

November 5, 2013

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

Re: RFQ EHP14005

Dear Ms. Wagner,

Enclosed is beBetter Health's response to RFQ EHP14005 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 fifteen years of providing tobacco quitline services to West Virginia.

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

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,

Heather Dickerson Program Director

Tobacco Cessation Services

11/05/13 10:47:43 AM West Virginia Purchasing Division



Proposal

Response to Request for Quotation EHP14005

November 5, 2013









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Company Background

beBetter Health, Inc. is a West Virginia based business who is a leading provider of tobacco cessation products and programs that help organizations reduce health care costs, boost employee productivity and ultimately save lives. For 26 years, we have delivered proven results to thousands of organizations across the country through onsite health screenings, health risk assessments, health coaching, healthy lifestyle programs, and quit-smoking solutions.

Our scientifically based, clinically validated methodologies can help organizations achieve a solid return on investment, while also engaging participants 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 populations 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, reactive counseling calls, support materials to be mailed upon successful enrollment, referrals to community based or other available cessation programs as well as nicotine replacement therapy. In keeping up with growing communication trends it is also necessary to have online access to Quitline services including community referral databases, enrollment and coaching options for residents of West Virginia. The newly launched "BreatheBetter" web based program can help meet this need for expanded modes of communication and delivery.

Services such as these are essential in our State of West Virginia since we continue to be among the highest prevalence of tobacco use in the country. Being a West Virginia based company and having provided tobacco cessation services to the State for over 15 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 into coalition activity throughout the State. beBetter Health looks forward to the possibility of continuing our 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, EHP14005.

Section 1. Qualifications:

3.1 The successful vendor shall have at least fifteen years experience in providing Quitline services.

beBetter Health through their wholly owned subsidiaries Partners in Corporate Health, LLC and Smoke Stoppers LLC have been providing telephonic quitline services for over 15 years. We first began providing these services in West Virginia for the Ohio Valley Medical Center in 1998 and expanded those services to The West Virginia Public Employees Insurance Agency in 2000. This program was later expanded to include the WV Bureau for Public Health to create the present day West Virginia Tobacco Quitline.

3.2 Quitline coaches must have a bachelor's Degree in social, behavioral or related health field with a minimum of two years counseling experience.

Call Center and Coaching Staff Credentials:

All 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. In addition, they have over two years counseling experience. 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. Below is a representative sample of our current coaching staff:

Name: Rebecca Raber

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

2003

Credentials: Licensed Social Worker in state of WV

Relevant Experience: 11 years as a coach

Name: Sarah Mattimoe

Education: Bachelor of Science in Health Sciences with a concentration in Health

and Wellness

Credentials: Certified Health Education Specialist

Relevant Experience: 4 years as a coach



Name: Jennifer May

Education: Master of Science, Applied Health Science and Master of Science,

Kinesiology.

Relevant Experience: 10 years as a coach and consultant

Lead Call Center Staff

Name: Mindy Schmitt

Education: Marshal University - Marketing

Relevant Experience: 9 years with beBetter Health in Customer Service and

Processing

Name: Chel Bolin

Education: Associates Degree in Graphic Arts and Visual Communications **Relevant Experience:** 2 years with beBetter Health in Customer Service

3.3 The successful vendor shall have a full time clinical and or medical director available to provide technical assistance and oversight of the WV Tobacco Cessation Quitline services. This/these positions must have medical and/or clinical license for West Virginia, as the State of West Virginia agencies requiring WV Tobacco Cessation Quitline services will draw upon the knowledge and expertise of the successful vendor's physician/clinician to provide clinically proven approach to tobacco cessation.

beBetter Health's Medical Director is Dr. Norman Montalto, D.O. (West Virginia Medical License #1481). A copy of Dr. Montalto's resume is included in the attachments section of this proposal. Dr. Montalto has been involved in the medical management and consultation of the Quitline from 2000 through 2009 and again from 2012 to the present. He is widely published in the field of tobacco cessation and represents a unique set of experiences and competencies in regard to this service. He will be available as needed to address any and all questions from a technical/medical oversight perspective related to our services.

Section 2. Mandatory Requirements:

4.1 FOR THE DIVISION OF TOBACCO PREVENTION

4.1.1The vendor shall implement at no-charge to the caller a convenient telephone-based tobacco use cessation Quitline to assist West Virginians with quitting, smoking and/or using other tobacco products (i.e. snuff, chew, snus). As appropriate to each individual's readiness to quit, the Quitline shall provide screening assessment,



proactive coaching, support materials and referral to community based cessation programs when and if community programs are available.

beBetter Health (the current Quitline vendor) who originated the Quitline in 2000 will continue to provide/maintain a convenient, comprehensive tobacco cessation Quitline that is proactive and offered statewide with toll free access to telephonic coaching. beBetter has built and adapted an enrollment and verification process throughout our history with the West Virginia Tobacco Quitline which closely utilizes the NAQC MDS and formats this process based on the demographic served allowing for an in depth yet on-time invasive process which captures necessary and requested data without hindering the enrollment experience for our callers. Callers are screened using the Fagerstrom Scale. beBetter currently provides and will continue to provide proactive coaching, educational materials and referrals to community based programs when needed and if available. The enrollment process is outlined in Attachment C.

4.1.2 The Vendor shall provide for registration eligibility authentication addressing DPT 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. We have provided registration and eligibility authentication for over 50,000 West Virginia residents since the program's inception.

4.1.3 The Vendor shall provide a simple no-cost point of access to services to assist tobacco users in quitting by providing screening and assessment of readiness to quit, counseling and advice, support materials, information on the U.S. Public Health Service recommendations on the use of pharmacological cessation aids and referral to community-based services as appropriate.

beBetter Health will provide these services to callers. beBetter currently uses a screening system that assesses the enrollees readiness to quit, offers 4 proactive coaching calls and unlimited reactive coaching calls. beBetter provides support materials to all enrollees to the Quitline and information on the use of pharmacological cessation aids and referrals to community-based services as needed and available.

4.1.4 The Vendor shall provide screening of applicant's readiness to quit. The Quitline shall assist the caller to develop a personalized quit plan, provide comprehensive proactive phone based behavioral counseling to interested enrollees, linkage with available health plan coverage for tobacco dependence treatment, and/or referral to community based services, if desired and available. For those not ready to quit, vendor shall assure provision of appropriate motivational



materials, which include brochures specific to smoking, smokeless tobacco and pregnancy.

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 is provided by our own highly-trained and experienced staff of cessation coaches. Service also includes linking participants to 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. A Motivational Packet will be sent to those callers who were identified as not ready to quit via our enrollment process.

4.1.5 The Vendor through established protocols for Division of Tobacco Prevention enrollees shall obtain stock, (nicotine replacement therapies-patches, gum, and lozenges), 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 patches.

All orders for NRT products shall be shipped within 2 business days of receipt of such order by beBetter provided these orders are received by 3pm M-F. Orders received after 3pm shall be deemed received the following business day. All NRT products will be shipped via the U.S. Postal Service priority mail or other equivalent service. All NRT and information about NRT will be administered according to DTP's NRT policies and protocols. beBetter's Medical Director is experienced in working with Quitline staff and enrollees to resolve any issues involving NRT. Since 2000 beBetter has been one of the largest suppliers of NRT to state based Quitlines in the country.

4.2 FOR THE DIVISION OF TOBACCO PREVENTION AND FOR MEDICAID

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

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



4.2.2 The vendor shall collect data that measures the performance of the vendor in terms of waiting time for callers, volume of calls received during times when a live answer is not available, and abandonment.

Our phone system (Avaya) has the ability to track and report on performance standards such as waiting time for callers, call volumes, live answer and abandonment rates. A sample of the call report is included as part of Attachment F.

4.2.3 The vendor shall assure a ratio of at least one supervisor to every ten to fifteen coaches, and provide adequate orientation and ongoing training for all staff.

beBetter will ensure that there is a ratio of at least one supervisor to every ten to fifteen coaches. beBetter currently provides a several week intensive orientation/training for new employees and monthly trainings for call center staff.

Attachment E outlines our coach training schedule for the past year. In addition to internally provided trainings, we routinely participate in training held by such organizations as Tobacco Free Kids, NAQC, the CDC, Legacy and others. This year beBetter Health provided a national training webinar on workplace tobacco use policies that was attended by over 100 participants from across the country.

4.2.4 The Vendor shall assure that 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 shall include both internal and external training and educational resources. All phone center staff shall be training quarterly on contract specifications and changes, customer service, tobacco cessation, and core coaching competencies, including Motivational Interviewing techniques.

