Nebraska

Nebraska Tobacco Quitline

Technical Proposal

Consumer Wellness Solutions
(a subsidiary of RVO Health)

NEBRASKA TOBACCO QUITLINE

QUITFORLIFE

Table of Contents

COVER LETTER *1*

1. CORPORATE OVERVIEW *3*

a. BIDDER IDENTIFICATION AND INFORMATION **3**

b. FINANCIAL STATEMENTS **5**

c. CHANGE OF OWNERSHIP **6**

d. OFFICE LOCATION **7**

e. RELATIONSHIPS WITH THE STATE **7**

f. BIDDER'S EMPLOYEE RELATIONS TO STATE **8**

g. CONTRACT PERFORMANCE **8**

h. SUMMARY OF BIDDER'S CORPORATE EXPERIENCE **9**

i. SUMMARY OF BIDDER'S PROPOSED PERSONNEL/MANAGEMENT APPROACH **11**

j. SUBCONTRACTORS **17**

2. TECHNICAL RESPONSE *18*

a. Understanding of the project requirements **18**

b. Proposed development approach **23**

c. Technical requirements **41**

C. MINIMUM QUALIFICATIONS 41

D. SCOPE OF WORK 43

1. QUITLINE SYSTEM CAPABILITY 45

2. QUITLINE HOURS OF OPERATION 72

3. QUITLINE PARTICIPANT MANAGEMENT 75

4. QUITLINE MANAGEMENT AND STAFFING 98

5. QUITLINE CALL PERFORMANCE STANDARDS 105

6. REPORTING REQUIREMENTS 108

7. SERVICE DELIVERY PROTOCOLS 114

8. TECHNICAL ASSISTANCE FOR HEALTHCARE PROFESSIONALS 121

9. SUPPORT MATERIALS 124

10. PROMOTION TO HEALTHCARE SYSTEMS 126

11. COUNSELING TECHNICAL REQUIREMENTS 131

12. NICOTINE REPLACEMENT THERAPY (NRT) 142

13. DELIVERABLES 146

E. OPTIONAL SERVICES 149

1. Innovative Projects 149

2. Custom Evaluation 153

3. Text Counseling 154

d. Detailed project work plan; and **155**

e. Deliverables and due dates **156**

COVER LETTER

On behalf of Quit For Life (QFL), I am pleased to submit this proposal in response to the State of Nebraska Department of Health and Human Services (DHHS) Request for Proposal (124316 O3) for Nebraska Tobacco Quitline services. We appreciate the opportunity to reintroduce our organization to DHHS and deliver a high-quality, evidence-based cessation program that supports statewide efforts to reduce tobacco use and improve population health outcomes.

Quit For Life, now part of RVO Health, is a national leader in tobacco cessation services with decades of experience designing and operating state quitlines and population health programs. We have supported millions of quit attempts and serve participants across diverse demographics and geographies, bringing a proven model that combines clinical rigor, operational scale, and continuous innovation. Our programs are grounded in established clinical guidelines and informed by ongoing data analysis to ensure measurable impact.

QFL delivers a comprehensive, multi-modal cessation program that integrates proactive telephone coaching, digital and text-based engagement, and FDA-approved pharmacotherapy. Each year, we support approximately 165,000 participants nationwide, with services tailored to meet the needs of populations most impacted by tobacco use, including individuals with behavioral health conditions, pregnant participants, and other priority populations. This approach aligns directly with Nebraska's goals of providing accessible, effective nicotine dependence treatment services across diverse communities.

Our model is built to deliver both strong performance and operational reliability. QFL consistently achieves fast call answer rates, supports enrollment across multiple modalities, ensures timely NRT fulfillment, and delivers accurate reporting aligned with NAQC standards. Our centralized data infrastructure and experienced team enable near real-time program monitoring, performance tracking, and continuous quality improvement.

At the same time, QFL recognizes the importance of flexibility in meeting evolving program needs. Our service delivery model, staffing approach, and technology platform are designed to scale with changes in demand, funding, and program priorities. This includes the ability to adjust service intensity, support targeted outreach initiatives, and expand digital engagement while maintaining consistent quality and participant experience.

Overall, QFL is committed to serving as a reliable, transparent, and outcomes-driven partner to DHHS. We bring the experience, infrastructure, and innovation required to successfully launch and sustain a high-performing quitline program that expands reach, improves quit outcomes, and supports the long-term health of Nebraskans.

Finally, I would be remiss to not share why the Nebraska Tobacco Quitline is personally important to me. My very first memory of tobacco was of my grandfather smoking cigars in Central City, where he ran a farm equipment business. He recently suffered a stroke and my grandmother just moved into assisted living there. While I was fortunate to be able to visit them in January, most families under these circumstances are not so lucky. I want to help make sure all Nebraskans can live long, healthy lives, and the Quitline is integral to that happening.

Thank you for your consideration. We look forward to the opportunity to partner with DHHS.

Sincerely,

Nick Fradkin
Director, Public Health Strategy
Quit For Life

1. CORPORATE OVERVIEW

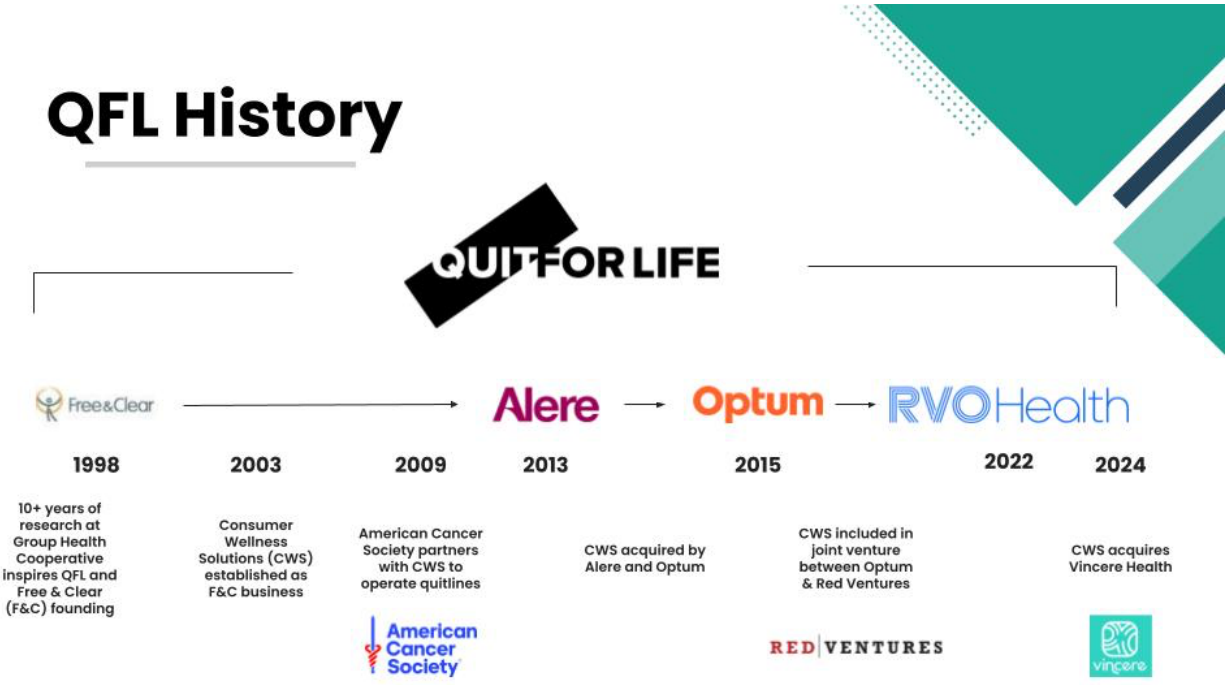
a. BIDDER IDENTIFICATION AND INFORMATION

The bidder should provide the full company or corporate name, address of the company's headquarters, entity organization (corporation, partnership, proprietorship), state in which the bidder is incorporated or otherwise organized to do business, year in which the bidder first organized to do business and whether the name and form of organization has changed since first organized.

Quit For Life (QFL) is a nationally recognized leader in tobacco cessation services and the most experienced multi-state quitline service provider in the United States. We have operated state quitlines for nearly 30 years, with roots tracing back to the earliest National Cancer Institute-funded research on telephonic tobacco cessation treatment at Group Heath Cooperative in the 1980s. QFL has evolved alongside the field of tobacco dependence treatment and remains grounded in strong scientific evidence and continuous innovation.

Corporate Information

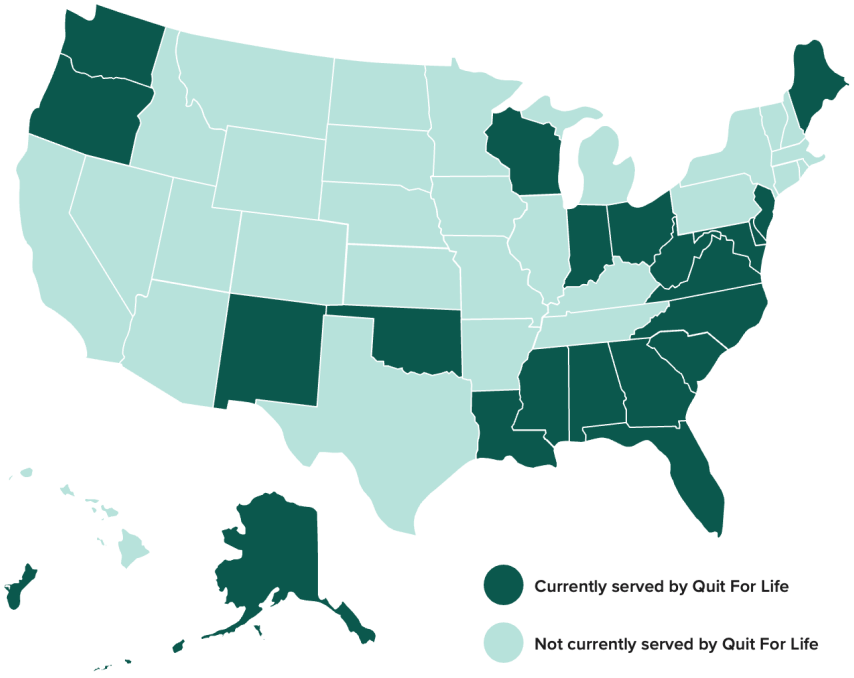
- **Full Legal Name:** Consumer Wellness Solutions, LLC (d/b/a Quit For Life)
- **Headquarters Address:** 1101 Red Ventures Drive, Fort Mill, SC, 29707
- **Entity Type:** LLC
- **State of Incorporation**: Delaware
- **Year Organized:** 2003



Originally established as Free & Clear, **Quit For Life (QFL) has evolved through acquisitions by Alere Wellbeing and Optum, and – as of 2022 – is part of the RVO Health joint venture** between Optum and Red Ventures, a leading digital media and technology company. While the name and ownership structure have changed over time, the core services, leadership expertise, and operational model supporting QFL have remained consistent and continuously refined.

A wholly owned subsidiary of RVO Health, Consumer Wellness Solutions aligns QFL services with enterprise-wide clinical standards, compliance oversight, data security protocols, and organizational governance. RVO Health has approximately 1,000 staff members, with roughly 20 percent dedicated to QFL, providing the scale and specialized expertise needed to support high-quality service delivery. Our programs are supported by a robust operational infrastructure that includes a state-of-the-art telephony platform, secure HIPAA-compliant data systems, analytics dashboards, and comprehensive quality management processes. This infrastructure enables us to provide consistent service delivery, transparent reporting, and measurable outcomes across all contracts.

As part of RVO Health, QFL is uniquely positioned at the intersection of clinical excellence and digital engagement. Across our broader organization, RVO Health helps nearly 100 million people each month seek health information, find providers, save money, and take action around their health and wellbeing. Through access to advanced digital marketing capabilities and data-driven engagement tools, we can expand program reach, connect with individuals actively searching for cessation support, and continuously optimize enrollment pathways. Our 2024 acquisition of Vincere Health, a health technology startup specializing in digital tobacco cessation services and contingency management, has further helped us accelerate quitline innovations for our public health partners.



Today, QFL operates quitlines for 21 states, the District of Columbia, and Guam, and supports over 940 commercial clients, including employers, health plans, and 19 Medicaid managed care organizations. Across these partnerships, we have helped more than 5 million individuals make a quit attempt. Our scale, longevity, and consistent performance demonstrate our ability to implement and sustain high-quality cessation programs that meet diverse state requirements and public health objectives. We maintain the staffing, infrastructure, and technology necessary to support large and complex programs while ensuring personalized participant experiences.

QFL has prior experience supporting the Nebraska Tobacco Quitline, having previously delivered services in the state during the 2010s, following our partnership with the American Cancer Society in 2009. This experience provided our team with valuable insight into Nebraska's program structure, stakeholder expectations, and population needs. While we are not the current service provider, this historical partnership enables us to re-engage quickly with a strong understanding of the state's goals and to apply lessons learned alongside our current best practices and innovations developed across our national footprint.

QFL remains committed to supporting Nebraska's tobacco prevention and control objectives through scalable infrastructure, data-driven program management, and a steadfast focus on health equity. Our size, experience, and integrated capabilities position us to deliver a best-in-class quitline program that exceeds the expectations outlined in this solicitation while ensuring a seamless, high-quality experience for participants and stakeholders across the state.

b. FINANCIAL STATEMENTS

The bidder should provide financial statements applicable to the firm. If publicly held, the bidder should provide a copy of the corporation's most recent audited financial reports and statements, and the name, address, and telephone number of the fiscally responsible representative of the bidder's financial or banking organization.
If the bidder is not a publicly held corporation, either the reports and statements required of a publicly held corporation, or a description of the organization, including size, longevity, client base, areas of specialization and expertise, and any other pertinent information, should be submitted in such a manner that solicitation evaluators may reasonably formulate a determination about the stability and financial strength of the organization. Additionally, a non-publicly held firm should provide a banking reference.
The bidder must disclose any and all judgments, pending or expected litigation, or other real or potential financial reversals, which might materially affect the viability or stability of the organization, or state that no such condition is known to exist.
The State may elect to use a third party to conduct credit checks as part of the corporate overview evaluation.

RVO Health, LLC, as the parent company of the Quit For Life (QFL) business entity Consumer Wellness Solutions, LLC, is a financially stable and well-capitalized

organization. As a joint venture between Red Ventures and UnitedHealth Group's Optum, RVO Health benefits from strong enterprise backing, disciplined financial governance, and access to significant operational infrastructure. This structure provides the liquidity and financial resilience necessary to sustain large, multi-year public health contracts without disruption.

Our financial management practices follow generally accepted accounting principles and are supported by audited financial statements demonstrating strong revenue and liquidity. According to our most recent audit, **RVO Health has working capital of $350 million and a current ratio of 4.4 (assets to liabilities).** For details, see *Attachment 1 - RVO Health Financial Statements.*

Our operating reserves and structured financial controls enable us to fund all core Quitline components during reimbursement cycles, including staffing, pharmacotherapy procurement and fulfillment, telecommunications systems, digital platforms, data reporting, and quality assurance activities.

With nearly 30 years of experience operating state quitlines and currently managing 23 governmental programs serving approximately 165,000 participants annually, we have extensive experience managing high-volume contracts with complex funding streams. We have consistently demonstrated the ability to maintain service continuity and meet contractual obligations without interruption across all programs. We utilize proactive forecasting, utilization modeling, and ongoing budget monitoring to anticipate fluctua
ions in call volume, NRT utilization, and program demand, ensuring responsible stewardship of public funds and uninterrupted service delivery.

Our prior experience supporting the Nebraska Tobacco Quitline further reflects our ability to successfully deliver services within the state's public health framework. Combined with our current national scale and financial strength, RVO Health is well positioned to provide a reliable, sustainable, and high-quality Tobacco Quitline program for Nebraska.

c. CHANGE OF OWNERSHIP

If any change in ownership or control of the company is anticipated during the twelve (12) months following the solicitation response due date, the bidder should describe the circumstances of such change and indicate when the change will likely occur. Any change of ownership to an awarded bidder(s) will require notification to the State.

RVO Health, LLC, nor its subsidiary Consumer Wellness Solutions, LLC, do not anticipate any change in ownership or control of the company during the twelve (12) months following the solicitation response due date. In the event that any such change were to occur, we will provide prompt notification to the State in accordance with all applicable contractual requirements.

d. OFFICE LOCATION

The bidder's office location responsible for performance pursuant to an award of a contract with the State of Nebraska should be identified.

Quit For Life (QFL) delivers services through a primarily remote, distributed workforce located across the United States, including experienced Quit Coaches and program support staff. This model enables us to provide broad geographic coverage for quitline participants, maintain service continuity, and recruit highly qualified personnel to support statewide programs such as the Nebraska Tobacco Quitline.

Our corporate headquarters is located in Fort Mill, South Carolina (in the Charlotte metro area), which serves as our central hub for administrative and operational support. RVO Health's most senior Prevention division leaders are located in Eden Prairie, Minnesota (in the Minneapolis metro area). Additionally, QFL has key staff working out of RVO Health offices in Denver, New York City, and Atlanta.

To ensure reliability and security in a remote operating environment, QFL maintains a robust, HIPAA-compliant technology framework that includes secure cloud-based systems, encrypted communications, and role-based access controls. All staff utilize company-managed systems for telephony, participant data entry, and internal communication, supported by enterprise security measures such as multi-factor authentication, VPN access, and continuous system monitoring. These safeguards ensure that all services are delivered securely, consistently, and in full compliance with applicable data protection requirements, regardless of staff location. QFL is SOC 1 certified and is currently undergoing SOC 2 certification. Supporting security and compliance documentation is available for review via RVO Health's Trust Center at https://trust.rvohealth.com/.

e. RELATIONSHIPS WITH THE STATE

The bidder should describe any dealings with the State over the previous five (5) years. If the organization, its predecessor, or any Party named in the bidder's solicitation response has contracted with the State, the bidder should identify the contract number(s) and/or any other information available to identify such contract(s). If no such contracts exist, so declare.

Consumer Wellness Solutions, LLC has not contracted with the State of Nebraska within the previous five (5) years.

f. BIDDER'S EMPLOYEE RELATIONS TO STATE

If any Party named in the bidder's solicitation response is or was an employee of the State within the past six (6) months, identify the individual(s) by name, State agency with whom employed, job title or position held with the State, and separation date. If no such relationship exists or has existed, so declare.

If any employee of any agency of the State of Nebraska is employed by the bidder or is a subcontractor to the bidder, as of the due date for solicitation response submission, identify all such persons by name, position held with the bidder, and position held with the State (including job title and agency). Describe the responsibilities of such persons within the proposing organization. If, after review of this information by the State, it is determined that a conflict of interest exists or may exist, the bidder may be disqualified from further consideration in this solicitation. If no such relationship exists, so declare.

Consumer Wellness Solutions, LLC confirms that no Party named in this solicitation response is or has been an employee of the State of Nebraska within the past six (6) months. Additionally, no current employee of any agency of the State of Nebraska is employed by, or serving as a subcontractor to, Consumer Wellness Solutions, LLC as of the solicitation response due date.

g. CONTRACT PERFORMANCE

If the bidder or any proposed subcontractor has had a contract terminated for default during the past five (5) years, all such instances must be described as required below. Termination for default is defined as a notice to stop performance delivery due to the bidder's non-performance or poor performance, and the issue was either not litigated due to inaction on the part of the bidder or litigated and such litigation determined the bidder to be in default.

It is mandatory that the bidder submit full details of all termination for default experienced during the past five (5) years, including the other Party's name, address, and telephone number. The response to this section must present the bidder's position on the matter. The State will evaluate the facts and will score the bidder's solicitation response accordingly. If no such termination for default has been experienced by the bidder in the past five (5) years, so declare.

If at any time during the past five (5) years, the bidder has had a contract terminated for convenience, non-performance, non-allocation of funds, or any other reason, describe fully all circumstances surrounding such termination, including the name and address of the other contracting Party.

Consumer Wellness Solutions, LLC has not experienced any contract terminations for default within the past five (5) years. Additionally, Consumer Wellness Solutions has consistently met or exceeded all contractual obligations across its quitline programs and has not had any contracts terminated for convenience, non-performance, non-allocation of funds, or any other reason during this period.

h. SUMMARY OF BIDDER'S CORPORATE EXPERIENCE

The bidder should provide a summary matrix listing the bidder's previous projects similar to this Solicitation in size, scope, and complexity. The State will use no more than three (3) narrative project descriptions submitted by the bidder during its evaluation of the solicitation response. Highlight any experience working with State Health Departments and/or State Tobacco Control programs on tobacco cessation interventions.
The bidder should address the following:
i. Provide narrative descriptions to highlight the similarities between the bidder's experience and this Solicitation. These descriptions should include:
1. The time period of the project,
2. The scheduled and actual completion dates,
3. The bidder's responsibilities,
4. For reference purposes, a customer name (including the name of a contact person, a current telephone number, a facsimile number, and e-mail address); and
5. Each project description should identify whether the work was performed as the prime Vendor or as a subcontractor. If a bidder performed as the prime Vendor, the description should provide the originally scheduled completion date and budget, as well as the actual (or currently planned) completion date and actual (or currently planned) budget.
ii. Bidder and Subcontractor(s) experience should be listed separately. Narrative descriptions submitted for Subcontractors should be specifically identified as subcontractor projects.
iii. If the work was performed as a subcontractor, the narrative description should identify the same information as requested for the bidders above. In addition, subcontractors should identify what share of contract costs, project responsibilities, and time period were performed as a subcontractor.

The below matrix summarizes our work with three quitline projects of comparable scope, complexity, and size. To identify suitable comparisons, we consulted the latest-available metrics from the North American Quitline Consortium (NAQC) Annual Survey of Quitlines. According to NAQC, the Nebraska Tobacco Quitline spent $1.24 per capita on services and medications (spending per smoker) in fiscal year 2024, reaching 0.58% of adults who smoke in the state (treatment reach). We are the prime vendor for each of the three quitlines.

State quitline name	Wisconsin Tobacco Quit Line	Quit Now Indiana	West Virginia Tobacco Quitline
Client name	University of Wisconsin Center for Tobacco Research & Intervention	Indiana Department of Health (IDOH)	West Virginia Department of Health
Contract timeframe	2001-2026	2006-2026	2024-2026
Annual budget	$550,000	$1.2M	$650,000
Spending per smoker	$1.39	$1.57	$1.02

Treatment reach	0.88%	1.00%	1.89%
Reference	Kate Kobinsky Quitline Director 608-265-5617 ks6@ctri.wisc.edu	Holly Simpson, Quitline Director, IDOH Tobacco Prevention & Cessation 317-509-9676 HoSimpson@health.in.gov	Hilary G. Payne Director, Division of Health Promotion and Chronic Disease Prevention 304-352-5996 hilary.g.payne@wv.gov

Wisconsin Tobacco Quit Line

RVO Health serves as a critical operational partner to the **Wisconsin Tobacco Quit Line**, facilitating high-impact initiatives such as the **$6 million NIH-funded study** in collaboration with **UW-CTRI**. This pilot program evaluates sustainable, scalable strategies for **Salvation Army** staff across Wisconsin to seamlessly connect tobacco users with the Quit Line for evidence-based treatment. By integrating this research pilot into our workflow, RVO Health is helping to define how community service organizations can effectively address tobacco use among vulnerable populations. This commitment to innovation is mirrored in our technical support; we are currently piloting a **new reporting portal** that has received strong initial praise for its functionality. We maintain an agile feedback loop with our Wisconsin state line to ensure our reporting tools and referral pipelines remain optimized for both administrative ease and improved health outcomes.

Quit Now Indiana

QFL has focused on joining forces with Indiana to strengthen state enterprises, support local economic participation, and foster a thriving community-centered public health system. In collaboration with Indiana, QFL's work supports Quit Now Indiana through coordinated service delivery, marketing and outreach, provider referral engagement, campaign planning, and continuous program improvement. This includes secret shopping Quit Now Indiana to evaluate the participant experience across coaching and digital channels, using findings to inform quality improvement and future roadmap priorities. It also includes marketing to Hoosiers through targeted outreach strategies, co-branded materials, and campaign development focused on increasing awareness and engagement among priority populations, including menthol users, young adults, rural residents, pregnant individuals, and communities experiencing tobacco-related disparities. Through collaboration with subcontractors, QFL is also positioned to uplift and empower veteran-owned businesses, minority-owned businesses, and women-owned businesses while supporting Indiana's broader goals for equitable access, local partnership, and sustainable community impact.

West Virginia Tobacco Quitline

QFL is committed to partnering with West Virginia to support the state's comprehensive tobacco control program and advance the goals of the West Virginia Division of Tobacco Prevention. In collaboration with West Virginia, QFL's work supports expanding Quitline reach, increasing quit attempts, improving cessation outcomes, reducing tobacco use prevalence, and delivering effective, data-driven Quitline services. QFL's proposed approach includes proactive telephone counseling, online and web-based support, digital dashboards, mobile app functionality, tailored

text messaging, email support, digital and print cessation materials, specialized counseling protocols for priority populations, pharmacotherapy support, multi-modal referral services, healthcare provider education, marketing support, detailed reporting, outcome evaluation, and opportunities for collaborative research. QFL is committed to working closely with West Virginia and other stakeholders to deliver accessible, evidence-based Quitline services tailored to the needs of West Virginians.

i. SUMMARY OF BIDDER'S PROPOSED PERSONNEL/MANAGEMENT APPROACH

The bidder should present a detailed description of its proposed approach to the management of the project.

QFL will manage the Nebraska Tobacco Quitline using a structured, collaborative approach designed to ensure a seamless transition, operational readiness, and long-term program success. Our organizational model emphasizes proactive communication, centralized oversight, and scalable infrastructure to deliver a high-performing program aligned with Nebraska's commercial tobacco prevention goals. For a description of how we propose to transition the Quitline to QFL and collaborate with Tobacco Free Nebraska on implementation, please see *Proposed development approach* in our Technical Response.

Nebraska Tobacco Quitline project management will be led by a dedicated Client Services Manager (CSM). This model ensures strong day-to-day oversight, executive alignment, and continuous program optimization. The assigned CSM will serve as Nebraska's primary point of contact, responsible for contract performance, deliverable tracking, issue resolution, and ongoing communication. The CSM will coordinate regular meetings, provide performance updates, and ensure alignment with Nebraska's program goals and reporting requirements. **The CSM is supported by QFL's leadership and operational teams**, which provide depth, specialization, and scalability across all aspects of program delivery:

- **Coaching Operations:** Led by senior leadership, this team oversees Quit Coach performance, staffing, and real-time service levels to ensure consistent access and high-quality participant support.
- **Program and Product Development:** This team ensures that Nebraska's program reflects the latest evidence-based practices, behavioral science principles, and national guidelines, while continuously enhancing digital tools, enrollment pathways, and participant engagement strategies.
- **Data Analytics and Reporting:** Dedicated analytics teams develop comprehensive reporting, monitor key performance indicators, and ensure accuracy, transparency, and compliance with all state reporting requirements.
- **Clinical Leadership and Medical Oversight:** Clinical experts and medical leadership guide program protocols, pharmacotherapy integration, and coaching standards to ensure alignment with national best practices and evolving evidence.

- **Client Operations and Stakeholder Support:** The Client Operations team, including the assigned CSM, acts as Nebraska's advocate within QFL, ensuring responsive service, issue resolution, and alignment across all internal teams.
- **Supporting Infrastructure and Operational Functions:** Cross-functional teams, including IT, data security, product operations, and quality assurance, ensure system reliability, secure data management, and continuous quality improvement across the program.

This integrated management structure enables proactive performance monitoring, rapid issue resolution, and continuous program enhancement. **Nebraska can expect regular communication, transparent reporting, and a highly responsive partnership focused on achieving measurable outcomes.** Through this combined implementation and management approach, QFL ensures not only a smooth program launch but also sustained, high-quality service delivery that supports Nebraska's tobacco cessation goals.

Required Personnel Credentials and Licensure:
Quit Coaches Minimum Qualifications:
1. Bachelor or Master degree in social work, psychology, or other behavioral health field of study
2. At minimum, staff shall have two years of counseling experience.

QFL maintains hiring standards that ensure all Quit Coaches and Quit Coach Managers are qualified to deliver high-quality, evidence-based tobacco cessation services.

Quit Coach: Quit Coaches are typically required to hold a bachelor's degree in counseling, addiction studies, community health education, social work, or a related field, along with prior experience in health behavior change programs or similar settings. We recognize the importance of practical expertise, and individuals without a bachelor's degree may qualify if they have at least five years of experience in a direct member experience role within QFL. Regardless of educational background, all Quit Coaches must demonstrate two or more years of tobacco and nicotine abstinence upon employment to ensure they can role model positive behaviors for participants. Our Quit Coaches also bring deep institutional knowledge and stability to the program, with many maintaining tenures of 10 or more years in the role.

Quit Coach Manager: Quit Coach Managers are required to possess a minimum of three years of supervisory experience and a proven record of success as a Quit Coach, along with demonstrated leadership and mentoring abilities. Managers are preferably promoted from within the organization to ensure familiarity with internal processes, protocols, and culture. They must exhibit sustained success in their coaching role and the ability to guide, support, and develop their teams while maintaining high standards of service delivery and performance.

Additionally, QFL maintains a structured orientation and training framework to ensure all Quit Coaches are prepared to deliver high-quality, evidence-based services for Nebraska Tobacco Quitline participants. QFL's Quit Coach training curriculum is accredited by the Council of

Tobacco Treatment Training Programs, and all new Quit Coaches complete a five-week virtual training program totaling more than 115 hours of instruction and evaluation. The first three weeks focus on foundational knowledge and applied coaching skills, followed by a precept period in which Coaches receive one-on-one mentoring and are individually assessed before independently managing calls. The curriculum covers tobacco dependence, assessment interviewing, treatment planning, motivational interviewing, cognitive-behavioral strategies, pharmacotherapy protocols, relapse prevention, documentation standards, crisis procedures, privacy practices, HIPAA compliance, and use of participant database and telephony systems. See *Attachment 2 - Quit Coach Training Topics.*

Training also includes cultural competence and responsive support for populations most heavily impacted by commercial tobacco, including individuals with behavioral health conditions, racial and ethnic minority groups, pregnant and postpartum participants, rural communities, youth and young adults, and participants who use emerging tobacco and nicotine products. Ongoing training, supervision, and quality assurance are embedded into QFL's operating model. Coaching interactions are recorded and regularly audited, with supervisors providing individualized feedback, coaching, and performance guidance to ensure adherence to quality and productivity standards. Quit Coaches also participate in brief monthly trainings, comprehensive quarterly trainings, and monthly Professional Learning Community sessions focused on best practices, complex participant scenarios, protocol updates, and continuous improvement. Updates related to Nebraska-specific requirements, new research, evolving tobacco products, pharmacotherapy guidance, or program protocols are incorporated into refresher trainings, job aids, and supervisor-led coaching to ensure consistent implementation across the program.

Quitline Medical Director Minimum Qualifications:
1. Ph.D. or equivalent experience and credentials.

Dr. James Davis serves as the Quit For Life (QFL) Medical Director and exceeds the required qualifications for this role. **Dr. Davis is a Doctor of Medicine (M.D.) and brings extensive clinical, academic, and research expertise in tobacco dependence treatment.** In his role as QFL Medical Director, Dr. Davis leads the development and oversight of evidence-based clinical protocols. These protocols encompass coaching strategies, pharmacotherapy integration, relapse prevention, and post-quit support, ensuring alignment with national guidelines, including those from the U.S. Public Health Service, CDC, and NAQC. He works closely with program leadership to ensure that clinical standards are consistently applied and adapted to meet evolving public health priorities.

Dr. Davis also serves as Co-Director of the Duke-UNC Tobacco Treatment Specialist Credentialing Program, co-authors national tobacco dependence treatment guidelines, and provides instruction at Duke School of Medicine. His research focuses on developing new pharmaceutical treatments for smoking cessation, including novel neurobiological mechanisms, and he is actively involved in clinical trials related to lung cancer screening, e-cigarettes, and emerging cessation approaches. In his role as Medical Director for QFL state quitlines, **Dr.**

Davis leads the development and oversight of evidence-based clinical protocols tailored to the unique needs of each state. These protocols encompass coaching strategies, pharmacotherapy integration, relapse prevention, and post-quit support, ensuring alignment with national guidelines, including those from the U.S. Public Health Service, CDC, and NAQC. He works closely with program leadership to ensure that clinical standards are consistently applied and adapted to meet evolving public health priorities. Dr. Davis's work is closely aligned with QFL's Center for Wellbeing Research, described below.

Bidder must notify DHHS immediately if any change in personnel in key positions of this RFP is terminated and replaced. Replacement staff must be reviewed by DHHS program to ensure compliance to the required credentials and/or licensure at any time during the life of the Contract.

QFL will notify the Nebraska Department of Health and Human Services (DHHS) immediately of any changes in personnel serving in key positions under this contract. Any replacement staff will be submitted for DHHS review and approval and will meet or exceed all required credentials, licensure, and experience requirements for the position.

The bidder should identify the specific professionals who will work on the State's project if their company is awarded the contract resulting from this Solicitation. The names and titles of the team proposed for assignment to the State project should be identified in full, with a description of the team leadership, interface, and support functions, and reporting relationships. The primary work assigned to each person should also be identified.

QFL will partner with the State to provide a highly experienced, multidisciplinary team to support the Nebraska Tobacco Quitline**. This team is structured to provide strong leadership, clear accountability, and seamless coordination across all functional areas**, while maintaining a collaborative and responsive relationship with state stakeholders. Our organizational structure is depicted in *Attachment 3 – Organizational Chart* and is described below.

Executive Leadership

The RVO Health Prevention division is guided by **Jeff Cross, Executive Vice President**, who has provided senior executive oversight of QFL and all health behavior change programs for the past decade. **Jake Keteyian, General Manager**, is responsible for advancing QFL's mission and ensuring alignment between strategy, operations, and outcomes. Reporting to Jake are the leaders of core service delivery areas, including Coaching Operations, Program & Product, Client Operations, and Public Health Strategy. This structure establishes clear reporting relationships, ensures alignment across functional teams, and provides Nebraska with both executive visibility and operational accountability.

Coaching Operations

Coaching Operations is led by **Raina Anderson, Director of Coaching Operations**, who is responsible for overall service delivery performance, staffing strategy, and quality of participant interactions. Raina supervises a team of Quit Coach Managers who actively monitor real-time

performance metrics, including call volume, wait times, and service levels, and adjust staffing dynamically to meet demand.

The **155+ Quit Coaches** serve as the primary point of contact for participants and are responsible for delivering evidence-based coaching, conducting intake assessments, developing quit plans, and providing ongoing support across multiple modalities. This team is trained to engage participants at the moment they are ready to quit, with most calls answered directly by a Quit Coach to ensure immediate access to services. During periods of elevated demand, trained enrollment specialists may support intake functions to maintain performance standards without compromising quality. This operational model ensures consistent access, high engagement, and continuity of care.

Program and Product Development

Program and Product Development is led by **Rachel Goldberg, Senior Director of Program & Product**, who holds day-to-day responsibility for the design, implementation, and continuous improvement of the QFL program. She works closely with **Dr. Kristina Mullis, Associate Director of Program Design**, who ensures that all program components reflect evidence-based treatment standards, behavioral science principles, and national clinical guidelines. Dr. Mullis also oversees program evaluation efforts, supporting both internal quality improvement and external reporting requirements. **Jeff Wang, Associate Director of Product Management**, leads the development and enhancement of QFL's digital ecosystem, including participant-facing tools, enrollment pathways, and backend systems. His team ensures that all technology solutions are scalable, secure, and optimized for user experience.

Supporting this work, **Emily Steffen-Batchos, Associate Director of Data Analytics**, leads a team responsible for data validation, performance monitoring, and report development. Her team ensures the accuracy and timeliness of all reporting deliverables and provides actionable insights to support continuous improvement. These teams work in close coordination to ensure that Nebraska's program remains responsive, data-driven, and aligned with evolving needs.

Medical Oversight and Clinical Leadership

As mentioned above, medical oversight is provided by **Dr. James Davis, QFL Medical Director**, who is responsible for establishing and maintaining evidence-based clinical protocols across all quitline services. His responsibilities include oversight of coaching methodologies, pharmacotherapy integration, relapse prevention strategies, and adherence to national guidelines. He also provides clinical consultation on complex cases and supports alignment with Nebraska's broader public health and clinical priorities. Dr. Davis works in close partnership with **Kelly Carpenter, Ph.D., Principal Scientist,** who leads our Center for Wellbeing Research (CWR). Dr. Carpenter is a clinical psychologist and nationally recognized researcher, and now leads the CWR team with a legacy spanning more than three decades of tobacco cessation research; CWR has contributed hundreds of peer-reviewed publications to the field (see *Attachment 4 – QFL Bibliography*). Together, Drs. Davis and Carpenter form a tightly integrated clinical and research leadership team, ensuring that all program components are grounded in the latest evidence and continuously refined based on emerging research and real-world data.

Importantly, Drs. Davis and Carpenter collaborate with **Kari Keller, Director of Training & Implementation**, to develop, review, and approve all Quit Coach training curricula and program materials, ensuring that staff are fully prepared and operating in accordance with best practices. Kari's team partners with Coaching Operations to deliver staff training and, in turn, these teams inform Drs. Davis, Carpenter, and Mullis of opportunities for improvement and innovation in service delivery. This feedback loop enables continuous quality improvement and will ensure that the Nebraska Tobacco Quitline remains aligned with the latest scientific advancements and best practices in tobacco treatment.

Client Operations

Client Operations is led by **Baihly Birdseye, Director of Client Operations** who works with **Camille Kelly, Senior Manager of Client Operations** to oversee a team of Client Services Managers (CSMs). The assigned CSM will serve as Nebraska's primary point of contact and will be responsible for day-to-day program management, including oversight of contract deliverables, performance monitoring, issue resolution, and coordination across internal teams.

The CSM will lead regular status meetings, provide detailed reporting and performance updates, and ensure that all program activities align with Nebraska's expectations and requirements. This role functions as the central interface between the State and QFL, facilitating communication, ensuring accountability, and driving continuous improvement. The CSM is supported by the full QFL leadership team to ensure rapid response to any operational or strategic needs.

Support Functions

QFL's core delivery teams are supported by a robust set of cross-functional teams that ensure operational reliability, compliance, and continuous improvement. **Nick Fradkin, Director of Public Health Strategy**, provides strategic guidance on tobacco control trends, supports alignment with state and national initiatives, and helps translate public health priorities into actionable program strategies. Critical technical functions, including engineering, data security, system reliability, and application support, are managed by a centralized information technology team. **Anand Jahagirdar, Director of Software Engineering**, provides dedicated leadership for QFL systems, ensuring secure data management, system uptime, and seamless integration across all operational platforms.

This integrated team structure provides Nebraska with a clearly defined leadership model, strong functional expertise, and a coordinated approach to service delivery. Each team member has defined responsibilities, supported by clear reporting relationships and cross-functional collaboration, ensuring a high-quality, compliant, and responsive Tobacco Quitline program.

The bidder should provide resumes for all personnel proposed by the bidder to work on the project. The State will consider the resumes as a key indicator of the bidder's understanding of the skill mixes required to carry out the requirements of the Solicitation in addition to assessing the experience of specific individuals. Resumes should not be longer than three (3) pages. Resumes should include, at a minimum, academic background and degrees, professional certifications, understanding of the process, and at least three (3) references (name, address, and telephone number) who can attest to the competence and skill level of the individual. Any changes in proposed personnel shall only be implemented after written approval from the State.

Please see *Attachment 5 - QFL Resumes.*

j. SUBCONTRACTORS

If the bidder intends to subcontract any part of its performance hereunder, the bidder should provide:
i. name, address, and telephone number of the subcontractor(s),
ii. specific tasks for each subcontractor(s),
iii. percentage of performance hours intended for each subcontract; and
iv. total percentage of subcontractor(s) performance hours.

Quit For Life (QFL) currently subcontracts with McKesson Medical-Surgical Inc. to support fulfillment of nicotine replacement therapy orders, as described in *Technical Requirements, section c.D.3.III.12.* McKesson Medical-Surgical Inc. is located at 9954 Maryland Drive, Richmond, VA 23233, and can be reached at 1-800-811-9092. McKesson has no affiliation with a tobacco company. All other quitline services are delivered in-house by QFL, including coaching operations, participant management, reporting, quality assurance, technical assistance, and program oversight. This integrated service model enables full accountability, consistent service delivery, and seamless program management while minimizing reliance on subcontractors.

2. TECHNICAL RESPONSE

a. Understanding of the project requirements

Quit For Life (QFL), operated by Consumer Wellness Solutions and supported by RVO Health, brings a comprehensive and operationally grounded understanding of the Nebraska Department of Health and Human Services' (DHHS) objectives in establishing and sustaining the Nebraska Tobacco Quitline. **Nebraska is seeking a partner capable of delivering a high-quality, evidence-based cessation program that is accessible across the state, responsive to diverse population needs, and supported by strong infrastructure, reporting, and continuous improvement processes.** QFL's proposed approach reflects not only the specific requirements outlined in the RFP, but also a deep understanding of what is required to successfully operate a statewide quitline program that drives measurable outcomes over time.

At its core, the Nebraska Tobacco Quitline must function as a centralized, no-cost resource that provides participants with registration, counseling, pharmacotherapy coordination, and referrals based on individual readiness to quit. **QFL understands that this requires more than delivering discrete services; it requires a coordinated system that integrates multiple channels, maintains a consistent participant experience, and generates reliable data for program oversight and evaluation.** QFL's model has been developed and refined over nearly three decades of operating state quitlines and reflects both the operational rigor and flexibility required to meet these expectations. Additional detail on how this model is operationalized is provided in *D. Scope of Work, Section 3. Quitline Participant Management*, and *6. Reporting Requirements*.

QFL also understands that Nebraska's program must align with national standards, including CDC Best Practices, NAQC guidance, and U.S. Public Health Service Clinical Practice Guidelines. These standards are not treated as static requirements, but as the foundation for an evolving program that must adapt to changes in the tobacco and nicotine landscape, emerging research, and participant needs. QFL's clinical leadership model, led by Dr. James Davis and supported by the Center for Wellbeing Research, ensures that all program components remain aligned with current evidence and are continuously refined based on data and outcomes.

Delivering a Scalable, Statewide Service Model

QFL recognizes that Nebraska requires a program that can operate reliably at scale while maintaining a high level of service quality and participant engagement. This includes the ability to handle fluctuations in call volume, support multiple communication channels, and provide consistent access to services across geographic regions, including rural and underserved areas. QFL's infrastructure and staffing model are specifically designed to meet these needs.

QFL operates using a distributed workforce model supported by a secure, cloud-based telephony and data infrastructure. This approach allows QFL to recruit and retain highly qualified Quit Coaches across the country while ensuring consistent service delivery and system reliability. It also enables rapid scaling in response to increased demand, such as during media

campaigns or seasonal surges in quit attempts, without requiring physical call center expansion. This model has been successfully implemented across multiple state programs and ensures that Nebraska participants will have consistent, uninterrupted access to services.

The telephony platform itself is designed to support high call volumes and real-time operational management. Calls are routed using skills-based logic, ensuring that participants are connected to staff who are best equipped to meet their needs based on language, service type, or special population requirements. Supervisors monitor performance metrics in real time and adjust staffing dynamically to maintain service levels, ensuring that calls are answered promptly and participants are not subject to excessive wait times. Additional technical detail is provided in *1. Quitline System Capability*.

Ensuring Accessible and Integrated Participant Entry

QFL understands that **Nebraska requires a program that is easily accessible and allows participants to enter through multiple pathways, including phone, web, and referral systems.** Accessibility is not limited to availability of services, but also includes ease of entry, clarity of processes, and consistency of experience regardless of how a participant engages.

QFL's intake model integrates all entry points into a centralized participant management system. Whether a participant enrolls by calling the Quitline, registering online, engaging through a text-based entry point, or being referred by a healthcare provider, the intake process captures standardized data and creates a unified participant record. This ensures continuity of care and eliminates fragmentation across channels. Participants do not experience different systems or workflows depending on how they enter the program; instead, they are guided through a consistent intake and assessment process that supports appropriate triage and service delivery. See *3.I Registration* for additional detail.

This unified approach also supports data integrity and reporting accuracy, as all participant interactions are captured within a single system. This is particularly important for meeting Nebraska's reporting requirements, which rely on accurate tracking of participant engagement across multiple modalities.

Structured Intake and Readiness-Based Triage

QFL recognizes that a key requirement of the program is the ability to assess participants and match them with appropriate services based on readiness to quit and individual needs. The intake process is designed to capture not only basic demographic and contact information, but also tobacco use history, level of dependence, readiness to quit, and any relevant health considerations.

This information is used to triage participants into the most appropriate service pathway. Participants who are ready to quit may be enrolled in proactive coaching programs, while those who are not yet ready may receive information, digital resources, or referrals to other services. This readiness-based approach ensures that **participants receive the right level of support at the right time, which improves both engagement and outcomes.**

The intake process also includes screening for contraindications related to nicotine replacement therapy, ensuring that recommendations are safe and appropriate. This integration of clinical considerations into the intake process reflects QFL's understanding of the importance of aligning behavioral and pharmacological interventions. Additional detail is provided in *3.a* through *3.c*.

Delivering Evidence-Based Counseling and Behavior Change Support

QFL understands that Nebraska requires all counseling services to be grounded in evidence-based methodologies, including motivational interviewing and cognitive behavioral approaches. QFL's coaching model is built on these principles and has been refined through years of implementation across diverse populations.

Participants who enroll in coaching receive an initial session focused on assessment and quit planning, followed by a series of proactive follow-up sessions aligned with key milestones such as quit date, early abstinence, and relapse risk periods. Coaching is tailored to each participant's needs and includes strategies for managing cravings, coping with triggers, and maintaining motivation. Participants also have access to inbound support, allowing them to connect with a Quit Coach whenever additional assistance is needed.

All coaching is delivered by trained Quit Coaches who meet defined qualifications and receive ongoing training and quality assurance review. This ensures consistency in service delivery and adherence to evidence-based protocols. See *3.II Counseling and Consultation* and *11. Counseling Technical Requirements* for more detail.

Integrating Digital Services and Continuous Engagement

QFL recognizes that Nebraska requires web-based services that enhance telephone-based support and provide an alternative pathway for participants who prefer digital engagement. **QFL's digital platform is fully integrated with its coaching and data systems, ensuring that participants receive a consistent experience regardless of how they engage.**

Participants have access to a secure, personalized dashboard where they can view educational content, track progress, and engage with program resources. Digital tools are designed to reinforce coaching messages and support behavior change between live interactions. Participants may also use text-based entry points to connect to services or access their dashboard, providing an additional layer of accessibility.

This integration ensures that digital services are not standalone, but part of a coordinated system that supports ongoing engagement and continuity of care. See *3.d Web Counseling* for additional detail.

Supporting Pharmacotherapy and Resource Coordination

QFL understands that Nebraska's program must include comprehensive support for nicotine replacement therapy and other cessation resources. QFL's approach includes

screening participants for contraindications, providing individualized recommendations, and coordinating timely fulfillment of NRT products.

Participants receive education on proper use and adherence, and this information is reinforced throughout the coaching process. Orders are processed efficiently and tracked within the system, allowing for oversight and reporting. QFL also supports referrals to community-based cessation programs and healthcare providers, ensuring that participants have access to a broader network of support services. Additional detail is provided in *12. Nicotine Replacement Therapy.*

Providing Comprehensive Reporting and Data Transparency

QFL recognizes that Nebraska places significant emphasis on reporting and data transparency. The program must generate monthly, quarterly, and annual reports that provide insight into participant engagement, service utilization, and outcomes. QFL's reporting infrastructure is designed to meet these requirements and support both program oversight and evaluation.

All participant interactions and service data are captured within a centralized system and validated through standardized processes to ensure accuracy and completeness. Reports are delivered in both summary and record-level formats, allowing Nebraska to analyze program performance at both a high level and in detail. Data dictionaries and definitions are provided to ensure clarity and consistency.

QFL also supports ad hoc reporting and is developing a self-service reporting portal that will allow Nebraska users to access dashboards and data extracts directly. This enhances transparency and reduces reliance on custom report requests. See *6. Reporting Requirements* for more detail.

Maintaining Quality and Driving Continuous Improvement

QFL understands that maintaining program quality requires ongoing monitoring, evaluation, and improvement. All participant interactions are recorded and reviewed as part of a structured quality assurance program. Coaches receive feedback and training based on these reviews, ensuring adherence to protocols and continuous skill development.

Performance metrics such as call handling, engagement rates, and participant satisfaction are tracked and analyzed. This information is used to identify opportunities for improvement and inform program adjustments. This continuous improvement approach ensures that Nebraska's program remains responsive to participant needs and aligned with best practices.

Serving Diverse Populations and Advancing Health Equity

QFL recognizes that Nebraska's program must serve a diverse population, including individuals with varying socioeconomic backgrounds, health conditions, and cultural needs. **QFL has extensive experience designing and delivering programs for priority populations, including Medicaid beneficiaries, pregnant individuals, individuals with behavioral health**

conditions, and rural residents. Services are designed to be culturally and linguistically appropriate, with materials and coaching approaches tailored to meet the needs of each population. Coaches are trained to address barriers to quitting and to provide support that is both accessible and relevant. This ensures that all participants, regardless of background, have the opportunity to succeed.

