

December 16, 2010

Roberta Wagner  
WV Purchasing Division  
2019 Washington St. E.  
PO Box 50130  
Charleston, WV 25305-0130

Re: RFQ EHP11082

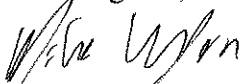
Dear Ms. Wagner,

Enclosed is beBetter Health's response to RFQ EHP11082 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 experience generated by over ten years of providing tobacco quitline services to West Virginia with a 96.6% participant satisfaction rate.

Included with our RFQ response is a copy of the 2008 Annual Report of The West Virginia Tobacco Quitline Program. Pages 55 through 57 of this report describe the performance of beBetter Health in providing quitline services based on participant feedback. While participant feedback, quit rates and other data described in the Annual Report demonstrate our ability to deliver quality quitline services to enrollees, it is difficult to convey in any written response the commitment and effort we put forth to provide the very best cessation experience possible for the participants of the West Virginia Tobacco Quitline.

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.

Best regards,



Mike Wynn  
Account Executive  
Tobacco Cessation & NRT

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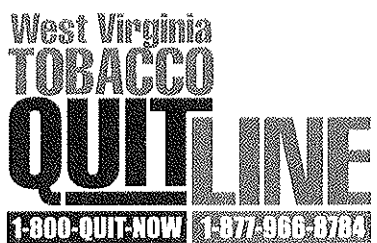
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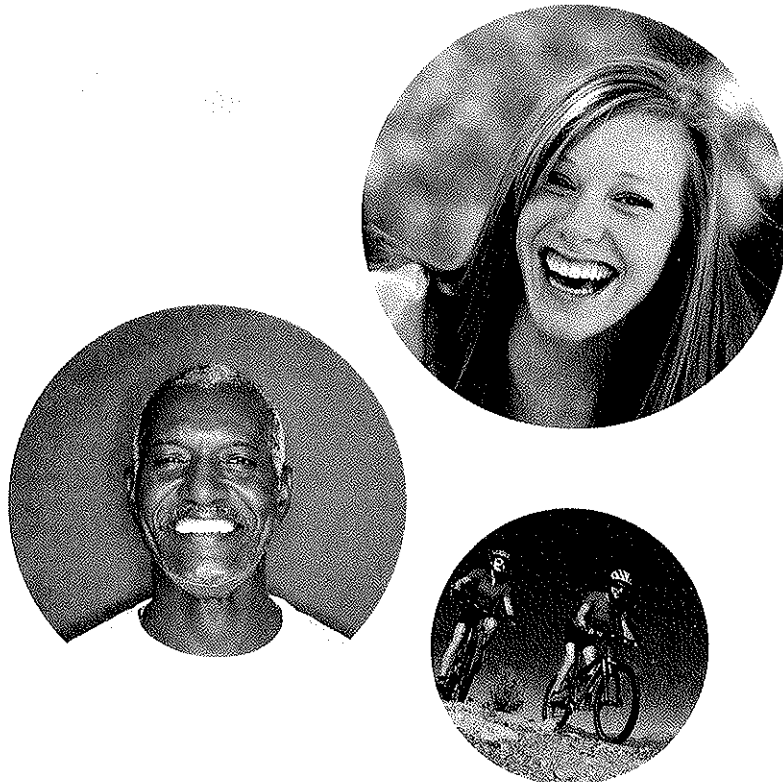
WV PURCHASING  
DIVISION



Proposal  
Response to  
Request for Quotation  
EHP11082

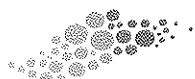
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## Company Background

beBetter Health, Inc. is a leading provider of worksite wellness programs that help employers reduce health care costs and boost employee productivity. For 24 years, we have delivered proven results to thousands of employers across the country through onsite health screenings, health risk assessments, health coaching, healthy lifestyle programs, and quit-smoking solutions.

Our scientifically based, clinically validated methodologies can help employers achieve a solid return on investment, while also engaging employees with programs that promote a culture of wellness and productivity.

## 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 residents to be covered by services include those who are uninsured, as well as targeted special population such as tobacco users who are pregnant, immediate household members of those who are pregnant and use tobacco, active and reserve military personnel and their immediate family members who use tobacco, youth under age 24, seniors over age 65, etc.

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, support materials to be mailed upon successful enrollment, referrals to community based or other available cessation programs. In keeping up with growing communication trends it is also necessary to develop online access to Quitline services including community referral databases, enrollment and coaching options for residents of West Virginia.

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 ten years, beBetter Health understands the demographics and needs of our West Virginia residents allowing our staff to provide very specific and personal support to callers. 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 in to coalition activity throughout the State. Understanding the growing demand for online access to Quitline services beBetter Health looks forward to developing our enrollment and coaching platform to incorporate online enrollment and coaching. Throughout the development of this process special attention will be given to ensure that this system is user friendly and



accommodating to our callers. Also the community referral database will be made available to callers via the Quitline website. beBetter Health looks forward to the possibility of continuing our ten year partnership with the State of West Virginia.

The following sections are a response to the Request for Quotation provided by WV Department of Health and Human Resources for Quitline Services, EHP11008.

## **Part 1**

### **1.1PURPOSE**

The Department of Health and Human Resources (DHHR), Bureau for Public Health (BPH) Division of Tobacco Prevention (DTP) is seeking bids to obtain a comprehensive proactive, statewide toll free tobacco cessation telephone counseling quitline. A pro-active quitline responds to incoming calls with immediate "reactive" assistance and follow-up initial contact with more comprehensive services through outbound ("pro-active") calls. All services must be provided free of charge to callers, and be accessible to both youth (under 18) and adults.

The mission or purpose of the project is to provide tobacco cessation Quitline services to those residents who are uninsured, as well as some targeted, special populations (I.E. – pregnant smokers and their immediate household family members who smoke, active and reserve military personnel and their immediate family members, all youth under age 24, all senior residents over age 65, etc.)

### **1.2SCOPE OF WORK**

The vendor shall implement a no-charge to the caller, convenient telephone-based tobacco use cessation helpline to assist West Virginians with quitting smoking and/or using other tobacco products. As appropriate to each individual's readiness to quit, the Quitline shall provide screening, assessment, proactive counseling, support materials and referrals to community based cessation programs when and if community programs are available.

### **1.3PROJECT BACKGROUND**

Preventing and reducing tobacco use are the most important public health actions that can be taken to improve the health of West Virginians. Tobacco use and dependence is the leading preventable cause of morbidity and mortality in West Virginia and in the United States. Cigarette use alone results in an estimated 438,000 deaths each year in the US, including 3,800 deaths in West Virginia.

Many West Virginians currently suffer from serious smoking caused diseases which costs \$1.3 billion in health care expenditures annually. The list of illnesses caused by tobacco use is long and contains many of the most common causes of death, including heart disease and stroke, many forms of cancer, and lung and vascular diseases.



West Virginia continues to have one of the highest rates of cigarette smoking in the country. Despite successes in reducing smoking among West Virginia youth, there have yet to be any significant declines in smoking among West Virginia adults.

In 2009, approximately 25.5% of West Virginia adults were current cigarette smokers – the second highest rate among the 50 states and D.C., and significantly higher than the U.S. average of 19.7% (Behavioral Risk Factor Surveillance System [BRFSS], 2007).

In the years 2002-2006, adult cigarette smoking ranged from a high of approximately 42.4% in Wyoming County to a low of 19.5% in Monongalia County.

Between 2000 and 2007, the percentage of West Virginia youth who were current smokers significantly decreased from 38.5% to 28.8%, while the percentage who never smoked a cigarette significantly increased from 25.7% to 38.9% (2007 WV Youth Tobacco Survey).

Cigarette smoking harms nearly every organ in the body and causes 443,000 deaths each year in the United States. Smoking is the primary cause of at least 30% of all cancer deaths, and of nearly 80% of deaths from chronic lower respiratory disease and early cardiovascular disease.

Since March 2002, the BPH has sponsored the WV Tobacco Quitline by providing services to the uninsured (No Insurance) and private insured citizens (Other Insurance).

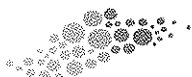
There was a significant increase in informational calls and enrollment for services during calendar year 2009. In all, there were 26,284 total calls to the Quitline, almost 10,000 more than the two prior years combined. Enrollment for quitline services tripled during the March-May period due to the federal tax increase. Total Quitline enrollment for 2009 was 9,263, which also represents a significant increase over any prior year.

## **Part 2 CONTRACTUAL SERVICES**

### **2.1 REQUIRED SERVICES**

The vendor will be responsible for establishing and maintaining a comprehensive proactive, statewide toll free tobacco cessation telephone counseling quitline.

beBetter Health currently provides and will continue to provide / maintain a convenient, comprehensive tobacco cessation quitline that is proactive and offered statewide with toll free access to telephonic counseling. beBetter has built and adapted an enrollment and verification process throughout our ten year history with the WV Quitline which closely utilizes the NAQC MDS and formats this process based on the demographic served allowing for an in-depth yet non-time intensive



process which captures necessary and requested data without hindering the enrollment experience for our callers. The enrollment process is outlined as Attachment C. beBetter Health maintains a participant satisfaction rate of 97% with the WV Quitline.

**A.** Vendor must provide for member and registration eligibility authentication addressing DTP verification and benefit limits.

beBetter Health will provide for member and registration eligibility authentication addressing DTP verification and benefit limits. This will be performed through the enrollment form developed by beBetter Health which is included as Attachment C.

**B.** Vendor must provide telephone counseling services including intake, assessment, disposition, treatment and follow-up. Core quitline services must follow a culturally competent, consistent, and systematic protocol that should be described in your proposal. [*Cultural competency is the capacity of individuals to incorporate ethnic/cultural considerations into all aspects of their work, including skills, attitudes, and knowledge that allows persons, organizations, and systems to work effectively with diverse racial, ethnic, and social groups*].

beBetter Health will provide these services to callers. Intake includes a screening and disposition through assessment of previous quit attempts, current use rates as well as readiness to quit which occurs as a component of our enrollment process/form as outlined under Attachment C. Treatment occurs through counseling and advice, referral to community-based services and recommendations on the use of pharmacological cessation aids are provided by our trained and qualified tobacco cessation staff who must meet specific criteria as outlined as Attachment D. Support materials including a 'Motivational Packet' for those individuals who are identified as not ready to quit will be sent upon the outcome of our enrollment process. Support materials in the form of educational packets will be mailed within 24 hours of our completion of the enrollment 'task'. A sample of each type of education packet is enclosed with this proposal. New packet types as well as the content of each existing packet may be revised, supplemented or otherwise altered based on the needs of the DTP/BPH special project request or media programs that may be implemented at any time during the duration of this contract. Any changes will be discussed and agreed upon through meeting and planning with all project partners involved. Follow-up occurs through a multi-faceted approach including a six month and twelve month post survey evaluation as well as the offering of unlimited "reactive" calls by the participant to their coach as needed for up to a year from date of enrollment.

beBetter is more than qualified to provide culturally competent, consistent and systematic protocol specific to all demographics found in West Virginia. Being located in Charleston, WV, beBetter utilizes call center as well as administrative staff local to the state. Our entire quitline process from beginning to end, as outlined



above and demonstrated in Attachment C, has been developed specific to the state of West Virginia over the course of servicing the WV Tobacco Quitline for the last ten years. In addition, understanding the continuously evolving program West Virginia offers, beBetter will make revisions and additions to this process based on the needs and at the request of DTP.

- C. Vendor must also ensure that telephone counseling services follow evidence-based practices, principles of motivational interviewing for encouraging behavior change and a cognitive behavioral approach to treating tobacco dependence.

beBetter Health will provide screening of a participant's readiness to quit as a component of our enrollment process outlined under Attachment C. Our trained and qualified staff will assist the caller to develop a personalized quit plan as a means for guiding their quit attempt. Our comprehensive, proactive phone-based behavioral counseling process includes linking available health plan coverage for treatment as well as referral linkage through the community-based service database which will maintain a listing of current services available to accommodate participant needs. As mentioned in 2.1.B of this response a Motivational Packet will be sent to those callers who were identified as not ready to quit via our enrollment process.

- D. Core quitline services must follow the National Association of Quitline Consortium's (NAQC) minimal data set. At a minimum, services should include the ability to receive incoming calls, assess the caller's readiness to quit, provide the ability to receive incoming calls, assess the caller's readiness to quit, provide counseling, provide referral to appropriate services including local community based cessation programs, and include self help educational materials. One-on-one cessation counseling will include the initial assessment as well as follow-up calls to enhance the likelihood of obtaining the most favorable outcome.

beBetter has built and adapted an enrollment and verification process throughout our ten year history with the WV Quitline which closely utilizes the NAQC MDS and formats this process based on the demographic served allowing for an in-depth yet non-time intensive process which captures necessary and requested data without hindering the enrollment experience for our callers. The enrollment process is outlined as Attachment C. beBetter Health maintains a participant satisfaction rate of 97% with the WV Quitline.

- E. Vendor must provide a Healthcare Professional Fax-to-Quit Program. The WV Quitline must respond to Healthcare Professional Fax-to-Quit referrals within 24 hours and place outbound calls to the referred persons identified on Fax-to-Quit forms. The Quitline will provide fax back acknowledgement and follow-up information about results of services provided to the referring Healthcare Professional for all persons referred by Fax. The vendor must provide a toll-free Fax Line to accommodate Healthcare Professional and Community based organizations.





beBetter Health provides a fax referral system using a fax referral form complete with patient education and active consent component to assist health care providers in referring tobacco users to the WV Quitline. Under our current process for fax referrals, beBetter call center staff proactively contact the participant once the fax is received. Once the participant has been contact via referral the enrollment process begins. If the participant does not respond beBetter staff will continue proactively attempting to contact the individual to begin the enrollment process until four attempts have been made. A sample of our current fax referral form is listed under Attachment F. This form may be revised to capture additional information based on specific needs of special projects or otherwise requested by the DTP/BPH.

beBetter provide fax back acknowledgement and follow-up information about results of services provided to the referring Healthcare Professional for all persons referred by Fax. This will be conducted and maintained via a toll-free Fax Line which will accommodate Healthcare Professional and Community based organizations.

F. Through established protocols for Division of Tobacco Prevention enrollees, the Quitline shall obtain, stock and deliver non-prescription Nicotine Replacement Therapy (NRT) through mail or other delivery services. Non-prescription Nicotine Replacement Therapy (NRT) shall be in the form of gum, lozenges, and/or patches. *See Section 2.13.*

All orders for NRT products shall be shipped within two business days of receipt of such order by beBetter provided those orders are received by 3pm Mon-Fri. Orders received after 3pm Mon-Fri shall be deemed received the following business day. All NRT products will be shipped via U.S. Postal Service Priority Mail or other equivalent service. All NRT and information about NRT will be administered according to beBetter Health's NRT policies and protocols. beBetter's Medical Director is experienced in working with Quitline staff and enrollee's to resolve any issues involving NRT.

G. Mailed materials should meet low literacy guidelines (In the U.S., this is generally categorized as having a reading level at or below seventh grade. "Low-literacy materials" are those that are written in simple language and can be understood by people with limited literacy skills), and help move callers along a continuum from contemplation towards readiness to quit. Materials should include information for dealing with co-occurring medical conditions such as asthma, diabetes, heart disease, pregnancy, and chronic obstructive pulmonary diseases. DTP approval of all educational materials prior to distribution is required.

beBetter currently utilizes "low-literacy materials" for all of our educational mailing packets. For specific co-occurring medical conditions such as asthma, diabetes, heart disease, pregnancy, and chronic obstructive pulmonary diseases, specialized educational materials are supplemented into those participants educational packets. These conditions are identified by participants during the intake process. beBetter



will always seek approval from DTP before distributing any materials to quitline enrollees.