Specific training and workshops may be utilized or developed and implemented to accommodate any DTP/BPH special research projects where staff may need additional education to meet and exceed the DTP/BPH expectations. Attachment E outlines training call center staff receive. beBetter will provide quarterly training on contract specifications and changes, customer service, tobacco cessation, and core coaching competencies including Motivational Interviewing techniques.

4.2.5 The Vendor shall be required to become a member of the North American Quitline Consortium (NAQC), pay yearly membership dues and include DTP and Medicaid under Associate Member Status, and must attend its meetings and technical assistance updates.

beBetter Health is a "Charter Member of the North American Quitline Consortium. We will maintain membership with the NAQC; paying yearly membership dues and including DTP and Medicaid under Associate Member Status and will also attend its 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.

4.2.6 The successful vendor must establish a liason office in West Virginia within a two hour response time, referring to any problems/issues that may occur during a regular business day, including, but not limited to questions about enrollment, NRT shipments or other situations, for the duration of the contract term.

beBetter Health is a West Virginia based company and currently maintains and will continue to maintain an office in West Virginia as well as the call center and distribution center. beBetter will respond within 2 hours to any problems/issues that may occur during a regular business day, including, but not limited to questions about enrollment, NRT shipments or any other situations.

4.2.7 The Vendor must have a medical director with established roles in working with Quitline staff and identified enrollees to resolve any complex issues involving NRT therapy.

beBetter Health staffs a Medical Director (Dr. Norman Montalto) who provides consultation whenever complex issues or questions arise along with training programs for our coaches. Dr. Montalto has been involved with the Quitline for over 9 years. A more in depth description of the Medical Director's roles and responsibilities are outlined in Attachment D.

4.2.8 A staffing plan shall be in place that provides a live call response for a minimum of 78 hours per week, (minimum 8:00am-8:00pm Monday through Friday, 8:00am-5:00 pm Saturday and Sunday), and provide trained behavioral health specialists for assistance/coaching.

beBetter will staff the Quitline for at least 78 hours per week. The majority of the staff beBetter employs for coaching are trained behavioral health specialists, have degrees in social or behavioral health fields and have greater than 2 years of counseling experience.

4.2.9 The Vendor must agree to the provisions set forth by the HIPAA Act of 1996. See Exhibit C.

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



4.3 FOR THE DIVISION OF TOBACCO PREVENTION AND FOR MEDICAID

4.3.1 Tobacco user calls the Quitline and Quitline vendor must obtain enrollment demographics including name, address, date of birth, and other MDS data points.

beBetter Health has built and adapted an enrollment process through our over fifteen year history with the West Virginia Tobacco Quitline which closely utilizes the NAQC MDS data points including name, address, and date of birth.

4.3.2 Enrollee must be evaluated by trained coaches using a tool such as the Fagerstorm Scale, (see Exhibit D), to determine motivation and willingness to quit.

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

4.3.3 Quitline coach shall contact the enrollee every two weeks for a total of 4 calls.

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

4.3.4 Quitline must provide at least four reactive coaching (enrollee calls into the Quitline) calls.

beBetter Health currently provides unlimited reactive coaching to all Quitline enrollees and will continue this availability for the coming contract. No participants will be turned away for help and support even if they have exceeded four billable calls.

4.3.5 Tobacco history and current use must be recorded.

beBetter Health will record tobacco history and current use. beBetter currently records this information during each enrollment. See Attachment C for details of the Quitline enrollment.

4.3.6 Member's previous attempts to guit must be recorded.

beBetter Health utilizes a database that records previous quit attempts and enrollments. Call Center staff is able to access this information each time a participant calls in or before a new enrollment is created.



4.3.7 Upon completion of four coaching calls to the enrollee, or if an enrollee becomes hard to reach, the case must be resolved. Resolved means the case will be notated on the client's case that they were hard to reach, (did not answer the phone when the coach attempted to call at least four attempts).

beBetter Coaches currently and will continue to resolve cases if the enrollee is not reachable or after four completed coaching calls. beBetter call center staff sends each enrollee that is considered hard to reach a letter stating this and requesting the enrollee to call his/her coach.

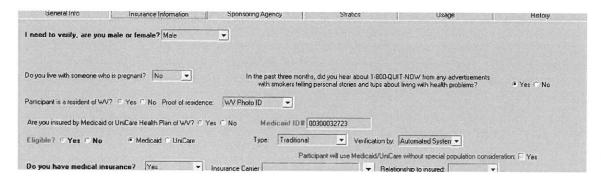
4.4 ENROLLMENT AND ELIGIBILITY PROTOCOL FOR MEDICAID

4.4.1 The Quitline vendor must obtain enrollment demographics including name, address, date of birth, and other MDS data points.

beBetter Health has built and adapted an enrollment process through our over fifteen year history with the West Virginia Tobacco Quitline and Medicaid which closely utilizes the NAQC MDS data points including name, address, and date of birth.

4.4.2 Quitline vendor must call Molina Automated Voice Response System to obtain member eligibility verification information. If member is not eligible, they will not be covered for Quitline services.

Through our history with the West Virginia Tobacco Quitline and Medicaid, beBetter Health has established a system that requires call center staff to call Molina Automated Voice Response System to obtain member eligibility verification information. Call center staff verify eligibility during each enrollment and every month after enrollment. If a member is not eligible, they are alerted that they will not be covered for Quitline services through Medicaid. Below is the part of the enrollment process that requires the participant's member ID to be obtained and verified through Molina Automated Voice Response System.



4.4.3 Quitline must record insurance specifics and verifies pregnancy status.



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

4.4.4 Medicaid MCO members must contact MCO for tobacco cessation coverage.

beBetter call center staff currently and will continue to check member eligibility through Molina Automated Voice Response. Any members that are determined to have MCO coverage are referred to their MCO provider.

4.4.5 Member must be evaluated by trained coaches using a tool such as the Fagerstrom Scale, (see Exhibit D) for motivation and willingness to quit.

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

4.4.6 Member's tobacco history and current use must be recorded.

beBetter Health will record tobacco history and current use. beBetter currently records this information during each enrollment. See Attachment C for details of the entire Quitline enrollment. Below is the part of the enrollment that asks about the member's tobacco history and current use.

General Info	Insurance Information	Sponsoring Agency	Stratics	L
How often do you use tobacco?	Everyday	•		
How soon after you wake up do yo	ou use tobacco? within five minute	es 🔻		
How old were you when you first s	arted regularly using tobacco?	20 Total years used	20	
What type of tobacco do you use? (Check a	I that apply)			
☐ Cigarettes ☐ Chewing Tobacco	Snuff Cigar (Cigars, Little Cig	pars, or Olganillos) Pipe Snus	Other tobacco products (e.g. Bio	lis)
Cigarettes (number per day) 40 (1 pack equals 20 cigarettes)				

4.4.7 Member must be directed to visit primary care provider to obtain prescription for NRT.

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

4.4.8 Quitline vendor must contact Rational Drug Therapy (Medicaid Pharmacy) to authorize prescription for NRT.

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

4.4.9 Quitline coach must contact the member every two weeks for a total of 4 calls.

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

4.4.10 Quitline must provide four reactive coaching (Medicaid member calls into the Quitline) calls.

beBetter Health currently provides unlimited reactive coaching to all Quitline enrollees. No participants will be turned away for help and support even if they have exceeded four billable calls.

4.4.11 Upon completion of four coaching calls to the member, or if a member becomes hard to reach, the case must be resolved. Resolved means the case will be closed and it will be notated on the client's case that they were hard to reach, (did not answer the phone when the coach attempted to call at least four attempts).

beBetter Coaches currently and will continue to resolve cases if the enrollee is not reachable or after four completed coaching calls. beBetter call center staff sends each enrollee that is considered hard to reach a letter stating this and requesting the enrollee to call his/her coach.

4.4.12 Medicaid member shall be limited to one 12 week treatment period per calendar year.



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

4.4.13 Pregnant females shall be eligible for additional course(s) of treatment for every pregnancy.

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

4.5 HOURS OF OPERATION

4.5.1 The vendor shall assure a system infrastructure to provide live response for a minimum of 78 hours per week. Recorded information and callback capacity shall be required for the remaining 90 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. beBetter has a greater than 95% live answer rate and an average answer speed of less than 10 seconds. A call report showing this information is provided in Attachment F.

4.5.2 The vendor shall at a minimum, 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 Standard Time.

beBetter health will provide 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 Standard Time. Recorded information and callback capacity is provided during times outside of these hours.

4.5.3 The vendor shall continuously monitor peak times for calls, and hours of live staff shall be available to answer calls.

