside entity to provide tobacco cessation counseling (CTTS).

beBetter Health maintains a staff of wellness coaches that have experience in all phases of behavior and lifestyle change from addictions, as it relates to tobacco cessation, to health and nutrition as it relates to general wellness. All beBetter Health's tobacco cessation coaches have a minimum Bachelor's Degree in a health-related field. In addition, each of our coaches has over two years counseling experience. Our team has a combined total of 100 years of counseling experience. Most of our coaches have been with beBetter for more than three years. Six out of eight of our coaches are Certified Tobacco Treatment Specialists. The



remaining two will be certified through the Mayo Clinic in mid-May 2017. At that time, our entire coaching team will be tobacco treatment certified. Below is a representative sample of our current coaching staff:

**Name:** Jennifer Simon

**Education:** BA in Psychology and Master of Arts in Community Counseling

**Credentials:** Certified Tobacco Treatment Specialist (Duquesne University Mylan School of Pharmacy)

**Relevant Experience:** 13 years of health coaching experience, with 10 years in tobacco cessation coaching, specializing in maternity-management coaching in tobacco cessation for our pregnant population

**Name:** Kecia Cropper

**Education:** BS in Nutrition and Dietetics, Masters in Public Health, Health Promotion and Education

**Credentials:** Certified Tobacco Treatment Specialist (The Breathing Association), Certified Health Coach, Diabetes Prevention Specialist

**Relevant Experience:** 5 years with beBetter Health, 7 years of health coaching experience

**Name:** Kathryn Simms

**Education:** BS in Nutrition and Dietetics

**Credentials:** Certified Tobacco Treatment Specialist (The Breathing Association), Registered Dietitian, Certificate of Training in Adult Weight Management, creates and presents monthly team trainings

**Relevant Experience:** 4 years with beBetter Health, 8 years of health coaching experience

- 3.2 The Vendor must have a Quitline Program Manager/Coach with a Bachelor's Degree and at least three years' experience in tobacco cessation programming in an administrative capacity. The Quitline Program Manager must be certified by an outside entity to provide tobacco cessation counseling (CTTS).

**Name:** Jayne Kinney

**Education:** BA in Criminal Justice

**Credentials:** Certified Tobacco Treatment Specialist (ACT Center), ACE Certified Health Coach, Freedom From Smoking Facilitator

**Relevant Experience:** 4 years with beBetter Health, 2 years as Program Manager for the West Virginia Tobacco Quitline and staff member for the past 4 years. 4 years Tobacco Cessation Program Coordinator at West Virginia University/WVUH Pulmonary Clinic, 7 years of health coaching experience

- 3.3 The Vendor shall have a clinical and/or medical director available to provide technical assistance and oversight of Quitline services. This/these positions must have medical and/or clinical license for West Virginia. This position will also be able to resolve any complex issues involving NRT.



beBetter Health's Licensed Clinical Nurse/Medical Director is Cathy Mac Alister, RN, BSN, CTTS. A copy of Ms. MacAlister's resume is included in the attachments section on this proposal. (See Attachment A) She will be available as needed to address any and all questions from a technical/medical oversight perspective related to our services and NRT. In addition, through our relationship with GlaxoSmithkline we will have clinical support related to NRT as needed.

- 3.4** The Vendor shall be required to become a member of the NAQC and attend its meeting and technical assistance updates. Also the Vendor shall pay yearly membership dues of \$3,000 and shall provide individual memberships for each of the following: DTP Tobacco Cessation Program Manager, Quitline Evaluator, and BMS representative at \$300 each.

beBetter Health is a Charter Member of the North American Quitline Consortium (NAQC). We will maintain membership with the NAQC; paying yearly membership dues to include the DTP Tobacco Cessation Program Manager, Quitline Evaluator and BMS representative under Associate Member Status.

## Section 2. Mandatory Requirements:

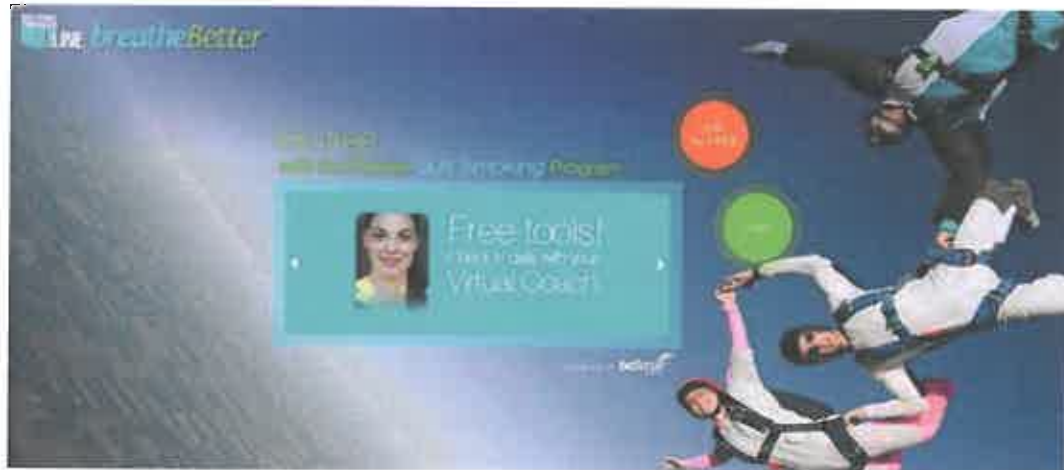
### **4.1 FOR THE DIVISION OF TOBACCO PREVENTION**

- 4.1.1.** The Vendor shall implement a Quitline to assist West Virginians with quitting smoking or using any product that contains tobacco, including e-cigarettes. The Vendor shall also provide eligibility verification, quit materials, non-prescription medications, and text and web based cessation counseling support to participants.

beBetter Health will continue to provide/maintain a convenient, comprehensive tobacco cessation Quitline. beBetter has built, adapted, and implemented an enrollment and verification process. This process closely utilizes the NAQC MDS which captures necessary and requested data without hindering the enrollment experience for our callers. beBetter verifies eligibility by requesting the following: proof of residency, proof of age, identifying special group populations (i.e. pregnant, military), insured, under-insured, and private insurance groups.

beBetter currently provides and will continue to provide proactive and reactive coaching, educational materials, Nicotine Replacement. Upon permission by the caller, we have the capability of sending automated text messages. Our health coaches are able to send personalized text messages to offer encouragement and support. beBetter has developed and implemented a virtual health coaching/tobacco cessation portal. (See Attachment B for the enrollment process) Below is our Quitline web-based breatheBetter portal.





**4.1.2** The Vendor shall be capable of identifying participants who may be eligible for Quitline services through a health plan, employer, or other resource, and if such eligibility is determined, the Vendor must facilitate a transfer of those participants to the Quitline service for which they are eligible without any cost to BPH. Screening and registration must include the Minimum Data Set (MDS) questions as recommended by NAQC and screening for special populations as determined by BPH.

beBetter verifies eligibility by requesting the following: proof of residency, proof of age, identifying special group populations (i.e. pregnant, military), insured, under-insured, and private insurance groups. (See Attachment B –Exhibit 2). Once eligibility is determined the caller is enrolled and transferred to a health coach to begin the Quitline program.

**4.1.3** The Vendor shall assure provision of appropriate materials, including brochures specific to smoking, smokeless tobacco, electronic cigarettes, pregnant smokers and any other population deemed special by DTP.

beBetter Health currently receives educational materials from DTP to distribute to enrollees. beBetter will continue to distribute educational materials for enrollees in the form of our Educational Packet mailings. Educational Packets are mailed to the individuals address upon completion of the enrollment process. beBetter maintains separate, specialized materials for snus users, smokeless users and pregnant tobacco users. They are processed and mailed

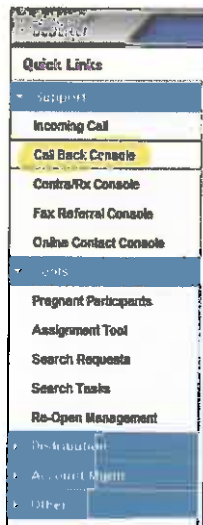
within one day after enrollment into the program. beBetter also sends educational packets to participants who feel they are not currently ready to quit but would like more information on tobacco cessation.

**4.1.4** The Vendor shall provide comprehensive proactive and reactive phone-based behavioral counseling to participants, assist the participant to develop a personalized quit plan, and refer to community-based services as available. Counseling shall include:

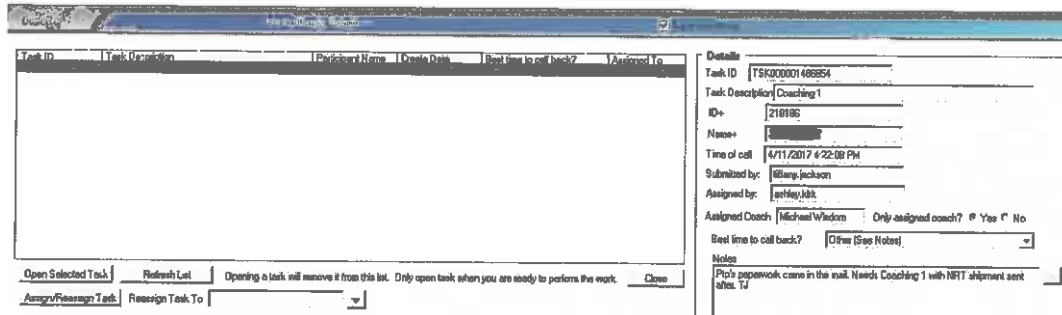
**4.1.4.1** Proactive phone call(s): Quitline coach must contact the participant every two weeks for a total of 4 calls, and a total of 8 weeks within a 12 month period from the date of enrollment.

beBetter has established a 4 call model over an 8 week time period through its history with the West Virginia Tobacco Quitline. beBetter coaches will continue to contact enrollees every 2 weeks. Our coaching program is unique in that it is personalized. Our participants speak with the same coach at each coaching session. When they call the Quitline phone number, they are prompted to enter their coach's extension. They are provided with their coach's direct extension which they can utilize at any time during their Quitline program. For example, a participant can call their coach directly if they miss a coaching call, need NRT or extra support, or have questions and/or concerns.

beBetter Management has developed and implemented a Call Back Console. (See Below) This console ensures those participants who have called the Quitline during normal business hours receive a call back from a coach within 1 hour. These participants are considered "high priority" and are first to receive a call from their coach. (called before any other participant in a coach's caseload)







**4.1.4.2** Reactive phone call (s): Quitline coach must respond to no more than four reactive coaching calls, in 12 months from the date of enrollment.

beBetter will follow this requirement and complete no more than four reactive coaching calls in a 12 month period from the date of enrollment.

**4.1.4.3** Provide web-based (email) and text support counseling as stand-alone counseling or in support of phone counseling.

Upon agreement from the participant, beBetter coaches have the ability to email and text. These emails and texts messages include reminders for coaching calls, as well as, encouragement and support throughout their quit program. (See below for examples)



**Anniversary (One Month):** Congratulations on being tobacco free for 1 month! Being 1 month tobacco free increases your blood flow and improves skin tone. What a great accomplishment!

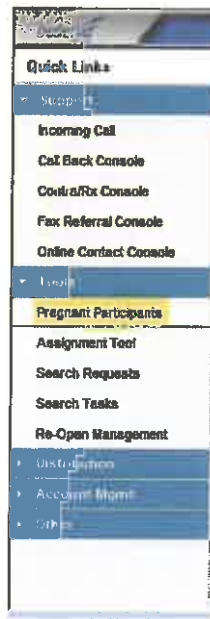
**Relapse Prevention:** You did it! Here are a few suggestions to keep going. 1. Keep your guard up. 2. Continue to reward yourself by celebrating your quit milestones, you deserve it. 3. Stay positive. 4. Lean on someone for support. 5. Call us for support.

**Second Call Attempt:** It's time to complete your Quitline coaching call. Please call us back at 1-877-966-8784. Our hours of operation are 8-8 M-F and 8-5 on Sat-Sun.

**4.1.4.4** For special populations, including but not limited to pregnant smokers, the Vendor shall offer enhanced counseling services at the request of DTP and OMCFH.

We work with the OMCFH, alongside the Perinatal Partnership, by participating in a pilot program and as a result we have established a pregnancy program. (See below) We are currently working with OB/GYN offices throughout the State of West Virginia. The work we are doing with these offices allow us to provide a smoother enrollment process for pregnant women. We have developed a pregnancy console (See Below) which only includes our pregnant participants. This helps us to be more efficient when collecting data, as well as ensuring our pregnant population is our top priority. beBetter Health has established a Certified Tobacco Treatment health coach designed specifically to work with our pregnant women. She has 13 years of health coaching experience with a focus on maternity wellness management. We work with the State and DTP to ensure that the special group populations are offered free NRT and coaching services paid for by the State. (See Attachment B - Exhibit 2)

**Pregnancy Console**



**4.1.5** The Vendor shall obtain and deliver non-prescription NRT in the form of patches, gum, and lozenges through mail or other delivery services.

We provide non-prescription brand named, GlaxoSmithKline (GSK), patches, gum and lozenges. These are mailed by GSK directly to the participant. (See Attachment C)

**4.1.5.1 For BPH**, 4 two-week supplies will be directly shipped to those who agree to more than one coaching call or web/text interaction. Dual therapy may be authorized at the discretion of BPH. Distribution amounts may be altered based on program funding.

A total of 8 weeks of NRT will be mailed in 2 week increments. NRT shipments will be sent after each completed telephonic coaching call. Dual therapy will only be authorized at the discretion of BPH.

**4.1.5.2 For Medicaid, Quitline**, Vendor must contact Rational Drug Therapy (Medicaid Pharmacy- <http://pharmacy.hsc.wvu.edu/rdtp/>) to authorize prescription for NRT.