In addition to the distribution of these materials our coaches are trained in providing support and additional resources to participants such as community program via our community referral database.

H. Vendor must develop an online quitline enrollment and counseling process. DTP will approve all design and content. The applicant must develop and maintain a Quitline website that is accessible to all callers enrolled in Quitline program services and accessible to tobacco users who are ready to quit that do not want to make the initial phone call. The vendor should also include access to an interactive web-based smoking cessation website to assist program participants in their quit attempts. Activity level for this website must be tracked and reported monthly.

beBetter Health is committed to providing multiple channels to help WV residents quit tobacco. To that end, we will establish and maintain an interactive online platform that leverages our coaching services and structured educational materials. Quitline participants will have the ability to self-enroll in the program directly from the website, thus making it easy for tobacco users who want to quit but do not want to make the initial phone call. Once enrolled by phone or web, all participants will be able to receive a variety of content and services on the site, including chat-based coaching, print-based instruction on the use of NRT, and interactive programming that supports their quit attempt, as well as other program-specific paperwork and documents.

beBetter will provide a monthly report to DTP tracking activity level for the website.

## **2.2 RESEARCH AND EVALUATION**

### **A. RESEARCH**

To enable DTP to provide timely data to the North American Quitline Consortium (NAQC) the vendor must have the ability to perform "special research projects" as needed. The projects may encompass several years of data and the vendor shall provide qualitative data analysis. (Example: Smokeless tobacco study, pregnant smokers, dual tobacco users).

Having worked closely with NAQC and DTP previously, beBetter Health will continue to work with DTP on special research projects being flexible of the needs for data collection and reporting as well as the timelines and guidelines that accompany each of those projects. beBetter Health looks forward to maintaining and growing our partnership to assist the State in paving the way in terms of research projects, data capture and data reporting.



## B. EVALUATION

1. To facilitate effective evaluation of the Quitline, the Vendor must work collaboratively with the Division of Tobacco Prevention. Quitline evaluation is to be conducted at the vendors cost, by an **independent** sub-vendor, in complete collaboration with DTP's independent evaluator (WVU Evaluation Oversight and Coordination Unit) at the vendors cost. **DTP must approve the sub-vendor's workplan** which should be designated to verify tobacco use status and measure client satisfaction of Quitline enrollees. A follow-up evaluation and client satisfaction calls may be made to random sample callers meeting evaluation criteria after the receipt of services, at 6 and 12 months.

beBetter Health understands the importance of collaborating with the DTP on Quitline evaluation and reporting. An important part of this process is to utilize an independent sub-vendor who has experience with WV demographics and Quitline specific data collection and reporting including six and twelve month surveys. beBetter believes this sub-vendor should also have the ability to bridge the DTP and Quitline vendor allowing seamless conveyance of information and knowledge. beBetter agrees to hire a DTP approved sub-vendor to carryout and deliver these requests and do so at beBetter's cost. beBetter currently contracts a sub-vendor for reporting and evaluation who has 30 years experience in providing these services for West Virginia. beBetter maintains this relationship at our own expense.

2. The independent sub-vendor must collaborate and cooperate with the Division's third party independent evaluator (WVU Evaluation Oversight and Coordinating Unit (EOCU)), to review Quitline protocols, evaluation and services conducted by the contractor under this contract, (including but not limited to the ongoing fulfillment of Quitline satisfaction), quit rate surveys, and to calculate return on investment. The sub-vendor must describe how they will obtain consent at intake for follow up by the third party independent evaluator.

Once approved by DTP beBetter Health's independent sub-vendor will collaborate and cooperate fully with the Division's third party independent evaluator to review Quitline protocols, evaluate services conducted by the contractor as described by DTP. beBetter Health obtains consent from callers at intake for follow-up survey calls at the end of the enrollment process. The final screen graphic displayed in Attachment C demonstrates how our staff obtains this permission from callers.

3. Third part evaluator, EOCU, must conduct client satisfaction surveys with samples of clients served by the Quitline. Customer satisfaction survey data must be collected within three-months of the initial call to the Quitline. Staff delivering Quitline services may not conduct client satisfaction surveys.

beBetter Health understands and agrees with the above statement in part B.3. of this RFQ.



4. Evaluation outcomes to assess program quit rates must be conducted in conjunction with the DTP external evaluator (currently WVU EOCU). The vendor will provide data to generate a random sample from all the participants and conduct 7 and 12-month follow-up surveys with participants of basic Quitline services.

Data required for the outcomes evaluation will include, but is not limited to, participant name, unique participant identifier allowing outcome data to be linked to program participation data, telephone number, email address (if provided), mail address, and program enrollment date.

beBetter Health will work in partnership with the DTP and external evaluator to provide data from all 7 and 12 month follow-up surveys with participants of basic Quitline services so that a random sample may be generated from that data.

beBetter will provide data as described by DTP above as well as all other data fields collected as outlined by Attachment A. In addition beBetter can modify the current enrollment process in incorporate any additional data collection points at the request of DTP. Each participant is assigned a random, unique identifying ID number by our database. All data shared will contain the participants unique ID number as a means to link the participants outcome data with their program participation data.

#### **4.3 PERFORMANCE STANDARDS**

##### **A. Call Standards and Phone Center System Capacity, Expandability**

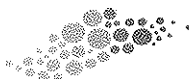
Vendor will meet the following standards for the operation of the West Virginia Tobacco Quitline:

1. The vendor must assure core functionality to provide qualified personnel, facilities and equipment necessary to provide a toll-free telephone service.

beBetter Health has over twenty years experience in telephone based services. Our staff receives specific tobacco cessation training and Coaches have, at a minimum, a Bachelor's Degree in a health-related field or have an unrestricted license as a Registered Nurse. Our coaching team combined has over 100 years coaching experience.

2. The system must be able to handle multiple, simultaneous incoming and outgoing calls. Automated answering systems may only be used when Quitline personnel are unavailable (after hours, and personnel busy with other calls).

beBetter maintains a phone system that can handle over 20 simultaneous incoming and outgoing calls. Automated answering systems are used outside our operating hours, currently 8am-10pm Mon-Sun.



3. The system must offer a strong, scalable communications server, automatic call distribution functionality, real-time monitoring of overall activity as well as individual calls, collection, analysis and reporting of data, and telephonic integration allowing information exchange between voice and data systems.

beBetter's current systems include scalable technology and the ability to assign staff specific call types based on incoming call details. All activity is tracked allowing for analysis and reporting of calls on an individual, client or call type basis.

4. Vendor must have a disaster recovery plan in place to protect data in the event that all or parts of its operations and/or computer services are rendered unusable.

beBetter Health has adopted stringent plans to secure data and follows industry standards around protecting and backing up all information.

5. Vendors shall achieve the following performance measures to assess the incoming call center capability

- A. The West Virginia Tobacco Quitline must ensure that 90% of calls received during operating hours receive a live response. The average live answer speed shall be within 30 seconds.

beBetter Health ensures that at minimum, 90% of calls received during operating hours will receive a live response. Currently, the WV Quitline experiences a 95% live answer rate average.

- B. The Quitline must ensure that fewer than 5% of calls will be abandoned due to a 30 second or longer waiting period following the initial client queue message.

beBetter Health ensures that fewer than 5% of calls to the Quitline will be abandoned due to a 30 second or longer waiting period following the initial client queue message. Live answer calls currently are within 30 seconds with less than 5% abandonment for any calls that may exceed 30 seconds.

- C. The Quitline must ensure the following:
  1. 100% of self-help materials will be sent within one day of registration;

beBetter Health processes 100% of self-help materials within one day of enrollment task completion, and as long as processed before 3pm, often these materials are processed within the same day.

2. 95% of voicemail messages will be returned within one day.



Currently beBetter Health meets and exceeds the expectation of returning over 95% of voicemail messages within one day.

3.70% to 80% of callers interested in speaking with a Quitline Specialist will be transferred directly after completing registration and the remaining 20% to 30% to be contacted within the time frame that the participant requests.

Over 80% of callers interested in receiving coaching after completing enrollment are transferred directly to a coach. All participants who wish for their coach to contact them after completing enrollment are contacted within the time they specify during enrollment as being the best time to reach them.

D. Office space must accommodate administrative, counseling and support staff and confidential records as well as sufficient telephone lines, telephones and computer hardware. A TDD line shall be available to provide services to the hearing impaired.

beBetter Health maintains office space which accommodates all staff, records and technology. Our call center provides a TDD line to accommodate hearing impaired participants

#### **2.4 HOURS OF OPERATION**

A. The vendor must assure a system infrastructure to provide live response for a minimum of 78 hours per week. Recorded information and callback capacity is required for the remaining 92 hours of the week.

beBetter Health will provide live response for Quitline participants for a minimum of 78 hours per week. During the remaining 92 hours of the week recorded information and callback capacity will be provided.

B. At a minimum, the vendor must offer live hours of operation from Monday through Friday from 8:00am to 8:00pm and Saturday and Sunday from 8:00am to 5:00pm Eastern Time.

beBetter Health will provide live hours of operation to Quitline participants from 8:00am to 8:00pm Monday through Friday and 8:00am to 5:00pm Saturday and Sunday.

C. Peak times for calls must be continuously monitored, and hours of live staff shall be modified accordingly to meet peak volume times. Volume must be assessed during live hours of coverage, hours outside of live coverage, and as needed in collaboration with media events.



beBetter uses scalable technology that allows assignment of calls to be adjusted immediately based on surges in call volume. Staff scheduling is adjusted based on notification from DTP/BPH with regard to media events or other events that may trigger a surge in call volume.

- D. Operation is not required for Independence Day, Thanksgiving Day, and Christmas Day, however coverage is expected for New Year's Day and other holidays. Early closure at 2:00pm on Christmas Eve, and 5:00pm on New Year's Eve, is acceptable.

beBetter Health acknowledges that the Quitline is not required to operate on Independent Day, Thanksgiving Day or Christmas Day. However we understand the importance of making ourselves available on all other holidays permitting an early closure at 2pm on Christmas Eve and 5pm on New Year's Eve.

## **2.5 STAFFING**

- A. The proposal must describe the staff assigned to this project, including the extent to which they have the appropriate training (e.g. Certified Tobacco Treatment Specialist training) and experience to perform assigned duties. Resumes must be provided for the management and professional staff assigned to this project.

beBetter Health has over ten years experience implementing state quit line programs. Our coaching and intake staff is required to meet specific minimum requirements with regard to coach credentials, training and necessary certifications. Attachment E describes a high level overview of our working plan for training and continuing education requirements for our staff.

Our coaches are required, at a minimum, to have a Bachelor's Degree in a health related field or be an unrestricted licensed Registered Nurse. Many have Master's Degrees and are certified in a wide array of health disciplines. Our Medical Director has extensive experience in behavioral health and is readily accessible to our staff should issues and/or special circumstances arise.

Staff resumes are included as a part of Attachment D.

- B. Staff must demonstrate familiarity with science-based research for telephone quitlines and have the ability to address the needs of adults, youth and special populations such as pregnant women.

In addition to the staff experience and credentials as outlined above in 2.5.A., our coaches attend regular trainings and workshops that focus on specific populations and industry trends in order to better serve Quitline callers. An outline of these trainings and workshops as a component of ongoing staff training is outlined in Attachment E.



C. Staff must demonstrate the ability to deliver counseling services in a culturally competent manner. [*Cultural competency is the capacity of individuals to incorporate ethnic/cultural considerations into all aspects of their work, including skills, attitudes, and knowledge that allows persons, organizations, and systems to work effectively with diverse racial, ethnic, and social groups.*]

Being located in Charleston, WV, beBetter utilizes call center as well as administrative staff local to the state. Our coaches have several years experience specifically working with the West Virginia Tobacco Quitline. These coaches understand the needs of West Virginias diverse racial, ethnic and social groups including the physicians, health plans and other organizations which Quitline participants utilize and in many cases collaborate with the West Virginia Tobacco Quitline.

D. A staffing plan must be in place that provides a *live* call response for at least 78 hours per week. Staff should include trained behavioral health specialists, Counselors with degrees in social or behavioral health fields with a minimum of two years of counseling experience would be preferred.

beBetter will staff the Quitline for at least 78 hours per week. The majority of staff beBetter employs for coaching are trained behavioral health specialists, have degrees in social or behavioral health fields and have greater than two years of counseling experience.

E. Vendor must assure a ratio of at least one supervisor to every 10 to 15 counselors, and provide adequate orientation and ongoing training for all staff.

beBetter Health provides a ratio of one supervisor to every 10-12 coaches. All new employees receive a new hire orientation as well as specific tobacco cessation training and an orientation and training concentrated on the WV Quitline. Ongoing training for all staff is a job requirement in our call center.

F. The Department of Health and Human Resources reserves the right to reject any staff proposed or later assigned to the project that require the successful vendor to remove them from the project. Whenever possible, the successful vendor must notify the Department two (2) weeks prior to replacing any key staff. Vendor must have a clinical and/or medical director who is available to provide technical assistance and oversight as needed.

beBetter Health will notify DTP/BPH two weeks prior to replacing any key staff, whenever possible. beBetter maintains a medical director who is available to provide technical assistance and oversight as needed.

G. Staff Training – All Quitline staff and phone coaches are to receive on-going training in order to maintain maximum understanding and comprehension of accepted industry standards. Training activities must include both internal and





external training and educational resources. All phone center staff shall include both internal and external training and educational resources. All phone center staff are to be extensively trained on contract specifications and changes, customer service, tobacco cessation, and core coaching competencies, including Motivational Interviewing techniques.

Specific trainings and workshops may be utilized or developed and implemented to accommodate any DTP/BPH special research projects where staff may need additional education or refreshing to meet and exceed the DTP/BPH expectations. Attachment E outlines training call center staff receive.

## **2.6 DATA AND REPORTING SERVICES**

- A. A computerized tracking system to document Quitline activity must be able to accurately tabulate discrete individuals, services provided, caller demographics and other characteristics including all referrals into and out of the system.

beBetter uses a proprietary database system that has been developed throughout our ten year 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. Enclosure 3 in its entirety demonstrates beBetter's ability to easily tabulate and present data to DTP about the quitline. As mentioned additional data collection can easily be added and thus the tabulation and reporting of any additional data collection will likewise be produced.

- B. The system must be able to produce reports on the types and amounts of services provided per caller, call patterns by time of day, day of week and month.

beBetter's database produces reports such as enrollment by age, referral types, special populations, case status and task details (i.e. Contraindication Form status, Coaching 1, HTR, etc). An electronic sample of this report is included electronically as a part of Enclosure 3. Please note this sample titled Enrollment Report – All Fields is a report of all data captured at enrollment. Specialized enrollment reports such as Enrollment Report – Under 18 1-1-2006 – 1-1-2008 can be easily produced at the request of DTP.

- C. The Vendor must collect data that measures performance in terms of waiting time for callers, volume of calls received after hours, and abandonment rates.

Our phone system has the ability to track and report on performance standards such as waiting time for callers, call volumes, live answer and abandonment rates. A sample of beBetter's call report using 2010 WVTQL data is included as a part of Enclosure 3.