Conclusion

QFL's understanding of Nebraska's project requirements reflects both the detailed specifications of the RFP and the broader goals of delivering a high-quality, effective tobacco cessation program**. By combining operational experience, clinical expertise, integrated technology, and a strong focus on data and outcomes, QFL is well positioned to deliver a program that meets Nebraska's needs and supports long-term reductions in tobacco use across the state.**

b. Proposed development approach

QFL's proposed development approach is built around one central priority: helping Tobacco Free Nebraska operate a Quitline that is accessible, evidence-based, responsive to participant needs, and aligned with the State's broader tobacco control goals. Nebraska is seeking more than a vendor to deliver discrete services. It is seeking a partner that can help strengthen the Quitline as a statewide cessation resource, support TFN's priorities, and translate program requirements into a reliable, high-performing service model.

QFL understands that the Nebraska Tobacco Quitline plays an important role in TFN's work to prevent and reduce commercial tobacco use among Nebraskans of all ages through advocacy, education, and collaboration. Our development approach reflects that role. We will configure, launch, and continuously refine the Quitline so that participant intake, coaching, digital engagement, pharmacotherapy support, provider and community referrals, reporting, technical assistance, and quality improvement work together as one coordinated program.

For that reason, QFL's development approach begins with alignment. We will work with TFN at the outset to confirm program goals, performance expectations, reporting requirements, approval processes, implementation priorities, and any Nebraska-specific adaptations needed to ensure the program reflects local needs and existing tobacco control strategies. This section explains how QFL will translate that alignment into an operational model that is ready at launch, responsive during implementation, and continuously improved throughout the life of the contract.

QFL's approach is intentionally aligned with the Nebraska Tobacco Control State Plan 2023 to 2028, with particular emphasis on the State Plan's goal to promote quitting among tobacco users.[1] The State Plan identifies the Nebraska Tobacco Quitline as a key component of Nebraska's cessation strategy, including free coaching, quit medication, online registration and coaching, and media and marketing. It also identifies several barriers that QFL is well positioned to help TFN address, including lack of awareness of the Quitline, lack of adequate funding or healthcare coverage, and difficulty reaching individuals of lower socioeconomic status.

The State Plan's quitting-related objectives are specific and measurable. Nebraska seeks to:

- reduce adult cigarette smoking from 13.4% in 2021 to 10.0% by 2028
- reduce adult e-cigarette use from 6.7% in 2021 to 5.0% by 2028
- reduce smokeless tobacco use among male adults from 9.4% in 2020 to 8.0% by 2028
- increase the rate of adults who attempt to quit smoking from 52.8% in 2020 to 56.0% by 2028

[1] Nebraska Department of Health and Human Services. *Nebraska Tobacco Control State Plan 2023–2028.* Tobacco Free Nebraska, 2023.

QFL's development approach is organized around helping TFN make progress toward these outcomes by increasing access, improving engagement, strengthening referrals, expanding awareness, supporting strategic marketing, and using data to guide ongoing program refinement.

This approach reflects QFL's belief that program development is not a one-time implementation activity. It is an ongoing, structured process that begins before go-live and continues through operations, reporting, evaluation, and program enhancement. QFL will bring a proven statewide quitline model to Nebraska, but we will not treat Nebraska as a generic implementation. We will tailor the program to TFN's priorities, Nebraska's State Plan strategies, RFP requirements, population needs, provider landscape, and stakeholder expectations.

Aligning program development with Nebraska's statewide tobacco control strategy

QFL will begin implementation by grounding the Nebraska Tobacco Quitline in TFN's vision of a healthy, tobacco-free Nebraska. This means designing the Quitline not only to respond to individual participants who are ready to quit, but also to function as a statewide resource that supports broader tobacco control activities. The Quitline must be visible, accessible, clinically sound, easy to refer into, easy to report on, and capable of evolving as tobacco and nicotine use patterns change.

The Nebraska Tobacco Control State Plan identifies TFN as the coordinating entity for statewide tobacco control efforts, while recognizing that partners across the comprehensive tobacco control program will help advance the plan's objectives. QFL's role as the Nebraska Tobacco Quitline vendor will be to support that coordinated system. We will provide the infrastructure, staffing, clinical protocols, data systems, digital tools, participant services, pharmacotherapy processes, provider engagement support, and reporting capabilities needed to help TFN deliver an effective cessation resource across the state.

This alignment will begin during the kickoff and planning period. QFL will work with TFN to confirm program priorities, key performance indicators, escalation pathways, communication processes, reporting expectations, approval workflows, and Nebraska-specific protocol requirements. This planning will include detailed review of the requirements addressed in *2.c Technical Requirements* and *D. Scope of Work*.

During this process, QFL will also identify where the Quitline can directly support the specific quitting-related strategies outlined in the Nebraska Tobacco Control State Plan. These strategies include increasing use of Nebraska Tobacco Quitline services by educating and promoting the availability of free coaching, quit medication, online registration, NRT, counseling, FDA-approved medications, and other cessation resources; increasing public and partner knowledge of evidence-based cessation tools; strengthening engagement with healthcare providers and community partners so they can screen for tobacco use, connect individuals to the Quitline, and support referral workflows; implementing strategic marketing campaigns that promote cessation and emphasize the personal benefits of quitting; and celebrating cessation through storytelling that shares the experiences of people who have successfully quit. **QFL's**

proposed model supports each of these strategies through integrated service delivery, provider and community referral infrastructure, educational support, marketing coordination, digital engagement, participant-centered messaging, and data-driven program management.

This development approach ensures that the Quitline is not positioned as separate from Nebraska's larger tobacco control ecosystem. Instead, it becomes a practical operating mechanism for advancing the State Plan. When TFN invests in media, the Quitline must be prepared to respond. When healthcare providers identify tobacco use, the Quitline must be easy to refer into. When community partners encounter individuals who are not ready to quit, the Quitline must offer accessible pathways that support motivation and readiness. When TFN needs data to assess progress, the Quitline must provide accurate, timely, and actionable reporting.

Increasing use of Nebraska Tobacco Quitline services

QFL recognizes that one of the most important measures of program success will be whether Nebraskans know about, trust, and use the Nebraska Tobacco Quitline. The Nebraska Tobacco Control State Plan specifically calls for increasing use of Quitline services by educating Nebraskans about the availability of free coaching, quit medication, online registration, counseling, FDA-approved medications, NRT, and other cessation resources. QFL's development approach directly supports this strategy by combining accessible enrollment pathways, responsive operations, integrated pharmacotherapy support, coordinated promotion, and ongoing performance analysis.

From the participant perspective, utilization begins with ease of entry. **QFL will configure the Nebraska Tobacco Quitline so participants can enter through multiple pathways,** including phone, web, mobile-optimized registration, provider referral, and approved digital or text-enabled access points. These pathways will be integrated into a centralized participant management system so that participants receive a consistent experience regardless of how they enter the program. Details regarding registration, intake, and participant workflows are addressed in *D. Scope of Work, Section 3. Quitline Participant Management*.

QFL will also support utilization by reducing friction during the first interaction. Participants who call the Quitline should be able to reach support quickly, understand what services are available, complete registration efficiently, and begin receiving help that matches their readiness and needs. **QFL's telephony, staffing, and workflow model is designed to support timely call response, appropriate routing, and immediate engagement.** Additional detail regarding telephony and access is provided in *D. Scope of Work, Section 1. Quitline System Capability*, *Section 2. Quitline Hours of Operation*, and *Section 5. Quitline Call Performance Standards*.

Utilization also depends on whether participants perceive the service as relevant and worthwhile. **QFL's coaching model is designed to meet participants where they are,** whether they are ready to quit immediately, considering a quit attempt, returning after relapse, using multiple tobacco or nicotine products, or seeking support for someone else. This is

important in light of the State Plan's future consideration for marketing outreach to people who are not ready to quit, with the goal of helping move them from precontemplation to contemplation. QFL's participant engagement approach can support that need by offering motivational, readiness-based support instead of limiting services only to those who have already selected a quit date.

QFL will further support utilization through integrated pharmacotherapy processes. The State Plan identifies quit medication as a key Quitline component, and **QFL understands that access to NRT can be a major driver of enrollment, engagement, and quit attempts**. QFL will screen participants for NRT eligibility, provide education on proper use, coordinate fulfillment, and track NRT distribution in accordance with TFN-approved protocols. More detail is provided in *D. Scope of Work, Section 12. Nicotine Replacement Therapy*.

QFL will also use performance data to identify opportunities to increase utilization over time. Utilization trends will be reviewed by source, geography, referral pathway, service type, population segment, and campaign period where data is available. These insights will help TFN understand which channels are generating engagement, where barriers may exist, and which audiences may require additional outreach. Reporting detail is provided in *D. Scope of Work, Section 6. Reporting Requirements*.

This data-driven approach is especially important because increasing utilization is not accomplished through a single activity. It requires continuous attention to awareness, access, participant experience, referral quality, service relevance, and follow-up. QFL will work with TFN to monitor each of these elements and recommend program refinements that strengthen Nebraska's ability to connect tobacco users to evidence-based cessation support.

Increasing public and partner knowledge of cessation resources

The Nebraska Tobacco Control State Plan calls for increasing knowledge of cessation resources, including educating partners and the public on tools that increase successful quit attempts, such as counseling and FDA-approved medication. **QFL's development approach supports this strategy by ensuring that the Nebraska Tobacco Quitline is not only available, but clearly understood by participants, providers, community partners, and other stakeholders**.

At the participant level, QFL will provide plain-language education about the quitting process, available services, counseling options, NRT, medication adherence, relapse prevention, and ways to access additional support. This education will be reinforced across coaching, digital tools, email, text-enabled engagement where applicable, and approved print or electronic materials. Details regarding support materials are addressed in *D. Scope of Work, Section 9. Support Materials.*

At the partner level, QFL will work with TFN to ensure healthcare providers, community-based organizations, and other referral partners understand how the Quitline works, who is eligible, what services are available, and how to refer individuals into care. This includes support for

provider-facing materials, referral workflows, training content, technical assistance, and promotion to healthcare systems. Details are addressed in *D. Scope of Work, Section 8. Technical Assistance for Healthcare Professionals* and *Section 10. Promotion to Healthcare Systems.*

This knowledge-building function is especially important because cessation resources are only effective when people know they exist and understand how to access them. **The State Plan identifies lack of awareness of the Quitline as a barrier. QFL will help TFN address this barrier by making Quitline information clear, consistent, and easy to distribute across multiple settings.** Messaging can be tailored for participants, providers, community partners, behavioral health organizations, maternal and child health partners, local tobacco prevention coalitions, and other priority audiences identified by TFN.

QFL will also support education around the evidence base for combining behavioral counseling with pharmacotherapy. Participants may need practical, repeated guidance on how NRT works, why adherence matters, what to expect during withdrawal, and how coaching can help manage cravings and triggers. Providers may need concise tools that explain the referral process, the 5A's or 2A's and Refer approach, EHR referral options, and how Quitline support can extend care beyond the clinical visit.

The State Plan also calls for promoting education about tobacco cessation, including online continuing education credits, training opportunities, and certification programs. QFL can support this need through technical assistance and training resources for healthcare professionals, in coordination with TFN and as described in *D. Scope of Work, Section 8. Technical Assistance* for Healthcare Professionals. These training efforts can help strengthen the statewide cessation network by equipping providers and partners with practical information on tobacco dependence treatment, referral processes, pharmacotherapy, and population-specific considerations.

Over time, QFL will use reporting and feedback to help TFN understand where knowledge gaps may remain. For example, low referral volume from a certain provider type may indicate the need for additional outreach or simpler referral materials. Low enrollment from a specific geography may suggest an opportunity for targeted education through local coalitions or community partners. High participant interest in NRT but low follow-through may indicate the need for revised medication education or adherence messaging. QFL's approach treats education as an ongoing program development function, not a one-time launch deliverable.

Strengthening healthcare provider and community partner engagement in tobacco cessation

The Nebraska Tobacco Control State Plan calls for increasing healthcare provider engagement in tobacco cessation by supporting tobacco screenings, EHR integration, and referral processes to the Quitline. The State Plan's Year 2 update also recommends broadening this work to include community partners, such as food banks, housing assistance programs, transportation services, local health departments, and other community-based organizations. QFL's

development approach directly reflects this expanded view of referral engagement by supporting both clinical and community-based pathways into the Nebraska Tobacco Quitline.

QFL understands that healthcare providers are critical to increasing Quitline utilization because they encounter tobacco users in moments when health risks, motivation, and readiness may be especially salient. At the same time, QFL recognizes that many individuals who use commercial tobacco may not regularly access healthcare, may face transportation or coverage barriers, or may be more likely to interact with community-based organizations than clinical systems. For that reason, QFL will support TFN in building referral pathways that include both healthcare and community partners.

For healthcare systems, QFL can support multiple referral approaches, including fax referral, electronic referral workflows, EHR-based referral processes, secure file exchange, and provider-facing education. QFL will work with TFN and participating systems to define referral data requirements, workflow expectations, confirmation processes, and follow-up procedures. Technical details related to referral management are addressed in *D. Scope of Work, Section 3. Quitline Participant Management* and *Section 10. Promotion to Healthcare Systems.*

For community partners, QFL will support practical referral and education pathways that can be implemented without imposing clinical workflow requirements. This may include partner-facing referral guides, simple handouts, QR codes or web links where approved, scripts for staff, and educational materials that explain how the Quitline can help. These materials will be developed and approved in collaboration with TFN, as described in *D. Scope of Work, Section 9. Support Materials.*

QFL's provider and partner engagement approach will be coordinated with technical assistance activities. As described in *D. Scope of Work, Section 8. Technical Assistance for Healthcare Professionals*, QFL can support training and education on evidence-based cessation intervention models, pharmacotherapy, tobacco dependence treatment for special populations, youth and young adult tobacco use, EHR documentation, referral workflows, and practical use of Quitline services. These activities help create a more informed referral network and reinforce the Quitline as an extension of care.

QFL will also support TFN in monitoring referral performance. Reports can help identify referral sources, referral volume, completed enrollments, participant engagement after referral, and trends over time. This enables TFN and QFL to identify high-performing partners, support partners that may need additional assistance, and make data-informed decisions about outreach priorities. This approach aligns with the State Plan's future consideration to acknowledge and celebrate existing partnerships that make tobacco control work possible.

QFL's approach to provider and community partner engagement is designed to reduce burden on the State while expanding the reach of the Nebraska Tobacco Quitline. TFN will retain strategic direction and approval authority, while QFL will provide the operational support,

materials, training, referral infrastructure, and reporting needed to make those partnerships more actionable. This model supports the State Plan's emphasis on collaboration and recognizes that successful cessation work depends on a network of trusted messengers across both healthcare and community settings.

Supporting strategic marketing campaigns that promote cessation

The Nebraska Tobacco Control State Plan calls for implementing strategic marketing campaigns that promote cessation, including expanded marketing options, innovative approaches for disseminating information, and messaging that highlights the personal gains associated with quitting, such as extra time with children or improved breathing. QFL's development approach supports this strategy in two ways. **First, QFL can help TFN ensure that the Quitline is operationally prepared to respond to marketing-generated demand. Second, QFL can contribute insight into messaging, audience engagement, digital pathways, and campaign optimization.**

QFL understands that marketing is only successful when the service being promoted is ready to respond. Paid media, earned media, provider outreach, and community promotion can generate rapid increases in call volume, web registration, and participant inquiries. QFL will coordinate with TFN before major promotional activities to review campaign timing, expected audience, anticipated response volume, promoted services, messaging, and any operational implications. This readiness planning is addressed in *D. Scope of Work, Section 10. Promotion to Healthcare Systems* and is also supported by the operational capabilities described in *Section 1. Quitline System Capability* and *Section 5. Quitline Call Performance Standards.*

QFL will use workforce planning, real-time monitoring, and historical utilization trends to maintain service quality during campaign periods. Call volume, speed of answer, abandonment, enrollment, referral activity, and digital engagement can be monitored so that operational adjustments can be made as needed. This helps ensure that marketing investments translate into successful participant connections rather than missed opportunities.

QFL can also support TFN's strategic marketing efforts through access to broader RVO Health marketing capabilities while keeping QFL as the program-facing brand and service partner. As described in *D. Scope of Work, Section 10. Promotion to Healthcare Systems*, **QFL brings in-house marketing capabilities through RVO Health and Healthline Media that can support coordinated promotional efforts, including custom social media campaigns, highly targeted digital display, Connected TV with QR code activation, streaming audio campaigns, direct mail, custom creative development, and print and out-of-home strategies.** These capabilities can help inform how cessation messaging reaches and resonates with different audiences, while supporting TFN's goals without replacing TFN's brand direction, state priorities, or approval authority.

This is particularly relevant to the State Plan's recommendation that TFN consider reassessing marketing strategies and messaging for cessation resources and the Quitline, possibly tailoring messaging to resonate more with people who are heavily addicted or who have been smoking

or using tobacco for many years. QFL's experience with participant engagement, readiness-based messaging, and behavior change can help TFN develop approaches that acknowledge the lived experience of long-term tobacco users while still offering hope, practical support, and a clear path to services.

QFL can also help TFN think about outreach to people who are not ready to quit. Rather than focusing only on immediate cessation, messaging can encourage reflection, confidence-building, curiosity, and small steps. This approach is consistent with motivational interviewing and the Transtheoretical Model, both of which inform QFL's coaching model. It also supports the State Plan's future consideration for marketing outreach that nudges individuals from precontemplation to contemplation.

The State Plan specifically encourages promoting the "gaining" opportunities associated with cessation, such as extra time with children and improved breathing. QFL's participant-centered approach is well aligned with this direction. Coaches help participants identify their own reasons for quitting, which may include family, health, independence, finances, physical stamina, pregnancy, recovery, or simply feeling more in control. These themes can inform TFN-approved messaging that is practical, personal, and motivating. By focusing on what participants can gain, the Quitline can reach people who may not respond to fear-based messaging or who have become discouraged by past quit attempts.

QFL can also help TFN evaluate marketing impact by connecting campaign timing, referral sources, call volume, web activity, enrollment, demographics, NRT interest, and service engagement where data is available. This allows TFN to see which campaigns or outreach efforts appear to drive meaningful engagement and which may need adjustment. These insights can support ongoing refinement of messaging, media channels, audience targeting, and operational planning.

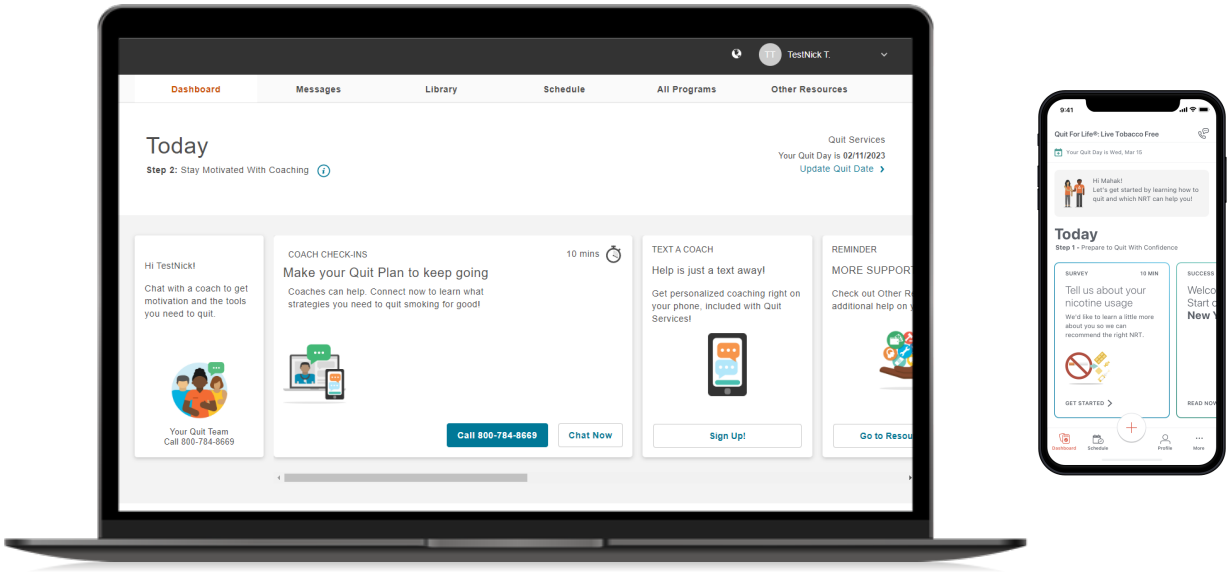
Using digital engagement to expand access and sustain support

QFL's development approach recognizes that modern quitline services must extend beyond traditional phone counseling while still preserving the value of live human support. The Nebraska State Plan identifies online registration and coaching as key Quitline components, and the RFP includes detailed requirements related to web counseling, participant management, support materials, text counseling, and optional digital services. QFL's model integrates these modalities into one coordinated participant experience.

Digital engagement begins with access. Participants who prefer not to call, are unable to call during a particular moment, or first encounter the Quitline through online outreach should be able to take action easily. **QFL's digital registration and engagement tools support this need by providing mobile-optimized pathways into the program.** Once enrolled, participants can access tools, educational content, quit planning resources, and progress support that reinforce coaching and extend engagement between live interactions. Details are provided in D. Scope of Work, Section 3. Quitline Participant Management and Section 7. Service Delivery Protocols.

QFL's digital services are not developed as a separate or competing channel. They are part of the same participant record and service model used for coaching, NRT, reporting, and follow-up. This integration ensures continuity of care and enables TFN to understand how participants engage across channels. A participant who begins online can still receive coaching. A participant who receives phone coaching can also use digital tools. A participant who needs information between sessions can access resources without starting over.

Digital engagement also supports equity and reach when designed appropriately. For some participants, digital tools offer convenience, privacy, and flexibility. For others, live phone support may remain the most accessible or preferred channel. QFL's development approach preserves participant choice while ensuring each modality is clinically aligned and operationally connected. This is especially important for rural communities, working adults, younger participants, and individuals who may need multiple opportunities to engage before committing to a quit attempt.



Digital engagement also supports Nebraska's strategy to increase public knowledge of cessation resources. A participant may see a TFN-approved campaign, scan a QR code, visit a mobile-optimized landing page, learn that free coaching and quit medication are available, and begin enrollment without needing to make a phone call first. A provider or community partner may share a digital link that explains the Quitline in clear language and directs individuals to the appropriate entry point. These digital pathways reduce barriers and make it easier for outreach, marketing, and referral activities to become measurable engagement.

QFL can also support text-enabled engagement, as described in *E. Optional Services, Section 3. Text Counseling*. Text-based support can reinforce motivation, medication adherence, coping

strategies, and relapse prevention. It can also support participants who prefer lower-barrier communication or who may not engage consistently with phone-based follow-up.

Developing services for priority populations and populations facing disparities

QFL's development approach is grounded in the understanding that tobacco use does not affect all populations equally. The Nebraska State Plan identifies priority populations including people with behavioral health conditions, racial and ethnic minorities, and pregnant and postpartum women. It also emphasizes the need to identify and eliminate commercial tobacco-related disparities. QFL will develop Nebraska's Quitline services with these priorities in mind from the beginning of implementation.

This begins with intake and assessment. QFL's participant management approach captures information needed to understand participant needs, tailor services, support reporting, and identify appropriate service pathways. Participants may have different tobacco or nicotine use patterns, health considerations, cultural needs, language preferences, pregnancy status, behavioral health needs, or barriers to quitting. QFL's intake and triage workflows will support appropriate identification and service matching. Details are provided in *D. Scope of Work, Section 3. Quitline Participant Management.*

QFL's coaching model is designed to be individualized and responsive. Quit Coaches are trained to use motivational interviewing, cognitive behavioral strategies, relapse prevention, and practical quit planning. They listen for barriers that may affect a participant's ability to quit, including stress, mental health, substance use, social environment, financial constraints, access to medication, transportation, health literacy, and prior negative experiences with treatment. This approach is further described in *D. Scope of Work, Section 11. Counseling Technical Requirements.*

For participants with behavioral health conditions, QFL recognizes the need for integrated, nonjudgmental support that addresses nicotine dependence within the context of stress, coping, medication use, recovery, and relapse risk. For pregnant and postpartum participants, QFL recognizes the importance of specialized education, careful pharmacotherapy protocols, and support that addresses both maternal and infant health. For racial and ethnic minority participants, QFL recognizes the importance of culturally appropriate materials, language access, and messaging that is relevant and respectful.

QFL will also support TFN in reaching lower socioeconomic status populations, which the State Plan identifies as a challenge for the goal of promoting quitting among tobacco users. This requires more than general awareness. It requires accessible entry points, community partner engagement, plain-language materials, flexible service options, and practical support that acknowledges participants' lived realities. The Year 2 recommendation to include community partners in provider engagement activities is especially important in this context, because organizations such as food banks, housing assistance programs, transportation services, local health departments, and community-based organizations may be trusted access points for individuals who are not consistently reached through healthcare systems.

Support materials will be developed or adapted in coordination with TFN to meet literacy, language, accessibility, and population-specific needs. As described in D*. Scope of Work, Section 9. Support Materials*, QFL will ensure materials are reviewed and approved by TFN prior to use and aligned with Nebraska Tobacco Quitline branding requirements.

This population-focused approach also supports Nebraska's strategic marketing needs. Messaging that resonates with one audience may not resonate with another. Long-term tobacco users may need messaging that recognizes dependence and repeated quit attempts. Pregnant and postpartum participants may need messaging that is supportive rather than stigmatizing. People with behavioral health conditions may need messaging that acknowledges stress and recovery. Rural participants may need flexible access and practical referral pathways. QFL will work with TFN to ensure that program development, materials, and outreach support reflect these differences while maintaining consistent clinical standards.

Building the program around evidence-based cessation support

QFL's development approach is grounded in evidence-based tobacco dependence treatment. The Nebraska Tobacco Quitline must provide practical, clinically sound support that helps participants make and sustain quit attempts. QFL's services are aligned with established cessation practices, including motivational interviewing, cognitive behavioral strategies, structured quit planning, relapse prevention, and appropriate use of FDA-approved cessation medications.

The technical details of QFL's counseling model are addressed in *D. Scope of Work, Section 11. Counseling Technical Requirements*. At the development level, QFL will ensure that Nebraska-specific coaching protocols, training materials, quality monitoring tools, and participant workflows are configured to support consistent evidence-based delivery. This includes defining the coaching pathway, proactive follow-up structure, inbound support model, documentation requirements, escalation processes, and integration with NRT and digital tools.

QFL's pharmacotherapy approach is addressed in *D. Scope of Work, Section 12. Nicotine Replacement Therapy*. During implementation, QFL will work with TFN to finalize NRT protocols, approval timelines, eligibility rules, product options, contraindication screening, dosing guidance, fulfillment workflows, and reporting expectations. Protocols will be submitted for TFN review and approval as required before implementation. Once approved, they will be embedded into coaching workflows and participant documentation processes.

QFL's evidence-based approach also extends to training and quality assurance. Quit Coaches and other participant-facing staff will receive Nebraska-specific training before launch, including TFN priorities, program eligibility, service offerings, approved materials, documentation standards, NRT protocols, referral procedures, priority population considerations, and escalation procedures. Ongoing training and quality monitoring will support fidelity to the model and continuous improvement. Additional detail is provided in *D. Scope of Work, Section 4. Quitline Management and Staffing* and *Section 7. Service Delivery Protocols.*

QFL will also maintain clinical oversight and program review processes to ensure that Nebraska's services remain current over time. Tobacco and nicotine products continue to evolve, and participant needs change accordingly. **QFL's clinical leadership and research-informed program development model will support updates to coaching guidance, participant education, pharmacotherapy considerations, and digital engagement strategies as evidence and best practices evolve.**

This evidence-based foundation is also central to the State Plan's strategy to increase knowledge of cessation resources. When participants, providers, and community partners understand the role of counseling, FDA-approved medications, NRT, and structured quit planning, they are better positioned to use the Quitline effectively. QFL will help translate evidence-based cessation practices into practical participant support, provider education, partner materials, and TFN-approved outreach content.

Developing a coordinated provider training and technical assistance model

QFL recognizes that provider training and technical assistance are essential to increasing referrals, improving tobacco screening, and embedding Quitline services within routine care. The Nebraska Tobacco Control State Plan specifically calls for increasing healthcare provider engagement in tobacco cessation by supporting tobacco screenings, EHR integration, and referral processes to the Quitline. The RFP also includes detailed requirements related to technical assistance for healthcare professionals.

QFL will support TFN by developing a coordinated approach to provider education and technical assistance, as described in *D. Scope of Work, Section 8. Technical Assistance for Healthcare Professionals*. This may include training modules, CEU-aligned education, provider toolkits, referral workflow support, EHR documentation guidance, and practical resources for implementing tobacco use intervention models. Training topics may include pharmacotherapy, in-office procedures, electronic health record documentation, tobacco dependence treatment for special populations, youth tobacco dependence treatment, Quitline service utilization, and more.

QFL's approach will be practical and workflow-oriented. Providers often understand the importance of tobacco cessation but need simple, reliable ways to identify tobacco use, advise patients, refer to services, and document the intervention. QFL will work with TFN to ensure training and materials make these steps clear and feasible across different care settings, including primary care, behavioral health, oral health, hospitals, federally qualified health centers, maternal health settings, and community-based clinics.

The development process will also include feedback loops. QFL will use referral data, provider feedback, TFN input, and technical assistance interactions to identify where additional support may be needed. If a health system has low referral completion rates, QFL can help assess whether the barrier is workflow design, staff awareness, patient communication, referral technology, or follow-up expectations. If providers express confusion about NRT or Quitline eligibility, QFL can support updated materials or training content. If community partners are

added as referral partners, QFL can help develop simpler non-clinical referral tools appropriate to those settings.

This approach allows technical assistance to function as an ongoing development activity rather than a static training deliverable. It also reinforces the State Plan's emphasis on collaboration by helping TFN, providers, and community partners work from a shared understanding of cessation resources.

QFL will also support education beyond formal training. Provider and partner engagement may include concise referral guides, talking points, workflow summaries, FAQ documents, implementation support, and TFN-approved promotional materials. These resources can help providers and partners understand what to say, where to send people, what participants can expect, and how the Quitline fits into broader cessation support. By making referral easier and more consistent, QFL helps TFN increase Quitline utilization and strengthen the statewide cessation network.

Celebrating cessation through storytelling and participant-centered messaging

The Nebraska Tobacco Control State Plan calls for developing resources that celebrate cessation through storytelling, including sharing successes and learned experiences from former tobacco users who have quit to encourage others to seek support. **QFL's development approach can support this strategy by helping TFN connect program services, participant experience, and messaging in a way that is human, motivating, and credible.**

Storytelling is important because tobacco cessation is not only a clinical process. It is personal, emotional, and often shaped by years of addiction, relapse, stress, family dynamics, health concerns, and social environment. People who use commercial tobacco may respond to information about health risks, but they may also need to see that quitting is possible for people like them. They may need to hear about practical gains, such as breathing easier, spending more time with children or grandchildren, saving money, feeling more in control, or being able to participate more fully in daily life.

QFL can work with TFN to ensure participant-facing messaging reflects these realities. Coaching already supports participants in identifying personal motivators and meaningful reasons to quit. Those insights can inform broader messaging themes, while maintaining privacy and appropriate approvals. QFL can also support TFN in identifying opportunities to use de-identified themes from participant experience, satisfaction feedback, or approved testimonial processes to strengthen cessation messaging.

This storytelling approach also aligns with the State Plan's strategy to promote the gains associated with cessation. Messaging that focuses only on the harms of tobacco may not fully resonate with individuals who have used tobacco for many years or who feel discouraged by prior quit attempts. QFL's approach emphasizes hope, practical support, and achievable next steps. This can be especially valuable for people who are not yet ready to quit, as well as those who have tried before and need encouragement to try again.

Storytelling can also help TFN acknowledge and celebrate the partnerships that make tobacco control work possible. The State Plan's future considerations include exploring opportunities to acknowledge existing partnerships. **QFL can support TFN by helping connect program data, participant experience, and partner engagement into a broader story of impact.** For example, TFN may wish to highlight the role of healthcare systems, community partners, local health departments, or coalitions in connecting Nebraskans to cessation support. QFL can provide data and operational insight to support these efforts, subject to TFN direction and approval.

Any storytelling resources or participant-facing materials would be developed in collaboration with TFN and subject to TFN approval, consistent with the support materials requirements in *D. Scope of Work, Section 9. Support Materials*. QFL will ensure that any participant stories, testimonials, or success-based resources are handled in accordance with privacy, consent, branding, and program requirements.

Developing a data-driven continuous improvement model

QFL's proposed development approach depends on accurate data, transparent reporting, and continuous quality improvement. The State Plan emphasizes measurable objectives, annual monitoring, and partner engagement to assess progress. The RFP similarly requires robust reporting and deliverables. QFL will support these expectations through a centralized data infrastructure, defined reporting processes, performance monitoring, and ongoing review with TFN.

As detailed in *D. Scope of Work, Section 6. Reporting Requirements*, QFL will provide reporting that enables TFN to monitor participant engagement, service utilization, referral activity, NRT distribution, call performance, demographics, outcomes, and other required measures. Reports will be designed to support contract oversight while also providing actionable insight for program improvement.

QFL will use data to support continuous development in several ways. Operational data will help assess whether staffing and workflows are meeting demand. Participant engagement data will help identify where people enter the program, which services they use, and where drop-off occurs. Referral data will help identify which providers and partners are generating successful connections. NRT data will support oversight of medication distribution and adherence education. Demographic and population data will help TFN assess reach across priority groups and identify gaps.

QFL will review these data with TFN through regular meetings and reporting cycles. These conversations will be used to identify trends, discuss potential causes, prioritize improvements, and track the impact of changes over time. For example, if campaign activity increases calls but not enrollments, QFL and TFN can review messaging, intake flow, eligibility communication, and participant expectations. If a provider referral source submits referrals but participants are difficult to reach, QFL can evaluate outreach timing, contact methods, and provider

communication. If a population is underrepresented, QFL and TFN can consider targeted outreach, partner engagement, or material adaptations.

This process will also support annual updates and program planning. Because the State Plan is intended to guide work through 2028 and has been updated based on partner input, QFL's development approach will remain flexible. As TFN identifies new needs, priorities, recommendations, or strategies, QFL will work with the State to assess operational implications and incorporate approved changes into the Quitline program.

Data will also help TFN understand progress against the specific quitting-related strategies in the State Plan. If the goal is to increase use of Nebraska Tobacco Quitline services, QFL can report on enrollment, service utilization, NRT distribution, web engagement, and referral source activity. If the goal is to increase knowledge of cessation resources, QFL can help assess engagement with training, provider materials, partner outreach, and participant education. If the goal is to strengthen healthcare and community partner engagement, QFL can report on referral patterns and partner activity. If the goal is to support strategic marketing, QFL can help connect campaign activity to call volume, web activity, and enrollment. If the goal is to celebrate cessation through storytelling, QFL can help identify de-identified themes, outcomes, and participant experience insights that support TFN-approved messaging.

Implementation and operational readiness

Implementation planning begins immediately upon contract award and will be managed through a structured workplan, as further detailed in *d. Detailed Project Work Plan and e. Deliverables and Due Dates*. **The purpose of implementation is not only to launch the required services, but to ensure that each component is configured, tested, staffed, documented, and aligned with TFN expectations before go-live.**

QFL will begin with a collaborative kickoff involving TFN and QFL implementation, operations, clinical, reporting, technical, and client services stakeholders. During this kickoff, QFL will confirm project governance, communication cadence, decision-making processes, approval timelines, key milestones, risks, and dependencies. This will establish a shared operating structure for implementation and reduce ambiguity during the transition period.

Following kickoff, QFL will move into detailed program configuration. This includes confirming eligibility rules, participant pathways, service options, registration questions, data capture requirements, referral workflows, NRT protocols, reporting specifications, support material requirements, branding requirements, escalation procedures, and quality assurance processes. Each of these components is connected to the detailed requirements addressed in *2.c Technical Requirements* and *D. Scope of Work.*

Technical configuration will include telephony, digital registration, participant management, reporting, referral intake, data security, user access, and system testing. QFL's technical teams will validate that required systems function as intended and that data flows support operational needs and reporting requirements. This will include testing of call routing, intake workflows,

participant records, referral processes, NRT documentation, reporting outputs, and any Nebraska-specific configurations.

Operational readiness will include staffing, training, workflow documentation, quality monitoring preparation, escalation pathways, and launch readiness review. Quit Coaches and other relevant staff will be trained on Nebraska-specific requirements, TFN priorities, service offerings, approved materials, documentation standards, NRT protocols, referral procedures, priority population considerations, and escalation procedures. Supervisors and program leaders will be prepared to monitor performance from launch and address issues quickly.

Before go-live, QFL will conduct readiness reviews with TFN to confirm that required program components are operational. This includes confirming that systems have been tested, staff have been trained, protocols have been approved, materials have been reviewed, reports have been validated, and communication processes are in place. This readiness process is designed to minimize disruption and ensure a smooth transition for participants, providers, TFN, and other stakeholders.

Implementation will also include planning for the broader State Plan strategies described in this section. QFL and TFN will discuss how the launch approach supports increased Quitline utilization, public and partner knowledge of cessation resources, provider and community partner engagement, marketing readiness, and participant-centered messaging. This ensures that launch is not limited to system readiness, but also prepares the program to function as a strategic cessation resource for Nebraska.

Managing risk and maintaining continuity

QFL's development approach includes proactive risk management throughout implementation and operations. Statewide quitline programs depend on many connected components, including telephony, staffing, digital systems, participant data, referral workflows, pharmacotherapy fulfillment, reporting, media coordination, and provider engagement. QFL will manage these components through structured oversight and clear accountability.

During implementation, the project lead will maintain a risk and issue log that identifies potential risks, owners, mitigation steps, status, and resolution timelines. Risks may include delayed approvals, incomplete data requirements, referral integration dependencies, material review timelines, reporting changes, media-driven volume fluctuations, or external partner readiness. QFL will communicate risks to TFN early and work collaboratively to resolve them.

During operations, QFL will monitor service levels, call performance, staffing, system functionality, participant engagement, referral volume, NRT fulfillment, and reporting timelines. Issues will be escalated according to agreed-upon protocols. The assigned Client Services Manager will serve as TFN's primary point of contact and will coordinate internal resources as needed. The management structure supporting this work is described in *1.i Summary of Bidder's Proposed Personnel and Management Approach* and reinforced throughout *D. Scope of Work, Section 4. Quitline Management and Staffing.*

Continuity also depends on scalability. QFL's distributed workforce, cloud-based infrastructure, and multi-modal service model support continuity during volume changes, media campaigns, staffing fluctuations, and other operational pressures. This enables QFL to maintain core services while adapting to changing program needs.

Risk management will be especially important when supporting strategic marketing campaigns or outreach activities. If TFN launches a campaign designed to increase Quitline use, QFL will help evaluate anticipated impact, staffing considerations, call routing, web readiness, NRT availability, and reporting needs. If provider or community partner engagement increases referrals, QFL will monitor referral processing, outreach completion, and participant follow-up. This proactive planning helps ensure that increased awareness results in successful service delivery.

Partnership model and governance

QFL's partnership model is based on transparency, responsiveness, and shared accountability. TFN will have consistent visibility into implementation progress, operational performance, deliverables, risks, and opportunities for improvement. QFL will establish regular meetings with TFN, supported by agendas, status updates, reporting review, action items, and follow-up documentation.

The assigned Client Services Manager will serve as the primary day-to-day contact for TFN and will coordinate across QFL's internal teams, including coaching operations, program and product development, data analytics, reporting, clinical leadership, technical operations, and quality assurance. This structure ensures that TFN has a clear point of contact while also benefiting from QFL's broader subject matter expertise.

QFL will also use governance meetings to connect day-to-day operations back to State Plan priorities. Rather than limiting meetings to contract administration, QFL will support discussion of utilization trends, provider engagement, community partner engagement, marketing coordination, referral performance, priority population reach, participant feedback, and opportunities to advance the State Plan's quitting-related strategies. This reinforces the role of the Quitline as a strategic tobacco control asset.

QFL recognizes that TFN works within a broader partner ecosystem that includes local tobacco prevention coalitions, healthcare systems and providers, NDHHS programs, behavioral health partners, maternal and child health partners, community-based organizations, and people with lived experience. QFL will support TFN's leadership within this ecosystem and will participate in partner-facing activities as requested and approved by TFN.

This partnership model gives TFN consistent control over strategic direction while allowing QFL to provide operational execution, technical support, subject matter expertise, and continuous improvement recommendations. It also ensures that program

decisions are informed by both Nebraska-specific priorities and QFL's experience operating quitline programs across multiple states and populations.

Conclusion

QFL's proposed development approach is grounded in partnership with TFN, alignment with Nebraska's Tobacco Control State Plan, and a practical understanding of what is required to operate a high-performing statewide quitline. We will develop the Nebraska Tobacco Quitline as an integrated, accessible, evidence-based, and continuously improving program that supports TFN's goals for reducing commercial tobacco use and increasing successful quit attempts across the state.

By aligning the Quitline with Nebraska's State Plan goal of promoting quitting among tobacco users, QFL will help TFN increase use of Nebraska Tobacco Quitline services, improve public and partner knowledge of cessation resources, strengthen healthcare provider and community partner engagement in tobacco cessation, support strategic marketing campaigns that promote quitting, and elevate storytelling that celebrates successful cessation. By connecting this approach to the detailed technical requirements in the RFP, QFL will ensure that these strategies are not simply aspirational, but operationally supported through staffing, systems, protocols, reporting, training, materials, NRT, referrals, marketing coordination, and quality improvement.

QFL will bring a proven statewide quitline model to Nebraska, while tailoring implementation and ongoing program development to TFN's priorities, Nebraska's population needs, and the evolving tobacco and nicotine landscape. This approach will provide Nebraska with a program that is ready at launch, responsive in daily operations, transparent in reporting, and continuously refined to support long-term progress toward a healthy, tobacco-free Nebraska.

c. Technical requirements

See our response to the RFP's sections *D. Minimum Qualifications; D. Scope of Work and E. Optional Services* below.

C. MINIMUM QUALIFICATIONS

1. Bidder shall provide proof of active membership in the North America Quitline Consortium (NAQC) within last five (5) years.

Consumer Wellness Solutions, LLC maintains active membership in the North American Quitline Consortium (NAQC) and has been in good standing for over 15 years. We are fully aligned with NAQC's prioritized best practices for quitlines and actively participate in NAQC activities and leadership. Nick Fradkin, Director, Public Health Strategy, currently serves as an active member of the NAQC Advisory Council, further demonstrating QFL's ongoing engagement with the quitline community and commitment to advancing evidence-based tobacco cessation practices. See *Attachment 6 – NAQC Membership.*

Additionally, as a national leader in tobacco dependence treatment, QFL's program has earned recognition from the tobacco control community, including the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC), the Council for Tobacco Treatment Training Programs (CTTTP), and the Smoking Cessation Leadership Conference (SCLC). Our team has been invited to serve as consultants, board members, and advisory participants, contributing to the advancement of best practices in tobacco cessation.

2. Bidder must demonstrate five (5) years' experience in tobacco cessation services serving diverse clients and providing awareness/participation in accordance with NAQC efforts.

QFL exceeds the requirement of five years of experience in tobacco cessation services, with nearly **30 years of proven experience delivering evidence-based quitline programs.** Our work traces back to the earliest National Cancer Institute-funded research on telephonic tobacco cessation treatment in 1985. Originally established as Free & Clear and later part of Alere Wellbeing and Optum, Quit For Life is now part of RVO Health, with a longstanding, consistent foundation in clinical excellence and continuous innovation.

Today, CWS manages quitlines for 21 states, the District of Columbia, and Guam, and supports over 940 commercial clients, including employers, health plans, and 19 Medicaid managed care organizations. Across these partnerships, we have supported more than 5 million individuals in making a quit attempt. Our programs are designed to serve diverse populations and are fully aligned with NAQC best practices, emphasizing awareness, access, participation, and sustained cessation outcomes through multi-modal service delivery and targeted outreach strategies.

CWS leads all core aspects of quitline delivery, including coaching operations, pharmacotherapy coordination, quality assurance, reporting, and stakeholder engagement. Supported by RVO Health's broader infrastructure, including secure HIPAA-compliant systems, advanced analytics, and a dedicated team of approximately 1,000 staff, we provide the scale, expertise, and operational rigor necessary to deliver high-quality, compliant tobacco cessation services across diverse populations and complex state environments.

3. Bidder shall provide evidence of three (3) successful clients utilizing similar scope of this RFP within the last five (5) years.

The information below abbreviates the descriptions provided in our response to *1.h. Summary of Bidder's Corporate Experience*.

Wisconsin Tobacco Quit Line
Client Name: University of Wisconsin Center for Tobacco Research and Intervention (UW-CTRI)
Contact Name and Title: Kate Kobinsky, Quitline Director
Contact Telephone Number: 608-265-5617
Email Address: ks6@ctri.wisc.edu
Type of work provided: Tobacco quitline services, including counseling, digital engagement, provider coordination, and reporting aligned with state and national requirements

Quit Now Indiana
Client Name: Indiana Department of Health (IDOH)
Contact Name and Title: Holly Simpson, Quitline Director, IDOH Tobacco Prevention & Cessation
Contact Telephone Number: 317-509-9676
Email Address: HoSimpson@health.in.gov
Type of work provided: Statewide tobacco quitline services, including telephone-based coaching, digital cessation services, reporting, and program management

West Virginia Tobacco Quitline
Client Name: West Virginia Department of Health
Contact Name and Title: Hilary G. Payne, Director, Division of Health Promotion and Chronic Disease Prevention
Contact Telephone Number: 304-352-5996
Email Address: hilary.g.payne@wv.gov
Type of work provided: Statewide tobacco quitline services, including telephone-based coaching, digital cessation services, reporting, and program management.

4. Bidder or any proposed subcontractors cannot have a current, or within the past five years, contract or affiliation with tobacco companies. In addition, the awarded Contractor or any proposed subcontractor may not accept tobacco industry business (contract or affiliation) for the duration of this contract.

Consumer Wellness Solutions has never had a contract or affiliation with a tobacco company, and will refuse to accept any tobacco industry business, contracts, or affiliations for the duration of this contract. As a tobacco cessation services provider and resource to public health organizations, we are strictly opposed to any tobacco industry involvement in our business, and will remain fully compliant with this requirement.

D. SCOPE OF WORK

The Nebraska Tobacco Quitline's service (Quitline) is a no-charge to participant, telephone- and web-based tobacco use cessation Quitline providing a variety of resources in an effort to assist Nebraskans to quit tobacco usage. Depending on an individual's readiness to quit, the Quitline will provide registration, counseling/consultation, evaluation/quality assurance, and screening/recommendations related to the use of support materials and /or referrals to community-based cessation programs.

QFL brings nearly 30 years of experience delivering telephone- and web-based tobacco cessation services at scale, including operating statewide quitlines and supporting large, diverse participant populations. This experience directly aligns with Nebraska's requirement to provide registration, coaching, evaluation, and resource navigation based on participant readiness. **Our model is grounded in national best practices and has been continuously refined through multi-state implementation to ensure both consistency and flexibility in service delivery.**

QFL utilizes a structured intake and assessment process to capture tobacco use history, readiness to quit, health considerations, and preferred engagement channels. This information is used to triage participants into the most appropriate level of support, whether that includes proactive coaching, digital-only services, or provision of information and referrals. This readiness-based approach ensures **participants receive the right level of support at the right time** while maximizing program efficiency and engagement.

For participants who elect coaching, **QFL delivers structured, multi-session support through phone, chat, and text modalities.** Our coaching model includes an initial session followed by proactive follow-up interactions aligned to key milestones such as quit date, early withdrawal, and relapse risk periods. Quit Coaches utilize motivational interviewing, cognitive behavioral strategies, and relapse prevention techniques to guide participants through behavior change. Participants also have unlimited access to inbound support, allowing them to connect with a Quit Coach whenever needed. This model has been proven across multiple state programs to drive engagement and improve quit outcomes.

In addition to live coaching, **participants have access to a fully integrated digital platform** that extends support between interactions. This includes a secure dashboard with tailored content, progress tracking, chat functionality, and ongoing engagement through text and email. All services are connected through a centralized system, ensuring continuity of care and enabling real-time data capture for monitoring and evaluation.

QFL has extensive experience operating fully remote quitline services and does not require a physical call center. Our distributed workforce model, supported by secure telephony and cloud-based infrastructure, enables scalable, reliable, and 24/7 service delivery. This approach has been successfully implemented across multiple state programs and ensures uninterrupted access for Nebraska participants.

For participants receiving counseling, after screening the participant for medical contraindications, recommendations may include NRT (nicotine gum, patch, and/or lozenges). Resources will include referrals to community-based cessation programs when and if community programs are available. No physical call center is required for this RFP.

QFL has deep experience managing nicotine replacement therapy (NRT) programs and coordinating referrals as part of large-scale quitline operations. Across our programs, we have developed standardized clinical and operational protocols that ensure safe, timely, and evidence-based delivery of pharmacotherapy. **Our approach aligns with national guidelines** and has supported high-volume NRT distribution while maintaining strong quality and compliance standards.

Participants receiving coaching are screened for medical contraindications using structured workflows embedded within our system. Based on this assessment, **Quit Coaches provide individualized NRT recommendations,** including appropriate product selection and dosing across patches, gum, lozenges, or combination therapy. Coaches also provide clear education on proper use, side effects, and adherence, reinforcing medication use throughout the quit journey to improve outcomes.

QFL's NRT fulfillment process is designed for speed and reliability. Orders are processed within one business day and shipped directly to participants, with typical delivery occurring within three to five days. We support flexible fulfillment models, including starter kits, multi-week supplies, and full treatment regimens, depending on program design. Our system tracks orders, shipments, and delivery timelines in real time, enabling strong oversight and reporting.