Through our history with Medicaid and RDT beBetter has established a fax system to obtain authorization for NRT by RDT. beBetter coaches fax member prescription and information to RDT and RDT faxes either approval or denial back to beBetter within 24 hours. beBetter currently obtains authorization for several hundred NRT prescriptions per month for Medicaid members through this process. beBetter will continue this process and make changes as deemed necessary by Medicaid. (See Attachment D)

**4.1.6** The Vendor shall have a fax referral system, currently known as Fax-to-Quit, that allows any West Virginia health care professional, medical and dental or community organization to fax a referral to refer participants to Quitline services. The Vendor shall be able to receive referrals and provide feedback via Electronic Health Record systems, encrypted email, and through fax.

beBetter currently has a fax-to-quit referral system established and implemented. We receive several faxes from healthcare professionals each day. We enter the referral into our system and reach out them 4 times to enroll. If we are not successful in reaching them, the healthcare provider will be notified by fax. Likewise, the healthcare provider will be notified, via fax, upon a successful enrollment. (See Attachment E)



**beBetter** Fax Referral Request ID: FV3226842

Date & Time Fax Rec'd: 4/11/2017 12:00:00 AM Status: New

**Provider Information**

Provider Name: Dr. Doolittle Organization: Valley Health Systems Assigned To: [Dropdown]

Fax #: 304-555-1800 Phone: 304-555-1900

Referred from:  Physicians Office  Dental Office  Community  Other

Does patient have any of the following conditions?

Pregnant  Irregular Heartbeat  Recent Heart Attack (last two weeks)

Davis Medical Center  y  n Logan  y  n Greenbrier Valley  y  n  
 Marshall  y  n Access Health  y  n

**Participant Info**

First Name: John Last Name: Smith

Date of Birth: 1/1/1984 County: [Dropdown]

Phone: 304-555-1700 Type:  Home  Work  Cell Best time to call: Anytime

Alt. Phone: [Dropdown] Type:  Home  Work  Cell Leave Msg?  Yes  No

Insurance Carrier: Medicaid Medicaid ID# (if applicable): 0000000000 Speaks:  English  Spanish

[Save & Close] [Cancel]

Submitter: jayne kinney Create Date: 4/11/2017 6:22:05 PM  
 Last Modified By: jayne kinney Modified Date: 4/11/2017 6:22:05 PM

**Call Attempts**

Date of Attempt	Attempt Type	Call Attempted By
4/11/2017 6:22:05 PM	Attempted	[User Name]

[Create Call Attempt] [View Attempt] [Refresh] Call Attempts: 1

[Enroll]

Note:

**4.1.7** The Vendor shall maintain an easy-to-use website that allows participants to request enrollment for Quitline services, including phone, text, and/or email coaching. The Vendor shall also maintain a social media presence (Facebook, Twitter, etc.) to promote Quitline services. All posts must be approved by DTP before posting.

beBetter has developed an easy-to-use website which allows those interested in quitting tobacco submit a request for enrollment. They can visit [www.wvquitline.com](http://www.wvquitline.com). We are currently limited to outbound text and email messages only. We will be implementing inbound text and email within 30 days of the new contract renewal.

### Contact Us

Discover how to finally  
kick the habit by calling  
the Quitline today at  
**1-877-966-8784**

You can reach the Quitline at 1.877.966.8784.

Our hours of operation are:

Monday - Friday 8am to 8pm, and Saturday - Sunday 8am to 5pm.

Voicemail services are available after hours.

To place an enrollment request, please email us at  
[customer.service@bebetter.net](mailto:customer.service@bebetter.net) with the following information:

Full Name, Address, Phone, and Best Time to Contact You

beBetter Health, Inc.  
WV Tobacco Quitline  
6 Craddock Way  
Poca, WV 25159

The Quitline Facebook page can be found at [www.facebook.com/WVTQL](http://www.facebook.com/WVTQL). All posts are and will continue to be approved by DTP before posting. Our Quitline twitter page can be followed @WV\_Tobaccoquit.

- 4.1.8** The Vendor shall provide progress reports as outlined in **Attachment 3** Reporting Requirements. Vendor must designate a staff person as a liaison to respond quickly (within a two-hour response time), addressing any problems/issues that may occur during a regular business day, including but not limited to questions about enrollment, NRT shipments or other situations.

The Quitline Program Manager/Coach is currently the designated liaison for reporting and addressing issues that may occur on a daily basis. The program manager is also responsible for providing reports as outlined in attachment 3. (See Attachment F)

## 4.2 VENDOR CAPACITY

- 4.2.1** The Vendor shall provide qualified personnel, facilities, and equipment necessary to provide services as required by this RFQ.

We are currently, and will continue to, provide a qualified staff, facilities and maintain the necessary equipment to ensure we are giving quality customer service required by this RFQ.

- 4.2.2** The Vendor shall have a computerized tracking system to document Quitline activity. The computerized tracking system shall accurately tabulate discrete individuals, services provided, caller demographics, and other characteristics including all referrals into and out of the system.




beBetter Health uses a proprietary database system (Remedy) that has been developed throughout our history with the West Virginia Tobacco Quitline. This system allows for the collection of data points such as services provided, demographics, referral types, special populations and can be adjusted to compensate for special projects that may arise. As mentioned, additional data collection can easily be added and thus the tabulation and reporting of any additional data collection will likewise be produced.

**4.2.3** The Vendor shall provide transparent access to the computerized tracking and database system for BPH, BMS, OMCFH and the external evaluator.

The Vendor shall collect data that measures the performance of the Vendor in terms of waiting time for callers, volume of calls received overall, volume of calls received during times when a coach is not available, and abandoned calls.

Our phone system (Avaya) has the ability to track and report on performance standards such as waiting time for callers, call volumes, live answer and abandonment rates. Below is a sample of a call report that can be pulled from our system, Avaya, to monitor the number of calls, average speed answered, % of answered calls, calls to voicemail, abandoned calls, average abandoned time and % of abandoned calls. Voicemails are checked and returned 3 times per day.

 Split/Skill Call Profile Monthly - WVTQL Intake

Report Edit Format Tools Options Help

Month Starting: 12/1/2016 Service Intervals Changed:

Split/Skill: WVTQL Intake Acceptable Service Changed:

% Within Service Level: 95.48

Seconds	0	5	10	15	20	25	30	40	50	60	>
ACD Calls:	403	973	299	54	14	10	17	4	1	9	
Aban Calls:	31	2	1	1	3	0	0	0	1	4	
ACD Calls:	1784					Aban Calls:	43				
Avg Speed Ans:	:09					Avg Aban Time:	:18				
% Ans Calls:	97.17					% Aban Calls:	2.34				

**4.2.4** The Vendor shall assure that all Quitline staff and coaches receive ongoing training to maintain understanding and comprehension of accepted industry standards. Training shall include both internal and external training and educational resources. All staff shall be trained quarterly on contract specifications and changes, customer service, tobacco cessation, and core coaching competencies, including motivational interviewing techniques.

beBetter currently provides a several week intensive orientation/training for new employees and monthly trainings for call center staff. Our health coaches continue to participate in trainings to complete the necessary CEU's for renewal of their Tobacco Treatment Certifications. Our senior clinical staff will provide 2 tobacco cessation related trainings per


calendar year. Some of our most recent health coach trainings have included dual NRT, expressing empathy, emotional intelligence, motivational interviewing and ecig/smokeless tobacco.

**4.2.5** A staffing plan shall be in place that provides a live call response for a minimum of 64 hours per week (minimum 10:00am-8:00pm Monday through Friday, 10:00 am-5:00 pm Saturday and Sunday Eastern Standard Time), and provide certified coaches. The Vendor shall record information and provide voicemail for any period outside the Quitlines hours of operation.

beBetter is currently staffing the Quitline at 78 hours per week. We are open from 8:00am-8:00pm Monday through Friday, 8:00am-5:00pm Saturday and Sunday Eastern Standard Time. We currently record information and provide voicemail for the hours the Quitline is closed.

**4.2.6** The Vendor's system must be able to handle simultaneous incoming and outgoing calls. The system must offer collection, analysis, and reporting of data.

Our phone system (Avaya) has the ability to handle incoming and outgoing calls via a Quitline specific queue. The system can track and report on performance standards such as waiting time for callers, call volumes, live answer and abandonment rates. Below is a sample of a call report that can be pulled from our system, Avaya, to monitor the number of calls, average speed answered, % of answered calls, calls to voicemail, abandoned calls, average abandoned time and % of abandoned calls. Voicemails are checked and returned 3 times per day.

 Split/Skill Call Profile Monthly - WVTQL Intake

Report Edit Format Tools Options Help

Month Starting: 12/1/2016  
 Split/Skill: WVTQL Intake  
 % Within Service Level: 95.48

Service Intervals Changed: n  
 Acceptable Service Changed: n

Seconds	0	5	10	15	20	25	30	40	50	60	>
ACD Calls:	403	973	299	54	14	10	17	4	1	9	
Aban Calls:	31	2	1	1	3	0	0	0	1	4	

ACD Calls: 1784  
 Avg Speed Ans: :09  
 % Ans Calls: 97.17

Aban Calls: 43  
 Avg Aban Time: :18  
 % Aban Calls: 2.34

**4.2.7** During high call volume intervals such as CDC media campaigns, DTP media campaigns, etc. The Vendor shall provide adequate staff to answer calls. After hours, the Vendor shall provide answering service, and contact callers within 24 hours of original call.

beBetter provides adequate staff to effectively handle any and all media campaigns. Our Avaya phone system provides voicemail service and our callers are always contacted within 24 hours. All voicemails are checked, returned and documented, and documentation is sent the management team.

**4.2.8** The Vendor must agree to the provisions set for them by HIPAA.

beBetter Health agrees to follow, and currently follows the provisions of the HIPAA Act of 1996. beBetter also provides annual HIPAA training to all call center employees. We recently (July of 2016) updated all of our HIPAA related policies and procedures to be compliant with The Federal Health Insurance Portability & Accountability Act of 2013, HIPAA Omnibus Rule, (formally HIPAA 1996 & HI TECH of 2004). Our privacy policy is available upon request or can be accessed via our company website at [www.bebetterhealth.com](http://www.bebetterhealth.com).

All coaches and staff with exposure to PHI are required to go through HIPAA training and receive certification prior to service and delivery.

## **4.2 ENROLLMENT AND ELIGIBILITY PROTOCOL FOR DTP**

**4.3.1** The Vendor shall obtain enrollment demographics including name, address, date of birth, telephone numbers, email address, and other NAQC MDS data.

beBetter Health has built and adapted an enrollment process through our seventeen year history with the West Virginia Tobacco Quitline. The enrollment closely utilizes the NAQC MDS data points including name, address, and date of birth. (See Attachment B – Exhibit 2) After each enrollment a participant will receive an email or text message to congratulate them on taking the first step to becoming tobacco free.

**\*Enrollment:** Congratulations on taking that first step by enrolling in the Tobacco Quitline. You can also check out the West Virginia Tobacco Quitline website at: <http://www.wvquitline.com>"

**4.3.2** The Vendor shall record insurance specifics and verify pregnancy status.

beBetter utilizes a database (Remedy) that records insurance specifics for each enrollee. beBetter staff verifies pregnancy status for enrollees and records this information in the database as well. (See Attachment B – Exhibit 2)

**4.3.3** Participant must be evaluated by trained coaches using a tool such as the Fagerstrom Scale for motivation and willingness to quit.

beBetter coaches currently use and will continue to use the Fagerstrom Scale to determine motivation and willingness to quit. beBetter health coaches assess this during each enrollment.





## Fagerstrom Test for Nicotine Dependence

PLEASE TICK (✓) ONE BOX FOR EACH QUESTION			
How soon after waking do you smoke your first cigarette?	Within 5 minutes	<input type="checkbox"/>	3
	5-30 minutes	<input type="checkbox"/>	2
	31-60 minutes	<input type="checkbox"/>	1
Do you find it difficult to refrain from smoking in places where it is forbidden? e.g. Church, Library, etc.	Yes	<input type="checkbox"/>	1
	No	<input type="checkbox"/>	0
Which cigarette would you hate to give up?	The first in the morning	<input type="checkbox"/>	1
	Any other	<input type="checkbox"/>	0
How many cigarettes a day do you smoke?	10 or less	<input type="checkbox"/>	0
	11 – 20	<input type="checkbox"/>	1
	21 – 30	<input type="checkbox"/>	2
	31 or more	<input type="checkbox"/>	3
Do you smoke more frequently in the morning?	Yes	<input type="checkbox"/>	1
	No	<input type="checkbox"/>	0
Do you smoke even if you are sick in bed most of the day?	Yes	<input type="checkbox"/>	1
	No	<input type="checkbox"/>	0
<b>Total Score</b>			
<b>SCORE</b>	1- 2 = low dependence 3-4 = low to mod dependence	5 - 7= moderate dependence 8 + = high dependence	

**4.3.4** Participant's tobacco history and current use must be recorded, including participant's previous attempts to quit.

beBetter Health will record tobacco history and current use. beBetter currently records this information during each enrollment (See Attachment B – Exhibit 5 and Exhibit 7)

**4.3.5** The Vendor shall obtain participant consent for post enrollment follow-up.

beBetter Health is currently asking for consent for post enrollment follow- up.

BBTE:TransferCallPop (svcharmdyars)

We would like to give you a call 7 months after this enrollment. The purpose of this survey is to see how you are doing in your quit attempt and to obtain feedback on what worked well for you in the program, what obstacles you encountered, and what you believe would make the program better. Are you willing to take part in the post-program survey?

Yes
  No

## 4.4 ENROLLMENT AND ELIGIBILITY PROTOCOL FOR OMCFH-PREGNANT SMOKERS.

**4.4.1** The Vendor shall obtain enrollment demographics including name, address, date of birth, telephone numbers, email address, and other NAQC MDS data.

beBetter Health has built and adapted an enrollment process through our fifteen year history with the West Virginia Tobacco Quitline. The enrollment closely utilizes the NAQC MDS data points including name, address, and date of birth. (See Attachment B – Exhibit 2)

4.4.2 The Vendor shall record insurance specifics and verify pregnancy status.

beBetter utilizes a database (Remedy) that records insurance specifics for each enrollee. beBetter staff verifies pregnancy status for enrollees and records this information in the database as well. (See Attachment B)

4.4.3 Participant must be evaluated by trained coaches using a tool such as the Fagerstrom Test for motivation and willingness to quit.  
[http://ndri.curtin.edu.au/btftp/documents/Fagerstrom\\_test.pdf](http://ndri.curtin.edu.au/btftp/documents/Fagerstrom_test.pdf) (see **Attachment 6**)

beBetter coaches currently use and will continue to use the Fagerstrom Scale to determine motivation and willingness to quit. beBetter health coaches asses this during each enrollment.