- D. The Vendor must provide DTP a monthly report attached to the monthly invoice and submit an electronic copy of the monthly report as well. The report shall be delivered no later than fifteen (15) days after the end of the previous month. Quarterly reports and an Annual Summary of standardized reports that provide aggregate data by county shall also be submitted in the same manner.

beBetter will send a monthly report attached to the monthly invoice to the DTP staff as well as a digital copy of the same report. This will occur as requested no later than fifteen days after the end of the previous month. A sample of beBetter Health's monthly report is included as a part of Enclosure 3.

Quarterly and Annual reports outlining the same data will also be produced no later than fifteen days after the end of the previous Quarter or Year. Samples of the Annual Report and Addendum to the Annual Report are included as Enclosure 1 and Enclosure 2.

- E. The vendor is required to become a member of the North American Quitline Consortium (NAQC), pay yearly membership dues that include DTP under Associate Member Status, and attend its meetings and technical assistance updates. Vendor will also participate in NAQC's annual Quitline surveys, and to other inquiries they may make with Quitlines.

beBetter Health will maintain membership with the NAQC paying yearly membership dues including DTP under Associate Member Status and will also attend meetings and address technical assistance updates. beBetter currently, and will continue to, participate in NAQC's annual Quitline surveys and other inquiries NAQC may make with the West Virginia Tobacco Quitline.

- F. Vendor must be required to use the NAQC Minimum Data Set (MDS) recommended elements included in current month and year-to-date reporting.

beBetter Health utilizes the NAQC MDS exceeding data collection by combining the MDS with specific needs of participants. beBetter will continue to evolve this process accordingly. Attachment C outlines our current enrollment process.

- G. The vendor is required to provide an acceptable definition and methodology used to calculate a responder quit rate derived from an outcome analysis of current and/or prior provision of statewide quitline cessation services.

The responder or abstinence quit rate is the primary method utilized by beBetter as an outcome analysis measurement of their quitline product. This methodology has been utilized and derived by beBetter in nine separate years of quitline cessation service reports in a statewide program and in five years for smaller individual company quitlines.



A responder quit rate is defined as the success of quitting tobacco use from those enrollees for whom a response is received at a designated time following enrollment and determined by sampling those enrolled from a quitline's total enrollment. The West Virginia quitline as administered by beBetter Health uses a six month point prevalence measured seven months after enrollment and utilizes a stratified cluster sample which yields an overall quit rate at a +/- 5% tolerable error at the 95% confidence interval. The responder methodology ignores those lost to follow-up.

The stratified sample is designed by type of insurer thus yielding quit rates for three stratifications of those who are enrolled by the 1) Medicaid program, 2) uninsured and special populations 3) private or Other insurance coverage.

In addition to randomly sampling these three insurance types, the special populations of smokeless and pregnant women are deemed as special populations from which 100% of those enrolled are selected for post surveys rather than random sampling from the total enrolled. Thus the methodology utilized by beBetter employs a randomized sample by insurance type with a cluster sample imbedded within for two special populations to yield a +/- 5% tolerable error at the 95% confidence interval for the entire sample and a tolerable error rate of +/-10% for smokeless users and +/-16% for pregnant users under the responder methodology.

The sample for the randomized methodology is drawn by determining the sample by the following method:

Formula for determining sample size or number of post surveys:

n is sample or post surveys completed

N is enrollment

e is tolerable error rate

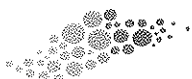
$$n = N / (e^2 [N-1] + 1)$$

The final tolerable error is determined as

$$(e = (1 / \sqrt{n}) \times \sqrt{\left(\frac{N-n}{N-1}\right)})$$

The calculation of responder quit rates is as follows:

There are three responses drawn from those post surveys completed in the responder method; those respondents who had responded that they had been tobacco free for at least 7 days at the six- month point prevalence and responded that 1) they had quit tobacco use (yes quit); 2) they had quit but had relapsed (relapsed) or 3) no they had not quit at any time during the previous six month (no not attempted to quit).



Total response = (yes quit) + (relapsed) + (no not attempted to quit)

Quit or abstinence responder rate = [ (yes quit) / Total ] x 100%

Confidence Intervals for a 95% confidence interval:

C.I. = Quit responder rate +/- e tolerable error rate

### **Intent To Treat Quit Rate**

The responder quit rate is the principle abstinence rate. However in addition to the responder methodology an intent to treat quit rate as determined in accordance to the standards adopted by the North American Quitline Consortium is the second outcome measurement of the Quitline. This methodology considers those lost to follow-up (LTF) as (no not attempted to quit) and includes all post surveys selected by sampling

Total response = (yes quit) + (relapsed) + (no not attempted to quit) + (LTF)

Quit or abstinence intent to treat rate = [ (yes quit) / Total ] x 100%

C.I. = Quit intent to treat rate +/- e tolerable error rate

The third outcome measure is an averaged quit rate which computes the average of the responder and intent to treat measures.

A fourth outcome measure is satisfaction surveys from post surveys.

In the West Virginia Quitline satisfaction surveys were completed by sampling enrollees through a six month post enrollment survey. Sufficient samples were randomly selected which yielded results that were accurate to a tolerable error rate of +/- 5% at the 95% confidence interval had the entire population of those enrolled been surveyed. Participants were asked in the post surveys their overall satisfaction with the program in its entirety in addition to their satisfaction with education material, delivery of nicotine withdrawal medication and phone coaching. Responses were expressed in "very satisfied", "satisfied", and "not at all satisfied". Satisfaction levels of 90% "very or satisfied" are considered as measures of program success.

A fifth outcome measurement entails determining the enrollment by county and region and using the estimated number of tobacco users in the county/region to calculate the penetration or reach of the quitline as a percentage of enrollment from all estimated tobacco users.

- H. At a minimum, the vendor must provide the following data sets:  
1. Call Center data set including intake and call disposition data;



Please refer to the report titled Enrollment Report – All Fields which is included as a part of Enclosure 3.

2. Quitline data set including data recorded during coaching session calls;

Please refer to the report titled Monthly Report – All Tasks and take special note of the final column of the report which contains coaching notes specific to the participant case. This report is included as a part of Enclosure 3.

3. NRT data set including quantity, dosage and shipment dates for NRT; and

Please see the report titled NRT Shipments Report which is included as a part of Enclosure 3.

4. Data sets required to conduct an external evaluation of quit rates and other performance measures for the Quitline and DTP.

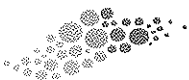
Please see reports titled Enrollment Report – All Fields, Lost to Follow-up Report and Post Survey Data Report which is included as a part of Enclosure 3. Evaluation data can be produced for both 6 and 12 month evaluation points.

- I. All data files must include a single unique identifier for each caller that allows data from multiple files to be linked for analysis, and if necessary a linking file. The data files should be provided in a common “flat file format” (csv, SPSS, SAS, etc.) to allow for ease of analysis and measurement of impact and outcome of Quitline activities. The initial data sets and code books must be delivered to the DTP by close of the first 6 months of the project. Subsequent data files will be provided on a regular schedule determined by DTP.

beBetter Health will provide data files to DTP using a single unique, randomly generated ID number which is assigned to each participant by our database at the time their case is created (enrollment). Data files provided to DTP will be in flat file format. Code books for all data collection points including Enrollment, Lost To Follow-up, Post Survey data, etc. will be provided to DTP upon request and on a regular basis as scheduled by DTP.

- J. For each data file, the vendor must provide data dictionaries, code books and other documentation that thoroughly and accurately describe the data files. Data documentation must be updated as information systems and data elements change.

Code books for all data collection points including Enrollment, Lost To Follow-up, Post Survey data, etc. will be provided to DTP upon request and on a regular basis as scheduled by DTP. A sample code book is included as Enclosure 3. Updates to this documentation will be provided to DTP as beBetter updates our information systems and revise data elements.



- K. The content for every dataset and all documentation associated with this deliverable subject to DTP approval.

beBetter will work with DTP for review and approval of all dataset and documentation.

- L. At a minimum, the following reports must be provided:

Monthly Reports must include the following:

Call volumes, wait times, abandonment rates, incoming call dispositions, outgoing call dispositions, Fax-to-Quit dispositions, satisfaction survey data, caller demographics, county of origin, number of new clients, number of coaching calls, NRT distributions, satisfaction data, client demographics and tobacco use history.

beBetter will provide monthly reports to DTP as requested above in 2.6.L. Sample monthly reports are provided as a part of Enclosure 3.

- M. The successful bidder must be able to respond to ad hoc data and report requests as needed by the DTP. Descriptive ad hoc requests (e.g., the number of African American callers from Kanawha County), must be delivered within 2 business days. For more complex analyses, DTP will work with the vendor to identify a timeline for report delivery.

beBetter will respond to ad hoc data and report requests as needed by the DTP, including but not limited to request from regional and other coalition partners DTP may work alongside. Sample ad hoc reports are provided as a part of Enclosure 3.

## **2.7 CALL DATA AND DATABASE**

- A. Vendor must provide transparent access to all Quitline data to DTP meaning the vendor will provide an easily accessible portal to vendor database for inquiry purposes.

beBetter Health shall provide access to Quitline data via a DTP secure portal.

- B. Vendor must be required to capture information to comply with Minimum Data Set elements as established by the North American Quitline Consortium and any additional elements as determined by DTP.

beBetter Health will capture all information as outlined by the NAQC MDS, complying with those guidelines in full. beBetter Health currently captures additional data points at the request of DTP and will continue to do so allowing for data



collection and reporting for special research projects. Samples of the data capturing capabilities of beBetter Health may be viewed as a part of Enclosure 1, Enclosure 2 and Enclosure 3, keeping in mind that additional data capture, processing and reporting may occur at the request of DTP.

## **2.8 TECHNICAL ASSISTANCE FOR AND PROMOTION TO HEALTHCARE PROFESSIONALS**

- A. The vendor must be capable of communicating and providing technical assistance and advice to healthcare professionals who call the Quitline.

beBetter provides technical assistance and advice to healthcare professionals and our participant's physicians. beBetter understands the challenges healthcare professionals of West Virginia face and have over ten years experience in working with healthcare professionals throughout the state.

## **2.9 REFERRAL DATABASE AND FEEDBACK**

- A. The vendor must maintain a computerized, monthly updated, referral resource Database of available cessation services other than the Quitline. This database will be updated monthly.

beBetter Health currently maintains a list of tobacco cessation services and will make those available to participants. This will occur through call center staff during the provision of services as well as through the West Virginia Tobacco Quitline website maintained by beBetter Health.

- B. The vendor must have an informational database tobacco cessation services to assist callers.

beBetter Health will maintain a computerized, monthly updated referral resource database of available cessation services aside from the Quitline. This will serve as a tool to assist clients in finding additional resources within their community which will assist them in their quit attempt.

## **2.10 SUPPORT AND EDUCATIONAL MATERIALS**

- A. The vendor must provide and distribute cessation support and educational materials to enrollees that address self-help cessation techniques for tobacco users.

beBetter Health will continue to provide and distribute cessation support and educational materials that address self-help cessation techniques for enrollees in the form of our Educational Packet mailings. Educational Packets are mailed to the individuals address upon completion of the enrollment process. They are processed and mailed within one day completing enrollment into the program.



beBetter Health will also send Motivational Packets to those participants identified as not being ready to quit. These packets will follow the same protocol as our other educational mailings.

- B. Vendor must be able to provide examples of educational materials if requested as part of the application packet.

beBetter Health will provide DTP with examples of educational materials at the request of DTP as a part of the application packet.

## **2.11 OUTREACH AND PROMOTION**

DTP and/or the DHHR media vendor must provide advance notice as possible to the vendor about Quitline campaigns and media events. A minimum of one to two weeks' notice must be provided on all paid media campaign activities. During such media events a spike in calls to the Quitline is expected. The vendor is expected to provide adequate intake personnel as well as counselors to serve all callers.

The applicant is expected to assist the DTP in promoting the services of the quitline to WV residents within the context of a comprehensive tobacco use prevention and control campaign. The applicant will actively participate in planning meetings with the DTP Program staff, Advisory Committees, media subcontractors, and state based organizations as requested by the project manager. The promotion of the Quitline may include interviews in media venues, assistance with participation in activities such as community health fairs or sporting events, radio advertisement or other communication mechanisms.

Materials to be designated for promotion and marketing must include, but are not limited to, resources to educate health care providers regarding Quitline services and promote referrals which must include a fax referral system. As data becomes available, targeted marketing to populations confronting disparities associated with tobacco use will also be necessary.

Upon notice from DTP and/or the DHHR media vendor beBetter Health will adjust staffing as necessary to provide adequate intake personnel as well as counselors to serve Quitline callers.

beBetter will continue to assist the DTP in promoting services of the Quitline, actively participating in planning meetings, participating in interviews in media venues and participating in activities such as local health fairs, sporting events or other communication mechanisms.

beBetter will assist in educating health care providers as well as specific disparity populations as identified regarding Quitline services and referral program such as the Fax-to-Quit program.





## 2.12 QUALITY ASSURANCE PLAN

- A. The vendor must present a quality improvement plan that addresses (at a minimum) the following topics:

beBetter continuously reviews its quality assurance programs and reviews feedback in an effort to improve our processes so that we may enhance the participant experience and optimize program effectiveness for our clients.

1. Quality of caller education materials in print and on the website;

beBetter Health will conduct a quarterly review of the educational materials being sent to quitline participants taking feedback from post survey evaluations pertaining to the effectiveness of educational materials into consideration. Any changes or revisions to educational materials will be presented to DTP for review before going into effect.

2. Effectiveness of computers, telephones and website in supporting the work of the Quitline;

beBetter monitors our current telephonic, computer and website for changes in technology as part of our annual planning process.

3. Program for oversight and interventions based on supervisory techniques such as a manager call monitoring.

The calls of all coaches and customer service personnel (CSP) are monitored on a random basis no less than once weekly or 3-4 times each month by senior level coaches and the Training Coordinator. Feedback to the coach or CSP is provided in a timely manner. The monitoring records become part of the individual staff member's performance record.

4. Effectiveness of staff training programs (match between training objectives and staff performance);

Staff training and continuing education occurs through regular intervals as outlined in Attachment E. beBetter's staff training outline is reviewed and updated on an annual basis. Based on participant feedback it may be appropriate to conduct review and potentially update staff training at additional points throughout the year. Ad hoc staff training opportunities and scheduling may occur throughout the year.

5. Assessment of cost per call, wait times, and abandonment rates;

Through the monthly review of beBetter's call center data specifically pertaining to the West Virginia Tobacco Quitline in terms of live answer rate, voicemail response



rate, total calls offered, calls answered, abandoned calls, voicemails: left message, voicemails: no message, average abandoned time, and average speed answered service delivery rates to our participants is determined. Based on the outcomes of these reports staffing, technological and other resources will be adjusted accordingly in order to better service our participants. For financial tracking purposes beBetter regularly assesses call duration by call type, (i.e. enrollment, coaching, etc.) and determines an average cost per call type from that information.

6.Tracking of unanticipated call volumes with data regarding wait times and abandonment rates;

Through the daily monitoring of incoming call volumes and monthly monitoring of beBetter's call center data specifically pertaining to the West Virginia Tobacco Quitline in terms of live answer rate, voicemail response rate, total calls offered, calls answered, abandoned calls, voicemails: left message, voicemails: no message, average abandoned time, and average speed answered. Based on the outcomes of these reports staffing, technological and other resources will be adjusted accordingly in order to better service our participants.

7.Client satisfaction with services provided including the website when appropriate.