In addition to pharmacotherapy, **QFL has significant experience coordinating referrals to community-based cessation programs and other support services.** Through intake and coaching workflows, participants are connected to local or specialized resources when appropriate, ensuring access to additional support beyond the Quitline. This includes referrals to in-person programs, healthcare providers, and population-specific services.

QFL also provides a comprehensive suite of supporting materials, including digital content, interactive tools, and printed quit guides, to reinforce quitting strategies and support long-term success. These resources are integrated into both coaching and digital experiences, ensuring participants receive consistent, practical support throughout their quit journey.

1. QUITLINE SYSTEM CAPABILITY

a. System must handle multiple, simultaneous incoming and outgoing calls with multi-lingual capability and be accessible through a TTY/TDD line.

Quit For Life (QFL) operates on a highly scalable, enterprise-grade telephony infrastructure designed to support large, complex, statewide quitline programs with significant and variable call volumes. Our system leverages a cloud-based private branch exchange (PBX) combined with advanced automatic call distribution (ACD) functionality, enabling the platform to handle thousands of concurrent digital interactions, as well as inbound and outbound calls without latency or degradation in service quality. This architecture ensures that Nebraska participants can access services reliably, even during peak demand periods driven by media campaigns, policy changes, or seasonal increases in quit attempts.

The system utilizes intelligent, skills-based routing logic to ensure that each call is directed to the most appropriate staff member based on participant needs. This includes routing by language, service type, and specialized program track, such as behavioral health or pregnancy protocols. This approach not only **improves efficiency but also enhances the participant experience** by reducing transfers and ensuring that individuals are immediately connected to a qualified resource who can meet their needs.

QFL provides comprehensive multilingual capabilities through a hybrid model that includes both bilingual Quit Coaches and integrated real-time interpretation services. **Spanish-language services are delivered directly by trained bilingual staff,** while additional language needs are supported through a language line service that provides access to **over 200 languages**. This ensures equitable access to services for Nebraska's diverse populations, including individuals in rural and underserved communities who may face language barriers.

Accessibility for individuals who are deaf, hard of hearing, or speech impaired is fully supported through TTY/TDD compatibility and telecommunications relay services. These capabilities are embedded within our telephony system and are routinely tested to ensure reliability and compliance with ADA standards. This ensures that all Nebraskans, regardless of ability, can access Quitline services without barriers.

b. System must provide a live answer during the "live" response hours of operations, per Section V.D.2.

QFL's operating model is specifically designed to ensure that **all inbound calls during designated live service hours are answered by a trained staff member – typically a Quit Coach**. Following an automated greeting and legal disclaimer (see *Attachment 7 – Quitline Call Answering Process*), our system prioritizes rapid connection to a live Quit Coach or enrollment specialist, supported by real-time queue monitoring and dynamic call routing that continuously adjusts based on current conditions.

Supervisors and workforce management teams monitor key performance indicators in real time, including average speed of answer, queue length, abandonment rate, and staff availability. Performance dashboards allow for immediate intervention when thresholds are approached, such as reallocating staff from outbound to inbound queues or activating additional coverage. This real-time responsiveness ensures that service levels remain consistent and that participants are not subject to excessive wait times.

QFL's historical performance demonstrates strong outcomes in this area, with **live answer rates typically exceeding 99 percent** and **average speed of answer consistently below 30 seconds** across state programs. These results are achieved through a combination of predictive analytics, workforce planning, and a distributed staffing model that allows for rapid scaling in response to demand.

In addition, QFL incorporates continuous quality monitoring and performance reviews to ensure that live answer standards are maintained over time. This includes regular analysis of call handling metrics and staffing alignment, ensuring Nebraska participants consistently receive timely, human-centered support at the point of entry into the program.

c. System must offer, at a minimum, a strong and 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.

QFL's communications infrastructure is built on a **secure, cloud-based architecture that provides high availability, redundancy, and scalability.** The system includes a robust communications server with failover capabilities, ensuring uninterrupted service even in the event of localized outages or disruptions. This infrastructure supports continuous operation across geographically distributed staff, enabling consistent service delivery regardless of external conditions.

Our automatic call distribution (ACD) system is a core component of this infrastructure, enabling intelligent call routing based on participant needs and staff capabilities. Calls are distributed using skills-based logic that considers language preference, service type, and program specialization, ensuring efficient utilization of staff and improved participant outcomes. Real-time monitoring tools provide visibility into system performance at both the macro and individual call level, allowing supervisors to manage operations proactively.

Integration between telephony and data systems is a key strength of QFL's platform. When a call is received, the system can automatically surface participant information through screen-pop functionality, providing staff with immediate access to relevant data. This integration ensures that interactions are informed, efficient, and seamlessly documented within the participant record.

Additionally, the system supports bidirectional data exchange, enabling workflows that connect voice interactions with data-driven processes such as referrals, reporting, and follow-up scheduling. This level of integration ensures that Nebraska's Quitline operates as a fully connected system rather than a series of disconnected components.

d. System data tracking and collection must tabulate unique individuals, services provided, call patterns, participant demographics, and create analysis for data reporting on a monthly, quarterly, and annual basis.

QFL maintains a centralized, HIPAA-compliant participant data infrastructure designed to capture, store, and analyze comprehensive information across all service channels and participant touchpoints. Each participant is assigned a unique identifier at intake, enabling longitudinal tracking of engagement, services received, outcomes, and follow-up activity over time. This structure ensures that Nebraska will have a complete, unduplicated view of unique individuals served, even when participants engage through non-telephonic modalities, including web and text message.

Our system captures a wide range of structured data elements aligned with NAQC Minimum Data Set (MDS) standards and state-specific reporting requirements. This includes participant demographics (age, race, ethnicity, geography), tobacco use characteristics (product type, frequency, dependence level), readiness to quit, service enrollment type, coaching interactions, NRT utilization, and referral outcomes. In addition, detailed coaching interaction-level data are captured, including timestamps, call duration, and engagement patterns. This level of granularity allows Nebraska to analyze both individual participant journeys and broader program performance trends.

QFL's reporting infrastructure supports automated generation of weekly, monthly, quarterly, and annual reports, as well as *ad hoc* reporting requests. Reports are configurable and can be tailored to Nebraska's specific requirements, including segmentation by population, region, or service track. The system also supports dashboards that provide timely visibility into key performance indicators such as enrollment volume, service utilization, call patterns, and participant engagement. This enables Nebraska stakeholders to monitor program performance continuously rather than relying solely on static reports.

Beyond standard reporting, QFL's data environment is designed to support program evaluation and continuous improvement. Data is structured to enable analysis of key outcomes such as service utilization, participant engagement, and quit attempts, as well as comparisons across time periods and participant subgroups. Historical data is routinely used to inform program planning, staffing models, and resource allocation. This ensures that Nebraska can use Quitline data not only for required reporting, but also to support ongoing program refinement and evidence-based decision-making.

e. System must produce reports on the types and amounts of services provided per participant, call patterns by time of day/ week/ month, and estimates of costs by types of service provided.

QFL provides a comprehensive reporting suite that details the types and volume of services delivered at both the participant and program levels. This includes reporting on coaching sessions, digital engagement, nicotine replacement therapy (NRT) distribution, and referral activity, allowing Nebraska to clearly understand how participants are utilizing Quitline services. These reports are aligned with NAQC MDS standards and can be configured to meet Nebraska-specific reporting requirements. QFL also produces call pattern analyses, including reporting by time of day, day of week, and month. These insights allow Nebraska to identify peak demand periods, evaluate program reach, and align staffing and outreach strategies accordingly. Historical trend data is included to support longitudinal analysis and ongoing program optimization. Service utilization data is further analyzed to provide visibility into the types of services delivered across the program, including intensity of engagement and modality of participation. This enables Nebraska to assess how different service components are being used, compare *actual* costs by type of service provided, and to evaluate program performance across participant groups and service types. For more information about our reporting suite, see response to *D.6. Reporting Requirements.*

f. System must track calls during and outside of hours of operation, including features such as "hits to the line", abandonment rates, wait times, and length of call.

QFL's telephony system captures a comprehensive set of operational metrics that provide full visibility into call activity and performance. This includes tracking of inbound and outbound call volumes, "hits to the line," abandonment rates, wait times, average speed of answer, and call duration. The system tracks calls received both during and outside of operating hours, ensuring that Nebraska has a complete understanding of participant demand and engagement patterns. After-hours activity is captured and reported, supporting program evaluation and planning.

Real-time dashboards allow supervisors to monitor these metrics continuously and make immediate adjustments to staffing and routing as needed. This ensures that performance standards are maintained and that participants receive timely access to services. Historical data is also used to inform workforce planning and continuous improvement efforts, allowing QFL to refine operations over time and maintain high levels of performance.

g. System must record all participant communication for quality assurance purposes.

QFL records all telephonic participant interactions and captures transcripts of digital coaching interactions, including chat and text-based communications, as part of its comprehensive quality assurance and compliance framework. These recordings and transcripts are stored within a secure, HIPAA-compliant environment and are encrypted both in transit and at rest to ensure the confidentiality and integrity of participant information.

Access to call recordings and digital transcripts is governed by strict role-based access controls, ensuring that only authorized personnel, such as quality assurance staff, supervisors, and clinical leadership, can access this information. All access is logged and auditable, providing a clear record of who has accessed participant communications and for what purpose. This supports both internal oversight and compliance with data privacy requirements.

Recorded interactions are a core component of QFL's quality assurance program. QA teams routinely review a representative sample of calls and digital interactions to assess adherence to evidence-based coaching protocols, including motivational interviewing techniques and program-specific guidelines. These reviews are used to identify strengths, address performance gaps, and inform ongoing training and professional development for Quit Coaches.

QFL maintains defined data retention policies that align with contractual requirements and healthcare industry standards. Requests for recordings or transcripts are managed through a formal, controlled process, ensuring that any sharing of information with Nebraska stakeholders is conducted securely, appropriately authorized, and fully documented.

h. System must accept referrals through fax referrals, an online form, eReferrals/secure email system, and "live referrals".

QFL supports a comprehensive, multi-channel referral ecosystem designed to meet participants and referring partners wherever they are. The system accepts referrals through traditional fax, secure online enrollment forms, eReferrals via secure email or portal-based submission, and live referrals initiated during real-time interactions. Each referral pathway is integrated into a centralized intake system, ensuring that all participant data is captured consistently and routed appropriately for follow-up.

Fax referrals are processed through secure, monitored workflows in which incoming documents are received, indexed, and entered into the participant database by trained intake staff. Online referrals are submitted through secure web-based forms that feed directly into the system, reducing manual handling and enabling faster participant outreach. Both methods follow standardized data capture protocols to ensure completeness and alignment with reporting requirements.

eReferrals are supported through secure email systems and structured referral portals, allowing healthcare providers and partners to submit participant information electronically. These referrals are automatically logged within the system and queued for timely follow-up, with workflows in place to ensure that participants are contacted promptly and enrolled in appropriate services.

Live referrals are also fully supported, allowing providers or partners to connect individuals directly to the Quitline in real time. Regardless of referral source, all pathways converge into a

unified system that standardizes intake, ensures data integrity, and enables consistent participant experience across all entry points.

i. System must handle "live referrals" from healthcare providers with the client/patient during healthcare appointments. Healthcare providers will turn the interaction over to the client/patient for completion of Intake/Assessment and scheduling for coaching call.

QFL has experience supporting live referrals initiated during healthcare visits, where providers directly connect patients to the Quitline while the patient is present. In these scenarios, the provider transfers the interaction to the participant, allowing them to complete intake, assessment, and scheduling in real time. This approach minimizes drop-off between referral and engagement and significantly increases enrollment rates.

The system is designed to seamlessly transition from provider interaction to participant engagement without requiring additional follow-up steps. Quit Coaches guide participants through assessment, collect necessary information, and schedule coaching sessions during the same interaction, ensuring immediate connection to services. Workflows are standardized to ensure that all required data elements are captured during live referrals, including participant demographics, tobacco use history, and readiness to quit. This ensures that participants entering through live referrals receive the same level of service and continuity as those entering through other channels.

This capability supports strong healthcare provider engagement by offering a simple, effective referral option that integrates into clinical workflows and improves patient access to cessation services.

ii. System must accept an electronic health record referral (e-Referral). The preferred bi-directional e-Referral should meet the NAQC standards.

QFL supports electronic health record (EHR)-based referrals that align with NAQC standards for quitline integration. These e-Referrals allow healthcare providers to submit participant information directly from their EHR systems into the Quitline, reducing administrative burden and improving accuracy of data transfer.

QFL's system is designed to accept structured referral data elements consistent with NAQC Minimum Data Set (MDS) expectations, including participant demographics, tobacco use status, readiness to quit when available, and referring provider details. These data elements are mapped into QFL's centralized participant database, where referrals are automatically time-stamped, validated for completeness, and routed through predefined intake workflows. This ensures consistent processing, timely participant outreach, and seamless integration into coaching and service delivery pathways regardless of referral source.

QFL's experience across multiple state programs includes implementation of NAQC-compliant referral workflows, ensuring that data exchange meets industry expectations for interoperability,

security, and reporting. This approach enables Nebraska to align with national best practices while improving coordination between healthcare systems and the Quitline.

iii. System must have the ability to implement an electronic connection to interface with healthcare provider systems electronic health records for purposes of electronic referral to Quitline with electronic feedback.

QFL's system is designed to accept structured referral data elements consistent with NAQC Minimum Data Set (MDS) expectations, including participant demographics, tobacco use status, readiness to quit when available, and referring provider details. These data elements are mapped into QFL's centralized participant database, where referrals are automatically time-stamped, validated for completeness, and routed through predefined intake workflows. This ensures consistent processing, timely participant outreach, and seamless integration into coaching and service delivery pathways regardless of referral source.
QFL supports multiple HIPAA-compliant electronic referral pathways to accommodate a wide range of provider systems and technical environments. These include **HL7v2** and **HL7v3** messaging for both unidirectional and bidirectional data exchange, Direct Secure Messaging for encrypted provider-to-provider communication, **application programming interfaces (APIs)** for modular integration with modern cloud-based EHR platforms, and secure file transfer protocols such as **SFTP** or **HTTPS** for batch file exchanges. These capabilities enable flexible, standards-based interoperability while ensuring secure transmission of protected health information.

QFL has extensive experience implementing bi-directional eReferral integrations that support both automated referral transmission and structured feedback back to the provider within their EHR workflow. Our experience implementing HL7-based integrations across multiple programs has informed national best practices, including contributions to *NAQC's Guide for Implementing eReferrals Using Certified EHRs*. Implementation timelines vary based on technology and provider readiness, with HL7 integrations typically completed within 30 to 45 days and Direct Secure Messaging or API-based integrations often implemented within 15 to 30 days. Each integration includes discovery, data mapping, secure credentialing, testing in a validation environment, and controlled production deployment, with ongoing monitoring and technical support to ensure long-term stability and performance.

iv. System must have the ability to send two-way electronic referrals for healthcare systems, as identified by DHHS, at no cost to DHHS.

QFL supports fully bi-directional (two-way) electronic referral capabilities that enable healthcare systems to both transmit referrals to the Quitline and receive structured feedback directly within their EHR workflows. These capabilities are implemented using the same HIPAA-compliant, standards-based integration methods described above in our response to requirement *h.iii.,* including HL7v2 and HL7v3 messaging, Direct Secure Messaging, APIs, and secure file transfer protocols such as SFTP or HTTPS. Through these integrations, referring providers receive automated updates on referral status, including confirmation of receipt, participant enrollment,

and engagement in services. Feedback is delivered in structured formats aligned with provider workflows, allowing integration into EHR systems without requiring manual follow-up or external tracking. **This closed-loop communication model improves care coordination and strengthens provider confidence in the Quitline as an extension of clinical care.**

QFL's experience implementing HL7-based, bi-directional eReferral integrations across multiple state programs demonstrates the ability to support both real-time and batch-based workflows depending on provider capabilities. These implementations follow a structured process that includes discovery, interface specification, secure credentialing, data mapping, validation testing, and controlled production deployment, ensuring reliability and data integrity.

i. System must provide a twenty-four (24) hour web-based service as an enhancement to the telephone-based services provided and/or as a stand-alone web-based tobacco cessation program. Refer to section V. D. 2. (a-e) for specific details. TFN prefers a system in which participants will be able to register for telephone-based and web-based services through the Internet.

QFL provides a fully integrated, secure, web-based platform available 24 hours per day, seven days per week, serving as both an enhancement to telephone-based services and a standalone cessation support option for participants. This platform ensures that Nebraska participants can access services at any time, including outside of live call hours, and supports individuals who prefer digital-first engagement.

Participants can register online through a secure enrollment portal that supports both telephone-based and web-based service pathways. The intake process captures key information such as demographics, tobacco use patterns, readiness to quit, and contact preferences, and immediately routes this information into QFL's centralized participant database for follow-up and service delivery**. The platform includes integrated digital tools that support engagement between coaching interactions, including educational resources and progress tracking.** All participant activity across web and phone channels is captured within a unified system, ensuring a consistent participant record and enabling comprehensive reporting and evaluation.

Because the platform is fully integrated with telephony and data systems, participants can move seamlessly between digital and phone-based services. This ensures continuity of care and aligns with Nebraska's preference for a system that allows participants to register and engage across modalities through the Internet.

j. System collaboration with TFN is required to ensure transfer of the Quitline telephone number, fax referral telephone number, and texting service number. The vendor must plan to transfer telephone numbers back to TFN upon contract expiration.

QFL will collaborate with TFN to ensure seamless transition, management, and continuity of all program-related communication channels, including Quitline telephone numbers, fax referral numbers, and texting service numbers.

Telephone numbers
Since the Nebraska Tobacco Quitline is part of the National Network of Quitlines and promotes 1-800-QUIT-NOW and 1-855-DÈJELO-YA, transitioning phone numbers should only require routine coordination with the National Cancer Institute (NCI) contact responsible for call routing. Upon contract award, this will entail QFL submitting a document to NCI indicating that calls from Nebraska area codes to these toll-free lines should be routed to our Nebraska-specific QFL telephone numbers as of 12:00am Central Daylight Time on July 1, 2026. (all calls through the NAQC Take Back and Transfer protocol). We expect this process to take approximately two weeks, depending on NCI's capacity. In case of federal employee furlough, QFL has reliable contacts at Verizon, NCI's carrier for the National Network of Quitlines, to assist with call routing. As part of implementation, QFL will conduct testing and validation to confirm proper routing, call handling, and system performance prior to go-live.

Fax referral number
Upon contract award, QFL will collaborate with the existing quitline service vendor to establish a mutually agreed-upon transition timeline that extends past the Go-Live date, ensuring continuity of fax-based referrals throughout the changeover period. The existing vendor will work directly with RVO Health to manually transfer all Nebraska Tobacco Quitline faxes to our designated line (1-800-483-3114) for the duration of the transition period. As part of implementation, QFL will conduct testing and validation to confirm proper routing, fax handling and data receipt, and system performance prior to go-live. QFL will also proactively communicate the new fax number to community partners, allowing the Quitline sufficient time to broadly disseminate updated contact information. Once the designated redirect timeline concludes, the previous vendor will cease manual fax transfers, with all referral traffic flowing exclusively to QFL's line.

Texting service number
QFL will also collaborate with the existing quitline service vendor to define a post-Go-Live transition timeline that maintains uninterrupted texting service for Quitline participants. QFL will partner with TFN to appropriately promote our designated QFL texting line 21586 to all relevant stakeholders, community partners, and healthcare systems in timely manner in advance of Go-Live date. QFL will then continue to market and communicate this change, ensuring TFN has adequate time to disseminate updated contact information across its networks.

Throughout the contract period, QFL will maintain these communication channels in alignment with TFN requirements, ensuring consistent branding, accessibility, and performance. Documentation of configurations and routing logic will be maintained to support transparency and future transitions. At contract expiration, QFL will support the full transfer of all communication channels back to TFN or a subsequent vendor. This includes coordination of number porting, system decommissioning, and validation to ensure uninterrupted service continuity, preserving Nebraska's ownership and control of its communication assets.

k. System collaboration with TFN is required to determine the best option for coordination with NAQC and other Quitline support resources that may become available to Nebraskans over the duration of the contract period.

QFL maintains alignment with NAQC standards across its systems, data structures, and service delivery model, including adherence to the NAQC Minimum Data Set (MDS) and eReferral guidance. See response above to *h.iii.* for detail on NAQC-aligned integration standards and implementation practices, including our participation on the NAQC Advisory Council.

QFL will collaborate with TFN to determine the most appropriate approach for coordinating with NAQC and integrating additional Quitline support resources as they become available. This includes evaluating new tools, aligning reporting requirements, and incorporating updates to national standards into Nebraska's program. QFL's experience supporting NAQC-aligned services and reporting ensures that Nebraska's program will remain consistent with national benchmarks while allowing flexibility to meet state-specific needs. This alignment supports comparability across programs and facilitates participation in national evaluation efforts.

l. Vendor will disclose any usage of Artificial Intelligence (AI) or Automated Callers to provide services to Nebraskans and will provide alternative services without AI or Automated Callers if requested. Vendors will prioritize that interactions will be conducted by live, trained human cessation coaches, intake specialists, or other appropriate positions.

QFL prioritizes live, human interaction as the foundation of its service delivery model. All coaching sessions are conducted by trained Quit Coaches who are experienced in evidence-based behavioral support techniques. This approach ensures that participants receive personalized, empathetic, and clinically appropriate support tailored to their readiness to quit and individual needs. Human interaction remains central to engagement, trust-building, and successful cessation outcomes.

At the same time, QFL is committed to continuous innovation and operational efficiency. We regularly evaluate emerging technologies, including artificial intelligence (AI) and automation, to enhance system performance, improve internal workflows, and support scalable service delivery. These tools may be used to support functions such as system routing, data processing, reporting, or digital engagement enhancements. However, **these technologies are implemented in a way that complements, rather than replaces, meaningful human interaction. It is a core priority of ours to engage our partners in these conversations when we are considering new technological changes.** QFL frequently holds webinars about potential changes and seeks feedback from the quitline community.

QFL does not rely on automated callers or AI-driven systems to deliver core cessation services. All coaching sessions are conducted by live staff, preserving the human connection that is essential to effective tobacco cessation support.

At this time, QFL is exploring the integration of AI into its text messaging services to enhance participant engagement, responsiveness, and personalization. Any use of AI or automation will be implemented thoughtfully, with appropriate oversight and transparency. QFL will fully disclose any use of AI or automation within the Nebraska program and will work collaboratively with Tobacco Free Nebraska (TFN) to ensure alignment with program expectations, privacy requirements, and approved service protocols. Our approach is grounded in the principle that technology should enhance access, efficiency, and quality while maintaining the integrity of evidence-based cessation support.

m. System must provide services that are culturally and linguistically appropriate for the following specific populations:
i. Medicaid beneficiaries
ii. Uninsured/Low Socioeconomic Status
iii. Pregnant women
iv. Senior adults
v. Veterans
vi. Smokeless tobacco users
vii. Native Americans
viii. African Americans
ix. Hispanic/Latinos
x. Spanish-speaking participants
xi. Deaf and hard of hearing
xii. Participants with mental health or substance abuse disorders
xiii. Teens
xiv. Other limited English-speaking populations

QFL offers specific evidence-based, culturally appropriate programs for participants who are part of special populations. **We have an accomplished history of supporting people from all demographic and ethnic groups in their efforts to quit tobacco through quitlines across the country for more almost 30 years.** Our dedication to these efforts has contributed significantly to the establishment of best practices in tobacco cessation. The below sections describe the specific efforts QFL has made to develop programming that is specifically tailored and sensitive to the following populations:

- Medicaid beneficiaries
- Uninsured/Low Socioeconomic Status
- Pregnant women
- Senior adults
- Veterans
- Smokeless tobacco users
- Native Americans
- African Americans
- Hispanic/Latinos & Spanish-speaking participants
- Deaf and hard of hearing

- Participants with mental health or substance abuse disorders
- Teens
- Other limited English-speaking populations

In addition, QFL has also developed programming specific to the following additional audiences:

- Straight to work adults
- Age 18-24
- LGBTQ individuals
- Rural residents
- Asian American/Pacific Islanders
- People who use Multiple Tobacco Products
- E-cigarette/ENDS Users (Vaping)
- Persons with Disabilities
- Tobacco users with chronic medical conditions
- Nicotine Pouch Users

Medicaid beneficiaries

Since 2002, over 1.4 million participants have reported Medicaid benefits, being uninsured, or having low income. Our interventions address the sociocultural factors contributing to their nicotine use. QFL recognizes that participants from certain communities may have lower income levels and educational attainment, higher acceptance of tobacco/nicotine use in their social circles, and increased rates of smokeless tobacco use and/or higher levels of tobacco/nicotine dependence. These factors can contribute to difficulties in quitting.

To address these challenges, we train Quit Coaches to identify and problem-solve barriers to quitting. Quit Coaches assess participants for Medicaid eligibility, encouraging them to use Medicaid resources if additional support is needed. Our protocols also include recommending higher dosages of nicotine replacement medications, which have proven effective for those with higher nicotine dependency. Behavioral coaching includes strategies for creating a nicotine-free environment and detailed assistance in developing coping strategies for dealing with nicotine urges.

We train Quit Coaches to recognize the unequal access to healthcare across society, and that low-income, Medicaid, uninsured, and underinsured participants may face additional challenges in accessing medical care and support for quitting. We have actively worked with many state clients as they implemented HHS's 2011 recommendations and the federal match for serving Medicaid members through quitlines with their state Medicaid offices.

Uninsured/Low Socioeconomic Status

QFL has developed therapeutic language and content specifically helpful to low-income patients. This includes straightforward engagement protocols to support those with limited education and direct mailing of medications to their homes. To ensure the information we provide is accessible and easy to understand, we use plain language principles in all written

content, aiming for a fourth-grade reading level. Medical terms like “Nicotine Replacement Therapy” can raise the overall reading level, so we use short sentences and one-syllable words to improve readability. Health literacy experts review our materials to ensure they meet low literacy standards. Our Quit Coaches are always available to answer questions and help participants understand cessation-related terms. They are trained to match the conversational style and cadence of the participants, making them feel comfortable while providing the necessary support. This approach ensures that all participants, regardless of their educational background, receive the support they need in an understandable and approachable manner.

Pregnant women

All callers who are pregnant, breastfeeding, postpartum for up to one year, or planning pregnancy within three months are triaged to a specialized, person-centered program track focused on pregnancy. The goal is to help these individuals quit tobacco products and sustain their quit after delivery.

Our highly skilled Quit Coaches understand the complex needs and support required for pregnant or postpartum participants. All Quit Coaches are trained to serve this population, and participants can request a coach by gender to meet their preferences. Quit Coaches strive to foster continuity and sensitivity in treatment. The program offers seven sessions via phone, chat, text, or group sessions, with the option to opt-out of chat or group sessions and receive exclusive phone coaching. Additional sessions can be added as needed, up to a seven-call program.

Quit Coaches receive specific training on the challenges and themes encountered when working with this population. This includes information on the adverse effects of smoking during pregnancy, the benefits of quitting for both the individual and the unborn child, the impact of second- and third-hand smoke on the family, and the importance of maintaining the quit after the baby is born.

Our coaches are also trained in facilitation skills to effectively work with this vulnerable population. They provide consistent and personalized care, available 24/7 without the need for callbacks or waiting, thanks to our robust protocols and documentation. Quit Coaches are trained to respond empathetically to pregnant callers’ feelings about their pregnancy, emphasizing the health benefits of quitting for both the mother and the baby. They assess the specific challenges of quitting tobacco during pregnancy and tailor quit plans accordingly. Quit Coaches also educate pregnant and postpartum callers on the risks of continued tobacco use and the numerous benefits of quitting for the baby and the entire family.

Senior adults

Most of our quitline protocols are tailored for adults aged 18 and older, including seniors. Much of our training and protocols are geared toward adult tobacco users. For adults who are also members of special populations, Quit Coaches are trained to integrate adult protocols with those of the special population to provide the best combination of tobacco cessation services that fit the participant’s identity, circumstances, and needs.

Over the last five years, we have served more than 292,000 participants aged 50 and older, and more than 207,000 participants aged 60 and over. Our Coaches understand that quitting, regardless of age, can add years to life, improve breathing, increase energy, and save money. They also recognize that senior adults may have a long history of tobacco use, starting before its harmful effects were well-known, and may already be experiencing health issues related to tobacco use. Older participants can be more vulnerable and may lack social support. Talking with a Quit Coach can provide that support, increase self-efficacy, and help motivate them during their quit journey.

Quit Coaches discuss how quitting can still improve quality of life and health for older adults. Many individuals in this population mention their family as a motivation for quitting, and Quit Coaches are trained to focus on and reinforce this motivation in an encouraging and supportive way.

Veterans

QFL has extensive experience serving Veterans. In 2011, in partnership with the VA, we created the Telephone Lifestyle Coaching (TLC) program. This program aims to teach Veterans to live a healthier lifestyle by focusing on up to six health goals: being tobacco-free, limiting alcohol consumption, managing stress, being more physically active, and eating wisely. Our pilot program demonstrated the effectiveness of lifestyle coaching for Veterans. We were the service provider for the Veterans Integrated Service Network (VISN) Region 4 from 2005 until the VA created a nationwide Veterans quitline in association with the NCI in 2018.

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

We developed VA-specific training content in collaboration with external subject matter experts. This content included a job aid and training for our Quit Coaches to address the specific needs of military personnel. The training emphasized adapting our interventions to include key cultural issues (such as military jargon) and showing appropriate empathy and awareness of the culture, lifestyle, and policy issues relevant to the Veteran population. Additionally, our Quit Coaches can refer Veterans to other services for which they may be eligible, including Tricare and (855) QUIT VET.

Smokeless tobacco users

Over the last five years, QFL has supported more than 40,000 smokeless tobacco users in their efforts to quit. While only 2% of the US population uses smokeless tobacco, this group makes up 4% of the population we serve nationwide. We have extensive experience supporting this population, and our protocols are designed to support people regardless of the type of tobacco they use.

Quit Coach training includes behavioral and pharmacological strategies to support smokeless tobacco users, as well as knowledge about the health effects related to smokeless tobacco. Quit Coaches collaborate with participants to build quit plans that address the specific behavioral, psychological, and physical challenges associated with smokeless tobacco use. Our NRT algorithm converts smokeless tobacco use to an equivalent number of cigarettes per day to provide accurate recommendations for NRT dosing. Participants can learn more about quitting smokeless tobacco through our Quit Guide, which includes a dedicated section on smokeless tobacco and additional content available in the online dashboard.

Native Americans

Native Americans use tobacco at higher rates than any other racial group in the US. Since 2002, QFL has provided care to over 56,800 American Indians or Alaska Natives across the country, with more than 16,800 served in the last five years alone. We have strong participation from American Indian callers in states such as South Carolina, North Carolina, Florida, Oklahoma, Texas, and New Mexico. All Quit Coaches are trained to deliver culturally tailored care and are available 24/7. They receive initial and ongoing training on cultural practices unique to this population, facilitation skills, behavioral health training, engagement, and other related topics. This training was developed in collaboration with American Indian/Alaska Native partners.

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

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

Our long history of collaboration and partnerships includes:

- Our Clinical and Quality Support team has participated in Indian Health Service's (IHS) Tobacco Task Force meetings as invited guest experts. We have worked with the IHS

Tobacco Task Force to distribute our community resource questionnaire for states to solicit feedback from tribes regarding the availability of other cessation programs for American Indians.

- We partnered with a recommended member of the Muskogee Creek Nation in Oklahoma to develop our initial training curriculum for our entire service delivery team on serving American Indians. We also worked with the State of Oklahoma to develop an American Indian training tool for our staff. We have collected data from American Indian callers regarding their tribal affiliation throughout the life of the program.
- QFL partners with the American Indian Cancer Foundation to address the high prevalence of cigarette smoking among American Indian/Alaska Native (AI/AN) populations. Through this collaboration, QFL and AICAF gathered community feedback and incorporated insights into the design of tailored quitline services aimed at supporting AI/AN commercial tobacco users in their cessation efforts. This feedback was integrated into the AI Quitline to create a culturally sensitive cessation service for AI/AN commercial tobacco users.

African Americans

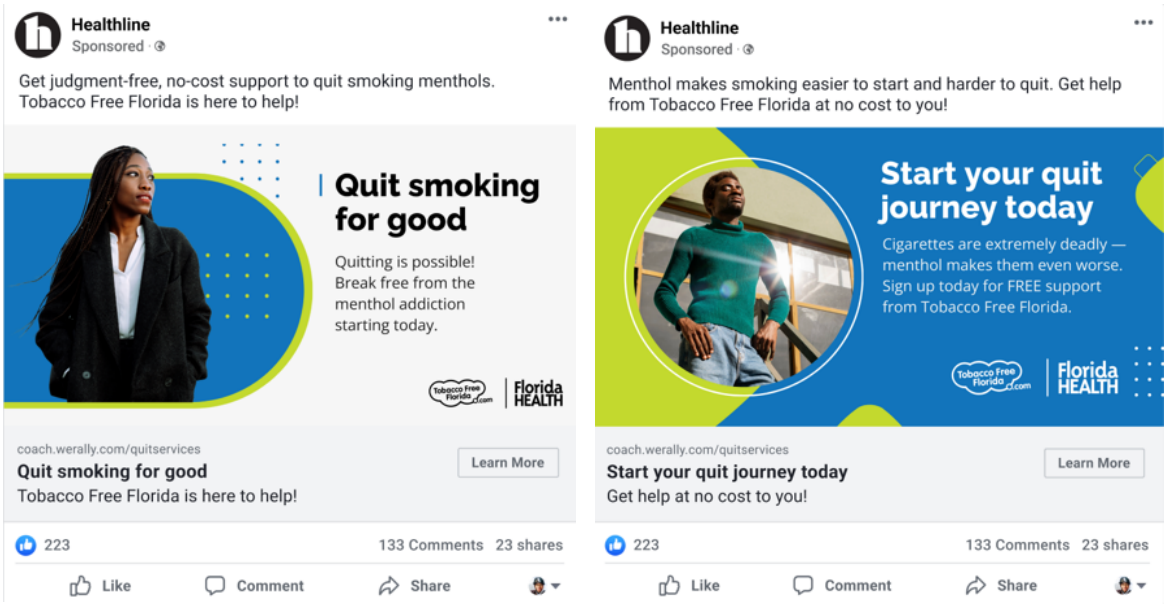
QFL has developed a program specifically targeting the needs of African Americans, focusing on the unique challenges posed by mentholated tobacco products. Tobacco companies have historically targeted African Americans with menthol cigarette advertising, leading to a higher prevalence of menthol tobacco use in this community. Menthol soothes the airway, making it easier to inhale nicotine and thus easier to become addicted, while also making quitting more difficult. Consequently, mentholated nicotine replacement is often necessary to match the sensory components of tobacco use.

QFL has served over 40,000 Black/African Americans in the past five years and more than 280,000 since 2002. Our comprehensive coursework and classroom trainings on cultural competency equip Quit Coaches to understand African American family norms and the strong desire to prevent children from becoming smokers. Our Quit Coaches are trained to recognize that African Americans are disproportionately targeted by the tobacco industry, suffer from higher rates of tobacco-related diseases and health care disparities, metabolize nicotine more slowly than the general population, and smoke menthol cigarettes at significantly higher rates—85% compared to 30% of Caucasian smokers. Menthol cigarettes complicate the quitting process and are strongly associated with smoking initiation among teens and young adults.

Our treatment protocols include coaching that addresses both population-based and personal motives and barriers in quitting tobacco. Quit Coaches tailor treatment plans to the needs of each African American caller, ensuring personalized quitting and relapse prevention plans. These plans may include strategies for dealing with stronger smoking norms in the African American community. Each treatment plan provides information about the harms of smoking, recognizing that lower-income African Americans may not receive this information from the healthcare system. Strategies for dealing with pervasive, targeted advertising and potentially higher life stresses surrounding basic needs are also incorporated. The dashboard includes the

"Pathways to Freedom" videos, validated in a recent study, which are placed throughout the dashboard journey and stored in the library for participants to view.

Menthol Enhancement: With the continued popularity of menthol cigarettes amid pending federal regulation, QFL recognizes the need for proactive measures. To this end, we launched a menthol cessation enhancement in 2024. We are committed to providing the highest level of support and resources to those seeking to make this important change in their lives.



Examples of top performing menthol-focused paid media ads developed by QFL's in-house graphic design & marketing teams.

The online dashboard offers extensive content on menthol cigarettes for participants who indicate using menthol cigarettes or cigars. Our Quit Coaches have been trained to provide participants with the knowledge and skills necessary to support their quit journey including understanding how menthol can accelerate nicotine addiction, the unique health effects of menthol tobacco use that make menthol products more difficult to quit, and evidence-based cessation strategies for doing so. Quit Coaches also consider the cultural and social considerations of menthol tobacco use when connecting with participants.

Hispanic/Latino & Spanish-speaking participants

QFL has extensive experience working with Hispanic populations. To meet their needs, QFL provides all materials in Spanish and employs Spanish-speaking coaches. Over the past several years, we have refined our approach to working with the Hispanic/Latino population. Best practices include incorporating an awareness of collectivism and family values, emphasizing "simpatía" (personal skills), and being sensitive to concerns about disclosing legal status, which may cause reluctance to provide contact information. We continuously seek ways to improve. For instance, following a 10-person secret shopper evaluation conducted by a state

client, we enhanced the experience for Spanish-speaking participants by ensuring consistency in culturally appropriate language in our Spanish NRT recommendation letters.

Spanish-speaking Quit Coaches are available during all hours of operation. We recently implemented a new set of materials for Spanish speakers, designed and created in-house. These materials were reviewed by external subject matter experts to ensure both linguistic and cultural appropriateness. Additionally, a culturally adapted, Spanish-language version of our online quitting resource is available.

Deaf and hard of hearing

While the deaf and hard-of-hearing population is not a large segment of the quitline population we serve, we take their needs seriously as part of our efforts to support everyone in quitting tobacco. QFL recognizes the unique stressors faced by individuals who are deaf or hard-of-hearing and the fact that they are more likely to use tobacco.

QFL uses both 711 relay services and video relay for sign language when working with deaf or hard-of-hearing participants, ensuring they receive thorough and supportive interventions. Our training ensures that our staff recognize the distinctive stressors experienced by individuals who are deaf or hard-of-hearing. Accordingly, our Quit Coaches are well-versed in supporting these individuals and addressing the challenges they face while quitting smoking. As technology continues to improve, we consistently seek out new and innovative ways to reach and support this population more effectively.

Participants with mental health or substance abuse disorders

Like many places in the US, Nebraska has recently experienced a rapid increase in behavioral health disorders, including the highest incidence of anxiety, depression, ADHD, and other affective (Axis II) disorders ever reported. People with behavioral health conditions (i.e., mental health and substance use disorders) smoke approximately 44% of the cigarettes consumed annually in the country. Additionally, individuals with behavioral health conditions die about 25 years earlier than the general population of tobacco users. Prevalence rates among those with more severe behavioral health conditions, such as schizophrenia, can exceed 80%.

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

To address the needs of this population, QFL developed the Tobacco Cessation Behavioral Health Program (TCBHP), which addresses the unique challenges faced by individuals with mental health and substance use disorders.

During the intake process, participants with behavioral health conditions are identified and triaged into the behavioral health program. Those who report a behavioral health condition during enrollment are asked if their concern is a barrier to quitting. If they respond affirmatively, they are triaged into the program.

The TCBHP features seven coaching sessions focused on stress and coping strategies and provides a letter for the participants' healthcare providers with tips to support their patients through the quit process. Tailored content is available throughout the dashboard, and we recommend that participants receive 12 weeks of combination NRT to increase the chances of a successful quit.

Subsequent evaluations have demonstrated the program's value to participants with behavioral health conditions. Some of our additional collaborations and partnerships include:

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

Teens

Nebraska, like many areas of the US, has a growing population of young people using e-cigarettes and other smokeless tobacco products. QFL understands the unique challenges this population faces.

Recognizing the importance of how youth engage in conversations, we have focused on developing and deploying effective youth cessation programs. With 95% of teens aged 13 to 17 owning or having access to a smartphone in 2022, up from 73% in 2015, QFL has reimagined its approach to better engage youth and improve quit outcomes.

We understand that the process of adoption and engagement takes time, requiring a comprehensive strategy that evolves with the changing landscape of youth engagement. This strategy involves ongoing assessment, refinement, and direct feedback from youth we serve. All QFL youth programs are grounded in social cognitive theory (SCT) and informed by adolescent literature, utilizing empirical evidence to treat young tobacco users. Our programs leverage communication channels commonly used by youth, including online content, videos, and live chats with a Quit Coach. Our Quit Coaches are specially trained to work with youth, employing an empathetic, non-judgmental approach. They focus on enhancing and sustaining motivation to quit while using cognitive-behavioral strategies to help youth build personalized quit plans.

QFL offers two tracks of cessation support for youth: the Youth Support Program for those using any commercial tobacco and Live Vape Free, tailored specifically for teens using nicotine vaping products (i.e., electronic nicotine delivery services [ENDS]). Live Vape Free has been expanded to meet the increasing demand for vaping cessation support among young adults. The Young Adult program further increases accessibility by offering the state's chosen amount of weeks of Nicotine Replacement Therapy to individuals aged 18-26.

Youth Support Program: Our Youth Support Program is designed to meet teens where they are and offer them the support, guidance, and motivation needed to quit vaping or smoking. Enrollment is easy and can be done online or by calling a Quit Coach. The program consists of six steps, takes six to eight weeks to complete, and includes support for one year after enrollment. Teens use the program to navigate through milestones, which help them progress toward their quitting goals. The program is engaging and delivered via an online dashboard that features TikTok-like videos, animations, podcasts, quizzes, and live chat. Youth can reach out to a Quit Coach anytime for help with specific problems, strategies, or tips to quit and stay quit.

Throughout each step, Quit Coaches are available 24/7 to answer questions, offer tips, and provide support. They are specifically trained to communicate effectively with teens, providing relevant content on triggers for using vapes and tobacco, social pressure, health issues, environmental impact of tobacco products, social justice issues, and big tobacco's targeted marketing. Quit Coaches also help teens manage nicotine withdrawal with behavioral and cognitive strategies and refer them to their doctor or pharmacist if they have questions about Nicotine Replacement Therapy (NRT) or other cessation medications. Upon completing the

program, teens will have access to a Letter of Completion, which they can download from the dashboard or email to themselves. Besides supporting cessation, the program can also serve as a school or court-based diversion program. QFL collaborate with Nebraska to implement an incentive plan for youth participants.

We understand that parental involvement is important in youth cessation. QFL is exploring ways to obtain parental consent that do not discourage youth from participating in the program. We intend to work directly with Nebraska to understand how to best support this feature. Additionally, since NRT and other prescription cessation medications are not FDA-approved for those under 18, we refer youth who ask about cessation medication to their healthcare provider to discuss the use of medications.

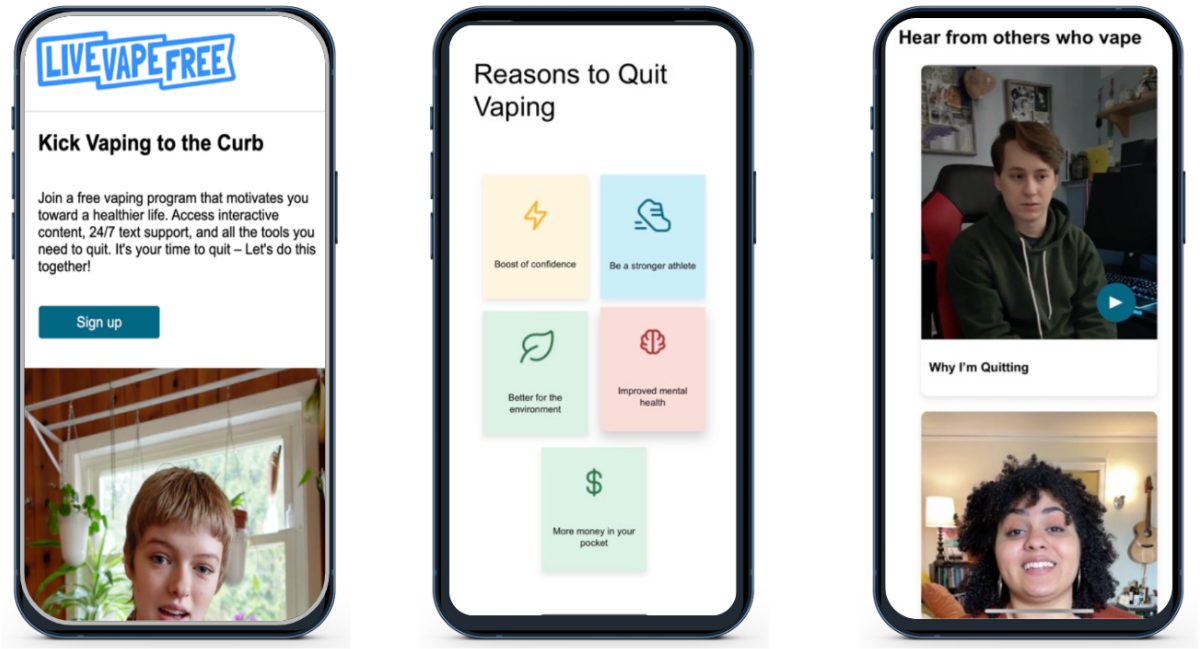
Live Vape Free: In 2021, we launched Live Vape Free-Teen (LVF), a comprehensive support program for youth vapers aged 13 to 17 and in January 2024 we added the LVF-YA program for young adults aged 18 to 26. There are also educational materials for adult advocates concerned about teens in their life who vape. Visitors to our landing page are directed to the appropriate program: LVF-Teen, LVF-Young Adult (YA), or LVF-Adult Advocate. After quick enrollment, the LVF-Teen and LVF-YA text messaging programs start within a day or two. The LVF programs were developed as part of the RISE study, funded by the American Heart Association, and the young adult program was evaluated in a randomized trial. Both the youth and young adult programs offer an engaging and informative multimedia experience, with twice daily text messages, tailored by quit date to lead users through their quit journey. Text messages include links to online content including Tik-Tok type videos of youth or young adults modeling quitting vaping, interactive quizzes, animations illustrating key learning points, podcasts, self-assessments, and flip card educational exercises. At any point during the program youth or young adults can text keywords like ‘STRESS’, ‘BOOST’, ‘CRAVE’, or “COACH” to receive instant support or access to a live Quit Coach for full intervention via text. Automated messages are tailored by quit date, and natural language understanding ensures appropriate responses to free-text messages from users. All LVF-YA enrollees can also receive NRT and the program offers educational content to support effective use of NRT.

Sample Live Vape Free ad (Instagram)

As mentioned above, LVF was developed as part of the RISE research study with young adult exclusive vapers. Our Center for Wellbeing Research will continue their program of research on nicotine cessation in youth and young adults and have submitted grant applications to continue this work. We anticipate continuing to improve the program over time as we conduct additional research and gather feedback from end users during our evaluation process.

We designed Live Vape Free to be agile and adaptable, meeting the growing needs of young vapers and providing them with the latest information to help them quit and stay quit. Understanding the scale of the youth vaping epidemic, we leveraged over 15 years of youth tobacco cessation expertise, research evidence and our digital engagement platform to develop this program. The Live Vape Free program also includes an education module for parents and other concerned adults, Helping Teens Live Vape Free, which teaches them how to have productive conversations with youth about vaping and how to be an advocate rather than an adversary.

Adult advocates can access online courses through our website and chat with a Quit Coach for guidance. These courses, accessible at their convenience, cover vaping products, risks of vaping, practical advice for identifying if a teen is vaping, and strategies for facilitating productive conversations with teens. An interactive toolkit is also available to support conversations between adults and teens.



Livevapefree.com landing page mobile view

Looking ahead to 2027, Live Vape Free (LVF) is expected to further enhance its digital engagement model by leveraging artificial intelligence to support more personalized, responsive, and scalable participant experiences. AI-enabled capabilities are expected to strengthen the program's ability to tailor content, timing, and engagement pathways based on participant preferences, behaviors, and readiness to quit, while continuing to maintain clinical oversight and evidence-informed program standards. These enhancements are intended to build on LVF's existing text-based and digital-first model by helping participants receive more relevant support throughout preparation, quitting, maintenance, and relapse prevention. As these capabilities are developed, QFL will continue to prioritize privacy, security, responsible implementation, and alignment with state program requirements.

Other limited English-speaking populations

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

Straight to work adults

A significant portion of tobacco users are working adults who often struggle to find time to focus on reducing and quitting tobacco due to their busy schedules. Despite their time constraints, this population is typically literate and highly motivated. To address their unique needs, QFL has developed web-based and text-based treatments specifically designed for people with

demanding schedules. These courses provide easy access to coaching and are tailored for individuals who are motivated and have limited time. The flexibility of these online and text-based programs ensures that working adults can receive the support they need without disrupting their daily routines.

LGBTQ individuals

QFL is acutely aware of the high incidence of tobacco use in LGBTQ+ populations. Up to 40% of the LGBTQ+ community uses tobacco, which is over twice the rate of non-LGBTQ+ populations. Among men who have sex with men (the highest risk group for HIV), tobacco use is now associated with a higher mortality rate than AIDS. To address these challenges, QFL provides LGBTQ+ sensitivity training to all coaches, ensuring that this population feels comfortable and fully supported by QFL programs.