### Fagerstrom Test for Nicotine Dependence

PLEASE TICK (✓) ONE BOX FOR EACH QUESTION			
How soon after waking do you smoke your first cigarette?	Within 5 minutes	<input type="checkbox"/>	3
	5-30 minutes	<input type="checkbox"/>	2
	31-60 minutes	<input type="checkbox"/>	1
Do you find it difficult to refrain from smoking in places where it is forbidden? e.g. Church, Library, etc.	Yes	<input type="checkbox"/>	1
	No	<input type="checkbox"/>	0
Which cigarette would you hate to give up?	The first in the morning	<input type="checkbox"/>	1
	Any other	<input type="checkbox"/>	0
How many cigarettes a day do you smoke?	10 or less	<input type="checkbox"/>	0
	11 – 20	<input type="checkbox"/>	1
	21 – 30	<input type="checkbox"/>	2
	31 or more	<input type="checkbox"/>	3
Do you smoke more frequently in the morning?	Yes	<input type="checkbox"/>	1
	No	<input type="checkbox"/>	0
Do you smoke even if you are sick in bed most of the day?	Yes	<input type="checkbox"/>	1
	No	<input type="checkbox"/>	0
<b>Total Score</b>			
<b>SCORE</b>	1- 2 = low dependence	5 - 7 = moderate dependence	
	3-4 = low to mod dependence	8 + = high dependence	

4.4.4 Participant's tobacco history and current use must be recorded, including participant's previous attempts to quit.

beBetter Health will record tobacco history and current use. beBetter currently records this information during each enrollment for details of the entire Quitline enrollment. (See Attachment B – Exhibit 5 and Exhibit 7)

**4.4.5** The Vendor shall obtain participant consent for post enrollment follow-up.

beBetter Health is currently asking for consent for post enrollment follow-up.

BBTE:TransferCallPop (svcharmduyars)
<p>We would like to give you a call 7 months after this enrollment. The purpose of this survey is to see how you are doing in your quit attempt and to obtain feedback on what worked well for you in the program, what obstacles you encountered, and what you believe would make the program better. Are you willing to take part in the post-program survey?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>

#### **4.4 ENROLLMENT AND ELIGIBILITY PROTOCOL FOR MEDICAID**

**4.5.1** The Vendor must obtain enrollment demographics including name, address, date of birth, and other MDS data.

beBetter Health has built and adapted an enrollment process through our fifteen year history with the West Virginia Tobacco Quitline. The enrollment closely utilizes the NAQC MDS data points including name, address, and date of birth. (See Attachment B – Exhibit 2)

**4.5.2** The Vendor must call Molina Automated Voice Response System (<https://www.wvmmis.com/default.aspx>) to obtain member eligibility verification information. If the member is not eligible, they will not receive Quitline services. The Vendor must verify member eligibility for a second time before submitting billing to Medicaid.

beBetter Health management has established a system that requires call center staff to obtain member eligibility verification information. Call center staff verifies eligibility through the Medicaid Management Information System. (MMIS) Call center staff verifies eligibility during each enrollment and every month after enrollment. If a member is not eligible, they are alerted that they will not be covered for Quitline services through Medicaid.

Secure | <https://www.wvnmis.com/default.aspx>

west virginia  
Medicaid Management Information System

MOLINA  
MEDICAL SYSTEMS

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### Welcome to Health PAS-OnLine

Medicaid is a State and Federally funded Program for eligible individuals and families

#### Announcements

3/15/2017 10:35 AM

#### 2017 Spring Provider Workshops

Please join us at the 2017 Spring Provider Workshops so you and your staff will be aware of upcoming developments which may impact your practice/organization. Click '2017 Spring Provider Workshop' for more information and click 'RSVP' to register online.

GENERAL MEMBER PROVIDER

View Authorizations	View & Submit Claims	Verify Member Eligibility	View Patient Roster	View PCP Roster	View Payment Detail	Submit Rx Authorization	View Dental Auth
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## Member Search

Form Entry • Member Search

Billing Provider: BMS AND WIG ELIGIBILITY FOR AVRS-ONLINE | 3502510000

### Find Member

To search for a member, enter search criteria in any two rows. For example, enter the Name (last and first) and the Date of Birth.

Member ID

Last Name  First Name

Date of Birth

Social Security Number

**4.5.3** The Vendor must record insurance specifics and verify pregnancy status. If member is covered by an MCO, Vendor must forward the call on to the appropriate MCO.

beBetter utilizes a database (Remedy) that records insurance specifics for each enrollee. beBetter staff verifies pregnancy status for enrollees and records this information in the database as well. (See Attachment B)

**4.5.4** Trained coaches must evaluate the Member using a tool such as the Fagerstrom Test (see **Attachment 6**) for motivation and willingness to quit.  
[http://ndri.curtin.edu.au/btftp/documents/Fagerstrom\\_test.pdf](http://ndri.curtin.edu.au/btftp/documents/Fagerstrom_test.pdf)

## Fagerstrom Test for Nicotine Dependence

PLEASE TICK (✓) ONE BOX FOR EACH QUESTION			
How soon after waking do you smoke your first cigarette?	Within 5 minutes	<input type="checkbox"/>	3
	5-30 minutes	<input type="checkbox"/>	2
	31-60 minutes	<input type="checkbox"/>	1
Do you find it difficult to refrain from smoking in places where it is forbidden? e.g. Church, Library, etc.	Yes	<input type="checkbox"/>	1
	No	<input type="checkbox"/>	0
Which cigarette would you hate to give up?	The first in the morning	<input type="checkbox"/>	1
	Any other	<input type="checkbox"/>	0
How many cigarettes a day do you smoke?	10 or less	<input type="checkbox"/>	0
	11 - 20	<input type="checkbox"/>	1
	21 - 30	<input type="checkbox"/>	2
	31 or more	<input type="checkbox"/>	3
Do you smoke more frequently in the morning?	Yes	<input type="checkbox"/>	1
	No	<input type="checkbox"/>	0
Do you smoke even if you are sick in bed most of the day?	Yes	<input type="checkbox"/>	1
	No	<input type="checkbox"/>	0
<b>Total Score</b>			
<b>SCORE</b>	1- 2 = low dependence		5 - 7 = moderate dependence
	3-4 = low to mod dependence		8 + = high dependence

### 4.5.4 Members' tobacco history and current use must be recorded.

beBetter Health will record tobacco history and current use. beBetter currently records this information during each enrollment for details of the entire Quitline enrollment. (See Attachment B – Exhibit 5 and Exhibit 7)

### 4.5.5 Member must be directed to visit their primary care provider to obtain a prescription for NRT.

Through our work with Medicaid, beBetter Health has established a process that requires coaches to thoroughly explain to Medicaid enrollees the process to have NRT authorized through Medicaid, including instructing members to visit their primary care provider to obtain a prescription for NRT. beBetter will continue to follow this process and make changes as deemed necessary by Medicaid.

### 4.5.7 Vendor must contact Rational Drug Therapy (Medicaid Pharmacy) to authorize prescription for NRT.

Through our history with Medicaid and RDT beBetter has established a fax system to obtain authorization for NRT by RDT. beBetter coaches fax member prescription and information to RDT and RDT faxes either approval or denial back to beBetter within 24 hours. beBetter currently obtains authorization for several hundred NRT prescriptions per month for Medicaid members through this process. beBetter will continue this process and make changes as deemed necessary by Medicaid. (See Attachment D)



**4.5.8** A Quitline coach must contact the member every two weeks for a total of 4 proactive calls.

beBetter has established a 4 call model over an 8 week time period through its history with the West Virginia Tobacco Quitline. beBetter coaches will continue to contact enrollees every 2 weeks.

**4.5.9** The Vendor must provide no more than 4 **reactive** coaching calls.

beBetter will follow this requirement and complete no more than four reactive coaching calls in a 12 month period from the date of enrollment.

**4.5.10** If a member cannot be reached (no response to phone, email or text when the coach attempted contact), then the case will be closed with notation that communication was attempted. \*Case will be closed upon completion of 4 unsuccessful calls to the member.

beBetter Coaches currently and will continue to resolve cases if the enrollee is not reachable or after four completed coaching calls. beBetter call center staff sends each enrollee that is considered hard to reach a letter stating this and requesting the enrollee to call his/her coach. After an unsuccessful call attempt an automated text message or email is sent to the member. (See below)

**“Second Call Attempt:** It’s time to complete your Quitline coaching call. Please call us back at 1-877-966-8784. Our hours of operation are 8-8 M-F and 8-5 on Sat-Sun.” After 4 unsuccessful call attempts an automated text message or email is sent to the member. (See below)

**“HTR:** The Tobacco Quitline has been unable to reach you. Please call us back at 1-877-966-8784 at your earliest convenience. Our hours of operation are 8-8 M-F and 8-5 Sat-Sun.”

**4.5.11** The Medicaid member shall be limited to one twelve (12) week treatment period per calendar year.

beBetter utilizes a database that records each enrollment and sponsoring agency information. This system prevents Medicaid members from enrolling any sooner than once per calendar year except in pregnant enrollees.

**4.5.12** Pregnant females shall be eligible for additional courses of treatment for every pregnancy.

beBetter currently provides and will continue to provide additional courses of treatment for pregnant enrollees for each pregnancy. Pregnant enrollees are allowed to enroll regardless of when their last enrollment took place.



## 4.6 NICOTINE REPLACEMENT THERAPY (NRT)

### 4.6.1 PROTOCOL FOR DTP

4.6.1.1 Vendor shall describe documented, minimum smoking and smokeless tobacco protocols for NRT.

beBetter Health's protocols for NRT are outlined in the NRT dosing chart. (See Attachment C)

4.6.1.2 Vendor shall provide protocols for how callers shall receive information on over-the counter cessation therapies, how NRT shall be identified, approved, and initiated for each client, and how it shall be provided via the Quitline.

NRT is provided to all enrollees identified by established protocol. The eight weeks of NRT, is distributed in 4 two week shipments. Enrollees must participate in coaching to be able to receive NRT shipments under DTP protocol. beBetter will follow this protocol and make changes as determined necessary by DTP.

4.6.1.3 Vendor must establish a protocol for determining the participant's receipt of information on pharmacological cessation therapies; including delivery to each participant's home in 4 separate shipments (each shipment shall contain a two week supply of NRT).

Upon enrollment, beBetter coaches provide information on pharmacological cessation therapies to enrollees, and help them to choose the best NRT type based on past use, preferences and contraindication questions. NRT is delivered via the USPS to participants in 4 two week shipments via established protocols with DTP. beBetter delivers between 700 and 1000 pieces of NRT to Quitline enrollees each month in a timely manner. NRT is shipped from our distribution center within 2 days of receiving the order. Orders are able to be tracked through USPS in the event that there is an issue with delivery. Listed below is the tracking information stored in beBetter's database, Remedy, and the actual tracking of this package through USPS.

The screenshot displays a web application interface for managing NRT shipments. On the left, there is a list of items with checkboxes:

Item	Quantity	Selected
NicoDerm CQ Patch - 7mg/14 count	1	<input type="checkbox"/>
NicoDerm CQ Patch - 14mg/14 count	1	<input type="checkbox"/>
NicoDerm CQ Patch - 21mg/14 count	2	<input checked="" type="checkbox"/>

Below the list, there is a note: "If the item is blank for a pre-existing order, it may have been substituted. See Substitutions tab".

On the right side, there is a section titled "NRT Type (From Control)" with a dropdown menu set to "Patch". Below this, there is a section titled "Enable for" with a dropdown menu set to "4 Proactive Coaching, Supplemental Coaching".

Below the dropdowns, there is a button labeled "Request a Shipment of NRT".

At the bottom, there is a section for shipment details:

Shipment Date	3/8/2017 12:00:00 AM	Current	Shipment Method	UPS	Tracking #	801649200897094719	Package Cost	6.00
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At the very bottom, there is a status bar with the following options: Status, Shipped, Not Shipped, Pending, Returned, Cancelled, Returned Item, Audit Trail, Save, and Cancel.

Tracking Number: 420257019405511899560554702139



Scheduled Delivery Day: October 18, 2013

## Product & Tracking Information

Postal Product:  
Priority Mail 1-Day™

Features:  
\$50 Insurance Included

USPS Tracking™

## Available Options

Email Updates

DATE & TIME	STATUS OF ITEM	LOCATION
October 21, 2013 , 4:34 pm	Delivered	HUNTINGTON, WV 25701
October 18, 2013 , 2:47 pm	Notice Left	HUNTINGTON, WV 25701
October 18, 2013 , 8:57 am	Out for Delivery	HUNTINGTON, WV 25704
October 18, 2013 , 8:47 am	Sorting Complete	HUNTINGTON, WV 25704
October 18, 2013 , 4:49 am	Arrival at Post Office	HUNTINGTON, WV 25704
October 18, 2013	Depart USPS Sort Facility	CHARLESTON, WV 25350
October 17, 2013 , 10:11 pm	Processed through USPS Sort Facility	CHARLESTON, WV 25350
October 17, 2013	Depart USPS Sort Facility	CHARLESTON, WV 25350
October 17, 2013 , 2:00 pm	Acceptance	NITRO, WV 25143

When a participant's NRT has shipped an automated text message or email is sent to them. The message will be sent when the shipment has been placed in remedy.

**"NRT Shipped:** Your Nicotine Replacement Therapy has shipped. If you do not receive it within 7 business days, please call 1-877-966-8784."

**4.6.1.4** NRT provided by the Vendor to treat tobacco dependence will include the following:

- 4.6.1.4.1** Nicotine Gum – 2mg or 4mg – 24 pieces per day
- 4.6.1.4.2** Nicotine Patch – 7mg, or 14mg, or 21mg – 1 patch per day
- 4.6.1.4.3** Nicotine Lozenges – 2mg or 4mg – 20 lozenges per day

Note: Dosage based on Mayo Clinic NRT protocol see **Attachment 4**

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

beBetter will follow the NRT dosage based on the Mayo Clinic NRT. beBetter will provide Nicotine Gum- 2 mg or 4 mg- 24 pieces per day, Nicotine Patch- 7 mg 14 mg, or 21 mg, -1 patch per day, Nicotine Lozenges- 2mg or 4 mg-20 lozenges per day.





**4.6.1.4.4** NRT will not be made available to Quitline enrollees less than eighteen (18) years of age, without parental and physician approval.

beBetter Health will follow all rules, guidelines, and protocols set by DTP including not providing NRT to enrollees less than eighteen (18) years of age.