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

4.5.4 Operation of the Quitline will not be required for Easter, Independence Day, Thanksgiving Day, and Christmas Day. The Quitline must have coverage on New Year's Day. The Quitline must have coverage until at least 12PM on Christmas Eve and until at least 5PM on New Year's Eve



beBetter Health acknowledges that the Quitline is not required to operate on Easter, Independence Day, Thanksgiving Day and Christmas Day. However, we understand the importance of making ourselves available on all other holidays permitting an early closure at 12PM on Christmas Eve, and 5PM on New Year's Eve.

4.6 RESEARCH FOR DTP ONLY

The Vendor shall participate in the production of a minimum three and a maximum of four special research projects by providing specialized data. The projects may encompass several years of data and the vendor shall provide quantitative/qualitative data analysis. (Example: FDA Smokeless study, Smokeless tobacco study, pregnant smokers, dual tobacco users).

Having worked closely with DTP previously, beBetter Health will continue to work with DTP on a minimum of three, a maximum of four special projects being flexible of the needs for data collection and reporting as well as the timelines and guidelines that accompany each of these projects. In the past few years, beBetter has worked with DTP and the CDC on a special 18-34 year old project, as well as with DTP on establishing a dual NRT protocol. 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.

4.7 DATA AND REPORTING SERVICES FOR DTP AND MEDICAID

4.7.1 The system shall 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 enrollments by age, referral types, special populations, case status and task details, as well as call patterns by time of day, day of week and month. beBetter's database is able to produce reports from any enrollment information request by DTP/Medicaid. An electronic sample of this report is included as part of Enclosure 1. Please note this sample titled Enrollment report. All fields is a report of all data captured at enrollment. Specialized enrollment reports can be easily produced at the request of DTP. See attachment F for a sample call report.

4.7.2 The Vendor shall send a monthly report attached to the monthly invoice(s). 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 Health will send a monthly report attached to the monthly invoice to the DTP staff. 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 part of Enclosure 2 . 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. Sample of the Annual Report and Addendum to the Annual Report are included as Attachments I & J.

4.7.3 The Vendor shall be required to use the NAQC minimal 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.

4.7.4 Vendor shall provide transparent access to ALL Quitline data- meaning the vendor shall provide an easily accessible, easily searchable, user friendly, portal to the vendor database for inquiry.

beBetter Health provides access to Quitline data via a DTP secure portal. beBetter will continue to provide this access going forward and will modify as deemed necessary by DTP. Below is one of the main pages of the portal, Crystal Reports, provided to DTP for access to Quitline data and used by beBetter Health for the same purpose.

Det -							
	w only instances owned by me r instances By Time						
Pause	Resume Delete						Show all instances -
D D		and Title, and a second	Ren By	J Parameters	Formet	Status	Reschedule
	10/18/2013 3:30 PM	Enrollment - All Data	heather.dickerson	Date(2013,01,01); Date(2013,06,30)	Microsoft Excel	Success	Reschedule
- 8	10/10/2013 4:08 PM	Enrollment - All Data	heather dickers on	Date(2013 04,01); Date(2013,06,30)	Microsoft Excel	Success	Reschedule
3	10/4/2013 9:45 AM	Enrollment - All Data	heather dickerson	Date(2013,02,01); Date(2013,07,31)	Microsoft Excel	Success	Reschedule
- A	10/2/2013 12:37 PM	Enrollment - All Data	heather dickers on	Date(2013.09.01); Date(2013.09.30)	Microsoft Excel	Success	Reschedule
38	9/30/2013 10:45 AM	Enrollment - All Data	heather dickers on	Date(2013,02,01); Date(2013,07,31)	Microsoff Excel	Success	Reschedule
38	9/13/2013 12:48 PM	Enrollment - All Data	heather dickers on	Date(2013.03,29); Date(2013,06,30)	Microsoft Excel	Success	Reschedule
28	9/2/2013 11:32 PM	Enrollment - All Data	heather.dickerson	Date(2013.08,01); Date(2013,08,31)	Microsoft Excel	Success	Reschedule
28	8/21/2013 3:15 PM	Enrollment - All Data	heather.dickerson	Date(2012,07.01), Date(2013,06,30)	Microsoft Excel	Success	Reschedule
38	8/21/2013 11:00 AM	Enrollment - All Data	heather.dickerson	Date(2012,01,01); Date(2012,12,31)	Microsoft Excel	Success	Reschedule
3	8/21/2013 9.59 AM	Enrollment - All Data	heather.dickerson	Date(2013.01,01), Date(2013.08.20)	Microsoft Excel	Success	Reschedule

4.7.5 The Vendor shall work closely with the Independent Quitline Evaluator to supply data for reporting purposes.

beBetter currently contracts and works closely with a sub-vendor for reporting and evaluation who has 30 years experience in providing these services for West Virginia. Our current evaluator is able to assist with any reports, including special



reports requested by DTP/Medicaid. beBetter maintains this relationship at our own expense.

4.8 SUPPORT AND EDUCATIONAL MATERIALS

4.8.1 DTP will provide the vendor support and educational materials to distribute as part of the intake/eligibility verification, tobacco cessation and educational materials including self-help book, brochures, and specialized materials for special populations such as snus users, smokeless tobacco users and pregnant smokers.

beBetter Health currently receives educational materials from DTP to distribute to enrollees. beBetter will continue to distribute educational materials for enrollees in the form of our Educational Packet mailings. Educational Packets are mailed to the individuals address upon completion of the enrollment process. beBetter maintains separate, specialized materials for snus users, smokeless users and pregnant tobacco users. They are processed and mailed within one day after enrollment into the program. beBetter also sends educational packets to participants who feel they are not currently ready to quit but would like more information on tobacco cessation.

4.9 QUITLINE MEDIA CAMPAIGNS

4.9.1 Upon the event of a mass media campaign DHHR will advise the successful vendor with a minimum of two weeks' written notice so that the successful vendor is adequately staffed for such an event.

Upon notice from DTP and/or the DHHR, beBetter Health will adjust staffing as necessary to provide adequate intake personnel as well as coaches to serve Quitline callers. beBetter Health was able to adjust staff schedules due to the heavily advertised TIPS campaign, and experienced no increase in wait times or abandoned calls.

4.10 NICOTINE REPLACEMENT THERAPY (NRT)

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

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

4.10.1.2 Vendor shall provide NRT via the quitline services to all enrollees identified by established protocol.



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

4.10.1.3 Vendor shall provide protocols for how callers shall receive information on pharmacological cessation therapies, how NRT shall 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 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 contraindication tab in Attachment C.

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

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

Deliesti Car Addiess	_⊨j ∨iew
Lozenge Mint Sugar Free 2mg/72ct (Perrigo) Mint Sugar Free 4mg/72ct (Perrigo) 4 ÷	View NRT Dosing Chart
	NRT Type (From Contra) Lozenge
	Eligible for:
	4 Proactive Coaching, Supplemental Coaching 2 Shipments of 4 wks NRT (Patches/Gum/Lozenges)
	For tobacco usage and contraindication information click. Other Info tab at top of form.
If the item is blank for a pre-existing order, it may have been substituted. See Substitutions tab.	Request a Reshipment of NRT
hipment Date 10/17/2013 8:52:47 AM Current Shipment Method US Postal Se ▼	Tracking # 4202570194055118995605E Package Cost 5.32
Status • Shipped • Not Shipped • Pending • Returned Returned Item	Audit Trail Save Cancel



Tracking Number: 420257019405511899560554702139



Scheduled Delivery Day: October 18, 2013

Product & Tracking Information

Postal Product: Priority Mail 1-Day**

\$50 insurance included

USPS Tracking

Available Options

Email Updates

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

- **4.10.1.5** NRT to be provided by vendor to treat tobacco dependence to include the following:
 - Nicotine Gum- 2 mg or 4 mg- 24 pieces per day
 - Nicotine Patch- 7 mg or 14, 21, or 28 mg- 1 patch per day
 - Nicotine Lozenges- 2 mg or 4 mg- 20 lozenges per day

Note: Dosage based on the 2008 AHRQ clinical recommendations

beBetter will follow the NRT dosage based on the 2008 AHRQ clinical recommendations and protocol set by DTP. beBetter will provide Nicotine Gum-2 mg or 4 mg- 24 pieces per day, Nicotine Patch- 7 mg 14 mg, or 21 mg, -1 patch per day, Nicotine Lozenges- 2mg or 4 mg-20 lozenges per day.