Based on website utilization reporting as well as any feedback provided by participants during the post survey evaluation questionnaire pertaining to their experience with the West Virginia Tobacco Quitline website the layout, resources and other aspects of the website will be adjusted accordingly to better service our participants. Website utilization reporting will be monitored by beBetter on a monthly basis so that changes and revisions as appropriate may be presented to DTP, reviewed and once approved, made to the website.

8.It must be expected that the vendor will respond to on-going reports and evaluation (through various informational meetings by adjusting protocol to ensure process and performance improvement).

beBetter will respond to on-going reports and evaluation of quitline data in terms of regular quitline activity, current special populations and special projects and will do the same with future additions to special populations and special projects. This will be conducted and assessed through beBetter making itself available for various informational meetings and by improving quitline operational performance through revising protocols and process. beBetter understands that in some cases revisions as well as additions may need to take place depending on the circumstances.

9.DTP may make covert calls to verify service quality, and must provide feedback to the Quitline on the results of those calls to facilitate quality improvement. If calls are made, DTP must provide the Quitline vendor with the identifying information for each covert call and the Quitline must assure that the calls are



removed from the main data reports, evaluation database, and invoice. The vendor must keep a record of these calls in the database for documentation purposes only.

beBetter Health welcomes covert calls and feedback produced by those calls. Feedback will be incorporated as part of our process improvement. Because of our data collection process we will be able to seamlessly document these calls and report results to DTP.

10. Vendor must be available for impromptu meetings to discuss Quitline data and service issues at the request of DTP and EOCU.

Focusing on a partnership relationship, beBetter Health will be available to the DTP for impromptu meetings for Quitline data service issue discussions as well as planning and check-ins for any special research projects that may come up during the contract period.

### **2.13 NICOTINE REPLACEMENT THERAPY (NRT) PROTOCOL**

Vendor must describe documented, minimum smokeless and smoking tobacco product protocols for the Nicotine Replacement Therapy (NRT).

beBetter Health's protocols for NRT are outlined in detail in Attachment H, NRT Dosing Chart.

#### **A. DTP Participant's Protocol:**

1. Vendor must provide where appropriate, Nicotine Replacement Therapy (NRT) to the Quitline enrollees identified by established enrollee protocol.

NRT is provided to all callers enrolled in the Quitline program. The eight weeks of NRT is distributed in two, 4-week shipments.

2. Vendor must develop protocols for providing callers with information on pharmacological cessation therapies, how Nicotine Replacement Therapy (NRT) must be identified, approved, and initiated for each client, and how it shall be provided via the Quitline.

As a part of the enrollment process, once the participants 'Sponsoring Agency' is defined, our database prompts the call center staff with a list of services the participant is eligible for. At the end of the enrollment process the participant is asked a number of questions to determine which NRT type, dose and whether or not physician consent is appropriate via the Contraindication Form. This process is outlined as the Contraindications tab in Attachment C.



3. Vendor must have a protocol and delivery system to provide NRT where appropriate to Quitline enrollees. This protocol will include delivery to each enrollee's home in two separate 4-week supply portions.

The first shipment occurs after Coaching 1 has been completed successfully. The second 4-week shipment is sent once Coaching 2 has been completed successfully.

4. Vendor must have a medical director with experience working with Quitline staff and enrollees to resolve any issues involving NRT therapy.

beBetter Health staffs a Medical Director who provides consultation whenever complex questions or issues arise. A more in-depth description of the Medical Director's roles and responsibilities are outlined under Attachment D.

## **2.13 ADMINISTRATIVE AND OPERATIONAL REQUIREMENTS**

1. **The vendor must designate a project administrator.** The vendor's project administrator must report to the DTP Cessation Program Manager regarding all matters related to Quitline services.
2. **In written response to this RFQ,** the vendor must meet all requirements within the specification. By signing the bid, the vendor is agreeing to meet these requirements.
3. The vendor must comply with all applicable provisions of the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, 110 Stat. 1936 (HIPAA) and regulations promulgated thereunder (HIPAA Regulations), if applicable.

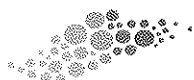
## **PART 3 GENERAL TERMS AND CONDITIONS**

### **3.1 REJECTION OF QUOTATION/BID**

The State reserves the right to accept any or all quotations/bids if it is determined to be in the State's best interests. The Department may withdraw this RFQ at any time for any reason. Receipt of quotation confers no rights upon the bidder. A contract based on this RFQ may or may not be awarded. Then, said contract must be approved as to form by the Attorney General's Office.

### **3.2 COMPLIANCE WITH LAW AND REGULATIONS**

The vendor must pay any sales, use, and personal property taxes arising out of this contract and the transactions contemplated thereby. Any other taxes levied upon this contract, the transaction, or the equipment, or services delivered pursuant hereto shall be borne by the vendor.



The vendor must comply with all applicable laws, rules and regulations including, but not limited to those relating to hospital licensure, State and Federal labor laws and laws, rules and policies related to the WVDHHR.

The vendor must be responsible for compliance with all workplace safety requirements, including, but not limited to compliance with applicable OSHA and all other applicable environmental agency requirements.

### **3.3 RECORD RETENTION AND CONFIDENTIALITY**

The vendor will maintain financial records pertaining to the contract for five (5) years following the end of the State fiscal year during which the contract is terminated or State and Federal audits of the contract have been completed, whichever is later. If questions about accounting records arise during an audit, the accounting records pertaining to the contract shall be retained until resolution of all pending audit questions and for one (1) year following the termination of any litigation relating to the contract if the litigation has not terminated within the above five (5) year period. Accounting records and procedures shall be subject to State and Federal approval.

### **3.4 TERMINATION OF THE CONTRACT**

The State may terminate any contract resulting from this RFQ immediately at any time the Vendor fails to carry out its responsibilities or to make substantial progress under the terms of this RFQ and resulting contract. The State shall provide the Vendor with advance notice of performance conditions which are endangering the contract's continuation. If after such notice the Vendor fails to remedy the conditions contained in the notice, within the time period contained in the notice, the State shall issue the Vendor an order to cease and desist any and all work immediately. The state shall be obligated only for services rendered and accepted prior to the date of the notice of termination.

The contract may also be terminated upon mutual agreement of the parties with thirty (30) days written notice.

### **3.5 INSURANCE REQUIREMENTS**

The Vendor as an independent contractor is solely liable for the acts and omissions of its employees and agents. Proof of insurance will be provided by the Vendor at the time the contract is awarded. The Vendor will maintain and furnish proof of coverage of liability insurance for loss, damage, or inquiry (including death) of third parties arising from acts, and omissions on the part of the Vendor, its agents and employees in the following amounts:

- a. For bodily injury (including death): \$500,000.00 per person a minimum of \$1,000,000.00 per occurrence.
- b. For property damage and professional liability: a minimum of \$1,000,000.00 per occurrence.



### **3.6 LICENSE REQUIREMENTS**

Provide certification that Vendor is registered with the Secretary of State's Office to do business in West Virginia; provide evidence that Vendor is in good standing with the State Agency of Employment Programs as to Unemployment Compensation coverage and Worker's Compensation coverage or exempt from such coverage.

### **3.7 DEBARMENT AND SUSPENSION**

Successful vendor will not be considered in proposal process if debarred or suspended. Vendor must certify that they are not debarred or suspended.

### **3.8 INVOICE AND PAYMENTS**

The vendor shall submit monthly invoices, in arrears, to the DTP for all services provided pursuant to the terms of the contract. State law forbids payment of invoices prior to receipt of services.



EHS11008

**COST PROPOSAL**

Description of Service	Pricing of Service	Unit of Measure	Estimated Volume	Division of Tobacco Prevention
<b>A. Division of Tobacco Prevention Services</b>				
1. Eligibility Verification:	\$50.50	Per enrolled person	4,800	\$242,400.00
<b>2. Extended Phone Coach Service: counseling services, educational materials, phone costs for up to 4 calls per DTP enrollee.</b>				
First Telephone Call	\$25.05	Per Call	4,800	\$120,240.00
Second Telephone Call	\$23.50	Per Call	4,560	\$107,160.00
Third Telephone Call	\$23.50	Per Call	4,320	\$101,520.00
Fourth Telephone Call	\$23.50	Per Call	3,600	\$84,600.00
<b>3. Nicotine Replacement Therapy (4 weeks supply)</b>				
Nicotine Patch 21mg	\$41.72	Per Shipment*	2,400	\$100,128.00
Nicotine Patch 7mg & 14mg	\$41.72	Per Shipment*	2,400	\$100,128.00
Nicotine Gum 2mg	\$48.11	Per Shipment*	1,824	\$87,752.64
Nicotine Gum 4mg	\$48.11	Per Shipment*	1,824	\$87,752.64
Nicotine Lozenge	\$96.89	Per Shipment*	1,200	\$116,268.00
4. Website Maintenance	\$150.00	Per Month	12	\$1,800.00
<b>5. Evaluation: evaluation is to be conducted by an <i>independent</i> sub-vendor, at the vendor's cost. Special Project Research is to be conducted on an as needed basis for DTP when deemed appropriate.</b>				
Evaluation	\$0.00	Per Month	12	\$0.00
Research	\$0.00	Per Month	12	\$0.00

**Total for DTP \$1,149,749.28**

\*Per shipment defined as one four week supply of NRT delivered to enrollee after eligibility verified, and a second four week supply delivered only when requested by the enrollee. ***NRT cost shall include shipment fees.*** This system has been used successfully in the past to decrease non-compliance of enrollees.



**The award will be made to the vendor with the lowest overall cost who meets specification.**

1. Designated Project Administrator. Mike Wynn
2. **In written response to this RFQ**, the vendor must meet all requirements within the specification. By signing the bid, the vendor is agreeing to meet these requirements.



12/14/2010

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Signature of Authorized Representative

Date





RFQ No. EHP11082

STATE OF WEST VIRGINIA  
Purchasing Division

### PURCHASING AFFIDAVIT

West Virginia Code §5A-3-10a states: 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 the debt owed is an amount greater than one thousand dollars in the aggregate.

**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.

"Debtor" means any individual, corporation, partnership, association, limited liability company or any other form or business association owing a debt to the state or any of its political subdivisions. "Political subdivision" means any county commission; municipality; county board of education; any instrumentality established by a county or municipality; any separate corporation or instrumentality established by one or more counties or municipalities, as permitted by law; or any public body charged by law with the performance of a government function or whose jurisdiction is coextensive with one or more counties or municipalities. "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.

**EXCEPTION:** The prohibition of this section does not apply where a vendor has contested any tax administered pursuant to chapter eleven of this 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.

Under penalty of law for false swearing (West Virginia Code §61-5-3), it is hereby certified that the vendor affirms and acknowledges the information in this affidavit and is in compliance with the requirements as stated.

**WITNESS THE FOLLOWING SIGNATURE**

Vendor's Name: beBetter Health, Inc.

Authorized Signature: [Signature] Date: 12-14-2010

State of West Virginia

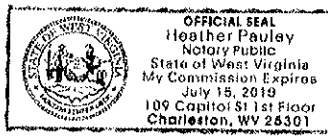
County of Kanawha, to-wit:

Taken, subscribed, and sworn to before me this 14<sup>th</sup> day of December, 2010.

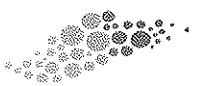
My Commission expires July 15, 2011.

AFFIX SEAL HERE

NOTARY PUBLIC [Signature]



Purchasing Affidavit (Revised 12/15/09)



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 Resident Vendor Preference, if applicable.

- 1. Application is made for 2.5% resident 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; or 80% of the ownership interest of Bidder is held by another individual, partnership, association or corporation resident vendor who has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; 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% resident 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% resident vendor preference for the reason checked: Bidder is a nonresident vendor employing a minimum of one hundred state residents or is a nonresident vendor with an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia employing a minimum of one hundred state residents who certifies that, during the life of the contract, on average at least 75% of the employees or Bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,
4. Application is made for 5% resident 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% resident 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% resident 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.

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) reject the bid; 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.

Under penalty of law for false swearing (West Virginia Code, §61-5-3), 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: Mike Yan Date: 12-14-2010 Title: Account Executive

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



**West Virginia Department of Health & Human Resources  
FEDERAL PROGRAM PARTICIPATION ACKNOWLEDGMENT,  
AUTHORIZATION, CONSENT, AND RELEASE**

27

No person who is currently excluded, debarred, suspended, or otherwise ineligible to participate in federal health care programs or in federal procurement or non-procurement programs shall be hired by the West Virginia Department of Health and Human Resources.

I am  am not  currently excluded, debarred, suspended, or otherwise ineligible to participate in federal health care programs or in federal procurement or non-procurement programs.

Teph Jansen  
Signature

12/14/10  
Date

I authorize and consent to a background check by the West Virginia Department of Health and Human Resources specifically to determine whether I am currently excluded, debarred, suspended, or otherwise ineligible to participate in federal health care programs or in federal procurement or non-procurement programs. If hired, I also agree to periodic conduct of additional such background checks during the course of employment by the West Virginia Department of Health and Human Resources.

I release any persons and the West Virginia Department of Health and Human Resources and its agents, officials, representatives, employees, officers, or related personnel both individually and collectively, from any and all liability for damages of any kind that may result because of compliance with this acknowledgment and authorization.

For positive identification purposes, the following information is required when conducting a background check. This information is confidential and will not be used for any other purposes (please print):

Name GAINES RALPH H  
last name first name middle initial

Maiden/Other Names \_\_\_\_\_  
(This should include other married names by which you have been known.)