**4.6.1.5** NRT Smokeless/heavily addicted dual therapy: Quitline enrollees who are smokeless tobacco users, or are deemed heavily addicted shall be offered dual therapy (a combination of patches, gum and/or lozenges). This therapy will be determined on a case by case basis as determined by the Quitline Medical Director.

beBetter Health through our work with DTP has established a smokeless/heavily addicted dual therapy protocol and provides dual therapy on a case by case basis as determined by the Quitline Clinical Staff. beBetter will continue to do this, and implement changes as required by DTP. The smokeless protocol established through beBetter's work with DTP is provided. (See Attachment C). Coaches use the withdraw scale shown below to evaluate a participant's need for dual therapy.

BeBetter Withdrawal Scale (New)

Coaching Call: [dropdown] The Date you quit using tobacco: [text]

Withdrawal Scale | Pregnancy

Listed below are symptoms people have experienced when quitting tobacco use.  
Rate withdrawal symptoms by selecting the appropriate number.  
Scale: 0= None to 10= As Bad as Ever

Anger, irritability, frustration	[dropdown]
Anxiety, nervous, tense	[dropdown]
Craving for nicotine	[dropdown]
Difficulty concentrating	[dropdown]
Increased appetite, hunger	[dropdown]
Restlessness	[dropdown]
Need a chew/dip/smoke to feel better	[dropdown]
Want a chew/dip/smoke for pleasure	[dropdown]
Thinking about a chew/dip/smoke	[dropdown]
Depression, sadness, change in mental state	[dropdown]

Weight gained? How much? [text]

Submit

## 4.6.2 PROTOCOL FOR MEDICAID

**4.6.1.1** The Vendor shall contact Rational Drug Therapy (<http://pharmacy.hsc.wvu.edu/rdtp/>) to determine eligibility and provide authorization for Medicaid or MCO member to receive approved drugs to treat tobacco cessation.

Drugs to treat tobacco dependence are limited to members who register with Medicaid's Quitline Program. Drug products require prior authorization and are limited to a maximum of:

- Nicotine Gum – 24 pieces per day
- Nicotine Patches – 1 patch per day
- Nicotine Lozenges – 20 lozenges per day
- Nicotine Inhaler – 168 inhalers per 30 days
- Nicotine Nasal Spray – 4 spray bottles per 30 days (this therapy is reserved for those who have failed with other forms of nicotine replacement therapy)
- Bupropion – 300mg daily
- Varenicline – 2mg daily

Please see the Medicaid/BMS website at

[www.dhhr@http://www.dhhr.wv.gov/bms/Provider/Documents/Manuals/Chapter%20519%20Practitioner%20Services/Policy\\_519.18\\_Tobacco\\_Cessation\\_Services.pdf](http://www.dhhr.wv.gov/bms/Provider/Documents/Manuals/Chapter%20519%20Practitioner%20Services/Policy_519.18_Tobacco_Cessation_Services.pdf) for additional information and details.

beBetter Health currently and will continue to contact Rational Drug Therapy to determine eligibility and provide authorization of Medicaid member to receive approved drugs to treat tobacco cessation. This is currently done through a fax between beBetter Health and Rational Drug Therapy that has been established through our long standing history with Medicaid and Rational Drug Therapy. beBetter currently obtains authorization for several hundred NRT prescriptions through this process. beBetter will continue to follow this process and make changes as determined necessary by Medicaid and Rational Drug Therapy. (See Attachment D)

Please see Sections 518.1.6 and 519.18 Tobacco Cessation Program **Attachment 5**.

#### **4.7 EVALUATION, RESEARCH, AND DATA REPORTING**

**4.7.1** The Vendor shall contract with an external evaluator to conduct an annual evaluation of Quitline services. NAQC MDS follow-up survey evaluation methods are recommended. This evaluation will include participant satisfaction, seven-month quit rates, and perform bivariate analysis to determine correlations between participant demographics, satisfaction, and quit rates. The seven-month quit rates shall be calculated using both intent-to-treat and respondent rates. See **Attachment 3** for additional requirements.

beBetter Health has facilitated the transfer of data to independent external evaluators since the inception of the Quitline. Following the NAQC MDS methods referenced above, our intent is to work with professionals from West Virginia University to facilitate this need. In the past we have worked with The Prevention Research Center at the University and we are now proposing to work with researchers at the West Virginia School of Public Health. A specific



evaluation proposal will be completed and provided to the state for approval within 45 days of contract award. (See Attachment F for reporting)

**4.7.2** The Vendor shall carry out seven-month follow-up surveys to achieve a minimum response rate of 40% by utilizing multiple points of contact, including mail, email, and/or text notifications and phone surveys. NAQC recommends a 50% follow-up response rate to increase data validity.

beBetter Health will use traditional methods of participant follow up to establish the response rate indicated above along with newly identified best practices from other states. For example, we are proposing to issue an on-line follow up form illustrated below used by the State of Tennessee with good success as an adjunct to other outreach methods:

The screenshot shows a survey form titled "IQH Quitline" with navigation links for "Support Forum" and "Profile". It includes social media icons for Facebook and Twitter. The survey questions are as follows:

- How satisfied were you with the service? (Dropdown menu)
- Have you used any tobacco products in the last 30 days? (Dropdown menu)
- Have you used any tobacco products in the past 24 hours? (Dropdown menu)
- What tobacco products have you used in the past 30 days? (Table)
- Which Medications did you use if any? (List of checkboxes)
- Which types of assistance did you use if any? (List of checkboxes)

Tobacco Type	How Often?	How Many?	How Many Days?	Intend to quit?
<input type="checkbox"/> Cigarettes	[Dropdown]	[ ] Each	[ ]	<input type="checkbox"/> Yes
<input type="checkbox"/> Cigars	[Dropdown]	[ ] Each	[ ]	<input type="checkbox"/> Yes
<input type="checkbox"/> Pipes	[Dropdown]	[ ] Bowls	[ ]	<input type="checkbox"/> Yes
<input type="checkbox"/> Chew/Dip	[Dropdown]	[ ] Pouches	[ ]	<input type="checkbox"/> Yes
<input type="checkbox"/> Other	[Dropdown]	[ ] Each	[ ]	<input type="checkbox"/> Yes

**Which Medications did you use if any?**

- Nicotine Patch
- Nicotine Gum
- Nicotine Lozenge
- Nicotine Inhaler
- Nicotine Spray
- Chantix
- Zyban
- Other Medications

**Which types of assistance did you use if any?**

- Healthcare Professional
- Other Website
- Telephone Program
- Other Counseling
- Self Help
- Something Else

**4.7.3** The Vendor shall provide transparent access to ALL Quitline data – meaning the Vendor shall provide an easily accessible, easily searchable, user-friendly, portal to the Vendor database for DTP and Medicaid inquiry.

Over the past contract period beBetter Health has utilized a web based data access portal in conjunction with Crystal Reports in order to meet the above requirement. Within 60 days of contract award (Working with the feedback of DHHR) we will modify this system to be more user friendly with an intuitive menu driven interface. This system and contained data will be accessible to related parties providing a HIPAA Compliant Business Associate Agreement is completed to account for access to potential protected health information.

#### **4. CONTRACT AWARD:**

- 5.1 Contract Award:** The Contract is intended to provide Agency with a purchase price for the Contract Services. The Contract shall be awarded to the Vendor that provides the Contract Services meeting the required specifications for the lowest overall total cost as shown on the Pricing Pages.
- 5.2 Pricing Page:** Vendor should complete the Pricing Page by entering the pricing for each service as outlined on the pricing page for DTP and for Medicaid separately, as shown on the pricing page. Vendor should complete the Pricing Page in full as failure to complete the Pricing Page in its entirety may result in Vendor's bid being disqualified.

Vendor should type or electronically enter the information into the Pricing Pages through wvOASIS if available, or as an electronic document. In most cases, the Vendor can request an electronic copy of the Pricing Pages for bid purposes by sending an email request to the following address:

- 5. PERFORMANCE:** Vendor and Agency shall agree upon a schedule for performance of Contract Services and Contract Services Deliverables, unless such a schedule is already included herein by Agency. In the event that this Contract is designated as an open-end contract, Vendor shall perform in accordance with the release orders that may be issued against this Contract.
- 6. PAYMENT:** Agency shall pay monthly for services in arrears as shown on the Pricing Page, for all Contract Services performed and accepted under this Contract. Vendor shall accept payment in accordance with the payment procedures of the State of West Virginia.
- 7. TRAVEL:** Vendor shall be responsible for all mileage and travel costs, including travel time, associated with performance of this Contract. Any anticipated mileage or travel costs may be included in the flat fee or hourly rate listed on Vendor's bid, but such costs will not be paid by the Agency separately.
- 8. FACILITIES ACCESS:** Performance of Contract Services may require access cards and/or keys to gain entrance to Agency's facilities. In the event that access cards and/or keys are required:

- 9.1 Vendor must identify principal service personnel which will be issued access cards and/or keys to perform service.
- 9.2 Vendor will be responsible for controlling cards and keys and will pay replacement fee, if the cards or keys become lost or stolen.
- 9.3 Vendor shall notify Agency immediately of any lost, stolen, or missing card or key.
- 9.4 Anyone performing under this Contract will be subject to Agency's security protocol and procedures.
- 9.5 Vendor shall inform all staff of Agency's security protocol and procedures.

**10. VENDOR DEFAULT:**

- 10.1 The following shall be considered a vendor default under this Contract.
  - 10.1.1 Failure to perform Contract Services in accordance with the requirements contained herein.
  - 10.1.2 Failure to comply with other specifications and requirements contained herein.
  - 10.1.3 Failure to comply with any laws, rules, and ordinances applicable to the Contract Services provided under this Contract.
  - 10.1.4 Failure to remedy deficient performance upon request.
- 10.2 The following remedies shall be available to Agency upon default.
  - 10.2.1 Immediate cancellation of the Contract.
  - 10.2.2 Immediate cancellation of one or more release orders issued under this Contract.
  - 10.2.3 Any other remedies available in law or equity.



**11. MISCELLANEOUS:**

- 11.1 Contract Manager:** During its performance of this Contract, Vendor must designate and maintain a primary contract manager responsible for overseeing Vendor's responsibilities under this Contract. The Contract manager must be available during normal business hours to address any customer service or other issues related to this Contract. Vendor should list its Contract manager and his or her contact information below.

**Contract Manager: Jayne Kinney, BA, CTTS**

**Telephone Number: 304-755-6020 x3752**

**Fax Number: 304-755-0043**

**Email Address: [jayne.kinney@bebetter.net](mailto:jayne.kinney@bebetter.net)**



## Pricing

<b>Section A – Division of Tobacco Prevention</b> Description of Services	<b>Pricing of Service</b>	<b>Unit of Measure</b>	<b>Estimated Volume*</b>	<b>Total</b>
<b>1. Intake/Eligibility Verification:</b> Section 4.1.2	\$ 41.95	Per Enrolled Person	4,000	\$167,800
<b>2. Coaching Call #1:</b> Section 4.1.4.1	\$ 21.54	Per Call	4,000	\$86,160
<b>Coaching Call #2:</b> Section 4.1.4.1	\$ 20.21	Per Call	3,800	\$76,798
<b>Coaching Call #3:</b> Section 4.1.4.1	\$ 20.21	Per Call	3,500	\$70,735
<b>Coaching Call #4:</b> Section 4.1.4.1	\$ 20.21	Per Call	3,000	\$60,630
<b>3. Reactive Calls #1-4:</b> Section 4.1.4.2	\$ 20.21	Per Call	1,000	\$20,210
<b>4. Nicotine Replacement Therapy (4 weeks supply)</b>				
<b>Nicotine Patch 21mg:</b> Section 4.1.4.4	\$47.98	Per Shipment	3,000	\$143,940
<b>Nicotine Patch 14mg:</b> Section 4.1.4.4	\$47.98	Per Shipment	2,500	\$119,950
<b>Nicotine Patch 7mg:</b> Section 4.1.4.4	\$47.98	Per Shipment	2,500	\$119,950
<b>Nicotine Gum 2mg &amp; 4mg:</b> Section 4.1.4.4	\$56.19	Per Shipment	2,000	\$112,380
<b>Nicotine Lozenge 2mg &amp; 4mg:</b> Section 4.1.4.4	\$117.51	Per Shipment	1,500	\$176,265
<b>5. Follow-up Surveys (7 month):</b> Section 4.5.2	\$2,915	Per Month	12	\$34,980
<b>6.0 Reporting &amp; Evaluation:</b> Attachment B	\$1,375	Per Month	12	\$16,500

**Sub-total DTP \_\$1,206,298.00**



<b>Section B – Medicaid/BMS</b> Description of Services	<b>Pricing of Service</b>	<b>Unit of Measure</b>	<b>Estimated Volume*</b>	<b>Total</b>
<b>1. Intake/Eligibility Verification: Section 4.5</b>	\$41.95	Per enrolled person	5,000	\$209,750
<b>2. Coaching Call #1: Section 4.3.3</b>	\$21.54	Per Call	5,000	\$107,700
<b>Coaching Call #2: Section 4.3.3</b>	\$20.21	Per Call	4,500	\$90,945
<b>Coaching Call #3: Section 4.3.3</b>	\$20.21	Per Call	4,000	\$80,840
<b>Coaching Call #4: Section 4.3.3</b>	\$20.21	Per Call	3,000	\$60,630
<b>3. Reactive Calls #1-4: Section 4.3.4</b>	\$20.21	Per Call	2,000	\$40,420

**Sub-total Medicaid/BMS**     \$590,285.00    





# Vendor Preference Certificate

WV-10  
Approved / Revised  
12/18/15

## State of West Virginia VENDOR PREFERENCE CERTIFICATE

Certification and application is hereby made for Preference in accordance with *West Virginia Code*, §5A-3-37. (Does not apply to construction contracts). *West Virginia Code*, §5A-3-37, provides an opportunity for qualifying vendors to request (at the time of bid) preference for their residency status. Such preference is an evaluation method only and will be applied only to the cost bid in accordance with the *West Virginia Code*. This certificate for application is to be used to request such preference. The Purchasing Division will make the determination of the Vendor Preference, if applicable.