4.10.1.6 NRT Smokeless/Heavily Addicted Dual Therapy: Will receive dual therapy, provided by the vendor, (patches and gum; patches and lozenges) on a case by case basis as determined by Quitline Medical Director.

beBetter Health through our work with DTP has established a smokeless/heavily addicted dual therapy protocol and provides dual therapy on a case by case basis as determined by the Quitline Medical Director. beBetter will continue to do this, and implement changes as required by DTP. The smokeless protocol established through beBetter's work with DTP is provided as Attachment G.

4.10.1.7 NRT will not be made available to Quitline enrollees less than eighteen (18) years of age.

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

4.10.2 PROTOCOL FOR MEDICAID

- **4.10.2.1** The vendor shall contact Rational Drug Therapy (Medicaid's Fee for Service Pharmacy Contractor) to determine eligibility and provide authorization of Medicaid member to receive approved drugs to treat tobacco cessation. Drugs to treat tobacco dependence are limited to member who register with Medicaid's Quitline Program. Drug products require prior authorization and are limited to a maximum of:
 - Nicotine Gum- 24 pieces per day
 - Nicotine Patches- 1 patch per day
 - Nicotine Lozenges- 20 lozenges per day
 - Nicotine Inhalers- 168 inhalers per 30 days
 - Nicotine Nasal Spray- 4 spay bottles per 30 days (this therapy is reserved for those who have failed other forms of nicotine replacement therapy)
 - Buproprion- 300 mg daily

See the BMS website at www.dhhr@wv.gov/bms for additional information and details. Please see Chapter 518- Covered Services, Limitations, and Exclusions for Pharmacy Service, Exhibit B of this Request for Quotation.

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



4.11 ADMINISTRATIVE REQUIREMENT

4.11.1 The vendor shall designate a project administrator. The vendor's project administrator shall report to DTP/Medicaid regarding all matters related to Quitline services.

beBetter Health currently has and will continue to provide a West Virginia based designated project administrator who works closely with and will report to DTP/Medicaid regarding all matters related to Quitline services. beBetter Health's project administrator is Heather Dickerson who has been with beBetter for 4 years and in the position of Project Administrator for the past 2 years. She is also a Certified Tobacco Treatment Specialist.

SECTION 3 General Terms & Conditions, Requirements 5-10

beBetter Health agrees to comply with all requirements and guidelines set forth in Sections 5-10

11. MISCELLANEOUS

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

Contract Manager: Heather Dickerson, BA, CTTS Telephone number: 304-755-6020 extension 3341

Fax Number: 304-755-0043

Email Address: heather.dickerson@bebetter.net



EHP14005

Exhibit A: EHP14005 Pricing Pages

Description	Pricing of Service	Unit of Measure	Estimated Volume	Total	
A. Division of Tobacco R Description of Service					
			Per enrolled		
1. Eligibility Verification	n: Section 4.3.1-4.3.2	\$48.78	person	7,000	\$341,460.00
2. Coaching Call #1	Section 4.3.3	\$25.05	Per Call	7,000	\$175,350.00
Coaching Call #2	Section 4.3.3	\$23.50	Per Call	6,650	\$156,275.00
Coaching Call #3	Section 4.3.3	\$23.50	Per Call	6,300	\$148,050.00
Coaching Call #4	Section 4.3.3	\$23.50	Per Call	5,250	\$123,375.00
3. Reactive Calls #1-4	Section 4.3.4	\$4.00	Per Call	3,000	\$12,000.00
					\$956,510.00
4. Nicotine Replacemen	nt Therapy (4 weeks su	pply)			
Nicotine Patch 21mg	Section4.10.1.5	\$41.72	Per Shipment	3,500	\$146,020.00
Nicotine Patch 7mg & 1	4mg Section4.10.1.5	\$41.72	Per Shipment	3,500	\$146,020.00
Nicotine Gum 2mg	Section4.10.1.5	\$48.11	Per Shipment	2,600	\$125,086.00
Nicotine Gum 4mg	Section4.10.1.5	\$48.11	Per Shipment	2,600	\$125,086.00
Nicotine Lozenge	Section4.10.1.5	\$96.89	Per Shipment	1,300	\$125,957.00
5. Smokeless /Heavily	Addicted – Dual				
therapy	Section 4.10.1.6	\$100.00	Per Shipment	100	\$10,000.00
6.0 Research	Section 4.6	\$2,500.00	Per Project	3	\$7,500.00

\$685,669.00

Sub-total DTP \$1,642,179.00

^{*}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-compliancy of enrollees.

Description	of Service	Pricing of Service	Unit of Measure	Estimated Volume	Total
+B. Medicaid – Descript	ion of Service				
			Per enrolled		
1. Eligibility Verification	: Section 4.3.1-4.3.2	\$48.78	person	4,000	\$195,120.00
2. Coaching Call #1	Section 4.3.3	\$25.50	Per Call	2,500	\$63,750.00
Coaching Call #2	Section 4.3.3	\$23.50	Per Call	2,500	\$58,750.00
Coaching Call #3	Section 4.3.3	\$23.50	Per Call	2,000	\$47,000.00
Coaching Call #4	Section 4.3.3	\$23.50	Per Call	2,000	\$47,000.00
3. Reactive Calls #1-4	Section 4.3.4	\$4.00	Per Call	1,500	\$6,000.00
					\$417,620.00



*Per shipment defined as one four week supply of NRT delivered to enrollee after eligibility verified and 1st coaching call completed. A second four week supply delivered only when requested by the enrollee. Cost shall include shipment fees.

**Quantities are for bid evaluation purposes only.

***Smokeless/Heavily Addicted Dual Therapy: Will receive dual therapy (patches & gum; patches & lozenges) on a case by case basis as determined by Quitline Medical Director.

Sub-total DTP (Section A)

Sub-total Medicaid (Section B)

Sub-total Medicaid (Section B)

GRAND TOTAL (Section A+B)

Vendor Name beBetter Health, Inc.

Vendor Representative Ralph Gaines

Vendor Signature Obh funda

Vendor Address # 6 Craddock way, Poca, WV 25159

Vendor Phone 304.755.6020

Vendor Fax 304.755.0043

Vendor E-mail ralph gaines @bebetter.net



MODERA

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

Solicitation

SHIP

NUMBER EHP14005 PAGE

ADDRESS CORRESPONDENCE TO ATTENTION OF

ROBERTA WAGNER

304-558-0067

*112163122 304-755-6020 BEBETTER HEALTH INC 6 CRADDOCK WAY POCA WV 25159-9502

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

DATE PRINTED 09/24/2013

O OPENING DAT	11/05		BID	OPENING TIME 0	1:30PM
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DATE PRINTED

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

304-755-6020

Solicitation

NUMBER EHP14005 PAGE 1

ADDRESS CORRESPONDENCE TO ATTENTION OF

ROBERTA WAGNER

HEALTH AND HUMAN RESOURCES BPH - EPIDEMIOLOGY AND

HEALTH PROMOTION
VARIOUS LOCALES AS INDICATED

*112163122

BeBetter Health, Inc. Attn Heather Dickerson 6 Craddock Way Poca, WV 25159

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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,
-V	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 certifles 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.
7.	Application is made for preference as a non-resident small, women- and minority-owned business, in accordance with West Virginia Code §5A-3-59 and West Virginia Code of State Rules. Bidder has been or expects to be approved prior to contract award by the Purchasing Division as a certified small, women- and minority-owned business.
requiren against (understands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the nents for such preference, the Secretary may order the Director of Purchasing to: (a) reject the bid; or (b) assess a penalty such Bidder in an amount not to exceed 5% of the bid amount and that such penalty will be paid to the contracting agency cted from any unpaid balance on the contract or purchase order.
the requi	Inlasion of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and es the Department of Revenue to disclose to the Director of Purchasing appropriate information verifying that Bidder has paid ired business taxes, provided that such information does not contain the amounts of taxes paid nor any other information by the Tax Commissioner to be confidential.
and acc	enalty of law for false swearing (West Virginia Code, §61-5-3), Bidder hereby certifies that this certificate is true curate in all respects; and that if a contract is issued to Bidder and if anything contained within this certificate such during the term of the contract, Bidder will notify the Purchasing Division in writing immediately.
	be Better Health, Inc. Signed: Thurs Mosan
Date:	November 1, 2013 Title: Contulla

CERTIFICATION AND SIGNATURE PAGE

By signing below, I certify that I have reviewed this Solicitation in its entirety; understand the requirements, terms and conditions, and other information contained herein; that I am submitting this bid or proposal for review and consideration; that I am authorized by the bidder to execute this bid or any documents related thereto on bidder's behalf; that I am authorized to bind the bidder in a contractual relationship; and that to the best of my knowledge, the bidder has properly registered with any State agency that may require registration.