Since 2002, we have served more than 85,000 participants identifying as LGBTQ+, with over 43,500 in the last five years. We understand the unique challenges faced by the LGBTQ+ population, such as:

- ***Stigma and discrimination:*** The LGBTQ+ population experiences high levels of stress due to prejudice and discrimination.
- ***Social bonding and cultural challenges:*** In some communities, LGBTQ+ individuals have few opportunities to socialize outside of bars.
- ***Access to quality healthcare:*** Those in same-sex relationships often report less access to healthcare systems and higher levels of substandard care.

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

The smoking prevalence for LGBTQ+ youth ranges from 38% to 59%, compared to 28% to 35% for their non-LGBTQ+ counterparts. These higher smoking rates are compounded by stress from homelessness due to the coming out process and other risky behaviors. While there is mixed evidence around tailored programs for the LGBTQ+ population, many community leaders are calling for specialized support. We are currently analyzing the utilization of quitline services by those reporting LGBTQ+ status at registration and will continue to partner with key members of the tobacco treatment and LGBTQ+ communities to develop more tailored approaches.

Rural residents

According to the 2020 Census, over one-quarter of Nebraska residents live in rural areas. QFL typically assesses rurality by county, and approximately two-thirds of Nebraska counties are considered rural. People in rural areas often lack access to specialty medical services, such as live one-on-one or group coaching for tobacco cessation. Quit Coaches are available 24/7, allowing people to connect from home. Participants can connect via phone or text, so broadband or smartphones are not necessary. Those who prefer chat or text have that option, but the telephone remains the primary way to interact for people who prefer to talk or don't have internet or cellular service.

Participants with cell phones can access our robust portal, which offers a wide variety of educational materials, quitting tips and strategies, and tools to help them track their quit efforts. The portal also provides information on the benefits of quitting, from extra money in their pockets to better health and fewer medical issues in the future.

Quit Coaches are aware of the high prevalence of tobacco use in rural areas of the United States. Social factors significantly affect smoking and quitting behavior, so Quit Coaches are sensitive to the additional challenges rural participants may face. When delivering interventions, Quit Coaches listen empathetically and adjust their approach to meet each participant's needs, using strategies specifically designed to assist rural residents in making their best quit attempt.

Asian American/Pacific Islanders

Pacific Islanders, as an Indigenous population, have higher smoking prevalence than many other ethnic groups, especially those not born in the U.S. This is due to social norms and targeted tobacco industry campaigns over the past 25 years. Consequently, smokers in this population often suffer from smoking-related illnesses at higher rates. Quit Coaches are sensitive to these factors and understand that Asian and Pacific Islanders who wish to quit may face additional challenges, such as having other smokers in their homes or work environments. They assist with strategies to create smoke-free environments.

For both Asian Americans and Pacific Islanders, our Quit Coaches are trained to understand that men are much more likely to be smokers than women. We provide translation services for callers who are not fluent in English. Additionally, if a participant identifies as Asian or Asian American, we offer to refer them to the Asian Smokers' Quitline, a free, CDC-funded resource.

People who use Multiple Tobacco Products

Our initial dual/multi-users of tobacco products were previously limited to smoking and smokeless tobacco. More recently, this has included the addition of e-cigarettes to another form of tobacco use. We have developed protocols to help participants switch to safe, FDA-approved

NRT, and Quit Coaches stress using these products as directed, toward the goal of quitting all tobacco products and reaching independence from tobacco addiction.

E-cigarette/ENDS Users (Vaping)

We have established that quitline protocols are effective for exclusive vapers, with our findings published in the June 2023 issue of Preventing Chronic Disease. Over the last five years, QFL has served more than 170,000 quitline participants using e-cigarettes or other electronic nicotine delivery systems (ENDS). However, the e-cigarette (vaping) epidemic among young people is marked by inappropriate use and abuse, raising concerns that the prevalence and acceptance of vaping among youth and young adults are creating a new generation of nicotine addiction. To address this epidemic, we launched our Live Vape Free program, aimed at young adults and youth who vape, as well as their concerned parents.

Our Center for Wellbeing Research (CWR) has monitored and studied vaping within state quitlines for a decade, starting with a 2013 publication that highlighted rates of e-cigarette use among quitline enrollees and called for more attention to vaping in the quitline community. QFL has conducted two randomized controlled trials (RCTs), one qualitative study, one survey study, and two published secondary data analyses to understand and develop interventions for e-cigarette users. Additionally, findings from the RISE study have been integrated into our Live Vape Free Teen and Young Adult programs (see 'Teens' above for more information).

Persons with Disabilities

We tailor our coaching plans and recommendations to meet the specific needs of individuals with disabilities. It is crucial that participants can both understand and implement the treatment plan developed in collaboration with their Quit Coach. To achieve this, Quit Coaches may adjust their communication style to match the caller's pace or break the quitting process into distinct and clear steps for those with cognitive deficits. For those with physical limitations, action steps may be tailored accordingly. If scientific evidence supports the benefits of modifying a protocol, we will implement these changes. For example, for participants who report a behavioral health condition, we encourage higher dosages of NRT and recommend they inform their healthcare provider of their intention to quit tobacco.

Tobacco users with chronic medical conditions

Over the last five years, we have served over 663,000 quitline participants with chronic medical conditions. Our Center for Wellbeing Research has participated in five studies, one systematic review, and one secondary analysis to better understand the nature of tobacco users with chronic medical conditions—including cancer, obesity, diabetes, and recently discharged hospitalized smokers—and how to better support them in their efforts to quit smoking.

- ***Cancer survivors:*** This study recruited cancer survivors and randomized them into usual care or an enhanced quitline-based intervention. The enhanced quitline intervention appeared to be acceptable to cancer survivors and showed a trend toward slightly higher cessation rates at 12 weeks.
- ***CDC Chronic Conditions Paper:*** We contributed to this paper through secondary

analysis.

- ***Obesity:*** This study conducted in-depth, semi-structured interviews with quitline participants with obesity. Most viewed cessation as their primary goal and discussed other challenges, such as managing stress or coping with a chronic health condition, as more important than their weight.
- ***Diabetes:*** This systematic review synthesizes relevant studies investigating the consequences of tobacco cessation on body weight and diabetes. Interventions that combine smoking cessation and weight control can be effective for improving cessation and minimizing weight gain but need to be tested in specific populations.

Nicotine Pouch Users

QFL's program is designed to support individuals using all forms of nicotine, including newer products like nicotine pouches. As these products become more widely used, particularly among young adults, QFL ensures that its services remain inclusive and adaptable to evolving nicotine trends.

Our Quit Coaches are specifically trained to support individuals using nicotine pouches, gum, lozenges, and other non-combustible products. They use proven behavioral strategies tailored to the unique challenges of quitting nicotine pouches, such as managing discrete and frequent use, addressing cravings, and replacing triggers with healthier behaviors. Coaches work one-on-one with participants to create personalized quit plans, identify motivations, and build confidence, meeting each person where they are in their quit journey.

Support is available across multiple channels, including phone coaching, live chat, text messaging, and digital tools, allowing participants to engage in the way that works best for them. Coaches provide ongoing encouragement, troubleshoot barriers to quitting, and help build practical skills for long-term success. This multi-touch approach is especially helpful for pouch users, whose patterns of use may differ from those using cigarettes or vapes. Coaching conversations are tailored and flexible, ensuring each participant receives support that reflects their nicotine use habits, lifestyle, and quit goals. Our coaches offer strategies for tapering use, managing stress without nicotine, and building a support network, all grounded in motivational interviewing and evidence-based best practices.

To expand the knowledge base on pouch use and inform future cessation strategies, QFL continues to contribute through professional webinars and white papers and is actively seeking grant funding to support dedicated research on emerging nicotine products.

2. QUITLINE HOURS OF OPERATION

System must provide "live" response to phone calls 24 hours a day, seven days a week. Peak times for phone calls must be continuously monitored, and staffing shall be modified accordingly to meet peak volume times. Volume must be assessed during live hours of coverage, and as needed in collaboration with media events. An automated answering service may only be used when Quitline personnel are unavailable. If an automated answering system is used, the caller must not be required to select more than two options prior to speaking with a registration specialist or other staff person.

QFL provides live, human response to inbound phone calls 24 hours per day, seven days per week through a distributed workforce supported by an enterprise-grade, cloud-based telephony infrastructure. The platform is built on a private branch exchange (PBX) architecture with automatic call distribution (ACD) functionality, enabling intelligent, real-time routing of inbound calls across geographically dispersed staff. This infrastructure is continuously monitored by QFL's IT and engineering teams to ensure system availability, responsiveness, and performance at all times, supporting uninterrupted access for Nebraska participants.

System performance and call handling operations are supported by a comprehensive, automated monitoring framework that operates 24/7. This framework continuously tracks the health and responsiveness of telephony components, including PBX, ACD, routing systems, and network connectivity, as well as supporting infrastructure such as servers, databases, and web-based applications. Real-time dashboards aggregate system logs, call metrics, and performance indicators, allowing operations and IT teams to maintain full visibility into call queues, agent availability, call volume, and key metrics such as speed of answer and abandonment rates.

QFL continuously monitors peak call volume using both real-time system data and historical utilization trends. Call patterns are analyzed by time of day, day of week, and external drivers such as media campaigns or outreach efforts. In collaboration with Nebraska DHHS, anticipated volume increases tied to media events are incorporated into workforce planning models. Staffing is dynamically adjusted using real-time monitoring tools, allowing supervisors to reallocate staff, shift resources between inbound and outbound queues, and activate additional coverage to maintain service levels during peak demand periods.

To ensure reliability during periods of high demand or unexpected system stress, QFL's infrastructure includes high-availability configurations and failover capabilities. The PBX system is deployed with automatic failover to a secondary server, allowing call handling to continue without interruption in the event of hardware or software issues. In parallel, the system is routinely stress-tested under simulated surge conditions to validate its ability to handle increased call volume and to refine queuing logic and load balancing strategies.

While QFL's standard operating model prioritizes live response at all times, automated answering functionality is available only in limited circumstances when live staff may be temporarily unavailable. In these cases, **QFL's interactive voice response (IVR) system is**

intentionally streamlined so that callers are not required to navigate more than two prompts before reaching a live representative or requesting a callback. See *Attachment 7 - Quitline Call Answering Process*. Callback functionality is integrated within the telephony system, ensuring that participants retain access to timely human support without unnecessary delay.

Through this combination of resilient infrastructure, continuous system monitoring, and real-time operational management, QFL ensures that Nebraska participants receive consistent, reliable, and immediate access to live support at all times, even during peak demand periods or external disruptions.

Coverage is required for all holidays. Allowed exceptions to "live" response operations are listed below:
a. No system operation on Thanksgiving Day.
b. No system operation on Christmas Day.
c. Call Center can close early at 2:00 p.m. Central Time on Christmas Eve. Operations must commence at 8:00 a.m. the following day.
d. Call Center can close early at 5:00 p.m. Central Time on New Year's Eve. Operations must commence at 8:00 a.m. the following day.
e. Call Center can close early at 5:00 p.m. Central Time on Labor Day, Memorial Day, and July 4. Operations must commence at 8:00 a.m. the following day.

It is critical that support is available at the moment an individual decides to seek help for tobacco cessation, as taking that first step can be challenging. QFL maintains 24/7 call center availability with full staffing to ensure participants can connect with a Quit Coach whenever they are ready, with the exception of a small number of designated holidays: Independence Day (July 4), Thanksgiving Day, Christmas Day, and early closures on Christmas Eve (2:00 p.m. Central Time) and New Year's Eve (5:00 p.m. Central Time). We will reopen at 6:00 a.m. Central Time on December 26 and New Year's Day to ensure we catch callers ready to make a quit attempt during "Quit Season."

Importantly, our operating model is informed by historical utilization data, which consistently shows very low call volume on and around these holidays. As a result, these limited closures are strategically planned, and staffing schedules are aligned in advance without impacting service levels. We also see minimal voicemail activity during these periods, and any messages received are returned promptly the next business day, typically within the participant's preferred callback window.

To ensure continuity during these brief closures, QFL provides a robust voice messaging system capable of supporting up to 150 simultaneous callers. This system features customizable greetings and allows participants to request a callback in their preferred time frame. Callers can also access recorded quit tips in both English and Spanish, ensuring they receive immediate, relevant support even when live agents are unavailable. All voicemail

messages are returned promptly by Quit Coaches the next business day in alignment with the caller's requested timing.

In addition to voice-based options, participants continue to have immediate access to support through multiple digital channels. QFL's online enrollment, participant dashboard, and ongoing email and text-based engagement remain fully operational. Our AI-powered chatbot further enhances access by providing real-time, on-demand support, helping users navigate resources, access tools, and stay engaged in their quit journey without interruption.

This multi-channel approach ensures that while live phone support is briefly paused during select holidays, participants are never without access to care. Instead, they benefit from a flexible, always-on support system that maintains engagement and ensures continuity of services.

System must provide online web access to coaching. 24/7 live response is not applicable; however, it is preferred.

QFL provides a comprehensive, secure, web-based coaching platform that enables Nebraska participants to access cessation support through digital channels at any time. This platform is available 24 hours per day, seven days per week, and serves as both an extension of live coaching services and a fully functional, standalone cessation program for individuals who prefer digital engagement. Participants can access the platform via desktop or mobile device, ensuring consistent availability regardless of location or time of day.

Participants can engage directly with Quit Coaches through web-based modalities, including live chat and asynchronous messaging. Live chat functionality allows participants to connect with a trained Quit Coach in real time, receiving the same evidence-based behavioral support provided in telephone coaching sessions. For participants who prefer more flexible engagement, asynchronous messaging and text-based support options allow individuals to communicate with coaches and receive guidance without needing to schedule a live session. These digital coaching interactions are integrated into the broader coaching model and follow the same evidence-based protocols, including motivational interviewing and cognitive behavioral strategies.

The digital platform includes a secure participant dashboard that serves as a centralized hub for all web-based engagement. Within this dashboard, participants can access personalized quit plans, track progress, review prior coaching interactions, and engage with interactive tools designed to support behavior change. These tools include educational content, videos, quizzes, and structured exercises that guide participants through key stages of quitting, such as preparation, quit attempt, and relapse prevention. Content is dynamically tailored based on participant characteristics, ensuring that digital support remains relevant and personalized.

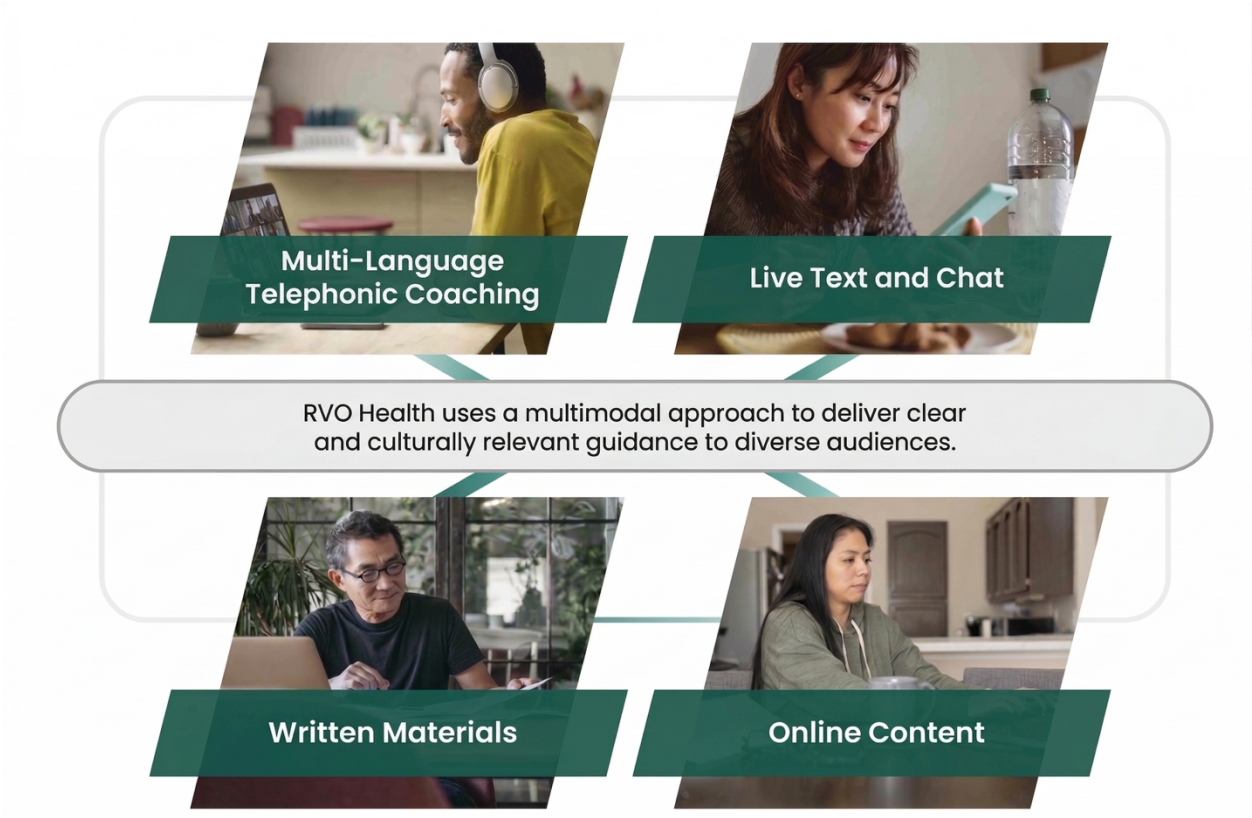
All digital coaching interactions and participant activity are captured within QFL's centralized system, ensuring continuity of care across modalities and enabling comprehensive reporting

and evaluation. Participants can seamlessly transition between digital coaching and other service options, such as phone or text-based support, without losing progress or needing to re-enter information. This integrated approach ensures that Nebraska participants have continuous access to high-quality, evidence-based coaching through web-based channels, while maintaining flexibility in how they choose to engage with the Quitline.

3. QUITLINE PARTICIPANT MANAGEMENT

Services to be provided include, but are not limited to: registration, counseling/consultation, and evaluation/quality assurance related to the use of support materials and/or referrals to community-based cessation programs.

Quit For Life delivers a comprehensive, integrated cessation program that includes participant registration, evidence-based coaching, and ongoing evaluation and quality assurance, all supported through a centralized system and multi-channel service model. **Our approach is designed to meet individuals at their level of readiness to quit and provide flexible access to services through phone, web, and text-based modalities.** Each component of service delivery is interconnected, ensuring that participants experience a seamless and coordinated journey from initial registration through program completion.



Registration is available through multiple entry points, including phone, online enrollment, and referral-driven outreach. All intake pathways feed into a centralized, secure participant database that supports real-time data consolidation and continuity across service channels. Structured intake workflows ensure consistent data collection, including participant demographics, tobacco use patterns, readiness to quit, and referral source. These workflows include built-in validation and logic checks to ensure data completeness and alignment with reporting requirements. This approach enables efficient onboarding while ensuring that each participant is routed to the most appropriate level of support.

Coaching services are delivered by trained Quit Coaches using evidence-based behavioral interventions grounded in motivational interviewing, cognitive behavioral therapy, and relapse prevention strategies. Participants may engage in proactive coaching sessions, as well as initiate support through phone, chat, or text as needed. Coaching is tailored to the individual and includes development of a personalized quit plan, identification of triggers, coping strategy development, and support for medication adherence when applicable. This flexible, participant-centered model ensures that individuals receive support in a way that aligns with their preferences and needs.

Evaluation and quality assurance are embedded throughout the service delivery model. All participant interactions, service utilization, and engagement activities are captured within the centralized system, enabling continuous monitoring of program performance and participant outcomes. Quality assurance processes include routine review of coaching interactions, adherence to evidence-based protocols, and ongoing performance monitoring to ensure consistent service delivery. Data collected through these processes supports both required reporting and continuous improvement efforts.

In addition to core cessation services, QFL supports referrals to community-based cessation programs and other relevant resources. Quit Coaches assess participant needs and may refer individuals to state-approved services, healthcare providers, or specialized programs as appropriate. Referral processes are coordinated with state partners to ensure alignment with program standards and consistency in messaging. This integrated approach positions the Quitline as both a direct service provider and a central hub for cessation-related information and support across Nebraska.

I. REGISTRATION

Screening of tobacco users must include, but is not limited to:

QFL delivers a comprehensive, multi-channel intake and registration process that ensures equitable access to the Nebraska Tobacco Quitline regardless of how a participant initiates contact. Participants may enroll via phone (1-800-QUIT-NOW or 1-855-DÈJELO-YA) or secure web-based registration. Enrollment can also be initiated through provider referrals and mobile-optimized digital pathways accessible via text message (including the National Texting Portal). This flexible approach ensures Nebraska residents can access

services through the channel that best fits their needs, preferences, and level of readiness to engage.

Each entry point is designed to minimize barriers and support rapid engagement. Phone-based registration connects participants directly with a trained Quit Coach (or an Enrollment Agent, during periods of unusually high call volume), allowing immediate support while completing registration. **Web and mobile registration pathways provide a self-directed option that enables participants to enroll at any time, while text-based enrollment offers a simple, low-barrier entry point** that guides individuals into the registration process through their mobile device. Provider and referral-based pathways further expand access by connecting individuals to the Quitline through healthcare systems, community partners, and national platforms.

All registration channels are fully integrated, ensuring that participants receive a consistent experience regardless of how they enter the program. Information collected through any pathway is immediately available within the system, allowing for seamless continuation into coaching, digital engagement, or other services without requiring participants to repeat information. This integration supports both participant convenience and operational efficiency, while ensuring that no matter how an individual enters the Quitline, they are quickly connected to appropriate support.

This multi-channel approach allows QFL to meet Nebraska participants where they are, whether they prefer live interaction, digital self-service, or referral-based enrollment. By offering multiple, accessible pathways into the program, QFL ensures broad reach, improved engagement, and a participant-centered registration experience that supports timely connection to cessation services. See responses below for details.

1. Quitline standardized procedures for screening and recommendations should follow the North American Quitline Consortium (NAQC) Minimal Data Set (MDS), offering a standard approach to evaluating tobacco cessation Quitline's (www.naquitline.org), with TFN's approval.

QFL utilizes standardized intake and screening procedures that align with the North American Quitline Consortium (NAQC) Minimal Data Set (MDS), ensuring a consistent, evidence-based approach to evaluating tobacco users and supporting program reporting and comparability. All screening workflows are built within QFL's centralized system and are configurable to incorporate TFN-specific requirements, with final approval and alignment confirmed in collaboration with TFN prior to implementation.

During registration, participants complete a structured intake assessment that captures all required MDS elements, including demographics, tobacco use history, frequency and type of tobacco use, readiness to quit, prior quit attempts, and relevant health considerations. This information is collected consistently across all entry channels, including phone, web, and text-based enrollment, ensuring uniformity regardless of how participants access the program. The

intake system incorporates logic-based workflows that guide Quit Coaches, Enrollment Agents or digital users through the appropriate sequence of questions, ensuring completeness and accuracy of data collection. **Built-in validation rules prevent missing or inconsistent data, supporting high data quality for both service delivery and reporting purposes.**

All collected data is stored within a secure, HIPAA-compliant system and is immediately available to inform participant triage, service recommendations, and follow-up engagement. This standardized, MDS-aligned approach ensures that Nebraska's Quitline operates in accordance with national best practices while supporting robust evaluation and reporting capabilities.

2. Identifying informative services and resources applicable to Nebraskan tobacco users and non-users on tobacco dependence, available treatment, the dangers of secondhand smoke, and other tobacco-related information.

QFL provides participants with access to a comprehensive suite of informative services and resources designed to support tobacco cessation, increase awareness of health risks, and promote behavior change. During registration and throughout the participant journey, individuals receive tailored information related to tobacco dependence, available treatment options, the dangers of secondhand smoke, and strategies for quitting.

QFL will collaborate with Tobacco Free Nebraska (TFN) to ensure these resources align with Nebraska's broader cessation ecosystem, including in-person cessation programs and additional resources listed on the Tobacco Free Nebraska website. This coordination will help ensure participants receive clear, consistent information about the full range of cessation supports available to Nebraskans, whether through the Quitline, community-based services, healthcare providers, or other TFN-supported resources.

Resources are delivered through multiple channels, including coaching interactions, digital platforms, referrals, and printed materials when appropriate. They are tailored based on participant characteristics, tobacco use patterns, readiness to quit, and identified needs, ensuring relevance and engagement. Participants receive guidance on evidence-based cessation methods, including behavioral strategies and pharmacotherapy options, as well as education on the health impacts of tobacco use and secondhand smoke exposure. This information is integrated into coaching sessions and digital content to reinforce key messages over time and connect participants to the most appropriate supports.

a. Identify informative services and resources applicable to participants who want to support family and friends quitting tobacco.

QFL provides targeted resources for individuals who are supporting family members or friends in quitting tobacco. These resources focus on practical strategies for providing encouragement, understanding the quitting process, and recognizing common challenges faced by tobacco users. Supporters are equipped with tools to foster a positive environment and reinforce behavior change without judgment. These materials are accessible through the digital platform

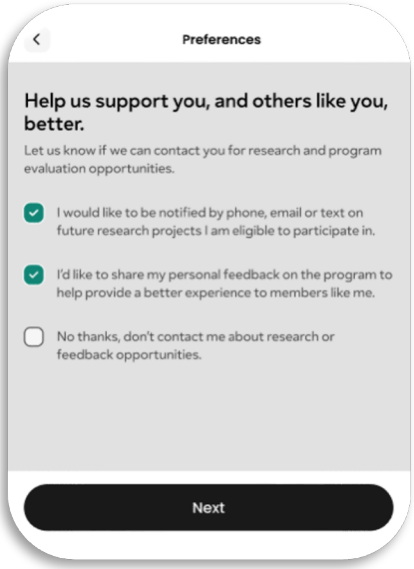
and may also be provided during interactions with Quitline staff. This ensures that individuals who are not tobacco users themselves, but play a critical role in supporting others, have access to relevant and actionable information.

b. Identify informative services and resources applicable to registrants on counseling and coaching cessation of tobacco use.

Participants are provided with clear, detailed information about available coaching services and how to engage with them. This includes explanations of the coaching process, expectations for participation, and the benefits of proactive engagement. Participants are informed about available service modalities, including phone, web-based, and text-based coaching, allowing them to select the approach that best meets their needs. Educational materials are reinforced throughout the coaching process and are integrated into the participant experience to support sustained engagement. This ensures that participants not only receive information at registration, but continue to access relevant resources throughout their quit journey.

3. Obtaining permission from tobacco users to be contacted for follow-up for quit rate evaluation.

As part of the registration process, QFL obtains explicit participant consent to be contacted for follow-up evaluation, including quit rate surveys and program assessment activities. Consent is captured during phone and web intake and is documented within the participant record. Participants are informed of the purpose of follow-up contact, how their information will be used, and their ability to opt out at any time. Should Tobacco Free Nebraska opt to lead or participate in any QFL-supported research initiatives, we separately request consent to be contacted about opportunities to participate in research studies. This process ensures transparency and compliance with privacy requirements while supporting outcome evaluation and possible research integration.



a. Participants who complete registration via phone, web or text and re-submit registration within 30 calendar days shall not be re-billed to DHHS.

Our program requires participants to either complete all coaching sessions for which they are eligible or each of six week-long milestones on their online dashboard to be eligible for re-registration. As such, **our practice is to treat all registration re-submissions within 30 calendar days across phone or web as duplicates that cannot be billed to DHHS.** Our system uses unique participant identifiers and matching logic evaluating key data elements such as name, contact information, and prior interaction history to automatically detect and link these

re-submissions to the existing participant record. Intake staff are also trained to verify participant status during re-engagement to ensure accurate classification.

b. Participants who complete registration via phone, web or text and re-submit registration after 30 calendar days shall be allowed for re-billing to DHHS.

Re-registrations submitted *after* 30 calendar days are generally recognized as valid re-enrollments and are eligible for re-billing to DHHS. Our system creates a new registration record while maintaining linkage to the participant's historical data, ensuring continuity, accurate tracking of engagement over time, and compliance with billing requirements. This supports participants who require multiple quit attempts, allowing them to re-enter the program and receive appropriate services without disruption. In the event DHHS needs to conserve budget, QFL can limit Quitline re-registration to once per year (i.e., two total registrations, per participant, per year).

II. COUNSELING AND CONSULTATION

a. 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, NRT with information on the U.S. Public Health Service recommendations for the use of pharmacological cessation aids, support materials, and referral to community-based services as appropriate.

QFL provides a simple, no-cost, and highly accessible point of entry for Nebraska tobacco users seeking support to quit. Upon enrollment, participants are immediately connected to trained, human Quit Coaches who typically initiate coaching during the first interaction. This initial engagement includes a structured screening and assessment of tobacco use patterns, readiness to quit, prior quit attempts, and individual barriers. Coaches apply evidence-based frameworks, including motivational interviewing and cognitive behavioral strategies, to establish rapport and begin guiding the participant toward behavior change from the outset.

Coaching services are delivered across telephone, live chat, and text-based modalities, allowing participants to engage in the format that best fits their preferences. Each interaction is individualized and includes assessment of dependence, identification of triggers, coping strategy development, and ongoing refinement of a personalized approach to quitting. This multi-channel model ensures that participants can access support in real time or asynchronously, while maintaining continuity across all engagement points.

QFL integrates behavioral coaching with pharmacotherapy support in alignment with U.S. Public Health Service Clinical Practice Guideline. Participants are screened for nicotine replacement therapy (NRT) eligibility using structured protocols that assess contraindications and determine appropriate use. Quit Coaches provide education on proper NRT use, including dosing, adherence, and management of side effects, and may also provide information on other FDA-approved cessation medications such as bupropion and varenicline, with referral to healthcare

providers as appropriate. This integrated approach reflects evidence demonstrating that combining counseling and medication significantly improves quit outcomes.

Participants are also provided with access to support materials and referrals to community-based services when appropriate. Educational resources are integrated into coaching and digital platforms to reinforce behavior change, while referral pathways connect participants to additional services based on their needs, preferences, and eligibility. Through this coordinated model, QFL ensures that Nebraska participants receive comprehensive, evidence-based support that extends beyond the Quitline when needed.

b. For participants who are ready to quit:

See responses below.

1. A personalized quit plan must be developed

For participants who are ready to quit, QFL will develop a personalized quit plan during the initial coaching interaction, which begins at enrollment. This plan is informed by a comprehensive assessment of tobacco use patterns, including frequency and type of tobacco use, nicotine dependence indicators, prior quit attempts, and participant-identified triggers and high-risk situations. An early and essential component of this process is the readiness-to-quit assessment. Quit Coaches evaluate where each participant falls on the quit continuum, from precontemplation to maintenance, using structured questions, motivational interviewing techniques, and established behavioral frameworks such as the Transtheoretical Model of Change and Social Cognitive Theory. These approaches allow coaches to assess confidence, motivation, and perceived barriers, while uncovering the beliefs, past experiences, and contextual factors that influence each participant's quit journey.

The first coaching session serves as a pivotal moment in onboarding and plan development. Quit Coaches build rapport, reinforce the participant's decision to engage, and establish a supportive, collaborative relationship. Sessions are conversational but purposeful, blending clinical expertise with a compassionate, participant-centered approach. Coaches encourage open dialogue about prior quit attempts, concerns about withdrawal, and perceived challenges, while normalizing these experiences as part of the quitting process. This foundation supports trust, engagement, and long-term adherence to the quit plan.

QFL's online registration and participant dashboard also support personalized quit planning for participants who enroll or engage digitally. During online registration, participants provide information about their tobacco use, readiness to quit, prior quit attempts, triggers, goals, and support needs. This information is used to guide the participant into an appropriate service pathway and helps create a digital quit planning experience that is consistent with the coaching-based model. Through the dashboard, participants can access quit planning tools, review their quit goals, engage with tailored educational content, track progress, and reinforce the strategies discussed during coaching. For participants who begin online before speaking with a Quit

Coach, the digital experience helps establish an initial quit plan framework that can be expanded and personalized further during live coaching. For participants receiving coaching, the dashboard reinforces the quit plan between sessions and helps sustain engagement over time.

INTRODUCTION 3

Quitting tobacco can be hard. Creating a personalized quit plan makes it easier to stay on track, get through hard times, and quit for good.

There are five steps to a quit plan:

1. Commit to your quit and set a quit date.
2. Manage your urges.
3. Use quit medications effectively.
4. Get support.
5. Tobacco-proof your environment.

BUILD YOUR QUIT PLAN 4

Step 1: Commit to Your Quit and Set a Quit Date

Select a quit date:

Pick a day in the next two weeks. This will give you enough time to prepare. Pick a date that isn't already likely to be a stressful one. Mark the date on your calendar and begin working on your plan today!

Know Your Why

Knowing your reasons for why you want to quit smoking can help you stay motivated and on track, especially in difficult moments.

What are your reasons?
(select all that apply and add your own)

- ☐ It's affecting my health
- ☐ For my family or friends
- ☐ My doctor recommended quitting
- ☐ To save money
- ☐ To set a good example
- ☐ To have a better future
- ☐ To take back control
- ☐ For the environment
- ☐ To look and smell better
- ☐ For my pets
- ☐ It's hard to find places to smoke
- ☐ Baby on the way
- ☐ Add your own _____

Stay committed to your quit—post your list in a place that helps you remember your Why.

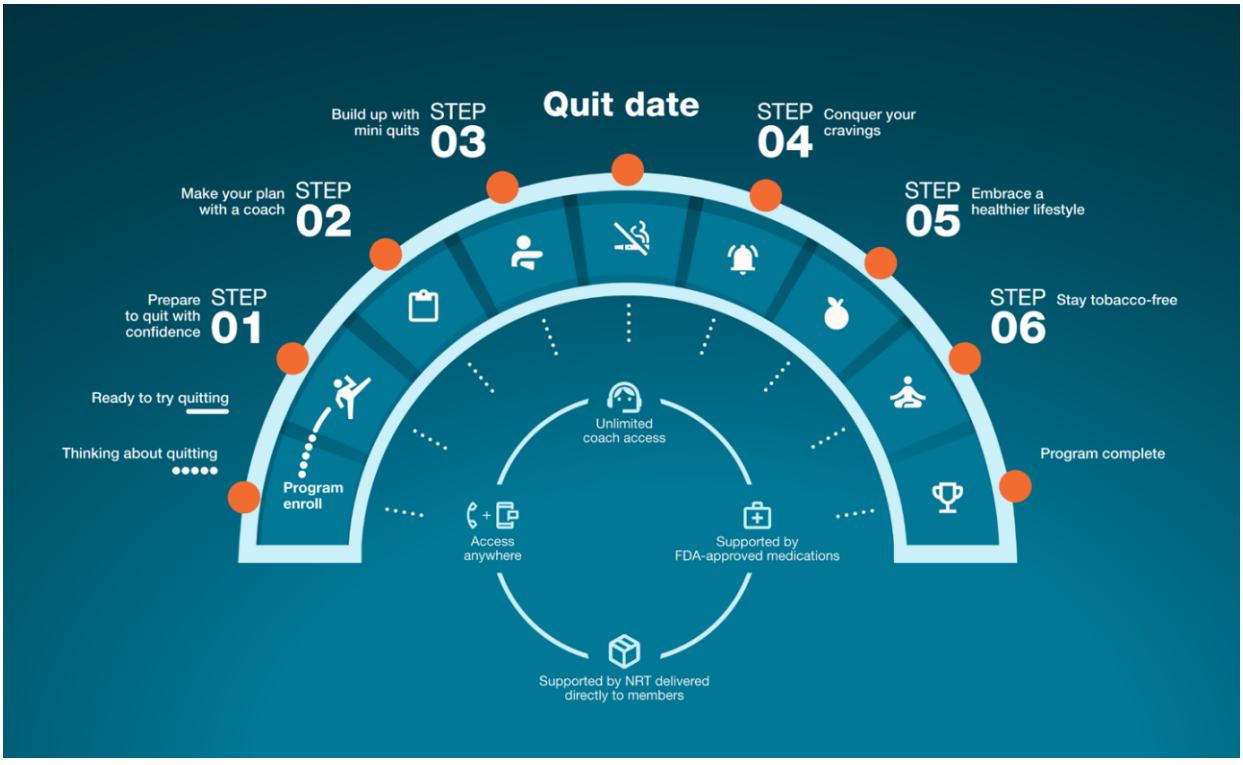
Quit Coaches work collaboratively with participants to establish a quit date, define short- and long-term goals, and identify individualized strategies to manage cravings, withdrawal symptoms, and environmental triggers. The quit plan includes practical components such as coping strategies for stress and social situations, substitution behaviors, routines to replace tobacco use, and strategies for managing lapses. For participants who are highly motivated, the onboarding process focuses on immediate action planning, including pharmacotherapy options and trigger management. For those who are less certain, coaches support incremental steps that build confidence and increase readiness over time, such as tracking use patterns or delaying tobacco use.

In addition, the quit plan integrates pharmacotherapy recommendations when appropriate, including guidance on nicotine replacement therapy (NRT) use and coordination with healthcare providers for additional medications if needed. Participants receive clear instruction on how behavioral strategies and medication work together to improve quit success. The quit plan is dynamic and is revisited and refined during each subsequent coaching interaction and through digital engagement, ensuring that strategies evolve alongside participant progress and that ongoing support remains tailored, relevant, and effective.

See our response to *D.12 Nicotine Replacement Therapy (NRT)* for more information about our NRT protocol.

2. Comprehensive, proactive behavioral counseling must be scheduled

QFL will provide comprehensive, proactive behavioral counseling through a structured coaching model designed to support participants across all phases of the quit journey. Upon enrollment, participants who are ready to quit are scheduled for an initial coaching session, followed by a series of proactive follow-up interactions. These sessions are strategically timed around key milestones, including the pre-quit preparation period, the early withdrawal phase, and ongoing maintenance, ensuring that participants receive support during the moments when they are most vulnerable to relapse. Scheduling is flexible and participant-driven, allowing individuals to select appointment times that align with their availability and preferred communication channels.



All proactive counseling is delivered by trained Quit Coaches using **evidence-based approaches, including motivational interviewing, cognitive behavioral therapy, and relapse prevention strategies.** Each session is individualized and builds upon prior interactions, reinforcing motivation, addressing barriers, and strengthening coping strategies. Coaches assess progress at every touchpoint, adjust the quit plan as needed, and provide targeted guidance based on the participant's current challenges, such as managing cravings, navigating social triggers, or maintaining adherence to pharmacotherapy.

In addition to scheduled proactive sessions, **participants have unlimited access to inbound support via phone, live chat, and text-based channels.** This ensures that participants can receive real-time assistance during high-risk situations, such as experiencing cravings or encountering unexpected triggers, without waiting for a scheduled interaction. These participant-initiated contacts complement proactive outreach and provide continuous reinforcement of behavioral strategies, increasing the likelihood of sustained engagement and successful quitting.

QFL's proactive counseling model also includes structured follow-up protocols to maintain engagement over time. Contact attempts are spaced strategically based on participant preferences and program guidelines to ensure continuity while respecting participant autonomy. Outreach may also include targeted follow-up related to key events, such as quit date support, relapse recovery, or reinforcement of medication use. Through this integrated approach, QFL ensures that Nebraska participants receive consistent, responsive, and evidence-based behavioral counseling that is both proactive and accessible throughout their quit journey.

3. Information on available health plan coverage for tobacco dependence treatment must be provided

QFL will provide participants with clear, timely information regarding available health plan coverage for tobacco dependence treatment as part of the intake and coaching process. Participant insurance status is collected during registration and used to inform coaching conversations, ensuring that participants are aware of potential benefits that may supplement Quitline services.

Quit Coaches educate participants on commonly covered cessation treatments, including nicotine replacement therapy (NRT), bupropion, varenicline, and behavioral counseling services. Coaches explain how these benefits can be accessed and how they complement Quitline support, reinforcing evidence-based guidance that combining counseling and medication improves quit outcomes.

Participants are encouraged to verify specific coverage details with their health plan or healthcare provider, and coaches provide general guidance on how to initiate this process. When appropriate, QFL supports triage to additional services available through Medicaid, employer-sponsored programs, or other coverage pathways, helping participants maximize available resources and reduce barriers to accessing cessation treatment.

4. Referral to community-based services, if desired, must be provided.

QFL will provide referrals to community-based cessation services and other supportive resources based on participant needs, preferences, and eligibility. During coaching interactions, Quit Coaches assess whether additional or specialized services may support the participant's

quit attempt, including local programs, healthcare providers, in-person cessation resources, or culturally specific supports.

QFL will collaborate with Nebraska DHHS and Tobacco Free Nebraska to help participants navigate to appropriate community-based resources, including in-person cessation programs and additional resources listed on the Tobacco Free Nebraska website. When participants express interest in these services, Coaches can provide clear information on where to find available resources, how to access them, and what to expect.

QFL can also provide a link to the relevant Tobacco Free Nebraska webpage through the participant dashboard, making it easier for participants to locate approved state and community-based resources alongside their Quitline tools and quit plan. This approach ensures referrals are participant-directed, aligned with Nebraska-approved resources, and integrated into the broader cessation support ecosystem.

c. For healthcare providers:

See responses below.

1. Technical assistance and consultation on a variety of effective tobacco dependence treatment topics must be provided.
a. Topics may include but are not limited to:
i. Up-to-date information about NRT
ii. How to send high-quality referrals to the Quitline,
iii. Implementing in-office cessation procedures including Quitline referrals following the Public Health Service Clinical Practice Guidelines on Treating Tobacco Use and Dependence
iv. Assistance on complicated patient case management issues; community-based tobacco cessation programs
v. Provide free comprehensive online training (including free continuing education units) on brief tobacco intervention techniques, and
vi. Best practices to help healthcare providers work with patients quitting tobacco.

QFL provides comprehensive technical assistance, consultation, and training to healthcare professionals and systems to support effective tobacco dependence treatment and integration of Quitline services. Through our dedicated Training and Outreach (T&O) team, QFL delivers education and ongoing consultation aligned with the U.S. Public Health Service Clinical Practice Guideline, CDC Best Practices, and NAQC recommendations.

The T&O team supports providers and healthcare systems with practical guidance on Quitline services, referral processes, available resources, and evidence-based approaches to integrating cessation support into clinical workflows. This may include assistance with fax, web-based, and electronic referral pathways; provider education on brief intervention models; guidance on in-

office cessation workflows; and support for aligning clinical practices with recognized tobacco treatment standards.

For more complex or specialized inquiries, including assistance with complicated patient case management issues, co-occurring behavioral health conditions, youth and young adults who use e-cigarettes, or pharmacotherapy considerations, the T&O team can coordinate with senior clinical staff or the Clinical Director to provide timely, expert, and tailored guidance. This structure ensures providers receive specialized support from the appropriate subject matter experts while maintaining a clear, accessible pathway for consultation. See our response to *D.8 Technical Assistance for Healthcare Providers* for more information.

d. Provide healthcare providers with participant information to ensure continuity of care and seamless delivery of services.

QFL supports continuity of care by providing timely, structured feedback to referring healthcare providers to ensure closed-loop communication and coordinated patient support. Referral outcomes are determined after successful participant contact or after all outreach attempts have been completed, typically within one to two weeks. This approach ensures that providers receive clear, actionable updates on the status of their referrals within a defined and reliable timeframe.

For providers who attest to HIPAA compliance, QFL offers secure delivery of participant-level outcome reports through the same channel used for the original referral. For example, fax and online referrals can receive outcome reports via secure fax or encrypted email. These reports include key information such as referring provider name, date the referral was received, enrollment status, and, for participants who enroll, details such as quit date, program selected, and any nicotine replacement therapy (NRT) ordered. This structured feedback enables providers to remain informed about patient engagement while supporting care continuity.

For healthcare systems utilizing electronic referral integrations, QFL supports more streamlined and automated feedback mechanisms aligned with system capabilities. However, for non-integrated referral pathways, QFL consolidates updates into a single outcome report to reduce administrative burden and avoid overwhelming providers with excessive communications. QFL will collaborate with Nebraska DHHS and participating providers to determine appropriate feedback frequency and content based on provider preferences and technical capabilities.

In addition to participant-level feedback, QFL provides aggregate reporting to support system-level care coordination and continuous improvement. These reports may include referral volume by provider or facility, breakdowns of referral outcomes, and enrollment conversion rates. This information enables healthcare partners to evaluate referral effectiveness, identify workflow improvements, and strengthen integration with Quitline services, ultimately supporting a more coordinated and effective tobacco cessation ecosystem across Nebraska.

III. QUITLINE EVALUATION AND QUALITY ASSURANCE

a. Collaborate with TFN and any applicable third party to facilitate evaluation of the quality and effectiveness of services and referrals.

QFL will collaborate closely with TFN and any designated third-party evaluator to support comprehensive evaluation of Quitline services and referral effectiveness. QFL's approach integrates multiple data sources, including registration data, service utilization records, and follow-up survey results, to provide a complete view of participant engagement and outcomes.

QFL's evaluation services team applies established statistical methods to ensure that analyses are valid, reliable, and aligned with national quitline evaluation standards. This includes the ability to analyze outcomes across participant subgroups, service types, and engagement levels, allowing TFN to assess both overall effectiveness and performance within specific populations. QFL will coordinate with TFN and evaluators to align on evaluation design, including inclusion criteria, sampling approaches, and reporting expectations. This ensures that all evaluation activities are implemented consistently and that results are comparable over time and across program components.

In addition to technical analyses, QFL will support the interpretation and presentation of findings. Through structured reporting and stakeholder-facing summaries, QFL ensures that evaluation results are translated into actionable insights that can inform program improvements and strategic decision-making.

b. Maintain a client database that meets the measures determined by TFN, to ensure confidential, efficient means of transferring the database as needed to conduct evaluation.

QFL maintains a centralized client database that captures participant information across the full continuum of service delivery, including registration, engagement, and follow-up outcomes. The database is structured to support evaluation requirements by organizing data elements in a consistent, standardized format that aligns with TFN-defined measures. This includes participant demographics, tobacco use characteristics, service utilization across modalities, and evaluation-related data fields.

All data are stored within a secure, HIPAA-compliant environment and managed in accordance with established confidentiality and data governance requirements. QFL maintains SOC 1 and SOC 2 compliant controls and leverages a multi-layered security framework that includes administrative, technical, and physical safeguards. Data at rest is encrypted using AES-256 encryption, while data in transit is protected using TLS 1.2 or higher, ensuring end-to-end protection from capture through storage and transmission. Access to systems is governed by strict role-based permissions, with authentication controls such as secure credentials, VPN access, and multi-factor authentication (MFA) where applicable. Comprehensive audit logging is implemented to track system access and data activity, supporting ongoing monitoring and risk mitigation.

In addition to technical safeguards, QFL enforces robust administrative security practices. All staff receive mandatory HIPAA and cybersecurity training at onboarding and through annual refreshers, including training on secure data handling, phishing awareness, and device security. Devices used to access systems are encrypted and subject to strict configuration and data protection standards. QFL also conducts regular vulnerability scans, penetration testing, and third-party security audits to identify and address potential risks, ensuring continued alignment with evolving security standards.

QFL will facilitate secure and efficient transfer of data to TFN or any designated evaluator using agreed-upon formats, schedules, and transmission methods. Secure transfer methods may include encrypted file transfer protocols (SFTP), HTTPS-based delivery, or other approved mechanisms that meet state and federal security requirements. Data extracts can be tailored to meet specific evaluation needs, ensuring that TFN receives complete, accurate, and usable datasets while maintaining the highest standards of confidentiality and security. For more information about QFL participant data management, see our response to *D.6. Reporting Requirements*.

c. Verify tobacco use status and measure client satisfaction. Follow-up evaluation and client satisfaction surveys may be made to a random sample of participants meeting evaluation criteria after the receipt of services, at seven (7) months as referenced in Exhibit 1-Reporting Quit Rates).

QFL conducts follow-up evaluation surveys at seven (7) months post-registration to verify tobacco use status and assess participant satisfaction. Surveys are administered to a defined sample of eligible participants who have received Quitline services and have consented to follow-up contact.

To maximize response rates, QFL employs a multi-modal survey approach. Participants are first invited to complete the survey through email. Those who do not respond to digital outreach are subsequently contacted by trained survey staff to complete a phone-based survey. Multiple contact attempts are made over approximately a four-week period to ensure sufficient opportunity for participation. Survey instruments include standardized questions designed to capture both tobacco use status and participant satisfaction. Tobacco use status is assessed through structured questions regarding the timing of last use, while satisfaction is measured by asking participants to rate their experience with Quitline services across defined response categories.

a. The term “quit” shall be fully defined by seven (7) month follow-ups, from the quit date, when the client is contacted to determine smoking/tobacco use status within the past month.

QFL defines “quit” status in alignment with NAQC guidelines, as described in their *Calculating Quit Rates, 2015 Update* publication. This entails using a 30-day point prevalence measure at

the seven-month follow-up. Participants are considered to have quit if they report no tobacco use within the past 30 days at the time of follow-up contact. Quit status is determined through standardized survey questions that ask participants to indicate the last time they used tobacco. Response options capture a range of time intervals, allowing QFL to accurately determine whether the participant meets the criteria for 30-day abstinence. In addition to primary tobacco quit rates, QFL also collects information on electronic nicotine delivery system (ENDS) use to support secondary outcome measures when applicable. This allows for a more comprehensive understanding of participant behavior and cessation outcomes.

b. The number of total evaluation participants must reach NAQC's recommended value of n = 400, as found in the 2009 "Measuring Quit Rates" Issue Paper.

QFL employs a random sampling strategy designed to achieve or exceed the NAQC-recommended evaluation sample size of n = 400, contingent upon sufficient program population size and participant consent rates. Sampling is conducted across eligible participant groups, including those enrolled in standard services and specialized programs, to ensure appropriate representation and statistical validity. QFL samples a large pool of participants annually to support adequate survey completion volumes, incorporating conservative assumptions regarding response rates into evaluation planning. In cases where overall enrollment volumes or consent rates are lower, QFL will work with the state to adjust sampling approaches or evaluation timeframes as appropriate while maintaining alignment with NAQC guidance to the greatest extent possible.

d. Facilitate effective evaluation of the Quitline by working collaboratively with TFN.