1.  Application is made for 2.5% vendor preference for the reason checked:  
Bidder is an individual resident vendor and has resided continuously in West Virginia for four (4) years immediately preceding the date of this certification; or,  
 Bidder is a partnership, association or corporation resident vendor and has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification;  
 Bidder is a resident vendor partnership, association, or corporation with at least eighty percent of ownership interest of bidder held by another entity that meets the applicable four year residency requirement; or,  
 Bidder is a nonresident vendor which has an affiliate or subsidiary which employs a minimum of one hundred state residents and which has maintained its headquarters or principal place of business within West Virginia continuously for the four (4) years immediately preceding the date of this certification; or,
2.  Application is made for 2.5% vendor preference for the reason checked:  
Bidder is a resident vendor who certifies that, during the life of the contract, on average at least 75% of the employees working on the project being bid are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,
3.  Application is made for 2.5% vendor preference for the reason checked:  
Bidder is a nonresident vendor that employs a minimum of one hundred state residents, or a nonresident vendor which has an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia and employs a minimum of one hundred state residents, and for purposes of producing or distributing the commodities or completing the project which is the subject of the bidder's bid and continuously over the entire term of the project, on average at least seventy-five percent of the bidder's employees or the bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years and the vendor's bid; or,
4.  Application is made for 5% vendor preference for the reason checked:  
Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; or,
5.  Application is made for 3.5% vendor preference who is a veteran for the reason checked:  
Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; or,
6.  Application is made for 3.5% vendor preference who is a veteran for the reason checked:  
Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years.
7.  Application is made for preference as a non-resident small, women- and minority-owned business, in accordance with *West Virginia Code* §5A-3-59 and *West Virginia Code of State Rules*.  
Bidder has been or expects to be approved prior to contract award by the Purchasing Division as a certified small, women- and minority-owned business.

Bidder understands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the requirements for such preference, the Secretary may order the Director of Purchasing to: (a) rescind the contract or purchase order; or (b) assess a penalty against such Bidder in an amount not to exceed 5% of the bid amount and that such penalty will be paid to the contracting agency or deducted from any unpaid balance on the contract or purchase order.

By submission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and authorizes the Department of Revenue to disclose to the Director of Purchasing appropriate information verifying that Bidder has paid the required business taxes, provided that such information does not contain the amounts of taxes paid nor any other information deemed by the Tax Commissioner to be confidential.

Bidder hereby certifies that this certificate is true and accurate in all respects; and that if a contract is issued to Bidder and if anything contained within this certificate changes during the term of the contract, Bidder will notify the Purchasing Division in writing immediately.

Bidder: beBetter Health, Inc

Signed: \_\_\_\_\_

Date: April 17, 2017

Title: President & CEO

\*Check any combination of preference consideration(s) indicated above, which you are entitled to receive.

# Purchasing Affidavit

STATE OF WEST VIRGINIA  
Purchasing Division

## PURCHASING AFFIDAVIT

**MANDATE:** Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

**EXCEPTION:** The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

### DEFINITIONS:

**"Debt"** means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

**"Employer default"** means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

**"Related party"** means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceeds five percent of the total contract amount.

**AFFIRMATION:** By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §61-5-3) that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

### WITNESS THE FOLLOWING SIGNATURE:

Vendor's Name: beBetter Health, Inc

Authorized Signature: [Signature] Date: 4/17/17

State of West Virginia

County of Kanawha, to-wit:

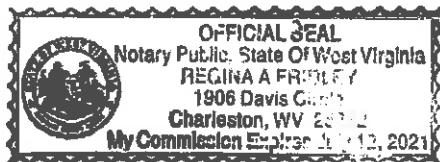
Taken, subscribed, and sworn to before me this 17 day of April, 2017

My Commission expires July 12, 2021

AFFIX SEAL HERE

NOTARY PUBLIC

[Signature]  
Purchasing Affidavit (Revised 08/01/2015)





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

State of West Virginia  
 Request for Quotation  
 34 - Service - Prof

Proc Folder: 235541

Doc Description: Addendum #1 - Tobacco Cessation Quitline

Proc Type: Central Master Agreement

Date issued	Solicitation Closes	Solicitation No	Version
2017-04-12	2017-04-18 13:30:00	CRFQ 0506 EHP1700000006	2

**BID RECEIVING LOCATION**

BID CLERK  
 DEPARTMENT OF ADMINISTRATION  
 PURCHASING DIVISION  
 2019 WASHINGTON ST E  
 CHARLESTON WV 25305  
 US

**VENDOR**

Vendor Name, Address and Telephone Number:

beBeller Health, Inc  
 6 Craddock Way  
 Poca, WV 25159  
 304-755-6020

**FOR INFORMATION CONTACT THE BUYER**

April Battle  
 (304) 558-0067  
 april.e.battle@wv.gov

Signature X

FEIN # 58-2498463

DATE 4-12-17

All offers subject to all terms and conditions contained in this solicitation



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

State of West Virginia  
 Request for Quotation  
 34 - Service - Prof

Proc Folder: 235541

Doc Description: Addendum #2 - Tobacco Cessation Quitline

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2017-04-12	2017-04-18 13:30:00	CRFQ 0506 EHP1700000006	3

**BID RECEIVING LOCATION**

BID CLERK  
 DEPARTMENT OF ADMINISTRATION  
 PURCHASING DIVISION  
 2019 WASHINGTON ST E  
 CHARLESTON WV 25305  
 US

**VENDOR**

Vendor Name, Address and Telephone Number:

be better Health, Inc  
 6 Craddock Way  
 Poca, WV 26159  
 304-755-6020

**FOR INFORMATION CONTACT THE BUYER**

April Battle  
 (304) 558-0067  
 april.e.battle@wv.gov

Signature X

FEIN # 58-2498463

DATE 4-17-17

All offers subject to all terms and conditions contained in this solicitation

**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO.: CRFO EHP1700000006**

**Instructions:** Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

**Acknowledgment:** I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

**Addendum Numbers Received:**

(Check the box next to each addendum received)

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6  |
| <input checked="" type="checkbox"/> Addendum No. 2 | <input type="checkbox"/> Addendum No. 7  |
| <input checked="" type="checkbox"/> Addendum No. 3 | <input type="checkbox"/> Addendum No. 8  |
| <input type="checkbox"/> Addendum No. 4            | <input type="checkbox"/> Addendum No. 9  |
| <input type="checkbox"/> Addendum No. 5            | <input type="checkbox"/> Addendum No. 10 |

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

beBetter Health, Inc

Company

[Signature]

Authorized Signature

4-17-17

Date

NOTE: This addendum acknowledgment should be submitted with the bid to expedite document processing.

**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.

Jayne Kinney, Program Manager, WV Tobacco Outline  
(Name, Title)  
Jayne Kinney, Program Manager, WV Tobacco Outline  
(Printed Name and Title)  
6 Cradock Way, Poer, WV 26159  
(Address)  
304-755-6020 x3252 304-755-0043  
(Phone Number) / (Fax Number)  
jaynekinney@bebetter.net  
(email address)

**CERTIFICATION AND SIGNATURE:** By signing below, or submitting documentation through wvOASIS, I certify that I have reviewed this Solicitation 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 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 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.

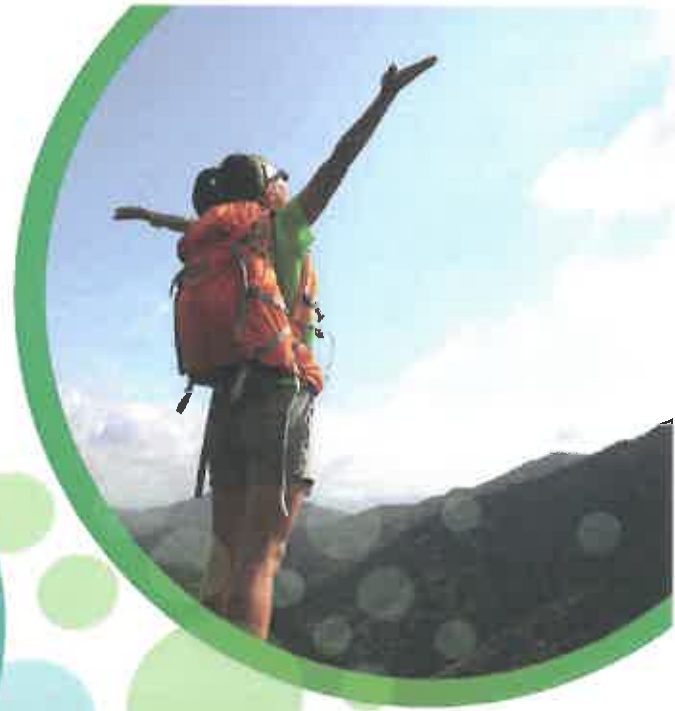
beBetter Health, Inc  
(Company)

[Signature]  
(Authorized Signature) (Representative Name, Title)

Ralph Games, President & CEO  
(Printed Name and Title of Authorized Representative)

4-17-17  
(Date)

304-755-6020 304-755-0043  
(Phone Number) (Fax Number)



## Attachments

# Request for Quotation

CRFQ 0506 EHP1700000006

April 18, 2017

Presented to



On behalf of





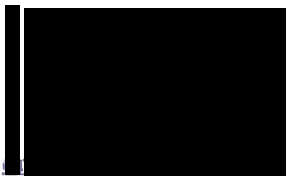
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## Attachment A – Medical Director Resume

**Catherine A. Mac Alister RN, BSN, CTTS**



---

**OBJECTIVE** To obtain a part-time position working in the field of Tobacco Treatment

### **EDUCATION**

June 2015 Tobacco Treatment Specialist Certification  
Mayo Clinic Nicotine Dependence Center

2008-2009 Waynesburg University, Waynesburg PA  
Baccalaureate of Science Degree in Nursing  
GPA 4.0  
Graduation Honors-Academic Excellence in Adult Programs

1984-1987 Ohio Valley General Hospital School of Nursing, Wheeling WV  
R.N. Diploma  
Directors list: August 1985-May 1987  
Graduation Honors-Faculty Award

### **EXPERIENCE**

August 2013 WVU Medicine/Reynolds Memorial Hospital

- Quality Coordinator

- Improve outcomes in all Core Measures and patient satisfaction
- Collaborate with Nursing staff and physicians to ensure we provide patients with optimal care and outcomes.
- Recipient 2015 Press Ganey Guardian of Excellence Award
- Certified Tobacco Treatment Specialist

June- August 2013 Weirton Medical Center

- Staff Nurse on Med-Surgical Floor
- Collaborate, initiate, and supervise care for variety of patients

May 2009-June 2013 Reynolds Memorial Hospital

Glen Dale, WV

Care Management Department

- Data abstractor for quality measures/pay4performance

Intravenous Therapy, staff nurse

- Skilled in initiating and maintaining peripheral venous access
- Administering antibiotics, parenteral nutrition, blood products and chemotherapy
- Maintaining Central Venous Access Devices such as PICC lines, Mediports, Hickman catheters, and Triple-lumen central lines

November 2008 Alternative Home Health, Inc.

to April 17, 2009 St. Clairsville, OH

Visiting nurse



April 1994 to Reynolds Memorial Hospital, Home Health

October 2008 Glen Dale, WV

Visiting nurse 1994—2004

- Collaborated and initiated care for a variety of home health patients
- Team leader-responsible for scheduling and supervising field nurses and home health aides
- Excellent assessment skills, functioned as an independent clinician identifying problems and collaborating with physicians for development of the patients plan of care
- Accurately completed OASIS data in targeted time frames to ensure agency received optimal case-mix for PPS reimbursement and quality measure reporting
- Skilled in home infusion therapy, managing PICC lines and home infusion pumps
- Skilled in basic and specialized wound care techniques, including VAC therapy
- Participated in the agency's CQI projects

**March 2004—August 2008, director of agency**

- Responsible for provision of care for an average of 75 patients and management of home health agency staff consisting of 26 employees-RN's, PT's, OT, MSW, nursing assistants, and clerks
- Responsible for scheduling, payroll, staff evaluations, annual competency reviews, and day to day operations of the agency
- Responsible for oversight of all quality measures and reimbursement related to PPS and Home Care Compare
- Agency received honor of Home Care Elite 2007 & 2008
- Served on hospital QCI committees for Staff Education, Environmental Safety & Emergency Management, Utilization Review and Home Health Professional Advisory Committee
- Responsible for all state and Joint Commission survey activity



**Early Nursing Career- 1987-1994**

Employed at Lee Memorial Hospital, Ohio Valley Medical Center, and Magee-Women's Hospital in the field of Post-partum, Ante-partum, Nursery, and NICU

**LICENSES**      Registered Professional Nurse 1987

Currently held in West Virginia

**CERTIFICATIONS**

Certified Tobacco Treatment Specialist

Certificate [REDACTED] expires July 1, 2017

CPR- Basic Life Support

Expires 02/03/2019

**REFERENCES**    Available upon request



## Attachment B – Enrollment Process

The following exhibits are a depiction of beBetter Health's enrollment process. This process utilizes a propriety system which has been developed and shaped based on the specific needs of our clients over the course of 14 years.

Incoming Call 2.5

Call Type: Phone | Line of Business: WV Tobacco Quit Line | Type of Call: Enrollment

You can perform a participant lookup by last name and/or last 4 digits of SSN.

First Name: John | Last Name: Smith | Last 4 SSN: | LookUp

Phone Number: | Date of Birth: |

Do you have an email address?  Yes  No | Customer ID: |

**Possible Previous Enrollments**

Name	DOB	City	State	Phone #	Enrollment Date
<i>Click to Refresh</i>					

Look Up / Refresh | New Enrollment

**Exhibit 1-** Upon reaching our Quitline call center staff, this screen is used to capture some quick specifics about the caller, which expedites how the call is handled.



Tobacco Enrollment

Last Name+  Search by Last Name

First Name+  Search by First Name

Last 4 SSN

Date of Birth  Age  Line of Business

General Info | Referrals | Sponsoring Agency | Fair Referral | Removed Contacts

I need to verify, are you male or female?

Do you live with someone who is pregnant?

Are you a resident of WV?  Yes  No Proof of residence

Please ask the participant if they belong to any of these special groups or fall into any of these categories.

<input type="checkbox"/> Breast & Cervical Cancer Screening Patient	<input type="checkbox"/> Summersville Medical Regional Center	<input type="checkbox"/> Flight From The Start	<input type="checkbox"/> Active/Reserve/Retired Military & Immediate Family
<input type="checkbox"/> Wise Woman	<input type="checkbox"/> WVU E-Cig Study	<input type="checkbox"/> College Employee	<input type="checkbox"/> Tobacco-Free Hospital Employee
<input type="checkbox"/> Independent Pharmacy Program	<input type="checkbox"/> Marshall University - Business	<input type="checkbox"/> College Students	<input type="checkbox"/> Medicare
<input type="checkbox"/> Clear Mountain Bank			

Pregnancy Pilot Programs

Davis Medical Center  Marshall  Logan  Pregnant Women

Please click here after asking about special population/groups.