be Better Health, Inc.	
(Company)	
Rept Janes	
(Authorized Signature)	
Ralph Gaines, President & CEO	
(Representative Name, Title)	
304.755.6020 304.755.0043	
(Phone Number) (Fax Number)	7.
November 1, 2013	
(Date)	

RFQ N	EHP14005

Purchasing Affidavit (Revised 07/01/2012)

STATE OF WEST VIRGINIA Purchasing Division

PURCHASING AFFIDAVIT

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

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

DEFINITIONS:

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

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

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

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

WITNESS THE FOLLOWING SIGNATURE:
Vendor's Name: be Better Health, Inc.
Authorized Signature: Musane, Controller Date: 11/1/2013
State of West Virginia
County of <u>Hanawha</u> , to-wit:
Taken, subscribed, and sworn to before me this 1st day of November , 2013.
My Commission expires October 20 , 2016.
AFFIX SEAL HERE NOTARY PUBLIC Mendy Schmitt



ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.: EHP14005

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

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

	Numbers Received:		
(Check the bo	ox next to each adden	dum received)	
	Addendum No. 1		Addendum No. 6
	Addendum No. 2		Addendum No. 7
	Addendum No. 3		Addendum No. 8
	Addendum No. 4		Addendum No. 9
	Addendum No. 5		Addendum No. 10
further unders discussion hel	tand that any verbal r ld between Vendor's i	epresentation ma representatives an	denda may be cause for rejection of this bid. I de or assumed to be made during any oral d any state personnel is not binding. Only the actions by an official addendum is binding.
		S.,	
		bei	Setter Health, Inc.
			Resh faini
			Muthorized Signature
			November 1,2013
			Date

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



Attachments

Response to Request for Quotation EHP14005

November 5, 2013

Presented to



eatBetter moveBetter breatheBetter







Table of Contents

Attachment A: Company Background	3
Attachment B: Account Management	3
Attachment C: Enrollment Process	4
Attachment D: Coaching Staff and Medical Director	.10
Attachment E: Training	.15
Attachment F: Call Report	.17
Attachment G: Smokeless/Heavily Addicted Dual Therapy Protocol	.18
Attachment H: NRT Dosing Chart	.19
Attachment I: West Virginia Tobacco Quitline Annual Report 2011 (cover page and part of table of contents)	.20
Attachment J: 2011 BPH Annual Report Addendum: 6 & 12 Month Outcomes (cover page and part of table of contents)	.22
Attachment K: Summary	
5 1 5 11 5 11 5 1 5 1 5 1 5 1 5 1 5 1 5	

Enclosure 1: Enrollment Report Enclosure 2: Monthly Report



Attachment A

Company Background

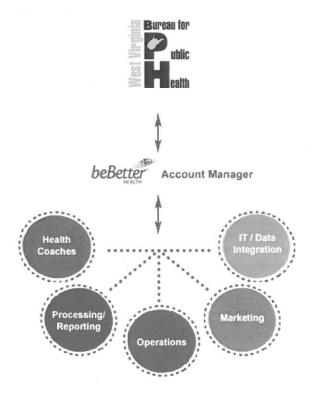
beBetter Health, Inc. is a West Virginia based business who is a leading provider of tobacco cessation products and programs that help organizations reduce health care costs, boost employee productivity and ultimately save lives. For 26 years, we have delivered proven results to thousands of organizations across the country through onsite health screenings, health risk assessments, health coaching, healthy lifestyle programs, and quit-smoking solutions.

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

Attachment B

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:

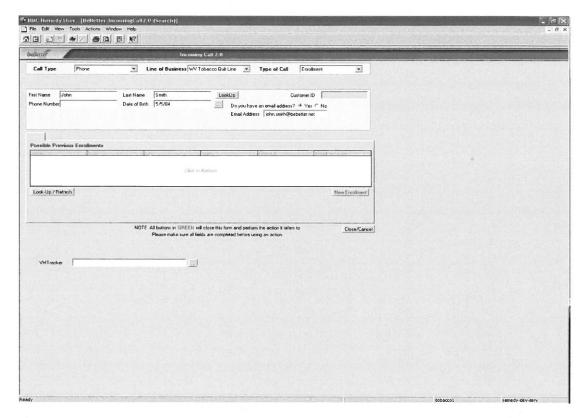




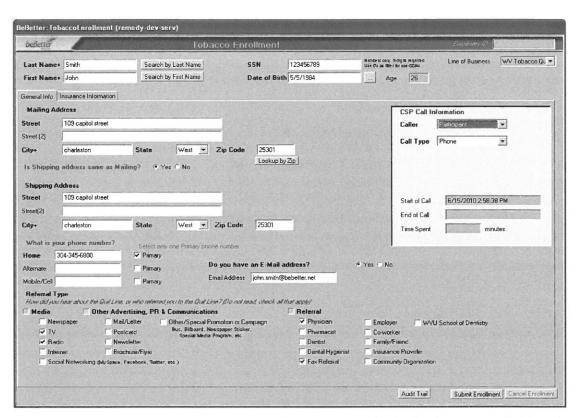
Attachment C

Enrollment Process

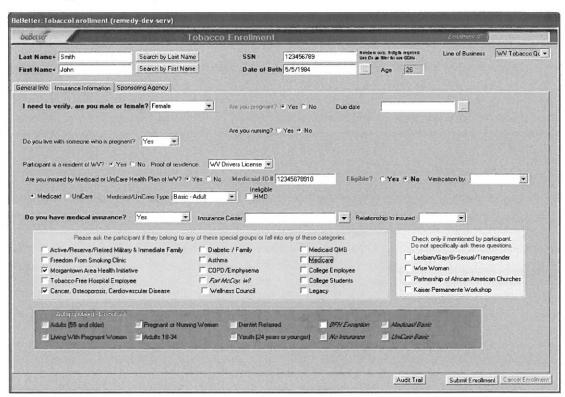
The following screen shots are a depiction of beBetter Health's enrollment process. This process utilizes a proprietary system which has been developed and shaped based on the specific needs of our clients over the course of ten years.



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.

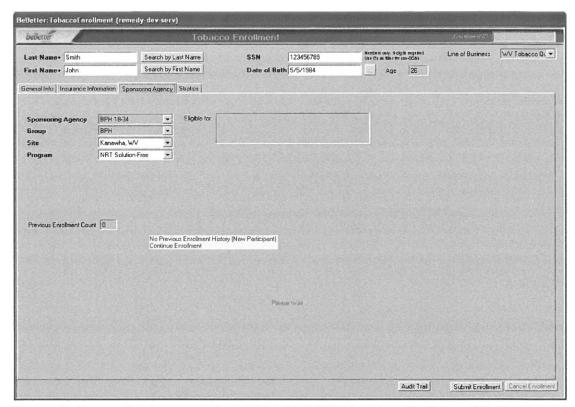


Screen 2 – Participant information is recorded here in detail. Referral Types are recorded based on the question "How did you hear about the Quitline or who referred you to the Quitline?" Referral Type choices may be revised based on the needs of DTP/BPH.

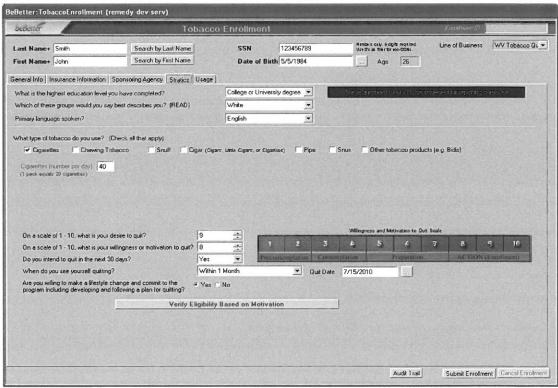


Screen 3 – Specifics pertaining to the participant's insurance type are recorded here. In additional 'Special Groups' the individual may be affiliated with are noted here. In the case of special projects 'Special Groups' may be revised to accommodate project needs.



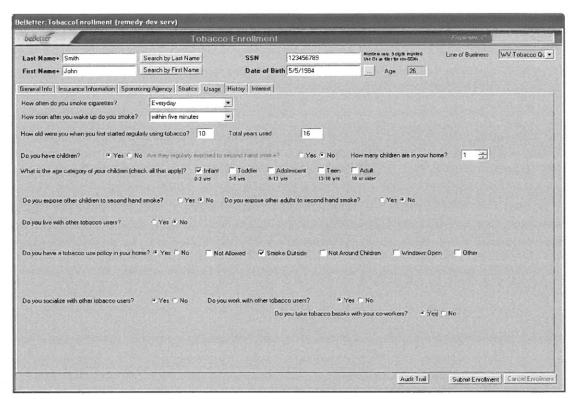


Screen 4 – Sponsoring Agency such as BPH or BPH 18-34 is automatically populated here based on the participant's response to Insurance Information on Screen 3. Based on the Sponsoring Agency notes, services for which the individual is eligible appear here so those can be relayed to the participant.