Current Address 109 Capital St Charleston WV  
street/box# city state

**NOTE: Your social security card must be presented for verification purposes.**

Social Security # 58-2498463 Date of Birth \_\_\_\_\_  
month/day/year

Driver's License Number \_\_\_\_\_ State of Issue WV

Teph Jansen  
Signature

12/14/10  
Date

**EMPLOYING UNIT INFORMATION**

Office/Facility/Room/Building \_\_\_\_\_ Contact Person \_\_\_\_\_  
Fax Number \_\_\_\_\_ Phone Number \_\_\_\_\_

**FOR OPS USE ONLY**

HIS Match Outcome  Positive  Negative  
CSA Match Outcome  Positive  Negative Initial \_\_\_\_\_ Date \_\_\_\_\_

OPS-ABC Revised: 1-2006

The completed form must be included with the employment package to be sent to the Office of Personnel Services





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

**Request for  
 Quotation**

RFQ NUMBER  
 EHP11082

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 1

ADDRESS CORRESPONDENCE TO ATTENTION OF:  
 ROBERTA WAGNER  
 304-558-0067

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 112163122 304-345-6800  
 BEBETTER HEALTH INC  
 09 CAPITOL STREET 1ST FLR  
 CHARLESTON WV 25301

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 HEALTH AND HUMAN RESOURCES  
 DPH - EPIDEMIOLOGY AND  
 HEALTH PROMOTION  
 VARIOUS LOCALES AS INDICATED

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS		
11/10/2010						
BID OPENING DATE	12/16/2010	BID OPENING TIME		01:30PM		
LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
				OPEN-END BLANKET CONTRACT		
*****						
MANDATORY PRE-BID MEETING ON 11/29/2010 AT 10:00 AM IN						
THE 507 CONFERENCE ROOM AT DHHR DIVISION OF						
TOBACCO PREVENTION 350 CAPITOL STREET, ROOM 206,						
CHARLESTON, WV 25301.						
*****						
0001	1	YR	948-42			
TOBACCO CESSATION QUITLINE SERVICES						
REQUEST FOR QUOTATION						
THE DEPARTMENT OF HEALTH AND HUMAN RESOURCES FOR						
THE BUREAU FOR PUBLIC HEALTH, DIVISION OF TOBACCO						
PREVENTION IS REQUESTING QUOTATIONS FOR A VENDOR TO						
PROVIDE TOBACCO CESSATION QUITLINE SERVICES, PER THE						
ATTACHED SPECIFICATIONS.						
A MANDATORY VENDOR PREBID MEETING IS SCHEDULED FOR						
11/29/2010 AT 10:00 AM IN CR507 AT 350 CAPITOL ST,						
CHARLESTON, WEST VIRGINIA 25301. FAILURE TO ATTEND THE						
MANDATORY PREBID CONFERENCE SHALL AUTOMATICALLY RESULT						
IN DISQUALIFICATION. NO ONE PERSON CAN REPRESENT MORE						
THAN ONE VENDOR.						
SEE REVERSE SIDE FOR TERMS AND CONDITIONS						
SIGNATURE: <i>M. M. Yarn</i>		TELEPHONE: 304-345-6800 x 3350		DATE: 12-14-2010		
TITLE: <i>Account Executive</i>		FAX: 58-2498468		ADDRESS CHANGES TO BE NOTED ABOVE		

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'





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

**Request for Quotation**

RFQ NUMBER  
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 2

ADDRESS CORRESPONDENCE TO ATTENTION OF  
 ROBERTA WAGNER  
 304-558-0067

VENDOR  
 112163122 304-345-6800  
 beBETTER HEALTH INC  
 109 CAPITOL STREET 1ST FLR  
 CHARLESTON WV 25301

SHIP TO  
 HEALTH AND HUMAN RESOURCES  
 EPH - EPIDEMIOLOGY AND  
 HEALTH PROMOTION  
 VARIOUS LOCALES AS INDICATED

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.D.	FREIGHT TERMS		
11/10/2010						
BID OPENING DATE: 12/16/2010		BID OPENING TIME 01:30PM				
LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>EXHIBIT 3</p> <p>LIFE OF CONTRACT: THIS CONTRACT BECOMES EFFECTIVE ON JANUARY 1, 2011, AND EXTENDS FOR A PERIOD OF ONE (1) YEAR OR UNTIL SUCH "REASONABLE TIME" THEREAFTER AS IS NECESSARY TO OBTAIN A NEW CONTRACT OR RENEW THE ORIGINAL CONTRACT. THE "REASONABLE TIME" PERIOD SHALL NOT EXCEED TWELVE (12) MONTHS. DURING THIS "REASONABLE TIME" THE VENDOR MAY TERMINATE THIS CONTRACT FOR ANY REASON UPON GIVING THE DIRECTOR OF PURCHASING 30 DAYS WRITTEN NOTICE.</p> <p>UNLESS SPECIFIC PROVISIONS ARE STIPULATED ELSEWHERE IN THIS CONTRACT DOCUMENT, THE TERMS, CONDITIONS AND PRICING SET HEREIN ARE FIRM FOR THE LIFE OF THE CONTRACT.</p> <p>RENEWAL: THIS CONTRACT MAY BE RENEWED UPON THE MUTUAL WRITTEN CONSENT OF THE SPENDING UNIT AND VENDOR, SUBMITTED TO THE DIRECTOR OF PURCHASING THIRTY (30) DAYS PRIOR TO THE EXPIRATION DATE. SUCH RENEWAL SHALL BE IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT AND SHALL BE LIMITED TO TWO (2) ONE (1) YEAR PERIODS.</p> <p>CANCELLATION: THE DIRECTOR OF PURCHASING RESERVES THE RIGHT TO CANCEL THIS CONTRACT IMMEDIATELY UPON WRITTEN NOTICE TO THE VENDOR IF THE COMMODITIES AND/OR SERVICES SUPPLIED ARE OF AN INFERIOR QUALITY OR DO NOT CONFORM TO THE SPECIFICATIONS OF THE BID AND CONTRACT HEREIN.</p> <p>OPEN MARKET CLAUSE: THE DIRECTOR OF PURCHASING MAY AUTHORIZE A SPENDING UNIT TO PURCHASE ON THE OPEN MARKET, WITHOUT THE FILING OF A REQUISITION OR COST ESTIMATE, ITEMS SPECIFIED ON THIS CONTRACT FOR IMMEDIATE DELIVERY IN EMERGENCIES DUE TO UNFORESEEN</p> <p>SEE REVERSE SIDE FOR TERMS AND CONDITIONS</p>						
SIGNATURE <i>Roberta Wagner</i>		TELEPHONE 304-345-6800 x3350		DATE 12-14-2010		
TITLE Account Executive		FEE# 58-2498463		ADDRESS CHANGES TO BE NOTED ABOVE		
WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'						





State of West Virginia  
 Department of Administration  
 Purchasing Division  
 2019 Washington Street East  
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**Request for Quotation**

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ADDRESS CORRESPONDENCE TO ATTENTION OF:  
 ROBERTA WAGNER  
 304-558-0067

VENDOR  
 112163122 304-345-6800  
 BEBETTER HEALTH INC  
 109 CAPITOL STREET 1ST FLR  
 CHARLESTON WV 25301

VENDOR  
 HEALTH AND HUMAN RESOURCES  
 SHPH - EPIDEMIOLOGY AND  
 HEALTH PROMOTION  
 VARIOUS LOCALES AS INDICATED

DATE PRINTED	TERMS OF SALE	SHIP VIA	FOB	FREIGHT TERMS		
11/10/2010						
BID OPENING DATE: 12/16/2010		BID OPENING TIME 01:30PM				
LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>CAUSES (INCLUDING BUT NOT LIMITED TO DELAYS IN TRANSPORTATION OR AN UNANTICIPATED INCREASE IN THE VOLUME OF WORK.)</p> <p>QUANTITIES: QUANTITIES LISTED IN THE REQUISITION ARE APPROXIMATIONS ONLY, BASED ON ESTIMATES SUPPLIED BY THE STATE SPENDING UNIT. IT IS UNDERSTOOD AND AGREED THAT THE CONTRACT SHALL COVER THE QUANTITIES ACTUALLY ORDERED FOR DELIVERY DURING THE TERM OF THE CONTRACT, WHETHER MORE OR LESS THAN THE QUANTITIES SHOWN.</p> <p>ORDERING PROCEDURE: SPENDING UNIT(S) SHALL ISSUE A WRITTEN STATE CONTRACT ORDER (FORM NUMBER WV-39) TO THE VENDOR FOR COMMODITIES COVERED BY THIS CONTRACT. THE ORIGINAL COPY OF THE WV-39 SHALL BE MAILED TO THE VENDOR AS AUTHORIZATION FOR SHIPMENT, A SECOND COPY MAILED TO THE PURCHASING DIVISION, AND A THIRD COPY RETAINED BY THE SPENDING UNIT.</p> <p>BANKRUPTCY: IN THE EVENT THE VENDOR/CONTRACTOR FILES FOR BANKRUPTCY PROTECTION, THIS CONTRACT IS AUTOMATICALLY NULL AND VOID, AND IS TERMINATED WITHOUT FURTHER ORDER.</p> <p>MANDATORY PRE-BID</p> <p>A MANDATORY PRE-BID WILL BE HELD ON 11/29/2010 AT 10:00 AM IN THE 507 CONFERENCE ROOM. ALL INTERESTED PARTIES ARE REQUIRED TO ATTEND THIS MEETING. FAILURE TO ATTEND THE MANDATORY PRE-BID SHALL RESULT IN DISQUALIFICATION OF THE BID. NO ONE PERSON MAY REPRESENT MORE THAN ONE BIDDER.</p> <p>AN ATTENDANCE SHEET WILL BE MADE AVAILABLE FOR ALL POTENTIAL BIDDERS TO COMPLETE. THIS WILL SERVE AS THE OFFICIAL DOCUMENT VERIFYING ATTENDANCE AT THE MANDATORY PRE-BID. FAILURE TO PROVIDE YOUR COMPANY AND</p>						
SEE REVERSE SIDE FOR TERMS AND CONDITIONS						
SIGNATURE <i>Roberta Wagner</i>		TELEPHONE 304-345-6800 x 3350		DATE 12-14-2010		
TITLE Account Executive		FAX 58-2498463		ADDRESS CHANGES TO BE NOTED ABOVE		

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'



RESPONSE TO REQUEST FOR QUOTATION #EHP11082  
 beBetter Health, Inc. - Confidential and Proprietary



State of West Virginia  
 Department of Administration  
 Purchasing Division  
 2019 Washington Street East  
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**Request for Quotation**

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ADDRESS CORRESPONDENCE TO ATTENTION OF:  
 ROBERTA WAGNER  
 304-558-0067

112163122 304-345-6800  
 BEBETTER HEALTH INC  
 109 CAPITOL STREET 1ST FLR  
 CHARLESTON WV 25301

HEALTH AND HUMAN RESOURCES  
 JOSEPH - EPIDEMIOLOGY AND  
 HEALTH PROMOTION  
 VARIOUS LOCALES AS INDICATED

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS		
11/10/2010						
BID OPENING DATE: 12/16/2010		BID OPENING TIME 01:30PM				
LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>REPRESENTATIVE NAME ON THE ATTENDANCE SHEET WILL RESULT IN DISQUALIFICATION OF THE BID. THE STATE WILL NOT ACCEPT ANY OTHER DOCUMENTATION TO VERIFY ATTENDANCE. THE BIDDER IS RESPONSIBLE FOR ENSURING THEY HAVE COMPLETED THE INFORMATION REQUIRED ON THE ATTENDANCE SHEET. THE PURCHASING DIVISION AND THE STATE AGENCY WILL NOT ASSUME ANY RESPONSIBILITY FOR A BIDDER-S FAILURE TO COMPLETE THE PRE-BID ATTENDANCE SHEET. IN ADDITION, WE REQUEST THAT ALL POTENTIAL BIDDERS INCLUDE THEIR E-MAIL ADDRESS AND FAX NUMBER.</p> <p>ALL POTENTIAL BIDDERS ARE REQUESTED TO ARRIVE PRIOR TO THE STARTING TIME FOR THE PRE-BID. BIDDERS WHO ARRIVE LATE, BUT PRIOR TO THE DISMISSAL OF THE TECHNICAL PORTION OF THE PRE-BID WILL BE PERMITTED TO SIGN IN. BIDDERS WHO ARRIVE AFTER CONCLUSION OF THE TECHNICAL PORTION OF THE PRE-BID, BUT DURING ANY SUBSEQUENT PART OF THE PRE-BID WILL NOT BE PERMITTED TO SIGN THE ATTENDANCE SHEET.</p> <p>EXHIBIT 4</p> <p>LOCAL GOVERNMENT BODIES: UNLESS THE VENDOR INDICATES IN THE BID HIS REFUSAL TO EXTEND THE PRICES, TERMS, AND CONDITIONS OF THE BID TO COUNTY, SCHOOL, MUNICIPAL AND OTHER LOCAL GOVERNMENT BODIES, THE BID SHALL EXTEND TO POLITICAL SUBDIVISIONS OF THE STATE OF WEST VIRGINIA. IF THE VENDOR DOES NOT WISH TO EXTEND THE PRICES, TERMS, AND CONDITIONS OF THE BID TO ALL POLITICAL SUBDIVISIONS OF THE STATE, THE VENDOR MUST CLEARLY INDICATE SUCH REFUSAL IN HIS BID. SUCH REFUSAL SHALL NOT PREJUDICE THE AWARD OF THIS CONTRACT IN ANY MANNER.</p>						
SEE REVERSE SIDE FOR TERMS AND CONDITIONS						
SIGNATURE <i>Milo Ann</i>			TELEPHONE 304-345-6800 x3350		DATE 12-14-2010	
TITLE Account Executive		FAX 58-2498463		ADDRESS CHANGES TO BE NOTED ABOVE		

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'



RESPONSE TO REQUEST FOR QUOTATION #EHP11082  
 beBetter Health, Inc. - Confidential and Proprietary



State of West Virginia  
 Department of Administration  
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**Request for  
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ADDRESS CORRESPONDENCE TO ATTENTION OF:  
 ROBERTA WAGNER  
 304-558-0067

VENDOR  
 112163122 304-345-6800  
 BEBETTER HEALTH INC  
 109 CAPITOL STREET 1ST FLR  
 CHARLESTON WV 25301

SUPPLIER  
 HEALTH AND HUMAN RESOURCES  
 WPH - EPIDEMIOLOGY AND  
 HEALTH PROMOTION  
 VARIOUS LOCALES AS INDICATED

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS		
11/10/2010						
BID OPENING DATE: 12/16/2010		BID OPENING TIME: 01:30PM				
LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
REV. 3/88  INQUIRIES: WRITTEN QUESTIONS MAY BE ACCEPTED THROUGH CLOSE OF BUSINESS ON 12/1/2010. QUESTIONS MAY BE SENT VIA USPS, FAX, COURIER OR E-MAIL. IN ORDER TO ASSURE NOVENDOR RECEIVES AN UNFAIR ADVANTAGE, NO SUBSTANTIVE QUESTIONS WILL BE ANSWERED ORALLY. IF POSSIBLE, E-MAIL QUESTIONS ARE PREFERRED. ADDRESS INQUIRIES TO:  ROBERTA WAGNER DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25311  FAX: 304-558-4115 E-MAIL: ROBERTA.A.WAGNER@WV.GOV  VENDOR PREFERENCE CERTIFICATE  THIS TEAM EXHIBIT HAS BEEN REPLACED BY THE ONLINE VERSION WHICH IS AVAILABLE HERE: HTTP://WWW.STATE.WV.US/ADMIN/PURCHASE/VPC/VENPREF.PDF  NOTICE  A SIGNED BID MUST BE SUBMITTED TO:  DEPARTMENT OF ADMINISTRATION  SEE REVERSE SIDE FOR TERMS AND CONDITIONS						
SIGNATURE: <i>Roberta Wagner</i>		TELEPHONE: 304-345-6800		DATE: 12-14-2010		
TITLE: <i>Account Executive</i>		PEIN: 58-2498463		ADDRESS CHANGES TO BE NOTED ABOVE		

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'







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

**Request for  
 Quotation**

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ADDRESS CORRESPONDENCE TO ATTENTION OF:  
 ROBERTA WAGNER  
 304-558-0067

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 112163122 304-345-6800  
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SHIP TO  
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11/10/2010						
BID OPENING DATE:	12/16/2010	BID OPENING TIME		01:30PM		
LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
PURCHASING DIVISION BUILDING 15 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25305-0130  PLEASE NOTE: A CONVENIENCE COPY WOULD BE APPRECIATED.  THE BID SHOULD CONTAIN THIS INFORMATION ON THE FACE OF THE ENVELOPE OR THE BID MAY NOT BE CONSIDERED:  SEALED BID  BUYER:-----ROBERTA WAGNER/FILE 22----- RFP. NO.:-----EHP11082----- BID OPENING DATE:-----12/16/2010----- BID OPENING TIME:-----1:30 PM-----  PLEASE PROVIDE A FAX NUMBER IN CASE IT IS NECESSARY TO CONTACT YOU REGARDING YOUR BID: -----304-414-5987----- CONTACT PERSON (PLEASE PRINT CLEARLY): -----Mike Wynn-----						
SEE REVERSE SIDE FOR TERMS AND CONDITIONS						
SIGNATURE		TELEPHONE		DATE		
<i>Mike Wynn</i>		304-345-6800 x 3350		12-14-2010		
TITLE		FAX		ADDRESS CHANGES TO BE NOTED ABOVE		
Account Executive		58-2498463				