QFL will work collaboratively with TFN to ensure that evaluation activities are well-coordinated, timely, and aligned with program goals. This includes establishing agreed-upon evaluation timelines, data requirements, reporting formats, and communication cadences at the outset of the contract. QFL will maintain ongoing coordination with TFN to ensure that evaluation activities are implemented consistently and that any updates to methodology or reporting needs are incorporated efficiently.

QFL will support TFN by providing timely access to evaluation data, responding to ad hoc data requests, and assisting with interpretation of results. By combining follow-up survey data with registration and service utilization data, QFL enables TFN to assess program performance across multiple dimensions, including participant engagement, quit outcomes, and satisfaction. This collaborative approach ensures that TFN has the information needed to monitor program effectiveness and make informed decisions.

QFL will also collaborate with TFN to refine evaluation processes over time, including adjustments to sampling approaches, survey administration methods, or reporting outputs based on program needs. Regular communication ensures that evaluation activities remain aligned with state priorities and evolving program requirements.

Through this partnership-driven approach, QFL ensures that evaluation is not a static process but an ongoing, data-informed effort that supports continuous improvement. This collaboration enables TFN to strengthen program performance, optimize service delivery, and ensure accountability across Nebraska's Quitline services.

e. Provide opportunities for TFN to engage in Quitline – related research in conjunction with other states.

QFL will provide TFN with meaningful opportunities to engage in Quitline-related research through our Center for Wellbeing Research (CWR). The CWR serves as a dedicated research arm focused on advancing tobacco cessation through rigorous, evidence-based studies, and actively collaborates with state partners and academic institutions to design, implement, and evaluate innovative interventions.

QFL maintains a transparent and collaborative process for all research activities involving state participants. TFN will be informed of any proposed research initiatives in advance, including study design, methodology, timelines, and data requirements, and no research involving Nebraska participants will be conducted without TFN's awareness and approval. This ensures alignment with state priorities and avoids disruption to ongoing program operations or evaluation activities.

Through the CWR, TFN may have opportunities to participate in multi-state and federally funded research initiatives examining topics such as nicotine replacement therapy delivery, digital and web-based interventions, vaping cessation, and disparities in quit outcomes. These studies often involve collaboration with leading academic institutions and public health organizations and are supported by funding from entities such as the National Institutes of Health and other national research bodies.

In addition to participation opportunities, QFL routinely shares research findings and insights with state partners to support continuous quality improvement. Results from CWR studies, including clinical trials and data analyses, are disseminated to inform program enhancements, strengthen service delivery protocols, and support evidence-based tobacco control strategies. Through this partnership, TFN benefits from direct access to emerging research, opportunities for collaboration, and a continuous feedback loop that advances the effectiveness of Nebraska's Quitline program.

f. Develop, implement, and follow a comprehensive quality assurance plan for Quitline operations and clinical service delivery.

QFL maintains a comprehensive Quality Assurance (QA) and Quality Improvement (QI) framework led by its internal Quality Committee (QC), which is responsible for ensuring evidence-based, high-quality cessation services. The QC defines, measures, and advises on program quality through the integration of data analytics, consumer insights, and continuous evaluation of emerging scientific literature. The QC synthesizes internal program data and

external stakeholder feedback, overlaying these insights with evolving evidence-based practices to inform targeted quality improvement initiatives. This structured approach promotes continuous improvement and ensures that services remain participant-centered and aligned with national best practices.

QFL's QA plan includes routine monitoring of clinical service delivery and operational performance. Quit Coach Managers conduct ongoing call monitoring and audits to assess adherence to motivational interviewing techniques, clinical accuracy, documentation standards, and participant engagement practices. When opportunities for improvement are identified, coaching feedback and targeted retraining are implemented. When performance measures do not meet targets, QFL implements structured improvement actions such as staffing adjustments, workflow refinements, or enhanced training initiatives. The QC monitors the impact of these changes through ongoing review to ensure sustained improvement and quality of services.

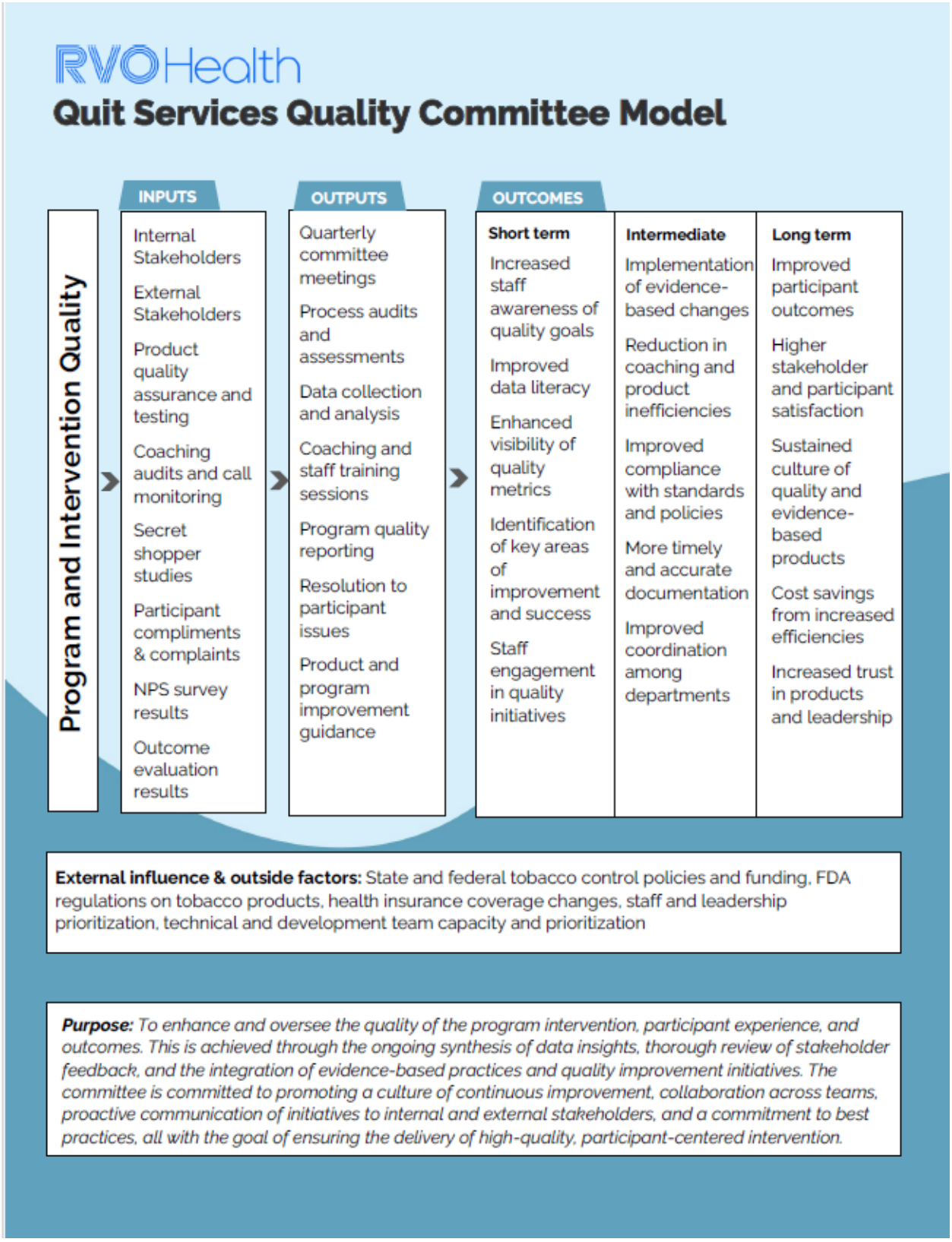
i. The quality assurance plan must describe the procedures, standards, and measures to be used to ensure quality.

QFL's quality assurance plan is built upon clearly defined procedures and standards established and maintained by the Quality Committee. These standards are grounded in evidence-based tobacco cessation practices and informed by national guidelines, including clinical practice recommendations and public health frameworks referenced by QC members.

Procedures for ensuring quality include systematic call monitoring and auditing conducted by Quit Coach Managers. These audits assess key aspects of coaching delivery, including adherence to motivational interviewing techniques, accuracy of clinical guidance, completeness and accuracy of documentation, and effectiveness of participant engagement. This structured evaluation process ensures that coaching services are delivered consistently and in alignment with established protocols.

Performance measures are defined and reviewed as part of the QA framework and are aligned with program-specific requirements, including those outlined in service performance reporting. These measures provide a standardized method for evaluating both clinical and operational performance and are used to identify areas requiring improvement.

The QC uses these procedures, standards, and measures collectively to maintain a consistent level of service quality, ensuring that all participant interactions meet established expectations and reflect evidence-based best practices across the program.


RVO Health
Quit Services Quality Committee Model
Program and Intervention Quality
INPUTS
Internal Stakeholders
External Stakeholders
Product quality assurance and testing
Coaching audits and call monitoring
Secret shopper studies
Participant compliments & complaints
NPS survey results
Outcome evaluation results
OUTPUTS
Quarterly committee meetings
Process audits and assessments
Data collection and analysis
Coaching and staff training sessions
Program quality reporting
Resolution to participant issues
Product and program improvement guidance
OUTCOMES
Short term
Increased staff awareness of quality goals
Improved data literacy
Enhanced visibility of quality metrics
Identification of key areas of improvement and success
Staff engagement in quality initiatives
Intermediate
Implementation of evidence-based changes
Reduction in coaching and product inefficiencies
Improved compliance with standards and policies
More timely and accurate documentation
Improved coordination among departments
Long term
Improved participant outcomes
Higher stakeholder and participant satisfaction
Sustained culture of quality and evidence-based products
Cost savings from increased efficiencies
Increased trust in products and leadership
External influence & outside factors: State and federal tobacco control policies and funding, FDA regulations on tobacco products, health insurance coverage changes, staff and leadership prioritization, technical and development team capacity and prioritization
Purpose: To enhance and oversee the quality of the program intervention, participant experience, and outcomes. This is achieved through the ongoing synthesis of data insights, thorough review of stakeholder feedback, and the integration of evidence-based practices and quality improvement initiatives. The committee is committed to promoting a culture of continuous improvement, collaboration across teams, proactive communication of initiatives to internal and external stakeholders, and a commitment to best practices, all with the goal of ensuring the delivery of high-quality, participant-centered intervention.

ii. Discuss how the organization's performance in the various areas of quality assurance is to be reported, how the reported data should be interpreted, and how that information will be used not only to maintain the quality of services, but to improve them as well.

QFL utilizes structured reporting processes to monitor performance and support continuous quality improvement. Performance data are compiled into formal service performance reports, which are reviewed by the Quality Committee to assess alignment with established measures and identify trends or areas requiring attention.

The Client Services Manager (CSM) is responsible for preparing draft reports, sharing them with the state, and coordinating with the QC to review findings. Based on this review, the QC and program leadership develop remediation plans when performance does not meet targets. These plans are incorporated into final reports, including quarterly reports, to ensure transparency and accountability.

Interpretation of QA data focuses on understanding performance in the context of program expectations and identifying specific drivers of variation. Rather than addressing isolated issues, QFL uses reporting to inform structured improvement actions such as workflow refinements, staffing adjustments, or enhanced training initiatives. The QC then monitors the effectiveness of these actions through subsequent reporting cycles. By reviewing updated performance data, the QC confirms whether corrective actions have resulted in measurable improvements and sustained performance. This ensures that QA data is actively used not only to maintain service quality but also to drive continuous, data-informed program enhancement.

iii. Submit a quality assurance plan to TFN for review and approval no later than 60 days after contract start date.

QFL will develop and submit a comprehensive Quality Assurance plan to TFN within 60 days of contract start for review and approval. This plan will reflect QFL's established QA/QI framework, including the governance role of the Quality Committee, defined monitoring procedures, and structured reporting processes used to ensure service quality. QFL will collaborate with TFN during the review process to ensure that the QA plan aligns with state-specific expectations and performance requirements. Any feedback provided by TFN will be incorporated into the final plan to ensure full alignment prior to implementation.

Following approval, QFL will operationalize the QA plan and maintain ongoing communication with TFN through regular reporting and performance review processes. This ensures continued alignment, transparency, and accountability in maintaining and improving the quality of Quitline services throughout the contract period.

g. Maintain database system to ensure reporting accuracy.

QFL maintains secure, encrypted, HIPAA-compliant data systems capable of capturing and exporting Quitline intake and services data to state partners and external evaluators. All client

data used for reporting is generated directly from QFL's secure database, ensuring structural consistency and reporting accuracy across all data outputs. Client data extracts are provided at least monthly, or more frequently if required by TFN. These data files include enrollment status, service type, call attempts, coaching engagement, nicotine replacement therapy (NRT) fulfillment, quit dates, and other measures necessary to support evaluation and reporting activities.

Because all reporting is generated directly from the centralized treatment database, QFL ensures that data remains consistent across reporting periods and accurately reflects participant activity and program services. All data transmissions are conducted through secure file transfer methods consistent with state requirements, including encrypted channels and secure transfer protocols. This approach ensures that TFN receives accurate, timely data while maintaining confidentiality, database integrity, and compliance with HIPAA requirements.

h. Develop mechanism to address complaints internally while maintaining participant privacy under HIPAA.

QFL maintains formal procedures for receiving, documenting, and resolving participant complaints. Complaints received through phone and web forms get documented by our consumer support team and reviewed by supervisory or program leadership. Each complaint is investigated, documented, and addressed through established escalation pathways to ensure timely resolution within 5-7 business days. If a complaint involves policy-level concerns, media inquiries, or matters requiring state-level review, the issue will be referred to TFN through the designated program contacts. Only the minimum necessary information is shared in accordance with HIPAA standards, and all communications are transmitted through secure, encrypted channels. Participant records remain protected through role-based access controls and audit logging to ensure privacy and confidentiality throughout the resolution process.

i. Notify TFN of complaints about Quitline services within five (5) business days.

QFL will notify TFN of complaints related to Quitline services within five (5) business days when the complaint requires state awareness or escalation. QFL follows a structured complaint resolution process that begins with the Quit Coach or staff member who receives the concern. Coaches are trained to listen, document the issue, and attempt to resolve the concern during the interaction whenever appropriate. If the issue cannot be resolved at that level, or if additional oversight is needed, the coach escalates the complaint to a manager for review and follow-up.

Many participant concerns are resolved directly by coaches or managers without further escalation. When a complaint presents a risk of escalation, cannot be resolved by the team, or requires TFN awareness, the manager escalates the issue to the Client Manager. The Client Manager then coordinates notification to TFN through the designated communication process within the required five-business-day timeframe. All touchpoints, including the initial complaint, attempted resolution, escalation steps, and final outcome, are documented in the participant's

file. Communications with TFN include only the minimum necessary information and are shared through secure channels to support HIPAA compliance, transparency, and accountability.

Each year, the Contractor will provide at least one (1) narrative success story from a Nebraska Tobacco Quitline participant who has successfully ceased using tobacco products. The story should highlight the participant's journey, the effectiveness of Quitline services (including counseling, if applicable), and the positive impact on their life. It should be made available to DHHS for public distribution. The vendor is responsible for getting the participant's consent to share the story.

QFL will develop and submit at least one (1) narrative success story annually featuring a Nebraska Tobacco Quitline participant who has successfully ceased using tobacco products. Each story will highlight the participant's quit journey, including their engagement with Quitline services such as coaching and other supports, and will clearly demonstrate the positive impact on their health and overall well-being. QFL will collaborate with DHHS to identify appropriate participants and themes, including reviewing participant feedback and compliments collected throughout the year. All success stories will be developed in alignment with CDC Success Story Guidance and will incorporate participant experiences, program engagement, and measurable outcomes to ensure a clear and compelling narrative. QFL will obtain documented participant consent prior to sharing any story and will ensure that all content is appropriate for public distribution. Additionally, QFL staff will be available to support DHHS communications efforts by providing interviews, updates, and supporting information as needed for broader dissemination.

j. Maintain current, science-based, high quality services through guidance by a Scientific Panel or Advisory Board.

The internal QFL Quality Committee (QC) is responsible for assuring evidence-based, high-quality cessation services through integration of data analytics, consumer insights, and continuous evaluation of emerging scientific literature. **The purpose of the QC is to define, measure, and advise the broader QFL team on program quality.** The QC synthesizes internal program data and external stakeholder feedback, overlaying program insights with emergent research and trends evidence-based practices to inform specific quality improvement (QI) initiatives.

Led by Kristina Mullis, PhD, our Associate Director of Program Design, **the core QC members are:**

- **Kelly Carpenter, PhD** – Principal Scientist at RVO Health's Center for Wellbeing Research (CWR) and member of the Society for Research on Nicotine & Tobacco (SRNT)
- **James Davis, MD** – QFL Medical Director and member of the North American Quitline Consortium (NAQC) Board of Directors
- **Nick Fradkin, MPA, MPH** – QFL Public Health Strategy Director and member of the NAQC Advisory Council

Convening quarterly, the QC is committed to promoting a culture of continuous improvement, collaboration across teams, and a commitment to best practices – all with the goal of ensuring the delivery of high-quality, participant-centered intervention. The QC also includes contributing members responsible for specific quality assurance (QA) activities for QFL and our broader Prevention portfolio: Matt Bachner (Business Operations), Charlie Danford (Training, Implementation, & Excellence), Teresa Margolis (Product Operations), Margaret McMurray (Coaching Operations), Chelsea Nash (Data Analytics), and Connor Perez (Product).

Core QC members participate in national professional networks, workgroups, and meetings to remain informed by and contribute to evolving standards in tobacco dependence treatment, including the SRNT Annual Meeting, the Smoking Cessation Leadership Center's National Partnership on Behavioral Health and Tobacco Use, and the NAQC Annual Meeting. As key contributors to NAQC implementation guides and issue papers, QC members make recommendations within the parameters of seminal documents in the field, primarily:

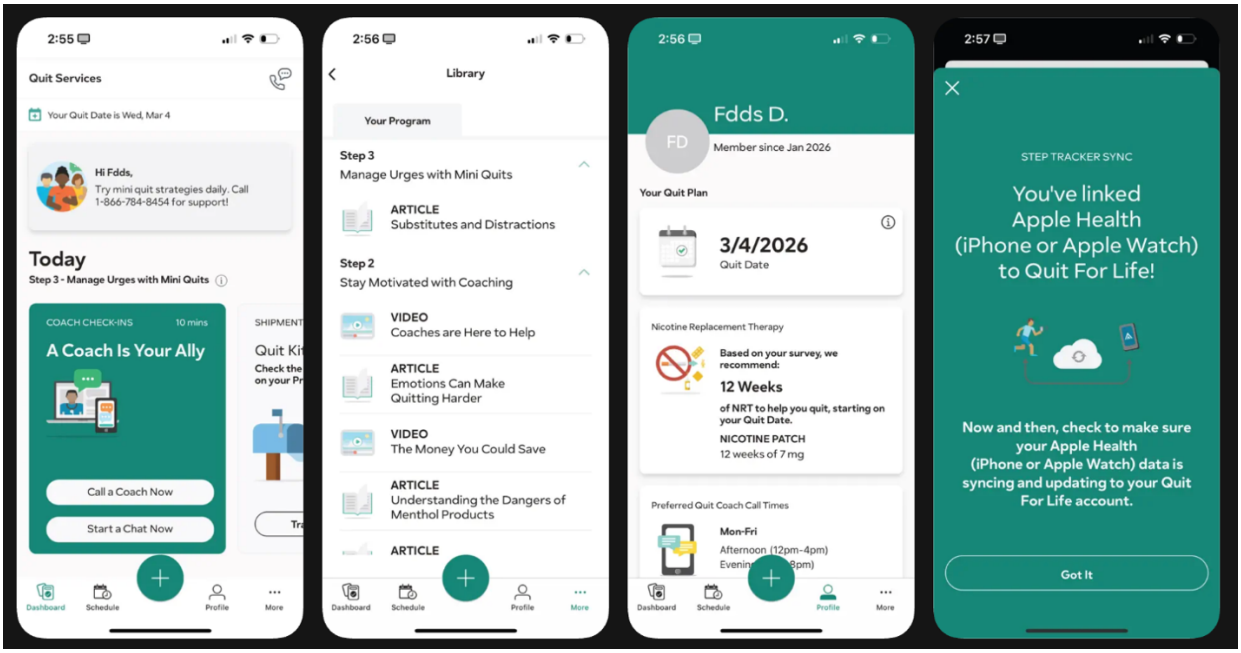
- Clinical Practice Guideline for Treating Tobacco Use and Dependence: 2008 Update
- Best Practices for Comprehensive Tobacco Control Program, 2014: Cessation Interventions
- Smoking Cessation: A Report of the Surgeon General (2020)

k. Maintain Quitline website, including but not limited to content updates, maintenance, and modernization.

QFL maintains a highly reliable, secure, and continuously optimized Quitline website that is available 24/7/365. Since its launch in 2006, the platform has maintained greater than 99.9% uptime, supported by a load-balanced architecture with clustered web servers that provide failover capabilities and ensure uninterrupted access. QFL performs ongoing content updates to ensure accuracy, alignment with clinical guidelines, and consistency with state branding and program priorities, while also implementing regular maintenance and modernization efforts to enhance usability, accessibility, and overall participant experience. The platform is designed to scale efficiently to meet demand, with network capacity provisioned at three to five times average utilization to accommodate spikes in traffic. QFL continuously monitors site performance, user activity, and engagement metrics, including click-through and interaction data, which are captured and reported to the State through monthly reporting.

l. If Quitline app is available, maintain app with content updates, maintenance, and modernization.

QFL recently re-launched its mobile application as part of its digital engagement suite of services and maintains the app through ongoing content updates, technical maintenance, and continuous modernization. The app is built on a modern code base aligned with QFL's coach platform, ensuring full integration with coaching, digital tools, and participant data. It is available on both iOS and Android app stores and supports features such as personalized quit plans, action-oriented content, progress tracking, and integration with other QFL services, including account linking and third-party connections.



QFL actively maintains and enhances the app through regular updates informed by user engagement data and performance monitoring. Since launch, the app has demonstrated strong early adoption and engagement, with users actively interacting with key features and returning for multiple sessions. QFL continuously monitors app performance, including stability, user behavior, and engagement metrics, and has maintained a stable, high-performing experience post-release. Planned enhancements include ongoing architecture improvements, expanded support for additional programs such as Live Vape Free, and integration of new features to further support participant engagement.

In addition to technical maintenance, QFL supports app adoption and engagement through coordinated outreach strategies, including targeted email campaigns and integration with broader digital channels. These efforts are designed to drive awareness, increase downloads, and encourage sustained use of the app as part of the participant's quit journey. QFL will continue to update content, enhance functionality, and modernize the application to ensure it remains an effective, user-friendly tool that complements coaching services and supports long-term tobacco cessation.

m. Quitline medical director role must work with the Quitline staff and healthcare professionals to resolve complex issues.

QFL fulfills this requirement through dedicated clinical leadership provided by Dr. James Davis, QFL Medical Director. Dr. Davis works closely with Quitline staff, including Quit Coaches and clinical support teams, as well as external healthcare professionals, to address and resolve complex participant cases. He provides clinical consultation on issues related to

pharmacotherapy, co-morbid conditions, relapse risk, and individualized treatment planning, ensuring that participants receive safe, appropriate, and evidence-based care.

Dr. Davis is responsible for establishing and maintaining clinical protocols aligned with national guidelines and best practices. He oversees coaching methodologies, integration of FDA-approved cessation medications, and relapse prevention strategies, while ensuring consistency and quality across all service delivery channels. His ongoing collaboration with healthcare providers supports coordinated care and reinforces the Quitline's role within the broader healthcare ecosystem. In addition, Dr. Davis partners with Dr. Kelly Carpenter, Principal Scientist and leader of the Center for Wellbeing Research, and Kari Keller, Director of Training & Implementation, to ensure that all staff are trained to effectively manage complex cases. This includes developing and approving training curricula, providing clinical guidance to staff, and continuously refining program approaches based on emerging evidence and real-world outcomes.

4. QUITLINE MANAGEMENT AND STAFFING

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

QFL manages participant eligibility identification through a structured and standardized intake process embedded within registration. During enrollment, staff assess whether participants may have access to tobacco cessation support through a health plan, employer, Medicaid, or another payer or benefit resource. This includes asking participants to provide information about health insurance coverage, employer-sponsored benefits, and other available resources that may support cessation services or pharmacotherapy access.

This information is securely documented in the participant database and used to help determine the most appropriate benefit pathway for the participant. QFL's approach is designed to balance access to the best available benefit for each member while preserving the state-funded Quitline benefit for participants who truly need it. If a participant has access to a more comprehensive or appropriate cessation benefit through a health plan or employer, QFL can help guide the participant toward that resource in accordance with state policy and program requirements.

At the same time, QFL recognizes that many participants may be uninsured, underinsured, unaware of available benefits, or unable to access cessation support through another payer source. In those cases, QFL proceeds with Quitline-funded services as permitted by the state, while retaining payer and eligibility information for reporting, coordination, and potential reimbursement purposes. This process helps ensure that participants receive timely support while also supporting responsible stewardship of state Quitline resources.

b. Manage and facilitate a warm transfer of those participants to the Quitline service for which they are eligible, and no charge to TFN for the Quitline services received.

Once eligibility is established, QFL facilitates a coordinated and participant-centered transition to the appropriate Quitline service aligned with the identified payer. This process is designed to be seamless and "warm," meaning the participant is actively connected to the appropriate service channel without requiring them to reinitiate contact or repeat intake information. QFL maintains continuity of the participant experience by ensuring that the transition occurs within a unified Quitline framework whenever possible.

Operationally, this includes transferring participant information securely and efficiently so that services can begin without delay. Participants experience a single, streamlined entry point for the Nebraska Tobacco Quitline, while QFL manages backend coordination with the appropriate payer or program. **This approach ensures that eligible services are billed to the correct funding source in accordance with state policy and that no costs are incurred by TFN for services that should be covered through a health plan, employer, or other resource.** At the same time, it minimizes barriers to engagement and supports timely access to evidence-based cessation services.

c. Manage and maintain single point of contact (account representative) for communications between vendor and TFN. A clinical and/or medical director must be available to provide technical assistance and oversight as needed.

QFL will designate a dedicated Client Services Manager (CSM) to serve as the single point of contact for all communications between QFL and TFN. The CSM will be responsible for overall account management, including coordination of deliverables, performance monitoring, budget oversight, and day-to-day communication. This individual will lead regular check-ins, support quarterly and ad hoc reporting reviews, and ensure timely responses to TFN inquiries. The CSM will also coordinate internally across QFL teams to ensure alignment, resolve issues efficiently, and maintain high-quality service delivery.

To support the CSM, QFL leverages a cross-functional team structure that includes subject matter experts across coaching operations, product management, data and analytics, training, and client operations, as well as enterprise support functions such as Information Technology, Finance, Marketing, Human Capital, and Legal. This structure ensures that TFN has access to the appropriate expertise as needed while maintaining a streamlined communication model through a single, accountable point of contact.

Clinical and technical oversight will be provided by QFL's Medical Director, James Davis, who will be available to support program design, protocol development, and clinical consultation as needed. The Medical Director works in close coordination with operational leadership to ensure that all services align with evidence-based guidelines and best practices in tobacco cessation. This approach ensures that TFN benefits from both consistent account management and access to clinical expertise for ongoing program oversight and technical assistance.

For full QFL staffing information, see response to *1.Corporate Overview: i. Summary of Bidder's Proposed Personnel/Management Approach.*

d. Develop and manage a staffing plan that will support "live" call response for 24 hours a day, seven days a week by tobacco treatment specialists.

QFL will develop and manage a comprehensive staffing plan to ensure live call response is available 24 hours a day, seven days a week for TFN, with trained tobacco treatment specialists (Quit Coaches) staffing all hours and most calls answered directly by a Coach to enable immediate engagement. Staffing is informed by detailed forecasting models that incorporate historical call volume, time-of-day and day-of-week trends, planned media and outreach campaigns, and seasonal fluctuations, and is continuously optimized through real-time monitoring of key performance indicators such as speed to answer, abandonment rates, and queue volume. Managers and workflow analysts actively manage coverage by reallocating Coaches between inbound and outbound queues, activating off-shift staff, authorizing overtime, and deploying supervisory support during peak demand to maintain service levels. This approach is supported by a robust staffing structure of 155 Quit Coaches and dedicated leadership, ensuring continuous oversight, quality monitoring, and rapid response to volume changes. All Coaches are trained in evidence-based tobacco cessation interventions, including motivational interviewing and cognitive behavioral strategies, as well as crisis response, privacy standards, and cultural competency, ensuring consistent, high-quality support for participants at any time of day. For more information, see responses to section *2. Quitline Hours of Operation*.

i. Minimum qualifications for Quitline Coaches and Quitline Medical Director are outlined in Section VI. A.(1.)(i.) Summary of Bidder's Proposed Personnel/Management Approach.

QFL maintains rigorous hiring standards to ensure all Quit Coaches and Quit Coach Managers are qualified to deliver high-quality, evidence-based tobacco cessation services. Quit Coaches typically hold a bachelor's degree in a related field and have experience in health behavior change, or equivalent professional experience, and must demonstrate a minimum of two years of tobacco and nicotine abstinence; Quit Coach Managers bring supervisory experience, strong performance as a Quit Coach, and demonstrated leadership capability. For more detail, see response to see response to *1.Corporate Overview: i. Summary of Bidder's Proposed Personnel/Management Approach.*

e. Manage and maintain minimum supervisor to staff ratio during "live" response operations. Quitline's need to be flexible and resource-driven, ensuring enough trained staff (and thus, appropriate supervision) to meet participant demand effectively, using performance data to guide decisions. The recommended staff to supervisor ratio is anywhere between 8/1 to 12/1.

QFL maintains a supervisor-to-staff model that supports high-quality oversight, operational efficiency, and flexibility during live response operations. Our current structure includes 155 Quit Coaches supported by 11 Quit Coach Managers, resulting in an approximate ratio of 14:1. While slightly above the typical 8:1 to 12:1 range, this model is intentionally designed to leverage the strength and stability of our workforce, with **Coaches on average bringing 10 or**

more years of tenure. This level of experience enables Coaches to operate with a high degree of independence, clinical confidence, and consistency, reducing the need for intensive day-to-day supervision while maintaining strong performance outcomes.

Supervision is further enhanced through layered operational support and real-time performance management. **Managers and workflow analysts continuously monitor key metrics such as call volume, speed to answer, queue activity, and service levels,** allowing for immediate adjustments in staffing, prioritization, and supervisory engagement during peak periods. Supervisors remain actively involved in quality assurance, including call monitoring, coaching, and performance feedback, ensuring adherence to evidence-based protocols and service standards.

In addition, all Quit Coaches complete a rigorous, CTTTP-accredited training program aligned with ATTUD core competencies, including a structured five-week onboarding that combines foundational instruction with applied precepting. Ongoing training, calibration, and professional development further reinforce consistency and quality across the team. Together, this approach ensures that QFL maintains effective supervision, meets participant demand, and delivers high-quality, responsive services while maximizing operational efficiency and scalability.

f. Manage and maintain adequate orientation training and refresher training for all staff.

QFL maintains a comprehensive, standardized training and quality management framework to ensure all staff are fully prepared to deliver high-quality, evidence-based tobacco cessation services. **All Quit Coaches complete a rigorous, CTTTP-accredited onboarding program totaling more than 115 hours over five weeks,** including three weeks of structured foundational training followed by a supervised precept period with one-on-one mentoring, live call observation, and formal competency assessment prior to independently supporting participants. The curriculum is developed and maintained by QFL's learning and development and clinical leadership teams and includes tobacco dependence science, intake and assessment protocols, individualized treatment planning, pharmacotherapy guidance, relapse prevention, crisis intervention, documentation standards, HIPAA compliance, and use of telephony and participant management systems.

Ongoing training and refresher education are embedded into daily operations and supported through a formal quality assurance program. All coaching interactions are recorded and routinely audited, with each Quit Coach receiving regular performance reviews, structured feedback, and individualized coaching from supervisors. Staff participate in monthly skill-building sessions, comprehensive quarterly trainings, and facilitated professional learning communities that focus on case review, emerging trends, and continuous improvement. QFL also utilizes advanced interaction analytics tools to supplement traditional quality monitoring, enabling broader evaluation of coaching performance, adherence to protocols, and participant engagement. When new research, clinical guidelines, or program changes emerge, updates are rapidly deployed through refresher trainings, supervisor-led coaching sessions, and updated job aids to ensure consistent, real-time adoption across all staff.

i. Training must include competencies for interaction with, pregnant women, mental health/substance use disorders, and cultural competencies for interaction with Native Americans, African Americans, and Hispanics/Latinos.

QFL's training program explicitly incorporates specialized competencies to effectively serve priority populations, including pregnant individuals, participants with mental health or substance use disorders, and culturally diverse populations such as Native Americans, African Americans, and Hispanics/Latinos. Cultural competency training begins during onboarding and is reinforced through ongoing education, equipping Coaches with an understanding of cultural values, communication preferences, health beliefs, and systemic barriers that may impact tobacco use and cessation. Coaches are trained to deliver culturally responsive care by adapting language, tone, and engagement strategies to foster trust, respect, and meaningful connection with each participant.

Training for pregnant participants includes tailored, evidence-based cessation approaches that emphasize the health of both the individual and fetus, appropriate behavioral strategies, and coordination with healthcare providers when applicable. For individuals with mental health or substance use disorders, Coaches are trained to recognize co-occurring conditions, apply supportive and nonjudgmental engagement techniques, and integrate cessation support with broader behavioral health considerations. Motivational interviewing is a foundational methodology across all populations, with Coaches trained to use open-ended questioning, active listening, reflections, and collaborative goal setting to support readiness and sustained behavior change.

Cognitive-behavioral strategies are also embedded throughout training, enabling Coaches to help participants identify triggers, challenge maladaptive thought patterns, develop coping mechanisms, and prevent relapse. These approaches are reinforced through ongoing training, case discussions, and supervisor coaching to ensure consistent application across all participant interactions. Through this comprehensive and continuously reinforced training model, QFL ensures that all staff are equipped to deliver inclusive, culturally competent, and clinically appropriate services that effectively meet the needs of Nebraska's diverse populations.

g. Physical call center is not required for this RFP; however, account representative must have a plan to supervise, monitor and train home-based workers.

QFL operates a remote-first staffing model with a comprehensive framework to ensure consistent supervision, secure operations, and high-quality training for all home-based staff. Each Quit Coach is equipped with company-issued, encrypted hardware and accesses systems through secure, HIPAA-compliant environments, including VPN-based connectivity, role-based access controls, and authenticated login protocols. Coaches are required to maintain a private, dedicated workspace to protect participant confidentiality, and adherence to privacy and security standards is reinforced through onboarding, annual compliance training, and ongoing monitoring.

Coach training is outlined above in response to requirements *f.* and *h*. Supervision and performance oversight are embedded into daily operations. Managers and workflow analysts monitor real-time dashboards displaying queue activity, wait times, and Coach availability, enabling immediate intervention, support, and workload balancing. All coaching interactions are recorded and routinely audited, with supervisors conducting structured reviews and providing individualized feedback, coaching, and performance management to ensure adherence to clinical protocols and service standards. Regular team meetings, one-on-one coaching sessions, and quality assurance reviews reinforce accountability and continuous improvement.

Quality assurance processes for home-based staff are robust and continuously applied. Each Quit Coach undergoes regular call audits, including at least one to two formally reviewed interactions per month, with additional targeted evaluations as needed. Supervisors use standardized scoring tools to assess coaching quality, protocol adherence, documentation accuracy, and participant engagement. Insights from audits guide individualized coaching plans and broader program improvements. In addition, advanced interaction analytics are leveraged to identify trends, flag potential issues, and expand monitoring beyond traditional sampling, enabling a more comprehensive and proactive approach to quality management. This QA-driven model ensures that home-based staff consistently meet performance expectations and deliver high-quality, evidence-based support.

i. If physical call center is utilized, office space must accommodate administrative, counseling, and support staff. It must also have sufficient equipment (telephone lines, telephones, computers, supplies/hardware/software to protect HIPAA records).

Not applicable. QFL operates a secure, remote-first model and does not utilize a physical call center.

ii. A TTY/TDD line must be managed for the hearing impaired.

QFL ensures full accessibility for participants who are deaf, hard of hearing, or have speech disabilities through compliance with Federal Communications Commission requirements, including provision of 711 Telecommunications Relay Services (TRS). Through 711 access, participants are connected with a communications assistant who facilitates real-time communication between the participant and the Quit Coach by converting typed messages to voice and vice versa. For individuals using Video Relay Services or other internet-based relay services, QFL supports direct outbound connection workflows to ensure seamless communication. Quit Coaches are trained to effectively support relay-assisted interactions, ensuring equitable, timely, and respectful access to services for all participants.

h. Develop plan to work with TFN to conduct regular communications to discuss the management of funds available under this contract. Vendor should report when call volume demand begins to exceed the available State budget.

QFL will work closely with Tobacco Free Nebraska (TFN) to conduct regular communications regarding the management of funds available under the contract, led by the designated Client Services Manager (CSM). The CSM will serve as the primary point of contact and will facilitate ongoing budget monitoring through routine check-ins, including regularly scheduled meetings and ad hoc discussions as needed.

To further support proactive budget management, QFL has developed proprietary forecasting tools that draw on historical enrollment data, seasonal enrollment trends, and current service settings across all line items to accurately project anticipated total spend over each State's budget period. These tools are utilized continuously throughout each contract year and are updated monthly with actual spend data to calibrate projections against real trends as they emerge. This allows QFL to proactively inform TFN on whether there is ample spend-down available or whether the program is trending toward an over-budget scenario, enabling the CSM to help plan accordingly — whether through service setting adjustments to course-correct spend, or by discussing additional program offerings that may be available using remaining funds. Our forecasting tools are also fully adaptable to mid-period changes, such as increases in NRT provision or other service modifications, allowing QFL to model the budget impact of any proposed changes in real time and present TFN with a clear picture of what those adjustments would mean for overall spend before decisions are finalized.

i. Manage and maintain ability to bill and receive reimbursement from all participating health plans and Medicaid for services provided.

QFL maintains the capability to bill and receive reimbursement from participating health plans and Medicaid, supporting sustainable funding models for quitline services in Nebraska. We have successfully implemented Medicaid payer partnerships across multiple states and tailor our approach to align with each state’s specific policy and reimbursement requirements.

During registration, participants are asked to provide information about their health insurance coverage, including Medicaid or other payer sources. This information is securely captured and used to determine whether services should be funded through the Quitline or coordinated through a health plan. If Nebraska policy permits Quitline-funded services for Medicaid members, QFL will provide services accordingly while capturing payer information for reporting and potential reimbursement. If policy requires Medicaid or other health plans to cover cessation services, QFL will coordinate services through those benefits and ensure appropriate routing of participants.

Where appropriate, QFL can support enhanced eligibility verification processes, including the potential for real-time eligibility checks through integration with Nebraska’s Medicaid Management Information System (MMIS). This enables accurate identification of payer responsibility at the point of registration and supports billing to the appropriate managed care entity or fee-for-service program. Our approach minimizes duplication of services, ensures compliance with state funding requirements, and supports efficient use of public health resources.

In 2027 our program will deliver end-to-end Nicotine Replacement Therapy (NRT) access for Medicaid members, covering clinical assessment, prescribing, insurance adjudication, and direct-to-home delivery through partnerships with Prescription Delivery and contracted pharmacy vendors. This integrated model allows Medicaid plans to cover evidence-based NRT while preserving state quitline budgets for other high-need populations. By combining medication access with coaching support and integrated data tracking, the program improves continuity of care, medication adherence, and ultimately drives higher quit rates and better health outcomes across Medicaid populations.

j. Manage and maintain use of the Nebraska fax referral form, Exhibit 2-Example Quitline Fax Referral Form, which allows healthcare professionals to fax a referral to the Quitline toll-free. TFN prefers that the vendor also be able to have a community referral form for community organizations and social workers to send referrals.

QFL will manage and maintain use of the Nebraska fax referral form and collaborate closely with TFN to ensure alignment with program requirements and evolving capabilities. See *Attachment 8 - Referral Form*. Our fax referral system captures referring provider and participant contact information, along with documented consent for outreach, and is designed to support efficient intake and timely engagement. All fax referrals are time-stamped, securely ingested into our system, reviewed for completeness, and routed into prioritized outreach queues, with outreach often initiated the same business day. QFL also leverages automated tools to extract and process faxed referral data, improving speed, accuracy, and overall responsiveness.

In addition to maintaining the fax referral process, QFL supports a complementary community referral approach through a secure, web-based referral portal that mirrors the fax form and can be used by community organizations, social workers, and other partners. This portal is accessible 24/7, mobile-friendly, and designed for ease of use, allowing referrals to be submitted quickly while ensuring secure data capture. Together, these capabilities ensure that TFN has a flexible, multi-channel referral infrastructure that supports both healthcare and community-based partners, increases referral volume, and enables timely connection of participants to Quitline services. Both fax and online referrals are captured in the standard reports shared with the quitline, including the ability to see referral outcome rates by the source to provide a consistent loop of feedback to the facilities collaborating with the Quitline.

5. QUITLINE CALL PERFORMANCE STANDARDS

The following are minimum performance measures to assess the success of the Quitline. Vendor should detail ability to meet or exceed minimum standards and evaluation plan.

QFL tracks and reports performance measures on a quarterly basis to support ongoing program monitoring, evaluation, and continuous improvement. These measures allow QFL and TFN to assess Quitline performance against established standards, identify trends, and address any opportunities for improvement in a timely manner. QFL will collaborate with TFN to review the minimum performance measures and align reporting with Nebraska’s evaluation priorities.

Additional detail regarding QFL's quarterly performance tracking approach is provided in *Attachment 9 - Quarterly Performance Measures*. See additional responses below.

a. 90% of calls received during operation hours to the Quitline shall receive a live response.

QFL meets this requirement through a 24/7 live response model supported by a distributed workforce and enterprise-grade telephony infrastructure. Calls are routed in real time using PBX and ACD functionality, with continuous monitoring of queue volume, agent availability, and system performance. Staffing is dynamically adjusted based on real-time demand and historical call patterns, including anticipated spikes tied to media campaigns, to ensure that at least 90% of callers are connected to a Coach without delay.

b. Average live answer speed shall be within 30 seconds.

QFL actively manages speed-to-answer through real-time dashboards that track queue depth, call volume, and agent availability. Supervisors can reallocate staff across queues and activate additional coverage during peak periods. Historical call pattern analysis is used to inform staffing models, supporting consistent alignment with required response time thresholds.

c. 80% of callers interested in speaking with a Quitline Coach shall be transferred directly after completing registration. The remaining 20% will be contacted within the time frame that the participant requests.

QFL's standard model prioritizes immediate connection to a Quit Coach, with Coaches typically completing registration and initiating coaching within the same interaction. This reduces handoffs and supports real-time engagement. When immediate transfer is not feasible or when participants prefer scheduled support, preferred contact times are captured and used to drive follow-up outreach workflows, ensuring timely connection aligned to participant availability.

d. 90% of multiple call participants during the established appointment time for interventions should be tracked and documented.

While QFL does not use formal appointment times, we do conduct proactive outreach on or around the scheduled call date and within the participant's stated best times for contact. This participant-centered approach gives members flexibility while still ensuring outreach occurs within the agreed-upon contact window. QFL tracks and documents the date and time of each interaction in the participant record, allowing us to monitor outreach activity and confirm that calls are made during the member's preferred contact times. This process supports reliable follow-up, strong documentation, and alignment with the intent of the requirement.

e. 70% of multiple call participants will receive a call within 48 hours of their quit date.

QFL can meet this requirement. For multiple-call participants, QFL schedules proactive outreach around the participant's quit date and makes reasonable efforts to complete the call within 48 hours. During enrollment and coaching, QFL sets clear expectations with participants that they will receive a call on or around their quit date and encourages them to call in proactively for support if they need assistance before the scheduled outreach occurs. QFL also monitors call volume and outreach queues to support timely completion of prioritized calls. During periods of unusually high volume, some delays may occur; however, QFL uses established playbook tactics to manage capacity, prioritize time-sensitive calls, and stay current with the highest-priority outreach. This approach supports participant access to timely quit-date support while maintaining realistic expectations and consistent service quality.

f. Within 24 hours of receipt of referral, first contact attempt must be made.

QFL supports rapid referral follow-up through automated workflows and dialer functionality. For online referrals with SMS consent, contact attempts are initiated through hourly dialer loads, enabling near real-time outreach. Fax referrals are processed within defined timelines. QFL tracks time-to-first-attempt (TTFA) and can report performance to demonstrate compliance with this requirement.

g. Less than 5% abandonment for calls waiting greater than 30 seconds following the initial client queue message.

QFL monitors abandonment rates in real time through telephony dashboards and system alerts. Staffing and queue management strategies are dynamically adjusted to maintain low wait times and minimize abandonment. High-availability infrastructure and continuous monitoring support consistent performance, even during periods of increased demand.

h. 100% of self-help materials shall be sent within one day of registration.

QFL meets this requirement through a digital-first and automated fulfillment model. Digital materials are available immediately upon registration, and physical materials are fulfilled and shipped within 24 hours of participant request. Automated workflows ensure consistent processing and tracking of all material distribution.

i. 95% of voicemail messages shall be initiated for return the following business day.

QFL tracks all voicemail messages within its system and incorporates them into daily follow-up workflows. Return calls are prioritized and initiated the following business day, with all outreach attempts documented to support performance monitoring and reporting.

j. 15% of referrals must result in the person referred registering for the Quitline.

QFL tracks referral-to-registration conversion rates across programs and has demonstrated the ability to meet or exceed this benchmark in multiple states. Conversion is supported through

rapid follow-up, including hourly dialer outreach for eligible referrals, and multi-channel engagement strategies. QFL will partner with Nebraska to develop and refine targeted outreach and engagement strategies to meet or exceed the 15% referral-to-registration requirement, using ongoing performance monitoring and optimization to drive results.

6. REPORTING REQUIREMENTS

Reporting must be submitted utilizing Exhibit 3-Nebraska Tobacco Quitline Reporting Requirements and Exhibit 4-Nebraska Tobacco Quitline Reports.

QFL provides a comprehensive reporting and analytics suite designed to meet the needs of the Nebraska Tobacco Quitline, enabling the State to monitor service utilization, program quality, performance measures, and support independent evaluation. Our reporting infrastructure is built on a centralized data warehouse that integrates participant intake, referrals, and service delivery across phone, chat, text, and digital modalities, as well as pharmacotherapy fulfillment and outcome data, into a single, secure environment. Standardized validation protocols, logic checks, and audit processes are applied to all reporting outputs to ensure accuracy, completeness, and consistency across reporting cycles. This data architecture supports drill-down functionality, allowing Nebraska program administrators to examine performance metrics at the state, local health district, and subpopulation level.

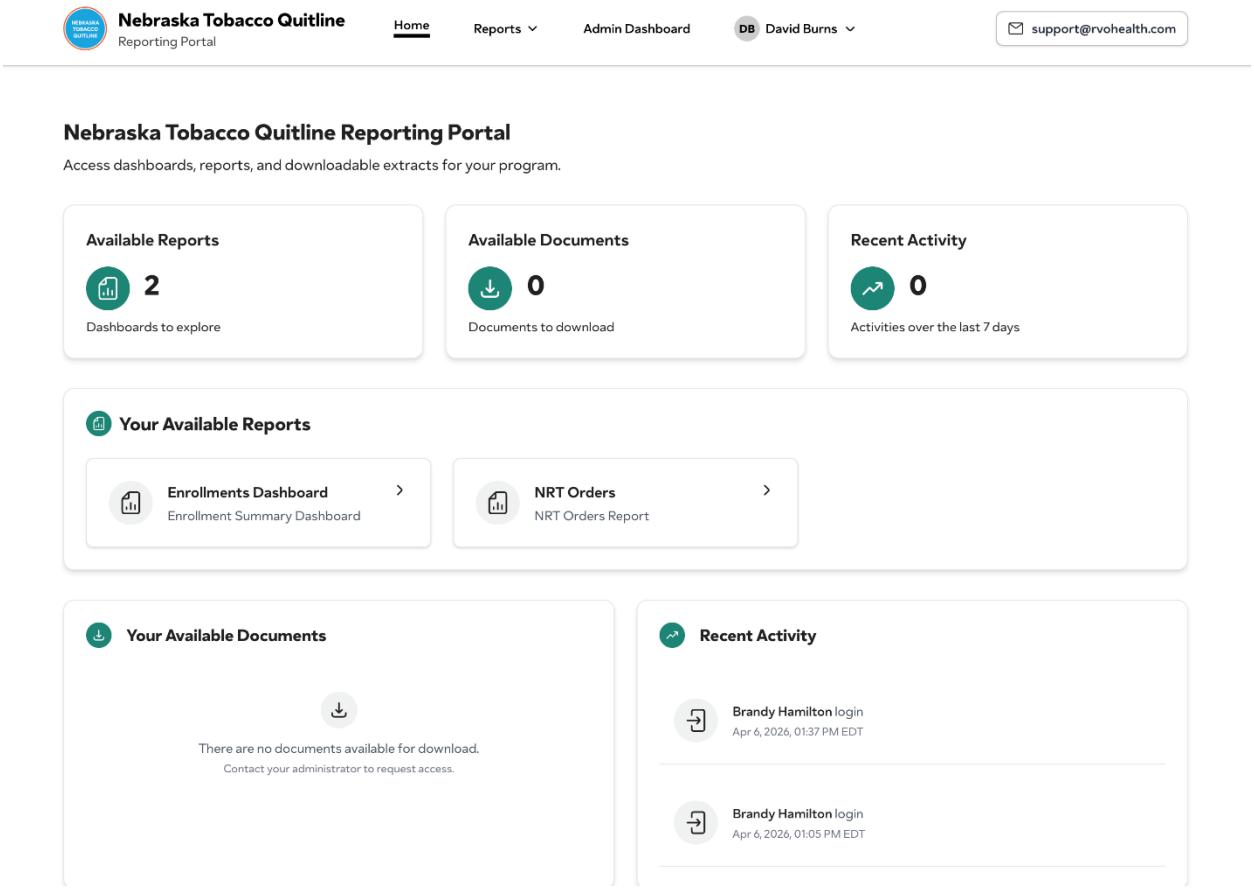
Standard reporting includes weekly operational reports focused on enrollment volume and demographic trends; monthly performance dashboards presenting enrollment characteristics, tobacco use profiles, NRT shipment activity, service utilization by modality, and digital engagement metrics; and quarterly and annual reports aligned with CDC and NAQC requirements, as well as Nebraska-specific reporting needs outlined in Exhibit 3. These reports are supported by record-level data extracts delivered in Excel or flat-file formats, enabling the state to conduct additional analysis as needed. All report and extract deliveries are accompanied by comprehensive data dictionaries that define each field, including permissible value sets and formats, ensuring transparency and usability for both technical and non-technical audiences.