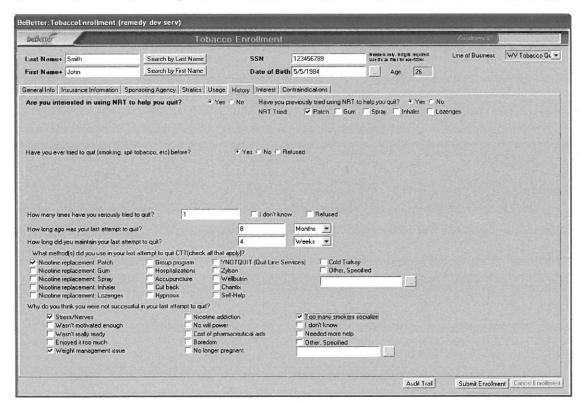


Screen 5 – Here background information for the participant is recorded as well as an assessment of the individuals Willingness and Motivation to Quit.



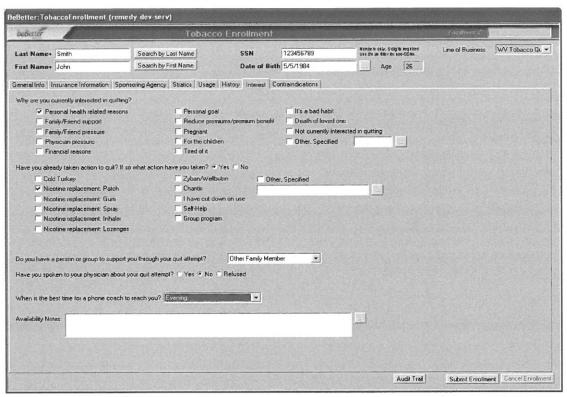


Screen 6 – Information about the participant's current use of nicotine as well as daily habits, use policy and interactions with other users is assessed in order to give their Coach insight as to potential challenges. Based on their response to the question "What type of tobacco do you use?" on Screen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

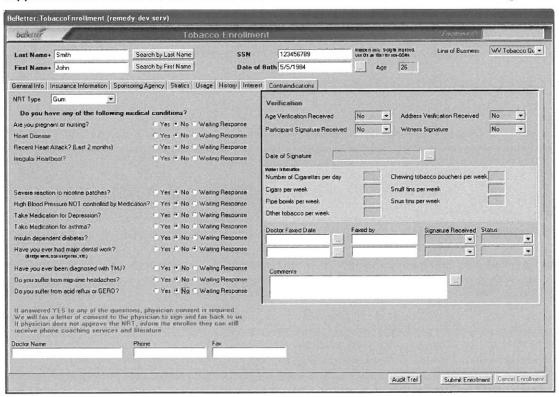


Screen 7 – This screen asks for information pertaining to previous quit attempts, methods for those attempts and what obstacles stood in the way of a successful quit attempt in the past.





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.



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.



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

Screen 20 – This is a pop-up that appears upon completion of Screen 9. Our staff asks 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 participant's 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.



Attachment D

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: Megan Milam

Education: BA in Psychology and English (WVU May 2006), MPH, WVU, 2011

Relevant Experience: 4 years as a coach

Name: Kecia Cropper

Education: Masters of Public Health, concentration in health promotion and

education, University of Cincinnati, 2010

Credentials: Certified Tobacco Treatment Specialist

Relevant Experience: 3 years as a coach



beBetter Medical Director – Dr. Norman Montalto: NORMAN J. MONTALTO, D.O., FAAFP

 1721 Sierra Road
 Humana Inc.

 Charleston, WV 25314
 Work: 304.345.9093

 Cell: 304.549.3898
 Cell: 304.546.6039

 drnmontalto@live.com
 Fax: 502.405.5126

CURRENT POSITIONS

Medical Director, Medicare Clinical Review
MEDICARE CLINICAL REVIEW
HUMANA INC., Louisville, KY
Present

6/2010 -

Supervisor: Dr. Marc Gregory

FAMILY CARE, Charleston, WV Staff Physician

4/2009 - Present

TELEPHONE TOBACCO CESSATION COACHING SERVICE,

Charleston, West Virginia

2000 - Present

Medical Director, West Virginia Tobacco Quit Line beBetter Health,

ACADEMIC RANK

- Professor, Department of Family Medicine, West Virginia University, Charleston, West Virginia, 2004 – Retired Nov. 2006
- Associate Professor, Department of Family Medicine, West Virginia University, Charleston, West Virginia, 1995 2004

PREVIOUS EMPLOYMENT

WELLS FARGO, Third Party Administrators

Medical Director, Charleston, WV

CIGNA. 2006 – 2010

Medical Director,

Wells Fargo Third Party Administrators Charleston, WV

GREAT-WEST LIFE MEDICAL OUTREACH, Denver, CO



Acordia National Associate Medical Director Specialty Markets, Charleston, WV	2006 – 2008
FAMILY HEALTH ASSOCIATES, South Charleston, WV	2007 – 2009

NORMAN J. MONTALTO, D.O., FAAFP	Page Two
CHARLESTON AREA MEDICAL CENTER, Charleston, WV Director, Freedom from Tobacco Program	1995 – 2009
WEST VIRGINIA SCHOOL OF OSTEOPATHIC MEDICINE, Charleston, West Virginia Clinical Associate Professor, Department of Family Medicine	1996 –2006
MARSHALL UNIVERSITY, Huntington, WV Clinical Associate Professor, Department of Family Medicine	1996 – 2006
WEST VIRGINIA UNIVERSITY, Charleston Division, Charleston, WV Professor, Clinical Emphasis Track, Department of Family Medicine	1995 – 2006
WVSOM / Charleston Area Medical Center, Charleston, WV Osteopathic Family Practice Residency Director	2004 – 2005
SISSONVILLE FAMILY MEDICINE CENTER, Sissonville, WV Field Professor	1999 – 2004
CLENDENIN FAMILY MEDICINE CENTER, Clendenin, WV Field Professor	1999 – 2001
CABIN CREEK HEALTH CENTER, Dawes, WV Field Professor	1995 – 1999
DOCTORS HOSPITAL, Columbus, OH Staff Physician, Family Medical Center VIII, Inc.	1994 – 1995
RIVERSIDE METHODIST HOSPITAL, Columbus, OH Staff Physician, part time Riverside Physician Centers	1994 – 1995
URGENT MEDICAL CARE, Columbus, OH Staff Physician, part time	1994 – 1995



Public Health Physician, part time	1993 – 1995
FAMILY PRACTICE OUTREACH / APPLE HEALTH, Columbus, OH Group Practice	1993 – 1994
THE OHIO STATE UNIVERSITY, Columbus, OH Attending Physician / Clinical Assistant Professor Prompt Care / Department of Emergency Medicine Staff Physician, Group Practice, Department of Family Medicine	1989 – 1993
NORMAN J. MONTALTO, D.O., FAAFP	PAGETHREE
CRESTLINE EMERGENCY PHYSICIANS, Crestline, OH Staff Physician	1989
THE OHIO STATE UNIVERSITY HOSPITALS, Columbus, OH MedOhio Physician Care Center- Staff Physician	1987 – 1989

PREVIOUS ACADEMIC EXPERIENCE

- Clinical Preceptor, Grant Family Medicine Residency Program, Grove City / Grant-Livingston, Columbus, OH, 1993 1995
- Clinical Instructor, Riverside Family Medicine Residency, Riverside Methodist Hospital, Columbus, OH, 1993 1994
- Assistant Professor, Clinical Family Medicine / Regular Clinical Tract, The Ohio State University, Department of Family Medicine, Columbus, OH, 1989 1993
- Clinical Assistant Professor, Department of Family Medicine / Preventive Medicine, The Ohio State University, Columbus, OH, 1989-1993

LICENSURE

- West Virginia #1481, exp. 6/30/12
- Kentucky #03309, exp. 3/1/13

BOARD CERTIFICATIONS

- American Board of Family Practice, 1989 1996, Recertified 2003 2010
- · American Osteopathic Board of Family Physicians, 1993
- American Academy of Physicians Assistants, 1980 1985

EDUCATIONAL BACKGROUND



- Residency Program, The Ohio State University Family Medicine, The Ohio State University, Columbus, OH, 1986 – 1989
- Rotating Internship, Doctors Hospital, Columbus, OH, 1985 1986
- Doctor of Osteopathy, University of Osteopathic Medicine and Health Sciences, Des Moines, IA, 1981 – 1985
- Bachelors of Medical Science, Physicians Assistant Program, Emory University, Atlanta, GA. 1979
- BA, Sociology, The Ohio State University, Columbus, OH, 1976

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

Primary Responsibilities as beBetter's Medical Director:

- Approve and sign off on health screen polices 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 aspect 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.