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'





State of West Virginia  
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 2019 Washington Street East  
 Post Office Box 50130  
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**Request for  
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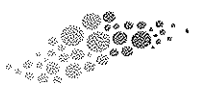
ADDRESS CORRESPONDENCE TO ATTENTION OF:  
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LINE	QUANTITY	LOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
***** THIS IS THE END OF RFQ EHP11082 ***** TOTAL:						
SEE REVERSE SIDE FOR TERMS AND CONDITIONS						
SIGNATURE <i>Milton Latta</i>		TELEPHONE 304-345-6800 x3350		DATE 12-14-2010		
TITLE <i>Account Executive</i>		FAX 58-2498463		ADDRESS CHANGES TO BE NOTED ABOVE		

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RESPONSE TO REQUEST FOR QUOTATION #EHP11082  
 beBetter Health, Inc. - Confidential and Proprietary

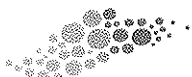
**GENERAL TERMS & CONDITIONS  
REQUEST FOR QUOTATION (RFQ) AND REQUEST FOR PROPOSAL (RFP)**

1. Awards will be made in the best interest of the State of West Virginia.
  2. The State may accept or reject in part, or in whole, any bid.
  3. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$125 fee.
  4. All services performed or goods delivered under State Purchase Order/Contracts are to be continued for the term of the Purchase Order/Contracts, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise available for these services or goods this Purchase Order/Contract becomes void and of no effect after June 30.
  5. Payment may only be made after the delivery and acceptance of goods or services.
  6. Interest may be paid for late payment in accordance with the *West Virginia Code*.
  7. Vendor preference will be granted upon written request in accordance with the *West Virginia Code*.
  8. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
  9. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
  10. The laws of the State of West Virginia and the *Legislative Rules* of the Purchasing Division shall govern the purchasing process.
  11. Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties.
  12. **BANKRUPTCY:** In the event the vendor/contractor files for bankruptcy protection, the State may deem this contract null and void, and terminate such contract without further order.
  13. **HIPAA BUSINESS ASSOCIATE ADDENDUM:** The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, is available online at [www.state.wv.us/admin/purchase/vrc/hipaa.htm](http://www.state.wv.us/admin/purchase/vrc/hipaa.htm) and is hereby made part of the agreement. Provided that the Agency meets the definition of a Cover Entity (45 CFR §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) to the vendor.
  14. **CONFIDENTIALITY:** The vendor agrees that he or she will not disclose to anyone, directly or indirectly, any such personally identifiable information or other confidential information gained from the agency, unless the individual who is the subject of the information consents to the disclosure in writing or the disclosure is made pursuant to the agency's policies, procedures, and rules. Vendor further agrees to comply with the Confidentiality Policies and Information Security Accountability Requirements, set forth in <http://www.state.wv.us/admin/purchase/privacy/noticeConfidentiality.pdf>.
  15. **LICENSING:** Vendors must be licensed and in good standing in accordance with any and all state and local laws and requirements by any state or local agency of West Virginia, including, but not limited to, the West Virginia Secretary of State's Office, the West Virginia Tax Department, and the West Virginia Insurance Commission. The vendor must provide all necessary releases to obtain information to enable the director or spending unit to verify that the vendor is licensed and in good standing with the above entities.
  16. **ANTITRUST:** In submitting a bid to any agency for the State of West Virginia, the bidder offers and agrees that if the bid is accepted the bidder will convey, sell, assign or transfer to the State of West Virginia all rights, title and interest in and to all causes of action it may now or hereafter acquire under the antitrust laws of the United States and the State of West Virginia for price fixing and/or unreasonable restraints of trade relating to the particular commodities or services purchased or acquired by the State of West Virginia. Such assignment shall be made and become effective at the time the purchasing agency tenders the initial payment to the bidder.
- I certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, limited liability company, partnership, or person or entity submitting a bid for the same material, supplies, equipment or services and is in all respects fair and without collusion or fraud. I further certify that I am authorized to sign the certification on behalf of the bidder or this bid.

**INSTRUCTIONS TO BIDDERS**

1. Use the quotation forms provided by the Purchasing Division. Complete all sections of the quotation form.
2. Items offered must be in compliance with the specifications. Any deviation from the specifications must be clearly indicated by the bidder. Alternates offered by the bidder as **EQUAL** to the specifications must be clearly defined. A bidder offering an alternate should attach complete specifications and literature to the bid. The Purchasing Division may waive minor deviations to specifications.
3. Unit prices shall prevail in case of discrepancy. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation.
4. All quotations must be delivered by the bidder to the office listed below prior to the date and time of the bid opening. Failure of the bidder to deliver the quotations on time will result in bid disqualifications: Department of Administration, Purchasing Division, 2019 Washington Street East, P.O. Box 50130, Charleston, WV 25305-0130
5. Communication during the solicitation, bid, evaluation or award periods, except through the Purchasing Division, is strictly prohibited (W.Va. C.S.R. §148-1-6.6).

Rev. 12/15/09





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

**Request for  
 Quotation**

RFQ NUMBER  
**EHP11082**

PAGE  
**1**

ADDRESS CORRESPONDENCE TO ATTENTION OF:  
**ROBERTA WAGNER  
 304-558-0067**

B E T T E R

\*112163122 304-345-6800  
**BEBETTER HEALTH INC  
 109 CAPITOL STREET 1ST FLR  
 CHARLESTON WV 25301**

S H I P T O

**HEALTH AND HUMAN RESOURCES  
 BPH - EPIDEMIOLOGY AND  
 HEALTH PROMOTION  
 VARIOUS LOCALES AS INDICATED**

DATE PRINTED <b>12/05/2010</b>	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS		
BID OPENING DATE: <b>12/16/2010</b>		BID OPENING TIME <b>01:30PM</b>				
LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<b>ADDENDUM NO. 1</b> 1. QUESTIONS AND ANSWERS ARE ATTACHED. 2. ADDENDUM ACKNOWLEDGEMENT IS ATTACHED. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN DISQUALIFICATION OF YOUR BID.  <b>EXHIBIT 10</b>  <b>REQUISITION NO.: EHP11082</b>  <b>ADDENDUM ACKNOWLEDGEMENT</b> I HEREBY ACKNOWLEDGE RECEIPT OF THE FOLLOWING CHECKED ADDENDUM(S) AND HAVE MADE THE NECESSARY REVISIONS TO MY PROPOSAL, PLANS AND/OR SPECIFICATION, ETC.  <b>ADDENDUM NO.'S:</b> NO. 1 ..... NO. 2 ..... NO. 3 ..... NO. 4 ..... NO. 5 .....						
SEE REVERSE SIDE FOR TERMS AND CONDITIONS						
SIGNATURE <i>M. Wagner</i>		TELEPHONE <i>304-345-6800 x3350</i>		DATE <i>12-14-2010</i>		
TITLE <i>Account Executive</i>		FAX <i>505-2498463</i>		ADDRESS CHANGES TO BE NOTED ABOVE		

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'





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

**Request for  
 Quotation**

RFQ NUMBER  
**EHP11082**

PAGE  
**2**

ADDRESS CORRESPONDENCE TO ATTENTION OF:  
**ROBERTA WAGNER  
 304-558-0067**

**VENDOR**  
 \*112163122 304-345-6800  
**BEBETTER HEALTH INC**  
**109 CAPITOL STREET 1ST FLR**  
**CHARLESTON WV 25301**

**SHIP TO**  
**HEALTH AND HUMAN RESOURCES**  
**BPH - EPIDEMIOLOGY AND**  
**HEALTH PROMOTION**  
**VARIOUS LOCALES AS INDICATED**

DATE PRINTED <b>12/05/2010</b>	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
-----------------------------------	---------------	----------	--------	---------------

BID OPENING DATE: **12/16/2010** BID OPENING TIME: **01:30PM**

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>I UNDERSTAND THAT FAILURE TO CONFIRM THE RECEIPT OF THE ADDENDUM(S) MAY BE CAUSE FOR REJECTION OF BIDS.</p> <p>VENDOR MUST CLEARLY UNDERSTAND 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.</p> <p style="text-align: center;"> <i>Roba Lynn</i>            .....            SIGNATURE  <i>beBetter Health</i>            .....            COMPANY  <i>12-14-2010</i>            .....            DATE         </p> <p>NOTE: THIS ADDENDUM ACKNOWLEDGEMENT SHOULD BE SUBMITTED WITH THE BID.</p> <p>REV. 09/21/2009</p> <p style="text-align: center;">END OF ADDENDUM NO. 1</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Roba Lynn</i>	TELEPHONE <i>304-345-6800 x 3350</i>	DATE <i>12-14-2010</i>
TITLE <i>Account Executive</i>	FERN <i>58-2498463</i>	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'





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

**Request for  
 Quotation**

RFO NUMBER  
**EHP11082**

PAGE  
**3**

ADDRESS CORRESPONDENCE TO ATTENTION OF:  
**ROBERTA WAGNER  
 304-558-0067**

VENDOR

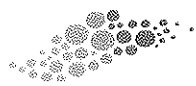
\*112163122      304-345-6800  
**BEBETTER HEALTH INC**  
**109 CAPITOL STREET 1ST FLR**  
**CHARLESTON WV 25301**

SHIP TO

**HEALTH AND HUMAN RESOURCES  
 BPH - EPIDEMIOLOGY AND  
 HEALTH PROMOTION  
 VARIOUS LOCALES AS INDICATED**

DATE PRINTED <b>12/05/2010</b>	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS		
BID OPENING DATE: <b>12/16/2010</b>		BID OPENING TIME <b>01:30PM</b>				
LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	1	YR		948-42		
TOBACCO CESSATION QUITLINE SERVICES						
***** THIS IS THE END OF RFQ EHP11082 ***** TOTAL:						
SEE REVERSE SIDE FOR TERMS AND CONDITIONS						
SIGNATURE <i>[Signature]</i>		TELEPHONE <b>304-345-6800 x 3350</b>		DATE <b>12-14-10</b>		
TITLE <i>Account Executive</i>		FEIN <b>50-2498463</b>		ADDRESS CHANGES TO BE NOTED ABOVE		

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'



**RESPONSE TO REQUEST FOR QUOTATION #EHP11082**  
 beBetter Health, Inc. - Confidential and Proprietary





Attachments

**Response to  
Request for Quotation  
EHP11082**

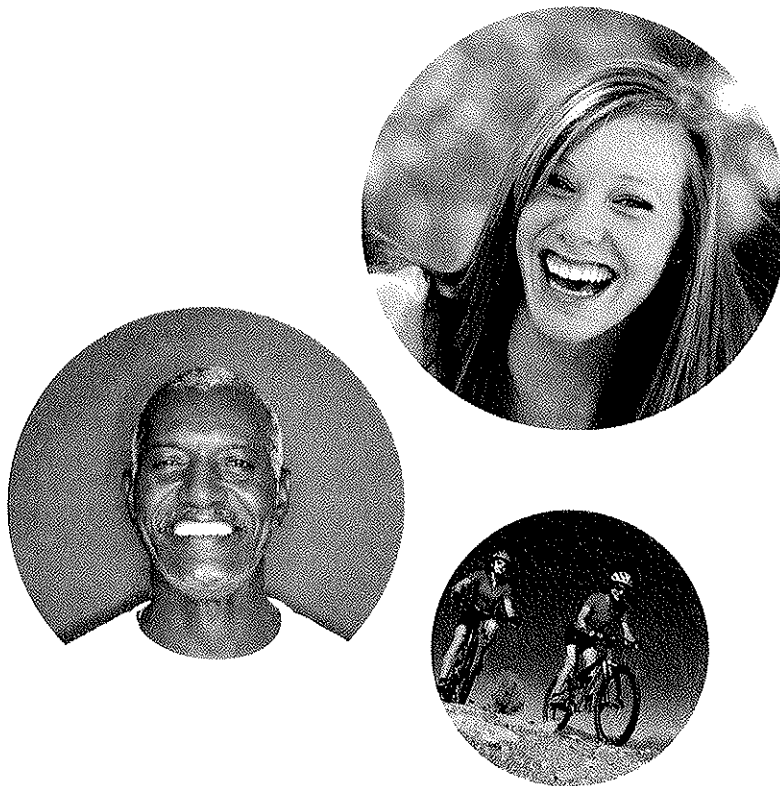
**December 16, 2010**

Presented to









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Attachment B: Account Management .....	3
Attachment C: Enrollment Process .....	4
Attachment D: Coaching Staff and Medical Director .....	10
Attachment E: Training .....	12
Attachment F: Fax Referral Program .....	15
Attachment G: Quality Management Plan Overview .....	16
Attachment H: NRT Dosing Chart .....	19
Attachment I: Summary .....	20
Enclosure 1: West Virginia Tobacco Quitline Annual Report 2008	
Enclosure 2: 2008 BPH Annual Report Addendum: 6 & 12 Month Outcomes	
Enclosure 3: West Virginia Tobacco Quitline Data Set Reports, Code Books and sample reports ( <i>hardcopies for all reports included in these files may be formatted and provided as requested</i> )	
Enclosure 4: Educational Packets	





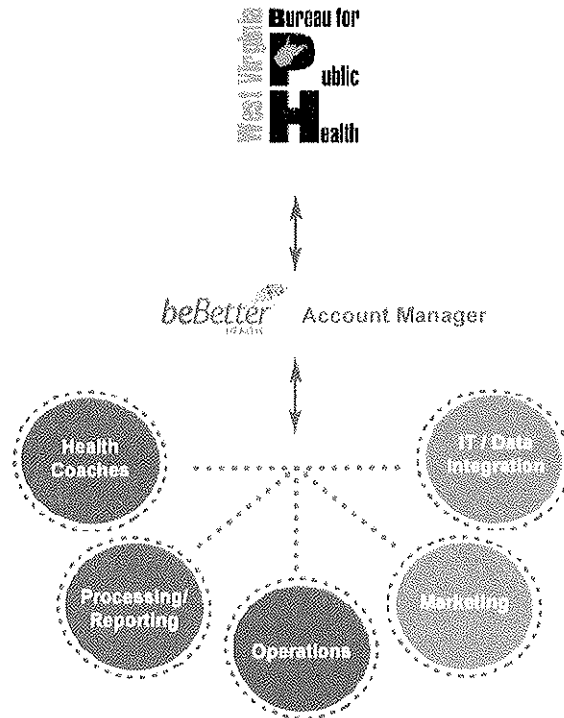
## Company Background

beBetter Health, Inc. is a leading provider of worksite wellness programs that help employers reduce health care costs and boost employee productivity. For 24 years, we have delivered proven results to thousands of employers across the country through onsite health screenings, health risk assessments, health coaching, healthy lifestyle programs, and quit-smoking solutions.

Our scientifically based, clinically validated methodologies can help employers achieve a solid return on investment, while also engaging employees with programs that promote a culture of wellness and productivity.

## Account Management

beBetter will use a single point of contact for all interaction and engagement with the WV Tobacco Quitline. You will be assigned an Account Manager who will work internally to coordinate all beBetter operations. This structure will facilitate service delivery and program oversight, as shown in the following chart:



## Enrollment Process

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

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

First Name: John Last Name: Smith Date of Birth: 5/5/84 Phone Number: LookUp: Customer ID: Do you have an email address? Yes No Email Address: john.smith@bebetter.net

Possible Previous Enrollments

Enrollment ID	Line of Business	Type of Call	Status	Effective Date
---------------	------------------	--------------	--------	----------------

Look-Up / Refresh New Enrollment

NOTE: All buttons in GREEN will close this form and perform the action it refers to. Please make sure all fields are completed before using an action.