Building upon this established reporting framework, QFL is continuing to enhance its capabilities through the development of a client-facing reporting portal. This secure, authenticated web-based interface is anticipated to allow authorized Nebraska users to access dashboards, review recent program activity, and download data extracts through a centralized platform. QFL anticipates introducing this self-service reporting capability to state partners by August 1, 2026. The portal is expected to provide access to registration and utilization data from across service modalities, with data refreshed daily to support timely visibility into program performance and participant activity. While the system is not intended to function as a true real-time streaming environment, it is designed to provide near real-time access with minimal processing lag while preserving data integrity, system integration, and reporting fidelity.

This self-service model is intended to give Nebraska more flexible access to standard program information between routine reporting cycles. As the portal becomes available, QFL will

collaborate with TFN to determine how the available dashboards, extracts, and data views can best support Nebraska's reporting needs, including program oversight, performance monitoring, decision-making, and independent evaluation.

Role-based access controls, secure authentication, activity logging, and monitoring capabilities are expected to support HIPAA-compliant access to program reporting. By pairing standard reporting and secure extracts with the forthcoming self-service reporting portal, QFL will provide Nebraska with a reporting approach that is timely, flexible, and aligned to mutually agreed-upon program needs.



Screenshot of client reporting portal, ready for Nebraska Tobacco Quitline data

See *Attachment 10 - QFL Data Elements & Reporting* for details of QFL's collected data elements and reports, in response to the RFP's Exhibits 3 and 4.

a. Data collection requirements may change upon mutual agreement of TFN and the Contractor. Collection of data listed below supports reporting of performance measures as listed in V.D.5.
i. Live Response
ii. Answer Speed
iii. Call volume
iv. Multiple calls
v. Referrals
vi. Abandonment
vii. Materials sent
viii. Voicemails
ix. Counseling

QFL will collaborate with TFN to support Nebraska's data collection and reporting needs, including any mutually agreed-upon changes to required data elements during the contract term. QFL understands that the listed data elements support reporting of performance measures and independent evaluation, including areas such as live response, answer speed, call volume, multiple calls, referrals, abandonment, materials sent, voicemails, and counseling activity. During implementation and ongoing program management, QFL will work with TFN to confirm available data fields, reporting definitions, formats, delivery frequency, and any needed customization to align reporting with Nebraska's priorities.

b. Ability to send de-identified data to TFN.

QFL provides TFN with secure, de-identified data extracts as part of its standard reporting and data sharing processes. All participant-level data, including enrollment, referrals, coaching interactions, pharmacotherapy fulfillment, and digital engagement, are captured within a centralized data environment and can be delivered in record-level formats such as Excel or flat files. Data files are accompanied by a detailed data dictionary that defines each field, permissible values, and formatting standards to support ease of use and transparency. Data are transmitted using secure methods such as encrypted email or secure file transfer protocol (SFTP), and TFN may request data extracts at any time or authorize third-party evaluators to receive data, consistent with data use agreements and program requirements.

c. Ability to maintain confidentiality of caller records.

QFL maintains strict confidentiality of all caller records through a comprehensive security and privacy framework aligned with HIPAA and industry best practices. All sensitive data are encrypted both in transit and at rest using industry-standard protocols, including TLS for data transmission and AES-256 encryption for data storage. Access to data is governed through role-based access controls (RBAC), ensuring that only authorized personnel can view or manage participant information, and access privileges are regularly reviewed and updated to reflect staffing changes and responsibilities.

QFL's systems are supported by secure, cloud-based infrastructure with enterprise-grade firewalls, intrusion detection and prevention systems, and continuous monitoring of system activity and performance. Detailed audit logs capture all access, modifications, and transfers of sensitive data, enabling ongoing oversight and rapid identification of any anomalies. To further strengthen security, QFL conducts routine vulnerability assessments, penetration testing, and compliance reviews to proactively identify and mitigate potential risks.

In addition, QFL applies the "minimum necessary" standard to all data access and sharing, ensuring that only the information required to perform a specific function is used or disclosed. In the event of a suspected security incident, QFL follows a documented incident response protocol that includes timely notification, investigation, root cause analysis, and corrective action. Physical and environmental security controls are also in place within data center environments, and all systems are designed to support high availability and data protection, ensuring that participant information remains secure, confidential, and accessible only to authorized users.

d. Establish process for issuing a Notice of Privacy Practices and obtaining permission from participants to be contacted for evaluation.

QFL integrates privacy notification and consent processes directly into its intake and enrollment workflows. During registration, participants are informed of how their information will be used, stored, and shared, including the potential for follow-up contact for evaluation purposes. Consent elements are built into structured intake scripts and digital enrollment pathways, allowing participants to acknowledge privacy practices and provide permission for future contact as required by TFN and applicable regulations. All consent responses are captured in real time and stored within the participant's record, creating a clear and auditable record of authorization.

e. Create and maintain precautions to ensure files and programs can be re-created in the event of loss by any cause, including plan to safeguard data files (frequency of back-up copies, storage location, methodology for restoring backup copies when activity has been processed in the interim).

QFL maintains a comprehensive data protection and disaster recovery framework designed to ensure that all files, systems, and program data can be restored in the event of disruption or data loss. Data are hosted in secure, cloud-based environments with built-in redundancy and high availability, and are continuously monitored using automated tools that check system performance, database integrity, and uptime. Backup processes are automated and performed on a regular schedule, with data replicated across secure, geographically separate environments to protect against localized outages or system failures. All backup data are encrypted and stored in accordance with strict security standards. In addition to full backups, QFL maintains detailed system logs and event-level data capture, which allow for reconstruction of activity that occurs between backup intervals, ensuring that no participant interactions or program data are lost.

In the event of a disruption, QFL follows established disaster recovery procedures that prioritize rapid restoration of systems and data while maintaining data integrity. Recovery processes include validation checks to ensure that restored data are complete and accurate before systems are returned to full operation. These capabilities are supported by formal business continuity planning, including defined recovery objectives, and are regularly tested to confirm that systems can be restored within acceptable timeframes and with minimal impact to service delivery.

f. Submit monthly Quitline usage with invoice to TFN to receive payment for reporting period. Usage must detail quantity of each service utilized within each month

QFL will submit a monthly Billing Details Report with each invoice to TFN that outlines Quitline usage for the reporting period, including the quantity of each service utilized during the month, aligned to the agreed service categories to support clear and accurate reconciliation of invoicing.

g. Submit monthly, quarterly and annual reports (Exhibit 3-Nebraska Tobacco Quitline Reporting Requirements and Exhibit 4-Nebraska Tobacco Quitline Reports) to TFN to track use of the Quitline. Include participant levels, participant progress, usage and services provided with aggregate data by county.

QFL will submit monthly, quarterly, and annual reports to TFN in alignment with the requirements outlined in Exhibit 3 and Exhibit 4, providing comprehensive visibility into Quitline utilization, participant engagement, and program performance. These reports are designed to track participant levels, participant progress, usage, and services provided, with all key metrics available in aggregate and disaggregated by county to support localized program monitoring and decision-making.

On a monthly basis, QFL will deliver a comprehensive dashboard report that presents enrollment volumes, participant demographics, tobacco use profiles, service utilization across phone and digital modalities, coaching engagement, and pharmacotherapy activity. These dashboards are designed to be both visually clear and actionable, with the ability to and analyze data by county, priority populations, and program types. Monthly reporting is accompanied by record-level data extracts that include detailed information on referrals, enrollments, coaching interactions, NRT orders, and digital engagement, enabling TFN and its evaluation partners to conduct additional analysis and track participant progress over time. For examples, see *Attachment 11 – Monthly Dashboard & Data Dictionary; Attachment 12 - Referral Volumes and Outcomes Excerpt; and Attachment 13 - Monthly Data Extract Excerpts.*

Quarterly reporting will provide a structured assessment of program performance, including key performance measures and trends in utilization, participant outcomes, and service delivery. These reports serve as a formal program review point, allowing QFL and TFN to assess progress, identify opportunities for improvement, and implement targeted enhancements to optimize program effectiveness. Annual reporting will include a cumulative summary of program

activity and outcomes for the contract year, incorporating participant-level and aggregate insights across all service areas, including enrollment, engagement, and cessation outcomes. See *Attachment 14 - Sample Annual Report Excerpt.*

All reports are generated from QFL's centralized data infrastructure and are subject to standardized validation and quality assurance processes to ensure accuracy, completeness, and consistency. Data is provided in both summarized dashboard formats and detailed extracts, with accompanying data dictionaries to ensure clarity and usability. Through this structured reporting approach, QFL ensures that TFN has timely, accurate, and actionable data to effectively monitor Quitline performance and support ongoing program evaluation and continuous improvement.

h. Submit monthly, quarterly and annual reports to TFN.

QFL provides a comprehensive reporting suite that includes monthly, quarterly, and annual reports to support program oversight, performance monitoring, and evaluation. Monthly reporting includes detailed dashboards and record-level data extracts that summarize enrollment volume, participant demographics, tobacco use characteristics, service utilization across phone, chat, text, and digital channels, and pharmacotherapy activity. These reports are designed to provide both high-level summaries and the ability to drill down into specific populations, geographies, and service types. Quarterly reports function as a structured program review, assessing performance against key measures and supporting identification of trends and opportunities for improvement. Annual reporting provides a cumulative view of program activity, outcomes, and longitudinal trends. All reports are generated from a centralized data warehouse that integrates participant intake, service delivery, referral activity, and digital engagement data into a single environment, ensuring accuracy, consistency, and timely delivery to TFN.

i. Ability to complete NAQC reporting and meet federal reporting requirements.

QFL has extensive experience supporting state clients in meeting NAQC and federal reporting requirements, including submission of data aligned with the NAQC Minimal Data Set (MDS) and CDC National Quitline Data Warehouse (NQDW). QFL's systems are structured to collect required data elements consistently across all intake channels, including phone, web, and mobile, ensuring completeness and comparability of data. QFL supports these reporting efforts by preparing de-identified, compliant data extracts, pre-populating required reporting templates where applicable, and validating data prior to submission. QFL also aligns reporting timelines to ensure TFN has sufficient time for internal review before submission deadlines and adapts data mappings and report structures as federal requirements evolve.

j. Contractor must provide and keep updated definitions of each item contained in the report.

QFL provides a comprehensive data dictionary with all reports and data extracts. This documentation includes detailed definitions of each data field, permissible values, formatting standards, and data structure descriptions, enabling both technical and non-technical users to interpret and use the data effectively. Data dictionaries are updated as reporting requirements, data elements, or program configurations change, and include versioning or change logs where applicable to support continuity over time. This approach ensures that TFN and any designated evaluators have clear, consistent, and current documentation to support analysis, reporting, and integration with external systems.

k. Track and report analytics for online healthcare provider training to TFN.

QFL will track and report analytics for online healthcare provider training to TFN through monthly and quarterly reports provided to the client manager. These reports will include the training name, participant name, participant title, organization name, enrollment date, and training status (started or completed), ensuring clear visibility into training participation and completion.

7. SERVICE DELIVERY PROTOCOLS

Protocols for all counseling interventions, both initial and follow-up, must be based on research showing effectiveness inducing behavior change utilizing motivational interviewing and a cognitive-behavioral approach to treating tobacco use. All protocols require review and approval by TFN. Protocols must be revised as needed, to keep pace with research on effective tobacco-depending treatment interventions. Quitline must provide the following services that are consistent, systematic and research-based:

QFL's coaching protocols for both initial and follow-up interactions are grounded in evidence-based practices demonstrated to support behavior change, including motivational interviewing and cognitive behavioral strategies. These approaches are embedded across all service modalities and are applied consistently through structured coaching workflows that guide intake, assessment, quit planning, and ongoing support. Coaching is aligned with established clinical guidance, including U.S. Public Health Service recommendations, and is designed to support participants across all stages of readiness, from initial engagement through relapse prevention.

QFL maintains standardized, systematic protocols that ensure consistency in service delivery while allowing flexibility to tailor support to individual participant needs. All coaching interactions are supported by structured tools and documentation within a centralized system, enabling adherence to protocols and continuous quality monitoring. QFL will work with TFN to review and obtain approval for all protocols prior to implementation and will collaborate on any required updates to ensure alignment with state expectations. QFL is committed to continuous improvement and routinely updates its coaching protocols to reflect emerging research, updated clinical guidelines, and best practices in tobacco cessation. Through ongoing training, quality assurance processes, and performance monitoring, QFL ensures that all interventions remain current, effective, and responsive to evolving evidence, while maintaining a consistent,

participant-centered approach to supporting tobacco cessation. See responses below for details.

a. Ability to provide services to all clients, with no minimum age.

QFL's service model is designed to provide access to all individuals seeking support, regardless of age, as described in *1. Quitline System Capability* and *3. Quitline Participant Management*. Intake and coaching workflows are flexible and allow participants to engage based on readiness, needs, and eligibility, rather than age-based restrictions. Services are delivered through phone, web, and text modalities, ensuring accessibility for a wide range of participants, including youth and young adults. For participants under age 13, QFL provides digital-only services, ensuring age-appropriate engagement while maintaining alignment with state-specific requirements and protocols.

b. Ability to document guardian consent for minor participants, if legally required;

QFL's intake system captures and documents all required participant information, including consent, within a centralized, HIPAA-compliant platform, as outlined in *1. Quitline System Capability* and *3. Quitline Participant Management*. This includes the ability to incorporate state-specific consent requirements, such as guardian consent for minors, into intake workflows.

For participants under 18, QFL collects and documents guardian consent when legally required. Upon registration, an automated consent request is sent to the guardian's email address provided during intake. If the guardian provides consent, it is recorded in the system and the youth is permitted to enroll. If consent is not granted, the participant is not enrolled and cannot access program services. All consent documentation is securely stored and auditable, ensuring compliance with Nebraska requirements and supporting consistent program oversight.

c. Ability to provide counseling over the phone, online or through text message.

QFL delivers coaching through a fully integrated, multi-channel system that includes telephone, web-based, and text-based engagement, as described in *3. Quitline Participant Management* and *11. Counseling Technical Requirements*. Participants can receive proactive and inbound coaching via phone, engage through digital tools and chat, and receive ongoing support through interactive text messaging. All modalities are connected through a centralized participant record, ensuring continuity of care and allowing participants to move seamlessly between channels while maintaining a consistent quit plan and coaching experience.

d. Ability to conduct intake screening of all participants and provide general information upon request.

QFL utilizes a structured intake and assessment process to screen all participants and capture key information, including tobacco use history, readiness to quit, health considerations, and service preferences, as detailed in *3. Quitline Participant Management*. This process enables

Quit Coaches to triage participants to appropriate services while also providing general information to individuals who may not be ready to enroll. Intake workflows are designed to support both full enrollment and information-only interactions, ensuring all participants receive relevant, timely support regardless of intent to quit.

e. Ability to provide information to non-tobacco users seeking assistance on behalf of friends or relatives who use tobacco.

QFL supports proxy callers and individuals seeking information on behalf of others through its intake and coaching workflows, as described in *3. Quitline Participant Management*. Quit Coaches are trained to provide general information, guidance, and resources to non-tobacco users, including strategies to support friends or family members who use tobacco. This includes sharing educational materials, discussing approaches to encouraging quit attempts, and directing individuals to appropriate services or enrollment pathways for the tobacco user.

f. Assess participants' tobacco usage and readiness to quit for review of tobacco treatment benefits, including Medicaid, provided by the participant's third-party payer and facilitate linking them to the benefit.

QFL embeds assessment of tobacco use, readiness to quit, and insurance status into all intake and coaching interactions, as described in *3. Quitline Participant Management* and *1. Quitline System Capability*. Quit Coaches collect information on tobacco use patterns, readiness, and coverage (including Medicaid and other payers) and use this information to guide service delivery and participant education. Participants are informed of available tobacco treatment benefits and, when appropriate, are encouraged and supported in accessing those benefits or connecting with external resources. This approach ensures participants receive coordinated support that aligns Quitline services with broader healthcare coverage and resources.

g. For Nebraskans ready to quit, at no cost:

See responses below.

i. Provide an immediate counseling intervention with a Quitline coach, for effective quitting.

QFL's service model prioritizes immediate connection to a Quit Coach for participants who are ready to quit, as described in *1. Quitline System Capability* and *11. Counseling Technical Requirements.* In most cases, participants are connected directly to a Quit Coach during their initial interaction, allowing coaching to begin in real time rather than being delayed. Coaches use evidence-based techniques, including motivational interviewing and cognitive behavioral strategies, to provide immediate, participant-centered support and initiate the quit planning process.

ii. Provide the option to receive up to five (5) proactive follow-up behavioral counseling sessions based on the participant's need for the service. TFN may approve up to ten (10) proactive follow-up calls for specific populations, after written request is approved.

QFL provides a structured, proactive coaching model that includes multiple follow-up sessions aligned to participant needs, as described in *3. Quitline Participant Management* and *11. Counseling Technical Requirements*. Participants may be enrolled in a multi-session coaching program (e.g., Coach+) that includes an initial session and a series of proactive follow-up interactions timed around key milestones such as quit date and early maintenance. QFL will align the number of sessions, including up to five standard follow-ups and up to ten sessions for approved priority populations, with TFN requirements and approvals, ensuring flexibility while maintaining adherence to evidence-based protocols.

iii. Review U.S. Public Health Service recommendations on the use of pharmacological cessation aids, nicotine replacement therapy (NRT) and referrals to physicians or other healthcare professionals as needed.

QFL incorporates U.S. Public Health Service clinical guidelines into all coaching protocols, including education on pharmacological cessation aids and NRT as described in *12. Nicotine Replacement Therapy (NRT)* and *11. Counseling Technical Requirements*. Quit Coaches provide participants with information on appropriate use of NRT, screen for contraindications using structured workflows, and support selection of appropriate therapies when applicable. When additional medical evaluation or prescription medications are needed, participants are referred to their healthcare provider or appropriate external resources, ensuring alignment between Quitline services and broader clinical care.

1. If applicable, the NRT can be distributed directly to a participant's address.

QFL supports direct-to-participant distribution of nicotine replacement therapy (NRT), as described in *13. Nicotine Replacement Therapy (NRT)* and *1. Quitline System Capability*. Following intake and screening for medical contraindications, eligible participants may receive NRT shipped directly to their home. Fulfillment is managed through established workflows that support packaging, shipping, and tracking, ensuring timely delivery aligned with program guidelines and participant needs.

iv. Provide supplemental self-help materials such as relevant, tailored education materials upon registration via mail. Email or text options may be available. Provide additional materials as requested.

QFL provides supplemental self-help materials through both digital and physical channels, as described in *9. Support Materials*. Participants receive access to tailored educational resources aligned to their quit plan, tobacco use, and preferences. Digital materials are available immediately, while printed materials such as the Quit Guide may be mailed upon request or included with NRT shipments.

v. Provide Nebraskans with the ability to opt-in to supportive messaging through email and text services tailored to special population characteristics, type of tobacco use, readiness to quit, etc. It is preferred that supportive text services utilize keyword support.

QFL offers opt-in digital engagement through both email and interactive text messaging, as described in *3. Quitline Participant Management* and *5. Digital Support.* Messaging is tailored based on participant characteristics, including tobacco use type, readiness to quit, quit date, and individual goals, ensuring content remains relevant throughout the quit journey. Participants may enroll in structured, stage-based text programs that deliver proactive messages aligned to key milestones, including quit preparation, early cessation, and relapse prevention. These messages reinforce coaching by providing reminders, coping strategies, medication adherence support, and motivational content between sessions.

Text-based services are fully interactive and support two-way engagement, including keyword-driven responses that allow participants to request support in real time (e.g., for cravings, stress, or relapse risk). **QFL also offers advanced texting capabilities through an AI-supported program that delivers adaptive, conversational support, adjusting message timing, tone, and content based on participant input and engagement.** This program includes both proactive outreach and real-time responses, while maintaining clinical oversight and the ability to escalate to a live Quit Coach when needed.

Email messaging complements text-based support through structured campaigns and targeted outreach, including onboarding series, quit-date aligned messaging, and re-engagement efforts. Emails reinforce key coaching concepts, provide educational content, and drive participants back to digital tools and services. Together, these integrated text and email strategies provide continuous, personalized support that extends beyond live coaching interactions and supports sustained engagement over time.

h. Ability to provide comprehensive proactive counseling support initiated by Quitline coach to participants who are ready to quit and agree to counseling. The counseling must be based on protocols demonstrated through randomized clinical trials research to be effective in providing support and assistance in helping people successfully quit tobacco use and prevent relapses.

QFL provides comprehensive proactive coaching support initiated by Quit Coaches, as described in *11. Counseling Technical Requirements*. Coaching is delivered using evidence-based protocols grounded in motivational interviewing and cognitive behavioral strategies, consistent with U.S. Public Health Service clinical guidelines and research from randomized controlled trials demonstrating effectiveness in tobacco cessation. For participants ready to quit, Coaches initiate structured, multi-session coaching programs that include an initial session and a series of proactive follow-up interactions aligned to key milestones such as quit date, early withdrawal, and maintenance. Proactive sessions are typically 15 to 20 minutes in duration and are tailored to the participant's readiness, tobacco use patterns, and identified barriers. Coaches

support participants in developing personalized quit plans, identifying triggers, building coping strategies, and reinforcing skills to manage cravings and high-risk situations. Relapse prevention is embedded throughout the coaching model, with Coaches providing ongoing support to address slips, reinforce motivation, and re-engage participants as needed.

All proactive outreach attempts, completed sessions, and participant engagement activities are tracked within QFL's centralized system, ensuring adherence to protocols and enabling performance monitoring. In addition to scheduled proactive outreach, participants retain unlimited access to inbound support across phone, chat, and text, allowing them to connect with a Quit Coach at any time. This integrated, participant-centered approach ensures continuous, evidence-based support throughout the quit journey and beyond.

i. Ability to schedule the proactive follow-up counseling sessions such as appointments with the participant at a specific date and time, or a specific date and range of time within which the session might be scheduled.

QFL supports flexible scheduling of proactive coaching sessions based on participant preference, as described in *3. Quitline Participant Management* and *11. Counseling Technical Requirements.* During intake and throughout the coaching process, participants may specify preferred dates and time windows for follow-up interactions. These preferences are captured within the centralized system and used to guide proactive outreach, ensuring sessions are delivered at times that are convenient and aligned with participant availability. Scheduling is integrated into coaching workflows, enabling consistent follow-up aligned to key milestones such as quit date, early cessation, and maintenance.

j. Collaboration with TFN to facilitate follow-up evaluation at seven (7) months, from quit date, verify tobacco use status and client satisfaction.

QFL will collaborate with TFN to support seven-month follow-up evaluation efforts, including verification of tobacco use status and participant satisfaction, as described in *III. Quitline Evaluation and Quality Assurance.* QFL captures participant data, quit dates, and engagement history within its centralized system, enabling efficient identification of participants eligible for follow-up. QFL will coordinate with TFN to align on evaluation protocols, data elements, and reporting requirements, and will support outreach and data collection efforts as needed to ensure accurate and timely evaluation outcomes.

k. For tobacco users who are not interested in receiving follow-up proactive counseling:

See responses below.

i. Offer encouragement to call the Quitline again for assistance as needed.

QFL ensures that all participants, regardless of enrollment in proactive coaching, are encouraged to re-engage with the Quitline at any time, as described in *3. Quitline Participant*

Management. Quit Coaches provide clear guidance on how to reconnect and emphasize the availability of ongoing support across phone, chat, and text channels.

ii. Offer motivational messages to promote effective quitting

Participants who decline proactive coaching are offered motivational support tailored to their readiness to quit, including brief interventions during the initial interaction and optional digital messaging support. These messages are delivered through QFL's digital dashboard and mobile app, where participants can access personalized content, action-oriented tools, and ongoing encouragement. Messaging reinforces key behavior change concepts, supports self-guided progress, and encourages future quit attempts through interactive and easily accessible digital engagement.

iii. Offer to send self-help and other appropriate materials via mail, email or text.

QFL provides access to self-help materials through both digital and physical channels, as described in *3. Quitline Participant Management*. Participants may receive educational resources via email or text immediately, and printed materials may be mailed upon request. Materials are tailored to the participant's tobacco use and readiness level and can be provided at any time.

iv. Offer support resources for family and friends of tobacco users to assist with a quit attempt.

QFL supports proxy callers and individuals seeking assistance on behalf of others, as described in *3. Quitline Participant Management*. Quit Coaches provide guidance, educational resources, and practical strategies to help family members and friends support a quit attempt, including how to encourage behavior change and connect the tobacco user to Quitline services.

v. If participants are within the United States Preventative Services Task Force's recommended population to have lung cancer screening (adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years):

See responses below.

1. Offer opportunity to opt into lung cancer screening or pre-screening.

QFL proactively identifies participants who meet U.S. Preventive Services Task Force (USPSTF) criteria for lung cancer screening (LCS) through intake and ongoing coaching interactions. As part of QFL's digital and coaching workflows, eligible participants are presented with the opportunity to opt into lung cancer screening support, including through action-oriented prompts within the digital dashboard. Participants may also be guided by Quit Coaches to access screening resources and decision support aligned with their readiness and health status.

2. Provide updated list of lung cancer screening providers in Nebraska.

QFL partners with the American Lung Association (ALA) to connect eligible participants to Lung Health Navigators, who maintain up-to-date knowledge of lung cancer screening providers and resources. Through this partnership, participants can be directed to Lung.org/LCS-Assistance, where they are connected to trained navigators who assist with identifying appropriate screening providers, coordinating appointments, and addressing logistical barriers such as insurance coverage and transportation. This approach ensures participants receive current, localized provider information without requiring QFL to independently maintain provider lists.

3. Provide resources for education on the benefits of lung cancer screening.

QFL provides evidence-based education on the benefits of lung cancer screening through both coaching interactions and digital engagement tools. Quit Coaches are trained to discuss LCS eligibility, benefits, and considerations in a way that complements cessation support. In addition, participants receive access to educational resources and targeted digital content that reinforce the importance of early detection. Through QFL's partnership with ALA, all educational materials and navigation support reflect current clinical guidance and best practices while remaining fully integrated with cessation services.

8. TECHNICAL ASSISTANCE FOR HEALTHCARE PROFESSIONALS

The primary healthcare professionals referenced for this RFP consist of, but are not limited to physicians, nurses, substance abuse counselors, mental health counselors, psychologists, social workers, oral health providers, and certified Tobacco Treatment Specialists. Healthcare professionals calling the Quitline must be provided with the following services as requested and available.

QFL provides streamlined, evidence-based support for healthcare professionals referring patients to tobacco cessation services. QFL supports a wide range of providers, including physicians, nurses, behavioral health professionals, oral health providers, and Certified Tobacco Treatment Specialists, through flexible referral options such as secure eReferral (HL7, Direct Secure Messaging, API, SFTP, and web portals), as well as fax and phone. Following referral, QFL conducts proactive outreach to enroll patients, initiate coaching, and coordinate cessation services, including counseling and FDA-approved pharmacotherapy where appropriate. QFL also offers provider-facing resources to support clinical care, including educational materials, referral guidance, and training aligned with Public Health Service guidelines. When permitted, QFL shares feedback on patient engagement and outcomes, and maintains ongoing collaboration with healthcare partners to ensure coordinated care, improved outcomes, and alignment with broader population health goals.

a. Free comprehensive online training on brief tobacco intervention techniques and best practices to help healthcare providers work with patients quitting tobacco.

QFL will provide free, comprehensive online training for healthcare professionals that is grounded in evidence-based tobacco cessation practices and aligned with the U.S. Public Health Service Clinical Practice Guideline, CDC Best Practices, and NAQC recommendations. Training is developed and delivered by QFL's Training and Outreach team using adult learning principles and includes interactive, self-paced modules, live and recorded webinars, and downloadable toolkits and job aids to support implementation in clinical settings. Content is designed to be practical and workflow-oriented, enabling providers to efficiently identify tobacco use, deliver brief interventions, and connect patients to TFN services within routine care. Trainings can be tailored by provider type, including primary care, behavioral health, oral health, and community-based providers, to ensure relevance across care settings.

i. Ensure all training is developed, delivered and maintained in compliance with accreditation requirements for continuing education units (CEUs) of the target audience.

QFL ensures that all training content is developed, delivered, and maintained in alignment with continuing education standards for the intended clinical audience. Training is structured to meet accreditation requirements for continuing education units and includes appropriate learning objectives, instructional content, knowledge checks, and evaluation components. QFL will coordinate with TFN and relevant accrediting bodies to ensure CEU eligibility aligns with state-specific requirements and target audiences.

ii. At minimum, CEUs must be available for all licensed prescriber healthcare professionals.

CEUs will be made available for licensed prescriber healthcare professionals, including physicians and other eligible providers, with content designed to meet clinical rigor and documentation standards required for credit. Trainings include pharmacotherapy-focused modules and clinical decision-making content to support prescriber engagement and relevance.

iii. Topics should include, but not be limited to:
1. Up-to-date information and recommendations based on the Public Health Service Clinical Practice Guidelines on Treating Tobacco Use and Dependence with regard to the use of pharmacotherapies.
2. Implementation of in-office procedures to address tobacco use.
3. Recording of intervention on electronic health records.
4. Tobacco dependence treatment with special populations.
5. Tobacco dependence treatment for youth.
6. How to utilize information on how clients can utilize the Quitline and its services;
7. Effective in-office or community-based tobacco cessation interventions including the 5A's: Ask, Advise, Assess, Assist & Arrange or 2A's and a R: Ask, Advise and Refer.

QFL's training curriculum includes all required topics and is continuously updated to reflect current evidence and best practices. This includes detailed pharmacotherapy guidance consistent with USPHS recommendations; implementation of in-office workflows for screening,

brief intervention, documentation, and follow-up; integration of tobacco use screening and intervention into electronic health records; and guidance on utilizing Quitline services, including referral pathways and patient engagement strategies. Training also addresses treatment approaches for priority populations, including individuals with behavioral health conditions, youth and young adults, and populations disproportionately impacted by tobacco use. Evidence-based intervention models such as the 5A's and 2A's and Refer are reinforced through scenario-based learning and practical application. Motivational interviewing and cognitive-behavioral strategies are integrated throughout to support effective behavior change counseling.

b. Process and provide free continuing education units (CEUs) to providers upon completion of the course.

QFL supports the provision of continuing education units (CEUs) for healthcare provider training as part of our broader technical assistance. Training is delivered through structured online modules aligned with evidence-based tobacco cessation guidelines and professional development standards. CEUs are offered through accredited partners, such as the American Academy of Family Physicians (AAFP) for continuing medical education (CME), ensuring that all training meets recognized accreditation requirements. QFL will work with Nebraska to align CEU availability and processes with state expectations and ensure training offerings meet applicable continuing education standards.

c. Trainings should be updated yearly with up-to-date information and any technical updates needed.

QFL maintains training content to reflect current evidence-based tobacco cessation guidelines, emerging research, and relevant technical updates. Trainings are reviewed annually by Dr. James Davis, and following his review and approval, an application is submitted to the American Academy of Family Physicians (AAFP) for renewal. In collaboration with Nebraska, QFL will also incorporate updates related to new and evolving tobacco and nicotine products, ensuring that provider training remains current, relevant, and responsive to changing trends.

d. Provide technical assistance and consultation to TFN staff working with healthcare professionals on a variety of effective tobacco dependence treatment issues.

QFL provides ongoing, multi-tiered technical assistance and consultation to TFN staff and healthcare professionals through clearly defined support pathways. Providers can access real-time support through the Quitline for operational questions such as service eligibility, hours of operation, referral processes, and use of promotional materials. More complex inquiries related to clinical care, pharmacotherapy (including appropriate use of nicotine replacement therapy), motivational interviewing techniques, or participant-specific scenarios are escalated to senior coaching staff, supervisors, or clinical leadership for guidance.

QFL's Training and Outreach team delivers targeted technical assistance focused on integrating tobacco screening, brief intervention, and referral into routine clinical workflows. This includes

guidance on implementing standardized approaches such as the 5A's or 2A's and Refer, incorporating screening and documentation into electronic health records, and establishing efficient referral processes using fax, web-based, or electronic referral systems. The team also supports providers in addressing tobacco use among priority populations, including individuals with behavioral health conditions and youth and young adults who use e-cigarettes, and offers consultation on culturally responsive approaches.

In addition, QFL supports healthcare system engagement by developing and distributing provider toolkits, educational materials, and referral resources, and by working with TFN to align outreach efforts with statewide tobacco control priorities. QFL monitors referral utilization trends and maintains ongoing communication with TFN to identify opportunities to strengthen provider engagement and improve connections between patients and Quitline services.

9. SUPPORT MATERIALS

Tailored materials must be made available for populations listed in 11.(e). All support materials must be approved by TFN prior to implementation. The Nebraska Tobacco Quitline logo must be visible on all printed materials for distribution to Quitline participants, unless otherwise approved by TFN. Any revisions to materials must be approved by TFN prior to implementation.

QFL will develop and maintain tailored cessation support materials for priority populations and will ensure all materials are reviewed and approved by Tobacco Free Nebraska (TFN) prior to implementation. Materials will be customized to reflect the needs of populations disproportionately impacted by tobacco use, including adaptations in language, tone, and imagery. All printed and digital materials will prominently display the Nebraska Tobacco Quitline branding, in alignment with TFN guidelines, and any updates or revisions will be submitted to TFN for approval prior to distribution. Content is reviewed at least annually and updated as needed to reflect current evidence, clinical guidelines, and state-specific priorities.

a. Develop, maintain or utilize existing cessation support materials that address self-help cessation techniques for tobacco users.

QFL will develop, maintain, and utilize a comprehensive suite of evidence-based cessation support materials designed to reinforce self-help techniques for tobacco users. These materials are delivered in both print and digital formats and include educational content on nicotine withdrawal, triggers, and behavior change strategies, as well as guidance on the appropriate use of pharmacotherapy. Participants are supported with tools such as quit guides, worksheets, and relapse prevention resources to assist with goal setting, progress tracking, and sustained behavior change. Materials are designed using plain language principles to ensure accessibility and are reinforced during coaching interactions and through digital outreach, including email and text-based engagement.

b. Materials are required to meet low literacy level needs (4th grade) and utilize pictures and graphics extensively.

All materials are developed using plain language principles and are designed to meet low literacy standards, typically at or below a fourth-grade reading level, with a target of aligning closely to a fourth-grade level as required. Materials incorporate clear formatting, simple language, and extensive use of visuals, graphics, and icons to enhance comprehension and accessibility. Content is reviewed for readability and usability to ensure it is effective for a broad range of participants.

c. All materials must be made available in English and Spanish, at a minimum.

Cessation support materials are available in both English and Spanish ensuring accessibility for a broad range of participants. QFL maintains bilingual resources that are culturally appropriate and linguistically accurate, supporting effective engagement and comprehension across diverse populations.

d. Materials may be required in additional languages if call volume data indicates.

QFL can provide materials in additional languages based on participant needs and call volume trends. Language needs are monitored through program data, and materials can be adapted or translated to ensure equitable access for Nebraska's diverse populations.

e. Information on secondhand smoke and other tobacco-related educational materials must be appropriately mailed, emailed or texted as requested by participants.

QFL provides a range of educational materials, including information on secondhand smoke and tobacco-related health risks, which can be delivered via mail, email, or through digital channels based on participant preference. Participants may also use text to connect to services or access their dashboard, where mobile-optimized content, educational resources, and ongoing messaging are available. This approach ensures timely, flexible, and user-friendly access to information across multiple channels.

f. Within 48 hours of request, support materials must be provided to, but not limited to:
i. Proxy callers
ii. Healthcare professionals
iii. Tobacco users, not ready to quit
iv. Tobacco users, ready to quit but not interested in ongoing counseling. Specific populations (e.g., racial and ethnic minority groups, behavioral health conditions, and rural populations)

QFL does not currently provide support materials directly to each of these groups. However, expanded digital support materials and provider-facing resources are on QFL's roadmap as part of planned enhancements to our web-based participant and provider experience. As these

resources are developed, QFL anticipates making current information available through digital channels, which may include approved Quitline content, participant-facing tools available through the Rally platform, and provider-facing information on QFL's website. These resources are expected to include information about Quitline services, referral processes, available cessation supports, and participant pathways.

QFL will collaborate with TFN to determine how future digital support materials can align with Nebraska's existing cessation resources, including in-person cessation programs and additional information listed on the Tobacco Free Nebraska website. Any Nebraska-specific materials developed for the program would be reviewed and approved by TFN prior to use.

10. PROMOTION TO HEALTHCARE SYSTEMS

a. Collaborate with TFN in updating and utilizing promotional materials that will be disseminated by TFN to healthcare professionals and systems.

QFL will collaborate closely with TFN to review, update, and utilize promotional materials intended for dissemination to healthcare professionals and healthcare systems. QFL understands that provider-facing materials must be clinically relevant, easy to use, and aligned with current Quitline services, referral pathways, eligibility criteria, and branding requirements. Working with TFN, QFL will help ensure that materials accurately communicate the full range of available services, including telephone coaching, digital support options, and pharmacotherapy availability, as applicable. QFL can support the refinement of materials for use across a range of care settings, including primary care, specialty care, behavioral health, dental settings, hospitals, federally qualified health centers, and community-based clinics. Materials may include referral guides, workflow summaries, patient handouts, quick-reference tools for clinical staff, and other educational resources that help providers understand how to connect patients to the Nebraska Tobacco Quitline. QFL will coordinate with TFN to ensure that all materials remain current, consistent with evidence-based treatment standards, and appropriate for dissemination across Nebraska's healthcare landscape. This approach is consistent with QFL's experience developing and supporting provider-facing materials, dissemination strategies, and coordinated outreach with state partners.

b. Collaborate with TFN to ensure effective coordination of promotion to healthcare professionals and Quitline services.

QFL will work in partnership with TFN to ensure that promotion to healthcare professionals is coordinated, strategic, and aligned with overall Quitline service delivery. We recognize that healthcare promotion is most effective when outreach activities, provider communications, referral processes, and participant services are managed as part of one integrated strategy rather than as separate efforts. QFL will maintain regular communication with TFN to align on priority audiences, key messages, promotional timing, and operational considerations that may affect provider engagement or participant response.

This coordination will include ongoing planning discussions regarding healthcare system outreach, review of provider-facing materials, alignment on referral methods, and discussion of any emerging opportunities to increase provider participation. QFL approaches provider engagement as an ongoing systems-change activity, not a one-time campaign. Feedback from TFN, healthcare partners, and referring organizations can be incorporated into updated materials, training content, and workflow improvements over time. Previous provider outreach examples operated by QFL include provider email campaigns through our internal partner Healthgrades, provider print materials, direct mail, and targeted provider office advertisements such as OBGYN office ad placements to increase pregnancy patient referrals and enrollments. The Healthgrades database allows QFL to securely reach healthcare providers based on specialty and location, while serving messaging from the trusted Healthgrades source. Through this collaborative process, QFL will help TFN ensure that promotion to healthcare professionals remains consistent with program goals, responsive to stakeholder needs, and supportive of sustained Quitline utilization.

c. Collaborate with TFN to respond to calls generated as a result of paid media promotion, earned media promotion, and promotion through health systems.

QFL will collaborate with TFN to ensure readiness for and responsiveness to call volume generated through paid media, earned media, and healthcare system promotion. QFL understands that promotional efforts can increase demand rapidly and that successful campaign support depends on close coordination between the state, media partners, and the quitline service provider. Prior to major promotional efforts, QFL will work with TFN to review campaign timing, projected reach, anticipated demand, and any operational implications for call handling, enrollment, and participant engagement.

To support these efforts, QFL uses workforce planning processes, historical utilization trends, and real-time monitoring tools to align staffing and operational resources with expected demand. Real-time dashboards allow QFL to monitor call volume, speed of answer, abandonment rates, enrollment activity, and digital engagement so that operational adjustments can be made when needed. This coordinated, data-driven approach helps maintain service quality and access during periods of heightened promotion. QFL has demonstrated success supporting high-volume campaigns, including recent “Tips From Former Smokers” initiatives that generated significant spikes in registrations within short timeframes, as well as state-specific digital and social media campaigns that have driven measurable increases in enrollments. QFL will also collaborate with TFN on messaging alignment so that inbound callers generated through media and healthcare system outreach receive a seamless experience that reflects current program services and state priorities.

d. Collaborate and assist TFN or media Vendor to assure effective coordination with media promotion, promotion to healthcare professionals, and other tobacco control activities in Nebraska.

QFL will collaborate closely with TFN and, as directed, with TFN's media vendor to ensure effective coordination across paid media, earned media, healthcare professional outreach, and broader tobacco control initiatives in Nebraska. QFL recognizes that successful promotion requires alignment across messaging, timing, referral pathways, and operational readiness. To support this, QFL will participate in regular coordination meetings with TFN and media partners to review campaign strategies, timelines, target audiences, and performance expectations, ensuring that all promotional activities are synchronized with Quitline capacity and service delivery.

QFL will provide input on campaign messaging and calls to action to ensure accuracy and consistency with Quitline services, eligibility criteria, and enrollment pathways. This includes aligning media messaging with provider-facing materials so that healthcare professionals are prepared to reinforce campaign messages and refer patients effectively. QFL will also review and advise on channel strategies, including digital, social media, out-of-home, and healthcare-based placements, to ensure that outreach efforts are complementary and reach priority populations, including rural communities, individuals with behavioral health conditions, and populations disproportionately impacted by tobacco use.

In addition, QFL brings robust in-house marketing capabilities through RVO Health that can further support and enhance coordinated promotional efforts. These capabilities are available as optional initiatives and would be scoped at additional cost in conjunction with TFN, based on program priorities, timelines, and available funding. In conjunction with Healthline Media, QFL can integrate digital marketing strategies to reach tobacco and nicotine users within priority populations and geographies. Our capabilities include but are not limited to:

- **Custom Social Media Campaigns:** As the quitline vendor with marketing expertise, QFL has an expert team of marketers that can fully operate TFN-branded social media ads utilizing our in-house data feedback loop to drive efficiency and increased quitline engagement. After implementing the custom data feedback across other markets, we saw a 35% year-over-year increase in Maryland Tobacco Quitline enrollments. These enrollments accounted for 28% of the state's total enrollments during campaign months.
- **Highly Targeted Digital Display:** Leverages proprietary data to reach smokers and high-intent audiences across RVO Health properties and the brand-safe web. Ads are placed alongside contextually relevant content such as nicotine addiction, COPD, and cardiovascular conditions, and targeted to individuals actively seeking to quit.
- **Connected TV (CTV) with QR Code Activation:** Premium video placements target qualified audiences based on recent health engagement, with integrated QR codes enabling seamless, real-time enrollment.
- **Streaming Audio Campaigns:** Delivers targeted audio ads across platforms such as Spotify, Pandora, and SiriusXM, including retargeting users who have engaged with relevant health content, supported by companion display units.
- **Direct Mail Campaigns:** Uses proprietary data to reach specific households, with physical mailers that include QR codes for easy enrollment, particularly effective for rural and older populations.

- **Custom Creative Development:** High-performing display, video, and audio assets developed through RVO Health's in-house Creative Studio, optimized for program messaging, audience resonance, and conversion performance.

Recognizing that not all populations are best reached through digital channels, QFL also supports print and out-of-home strategies, including placements such as transit signage, clinic-based materials, and rural-focused media such as gas station pump ads. See *Attachment 15 - Out-of-Home Campaigns.* These campaigns are informed by market research and designed to reach individuals where they live, work, and access care, ensuring equitable reach across diverse populations. An example of a recent successful provider focused campaign includes an OBGYN provider email series and online training sent through another RVO Health internal property, Healthgrades. These emails resulted in a 12% increase in valid referrals and a 71% reduction in invalid referrals, increasing the quantity of quality patient referrals into the quitline. This campaign was paired with custom ad placements in these OBGYN offices, exponentially increasing pregnancy and postpartum enrollments and incentive take rates across the state. QFL will collaborate with TFN and its media vendor to align these capabilities with existing campaigns or explore additional strategies, ensuring that healthcare promotion, media outreach, and broader tobacco control activities operate as complementary components of a unified, data-driven statewide cessation strategy.

e. Participation in annual presentations (up to two) at state conference/training programs identified by TFN to educate and inform stakeholders, healthcare professionals, administrators, insurers, and purchasers about the Quitline and promote the systems change recommendations contained in the U.S. Public Health Service Clinical Practice Guideline, Treating Tobacco Use and Dependence.

QFL's Training and Outreach team will support participation in up to two annual state conference or training presentations identified by TFN. QFL has extensive experience delivering similar presentations across multiple states, partnering with public health agencies and healthcare systems to educate stakeholders on Quitline services, referral pathways, and strategies to increase engagement and utilization. Presentations are designed to inform healthcare professionals, administrators, insurers, and purchasers, and are aligned with the U.S. Public Health Service Clinical Practice Guideline, Treating Tobacco Use and Dependence. Content focuses on promoting evidence-based systems change, including routine screening, brief intervention, and referral to cessation services. QFL will work closely with TFN to tailor presentation content to Nebraska priorities, incorporate state-specific data and program insights, and ensure alignment with broader tobacco control and healthcare system integration efforts.

f. Provide technical assistance to TFN regarding the development and utilization of a fax and web referral system to increase the number of healthcare providers who refer patients to the Quitline.

QFL will provide comprehensive technical assistance to TFN to support the development, enhancement, and utilization of fax and web-based referral systems designed to increase provider referrals to the Nebraska Tobacco Quitline. QFL has extensive experience implementing and optimizing multi-modal referral infrastructure that aligns with diverse healthcare workflows and reduces barriers to provider participation. Our approach focuses on ensuring that referral processes are simple, efficient, and clearly understood by clinical staff, while maintaining secure, HIPAA-compliant data exchange.

QFL supports a robust fax referral system that captures provider and patient information, consent for outreach, and optional elements such as pharmacotherapy pre-authorization. Referrals are time-stamped, tracked, and prioritized for outreach, with initial contact often initiated within one business day. QFL also offers a secure, mobile-optimized web referral portal that mirrors the fax form and allows providers to submit referrals in under two minutes. The portal supports provider and facility lookup, reduces duplicate records, and can be embedded into health system intranets, websites, or accessed via QR codes, increasing accessibility across care settings.

In collaboration with TFN, QFL will provide technical assistance that includes reviewing and refining referral forms, advising on workflow design, supporting implementation of web-based referral tools, and developing provider-facing guidance and training materials. QFL can also support integration with electronic medical records through secure eReferral pathways such as HL7, Direct Secure Messaging, APIs, and batch file exchanges. In addition, QFL's Training and Outreach team will provide education and consultation to healthcare providers to promote adoption and consistent use of referral systems. Through this structured approach, QFL will help TFN increase provider participation, streamline referral processes, and improve successful connections between patients and Quitline services.

g. Provide technical assistance to TFN regarding the development and utilization of a community referral system to increase the number of healthcare providers who refer patients to the Quitline.

QFL will provide technical assistance to TFN to support the development and utilization of a community referral system that expands access to Quitline services and increases referrals from both healthcare providers and community-based organizations. QFL recognizes that effective referral systems extend beyond traditional clinical settings and benefit from strong coordination across public health, behavioral health, social services, and community partners. Our approach focuses on creating referral pathways that are easy to use, scalable, and aligned with existing workflows across diverse organizations. For details on implementation of referral systems, see our referral responses in the *1. Quitline System Capability section* above.

In partnership with TFN, QFL will assist in defining community referral processes, identifying appropriate referral channels, and ensuring alignment with existing fax, web, and electronic referral infrastructure. Community partners will be able to utilize the same streamlined referral tools, including web-based portals and QR-enabled access points, allowing referrals to be

submitted quickly and securely across a wide range of settings. QFL will also support development of clear guidance, messaging, and training materials to ensure that community-based organizations understand how to refer individuals, what services are available, and how participants will be engaged after referral.

QFL's Training and Outreach team will provide ongoing technical assistance, education, and consultation to both healthcare providers and community partners to support adoption and sustained use of referral systems. This includes training on referral workflows, consent requirements, and best practices for connecting individuals to cessation services. QFL will also support TFN in monitoring referral trends, identifying opportunities to improve utilization, and refining processes over time. Through this collaborative and iterative approach, QFL will help TFN build a strong, integrated referral ecosystem that increases provider engagement and expands reach across Nebraska communities.