Attachment E

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 schedule for 2013- Coaches

Date	Facilitator	Topic
March 13, 2013	Lisa Lineberg	Emotional intelligence and how it relates to behavior change (background, skill sets, application)
April 17 2013	Coaching staff	Case Presentation: Jennifer May, Megan Milam
May 15, 2013	Lisa Lineberg	Motivational Interviewing (concepts, stages of change, practical principles)- Part 1
June 19, 2013	Coaching staff	Case Presentation: Ashley Kirk, Kecia Cropper
July 24, 2013	Lisa Lineberg	Motivational Interviewing (concepts, stages of change practical principles)- Part 2
August 14, 2013	Coaching staff	Case Presentation: Peggi McKay, Becky Raber
September 11, 2013	Dr. Normal Montalto	Smokeless tobacco use
October 16, 2013	Lisa Lineberg	Fitness prescription for wellness clients (types, methods, settings, overcoming barriers)
November 13, 2013	Coaching staff	Case Presentation: Sarah Mattimoe
December 11, 2013	Jennifer May	The basics of blood sugar control (nutrition based)

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:	Tobac	cco	Wellness	Weight Ma	nagement	Other:
Gender of Participant:	M	F		Age:		
What type of guidance a	re you I		ng for?:	Ethical	Other:	
What stage of Change do Pre Contemplation Con Maintenance	o you fe			rticipant is	s in?: Action	
What is the situation you and objective)	ı want t	o pre	esent?:	(Include	both su	bjective
Questions for clarification	n from	tean	n:			
PLAN:						
The Coach will:						
The Participant will:						

Attachment F

Call Report

Below is a sample of the call report that can be pulled from our phone system, Avaya, to monitor number of calls, average speed answered, % of answered calls, abandoned calls, average abandoned time, and % of abandoned calls

		Sp	lit/Skill	Call Pro	file M	onthl	y - WV	TQL In	take	-		<
Report	Edit	Format	Tools	Options	Help							
1	Month	Starting:	9/1/2013	3			Se	rvice Inte	rvals Ch	anged	n	
% Within		plit/Skill: ce Level:		Intake			Accep	otable Se	ervice Ch	anged	n	
Second	is 0	- 5	- 10	- 15	- 20	- 2	25 - 31	0 - 40	- 50	- 60) -	>
ACD Ca	alls:	1353	573	87	40	19	10	10	6	3	29	
Aban Ca	alls:	31	4	1	1	1	0	2	1	1	9	
		ACI	D Calls:	2130				Aba	in Calls:		51	
		Avg Spe	ed Ans:	:08				Avg Aba	an Time:		:39	
		% An	s Calls:	96.42				% Aba	in Calls:	2.	.31	

Attachment G

Smokeless/Heavily Addicted Dual Therapy Protocol

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

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

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

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

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

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

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

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

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

Attachment H

NRT Dosing Chart

BBN-CSP-200-001 Revision 00

Page 1 of 1

Nicotine Replacement Therapy Selection & Distribution Guide

NRT Recommended Initial Strength Chart

Lozenge

4mg

2mg

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

21mg 14mg Patch

Patch

21mg

Gum

4mg

2mg 2mg

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

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

Unit Count Guideline

	# Units	# Days	# Weeks	Dosage
Patches:	100000000000000000000000000000000000000			
21mg/14ct Habitrol	1	14	2	1/day
14mg/14ct Habitrol	1	14	2	1/day
7mg/14ct Habitrol	1	14	2 2 2 4	1/day
21mg/28ct Habitrol	1	28	4	1/day
Habitrol Complete Therapy	1	56	8	1/day
Lozenges:			TELEVISION OF	
4mg/72ct Lozenges	1	7	1	1 / 1-2 hours
2mg/72ct Lozenges	1	7	1	1 / 1-2 hours
Gum:				
4mg/110ct Gum	1	14	2 2	1 / 1-2 hours
2mg/110ct Gum	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)



Gum 21mg 4mg 21mg 14mg 4mg 2mg 2mg 2ma Seek Director's Approval

^{* 1} Cigar or 1 Pipe = 5 Cigarettes



The West Virginia Tobacco Quitline Program

2011 Annual Report



Submitted by: For.





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The West Virginia Tobacco Quitline Program
2011 Annual Report Addendum
6 & 12 Month Outcomes



Submitted by:



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Attachment K

Summary

As the original vendor of the West Virginia Tobacco Quitline and a local health and wellness service provider for over 26 years, beBetter Health has an unrivaled understanding of the challenges and needs of West Virginians trying to quit tobacco. We have worked closely with all organizations and individuals in the state dedicated to ending tobacco addiction and are committed to doing even more in the future to assure our joint success.

In a small state such as West Virginia, with unique culture and resources, the requirements for success go beyond technical competence and capability to include intangible qualities such as local environmental knowledge and empathy for socio-economic challenges that can greatly influence individual outcomes. Thankfully, beBetter Health has both the technical wherewithal and human resources available to meet these requirements.

We are proud of the work we have done for the citizens of West Virginia and hope to have the opportunity to expand on this success in the future. We have never been better equipped or committed to the task of operating a successful tobacco quitline for West Virginia.