Close/Cancel

VitalTrack

Ready Tobacco 7/20/04 09:54:54

Screen 1 – Upon reaching our call center this screen is used to capture some quick specifics about the caller which expedites how the call is handled.



beBetter: Tobacco Enrollment (remedy.dev.srv)

beBetter Tobacco Enrollment Enrollment ID

Last Name:  Search by Last Name SSN:  Required only, 9 digits required. Use 0 for 10 for 101-5288. Line of Business: 
  
 First Name:  Search by First Name Date of Birth:  Age:

General Info | Insurance Information |

Mailing Address

Street: 
  
 Street (2): 
  
 City:  State:  Zip Code: 
  
 Is Shipping address same as Mailing?  Yes  No [Lookup by Zip](#)

Shipping Address

Street: 
  
 Street(2): 
  
 City:  State:  Zip Code:

What is your phone number? Select only one Primary phone number.

Home:   Primary
   
 Alternate:   Primary
   
 Mobile/Cell:   Primary

Do you have an E-Mail address?  Yes  No
   
 Email Address:

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  Other/Special Promotion or Campaign  Physician  Employer  WVU School of Dentistry
   
 TV  Postcard Bus, Billboard, Newspaper, Sign, Special Week Program, etc.  Pharmacist  Coworker
   
 Radio  Newsletter  Dentist  Family/Friend
   
 Internet  Brochure/Flyer  Dental Hygienist  Insurance Provider
   
 Social Networking (MySpace, Facebook, Twitter, etc.)  Fax Referral  Community Organization

Audit Trail | Submit Enrollment | Cancel Enrollment

Screen 2 – Participant information is recorded here in detail. Referral Types are recorded 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.

beBetter: Tobacco Enrollment (remedy.dev.srv)

beBetter Tobacco Enrollment Enrollment ID

Last Name:  Search by Last Name SSN:  Required only, 9 digits required. Use 0 for 10 for 101-5288. Line of Business: 
  
 First Name:  Search by First Name Date of Birth:  Age:

General Info | Insurance Information | Sponsoring Agency |

I need to verify, are you male or female?  Are you pregnant?  Yes  No Due date: 
  
 Are you nursing?  Yes  No
   
 Do you live with someone who is pregnant?

Participant is a resident of WV?  Yes  No Pool of residence:

Are you insured by Medicaid or UniCare Health Plan of WV?  Yes  No Medicaid ID#:  Eligible?  Yes  No Verification by: 
  
 Medicaid  UniCare Medicaid/UniCare Type:   Ineligible  HMO

Do you have medical insurance?  Yes  No Insurance Carrier:  Relationship to insured:

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

Active/Reserve/Retired Military & Immediate Family  Diabetic / Family  Medicaid QMB
   
 Freedom From Smoking Clinic  Asthma  Medicaid
   
 Morgantown Area Health Initiative  COPD/Emphysema  College Employee
   
 Tobacco Free Hospital Employee  Fair Market WV  College Students
   
 Cancer, Osteoporosis, Cardiovascular Disease  Wellness Council  Legacy
   
 Lesbian/Gay/Bi-Sexual/Transgender
   
 Wise Woman
   
 Partnership of African American Churches
   
 Kaiser Permanente Work shop

Check only if mentioned by participant. Do not specifically ask these questions.

Adult (65 and older)  Pregnant or Nursing Women  Dental Related  B/W Employee  Hispanic/Latino
   
 Living With Pregnant Women  Rural (R-24)  Youth (24 years or younger)  No Insurance  I Can Face

Audit Trail | Submit Enrollment | Cancel Enrollment

Screen 3 – Specifics pertaining to the participants insurance type are recorded here. In additional ‘Special Groups’ the individual may be affiliated with are noted here. In the case of special projects ‘Special Groups’ may be revised to accommodate project needs.



beBetter Tobacco Enrollment (remedy-dev.srv)

beBetter Tobacco Enrollment

Last Name: Smith Search by Last Name SSN: 123456789  
 First Name: John Search by First Name Date of Birth: 5/5/1984 Age: 26  
 Line of Business: WV Tobacco Qu

General Info | Insurance Information | Sponsoring Agency | Stratics

Sponsoring Agency: BPH 18-34 Eligible for: [ ]  
 Group: BPH  
 Site: Kanawha, WV  
 Program: NRT Solution-Free

Previous Enrollment Count: 0  
 No Previous Enrollment History (New Participant)  
 Continue Enrollment

Please Wait

Audit Trail | Submit Enrollment | Cancel Enrollment

Screen 4 – Sponsoring Agency such as BPH or BPH 18-34 is automatically populated here based on the participants response to Insurance Information on Screen 3. Based on the Sponsoring Agency notes pertaining to services the individual is eligible for appear here so those can be relayed to the participant.

beBetter Tobacco Enrollment (remedy-dev.srv)

beBetter Tobacco Enrollment

Last Name: Smith Search by Last Name SSN: 123456789  
 First Name: John Search by First Name Date of Birth: 5/5/1984 Age: 26  
 Line of Business: WV Tobacco Qu

General Info | Insurance Information | Sponsoring Agency | Stratics | Usage

What is the highest education level you have completed? College or University degree  
 Which of these groups would you say best describes you? (READ) White  
 Primary language spoken? English

What type of tobacco do you use? (Check all that apply)  
 Cigarettes  Chewing Tobacco  Snuff  Cigar (Cigar, Little Cigars, or Cigarettes)  Pipe  Snus  Other tobacco products (e.g. Bidis)

Cigarettes (number per day): 40  
 (1 pack equals 20 cigarettes)

On a scale of 1 - 10, what is your desire to quit? 9  
 On a scale of 1 - 10, what is your willingness or motivation to quit? 8  
 Do you intend to quit in the next 30 days? Yes  
 When do you see yourself quitting? Within 1 Month Quit Date: 7/15/2010  
 Are you willing to make a lifestyle change and commit to the program including developing and following a plan for quitting? Yes

Willingness and Motivation to Quit Scale  
 1 2 3 4 5 6 7 8 9 10  
 Precontemplation Contemplation Preparation ACTION (Enrollment)

Verify Eligibility Based on Motivation

Audit Trail | Submit Enrollment | Cancel Enrollment

Screen 5 – Here background information for the participant is recorded as well as an assessment of the individuals Willingness and Motivation to Quit.



beBetter: Tobacco Enrollment (remedy.dev.serv)

beBetter Tobacco Enrollment

Last Name: Smith Search by Last Name SSN: 123456789 Number only, 9 digit required. Use 0s as filler for 1st-5th. Line of Business: WV Tobacco Co. v

First Name: John Search by First Name Date of Birth: 5/5/1984 Age: 26

General Info | Insurance Information | Sponsoring Agency | Statics | Usage | History | Interest

How often do you smoke cigarettes? Everyday

How soon after you wake up do you smoke? Within five minutes

How old were you when you first started regularly using tobacco? 10 Total years used: 16

Do you have children? Yes No Are they regularly exposed to second hand smoke? Yes No How many children are in your home? 1

What is the age category of your children (check all that apply)? Infant 6-3 yrs Toddler 2-5 yrs Adolescent 6-12 yrs Teen 13-18 yrs Adult 19 or older

Do you expose other children to second hand smoke? Yes No Do you expose other adults to second hand smoke? Yes No

Do you live with other tobacco users? Yes No

Do you have a tobacco use policy in your home? Yes No Not Allowed Smoke Outside Not Around Children Windows Open Other

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

Audit Trail Submit Enrollment Cancel Enrollment

Screen 6 – Information about the participants current use of nicotine as well as daily habits, use policy and interactions with other users is assessed in order to give their Coach insight as to potential challenges. Based on their response to the question “What type of tobacco do you use?” on Screen 5, the first question of Screen 6 is automatically populated to read accordingly.

beBetter: Tobacco Enrollment (remedy.dev.serv)

beBetter Tobacco Enrollment

Last Name: Smith Search by Last Name SSN: 123456789 Number only, 9 digit required. Use 0s as filler for 1st-5th. Line of Business: WV Tobacco Co. v

First Name: John Search by First Name Date of Birth: 5/5/1984 Age: 26

General Info | Insurance Information | Sponsoring Agency | Statics | Usage | History | Interest | Contraindications

Are you interested in using NRT to help you quit? Yes No Have you previously tried 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? 1 I don't know Refused

How long ago was your last attempt to quit? 8 Months

How long did you maintain your last attempt to quit? 4 Weeks

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

Nicotine replacement: Patch Group program YNOTQUIT (Quit Line Services) Cold Turkey

Nicotine replacement: Gum Hospitalizations Zyban Other, Specified

Nicotine replacement: Spray Accupuncture 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/Nerves 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 issue No longer pregnant

Audit Trail Submit Enrollment Cancel Enrollment

Screen 7 – This screen asks for information pertaining to previous quit attempts, methods for those attempts and what obstacles stood in the way of a successful quit attempt in the past.





beBetter Tobacco Enrollment (remedy-dev.serv)

beBetter Tobacco Enrollment

Last Name: Smith Search by Last Name SSN: 123456789 Line of Business: WV Tobacco Qu  
 First Name: John Search by First Name Date of Birth: 5/5/1984 Age: 26

General Info | Insurance Information | Sponsoring Agency | Statics | Usage | History | Interest | Contraindications

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/Welbutin  Other, Specified  
 Nicotine replacement: Patch  Chantix  
 Nicotine replacement: Gum  I have cut down on use  
 Nicotine replacement: Spray  Self-Help  
 Nicotine replacement: Inhaler  Group program  
 Nicotine replacement: Lozenges

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

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

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

Availability Notes:

Audit Trail Submit Enrollment Cancel Enrollment

Screen 8 – Here information is gathered to gain insight into what is motivating the participant to quit and what they are currently doing to quit. The participant is also asked if they have a support network outside the Quitline and when their coach can reach them for counseling.

beBetter Tobacco Enrollment (remedy-dev.serv)

beBetter Tobacco Enrollment

Last Name: Smith Search by Last Name SSN: 123456789 Line of Business: WV Tobacco Qu  
 First Name: John Search by First Name Date of Birth: 5/5/1984 Age: 26

General Info | Insurance Information | Sponsoring Agency | Statics | Usage | History | Interest | Contraindications

NRT Type: Gum

Do you have any of the following medical conditions?

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

Severe reaction to nicotine patches? Yes No Waiting Response  
 High Blood Pressure NOT controlled by Medication? Yes No Waiting Response  
 Take Medication for Depression? Yes No Waiting Response  
 Take Medication for asthma? Yes No Waiting Response  
 Insulin dependent diabetes? Yes No Waiting Response  
 Have you ever had major dental work? Yes No Waiting Response  
 Have you ever been diagnosed with TMJ? Yes No Waiting Response  
 Do you suffer from migraine headaches? Yes No Waiting Response  
 Do you suffer from acid reflux or GERD? Yes No Waiting Response

If answered YES to any of the questions, physician consent is required. We will fax a letter of consent to the physician to sign and fax back to us. If physician does not approve the NRT, inform the enroller they can still receive phone coaching services and literature.

Doctor Name Phone Fax

Verification

Age Verification Received No Address Verification Received No  
 Participant Signature Received No Witness Signature No

Date of Signature

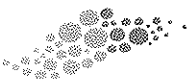
Number of Cigarettes per day Chewing tobacco pouches per week  
 Cigars per week Small tins per week  
 Pipe bowls per week Snus tins per week  
 Other tobacco per week

Doctor Faxed Date Faxed by Signature Received Status

Comments

Audit Trail Submit Enrollment Cancel Enrollment

Screen 9 – This screen lists Contraindication 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 our staff coordinate the individuals consent by a physician. That information is then recorded under 'Verification' on this Screen.



**BBTE: TransferCallPop (remedy-dev-serv)**

**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**

**Transfer this call to a coach for the first coaching call?  Yes  No**

OK

Screen 20 – This is a pop-up that appears upon completion of Screen 9. Our staff ask the individual for permission to conduct a post survey call at the end of their program. The participant then has the option to be transferred right away to a coach to get started, or if they don't have time the participants case is assigned to a coach. The coach then calls them back based on the 'best time to reach' information provided by the participant on Screen 8.



## Coaching Staff and Medical Director

beBetter Health's tobacco cessation coaches have, at a minimum, a Bachelor's Degree in a health-related field or have an unrestricted license as a Registered Nurse. Many of our coaches have Master's Degrees in behavioral sciences and hold nationally recognized licenses and certifications. 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. On average our staff has over 100 years of combined experience in health promotion and health coaching. Our coaching staff turnover rate over the past two years has been less than 10%. As part of beBetter Health's overall approach to health and wellness, we staff a Medical Director for to oversee best practices and the clinical aspects of our service delivery.

The following are resumes of 'key coaching staff' that will be working on the West Virginia Tobacco Quitline. Information about other 'non-key staff' working on the West Virginia Tobacco Quitline including coaches and customer service/intake staff may be provided at the request of DTP.

**Name:** Rebecca Snyder

**Education:** Masters of Social Work and Masters of Public Administration, WVU, 2003

**Credentials:** Licensed Social Worker in state of WV

**Relevant Experience:** 8 years as a coach

**Name:** Michael D. Eakle

**Education:** Master of Arts Counseling 1983

60 Post-Graduate hours toward Ph.D. in Counseling

Marshall University College of Graduate Studies

Specializing in Children and Family Counseling, BS Education/ Political Science 1975

**Credentials:** Motivational Interviewing, Conflict Resolution, Career Counseling

**Relevant Experience:** 35 years

**Name:** Megan Milam

**Education:** BA in Psychology and English (WVU May 2006), MPH with concentration in Social and Behavioral Sciences (WVU expected May 2011)

**Relevant Experience:** 4 years

**Name:** Thomas D. Miller, MA, LPC, CAC, IADC, ALPS

**Education:** Bachelor of Science in Criminal Justice, Minor in Abnormal Psychology, from West Virginia State College (now West Virginia State University); Master of Arts in Counseling from the School of Education and Professional Studies at Marshall University Graduate College (formerly West Virginia Graduate College)

**Credentials:** Licensed Professional Counselor – WV #1379, Approved Licensed Professional Supervisor; Certified Addictions Counselor – WV #93-113;



Internationally Certified Alcohol and/or Drug Counselor # 112314; West Virginia Major Adult Teaching Permit – Permanent, Internationally Certified Drug and Alcohol Counselor - #112314

**Relevant Experience:** 20 years Specialized Training and/or Credentialing: CISM - Basic/Peer/Advanced/School based/T-the-T; EQ-I Certified; MI/MRC Certified

An outline of our Medical Director's background, duties and responsibilities are as follows:

**Dr. Steven C. Eshenaur, D.O.**

**Credentials:** Board Certified in Family Medicine, WV License #1796

**Education:** Family Medicine Residency, West Virginia University at Charleston Area Medical Center; Doctor of Osteopathy, West Virginia School of Osteopathic Medicine; Bachelor of Science in Biology, Mount Vernon Nazarene University

**Years of Experience:** 11 years

**Years with beBetter Health: 3**

**Credentials:** Certified Medical Review Officer, ACLS, PALS, ATLS, DEA# BE6541608

**Current Employment: Physician**

- LTC, (MC) West Virginia Army National Guard, State Surgeon
- Jackson General Hospital – Emergency Room/Clinic Physician – Part-time
- Jackson County Emergency Services – Medical Director – Part-time

Dr. Eshenaur's Medical License is currently unrestricted and he has no pending malpractice and/or other litigation. Dr. Eshenaur has never had any judgments and/or litigation filed against him related to his medical practice.