11. COUNSELING TECHNICAL REQUIREMENTS

Provide a Counseling System that has the following:

QFL's counseling system is built around its team of highly trained Quit Coaches, who serve as the backbone of the Nebraska Tobacco Quitline and the primary drivers of participant engagement, behavior change, and successful quit outcomes. Participants are connected to Quit Coaches as quickly as possible during moments of readiness, ensuring that meaningful support begins at first contact and continues throughout the quit journey. All system components, including intake, triage, coaching delivery, digital tools, and pharmacotherapy support, are designed to enable Coaches to deliver timely, personalized, and evidence-based support tailored to each participant's needs, preferences, and readiness to quit.

Quit Coaches deliver services through an integrated, multi-channel system that includes phone, chat, and text, supported by a centralized participant record to ensure continuity of care across all interactions. Using structured workflows and clinical protocols, Coaches assess participant needs, guide service selection, develop personalized quit plans, and provide proactive follow-up coaching grounded in motivational interviewing, cognitive behavioral strategies, and relapse prevention techniques. This member-centered coaching approach, reinforced by comprehensive training, quality assurance, and ongoing performance monitoring, ensures a consistent, high-quality, and participant-centered experience that supports sustained tobacco cessation. For details, see responses below.

a. Protocols for the first contact during live hours

QFL's first-contact protocols are designed to ensure rapid connection to a Quit Coach and immediate delivery of meaningful support during the participant's initial interaction. During live hours, calls are typically answered directly by trained Quit Coaches who confirm the participant has reached the Nebraska Tobacco Quitline and begin coaching in the first interaction rather than delaying support for administrative intake. Coaches prioritize rapport building, assess the participant's reason for calling, and introduce available services while simultaneously capturing

required intake data through structured workflows. Enrollment specialists may be utilized during high-volume periods to support intake and routing; however, the model prioritizes timely access to Quit Coaches whenever possible. This approach ensures that participants receive real-time, participant-centered counseling at the moment of readiness, with protocols aligned to evidence-based practices and integrated intake processes as described in Intake and Coaching workflows.

b. Protocols to triage the participant's need for services

QFL utilizes a structured, readiness-based triage model embedded within standardized intake workflows to guide participants to the most appropriate level of service. During initial assessment, Quit Coaches collect and evaluate key data elements including tobacco use patterns, prior quit attempts, readiness to quit, preferred quit timeline, insurance status, referral source, and special population indicators. Using this information, participants are directed to the most appropriate pathway, including Coach+ for proactive counseling, Digital Coach for self-guided support, or external resources when applicable. Triage protocols also support routing to specialized services such as language-specific quitlines, Medicaid or health plan benefits, Veteran and military resources, and other state-approved programs, with the option to complete warm transfers when appropriate.

This triage model is supported by structured workflows and logic-driven intake forms that ensure consistent data capture across phone and digital channels, while allowing flexibility based on participant preference and eligibility. Participants are informed of all available service options and empowered to choose how they engage, whether through phone, text, or digital modalities, with or without coaching. For example, individuals ready to quit may be enrolled immediately in coaching and NRT, while those not yet ready may receive motivational support and digital resources to build readiness over time. This approach ensures that participants are not placed into a one-size-fits-all program, but instead receive tailored, stage-appropriate support aligned with their needs, preferences, and eligibility.

c. Protocols for counseling online and over the phone, and through text message (optional but preferred).

QFL delivers counseling through an integrated, multi-channel system that includes telephone, live chat, and interactive text messaging, all supported by a centralized participant record to ensure continuity of care across all interactions. Telephone counseling is delivered by trained Quit Coaches through both proactive outbound sessions and unlimited inbound support, with sessions typically structured around key milestones such as pre-quit preparation, early withdrawal, and maintenance. Coaches apply evidence-based techniques including motivational interviewing, cognitive behavioral therapy, relapse prevention strategies, and skill-building to help participants manage triggers, build confidence, and sustain behavior change.

Digital counseling is delivered through a secure web-based platform that functions as an extension of live coaching, offering personalized quit plans, progress tracking tools, educational

content, and interactive modules designed to reinforce behavioral strategies between sessions. Participants can also engage with Quit Coaches through real-time chat, ensuring accessibility for those who prefer written communication or require additional flexibility. The platform dynamically tailors content based on participant characteristics such as tobacco use, readiness to quit, and identified barriers, allowing support to evolve alongside the participant's journey.

Text-based counseling includes both live interaction with Quit Coaches and automated, tailored messaging programs aligned to a participant's quit stage and goals. QFL's texting platform supports two-way engagement, enabling participants to receive encouragement, medication adherence reminders, coping strategies, and relapse prevention support in real time. In addition, AI-supported texting tools provide responsive, conversational guidance within established clinical guardrails and can escalate participants to live coaching when additional support is needed.

All counseling modalities operate under consistent, evidence-based clinical protocols and are tightly integrated within QFL's technology ecosystem. This allows participants to move seamlessly between phone, text, and digital channels without losing continuity, with Quit Coaches able to view prior interactions, quit plans, NRT usage, and engagement history in real time.

d. Protocols to assess a tobacco user's readiness to quit.

QFL embeds readiness-to-quit assessment into every intake and counseling interaction using structured workflows and motivational interviewing techniques to ensure support is tailored to each participant's stage of change. During intake and throughout coaching, Quit Coaches assess readiness by evaluating tobacco use history, prior quit attempts, confidence level, perceived barriers, triggers, and preferred quit timeline. These assessments are conducted through guided, conversational questioning that allows coaches to understand both the participant's motivation and the contextual factors influencing their tobacco use. This information is captured in the centralized system and continuously updated to inform ongoing engagement and service delivery.

Using this readiness-based framework, participants are classified along the quit continuum and guided to appropriate interventions. Individuals who are ready to quit are supported in setting a quit date, typically within a short timeframe, and are guided through development of a personalized quit plan that includes behavioral strategies, identification of high-risk situations, coping mechanisms, and pharmacotherapy options when appropriate. Coaches also support preparation activities such as removing tobacco products, building social support, and planning for withdrawal and triggers.

For participants who are not yet ready to quit or who are ambivalent, QFL applies a non-directive, supportive approach focused on building motivation and self-efficacy over time. Coaches use motivational interviewing to explore ambivalence, reinforce personal reasons for quitting, and encourage small, incremental behavior changes such as reducing use, delaying

tobacco use, or engaging with digital tools and educational content. These participants may be directed toward lighter-touch interventions such as digital resources or text-based support, while remaining engaged with the program.

Readiness assessment is not a one-time activity but an ongoing process embedded throughout the participant journey. Coaches continuously reassess readiness during follow-up interactions, adjusting coaching intensity, messaging, and support strategies as participants progress, relapse, or re-engage. Digital and text-based interventions also reinforce this approach by delivering stage-specific content, reminders, and behavioral prompts aligned with the participant's current readiness level. This readiness-based model ensures that all participants receive stage-appropriate, personalized support rather than a standardized intervention, allowing QFL to meet individuals where they are and adapt services as their needs evolve.

For participants who are ready to quit, the Counseling System must track:

See responses below.

i. Registration for services

QFL's counseling system captures and tracks registration through a comprehensive, multi-channel intake process, including phone, web, and text-based entry points. All intake modalities feed directly into a centralized, secure participant database, ensuring data consolidation and continuity across service channels. Structured workflows enforce required data capture, including demographics, tobacco use patterns, referral source, insurance status, special population indicators, and consent elements, with logic validation to ensure completeness and consistency. Registration pathways are fully integrated, allowing participants entering through provider referrals, digital platforms, or texting portals to be seamlessly enrolled and tracked within the same system.

ii. Initial counseling for successful quitting

QFL delivers and tracks initial coaching as part of the first interaction, ensuring participants receive immediate, meaningful support during moments of motivation. Quit Coaches begin coaching during the initial contact, focusing on rapport building, understanding the participant's tobacco use history, reviewing past quit attempts, and identifying motivations and barriers. Coaches introduce evidence-based strategies, including motivational interviewing and cognitive behavioral techniques, while beginning development of a personalized quit plan. Participants are also introduced to available services such as Coach+, digital tools, text support, and NRT. This initial session is documented within the participant record and serves as the foundation for ongoing coaching and engagement.

iii. Provision of self-help materials or other resources

QFL provides and tracks access to a comprehensive suite of self-help materials across digital and print formats to support participants throughout their quit journey. Participants gain access to a secure digital platform featuring tailored content such as educational articles, videos, quizzes, action plans, and behavioral skill-building modules aligned to their quit stage. Engagement with these materials, including logins, content views, and activity completion, is captured within the centralized system. For participants without internet access or those who prefer print, QFL provides mailed Quit Guides and educational materials, often included with NRT shipments. Materials are available in English and Spanish and designed to meet varying literacy levels, ensuring equitable access across populations.

iv. Assessment of participant's interest in proactive cessation counseling

QFL assesses and tracks participant interest in proactive coaching during intake and throughout engagement by clearly presenting all available service options and documenting participant preferences. During enrollment, Quit Coaches explain the differences between Coach+ proactive coaching and Digital Coach self-guided support, including access to phone, chat, and text-based interactions. Participants who elect proactive coaching are enrolled in structured coaching programs that include scheduled follow-up sessions, while those who prefer self-guided support are directed to digital and text-based services. Preferences are continuously reassessed, allowing participants to transition between service levels over time as readiness and engagement evolve.

v. Assessment of participant's insurance status including Medicaid and Medicare and feedback to the participant about the availability of tobacco dependence treatment coverage through health insurance

QFL's intake process includes structured assessment of insurance status, including identification of Medicaid, Medicare, and other health coverage, which is captured within the participant record. This information is used to inform participants of available tobacco cessation benefits through their insurance, including access to pharmacotherapy and additional services. Participants eligible for health plan-based cessation programs are identified and may be triaged accordingly, including warm transfers or coordination with external resources when appropriate. Participants are also advised to verify coverage and benefits, ensuring they are aware of all available treatment options while maintaining access to Quitline services as applicable.

vi. Provide comprehensive, proactive follow-up cessation counseling. Counseling must be based on protocols that research in randomized trials has demonstrated to be effective in supporting people as they cease the use of tobacco products and in preventing relapse

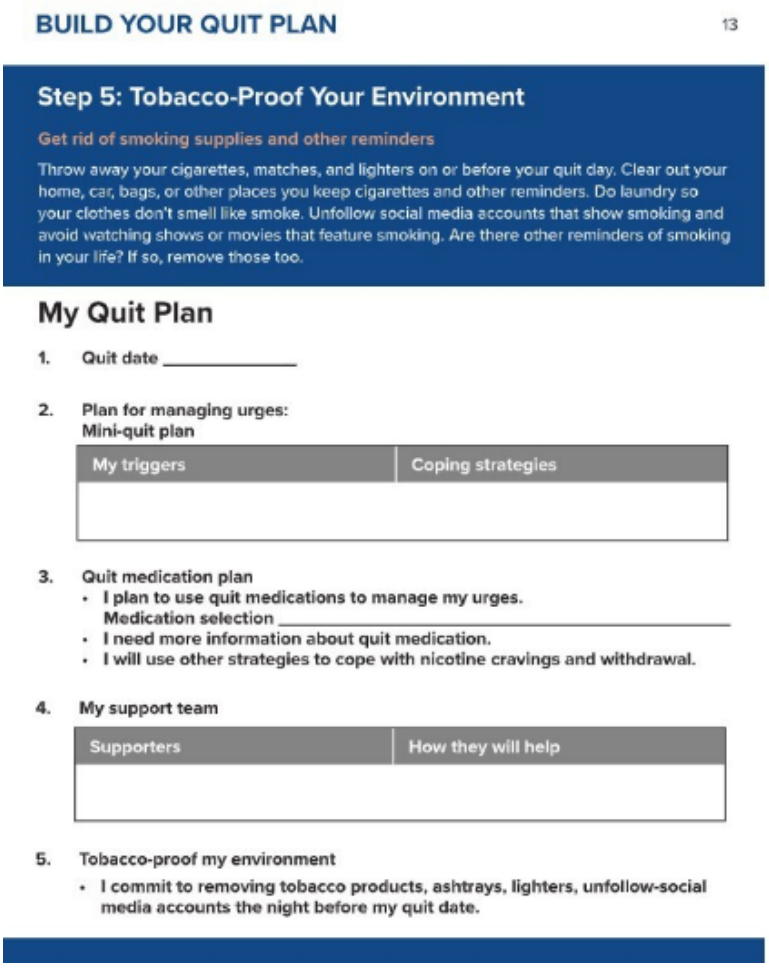
QFL provides and tracks comprehensive proactive follow-up coaching through structured, evidence-based protocols aligned with CDC guidance, NAQC recommendations, and U.S. Public Health Service clinical guidelines. Participants enrolled in Coach+ receive a series of proactive coaching interactions, including an initial session and multiple follow-up sessions

strategically timed around key milestones such as pre-quit preparation, early withdrawal, and maintenance. Sessions typically last 15–20 minutes and incorporate motivational interviewing, cognitive behavioral strategies, relapse prevention techniques, and skill-building grounded in research-based behavior change theories.

Coaching is guided by QFL's Five Keys to Quitting framework and includes development of personalized quit plans using SMART goals, identification of triggers, and structured preparation activities such as tracking tobacco use and practicing "mini-quits" to build confidence and coping strategies prior to the quit date. During follow-up sessions, Quit Coaches reinforce coping strategies, support medication adherence, and apply structured relapse prevention models such as the ACE model (Avoid, Cope, Escape) to help participants manage cravings and high-risk situations. Coaches also support participants in building social support systems and creating tobacco-free environments to sustain behavior change.

QFL's coaching protocols are grounded in decades of quitline research and evidence-based practice, including randomized clinical trials demonstrating the effectiveness of proactive coaching, multi-session interventions, and combined behavioral and pharmacotherapy approaches. QFL continuously evaluates and refines its protocols based on emerging evidence and program data to ensure alignment with best practices and evolving participant needs.

Participants receive ongoing support to address both behavioral and physical aspects of nicotine dependence, including withdrawal management and reinforcement of self-efficacy. Coaching interactions are tailored to the participant's progress and evolving needs, with adjustments made to quit plans, coping strategies, and engagement approaches over time. Participants also retain unlimited access to coach support via inbound phone, chat, and text, allowing them to seek assistance during moments of need beyond scheduled sessions.



BUILD YOUR QUIT PLAN 13

Step 5: Tobacco-Proof Your Environment

Get rid of smoking supplies and other reminders

Throw away your cigarettes, matches, and lighters on or before your quit day. Clear out your home, car, bags, or other places you keep cigarettes and other reminders. Do laundry so your clothes don't smell like smoke. Unfollow social media accounts that show smoking and avoid watching shows or movies that feature smoking. Are there other reminders of smoking in your life? If so, remove those too.

My Quit Plan

1. Quit date _____

2. Plan for managing urges:
   Mini-quit plan

My triggers	Coping strategies

3. Quit medication plan
   - I plan to use quit medications to manage my urges.
     Medication selection _____
   - I need more information about quit medication.
   - I will use other strategies to cope with nicotine cravings and withdrawal.

4. My support team

Supporters	How they will help

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

All outreach attempts, completed sessions, participant goals, and engagement activities are documented within the centralized system, enabling real-time tracking, adherence to clinical protocols, and continuous quality monitoring. Quit Coaches are trained through a Certified Tobacco Treatment Training Program and receive ongoing supervision, quality audits, and continuous learning to ensure consistent delivery of evidence-based coaching practices across all interactions.

vii. Provide cessation counseling to educate on nicotine replacement therapy options, how the participant will be screened for medical eligibility and how the proper nicotine replacement therapy will be selected for the participant

QFL integrates NRT education into all relevant coaching interactions using structured protocols to guide screening, selection, and participant understanding. Participants are screened for contraindications using standardized questions, with system flags and medical override pathways available when provider clearance is required. Quit Coaches provide education on FDA-approved NRT options, including patch, gum, lozenge, and combination therapy, as well as dosing schedules, proper use, side effects, and adherence strategies. Participants may receive NRT through direct mail order, with orders processed within one business day and typically delivered within 3–5 days. Coaches also provide guidance on other cessation medications and refer participants to healthcare providers when appropriate. All NRT-related activities, including screening, recommendations, fulfillment, and participant education, are documented and tracked within the centralized system to ensure safe, effective, and guideline-aligned pharmacotherapy support. For more information, see *12. Nicotine Replacement Therapy (NRT).*

e. Familiarity with the listed populations, but is not limited to:

See responses below.

i. Medicaid beneficiaries

QFL supports Medicaid beneficiaries through standardized intake and triage workflows, as described in *1. Quitline System Capability*. Insurance status is captured during intake and used to identify participants who may be eligible for Medicaid or other health plan-based cessation services. QFL has served over 1.4 million participants who are Medicaid-eligible, uninsured, or low-income, and incorporates targeted coaching strategies to address barriers such as higher nicotine dependence, limited access to care, and environmental factors that impact quitting. Quit Coaches are trained to identify and problem-solve these barriers and guide participants to appropriate resources while maintaining continuity within the Quitline experience.

ii. Uninsured/Low Socioeconomic Status

QFL ensures access for uninsured and low socioeconomic participants through a multi-channel intake model that supports enrollment via phone, web, and text, as described in *1. Quitline System Capability.* In addition, QFL incorporates plain language communication, low-literacy materials, and direct-to-home support to reduce barriers to engagement. Materials are designed using health literacy best practices, including simplified language and structure, and Quit Coaches are trained to match communication style to participant needs. This ensures participants can fully understand and engage in services regardless of education level or access to care.

iii. Pregnant women

QFL supports pregnant participants through intake workflows that capture pregnancy status and enable appropriate triage, as described in *1. Quitline System Capability*. Participants are routed into a specialized program track that includes structured, multi-session coaching tailored to pregnancy and postpartum needs. Quit Coaches receive specific training on supporting this population, including addressing the health impacts of tobacco use, benefits of quitting, and strategies to maintain cessation after delivery. Coaching is delivered with an emphasis on empathy, continuity, and personalized quit planning.

iv. Senior adults

QFL captures demographic information, including age, during intake and uses this information to support service delivery, as described in *1. Quitline System Capability*. QFL has served more than 292,000 participants aged 50 and older in the past five years, and coaching approaches are informed by the needs of this population, including long-term tobacco use and potential comorbid conditions. Quit Coaches emphasize quality-of-life improvements, increased energy, and health benefits of quitting at any age, while reinforcing motivation and providing additional support where needed

v. Veterans

QFL identifies Veteran status during intake and supports referral to appropriate resources when applicable, as described in *1. Quitline System Capability*. QFL has extensive experience serving Veterans through prior partnerships with the VA and development of Veteran-specific coaching programs. Quit Coaches are trained in military cultural competency and can refer participants to services such as TRICARE or Quit VET. Coaching approaches incorporate an understanding of military culture, stressors, and behavioral health considerations to ensure relevant and effective support.

vi. Smokeless tobacco users

QFL captures tobacco use patterns, including smokeless tobacco use, during intake and uses this information to guide service delivery, as described in *1. Quitline System Capability*. QFL has supported more than 40,000 smokeless tobacco users in the past five years and applies

targeted coaching and pharmacotherapy strategies for this population. Quit Coaches develop individualized quit plans that address the behavioral and physiological aspects of smokeless tobacco use, including use-specific triggers and dependence patterns, and apply NRT conversion algorithms to support appropriate dosing recommendations.

vii. Electronic Nicotine Delivery Systems (ENDS) users

QFL collects information on ENDS use during intake and incorporates this into participant triage and service alignment, as described in *1. Quitline System Capability.* QFL has served more than 170,000 participants using e-cigarettes or other ENDS products and has developed tailored programming, including Live Vape Free, to address this population. Coaching and digital engagement strategies are adapted to reflect the unique behavioral patterns and challenges associated with vaping, particularly among youth and young adults.

viii. People with mental health or substance use conditions

QFL captures behavioral health indicators during intake and uses this information to guide triage and service delivery, as described in *1. Quitline System Capability*. Participants who report mental health or substance use conditions may be routed into specialized programming, such as the Tobacco Cessation Behavioral Health Program (TCBHP), which includes targeted coaching focused on stress management, coping strategies, and relapse prevention. Coaching approaches are adapted to address the higher prevalence of tobacco use and unique barriers experienced by this population.

ix. Diverse ethnic, racial and cultural minorities, particularly Native Americans

QFL collects demographic data, including race and ethnicity, during intake to support identification and appropriate service delivery, as described in *1. Quitline System Capability*. QFL has extensive experience delivering culturally tailored programming, including its American Indian Tobacco Cessation Program developed in partnership with the American Indian Cancer Foundation. Quit Coaches receive ongoing cultural competency training and deliver coaching that respects traditional practices while supporting cessation of commercial tobacco use. The system also supports routing to culturally and linguistically appropriate resources when applicable.

f. Provide interpreter or referral services to participants with limited English proficiency. A third-party interpreter is acceptable.

QFL utilizes LanguageLine Solutions to deliver real-time interpretation in more than 240 languages and dialects. Quit Coaches are trained to recognize language needs, initiate interpreter connections, and deliver coaching effectively through a three-way interaction. LanguageLine provides access to more than 16,000 trained interpreters, with 99.99% platform availability and rapid connection times, ensuring minimal disruption to the participant

experience. Interpreter services are available across all hours of operation, supporting consistent, equitable access to Quitline services regardless of language.

g. Vendor must describe, to insured participants, how insured participants will be linked to their healthcare system to access a tobacco dependence treatment benefit, if available, or to a healthcare professional for prescription cessation aids or other medical follow-up.

QFL identifies insured participants during intake through structured data collection, as described in *1. Quitline System Capability*, and leverages a highly configurable database to support tailored guidance based on insurance type, employer, and participant subgroup. At the time of enrollment, Quit Coaches are trained to assess each participant's coverage, including employer-sponsored plans, Medicaid-managed care, TRICARE, and other payer-supported benefits. Using this information, the system enables Coaches to provide real-time recommendations on how to access available tobacco dependence treatment benefits, including pharmacotherapy and supplemental cessation services.

Quit Coaches are skilled in navigating eligibility requirements and benefit structures, ensuring participants are connected to the most appropriate resources while preserving state-funded program resources whenever possible. Participants are educated on how to access cessation benefits through their health plan and are encouraged to utilize covered services, particularly when prescription medications or enhanced support options are available. When appropriate, QFL facilitates warm transfers or referrals to healthcare systems, payer programs, or provider networks aligned with the participant's coverage. Coaches also advise participants to consult directly with their healthcare provider for prescription cessation medications or additional medical follow-up.

h. Will provide options for program completion with incentives that can't be used to purchase tobacco or alcohol.

QFL has extensive experience supporting state partners with incentive-based engagement strategies and offers a standardized, end-to-end framework for designing, implementing, and managing state-specific incentive programs. Our approach supports a wide range of incentive triggers, including enrollment, coaching session completion, NRT orders, or full program completion. Incentives can also be tailored to priority populations, including Pregnancy/Postpartum, Behavioral Health, and Menthol-user groups, with our configurable data systems enabling precise targeting based on defined eligibility criteria.

Our platform supports multi-channel incentive delivery to maximize reach and engagement. Participants may be identified as eligible during telephone coaching and notified in-session, followed by automated SMS outreach (including API-triggered messages based on milestone completion) and supplemental email communications. **Digital fulfillment methods, such as secure, instantly redeemable digital gift cards, can be delivered across these channels, with workflows fully integrated into QFL's participant database to enable automated**

eligibility verification, milestone tracking, and distribution management while maintaining HIPAA-compliant data security.

i. Provide professional staff.

QFL provides professional staff through its team of trained Quit Coaches, who are responsible for delivering all coaching services across the Nebraska Tobacco Quitline. Quit Coaches are trained in evidence-based tobacco cessation techniques, including motivational interviewing, cognitive behavioral strategies, and relapse prevention, and are equipped to support participants across a range of tobacco use behaviors and readiness levels. Coaches use structured workflows and protocols to guide intake, assess participant needs, develop personalized quit plans, and deliver ongoing support tailored to each participant's goals and progress.

Quit Coaches complete a Certified Tobacco Treatment Training Program and receive ongoing training to ensure alignment with current clinical guidelines and emerging best practices. Training includes specialized modules for priority populations, as well as instruction on cultural competency, communication, and use of the Quitline system. QFL maintains a formal quality assurance program that includes routine call monitoring, documentation review, and coaching feedback to ensure adherence to protocols and consistency in service delivery. Performance is continuously evaluated through established metrics, and supervisors provide ongoing coaching and support to maintain high-quality, participant-centered interactions across all channels. For details, see *4. Quitline Management and Staffing.*

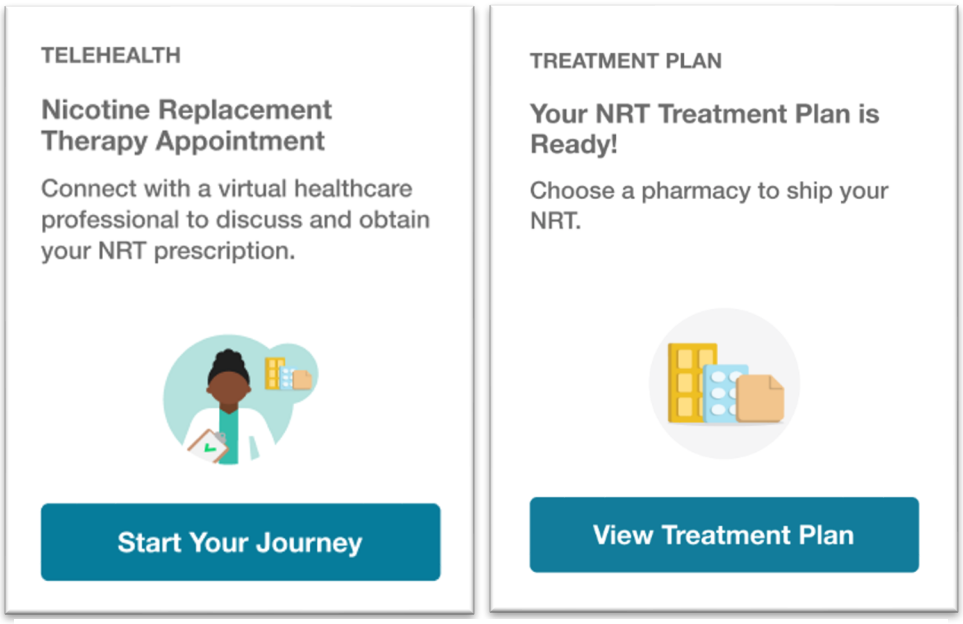
j. It is important that Nebraska participants feel they have found meaningful help when they reach the Nebraska Tobacco Quitline and that the Quitline staff will go the extra mile to assure needs are met whether for information, referral, immediate counseling, or reassurance.

QFL is committed to ensuring that Nebraska participants feel supported and receive meaningful help at every interaction with the Quitline. Our coaches listen for the story beneath the addiction to tobacco and nicotine, seeking to understand each participant's emotions, environments, patterns, and barriers to quitting. They approach every interaction with empathy and individualized care, recognizing that each person's life experiences can both support and challenge their quit journey. Coaches are trained to distinguish between stress and crisis and can provide appropriate resources, including referrals to additional services, support in accessing medications, or escalation to immediate counseling or emergency services when needed. This approach ensures that participants receive not only information, but reassurance, guidance, and comprehensive support tailored to their needs. For examples, *Attachment 16 - Quit for Life Success Stories.*

12. NICOTINE REPLACEMENT THERAPY (NRT)

For participants receiving counseling, after registration and screening for medical contraindications, recommendations may include nicotine replacement therapy (nicotine gum, patch, and/or lozenge). Vendor is responsible for all packaging and postage necessary to provide NRT distribution to qualified participants and for monitoring the TFN-approved budget and distribution timeline.

QFL manages nicotine NRT delivery as part of its comprehensive cessation program, including screening participants for medical contraindications and providing individualized recommendations for appropriate products such as patch, gum, lozenge, or combination therapy. Quit Coaches use structured workflows to assess eligibility and provide clear education on proper use, side effects, and adherence to support successful quit attempts. QFL is responsible for fulfillment activities, including packaging and direct-to-home shipping, with orders typically delivered within three to five days. All NRT distribution is tracked within QFL's system, allowing for monitoring of orders, shipments, and utilization to ensure alignment with TFN-approved budget parameters and distribution timelines. See responses below for detail.



Dashboard action cards encouraging use of telehealth and prescription fulfillment.

a. Assume full responsibility for screening participants, receiving medical authorization when necessary, and ordering NRT.

QFL will assume full responsibility for screening participants for NRT eligibility, obtaining medical authorization when required, and ordering NRT in accordance with TFN-approved protocols. All participants are screened during intake using structured, evidence-based clinical protocols aligned with FDA labeling and the U.S. Public Health Service Clinical Practice

Guideline. Screening includes assessment of tobacco use patterns, overall health status, medication history, and identification of any contraindications.

Screening protocols are designed to identify contraindications to NRT use, and Quit Coaches are trained to recognize these risk factors and follow defined clinical pathways to ensure participant safety. If a potential contraindication is identified, NRT distribution is paused and the participant is guided through a defined escalation process, which may include consultation with a clinical supervisor or referral to a healthcare provider for medical clearance. QFL ensures that no NRT is distributed without appropriate authorization. Once eligibility is confirmed, Quit Coaches use established dosing algorithms to determine appropriate product type and strength, and orders are submitted through QFL's integrated fulfillment system for prompt processing and delivery.

b. Ensure that NRT will be available to eligible participants screened during distribution times determined by Tobacco Free Nebraska.

QFL will ensure that NRT is available to eligible participants in alignment with TFN-approved distribution periods, budgets, and program parameters. QFL's fulfillment infrastructure includes a national pharmacy partner and a scalable inventory management system that supports consistent product availability and rapid response to fluctuations in demand.

QFL will collaborate with TFN to align distribution timelines, product availability, and shipment cadence with program goals and budget constraints. Inventory levels, utilization trends, and fulfillment performance are continuously monitored to ensure uninterrupted access to NRT during active distribution periods. This approach allows QFL to maintain reliable supply while adapting to program needs, including changes in demand driven by promotional efforts or seasonal trends.

QFL's platform is also designed to support adaptability in coaching workflows and NRT eligibility criteria. Client-specific eligibility algorithms, screening questions, and dosing logic can be configured directly within the system, allowing TFN-directed updates to be implemented quickly and accurately. Any changes to eligibility requirements are embedded into the tools and prompts used by Quit Coaches, ensuring that participant screening, medication education, and documentation remain aligned with updated criteria. Because these updates are applied consistently across all enrollment channels, including phone, web, and mobile, QFL ensures uniform implementation, clinical integrity, and compliance with TFN requirements throughout the duration of NRT distribution.

c. Mail NRT directly to the participant's permanent home mailing address or residential facility.

QFL will mail NRT directly to each participant's permanent home address or residential facility using a secure, HIPAA-compliant fulfillment process. All shipments are processed through QFL's integrated ordering system and distributed via a national pharmacy partner with expertise

in tobacco cessation logistics. NRT is shipped directly to participants and delivered within 3 to 5 business days to support timely initiation of treatment.

To ensure accuracy and reliability, QFL employs address verification, shipment tracking, and delivery confirmation processes. Packaging is discreet and tamper-resistant, and all shipments are tracked through to delivery with audit trails maintained in the participant record. QFL monitors fulfillment performance, including average delivery timelines and delivery success rates, to ensure service level expectations are consistently met. QFL also supports alternative distribution models, such as bulk shipments to residential treatment facilities or community organizations, when appropriate and approved by TFN.

d. TFN will approve a period of time and budget for when NRT will be available through distribution, the supply length (example: two (2) weeks, four (4) weeks), the NRT options (example: Nicotine Gum, Patch, Lozenges, Combination Therapy) and who is eligible.

QFL will operate fully within TFN-approved parameters for NRT distribution, including approved timeframes, budget allocations, product offerings, supply duration, and participant eligibility criteria. QFL's NRT model is designed to be flexible and configurable, allowing distribution schedules to be adjusted to align with TFN's program goals and available funding. NRT is typically provided in incremental shipments, such as two-week, four-week, or longer durations, based on participant engagement and program design. QFL will collaborate with TFN to define appropriate supply lengths, product mix, and eligibility criteria, and can adjust distribution cadence over time based on utilization trends, participant outcomes, and budget performance. This approach ensures that NRT distribution remains both clinically appropriate and financially sustainable.

e. Provide a supply of NRT to medically qualified participants over the age of eighteen (18) enrolled in the Nebraska Tobacco Quitline.

QFL will provide FDA-approved NRT to medically qualified participants aged 18 and older who are enrolled in the Nebraska Tobacco Quitline and receiving counseling services. Eligible participants are offered nicotine patches, gum, lozenges, or combination therapy based on clinical protocols, participant preference, and level of nicotine dependence. NRT is integrated into each participant's broader cessation plan and is delivered in coordination with behavioral coaching to maximize quit success. Quit Coaches provide education on proper use, dosing, and adherence, and reinforce medication use throughout the participant's quit journey. By combining pharmacotherapy with personalized coaching and ongoing support, QFL ensures that participants receive comprehensive, evidence-based treatment.

f. Provide and follow the NRT screening protocols. Protocols must be submitted to TFN for approval, a minimum of 30 days prior to implementation.

QFL will provide detailed NRT screening protocols to TFN for review and approval at least 30 days prior to implementation and will adhere strictly to all approved protocols. QFL's protocols

are grounded in FDA labeling, the U.S. Public Health Service Clinical Practice Guideline, and other national standards, and are routinely reviewed and updated by internal clinical leadership, including oversight from a Medical Director, to ensure continued safety, accuracy, and alignment with evolving evidence.

QFL employs a structured, multi-step screening process administered by highly trained Quit Coaches to assess participant eligibility for NRT. Protocols include clearly defined procedures for identifying contraindications, assessing medication interactions, evaluating clinical risk factors, and determining when escalation or medical clearance is required. Coaches follow standardized decision pathways supported by clinical prompts, dosing algorithms, and escalation frameworks, ensuring consistent and safe application across all participant interactions.

Screening protocols also include guidance on product selection, dose matching, use of combination therapy, and participant education on proper use, side effects, and adherence. Quit Coaches are trained through structured onboarding, ongoing education, and annual recertification to ensure proficiency in applying these protocols. For complex or high-risk cases, Coaches have access to clinical supervisors and medical oversight to support appropriate decision-making.

QFL will collaborate with TFN to tailor screening protocols as needed to reflect state-specific priorities, populations, and program requirements. Once approved, protocols are embedded across all service delivery channels, including phone, web, and mobile, ensuring consistent implementation, documentation, and compliance across the Nebraska Tobacco Quitline.

g. Upon TFN approval, provide NRT options including nicotine gum, patch, and/or lozenge, or combination therapy of the gum, patch and/or lozenge. Dosage and type of NRT shall be determined by the Quitline Coach and the participant and should align with product labeling and clinical guidance.

Upon TFN approval, QFL will offer a full range of FDA-approved NRT options, including nicotine patches, gum, lozenges, and combination therapy, in accordance with approved program parameters. Product selection and dosing are determined collaboratively by the Quit Coach and the participant, using structured clinical algorithms that consider nicotine dependence, smoking patterns, prior quit attempts, and participant preferences.

QFL’s dosing protocols incorporate key indicators such as cigarettes per day and time to first cigarette to guide appropriate product selection and strength, while ensuring alignment with product labeling and clinical guidance. Quit Coaches provide detailed education on product use, side effects, and adherence strategies, and adjust recommendations as needed based on participant progress and feedback. This personalized, evidence-based approach ensures that each participant receives the most appropriate and effective pharmacotherapy to support their quit journey.

i. Vendor must disclose how much NRT (i.e. how many gum, patch, and/or lozenge) are included in a two (2) or four (4) week supply. The daily quantity of NRT supplied should align with the following recommendations (Smoking Cessation: A Report of the Surgeon General, Table 6.2)
1. Nicotine gum: At least 9/day to 1 for every 1-2 hours
2. Nicotine patch: 1/day
3. Nicotine lozenge: At least 9/day to 1 for every 1-2 hours
***NRT Products (Two- and Four-Week Distributions) aligned with Surgeon General recommendations.**
Nicotine Gum (Two-week supply) (126 tablets, or 9 tablets each day)
Nicotine Gum (Four-week supply) (252 tablets, or 9 tablets each day)
Nicotine Patch (Two-week supply) (14 patches, or 1 patch each day)
Nicotine Patch (Four-week supply) (28 patches, or 1 patch each day)
Nicotine Lozenges (Two-week supply) (126 tablets, or 9 tablets each day)
Nicotine Lozenges (Four-week supply) (252 tablets, or 9 tablets each day)

QFL's NRT product offerings and distribution protocols are aligned with U.S. Surgeon General recommendations and evidence-based clinical guidelines for tobacco cessation. Standard distribution options include two-week and four-week supplies of nicotine replacement therapies, such as gum, patches, and lozenges, with dosing structured to support consistent daily use (e.g., up to nine pieces per day for short-acting NRT or one patch per day for transdermal therapy). These supply quantities and dosing approaches are designed to reflect established best practices for managing nicotine withdrawal and supporting quit success, while allowing for flexibility in aligning with TFN-approved distribution timelines, participant needs, and program budget.

13. DELIVERABLES

a. Registration (phone)

QFL's phone registration deliverable includes live intake by trained Quit Coaches or intake staff who guide callers through enrollment, collect required demographic and tobacco use information, assess readiness to quit, explain available services, and determine eligibility for coaching, NRT, and other supports. Phone registration is integrated into a centralized, secure participant database, which allows data collected during intake to flow directly into service delivery, reporting, referral tracking, and follow-up workflows. This process supports consistent collection of required data elements and allows participants to move seamlessly from registration into services during the same interaction whenever possible. For more detail, see responses to section *I. Registration*.

b. Registration (web and text)

QFL's web and text registration deliverable includes secure, mobile-optimized digital enrollment pathways that mirror core phone intake workflows and feed directly into the same centralized participant database. Participants may register online through a state-branded web experience,

and text-based entry points can direct them into the digital registration flow. These pathways support standardized data capture, participant triage, consent collection, and service selection across channels. Because intake processes are consistent across phone, web, and text, Nebraska would receive uniform registration data and a unified participant record regardless of how an individual enters the Quitline. For more detail, see responses to section *I. Registration*.

c. General Phone Coaching / Counseling Services

QFL's phone coaching includes evidence-based behavioral support delivered by trained human Quit Coaches using motivational interviewing, cognitive behavioral strategies, relapse prevention, and practical quit-planning techniques. Participants enrolling in the coaching pathway are offered proactive follow-up interactions in addition to unlimited inbound support, allowing them to receive help both through scheduled sessions and whenever they need additional assistance. Coaching sessions address tobacco dependence, prior quit attempts, triggers, coping strategies, medication use, and ongoing refinement of a personalized quit plan. This deliverable is integrated with NRT education, digital tools, and text support to provide a coordinated treatment experience. For more detail, see responses to section *11. Counseling Technical Requirements.*

d. Web Counseling

QFL provides comprehensive digital cessation support delivered through a secure online platform that functions as an extension of live coaching. The platform includes personalized quit plans, progress tracking, educational content, behavioral skill-building tools, and interactive support features designed to reinforce quitting between live coaching interactions. Content and digital pathways are tailored based on participant characteristics, quit stage, tobacco product use, and identified barriers. This web-based support is intended to provide flexible access for participants who prefer self-guided or digitally supported engagement while remaining integrated with the broader Quitline record and service model. See our response explaining our website capabilities in section *2. Quitline Hours of Operation* for more details.

e. Special Population Phone Coaching / Counseling Services

QFL provides tailored phone-based counseling for special populations. These services are delivered by trained Quit Coaches using culturally responsive, evidence-based methods and may be supplemented by specialized education, referral pathways, and enhanced protocol adaptations developed in collaboration with the state. For details, see our response describing the special populations we serve in section *1. Quitline System Capability.*

f. Lung Cancer Pre-Screening (must not include registration costs)

QFL supports lung cancer pre-screening coordination through its innovative projects and partnerships, specifically by identifying participants who may meet screening criteria and connecting them to appropriate resources. Through partnerships such as with the American

Lung Association, Quit Coaches can provide education on lung cancer screening and refer eligible participants to Lung Health Navigators, who assist with eligibility confirmation, scheduling, and follow-up. This capability is integrated into coaching workflows and digital tools (for example, participant dashboard prompts), but does not function as a separate registration-based service.

g. Program Development / Implementation (one-time cost)

QFL includes a comprehensive one-time implementation cost covering all activities required to successfully launch the Nebraska Tobacco Quitline, including structured kickoff and project planning, configuration of telephony and digital systems, alignment to Nebraska-specific protocols and branding, staff hiring and training, stakeholder onboarding, and full system testing and quality assurance prior to go-live. This also includes the cost of any net-new deliverables required in the RFP response, as well as any personalized reporting and or client configuration requests that require additional data or development/engineering work outside our baseline client offerings. Implementation is supported by a dedicated project lead and follows a milestone-driven workplan to ensure readiness and minimal disruption, as detailed in our *Detailed project work plan* below.

h. E-Referral Interface

QFL provides a fully integrated, NAQC-aligned e-referral interface that supports bidirectional data exchange between healthcare systems and the Quitline, enabling providers to submit referrals electronically and receive automated status updates on enrollment and engagement. The system supports multiple secure integration methods including HL7, Direct Secure Messaging, APIs, and SFTP, and includes structured data mapping, validation, and workflow automation to ensure timely participant outreach. Implementation timelines and technical specifications are outlined in *1. Quitline System Capability.*

i. Evaluations – Seven (7) month

QFL conducts seven-month follow-up evaluations in alignment with NAQC Minimum Data Set standards, including structured participant outreach, standardized survey administration, and calculation of quit outcomes using both responder and intent-to-treat methodologies where required. Evaluation data is captured within QFL's centralized system and analyzed by dedicated analytics teams to support state and national reporting, with detailed methodology and reporting processes described in *III. Quitline Evaluation and Quality Assurance.*

j. Provider Training – Healthcare Provider Online Training – Development, Implementation, Maintenance, and Updates

QFL develops and delivers online healthcare provider training designed to support referral engagement, integration with e-referral workflows, and adoption of evidence-based cessation practices. Training content is informed by clinical leadership and includes guidance on

identifying tobacco use, initiating referrals, and supporting patient engagement. QFL maintains and updates training materials regularly to reflect evolving guidelines and program enhancements, as described in *8. Technical Assistance for Healthcare Professionals.*

k. Continuing Education Credits for Healthcare Provider Training

QFL supports the provision of continuing education credits for eligible provider training modules, aligning content with evidence-based tobacco cessation guidelines and professional development standards. These trainings are delivered through structured online modules and are designed to incentivize provider participation and improve referral quality and volume, with additional detail on training delivery and engagement strategies included in *8. Technical Assistance for Healthcare Professionals.*

l. Nicotine Replacement Therapy Products

QFL manages the full lifecycle of nicotine replacement therapy (NRT), including participant eligibility screening for contraindications, individualized product selection (patch, gum, lozenge, or combination therapy), and participant education on proper use and adherence. Orders are processed within one business day and shipped directly to participants, typically arriving within three to five days. The system tracks all fulfillment activity in real time to support reporting, inventory management, and program oversight, as detailed in *12. Nicotine Replacement Therapy (NRT).*

m. Optional Services – Innovative Projects, Custom Evaluation and Text Counseling

QFL offers optional services including innovative pilot projects, custom evaluation, and enhanced text counseling, which can be tailored in collaboration with the State to support evolving program priorities. Innovative projects may include initiatives such as lung cancer screening coordination through partnerships with organizations like the American Lung Association, enhanced referral integration and SDOH resource connection, expanded pharmacy benefit management, AI-supported engagement tools, and self-service reporting portals to improve data transparency and program performance. These services are designed to enhance participant engagement, strengthen clinical coordination, and expand program reach, as further described below in *E. Optional Services.*

E. OPTIONAL SERVICES

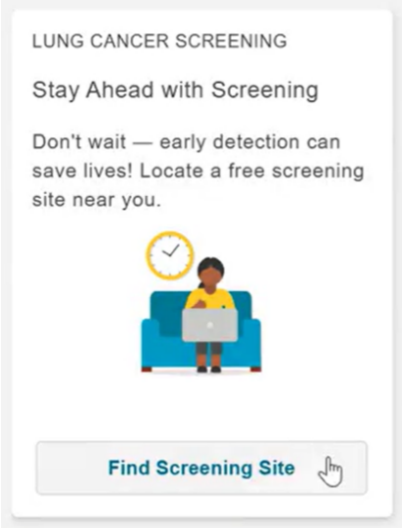
1. Innovative Projects

Changes or additions to the contract beyond the scope are not permitted unless required to ensure compliance with any applicable law, or unless, in DHHS's sole determination, such changes or modifications are essential to ensure maximum use of other resources consistent with the purposes of this RFP.

Quit For Life (QFL) is committed to continuous innovation grounded in evidence-based practice, operational excellence, and alignment with TFN's tobacco control priorities. **Within the next few years, we anticipate advancing services through increased partnership with mission-driven organizations, improved clinical coordination for quitline participants, innovative digital engagement capabilities, and enhanced reporting transparency.** Any TFN enhancements will be collaboratively scoped and aligned with national best practices.

Lung Cancer Screening Coordination

Building off the success of Project CONNECT, the NAQC-led initiative to connect quitline participants to lung cancer screening (LCS) decision support, QFL is partnering with the American Lung Association (ALA) to align cessation support with lung cancer prevention efforts. This partnership enables our Quit Coaches to proactively identify individuals who may benefit from screening, provide evidence-based information, and coordinate resources in a way that complements ongoing cessation support.



Dashboard action card displayed for LCS-eligible participants

In alignment with US Preventive Services Task Force Recommendations for LCS eligibility criteria, we are already identifying eligible participants enrolled in our state partners' quitline programs and surfacing an action card on their digital dashboard, encouraging them to click through to Lung.org/LCS-Assistance, by default. With just a few clicks and input of basic contact information, participants get connected to trained ALA Lung Health Navigators.

While we work with ALA to monitor volume of quitline participants referred to their Lung Health Navigators, we are also building capacity to develop two-way eReferral capabilities with ALA. Later this year, we expect to have the first part of this connection built, enabling ALA to refer individuals from the Lung HelpLine to their state quitline for registration, coaching, and NRT. By the end of the year, we intend to offer a state-level enhancement that embeds LCS decision support directly into coaching workflows and online journey. **Our goal is for Quit Coaches to seamlessly refer eligible participants to ALA Lung Health Navigators, who will offer their "gold standard" service** – which includes helping participants navigate coverage for a low-dose computed tomography (LDCT) scan, schedule their LDCT appointment, arrange for transportation to the appointment (if needed), and follow up with resources. Additionally, this integration will afford state partners with robust referral and outcomes data to report to funders.

Strengthening Referral Integration and Addressing Social Drivers of Health (SDOH)

Building on our established referral infrastructure, QFL anticipates further strengthening provider engagement through enhanced electronic referral integration and expanded provider-facing support. Continued refinement of HL7 and API-based integrations will streamline bidirectional referral workflows and closed-loop communication with healthcare systems. Specifically, **we plan to upgrade existing HL7 integrations to collect consent to SMS and work with state**

partners to promote FHIR integrations to health systems, which can enable referring providers to pre-authorize NRT for patients who may otherwise require a medical override. We will also expand training and outreach efforts to ensure providers are equipped with updated referral tools, workflow guidance, and tobacco treatment best practices. The rationale for this focus is to increase referral volume, improve enrollment conversion rates, and strengthen coordination between clinical care and quitline services.

Additionally, QFL is forging partnerships with SDOH platforms to strengthen our ability to address social drivers of health that may impact a participant's ability to quit tobacco. Through these partnerships, Quit Coaches can connect participants to localized resources for food assistance, housing support, transportation, utility assistance, behavioral health services, employment support, and other essential needs. This capability can be embedded directly into intake and coaching workflows, allowing Quit Coaches to identify barriers such as housing instability, financial strain, or lack of access to healthcare that may undermine cessation success. Referrals are generated in real time based on the participant's ZIP code, ensuring that resources are accurate, geographically relevant, and up to date.

Pharmacy Benefit Management

By 2027, QFL will be able to support pharmacy benefit management for state quitline participants with prescription medication coverage, including Medicaid members. Aside from the ongoing need to facilitate cost sharing between state quitlines, managed care entities, and other commercial payers, **a driving force behind this work is the anticipated FDA approval of cytisinicline for smoking cessation this year**. Not only do we see great promise in terms of the drug's clinical effectiveness, but its relatively low cost suggests that state Medicaid programs could soon add cytisinicline to their drug formularies. Absent changes in varenicline pricing, cytisinicline could become the favored nicotinic agonist to prescribe for low-income populations, including those served by quitlines.

New prescription drug availability aside, QFL is committed to increasing access to participants' medication coverage and systematizing pharmacy benefit management within state quitline programs. To this end, **QFL will soon be able to present TFN participants with an action card on their online dashboard, prompting them to set up a telehealth appointment with a prescriber through our partnership with Optum Perks.** Once the prescriber completes the requisite assessment and issues a prescription (e.g., NRT for a Medicaid member), the participant will select a fulfillment option, we will bill their payer for both the telehealth appointment and pharmacy services, and the participant will be directed back to their participant dashboard. As with any clinical service, copays will be required, but TFN may subsidize or fully cover these costs, budget permitting. In any case, we anticipate this enhancement will help facilitate cost sharing, particularly when paired with real-time Medicaid eligibility verification and will act as an important infrastructural safeguard against threats to future TFN funding.