The beBetter Health Inc. Team



Enclosure 1 Enrollment Report

Response to Request for Quotation EHP14005

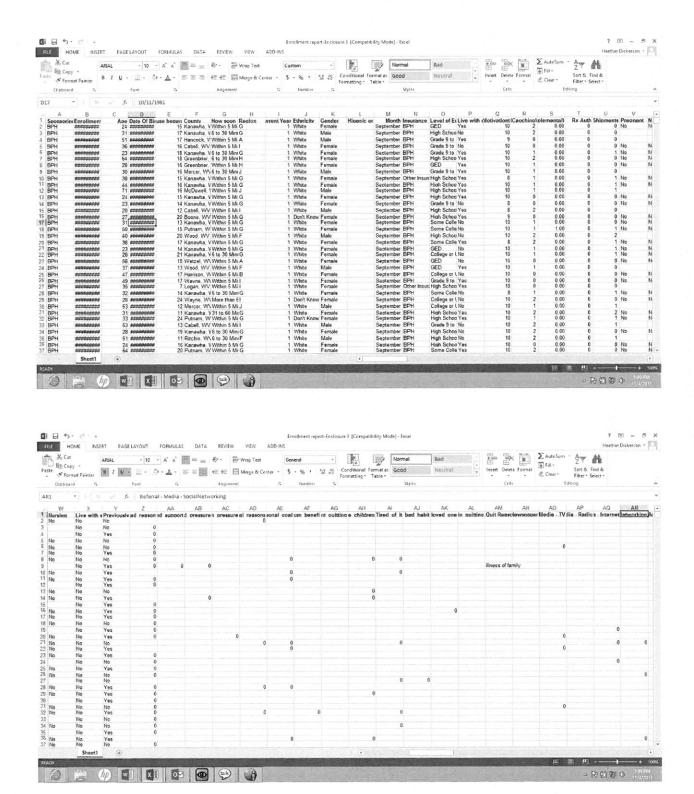
November 5, 2013
Presented to

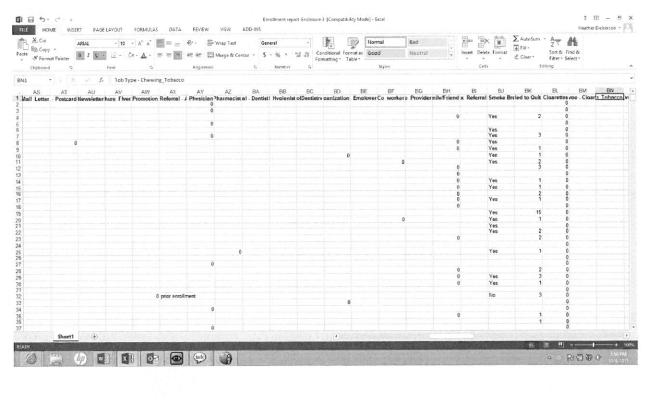


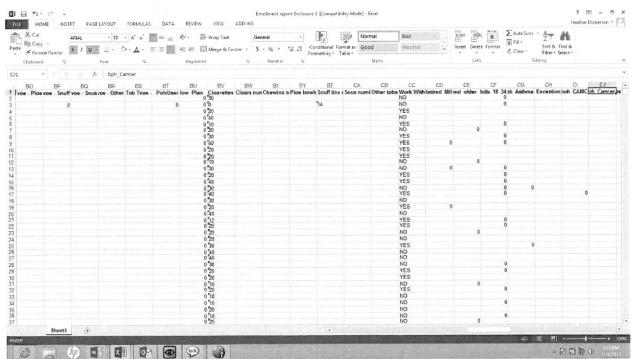
eatBetter moveBetter breatheBetter

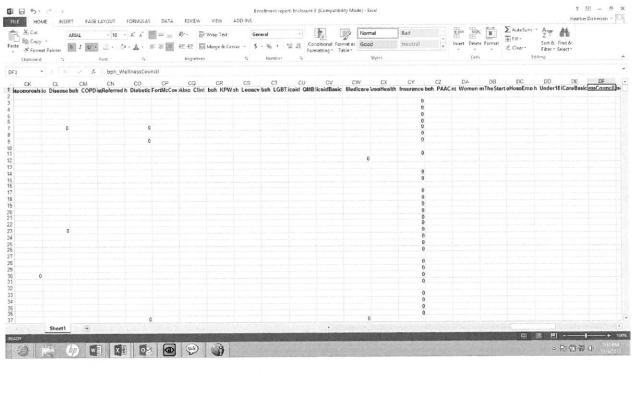


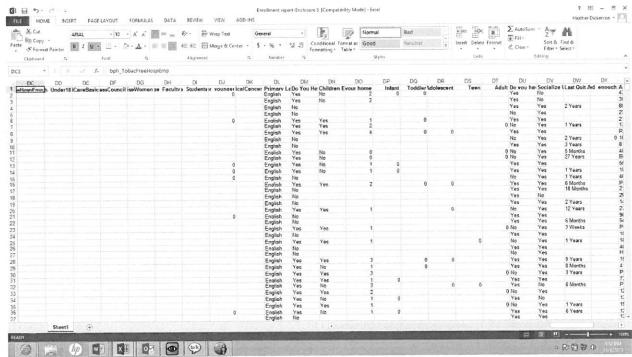














Enclosure 2 Monthly Report

Response to Request for Quotation EHP14005

November 5, 2013
Presented to



eatBetter moveBetter breatheBetter





September 2013 Report

Below is the September 2013 report of the West Virginia Tobacco Quitline.

Total Calls

Below is a chart of total calls to the West Virginia Tobacco Quitline. For the month of September, the Quitline received 2130 total calls. Of those 504 ended in the caller being enrolled under the Bureau of Public Health. Of those enrolled, 11 were pregnant enrollees.

Incoming calls	2130
Enrollments	504
Pregnant Enrollments	11

^{*}This includes all calls to the Quitline for September

Referral Source

Below is a chart of referral sources to the West Virginia Tobacco Quitline for the month of September 2013. The top three referral sources for the month of September were: Physician (137), Family/Friend (136), and Television (125).

Referral	Number of
source	referrals
Physician	137
Pharmacist	13
Dentist	0
WVU School of	0
Dentistry	
Community	26
Organization	
Employer	3
Co- Worker	12
Insurance	2
Provider	
Family/Friend	136
Newspaper	3
Television	125
Radio	1
Internet	16
Mail/Letter	0
Brochure/Flyer	11
Special	43
Promotion	
Fax Referral	40
Other	0
TOTAL	568

^{*}Participants are able to select more than one referral source

Age Distribution

AGE	Total enrollees	Percentage of Enrollees
1-17	2	0.4
18-24	52	10.31
25-34	109	21.6
35-44	108	21.42
45-54	116	23.01
55-64	85	16.8
65 and older	4033	6.55
TOTAL	504	100.0

Above is a chart of age distribution as reported to the West Virginia Tobacco Quitline during the month of September 2013. Callers in the 45-54 age range made up the largest cohort of enrollees at 23.01%, followed by 25-34 with 21.6%.

Gender Distribution

Below is a chart of gender distribution. During the month of September, 65.9% of callers reported being female, while 34.1% reporting male as their gender.

Gender	Total Number of Callers	Percentage
Male	172	34.1
Female	332	65.9
Total	504	100

Education Level

For the month of September 2013, 216 callers or 37.3% of callers reported a high school diploma as their highest education level achieved. Some college was the second highest reported education level at 19.8%, followed by less than high school at 15.1%.

Education Level	Total Number of Calls	Percentage
Less than High School	76	15.1
Less than 9 th Grade	28	6
High School Diploma	188	37.3
GED	51	10.1
Some College	100	19.8
College Graduate	56	11.1
Graduate Degree	5	1
Refused	0	0
TOTAL	504	100

Ethnicity/Race

The highest reported ethnicity/race for September 2013 is White/Caucasian at 70.2%. This was followed by Black/African American at 1.8%. 27.2% of callers answered "don't know" during the enrollment, while 0.2% of callers refused to provide the information.

Ethnicity/Race	Total Number of Callers	Percentage
White/Caucasian	354	70.2
Black/African American	9	1.8
Hispanic/Latino	0	0
Native Hawaiian	0	0
American Indian	0	0
Other	3	0.6
Asian	0	0
Answered "Don't Know"	137	27.2
Refused	1	0.2
TOTAL	504	100.0

Type of Tobacco

For the month of September 2013, 495 callers reported Cigarettes as their primary form of tobacco use. Smokeless tobacco (snuff) followed at 16 users, and poly users were third with 14 participants reporting using more than one type of tobacco.

Type of Tobacco	NUMBER
Cigarettes	495
Cigars	3
Chewing Tobacco	3
Pipe	1
Snuff	16
Poly users	14
Other	0

Amount of Tobacco Product Used

The chart below demonstrates the amount of tobacco used per day by callers. The highest percentage of callers report smoking between 11 and 20 cigarettes per day. This was followed by 85 callers reporting smoking 30 or more cigarettes per day.

Type of Tobacco	1-10	11-20	21-30	30+
Cigarettes per day	69	249	93	85
Cigars per day	1	0	0	2
Pipes per week	1	0	0	0
Snuff tins per week	15	1	0	0
Chewing tobacco pouches per week	3	0	0	0
Other tobacco per week	0	0	0	0

Special Populations

The highest reported special population group is those callers with no insurance (287). This is followed by youth 24 and younger (54), and Asthma (52).

Group	Number	
Asthma	52	
Legacy	0	
Diabetic/Family	41	
Military/Family	40	
Freedom from Smoking Clinic	1	
Living with Pregnant Women		
Medicaid QMB	14	
Medicare	35	
PAAC	0	
Pregnant Women	12	
Youth 24 and younger	54	
WV College Faculty	2	
WV College Student	7	
BPH exceptions	0	
LGBT	0	
No insurance	287	
Right From the Start	0	

Enrollments by County

Below is a list of enrollments by county. Kanawha County had the highest amount of enrollments at 95.

County	Number	
Barbour	10	
Berkeley	10	
Boone	10	
Braxton	1	
Brooke	9	
Cabell	30	
Calhoun	0	
Clay	3	
Doddridge	1	
Fayette	19	
Gilmer	2	
Grant	2	
Greenbrier	18	
Hampshire	7	
Hancock	6	
Hardy	4	
Harrison	20	
Jackson	13	
Jefferson	4	
Kanawha	95	
Lewis	3	
Lincoln	6	
Logan	4	
Marion	9	
Marshall	6	
Mason	5	
McDowell	14	
Mercer	15	
Mineral	4	
Mingo	2	
Monongalia	9	
Monroe	5	
Morgan	0	
Nicholas	6	

Ohio	11
Pendleton	2
Pleasants	1
Pocahontas	2
Preston	4
Putnam	25
Raleigh	33
Randolph	4
Ritchie	3
Roane	3
Summers	2
Taylor	3
Tucker	0
Tyler	2
Upshur	2
Wayne	11
Webster	2
Wetzel	3
Wirt	2
Wood	24
Wyoming	11
TOTAL	504

Quitline Services Provided

Below is a listing of services provided by Quitline staff for the month of September 2013. As indicated, phone coaching was the highest reported service with 1156 phone coaching tasks being completed. 882 pieces of NRT were shipped and 504 participants enrolled in the Quitline.

Service Provided	Number of Individuals Served
Enrollments completed	504
Phone coaching (BPH only)	1156
NRT shipped	882

Nicotine Replacement Therapy

Below is a summary of Nicotine Replacement Therapy delivered to participants during September 2013.

Type of NRT	Total Number Delivered
Patch	659
Gum	67
Lozenge	156
Total	882