Are you insured by Medicaid, UniCare Health Plan WV, Aetna Better Health of WV, or WV Family Health Plan?  Yes  No

Do you have medical insurance?

Insurance Carrier  Relationship to insured

Mailing Address (Where you can receive mail and packages)

Street

Street (2)

City+  State  Zip Code  [Lookup by Zip](#)

What is your phone number? Format as 0000000000 2045851212

Primary  Is this a cell phone?  Yes  No Would you like to receive texts from the Quitline?  Yes  No

Alternate  Is this a cell phone?  Yes  No

Do we have your permission to leave a message?  Yes  No  
(The question will give us permission to leave a voicemail or with the person who answers)

Do you have an E-Mail address?  Yes  No Email Address  Would you like to receive email from the Quitline?  Yes  No

Call Information

Caller

Call Type

**Exhibit 2-** Caller information is recorded in detail here. Information includes: name, date of birth, last 4 digits of social security number, pregnancy status, special groups\*, insurance type, address, telephone numbers (permission to leave messages and consent to receive text messages), and email address (consent to receive emails). \*In the case of special projects "Special Groups" may be revised to accommodate project needs.

Tobacco Enrollment

Last Name:  Search by Last Name      Last 4 SSN:       Date of Birth:       Age:       Line of Business:

First Name:  Search by First Name

General Info | Referrals | Sponsoring Agency | Fax Referral | Removed Contrace

**Referral Type**  
*How did you hear about the Quit Line, or who referred you to the Quit Line? (Do not read, check all that apply)*

Media       Other Advertising, PR & Communications       Referral

Newspaper       Mail/Letter       Huntington Gas Pumps       Physician       Employer       WVU School of Dentistry  
 TV       Postcard       Other/Special Promotion or Campaign       Pharmacist       Co-worker       Clear Mountain Bank  
 Radio       Newsletter       Bus, School, Newspaper, Store, Truck, etc.       Dentist       Family/Friend  
 Internet       Brochure/Flyer       Dental Hygienist       Insurance Provider  
 Social Networking (Vkontakte, Facebook, Twitter, etc.)       Fax Referral       Community Organization

Did you hear about 1-800-QUIT NOW from any advertisements with smokers telling personal stories and tips about living with health problems?       Yes       No

Please ask the participant if they belong to any of these categories:

Asthma       Cardiovascular Disease       Cancer       Osteoporosis  
 COPD       Diabetic / Family       Emphysema

**Mental Health**  
 Are you being treated for any of the following mental health conditions?

No       Alcohol/Drug Abuse       Refused  
 Schizophrenia       Depression Disorder  
 Bipolar Disorder       Anxiety Disorder

**Exhibit 3-** Referral types are recorded here based on the question "How did you hear about the Quitline, or who referred you to the Quitline?" Referral type choices may be revised based on the needs of DTP/BPH. During CDC media campaigns we ask "Did you hear about 1-800-QUIT-NOW from advertisements?" Based on NAQC MDC data, physical and mental conditions are recorded here as well.

Interest | Contraindications | Fax Referral | Removed Contrace

General Info | Insurance Information | Sponsoring Agency | Status | Usage | History

Sponsoring Agency:       Eligible for:

Group:

Site:

Program:

Previous Enrollment Count:       Last Enrollment Date:

Sponsoring Agency	Enrollment Date

**Exhibit 4-** Sponsoring Agency such as BPH is automatically populated here based on the participant's response to insurance information on Exhibit 2. Based on the Sponsoring Agency, services for which the individual is eligible for are shown here.

**Tobacco Enrollment**

Last Name:  Search by Last Name      Last 4 SSN:       Numbers only. 4 digits required. Use 0 for non-zero digits.           

First Name:  Search by First Name      Date of Birth:       Age:       Line of Business:

General Info | Referrals | Sponsoring Agency | Stratics | Fax Referral | Removed Contacts

What is the highest education level you have completed?      

Which of these groups would you say best describes you? (READ)

Primary language spoken?

What type or types of tobacco do you use? (Check all that apply)

Cigarettes       Cigar (Cigars, Little Cigars, or Cigarillos)       Pipe       Chewing Tobacco

Snuff       Snus       Other tobacco products (e.g. Bids)

Do you currently use an E-Cigarettes/vapor/electronic nicotine delivery system?  Yes  No

On a scale of 1 - 10, what is your desire to quit?      

On a scale of 1 - 10, what is your willingness or motivation to quit?      

Do you intend to quit in the next 30 days?

When do you see yourself quitting?       Quit Date:

Are you willing to make a lifestyle change and commit to the program including developing and following a plan for quitting?  Yes  No

**Verify Eligibility Based on Motivation**

**Exhibit 5-** Background information and current use of tobacco for the participant is recorded here, as well as an assessment of the individual's willingness and motivation to Quit.

**Tobacco Enrollment**

Last Name:  Search by Last Name      Last 4 SSN:       Numbers only. 4 digits required. Use 0 for non-zero digits.           

First Name:  Search by First Name      Date of Birth:       Age:       Line of Business:

General Info | Referrals | Sponsoring Agency | Stratics | Usage | History | Interest | Fax Referral | Removed Contacts

How often do you use tobacco?

How soon after you wake up do you use tobacco?

How old were you when you first started regularly using tobacco?       Total years used:

Do you have children?  Yes  No      For this question, include all second-hand smoke.      How many children are in your home?

What is the age category of your children (check all that apply)?  Infant (0-2 yrs)       Toddler (3-5 yrs)       Adolescent (6-12 yrs)       Teen (13-17 yrs)       Adult (18+ yrs)

Do you live with other tobacco users?  Yes  No      What kind of tobacco do they use?  Cigarettes       Smokeless       Cigar       Pipe       Other

Do you have a tobacco use policy in your home?  Yes  No

Do you socialize with other tobacco users?  Yes  No      Do you work with other tobacco users?  Yes  No

Do you take tobacco breaks with your co-workers?  Yes  No

**Exhibit 6-** Information about the participant's current use of tobacco, number of children in the home (if applicable), children's exposure to secondhand smoke, daily habits, tobacco use policy, and interactions with other users is assessed here. This gives the participant's health coach insight as to potential barriers.





Tobacco Enrollment

Last Name:  Search by Last Name      Last 4 SSN:       Date of Birth:       Age:       Line of Business:

First Name:  Search by First Name

General Info | Referrals | Sponsoring Agency | Stratics | Usage | History | Interest | Contraindications | Fax Referral | Removed Contact

Are you interested in using NRT to help you quit?  Yes  No      Have you previously used using NRT to help you quit?  Yes  No

NRT Tried:  Patch  Gum  Spray  Inhaler  Lozenges

Have you ever tried to quit (smoking, spit tobacco, etc) before?  Yes  No  Refused

How many times have you seriously tried to quit?   I don't know  Refused

How long ago was your last attempt to quit?  Years

How long did you maintain your last attempt to quit?  Weeks

What method(s) did you use in your last attempt to quit CTT (check all that apply)?

Nicotine replacement Patch       Group program       YNDTQUIT (Quit Line Services)       Cold Turkey  
 Nicotine replacement Gum       Hospitalizations       Zyban       Other, Specified  
 Nicotine replacement Spray       Acupuncture       Wellbutin  
 Nicotine replacement Inhaler       Cut back       Chantix  
 Nicotine replacement Lozenges       Hypnosis       Self Help

Why do you think you were not successful in your last attempt to quit?

Stress/Anxiety       Nicotine addiction       Too many smokers socialize  
 Wasn't motivated enough       No will power       I don't know  
 Wasn't really ready       Cost of pharmaceutical aids       Needed more help  
 Enjoyed it too much       Boredom       Other, Specified  
 Weight management issues       No longer pregnant

**Exhibit 7-** This screen shows whether participants want to use NRT to help them quit and if they have previously used NRT. The participant's previous quit attempts are also recorded here.

Tobacco Enrollment

Last Name:  Search by Last Name      Last 4 SSN:       Date of Birth:       Age:       Line of Business:

First Name:  Search by First Name

General Info | Referrals | Sponsoring Agency | Stratics | Usage | History | Interest | Contraindications | Fax Referral | Removed Contact

Why are you currently interested in quitting?

Personal health related reasons       Personal goal       It's a bad habit  
 Family/Friend support       Reduce premiums/premium benefit       Death of loved one  
 Family/Friend pressure       Pregnant       Not currently interested in quitting  
 Physician pressure       For the children       Other Specified  
 Financial reasons       Tired of it

Have you already taken action to quit? If so what action have you taken?  Yes  No

Cold Turkey       Zyban/Wellbutin       Other, Specified  
 Nicotine replacement Patch       Chantix  
 Nicotine replacement Gum       I keep quit plans on hold  
 Nicotine replacement Spray       Self-Help  
 Nicotine replacement Inhaler       Group program  
 Nicotine replacement Lozenges

Have you spoken to your physician about your quit attempt?  Yes  No  Refused

Do you have a person or group to support you through your quit attempt?

When is the best time for a phone coach to reach you?

Availability Notes:

**Exhibit 8-** Here information is gathered and recorded to gain insight into what is motivating the participant to quit and what they are currently doing to quit (if anything). It is also helpful to know and record if they have a support network outside of the Quitline, and when the best time is to reach them for coaching calls.



**Tobacco Enrollment**

Last Name:  Search by Last Name  
 First Name:  Search by First Name  
 Last 4 SSN:   
 Date of Birth:  Age:  Line of Business:

General Info | Referrals | Sponsoring Agency | Status | Usage | History | Interest | **Contraindications** | Fax Referral | Removed Contries

NRT Type:

Do you have any of the following medical conditions?

Are you pregnant or nursing?  Yes  No  Waiting Response  
 Recent Heart Attack? (Last 2 weeks)  Yes  No  Waiting Response  
 Irregular Heartbeat?  Yes  No  Waiting Response

**Verification**

Age Verification Received:  Address Verification Received:   
 Participant Signature Received:  Witness Signature:   
 I have verified the above information is correct. Verified by:

Date of Signature:

What tobacco?  
 Number of Cigarettes per day:  Chewing tobacco pouches per week:   
 Cigars per week:  Snuff tin per week:   
 Pipe bowls per week:  Snus tin per week:   
 Other tobacco per week:

Doctor Faxed Date	Faxed by	Signature Received	Status
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Comments:

Doctor Name:  Phone:  Fax:

**Exhibit 9-** This screen lists the Contraindications questions. The participant is asked these questions to ensure they have no medical restrictions that could interfere with the NRT they will use for their quit attempt. Based on the outcome of this form a specific type of NRT may also be recommended to the individual. If the participant answers “Yes” to any of these questions, the customer service staff will fax the physician for consent to use NRT. The information is then recorded under the “Verification” on this screen. (See below for an example of a physician’s consent)

**THE WEST VIRGINIA TOBACCO QUITLINE**

Dear Dr.  
 Name:  
 DOB:

is enrolled in the WV Tobacco Quitline program. Participants in our program may be eligible to receive 5 weeks of Nicotine Replacement Therapy (NRT). The purpose of this letter is to inform you of your patient's desire to use the Nicoterm 62 nicotine patch. This nicotine product is an aid to help with quitting the use of tobacco. Although this product may be obtained over-the-counter, we want to make you aware that your patient mentioned above has indicated having the following medical conditions. Therefore we are requesting consent from you for your patient to use the nicotine patch.

Your patient has indicated being under 18, pregnant, irregular heartbeat, heart attack within the last 2 weeks.

Your patient has indicated using *camomil per day*; therefore, the manufacturer of the Nicoterm patch recommends your patient receive the following dosages:

**21mg patch for 4 weeks**  
**14mg patch for 2 weeks and 7mg patch for 1 week.**

*Please circle the corresponding course of therapy you would like your patient to use.*

- Provide behavioral therapy ONLY - patient should **NOT** use the nicotine patch.
- Provide the nicotine patch as indicated above.

If you have questions please call 677-566-8754. Your patient will not be eligible to receive the patches until this form is returned to us via fax at 304-762-0845.

Physician's Signature: \_\_\_\_\_  
 Thank You!

BBTE:TransferCallPop (svcharmduars)

**We would like to give you a call 7 months after this enrollment. The purpose of this survey is to see how you are doing in your quit attempt and to obtain feedback on what worked well for you in the program, what obstacles you encountered, and what you believe would make the program better. Are you willing to take part in the post-program survey?**

Yes  No

**Exhibit 10-** This is a pop-up that appears after an enrollment is submitted. Our staff asks the participant for permission to conduct a post survey call at the end of their program.



## Attachment C – NRT/GSK Information

### Choosing The Best Nicotine Replacement Therapy For You



#### Choosing Your NRT Type

While all types of Nicotine Replacement Therapy (NRT) types are designed to do the same thing, we have found that smokers and smokeless tobacco users prefer different types of NRT. Though we have shared these preferences below, we strongly suggest you use the type of NRT that has worked best for you in the past or that you think you would enjoy using most.

**Cigarette, Cigar, and Pipe Smokers** tend to prefer using patches over gum and mini-lozenges, while **Smokeless Tobacco Users** tend to prefer using gum and mini-lozenges over patches.

#### Choosing Your Dosage

If you are a Cigarette User:			
Cigarette Usage	Patch	Gum	Mini-Lozenge
10 + Cigarettes* / day	21 mg	NA	NA
Less than 10 Cigarettes* / day	14 mg	NA	NA
Smoke first Cigarette less than 30 minutes after waking	NA	4 mg	4 mg
Smoke first Cigarette more than 30 minutes after waking	NA	2 mg	2 mg

\* 1 Cigar or 1 Pipe = 5 Cigarettes

If you use Smokeless Tobacco (Snuff, Snus, Chewing Tobacco, etc.):			
Smokeless Tobacco	Patch	Gum	Mini-Lozenge
3 or more cans or pouches / week	21 mg	4 mg	4 mg
2-3 cans or pouches / week	21 mg	4 mg	4 mg
1-2 cans or pouches / week	14 mg	2 mg	2 mg
Less than 1 can or pouch / week	Seek Director's Approval		

Dual Therapy can be effective for **heavy smokers with a higher nicotine dependency**. Dual Therapy consists of using gum OR mini-lozenges simultaneously with patches. If a participant requests this option, we will still only ship the allowed number of weeks per attempt, but will split the order up between patches and either gum OR mini-lozenge of the same strength. For example, if allowed 8 weeks of product, split to 4 weeks of patches and 4 weeks of gum (or mini-lozenge).