**Primary Responsibilities as beBetter's Medical Director:**

- Approve and sign off on health screen policies practices and/or protocols including, but not limited to: venipuncture blood draws, Cholestech blood testing, setting flag reference limits on tests provided (Currently using the American College of Pathology Standards), use of universal precautions
- Approve, sign off on, and serve as the contact physician for Standing Orders allowing beBetter Health to provide health screen services including biometric testing, flu shots, pneumonia shots, and occupational vaccines (Tetanus, etc.).



- Serve as Medical Director and as a consultant and/or trainer to staff on issues related to the provision of health screen services and/or health and wellness coaching including tobacco cessation.

#### **Other Responsibilities:**

- Serve as a compliance consultant to beBetter Health in terms of meeting state and/or provincial requirements for service delivery.
- Serve as a subject matter expert support to the sales and marketing team in instances or circumstances where distinct knowledge is needed in responding to or in anticipation of responding to a client need.
- Serve as a subject matter expert in the development of new products and services including, but not necessarily limited to, alternate Nicotine Replacement and other pharmacotherapies.
- Serve as a subject matter expert in terms of keeping beBetter Health current with applicable industry medical standards and best practices as they relate to the provision of health and wellness services, including tobacco cessation services, to employer groups and their employee populations.
- Serve as a subject matter expert in terms of beBetter Health's ongoing Quality Assurance process for medical facts or issues related to beBetter's provision of health and wellness services, including tobacco cessation services.

#### **Training**

All new beBetter staff are required to attend a orientation that includes, but is not limited to HIPAA training, OSHA training, job specific topics such as service contracts and Standards of Care, diversity training, and best practices for customer service. Further, beBetter's wellness coaches are required to participate in ongoing training and certification programs. Licensed beBetter wellness coaches attend continuing educational programs needed for licensure as well as for personal and professional development. A sample of training for beBetter's customer service professionals and health and tobacco coaches is shown below:



TRAINING TOPIC	TRAINER/FACILITATOR	CASE PRESENTATION	DATE	TIME
<ul style="list-style-type: none"> <li>Ethics and Professionalism (Organization-Wide)</li> </ul>	Tom Miller	N/A	07/01/10	12:00 p.m. – 12:45 p.m. 12:45 p.m. – 1:30 p.m.
<ul style="list-style-type: none"> <li>Ethics and Professionalism (Organization-Wide)</li> </ul>	Frances Clendenen		07/22/10	<u>1:15 p.m. – 2:00 p.m.</u> 11:45 a.m. – 12:30 p.m. 12:30 p.m. – 1:15 p.m. 1:15 p.m. – 2:00 p.m.
<ul style="list-style-type: none"> <li>Motivating Factors for Healthy Lifestyles, Weight Loss and Smoking Cessation (<a href="http://www.OptumHealth.com">www.OptumHealth.com</a>, click on webinars to locate and register; once completed contact Frances to receive the brief competency review and receive credit.)</li> </ul>	Webinar (Frances Clendenen)		07/22/10	12:00 p.m. – 1:00 p.m. Independent Study On-line
<ul style="list-style-type: none"> <li>Wellness Coaching: Exploring Evolving Strategies for Behavior Change (<a href="http://www.OptumHealth.com">www.OptumHealth.com</a>, click on webinars to locate, see archives, and register; once completed contact Frances to receive the brief competency review and receive credit.)</li> </ul>	Frances Clendenen	N/A	Complete by 08/31/10	Independent Study On-line
<ul style="list-style-type: none"> <li>Dealing with Stress/Issues that Impact Coaching</li> <li>Building Resilience</li> <li>Review of Problematic Cases (Each coach to present a case for peer review)</li> </ul>	Becky Snyder Frances Clendenen	Lisa Lineberg Heather Dickerson Faith McLaughlin Megan Miam Mike Easte Cindy Bailey Ryan Gardner Tom Miller Becky Snyder Denise Minnear	09/25/10* *Week-end Workshop	7:30 a.m. – 8:30 a.m. 8:30 a.m. – 9:30 a.m.  9:30 a.m. – 11:30 a.m.
<ul style="list-style-type: none"> <li>Documentation</li> </ul>	Frances Clendenen/ Tom Miller			10:00 a.m. – 11:30 a.m. 11:2 – 12:30 p.m.
<ul style="list-style-type: none"> <li>Valuing Diversity</li> </ul>	Frances Clendenen	N/A	10/13/10  10/21/10	10:00 a.m. – 11:00 a.m. 1:00 p.m. – 2:00 p.m. <u>2:30 p.m. – 3:30 p.m.</u> 10:00 a.m. – 11:00 a.m. 1:00 p.m. – 2:00 p.m.
<ul style="list-style-type: none"> <li>Coaching for Weight Management</li> </ul>	Lisa Lineberg	Faith McLaughlin	11/19/10	1:00 p.m. – 2:30 p.m.
<ul style="list-style-type: none"> <li>HIPAA- OSHA Annual Update* *To attend one of the sessions offered – Mandatory</li> </ul>	Tom Miller	N/A	12/02/10  12/09/10	10:00 a.m. – 11:00 a.m. 1:00 p.m. – 2:00 p.m. <u>2:30 p.m. – 3:30 p.m.</u> 9:00 a.m. – 10:00 a.m. 10:00 a.m. – 11:00 a.m. 1:00 p.m. – 2:00 p.m.



In addition to our standard training programs, all of our beBetter coaches are required to participate in the "Case Presentation Model" where they have to present problematic or difficult cases to their peers for review. The exercise allows our coaches to explore best practices and new clinical guidelines in a peer setting. BeBetter has found that the Case Presentation Model is a very effective training reinforcement tool.

The outline of the Case Presentation Model is as follows:

## Case Presentation Model

Coach: \_\_\_\_\_

Date:

Type of Coaching Case:      Tobacco      Wellness      Weight Management      Other:

Gender of Participant:      M      F      Age: \_\_\_\_\_

What type of guidance are you looking for?:

Clinical      Informational      Procedural      Administrative      Ethical      Other:

What stage of Change do you feel that the participant is in?:

Pre Contemplation      Contemplation      Preparation      Action      Maintenance

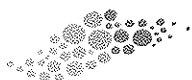
What is the situation you want to present?:      (Include both subjective and objective)

Questions for clarification from team:

PLAN:

The Coach will:

The Participant will:



# Fax Referral Form

Description of what this is here.



## FAX-TO-QUIT Referral Form

FAX TO: West Virginia Tobacco Quitline



**304.345.2009**

TODAY'S DATE: \_\_\_/\_\_\_/\_\_\_

FAX BACK #: (\_\_\_) \_\_\_-\_\_\_

Referred By: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_) \_\_\_-\_\_\_

Physicians Office     Dentist Office

Other Setting: \_\_\_\_\_

### QUITLINE USE ONLY

Participant Enrolled

Unable to Reach Participant

Date: \_\_\_/\_\_\_/\_\_\_

### Patient Consent and Personal Information Section:

I understand that the WV Tobacco Quitline will be contacting me with quit tobacco information, community referrals 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 (please print): \_\_\_\_\_

Phone: (\_\_\_) \_\_\_-\_\_\_

Patient or Guardian Signature: \_\_\_\_\_

Home     Work     Cell

Verbal Consent Received (if no signature above)

Best Time to Call:

Person Obtaining Verbal Consent (sign and print): \_\_\_\_\_

8am to 12pm

12pm to 5pm

Date of Birth: \_\_\_/\_\_\_/\_\_\_

5pm to 8:30 pm

County of Residence: \_\_\_\_\_

Specific: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

May We Leave a Message?:

If Medicaid, ID#: \_\_\_\_\_

Yes     No

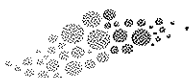
Provider covered contraindications and gives consent for participant to use NRT:  YES     NO

English Speaker

Spanish Speaker

Physician Signature: \_\_\_\_\_

For additional info or questions, please contact The WV Tobacco Quitline at 1.877.966.8784 109 Capitol St., First Floor, Charleston, WV 25302





## Quality Management Plan Overview

### Purpose

The beBetter Health, Inc. Quality Management Plan (QMP) is a comprehensive, organizational approach to objectively and systematically monitoring and evaluating the quality of all services for the purpose of promoting excellence and ensuring consistency with beBetter's vision, mission, and strategic plan.

### Goals

- To develop a systematic approach to quality improvement efforts throughout the organization
- To align individual standards and goals with the strategic plan for beBetter.
- To identify, develop, and maintain best practices across all product lines and services
- To meet and/or exceed all Client requirements

### The beBetter Quality Management Model

beBetter's QMP reflects a combination of the approach to quality assurance presented by the Institute for Healthcare Improvement (IHI) for healthcare organizations in general and the guidelines currently being proposed specifically for call center operations by the North American Quitline Consortium (NAQC). This combination provides a simple, yet powerful structure for accelerating improvement in all beBetter operations while permitting an even more focused approach to assuring quality within all aspects of the organization.

Over 3,000 health care providers in the United States and elsewhere use the IHI model to improve a wide variety of processes and outcomes. The model focuses on defining quality care, measuring quality care, and improving the quality of care. The model also presents six aims of quality care: Safety, Effectiveness, Client (Customer) Centered, Timeliness, Efficiency, and Equitableness.

The model has two parts:

- **Part I:** Three fundamental questions, which can be addressed in any order.
- **Part II:** The Plan-Do-Study-Act (PDSA) cycle to test and implement changes in real work settings. The PDSA cycle guides the test to determine if the change is an improvement



Part I: Questions	Part II: Plan - Do – Study - Act
<ol style="list-style-type: none"> <li>1. <i>What are we trying to accomplish?</i></li> <li>2. <i>What changes can we make that will result in an improvement?</i></li> <li>3. <i>How will we know that a change is an improvement?</i></li> </ol>	<ul style="list-style-type: none"> <li>• <b>Plan</b> - <i>Select an area that needs to improve</i></li> <li>• <b>Do</b> - <i>Figure out the best way to measure the area</i></li> <li>• <b>Study</b> – <i>What does the data tell you?</i></li> <li>• <b>Act</b>- <i>Implement changes, decide what to do next</i></li> </ul>

Through IHI website ([www.ihl.org](http://www.ihl.org)), the IHI provides many valuable resources which enable organizations such as beBetter to implement and successfully internalize quality measures as well as effectively monitor product and service excellence.

In addition to using the IHI model as a foundation for assuring overall quality, beBetter has chosen to adopt select performance measures proposed by the North American Quitline Consortium (NAQC) specific to Call Center operations. Given the fact that the Call Center serves as the primary point for client communications, it is essential that these interactions be handled in a quality manner. These proposed guidelines serve as core measures for monitoring performance excellence. Five key tools or functions are used:

- (1) **Customer Surveying** – Customer satisfaction surveys are conducted on a regular basis both by phone and through mail to assess the customer's satisfaction with specific services provided from enrollment to coaching and other support services.
- (2) **Logging of All Customer Complaints and Praises** – A record is kept of all unsolicited customer complaints or statements of appreciation and praise.
- (3) **Call Monitoring** – The calls of all coaches and customer service personnel (CSP) are monitored on a random basis no less than once weekly or 3-4 times each month by senior level coaches and the Training Coordinator. Feedback to the coach or CSP is provided in a timely manner. The monitoring records become part of the individual staff member's performance record.



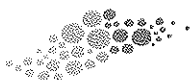
- (4) **Performance Assessment** – Performance assessments and conferences are conducted with the staff as needed; however, no less than after the first 90 days of employment and on an annual basis thereafter.
- (5) **Coaching in Assessing Service Excellence** – As part of the call monitoring feedback, staff are coached on self-appraisal of their own performance and how to solicit feedback from customers as to their determination of quality services.

Through these functions the Call Center as a whole is reviewed, along with the individual performance of each member of the team. Further performance trends are analyzed and the root cause of identified problems is investigated. This also enables management to ensure that assigned resources are fully utilized and are supportive of beBetter's mission and strategic plan.

### **Implementation**

Specific to the Call Center, data is collected and analyzed on an ongoing basis and reported to the client in accordance with their requirements, in this case the NAQC timeline. As noted, the data collected addresses both the performance of the Call Center as a whole and the individual members of the Quit Line staff. Data as to customer satisfaction with the enrollment process, the information provided, the coaching experience (both comfort level and benefit), and other support services (ie, NRT deliveries etc.) is collected, analyzed, and used for quality improvement. In addition, other data gathered and used to identify problems and develop solutions include:

- length of call,
- time waiting,
- dropped calls,
- call volume per hour,
- calls per counselor/coach, and
- number of hard-to-reach case closures, etc.



# NRT Dosing Chart

BBN-CSP-200-001  
Revision 00

Page 1 of 1

## Nicotine Replacement Therapy Selection & Distribution Guide

### NRT Recommended Initial Strength Chart

**Cigarette Usage**  
20+ cigarettes/day  
11-20 cigarettes/day  
6-10 cigarettes/day  
1-5 cigarettes/day

Patch	Gum	Lozenge
21mg	4mg	4mg
21mg	2mg	2mg
14mg	2mg	2mg
Seek Director's Approval		

**Notes:**

- If participant uses tobacco within 30 minutes of waking up then they shall automatically start with 4mg lozenges if lozenge is the chosen NRT.

**Smokeless Tobacco Usage**  
3 or more cans or pouches per week  
2-3 cans or pouches per week  
1-2 cans or pouches per week  
Less than 1 can or pouch per week

Patch	Gum	Lozenge
21mg	4mg	4mg
21mg	4mg	2mg
14mg	2mg	2mg
Seek Director's Approval		

\* 1 Cigar or 1 Pipe = 5 Cigarettes

### Unit Count Guideline

**Patches:**  
21mg/14ct Habitrol  
14mg/14ct Habitrol  
7mg/14ct Habitrol  
21mg/28ct Habitrol  
Habitrol Complete Therapy  
**Lozenges:**  
4mg/72ct Lozenges  
2mg/72ct Lozenges  
**Gum:**  
4mg/110ct Gum  
2mg/110ct Gum

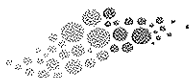
# Units	# Days	# Weeks	Dosage
1	14	2	1/day
1	14	2	1/day
1	14	2	1/day
1	28	4	1/day
1	56	8	1/day
1	7	1	1 / 1-2 hours
1	7	1	1 / 1-2 hours
1	14	2	1 / 1-2 hours
1	14	2	1 / 1-2 hours

**Notes:**

- Habitrol Complete Therapy includes 21mg/28ct (4wks), 14mg/14ct (2wks), & 7mg/14ct (2 wks) for a total of 8 weeks of NRT.

- Lozenges are 72 pcs per week

- Gum is 110 pcs per 2 weeks (55 pcs/wk)



## Summary

beBetter is dedicated to ensuring excellence in all phases of operation from the initial design of a product to the delivery of the service. This is reflected in our Quality Management Plan in terms of investment of resources, both human and technical. Our capabilities in managing the West Virginia Tobacco Quitline have been built and groomed over the course of our ten year history of partnership. beBetter Health, understands WV and the needs of our Quitline participants. This local knowledge combined with our national presence including involvement with recommendations for quality assurance bolsters our ability to not just deliver services that meet and exceed Quitline standards but to be a partner to the WV DTP/BPH.