#### Product Detail

NicoDerm CQ Patches are latex-free and water-resistant. They tend to be stronger adhesives than the generic brand. Nicorette gum and mini-lozenge products do not contain gluten or animal derivatives, dairy products, and are sugar-free.

#### Product Usage throughout Attempt

Patch users will use one patch daily, but step down in milligrams throughout their quit attempt.

Gum and mini-lozenge users will remain with the same dosage throughout their attempt, but use fewer pieces of gum/mini-lozenges per day throughout their quit attempt.

#### Other Considerations

- Those who suffer from reflux, TMJ, heartburn, and migraine headaches should consider using patches to prevent issues with gum and/or mini-lozenges.
- If you have any allergies or concerns when using NRT, please consult your Physician.



# Product Offerings



Product ID	Products	Supply Per Unit
NRT - 142018	<a href="#">Nicoderm CQ 21mg/14ct Patches</a>	2 weeks
NRT - 142033	<a href="#">Nicoderm CQ 14mg/14ct Patches</a>	2 weeks
NRT - 144028	<a href="#">Nicoderm CQ 7mg/14ct Patches</a>	2 weeks
NRT - 784730 (Fresh Mint) NRT - 785750 (Fruit Chill) NRT - 785840 (Cinnamon Surge)	<b>Nicorette 2mg/100ct Gum</b> <b>(Fresh Mint, Fruit Chill, Cinnamon Surge)</b>	2 weeks
NRT - 784750 (Fresh Mint) NRT - 785760 (Fruit Chill) NRT - 785870 (Cinnamon Surge)	<b>Nicorette 4mg/100ct Gum</b> <b>(Fresh Mint, Fruit Chill, Cinnamon Surge)</b>	2 week
NRT - 788000	<a href="#">Nicorette 2mg/81ct Mini Lozenges (Mint)</a>	1 week
NRT - 788050	<a href="#">Nicorette 4mg/81ct Mini Lozenges (Mint)</a>	1 week

Additional Information can be found here:

[Nicoderm CQ Patches on GSK site](#)

[Nicorette Gum on GSK site](#)

[Nicorette Mini-Lozenges on GSK site](#)

FAQs:

[Nicoderm CQ Patches](#)

[Nicorette Gum and Mini-Lozenge](#)





**West Virginia Tobacco Quitline**

**Smokeless/Heavily Addicted Dual Therapy Protocol**

**Dual NRT Recommendations per Dr. Normal Montalto, Medical Director of West Virginia Tobacco Quitline**

**Smokeless Users who are using 3 or more cans per day, use one of the following:**

- 21 mg patch along with 4 mg gum based on withdrawal symptoms
- 21 mg patch along with 4 mg lozenge based on withdrawal symptoms

**Smokeless Users who are using 2-3 cans per day, use one of the following:**

- 21 mg patch along with 10-15 pieces of 4 mg gum per day
- 21 mg patch along with 5-10 4 mg lozenges per day

**Smokeless Users who are using 1-2 cans per day, use one of the following:**

- 21 mg patch along with 10-15 pieces of 4 mg gum per day
- 21 mg patch along with 5-10 4 mg lozenges per day

**Smokeless Users who are using 1 can or less per day, use one of the following:**

- 21 mg patch along with 1-10 pieces of 4 mg gum per day
- 21 mg patch along with 1-10 4 mg lozenges per day based on withdrawal symptoms

6 Craddock Way - Poca, West Virginia - 25159 - 304 755 6020 - [www.bebetterhealth.com](http://www.bebetterhealth.com)



**Attachment D – RDT Form**



**Rational Drug Therapy Program**  
**PO Box 9511 HSCN, WVU School of Pharmacy**  
**Morgantown, WV 26505**

**Phone 1-800-847-3859** *www.hsc.wvu.edu/sop/rdtp* **FAX: 1-800-531-7787**

**SMOKING CESSATION THERAPY AUTHORIZATION FORM**

Patient Name (Last)	(First)	(M)	Medicaid ID number	Date of Birth:
Physician Name: (Last)			(First)	

**/Please check all the products that are approved, document the number of units/day being prescribed (where applicable), the # days therapy and the start date of each therapy needed (maximum of 90):**

Check	Type of Product	Max.#Units/Day	# of Days Approved	Therapy Start Date
<b>Gum Products</b>				
<input type="checkbox"/>	Nicotine Gum 2mg	24		
<input type="checkbox"/>	Nicotine Gum 4mg	24		
<b>Topical Patches</b>				
<input type="checkbox"/>	Nicotine Patch 21mg/24hr	1		
<input type="checkbox"/>	Nicotine Patch 14mg/24hr	1		
<input type="checkbox"/>	Nicotine Patch 7mg/24hr	1		
<b>Lozenges</b>				
<input type="checkbox"/>	Nicotine Lozenges 2mg	20		
<input type="checkbox"/>	Nicotine Lozenges 4mg	20		
<b>Oral Tablets</b>				
<input type="checkbox"/>	Bupropion SA Tablet 150mg	2		
<b>Chantix</b>				
<input type="checkbox"/>	Chantix (Varenicline) [Starter]	1		
<input type="checkbox"/>	Chantix (Varenicline) Continuous	1		
<input type="checkbox"/>	Chantix (Varenicline) 0.5mg [30 day]	1		
<input type="checkbox"/>	Chantix (Varenicline) 1mg	2		
<b>Nicotine Nasal Spray and Inhaler: (Can not be approved without documented failure of above products)</b>				
<input type="checkbox"/>	Nicotine Cartridge Inhaler	6		
<input type="checkbox"/>	Nicotine NS 10mg/ml	1.5ml/day		

Notes: 1)Data Entry by RDTP into the WV Medicaid system will be exactly as ordered on this form. 2)Therapy days will be entered as continuous days of therapy. (e.g. 42 days of 21mg patch starting on May 1 will end on June 11th, next order of 14 days of the 14mg Patch will start on June 12th and end on June 25th etc).

# Attachment E – Fax to Quit

## FAX-TO-QUIT REFERRAL FORM

**Fax Completed Form to: 1-866-900-4833**



Today's Date \_\_\_\_\_

Use this form to refer patients who are ready to quit tobacco in the next 30 days.

**PROVIDER(S): Complete this section, please print clearly.**

Provider Name	Contact Name
Clinic/Hospital/Organization	Phone
Address	Fax
City/State/Zip	Email

Please check box if the patient has any of the following conditions:

- Pregnant     Irregular Heartbeat     Recent Heart Attack (within the last two weeks)

If any box above is checked, please sign to authorize the WV Tobacco Quitline to send the patient free, over-the-counter nicotine replacement therapy. If provider does not sign and the patient has any of the above listed conditions, the Quitline may not be able to dispense medication.

**Provider Signature:** \_\_\_\_\_

Type name for digital signature

- In the absence of the patient being physically present to provide signature, please check to indicate that patient provided verbal consent to be referred to the WV Tobacco Quitline.

**PATIENT: Complete this section, please print clearly.**

I understand that the WV Tobacco Quitline will be contacting me with quit tobacco information and/or counseling. My participation is voluntary. I understand that any information I provide will be kept confidential. I give the WV Tobacco Quitline and/or my physician/provider permission to discuss my referral.

Patient Name (First, Last)	Phone
Address	Is this a cell phone? <input type="checkbox"/> Yes <input type="checkbox"/> No
City/State/Zip	Alternate Phone
County of Residence	Email
Date of Birth	May we leave a voice message? <input type="checkbox"/> Yes <input type="checkbox"/> No
Insurance Carrier	Language Preference <input type="checkbox"/> English
If Medicaid, ID#	<input type="checkbox"/> Spanish

Best times to call? Please check all that apply.  8am-12pm     12pm-5pm     5pm-8pm     Anytime  
 Mon     Tues     Wed     Thurs     Fri     Weekend     Any Day

**Patient Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

Type name for digital signature

The WV Tobacco Quitline will call you. The caller ID may show as "beBetter Health, Inc." or "Unavailable."  
 For additional information or questions, please contact the WV Tobacco Quitline at 1-877-966-8784, 6 Craddock Way, Poca, WV 25159

**QUITLINE USE ONLY**

Participant Enrolled     Unable to Reach Participant    **Date:** \_\_\_\_\_



**Attachment F – Reporting**



**February 2017**

**West Virginia Tobacco Quitline**



## Total Calls and Services

For the month of February 2017, the Quitline received 2146 calls, with 436 of those ending in the participant being enrolled under BPH, 141 participants enrolled under Medicaid, 80 enrolled under Unicare, 77 enrolled under Aetna Better Health of WV and 82 enrolled under the WV Family Health Plan. There were 772 phone coaching calls completed and 1041 pieces of NRT shipped.

WV Bureau of Public Health	
Services	Quantity
Incoming Calls	2146
Enrollments Completed	436
Pregnant Enrollments	15
Phone Coaching (BPH Only)	772
NRT Shipped	1041

Products by Type	Quantity	% of Total
Patches	823	79%
Gum	52	8%
Lozenges	136	13%
<b>Total</b>	<b>1041</b>	<b>100%</b>

Medicaid Enrollees		
Medicaid HMO	Quantity	% of Total
Aetna Better Health of WV	77	20%
Medicaid	141	37%
Unicare	80	21%
WV Family Health Plan	82	22%
<b>Total</b>	<b>380</b>	<b>100%</b>

## Referral Source & Motivation

This section details referral sources and participants motivation for quitting. **Television was the most mentioned referral source at 34%** and physician was next at 21%. Personal Health was the most mentioned reason for quitting.

\*Participants are able to choose as many quit reasons as are applicable.

Referral Source	Quantity	% of Total
Physician	123	21%
Pharmacist	20	3%
Dentist	3	1%
Dental Hygienist	1	0%
WVU School of Dentistry	0	0%
Community Organization	9	2%
Employer	2	0%
Co-Worker	7	1%
Insurance Provider	5	1%
Family/Friend	90	15%
Newspaper	0	0%
Television	200	34%
Radio	3	1%
Internet	18	3%
Social Network	3	1%
Postcard	0	0%
Newsletter	1	0%
Mail/Letter	0	0%
Brochure/Flyer	10	2%
Special Promotion	28	5%
Fax Referral	36	6%
Other	28	5%
<b>Total</b>	<b>586</b>	<b>100%</b>

Quit Reason	Quantity	% of Total
Personal Health	391	62%
Family/Friend Support	11	2%
Family/Friend Pressure	13	2%
Physician Pressure	5	1%
Financial	42	7%
Personal Goal	37	11%
Reduced Premium	1	0%
Pregnant	12	2%
Children	41	6%
Tired of it	27	4%
Bad Habit	13	2%
Death of a Loved One	12	2%
Not Interested	0	0%
Other	9	0%
<b>Total</b>	<b>636</b>	<b>100%</b>



## Demographics

Listed below is the demographic breakdown of enrollees such as gender, education level, ethnicity/race and age upon enrollment. Female enrollees made up 56% of total enrollments in February. The highest level of education was high school degree. 95% of enrollees listed white as their ethnicity/race, and 55-64 years was the most common age group at 28%.

Gender	Quantity	% of Total
Male	194	44%
Female	242	56%
Refused	0	0%
<b>Total</b>	<b>436</b>	<b>100%</b>

Highest Level of Education Completed	Quantity	% of Total
Less than grade 9	27	6%
Grade 9 to 11, no degree	67	15%
GED	37	8%
High School Degree	158	36%
Some College or University	91	21%
College or University Degree	53	12%
Graduate Degree	3	1%
Declined to State	0	0%
<b>Total</b>	<b>436</b>	<b>100%</b>

Reported Ethnicity/Race	Quantity	% of Total
American Indian or Alaskan Native	1	0%
Asian	0	0%
Black/African American	17	4%
Hispanic/Latino	1	0%
Native Hawaiian	0	0%
White	418	95%
Other	1	0%
Don't Know	0	0%
Declined to State	0	0%
<b>Total</b>	<b>436</b>	<b>100%</b>

Reported Age Range	Number	% of Total
1 - 17 years	0	0%
18 - 24 years	17	4%
25 - 34 years	51	12%
35 - 44 years	48	11%
45 - 54 years	92	21%
55 - 64 years	122	28%
65+ years	106	24%
<b>Total</b>	<b>436</b>	<b>100%</b>

## Tobacco Use

Details regarding participants tobacco use are listed below. Cigarettes were the most frequently listed type of tobacco being used.

Product	Quantity	% of Total
Cigarette	415	92%
eCigarette	7	2%
Cigar	3	1%
Chewing Tobacco	2	0%
Pipe	0	0%
Snuff	24	5%
Snus	0	0%
Poly User	0	0%
Other	0	0%
<b>Total</b>	<b>451</b>	<b>100%</b>

First Tobacco Use How Soon After Waking?	Quantity	% of Total
More than 60 Minutes	19	4%
31 to 60 Minutes	30	7%
6 to 30 Minutes	138	32%
Within 5 Minutes	248	57%
Don't Know	0	0%
Other	1	0%
<b>Total</b>	<b>438</b>	<b>100%</b>

Tobacco Type and Volume	1 - 10	11 - 20	21 - 30	30+
Cigarettes / Day	24	67	30	25
Cigars / Week	1	0	0	1
Pipes / Week	0	0	0	0
Snuff Tins / Week	11	2	0	0
Chewing Tobacco				
Pouches / Week	1	0	0	0
Other Tobacco / Week	0	0	0	0

Interaction with Other Tobacco Users	Quantity	% of Total
Live w/Other Tobacco Users	199	46%
Do Not Live w/Other Tobacco Users	235	54%
Declined To Answer	2	0%
<b>Total</b>	<b>438</b>	<b>100%</b>
Work w/Other Tobacco Users	98	22%
Do Not Work w/Other Tobacco Users	336	77%
Declined To Answer	2	0%
<b>Total</b>	<b>438</b>	<b>100%</b>
Socialize with Other Tobacco Users	234	54%
Do Not Socialize with Other Tobacco Users	198	45%
Declined To Answer	4	1%
<b>Total</b>	<b>438</b>	<b>100%</b>

## Tobacco Habits

Information regarding tobacco habits is listed below. This information includes taking smoke breaks at work, previous attempts to quit using tobacco, number of previous attempts and information regarding the participants last quit attempt.

Participants Take Smoke Breaks	Quantity	% of Total
Yes	74	17%
No	30	7%
Declined to State	332	76%
<b>Total</b>	<b>436</b>	<b>100%</b>

Previously Attempted to Quit Tobacco	Quantity	% of Total
Yes	374	86%
No	62	14%
Declined to State	0	0%
<b>Total</b>	<b>436</b>	<b>100%</b>

Number of Previous Quit Attempts	Quantity	% of Total
1 - 5 Attempts	306	70%
6 - 10 Attempts	23	5%
10+ Attempts	28	6%
Declined to State	79	18%
<b>Total</b>	<b>436</b>	<b>100%</b>

Last Quit Attempt	Quantity	% of Total
Within the Last Month	19	4%
Within the Last 12 Months	90	21%
1 - 4 Years Ago	142	33%
5 - 9 Years Ago	47	11%
10+ Years Ago	55	13%
Declined to State	83	19%
<b>Total</b>	<b>436</b>	<b>100%</b>

 **Special Populations**

Listed below are Special Population groups currently being tracked. Adults 55 years and older made up the largest Special Population group with 227 enrollees, followed by Medicare with 156 and Diabetics/Family with 147 enrolled.

Population	Total	Percentage
Medicaid	0	0%
Medicare	156	17%
Aetna Better Health of WV	0	0%
Unicare Basic	0	0%
WV Family Health Plan	0	0%
Other Insurance	42	0%
No Insurance	71	8%
Adult 55+ yrs	227	25%
Adults 18-34yrs	68	7%
Youth 24 and Younger	17	2%
Under 18yrs	0	0%
Adult Asthma	50	5%
Breast Cervical Cancer	0	0%
Cancer	27	3%
Cardio Disease	49	5%
COPD	0	0%
Diabetic/Family	147	16%
Osteoporosis	34	4%
Pregnant Women	15	2%
Military/Family	9	1%
Dentist Referred	0	0%
Right from the Start	1	0%
Wise Women	0	0%
WV College Faculty	0	0%
WV College Student	7	1%
<b>Total</b>	<b>920</b>	<b>96%</b>
*Participants are able to choose as many special population groups as are applicable		

### Enrollments By County

Enrollments by county are listed below. Kanawha County had the highest number of enrollees with 52, followed by Harrison with 31 enrollments and Raleigh County with 27 .

County	Quantity
Barbour, WV	6
Berkeley, WV	18
Boone, WV	5
Braxton, WV	0
Brooke, WV	6
Cabell, WV	21
Calhoun, WV	0
Clay, WV	3
Dodridge, WV	4
Fayette, WV	14
Gilmer, WV	0
Grant, WV	2
Greenbrier, WV	11
Hampshire, WV	6
Hancock, WV	12
Hardy, WV	1
Harrison, WV	31
Jackson, WV	5
Jefferson, WV	9
Kanawha, WV	52
Lewis, WV	1
Lincoln, WV	6
Logan, WV	11
Marion, WV	15
Marshall, WV	13
Mason, WV	4
McDowell, WV	4
Mencer, WV	14

County	Quantity
Mineral, WV	6
Mingo, WV	5
Monongalia, WV	18
Monroe, WV	1
Morgan, WV	4
Nicholas, WV	5
Ohio, WV	13
Pendleton, WV	0
Pleasants, WV	1
Pocahontas, WV	4
Preston, WV	2
Putnam, WV	15
Raleigh, WV	27
Randolph, WV	10
Putnam, WV	1
Roane, WV	2
Summers, WV	5
Taylor, WV	3
Tyler, WV	1
Tucker, WV	1
Upshur, WV	5
Wayne, WV	10
Webster, WV	0
Wetzel, WV	4
Wirt, WV	1
Wood, WV	13
Wyoming, WV	3
<b>Total</b>	<b>436</b>



## National Quitline Data Warehouse (NQDW) Quitline Services Survey

*Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0856)*

Year: 2016  
Quarter: Q3 (July - September)  
State: West Virginia

**Instructions for Completing Survey:**

*Throughout this survey, please fill in -1 to indicate that data are not available for a particular question. Responses of -1 will be interpreted and presented in future reporting as "NA".*

**Please respond to the following questions about your quitline during the quarter for which you are reporting.**

**1. Please provide your contact information**

Name:	Kathy Danberry
Job Title:	Tobacco Cessation Program Manager
Employer / Organization:	West Virginia Division of Tobacco Prevention, Bureau of Public Health
State:	West Virginia
Email:	kathy.m.danberry@wv.gov
Phone:	304-356-4221
Second Phone:	N/A



2. How many total direct calls came in to the quitline?

*Note: Direct calls are your quitline's total incoming calls, not referrals that generate an outbound call from the quitline. Please report on number of calls, not number of callers/unique individuals. This should include proxy callers, wrong numbers, prank calls, and other calls to the quitline.*

Type of Call	Number of Calls
a. Calls answered live (Total Number)	6,798
a1. Within 30 seconds	6,370
a2. More than 30 seconds	428
b. Calls went to voice mail	116
c. Calls hung up or abandoned (Total Number)	160
c1. Within 30 seconds	122
c2. More than 30 seconds	38
d. Other Calls (e.g., listening to taped messages, etc.)	0
e. Total direct calls (A+B+C+D)	7,074

3. Of the total DIRECT calls into the quitline during the quarter for which you are reporting, how many UNIQUE tobacco users called the quitline during the quarter for which you are reporting? 2,275

4. How many TOBACCO USERS who called or were referred to the quitline received the services listed below?

*Note: Report only on those who received service for the first time. For the purposes of this question, we define "received" service as anyone who received quitline self-help materials and/or began at least one counseling call with the quitline and/or received medications through the quitline.*

Service	Number of Tobacco Users
Self-help materials only with no counseling	0
Counseling Provided (began at least one session)	
Phone <sup>1</sup>	2,462
Face-to-Face, Individual/Group	0
Web	0
Other Mechanism	0
Medications provided through the quitline <sup>2</sup>	651
Provided with phone counseling OR medications OR both phone counseling and medications <sup>3</sup>	2,462

<sup>1</sup> Defined as a caller-centered, person-tailored, in-depth, motivational interaction that occurs between cessation specialist/counselor/coach and caller.

<sup>2</sup> NRT or other FDA-approved medications for tobacco cessation.

<sup>3</sup> Total provided EITHER phone counseling OR medications OR both (*Note: this will likely not total the sum of b and f because many of those who receive medications will also have received counseling. This is the number that will be used to calculate treatment reach using standard calculation.*)



5. Quitlines use many types of promotions and referral networks to increase their reach to tobacco users. Please select all of the sources that generated referrals to your quitline.

*Note: Referrals are client referrals to the quitline from health professionals, other intermediaries or services (including Web sites) that trigger a proactive call to the client initiated by the quitline.*

- Fax referral system
- Community organization networks
- Online advertising (paid)
- Web referrals (links from web sites, not paid ads)
- Central call center ("triage") separate from the quitline
- Other (please describe): Referrals by Dr, Dentist, dental hygienist, employer, co-worker, friends and family, pharmacists, television, radio, internet, social networking sites, postcards, newsletters, insurance provider, brochures, and special promotions.

6. How many referrals did the quitline receive?

Type of Referral	Number Received
a. Fax referrals	272
b. Other referrals (e.g., web referrals, "click to call," online ads, etc.)	2,465
c. Total referrals (A+B)	2,737

7. Did your quitline ask the following question on the NQDW Intake Survey?

*In the past three months, did you hear about 1-800-QUIT-NOW from any advertisements with smokers telling personal stories and tips about living with health problems?*

Select a response

If your quitline asked this question on the NQDW Intake Survey, please provide the information requested in the table below (a-f).

a. Number of callers with a "yes" response	1,435
b. Number of callers with a "no" response	840
c. Number of callers with a "unsure" response	0
d. Number of callers with a "refused" response	0
e. Number of callers with a missing response	0
f. Total number of callers who were asked the question (a + b + c + d + e)	2,275

The remaining questions deal with the services offered by your Quitline during the quarter for which you are reporting. For your convenience, the answers to these questions have been pre-populated with the responses you reported on your most recent prior submission. Please review and make any necessary revisions so that the answers to these questions accurately reflect the services offered by your quitline during the quarter for which you are reporting.

8. What is the name of your state quitline? West Virginia Tobacco Quitline

9. Please provide information about the quitline number(s) that your state used during the quarter.

Primary Quitline Telephone Number	
Does your state use and promote 1-800-QUIT-NOW as its primary quitline number?	Yes
If "No", what is your state's primary quitline number?	1-800-QUIT-NOW (1-800-784-8669)
Additional Quitline Telephone Numbers	
Please list ALL additional quitline telephone numbers used by your state	Description of quitline number
1: 1-877-966-8784	
2:	
3:	
4:	
5:	

10. Please provide the hours of service of your quitline for the following categories of service:

Day	Hours of Operation		
	Live Pick Up of Incoming Calls †	Counseling Services	Voicemail / Answering Service Pick Up of Calls
Monday:	8:00 AM - 8:00 PM EST	8:00 AM - 8:00 PM EST	8:00 AM - 8:00 PM EST
Tuesday:	8:00 AM - 8:00 PM EST	8:00 AM - 8:00 PM EST	8:00 AM - 8:00 PM EST
Wednesday:	8:00 AM - 8:00 PM EST	8:00 AM - 8:00 PM EST	8:00 AM - 8:00 PM EST
Thursday:	8:00 AM - 8:00 PM EST	8:00 AM - 8:00 PM EST	8:00 AM - 8:00 PM EST
Friday:	8:00 AM - 8:00 PM EST	8:00 AM - 8:00 PM EST	8:00 AM - 8:00 PM EST
Saturday:	8:00 AM - 5:00 PM EST	8:00 AM - 5:00 PM EST	8:00 AM - 5:00 PM EST
Sunday:	8:00 AM - 5:00 PM EST	8:00 AM - 5:00 PM EST	8:00 AM - 5:00 PM EST

† May or may not have counseling services available.

11. Is your quitline closed on holidays? Yes

12. In which of the following languages does your quitline offer counseling?

Language	Offered
English:	Offered: Not translated through a third party
Spanish:	Offered: Not translated through a third party
French:	Not Offered
Cantonese:	Not Offered
Mandarin:	Not Offered
Korean:	Not Offered
Vietnamese:	Not Offered
Russian:	Not Offered
Greek:	Not Offered
Amharic (Ethiopian):	Not Offered
Punjabi:	Not Offered
Deaf and Hard of Hearing (TTY):	Offered: Not translated through a third party
Deaf and Hard of Hearing with video relay:	Not Offered
<b>Other Languages (please describe):</b>	
1:	Select a response
2:	Select a response
3:	Select a response
4:	Select a response
5:	Select a response



**13. How many counseling sessions does your quitline offer? (Please reply fully so we can understand the counseling services provided by your quitline along with the eligibility for counseling services.)**

Eligibility Criteria		
This is the minimum eligibility criteria that applies to ALL callers who receive any amount of counseling. Additional eligibility criteria for groups of callers that receive different amounts of counseling specified in the section below.		
Criteria	Yes / No	Comments
Resident of state:	Yes	
Age:	No	
Readiness to Quit:	No	
Uninsured:	No	
Underinsured:	No	
Medicaid:	No	
Medicare:	No	
Privately Insured:	No	
Other:	No	
Number of Counseling Sessions Offered		
Eligibility Criteria	Number	Comments
All Eligible Callers (based on eligibility criteria listed above)	4	
<b>Additional Eligibility Criteria</b> If your quitline provides different numbers of counseling sessions for different groups of callers, please specify the additional eligibility criteria, above and beyond the eligibility criteria already listed above, for each group along with the number of counseling sessions offered to those groups.		
1:		
2:		
3:		
4:		
5:		

**14. Did your quitline provide quitting medications to clients?**

Medication	Available Medications			Comments
	Free	Discounted	Voucher/Coupon	
Nicotine Patches:	Yes	No	No	
Nicotine Gum:	Yes	No	No	
Nicotine Lozenges:	Yes	No	No	
Other (please specify):	No	No	No	

15. How many weeks of free **Nicotine Patches** per quit attempt did your quitline provide to clients? (*Please skip this question if your quitline did not provide free nicotine patches.*)

Free Nicotine Patches - Eligibility Criteria			
This is the minimum eligibility criteria that applies to ALL callers who receive any amount of free nicotine patches. Additional eligibility criteria for groups of callers that receive different amounts of nicotine patches specified in the section below.			
Criteria	Yes / No	Comments	
Resident of state:	Yes		
Geographic area:	No		
Age:	No		
Readiness to quit:	Yes	Next 30 days	
Enrollment in counseling:	Yes		
Medical conditions:	Yes		
Uninsured:	Yes		
Underinsured:	Yes		
Medicaid:	Yes		
Medicare:	Yes		
Privately Insured:	Yes		
Limited supply:	No		
Research study:	No		
Other:	No		
Free Nicotine Patches - Amount Offered			
Eligibility Criteria	Weeks Per Quit Attempt	Limit Per Year	Comments
All Eligible Callers ( <i>based on eligibility criteria listed above</i> )	8	2 times per year	4 weeks after completion of 1st coaching call, 4 weeks after completion of 2nd coaching call
<b>Additional Eligibility Criteria</b> If your quitline provides different amounts of free nicotine patches for different groups of callers, please specify the additional eligibility criteria, above and beyond the eligibility criteria already listed above, for each group along with the number of weeks of free nicotine patches per quit attempt offered to those groups.			
1:			
2:			
3:			
4:			
5:			



April 17, 2017

April Battle, Buyer 22  
WV Purchasing Division  
2019 Washington Street East  
PO Box 50130  
Charleston, WV 25305-0130

Re: CRFQ 0506 EHP1700000006

Dear Ms. Battle,

Enclosed is beBetter Health's response to CRFQ 0506 EHP1700000006 for the West Virginia Tobacco Quitline. In the following quote we have provided all requested information, as well as an outline of our capabilities and experiences generated by over seventeen years of providing tobacco quitline services to West Virginia.

Included with our CRFQ response, on the thumb drive enclosed, is an electronic copy of all documents relating to the CRFQ.

In closing, we thank you for the opportunity to submit this quote and for the potential to be of service to the state of West Virginia once again. We look forward to an opportunity to discuss our ideas, experiences, and processes in more detail as appropriate.

Kind regards,

A handwritten signature in black ink that reads "Jayne Kinney".

Jayne Kinney  
Program Manager  
Tobacco Cessation Services