Artificial Intelligence and Advanced Automation

QFL anticipates expanding the use of artificial intelligence (AI) to enhance participant engagement, operational efficiency, and personalization of services. AI-assisted coaching

support tools are being explored to help Quit Coaches quickly surface relevant evidence-based content, identify appropriate pharmacotherapy guidance, and tailor interventions based on participant history, tobacco product type, and readiness to quit. These tools are designed to augment clinical decision-making while preserving the central role of trained Quit Coaches in delivering behavioral counseling.

We are also evaluating the use of AI-enabled voice agents for defined administrative and engagement functions. Potential applications include appointment reminders, proactive outreach to referred participants, re-engagement of participants who have disengaged from coaching, intake routing, enrollment support, and responses to frequently asked questions. These tools would operate within established escalation protocols to ensure seamless transfer to live staff when clinical support is needed. The rationale for pursuing these technologies is to improve responsiveness, increase contact rates, and support scalability during high-volume periods while maintaining service quality.

Self-Service Reporting and Data Transparency

QFL is developing a secure, self-service reporting portal to provide state partners with timely access to program performance data. While data will reflect a short reporting lag, the portal will provide more timely insights than currently available. This portal will allow authorized TFN staff to view configurable dashboards reflecting call volume, referral outcomes, enrollment rates, pharmacotherapy utilization, quit attempts, and participant satisfaction metrics. Role-based access controls and audit tracking would ensure secure and appropriate data use. We intend for this enhancement to increase transparency, streamline performance monitoring, and reduce reliance on static reporting. By enabling direct access to filtered and exportable data views, TFN will have immediate insight and agile decision making capabilities for data-driven program management.

The new reporting environment is supported by a redesigned data pipeline architecture that standardizes data transformation and simplifies reporting logic across program data sources, while also improving data accuracy, consistency, and overall reliability. This architecture enhances consistency across reports and enables faster development of new dashboards and extracts as state reporting needs evolve. Initial portal development has focused on enrollment reporting pipelines, with additional pipelines for pharmacotherapy fulfillment and other service components planned as the system expands. As the portal continues to expand, additional dashboards will be introduced to support comprehensive program monitoring, including telecom activity, service modality utilization, referral outcomes, and pharmacotherapy distribution.

Expanded Digital Engagement and Outreach Capabilities

QFL anticipates continued expansion of digital engagement strategies designed to reach individuals actively seeking quit support. Leveraging large-scale health information platforms and targeted digital outreach strategies allows for connection with tobacco users at the moment they are searching for health-related information. This approach supports earlier engagement in the quit journey and increases program reach among populations who may not respond to traditional media channels. We will continue refining mobile-optimized participant dashboards,

personalized content delivery pathways, and multi-channel engagement strategies that include web-based resources, email communication, and text support. The rationale for this enhancement is to meet participants where they are, provide flexible engagement options, and increase sustained interaction with cessation services.

Continued Integration of Research and Best Practices

As we have done for decades, QFL will continue integrating findings from our Center for Wellbeing Research (CWR) into TFN services. Research findings are systematically incorporated into coaching protocols, participant materials, pharmacotherapy guidance, and digital engagement strategies. Emerging research priorities over the next several years include optimizing digital intervention models, evaluating pharmacotherapy approaches (including use of cytisinicline), and enhancing support for young adults and individuals with behavioral health conditions. Continued participation in national tobacco control forums ensures that Nebraska's services remain aligned with U.S. Public Health Service Clinical Practice Guidelines, CDC Best Practices, NAQC benchmarks, and evolving evidence. This continued integration will ensure services remain clinically current, effective, and responsive to changing tobacco and nicotine use trends.

Flexibility in Response to Funding and Public Health Priorities

QFL recognizes that tobacco control programs must remain adaptable to funding fluctuations, policy changes, and evolving public health priorities. Our scalable, multi-modal service delivery model allows for adjustments in staffing levels, outreach intensity, digital engagement strategies, and pharmacotherapy distribution without disruption to core operations. Our distributed staffing structure and cloud-based infrastructure support rapid scaling when needed. This flexibility enables TFN to maintain continuity of services while adjusting program scope as funding or policy environments change. Further, this operational adaptability will help ensure long-term sustainability and consistent access to high-quality cessation support for quitline participants.

2. Custom Evaluation

Custom evaluation efforts, as requested by TFN, go beyond the seven (7) month quit rate and satisfaction rate evaluation. Custom Evaluation could focus on a specific population using the Quitline, a specific Quitline service provided, and/or other TFN Quitline initiatives and could involve gathering information from Quitline participants through a survey or other means as developed in the custom evaluation plan.

QFL can collaborate with TFN to design and implement custom evaluation efforts that extend beyond standard measures such as seven-month quit rates and participant satisfaction. We regularly partner with state agencies to develop tailored evaluation plans that align with program priorities, emerging needs, and specific populations of interest. These custom evaluations may focus on targeted populations using the Quitline, specific service modalities, or other TFN-led initiatives, and can be structured to generate actionable insights that inform program improvements.

QFL can support the development and administration of surveys, targeted outreach to participants, and other data collection methods as defined in the custom evaluation plan. Our team will work closely with TFN to define evaluation objectives, methodologies, and reporting approaches, ensuring alignment with state goals and data requirements. Through this collaborative approach, QFL will help TFN generate meaningful, data-driven insights to support continuous quality improvement and strategic decision-making.

3. Text Counseling

Tobacco cessation coaching session delivered through text messaging services between a live Quit Coach and a participant. Text counseling is interactive, tailored, immediate and continued texting based on motivation, readiness, dependence, and confidence levels, quit date, etc. (Recommended Best and Promising Practices on Technology-Mediated Services for Quitlines, NAQC 2021) Billable only per participant for duration for active counseling.

Interactive text messaging services are integrated into the broader QFL coaching ecosystem and reinforce live coaching across phone, chat, and digital channels. Participants may enroll in structured, stage-based text programs that align with their quit date and goals, receiving personalized messages that support medication adherence, coping strategies, motivation, and relapse prevention. The texting platform supports two-way engagement and is securely integrated with the participant's centralized record to ensure continuity of care across all service modalities.

Building upon traditional interactive texting, QFL now offers Hope, an AI-powered texting program that represents the next generation of personalized participant engagement. Developed and monitored by QFL's clinical team using evidence-based cessation guidelines, Hope delivers adaptive, conversational support that evolves based on participant inputs, quit status, and self-reported needs. The program includes both proactive messaging, such as daily outreach tied to a participant's quit date, and reactive messaging, where the AI responds dynamically to participant questions or concerns. Rather than relying on fixed schedules alone, Hope adjusts tone, timing, and content in real time to provide strategies for managing cravings, addressing stress, reinforcing nicotine replacement therapy adherence, and navigating high-risk situations.

Hope is designed with strong clinical oversight, privacy protections, and safety guardrails. The platform uses a curated, clinically validated knowledge base and does not train on, or store, participant data, ensuring confidentiality and data security. A rigorous monitoring and evaluation framework supports ongoing quality, including human review of messages and continuous model refinement. **Hope is also trained to recognize when automated support is not sufficient, identifying signals such as emotional distress or requests for additional help and enabling seamless escalation to a live Quit Coach.** Fully integrated with the coaching platform, Hope ensures that participant history and coach documentation inform every interaction, providing a consistent, responsive, and participant-centered experience.

d. Detailed project work plan; and

QFL will collaborate with TFN to finalize a detailed project work plan that reflects Nebraska's priorities, implementation schedule, contract requirements, and any state-specific decisions made during kickoff and requirements gathering. For our anticipated project work plan, see *Attachment 17 – Nebraska Work Plan.*

Based on the current envisioned approach, QFL anticipates a phased work plan that begins with contract execution, insurance and agreement documentation, assignment of a Client Implementation Manager and State Client Manager, and a kickoff call with TFN stakeholders to confirm service offerings, timelines, and implementation needs. The Client Implementation Manager will serve as the primary implementation point of contact during the launch period, coordinating cross-functional workstreams, tracking requirements, managing timelines, facilitating implementation meetings, and helping ensure that TFN has clear visibility into progress, decisions, risks, and next steps. This dedicated role brings structure and accountability to the implementation process, allowing TFN to engage through a clear lead while QFL coordinates internal teams across operations, engineering, reporting, referrals, billing, coaching, telecommunications, and client services.

Key workstreams would include client configuration and engineering, Nebraska-specific registration flow review, staff training, telecommunications setup, website and online dashboard configuration, billing setup, reporting suite review and build, referral process review, quality assurance planning, client management cadence, budget monitoring, and any additional services such as provider training, marketing, Live Vape Free, cost-share partnerships, evaluation, incentives, or special projects as agreed upon with TFN. QFL views this work as a true partnership with Nebraska.

Drawing on our experience implementing and operating quitline programs for many clients, QFL will apply proven best practices, established implementation workflows, and lessons learned from similar programs while ensuring the Nebraska Tobacco Quitline is configured to meet TFN's specific needs, priorities, and requirements. This experience allows QFL to bring a structured and informed approach to implementation, including early requirements gathering, clear decision tracking, coordinated cross-functional execution, and proactive identification of potential dependencies or risks. At the same time, QFL understands that each state program is unique, and we will work closely with TFN to confirm Nebraska-specific service design elements, reporting needs, referral pathways, communication preferences, participant experience expectations, and any program enhancements that should be reflected in the final work plan.

QFL will maintain flexibility throughout implementation and ongoing operations, updating the work plan as needed in collaboration with TFN to support a smooth go-live and continued alignment across the contract period. As implementation progresses, QFL will use regular check-ins, defined action items, and transparent status updates to keep TFN informed and

engaged. This collaborative approach helps ensure that decisions are made efficiently, requirements are documented clearly, and the program is launched in a way that supports both operational readiness and Nebraska's long-term cessation goals.

e. Deliverables and due dates.

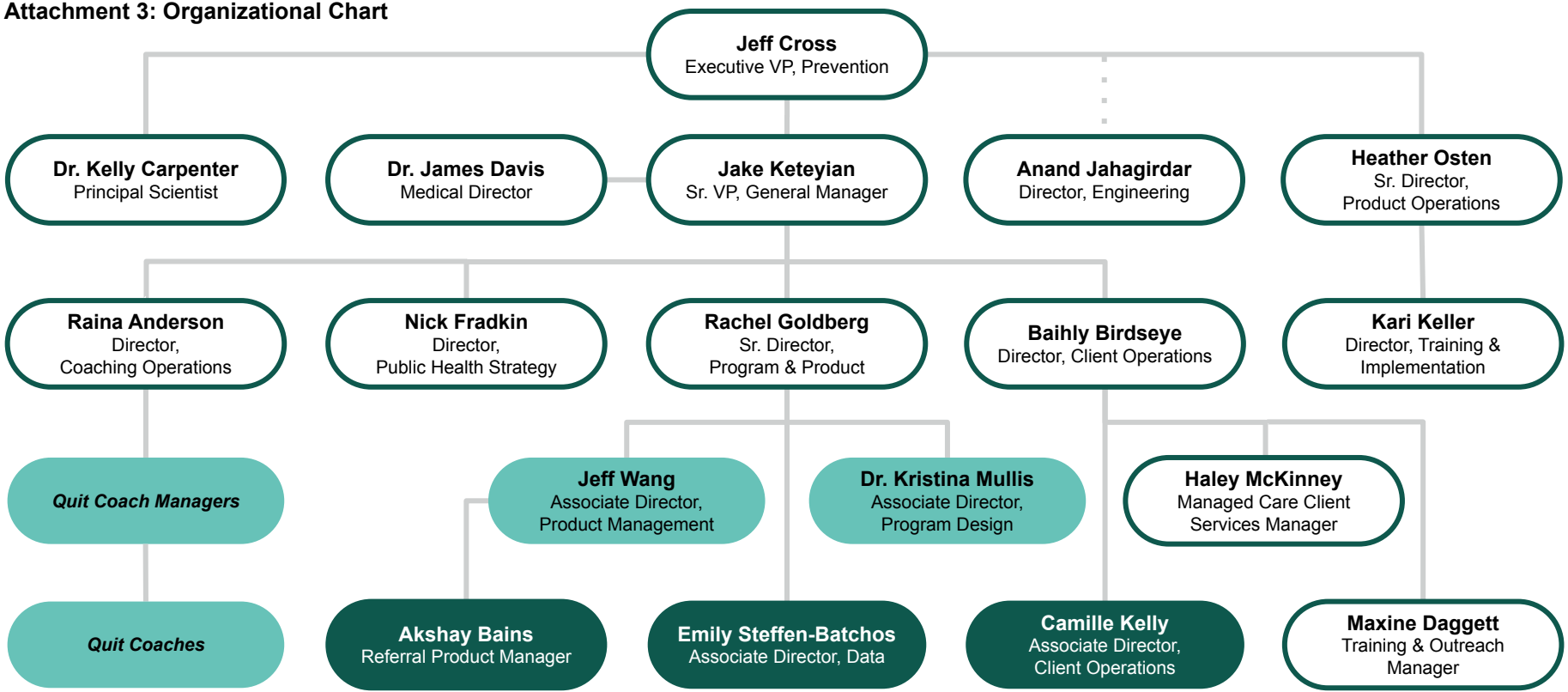
QFL will work collaboratively with Nebraska to finalize and execute an implementation approach that supports a smooth transition, timely go-live, and alignment with Nebraska's program priorities. As outlined in *Attachment 18 – Nebraska Implementation Overview*, QFL's implementation framework includes coordinated workstreams across contracting, billing, vendor transfer, coaching operations, referrals, reporting, development/engineering, client management, budget monitoring, and marketing, with activities beginning immediately after award and continuing through go-live and the first year of operations. QFL understands that implementation needs may evolve as requirements are refined, and we will remain flexible in working with Nebraska to confirm timelines, prioritize state-specific needs, support required configuration and testing, establish reporting and referral processes, train staff, and maintain ongoing communication through launch and beyond.

Attachment 2 – Quit Coach Training Topics

Curriculum	Objective
Tobacco Dependence Knowledge and Education	Provide clear and accurate information about tobacco use, strategies for quitting, the scope of the health impact on the population, the causes and consequences of tobacco use, and nicotine dependence
Coaching Skills and Intervention Strategies	Demonstrate effective application of coaching theories and strategies (including CBT, motivational interviewing, practical skill building) to establish a collaborative relationship, and to facilitate client involvement in treatment and commitment to change
Assessment Interview	Obtain comprehensive and accurate data needed for treatment planning and personalized care
Treatment Planning	Demonstrate the ability to develop an individualized treatment plan using evidence-based treatment strategies
Pharmacotherapy	Provide clear and accurate information about FDA-approved pharmacotherapy options, decision support, screening of relevant medical conditions, and how to access selected medications(s) Implement medication assessment and compliance protocol during ongoing follow-up calls
Relapse Prevention	Tailor relapse prevention strategies to reduce lapses and relapse; provide ongoing support for tobacco-dependent persons that integrates behavioral coaching and pharmacological treatments
Diversity and Special Populations	Demonstrate competence in working with diverse populations and tailoring coaching to the specific needs
Chronic Health Issues Related to Tobacco Use	Demonstrate competence in working with populations who are managing chronic health conditions related to tobacco use.
File Documentation	Describe and use systematic methods for tracking individual progress using detailed notation protocols
Professional Resources	Provide access to published peer-reviewed studies, guidelines, and discussions
Professional Development	Provide opportunities for professional development and skill enhancement that include case studies and education on developing treatment approaches
Law and Ethics	Consistently use a code of ethics and adhere to government regulations specific to the health care or worksite setting
Youth	Quit Coaches are trained in the differences between communicating with teens and adults and are also trained on the types of triggers teens may have, social pressure, and health issues that are relevant for teens. Quit Coaches are trained to provide appropriate and relevant content that supports youth at their level and program. − Behavioral and cognitive strategies are trained to manage withdrawal − Quit Coaches are trained to not discuss NRT/Quit meds with teens. If a teen asks about NRT/Quit meds the Quit Coaches will refer teens to their doctor or pharmacist.
Menthol	Quit Coaches are trained to educate and discuss the impact of menthol cigarettes and the challenges it poses to quitting, including supporting participants with the correct NRT recommendations.

Vaping	Our Quit Coach training includes content on vaping, especially in the context of youth and young adults, who are more likely to vape. Quit Coaches are trained on the evolving science about the abuse of vaping and the health hazards and risks, such as “popcorn lung” and cardiac complications, stroke, or even death. They are trained to address those topics in an informational way, and provide the necessary content for participants without preaching or castigating the participant. Since those vaping tend to be youth or young adults, our Quit Coach training includes many of the same principles addressed in our training for supporting youth, expressed above. Quit Coaches are taught that quitting vaping and quitting smoking tobacco are very similar and require the same steps, but tailor their support and input to be relatable to youth and young adults.

Attachment 3: Organizational Chart



SUPPORTIVE TEAMS

Information Technology, Finance, Marketing, Culture, Performance & Human Capital, Legal

KEY Dedicated staff | Core areas for service delivery | Supportive roles

QUIT FOR LIFE

Attachment 4: QFL Bibliography

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Table of Contents

PUBLICATIONS 5

2025 (N=5) 5

2024 (N=5) 5

2023 (N=7) 6

2022 (N=4) 7

2021 (N=5) 8

2020 (N=3) 8

2019 (N = 9) 9

2018 (N = 5) 10

2017 (N=8) 11

2016 (N=7) 12

2015 (N=8) 13

2014 (N= 12) 14

2013 (N=12) 15

2012 (N=16) 17

2011 (N=8) 19

2010 (N=13) 20

2009 (N=9) 21

2008 (N=8) 22

2007 (N=18) 23

2006 (N=13) 25

2005 (N=6) 27

2004 (N=6) 27

2003 (N=8) 28

2002 (N=7) 29

2000 (N=2) 30

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1999 (N=1) 30
1998 (N=10) 30
1997 (N=2) 32
1996 (N=2) 32
1995 (N=4) 32
1994 (N=2) 32
1993 (N=1) 33
1992 (N=2) 33
SELECTED SCIENTIFIC PRESENTATIONS (between 2002 to 2019) 34
2019 (N=4) 34
2018 (N=5) 34
2017 (N=7) 35
2016 (N=6) 36
2015 (N=5) 36
2014 (N=7) 37
2013 (N=8) 38
2012 (N=16) 39
2011 (N=11) 40
2010 (N=17) 41
2009 (N=23) 43
2008 (N=4) 45
2007 (N=26) 45
2006 (N=24) 47
2005 (N=13) 49
2004 (N=5) 50
2003 (N=12) 51
2002 (N=4) 52

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2002 (N=7)

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1999 (N=1)

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1998 (N=10)

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1997 (N=2)

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1996 (N=2)

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1995 (N=4)

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1994 (N=2)

1. McAfee T, Curry S, Spinazola B, Tobin P, Dacey S, Sofian N. Implementation and evaluation of a comprehensive clinic-based tracking, follow-up and cessation program for smokers. *Group Health Cooperative Medical Forum*.1994;8(1):20-26.
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1993 (N=1)

1. McAfee T. Transdermal nicotine: clarifications, side effects, and funding. *JAMA*. 1993;269(15):1939-1941. doi:10.1001/jama.1993.03500150047014
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1992 (N=2)

1. DiFranza J, McAfee T. Right decisions, right now (Reply to a letter to the editor from the RJ Reynolds review panel). *J Fam Pract*. 1992;35(6):615-616.
2. DiFranza JR, McAfee T. The Tobacco Institute: helping youth say "yes" to tobacco. *J Fam Pract*. 1992;34(6):694-696.

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SELECTED SCIENTIFIC PRESENTATIONS (between 2002 to 2019)

Chronologically listed by conference.

2019 (N=4)

1. Bock MJ, Patten CA, Fu S, Vickerman KA, Nelson D, Zhu SH, Balls-Berry JE, Torres AJ, Brockman TA, Hughes CA, Klein AE, Valdez-Soto M, & Keller PA. (Feb 2019). *Feasibility of a Support Person Intervention to Increase use of Quitline Services among Diverse Low Income Smokers*. Poster presented at the 2019 Annual Meeting for the Society for Research on Nicotine and Tobacco, San Francisco, CA.

2. Webb Hooper, M., Salmon, E., Johnson, L., Hunt, K, & Carpenter, KM. (Feb 2019). *Culturally Specific Services Increase Engagement Among African American Quitline Enrollees*. Paper presented at the Annual Meeting of the Society for Research in Nicotine and Tobacco; San Francisco, CA.

3. McClure, J., Bush, T., Blasi, P., Anderson, M., Krakauer, C., Nelson, J., & Catz S. (Mar 2019). *Impact of a Novel Oral Health Intervention on Routine Oral Hygiene Among Tobacco Quitline Callers: A Semi-Pragmatic RCT*. Paper presented at the Annual Meeting of the Society of Behavioral Medicine; Washington DC.

4. Raskob M, Nash C, Vickerman KA, & Carpenter K. (Aug 2019). *State Quitlines: Trends in reach and differences in demographic profiles across program offerings*. Poster presented at the 2019 Meeting of the National Conference on Tobacco or Health, Minneapolis, MN.

2018 (N=5)

1. Bock MJ, Patten CA, Fu S, Vickerman KA, Nelson D, Zhu SH, Brockman TA, Balls-Berry J, Valdez-Soto M, Witt D, Shah A, Klein A, Torres A, & Sigler B. (Feb 2018). *Feasibility of a Support Person Intervention to Promote Quitline Services among Low Income Smokers*. Poster presented at the 2018 Annual Meeting for the Society for Research on Nicotine and Tobacco, Baltimore, MD

2. Carpenter, KM. (Feb 2018). *Tailored Quitline Services for Callers with Mental Health Conditions: A Pilot Study. Part of Pre-Conference Workshop #5: Innovations in Tobacco Treatment Research: New Treatments and Methodologies*. Presented at the Annual Meeting of the Society for Research in Nicotine and Tobacco; Baltimore, MD.

3. Vickerman KA, Stump TE, Monahan PO, Weaver MT, Fellows JL, McDaniel AM. (Feb 2018). *Using an interactive voice response relapse prevention protocol during smoking cessation treatment: Who engages and what predicts outcomes?* Poster presented at

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the 2018 Annual Meeting for the Society for Research on Nicotine and Tobacco, Baltimore, MD.

4. Webb Hooper, M., Carpenter, KM, Salmon, EA. (Feb 2018). *Web-Based Tobacco Cessation Interventions and the Digital Divide*. Poster presented at the SRNT Annual Meeting; Baltimore, MD.

5. Webb Hooper, M., Carpenter, KM, Salmon, EA.(Feb 2018). *Are State Quitlines as the Great Equalizer? Racial Disparities in Access to Standard of Care Tobacco Cessation Treatment*. Poster presented at the SRNT Annual Meeting; Baltimore, MD.

2017 (N=7)

1. Bush T, Lovejoy J, Javitz H, Torres A, Wassum K, Spring B (Mar 2017). *Comparative effectiveness of adding weight control simultaneously or sequentially to smoking cessation quitlines: long-term smoking and weight outcomes.* Oral & Poster Presentation, NCTOH, Austin, TX.

2. Bush, T (Mar 2017). *Simultaneous vs sequential treatment for smoking and weight control in a tobacco quitline: 6-month outcomes from a randomized trial.* Poster Presentation at the Society for Research on Nicotine & Tobacco Annual Meeting in Florence, ITA.

3. Bush, T (Nov 2017). *Prevalence of Marijuana use and interest in quitting among tobacco users calling state quitlines.* Poster Presentation. APHA. Atlanta, GA.

4. Carpenter K, Vickerman KA, Salmon E, Javitz H, Lovejoy J, Epel E (Mar 2017). *Integrating mindfulness into a phone-based behavioral weight loss program: A randomized pilot study.* Poster Presentation Annual Meeting and Scientific Sessions of the Society of behavioral medicaine, San Diego, CA.

5. Carpenter, KM & Azocar, F. (March 2017). *Publically-funded research in a corporate healthcare environment: Benefits and Challenges.* Poster presented at the Annual Meeting of the Society of Behavioral Medicine, San Diego, CA.

6. Lachter, RB, Vickerman, KA, Keller, PA, Deprey M, Jenssen, J, Dreher, M (Mar 2017). *Never Quit Trying: Reengaging tobacco users in statewide cessation services.* Poster Presentation at the National Conference on Tobacco or Health in Austin, TX.

7. Vickerman KA, Beebe LA, Schauer GL, Magnusson B, King BA. *Electronic nicotine delivery system (ENDS) use during smoking cessation: A qualitative study of 40 Oklahoma quitline callers.* Poster Presentation 38th Annual Meeting and Scientific Sessions of the Society of Behavioral Medicine in San Diego, CA.

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2016 (N=6)

1. Bush T, Lovejoy J, Javitz H, Mahuna-Brantner S, Torres A, Wassum K, Magnusson B, Spring B (Mar 2016). *Design and implementation of a combined tobacco cessation and weight management intervention in quitlines.* Oral Presentation at SRNT in Chicago, IL.

2. Carpenter K, McAllister A, Cole S, Sevilimedu V, Mowery P (Mar 2016). *Losing at work: Evaluation of an employer-sponsored phone and web-based weight loss program*. Poster Presentation at SBM in Washington, DC.

3. McIntosh, S., Johnson, T., Campbell, M., Carpenter, K., Snow, E., Ossip, D. (March 2016). *Community College Students and Engagement with a Web Assisted Tobacco Intervention*. Poster presented at the Annual Meeting of the Society for Research in Nicotine and Tobacco, Chicago, IL.

4. Rigotti, N., Tindle, H., Levy, D., Regan, S., Carpenter, K., Park, E., Kelley, J., Ylioja, T., Streck, J., Reid, Z. (March 2016). *Attempting To Enhance the Scalability of a Proven Post-discharge Intervention for Hospitalized Smokers: the Helping Hand 2 Randomized Trial*. Paper presented at the Annual Meeting of the Society for Research in Nicotine and Tobacco, Chicago, IL.

5. Vickerman KA, Mahuna S, Keller PA, Dreher M, Schillo BA (Mar 2016). *Do targeted outreach methods increase smokers' reengagement in quitline services? Results from a randomized quality improvement project.* Poster Presentation at SRNT in Chicago, IL.

6. Vickerman KA, Schauer GL, Malarcher AM, Zhang L, Mowery P, Nash CM (Mar 2016). *Reasons for electronic nicotine delivery system (ENDS) use and smoking abstinence at 6 months: A descriptive study of callers to employer and health plan-sponsored quitlines.* Poster Presentation at SRNT in Chicago, IL.

2015 (N=5)

1. McDaniel A, Carlini B, Stratton R, Stump T, Monahan P, Fellows J, Vickerman K, Campbell M, Zbikowski S (Feb 2015). *Monitoring Relapse Risk Among Recently Quit Smokers Using Interactive Voice Response (IVR) Technology.* Poster presentation at the SRNT Annual Meeting in Philadelphia, PA.

2. McDaniel A, Vickerman K, Stump T, Monahan P, Fellows J, Weaver M, Carlini B, Campbell M, Champion V, Zbikowski S (Feb 2015). *Use of automated technology to prevent smoking relapse among recently quit smokers enrolled in employer and health plan sponsored quitlines.* Oral presentation at the SRNT Annual Meeting in Philadelphia, PA.

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3. Vickerman K, Schauer G, Malarcher A, Zhang L, Mowery P, Nash C (Feb 2015). *Quitline Use and Outcomes Among Callers with and without Mental Health Conditions: Evidence from Three States*. Poster presentation at the SRNT Annual Meeting in Philadelphia, PA.

4. Bush T, Lovejoy J, Spring B (Apr 2015). *Translating research to practice: simultaneous or sequential treatment for smoking and weight control*. Oral presentation at the Society for Behavioral Medicine Annual Meeting in San Antonio, TX.

5. Carpenter K, Kellogg L, Vickerman K, Lovejoy J (Apr 2015). *Psychological distress and eating behaviors in weight loss participants who report stress eating*. Poster presentation at the Society for Behavioral Medicine Annual Meeting in San Antonio, TX.

2014 (N=7)

1. Bernstein SL, Toll B, Rosner J (Feb 2014). *Cell Phone Ownership and Service Plans Among Low-Income Smokers: The Hidden Cost of Quitlines*. 2014 SRNT 20th Annual Meeting, Seattle, WA.

2. Bernstein SL, O'Malley S, Makuch R, Toll B, Rosner J, D'Onofrio G, Busch S (Feb 2014). *Successful Tobacco Dependence Treatment Acieved Via Pharmacotherapy and Motivational Interviewing in Low – Income Emervency Department Patients*. 2014 SRNT 20th Annual Meeting, Seattle, WA.

3. Bernstein SL, O'Malley S, Makuch R, Toll B, Rosner J, D'Onofrio G, Busch S (Feb 2014). *Excellent Concordance Between Timeline Follow – Back and Single Question Assessment of Self – Reported Smoking in a Clinical Trial*. 2014 SRNT 20th Annual Meeting, Seattle, WA.

4. Vickerman KA, Zhang L, Malarcher A, Mowery P, Carpenter K. (Feb 2014). *Intermediate cessation outcomes among quitline callers during a U.S. national tobacco education campaign*. Oral presentation accepted to the 2014 Annual Meeting for the Society for Research on Nicotine and Tobacco, Seattle, WA.

5. Bush T, Spring B, Javitz H, Benedict C, Mahuna-Brantner S (Sept 2014). *Challenges and successes implementing evidence-based treatments into real world settings*. Oral presentation at SRNT Europe in Galicia, Spain.

6. Bush T, Lovejoy J, Hurley S, Urritia R, Lance T, Carpenter K, Kinsinger L (Nov 2014). *The Veterans Health Administration (VHA) Telephone Lifestyle Coaching (TLC) pilot for*

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weight loss: Treatment engagement and outcomes. Poster presentation at The Obesity Society annual meeting in Boston, MA.

7. Carpenter K, Lovejoy J, Kellogg L (Nov 2014). *Talking about Stress: What Stress Eaters say about Eating and Weight Loss.* Poster presentation at The Obesity Society annual meeting in Boston, MA.

2013 (N=8)

1. Altman T, Bush T, Zbikowski S (April 2013). Return on Investment (ROI) in Tobacco Cessation Quitlines, Indiana.

2. Schnellman J, Howard B (November 2013). Building blocks for sustainable systems change: The Arkansas experience. Beyond the 5As: Improving Cessation Interventions Through Strengthened Training. Oral & Poster Presentation, Scottsdale, AZ.

3. Vargas R, Serotkin S, Vickerman KA, Bush T, Carpenter K (March 2013). *Prevalence of Participants Using Quitline Services Reporting a Mental Health Condition.* Poster Presentation. 2013 Annual Meeting of the Society for Research on Nicotine and Tobacco, Boston, MA.

4. Vickerman KA, Zbikowski SM, Wassum K, Altman T (March 2013). *Use of Electronic Cigarettes Among State Quitline Populations: Prevalence, Demographics, and Quit Status.* Poster Presentation. 2013 Annual Meeting of the Society for Research on Nicotine and Tobacco, Boston, MA.

5. Carlini B, Safioti L, Rue T, Miles L (March 2013). *Online recruitment of individuals with limited English proficiency: A pilot study of tobacco and alcohol dependence screening among Brazillian immigrants.*

6. Carlini B, McDaniel A, Stratton R, Monahan P, Stump T, Zbikowski, S (March 2013). *Automated relapse risk monitoring among recent cigarette quitters – who responds?* Poster Presentation.The Society of Behavioral Medicine, San Francisco, CA.

7. Carpenter K (2013). *Utilization and outcomes of a low intensity phone and web-based workplace weight loss program.* Oral presentation.The Society of Behavioral Medicine, San Francisco, CA.

8. Zbikowski S (March 2013). *How far is too far: legal issues and best practices for worksite nicotine testing.* Oral Presentation.The Art & Science Promotion Conference, Hilton Head, SC.

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2012 (N=16)

1. Bush T (2012). Oral presentation. Knowledge, attitudes and beliefs about smoking, quitting and weight gain: What obese smokers have to say. APHA conference, San Francisco, CA.
2. Altman A, Perez-Cromwell A, Vickerman K, Nash C (2012). Oral presentation. Efforts to improve response rates: initial lessons learned from internal evaluation of a tobacco cessation program. American Evaluation Association Annual Conference, Minneapolis, MN.
3. Bush T, Vickerman K, Mahoney L, Zbikowski S (2012). Poster presentation. Characterstics of tobacco users who call quitlines by gender. National Conference on Tobacco or Health, Kansas City, MO.
4. Carpenter K, Carlini B, MIkko T, Stoner S (2012). Poster presentation. Refer2Quit: web-based provider training in quitline referral skills. National Conference on Tobacco or Health, Kansas City, MO.
5. Edris K (2012). Poster presentation. Using Innovation to deliver culturally sensitive interventions: the Alaska experience. National Conference on Tobacco or Health, Kansas City, MO.
6. Howard B, Johnson D, Rose J, Schnellman J, Dresler C (2012). Poster presentation. STOP-system change outreach program for health providers in Arkansas. National Conference on Tobacco or Health, Kansas City, MO.
7. Nash C, Altman Tm, Favour K, Zbikowski S (2012). Poster presentation. Web-based tobacco cessation program: participant characteristics and utilization patterns. National Conference on Tobacco or Health, Kansas City, MO.
8. Schnellman J, Thomas EM, Rose J, Pech-Cinnamon J, David A, Zbikowski SM (2012). Oral presentation. Customized intervention training for mental health and chemical dependency providers. National Conference on Tobacco or Health, Kansas City, MO.
9. Saul J, Zupko B, Bush T, Guy M, Bailey L, Augustson E (2012). Poster presentation. Moving quitline research forward: resources and tools. National Conference on Tobacco or Health, Kansas City, MO.
10. Zbikowski S, Magnusson B, Pockey J, Tindle H, Weaver K (2012). Poster presentation. A review of cessation interventions for older adult smokers. National Conference on Tobacco or Health, Kansas City, MO.
11. Bush T (2012). Oral Presentation. The relationship between smoking, weight and outcomes in quitline research. NAQC annual conference, Kansas City.
12. Zbikowski SM, Bush T, Levine M, Beebe L, Cerutti B, Deprey M, McAfee T, Boeckman L (2012). Poster presentation. Avoiding weight gain during smoking cessation: translation of science to practice. 22nd Annual Art & Science of Health Promotion Conference, San Diego, CA.

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13. Bush T (2012). Poster Presentation. Impact of weight on smoking cessation and weight gain in quitlines. 33rd Annual Meeting & Scientific Sessions of the Society of Behavioral Medicine, New Orleans, LA.

14. Carlini B, McDaniel A, Weaver M, Kauffman R, Cerutti B, Stratton RM, Zbikowski SM. (2012). Poster presentation. No smokers left behind: using interactive voice response technology to recycle low income smokers back to quitline treatment – a randomized control trial. Society for Research on Nicotine and Tobacco 18th Annual Meeting, Houston, TX.

15. Halperin A, Wassum K, Lando H, Borland R, McAfee T (2012). Pre-conference workshop. International Quitline Institute (IQI): integration of tobacco quitlines into tobacco control policies and treatment guidelines. 15th World Conference on Tobacco or Health, Singapore.

16. Halperin A, Wassum K, McAfee T, Borland R, Glynn T (2012). Symposium. 25 years of quitline experience: informing Article 14 of the FCTC. 15th World Conference on Tobacco or Health, Singapore.

2011 (N=11)

1. McClure J, St. John J, Zbikowski S, Cerutti B (2011). Oral presentation. Should oral health promotion efforts be integrated into state tobacco quitline programs? A survey of callers to the Washington State Quitline. 139th Annual Public Health Association Meeting; Healthy Communities Promote Health Minds and Bodies, Washington DC.
2. Riggs KR, McClure JB, Zbikowski SM, Cerutti B, St. John J (2011). Poster presentation. Targeting tobacco quitline callers for oral health promotion: opportunities and challenges from the perspective of state quitlines. Society of Behavioral Medicine 32nd Annual Meeting and Scientific Session, Washington DC.
3. Zbikowski S (2011). Poster presentation. Improving the impact of effective tobacco cessation treatments: examples from the Free & Clear Quit For Life® program. Society of Behavioral Medicine 32nd Annual Meeting and Scientific Session, Washington DC.
4. Bush T, Deprey M, Cerutti B, Levine M, Beebe L, McAfee T, Zbikowski SM (2011). Oral presentation. Dissemination of combined tobacco + weight treatment via quitlines. NIH Conference on The Science of Dissemination and Implementation, Bethesda, MD.
5. Bush T (2011). Oral presentation. Impact of the U.S. federal cigarette tax increase on utilization of 16 state quitlines. The Society for Research of Nicotine or Tobacco 29th Annual Meeting, Toronto, Ontario, Canada.
6. Buller D, Edwards E, Severson H, Halperin A, Meenan R, Magnusson B, Fauble D (2011). Poster presentation. Results and cost of a mixed method approach to recruiting young adult smokers to a trial evaluating an online smoking cessation

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program. The Society for Research of Nicotine or Tobacco 29th Annual Meeting, Toronto, Ontario, Canada.

7. Cerutti B, Carlini B, McDaniel A, Zbikowski S, Stratton R, Kauffman R (2011). Poster presentation. Integrating ivr technology with an existing quitline: experience with two rcts. The Society for Research of Nicotine or Tobacco 29th Annual Meeting, Toronto, Ontario, Canada.
8. McDaniel AM, Carlini BH, Stratton RM, Cerutti B, Monahgana PO, Stump TE, Kauffman RM, Zbikowski SM (2011). Oral presentation. Automated Telephone Monitoring for Relapse Risk Among Recent Quitters Enrolled in Quitline Services. The Society for Research of Nicotine or Tobacco 29th Annual Meeting, Toronto, Ontario, Canada.
9. Swan G, Zbikowski SM (2011). Varenicline for smoking cessation: nausea severity and variation in nicotinic receptor genes. The Society for Research of Nicotine or Tobacco 29th Annual Meeting, Toronto, Ontario, Canada.
10. Tran B, Halperin A, Chien J (2011). Poster presentation. The effect of cigarette smoking on hematopoietic stem cell transplant outcomes. The Society for Research of Nicotine or Tobacco 29th Annual Meeting, Toronto, Ontario, Canada.
11. Carlini B (2011). Oral presentation. Re-engagement in quitline treatment for low income smokers using interactive voice response technology. Pre-meeting for The Society for Research of Nicotine or Tobacco 29th Annual Meeting, Toronto, Ontario, Canada.

2010 (N=17)

1. Bush T, Levine MD, Beebe L, Deprey M, McAfee T, Zbikowski S, Cerutti B (2010). Poster presentation. Avoiding weight gain during smoking cessation: translation of science to practice. The Obesity Society 28th Annual Scientific Meeting, San Diego, CA.
2. Lovejoy J, LeBank Hapgood J, McAfee T, Gahler M, Tutty S (2010). Poster presentation. A phone- and web-based weight management Program offered through worksites. The Obesity Society 28th Annual Scientific Meeting, San Diego, CA.
3. Lovejoy J (2010). Oral presentation. Obesity and women's lifecycle. The Obesity Society 28th Annual Scientific Meeting, San Diego, CA.
4. Bush T (2010). Symposium. Can we achieve a world without diabetes? Addressing health risk behaviors and depression. Society of Behavioral Medicine 31st Annual Meeting, Seattle, WA.
5. Carlini B (2010). Poster presentation. Refer 2 Quit: web-based provider training in tobacco quitline referral skills. Society of Behavioral Medicine 31st Annual Meeting, Seattle, WA.

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6. Catz S (2010). Poster presentation. Adherence to varenicline as a predictor of smoking cessation in the COMPASS trial. Society of Behavioral Medicine 31st Annual Meeting, Seattle, WA.
7. Deprey M (2010). Oral presentation. Satisfaction and utilization of services in the COMPASS smoking cessation trial. Society of Behavioral Medicine 31st Annual Meeting, Seattle, WA.
8. McClure J (2010). Oral presentation. Influence of psychiatric history on treatment utilization, side-effects and smoking cessation outcomes in the COMPASS trial. Society of Behavioral Medicine 31st Annual Meeting, Seattle, WA.
9. Saul J (2010). Pre-conference workshop panel presentation. Tobacco cessation quitlines: a platform for behavior change research. Society for Behavioral Medicine 31st Annual Meeting, Seattle, WA.
10. Schauer G (2010). Poster presentation. A framework for statewide tobacco cessation systems change. Society of Behavioral Medicine 31st Annual Meeting, Seattle, WA.
11. Zbikowski S (2010). Workshop panel presentation. Tobacco cessation quit lines: a platform for behavior change research. Society of Behavioral Medicine 31st Annual Meeting, Seattle, WA.
12. Javitz H (2010). Oral presentation. Cost-effectiveness of varenicline and three different behavioral treatment formats for smoking cessation: a societal perspective. Society for the Research of Nicotine and Tobacco 16th Annual Meeting, Baltimore, MD.
13. Rabius V (2010). Poster presentation. Smoking cessation assistance for african-americans: quitline utilization and effectiveness. Society for the Research of Nicotine and Tobacco 16th Annual Meeting, Baltimore, MD.
14. Schauer G (2010). Poster presentation. Developing a sustainable model for statewide tobacco cessation outreach. Society for the Research of Nicotine and Tobacco 16th Annual Meeting, Baltimore, MD.
15. Sheffer M (2010). Poster presentation. Fax to quit: linking smokers visiting clinics to state quitlines. Society for the Research of Nicotine and Tobacco 16th Annual Meeting, Baltimore, MD.
16. Swan GE (2010). Oral presentation. Interactions among indicators of pharmacological and behavioral treatment utilization: varenicline and behavioral counseling for smoking cessation. Society for the Research of Nicotine and Tobacco 16th Annual Meeting , Baltimore, MD.
17. Tutty S (2010). Poster Presentation. Therapeutic alliance in addiction treatment: does it really matter? 44th Annual Association for Cognitive and Behavioral Therapies Convention (ABCT), San Francisco, CA.

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2009 (N=23)

1. Betzner A (June 2009). Poster presentation. Hawaii's cost-sharing quitline model: outcomes and reflections on administration. National Conference on Tobacco or Health (NCTOH), Phoenix, AZ.
2. Betzner A, Goto CJ (June 2009). Poster presentation. A unique approach to addressing cultural competency: the Hawaii model. National Conference on Tobacco or Health (NCTOH), Phoenix, AZ.
3. Carlini BH, Schauer G, Thompson J, Zbikowski SM (June 2009). Poster presentation. Integrating tobacco cessation interventions in the routine of care in rural care settings. National Conference on Tobacco or Health (NCTOH), Phoenix, AZ.
4. Edris K, Schauer G, Thompson J, Zbikowski S (June 2009). Oral presentation. A sustainable online training approach for health care providers: the Washington state experience. National Conference on Tobacco or Health (NCTOH), Phoenix, AZ.
5. Horn M (June 2009). Poster presentation. Evaluating the effectiveness of Wisconsin's tobacco quit line by method of entry. National Conference on Tobacco or Health (NCTOH), Phoenix, AZ.
6. Kobinsky K, Horn M (June 2009). Poster presentation. Evaluating the effectiveness of Wisconsin's tobacco quit line by method of entry. National Conference on Tobacco or Health (NCTOH), Phoenix, AZ.
7. Rothemich S, Feffer J, Krist A, Woolf S, Frazier C, Loomis J (June 2009). Poster presentation. Electronically linking primary care practices and a state quitline to support referrals and feedback. National Conference on Tobacco or Health (NCTOH), Phoenix, AZ.
8. Schulthies S, Bohner C, Sands A, Horn M (June 2009). Poster presentation. Utah quit line: effects of television campaigns over 6 years. National Conference on Tobacco or Health (NCTOH), Phoenix, AZ.
9. Shiffman S, Hughes J, Wassum K (June 2009). Symposium. Optimizing the efficacy of nicotine replacement therapy. National Conference on Tobacco or Health (NCTOH), Phoenix, AZ.
10. Warner D, Wendling A, Adnsit A, Schauer G (June 2009). Poster presentation. Thirteen states share innovative strategies to improve systems in healthcare to address tobacco. National Conference on Tobacco or Health (NCTOH), Phoenix, AZ.
11. Wassum K (June 2009). Poster presentation. TTS Training program accreditation. National Conference on Tobacco or Health (NCTOH), Phoenix, AZ.
12. Wassum K, Tutty S (June 2009). Poster presentation. The effects of stress management counseling on tobacco dependence in a group phone setting. National Conference on Tobacco or Health (NCTOH), Phoenix, AZ.

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13. WIQL, Feffer J (June 2009). Oral presentation. Increasing fax referral enrollment rates to a state quitline. National Conference on Tobacco or Health (NCTOH), Phoenix, AZ.
14. McAfee T, Tutty S, Wassum K, Roberts, A (June 2009). Session presentation. Mental Health and Quitlines: QL Perspectives and a QI Functional Assessment Project. North American Quitline Consortium Annual Meeting (NAQC), Phoenix, AZ.
15. Schroeder S, Stephen M, Morris C, Hutchings G, McAfee T (June 2009). Session presentation. Do People with Mental Illnesses and Substance Use Disorders Have Equal Access to Quitlines and Other Smoking Cessation Services? Should They? North American Quitline Consortium Annual Meeting (NAQC), Phoenix, AZ.
16. Strader T, Carter S, Bush T, Kokstis M (June 2009). Session presentation. Quitline innovations for tobacco users with weight concerns. North American Quitline Consortium Annual Meeting (NAQC), Phoenix, AZ.
17. Bush T, Levine M, Beebe L, Deprey M, Strader S (April 2009). Symposium. Smoking cessation and weight gain issues: Evidence to Practice and Policy. Society of Behavioral Medicine (SBM) Annual Meeting, Montreal, Canada. SBM
18. Zbikowski S , Deprey M, McAfee T, Swan GE, McClure JB, Jack L, Catz S, Cinnamon J, Havitz H, Richards J (April 2009). Symposium. Utilization of services in a randomized trial testing phone-and web-based behavioral interventions for smoking cessation. Society for Behavioral Medicine (SMB) Annual Meeting, Montreal, Quebec, Canada.
19. McAfee T (April 2009). Pre-conference workshop session. SRNT-Sponsored Global Network & Policy Committees: Global Treatment Issues. Society for Research of Nicotine and Tobacco (SRNT), Dublin, Ireland.
20. Beebe, L, Bush, T (April 2009). Poster presentation. Weight concerns among women calling a state tobacco quitline: Differences by body mass index and race/ethnicity. Society for Research on Nicotine and Tobacco (SRNT), Dublin, Ireland.
21. McAfee T (March 2009). Cessation practices to reach large numbers of smokers: a public health approach to smoking cessation (quitlines). Panel hemi-plenary presentation. World Conference on Tobacco or Health (WCTOH), Mumbai, India.
22. McAfee T (March 2009). Tobacco Quit Lines: Successes and Challenges. Pre-conference oral presentation, workshop sponsored by ATTUD. World Conference on Tobacco or Health (WCTOH), Mumbai, India.
23. Carlini B, Schauer G, Thompson J, Zbikowski SM (February 2009). Oral presentation. Integrating tobacco cessation interventions in the routine of care in rural care settings. American College of Preventive Medicine Annual Meeting (ACPM), Los Angeles, CA.

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2008 (N=4)

1. Bush T, Jack L, Zbikowski S, Swan G, McAfee T (October 2008). Poster presentation. Fear of post cessation weight gain can reduce effectiveness of Zyban. National Association and Society on Obesity (NAASO) Phoenix, AZ.
2. Slaughter K, Koutouler S, Sasgawa M, Lovejoy J (October 2008). Poster presentation. Impact of internet-based nutrition information on dietary behaviors in lean and obese adults. National Association and Society on Obesity (NAASO), Phoenix, AZ.
3. Carlini B, Schauer G, Zbikowski S, Thompson J (March 2008). Oral presentation. Addressing tobacco identification and treatment in health delivery organizations: a pilot experience. Society for Behavioral Medicine Annual Meeting, San Diego, CA.
4. Halperin A, McAfee T, Jack L, Catz S, Deprey M, McClure JB, Cinnamon J, Swan G (March 2008). Oral presentation. Occurrence of Varenicline-related side effects in a real world setting. Society for Research on Nicotine & Tobacco Annual Meeting, Portland, OR.

2007 (N=26)

1. Carlinli B (October 2007). Oral workshop presentation. Using the web to build quiline referral skills among clinicians. National American Quitlines Consortium, Minneapolis, MN.
2. McAfee T (October 2007). Opening plenary panel presentation – Striking a balance: research-driven practice and practice-driven research. North American Quitline Consortium, Minneapolis, MN.
3. McAfee T (October 2007). Oral panel presentation - Trends and innovations in U.S. quitlines, 2004-2006: findings from the North American Quitline Consortium. National Conference on Tobacco or Health, Minneapolis, MN.
4. Ossip-Klein D, Carlini B, McDonald P, Rabius V, Zbikowski S (October 2007). Oral workshop presentation. Reaching underserved populations with quitlines. North American Quitlines Consortium, Minneapolis, MN.
5. Carlini B, Zbikowski S, Javitz H, Deprey M, Zhu S-H, Cummins S (October 2007). Poster presentation. Testing methods for re-engaging smokers in phone-based cessation treatment. National Conference on Tobacco or Health, Minneapolis, MN.
6. Carlini B (October 2007). Poster presentation. Testing methods for re-engaging smokers in cessation treatment. National Conference on Tobacco or Health, Minneapolis, MN.
7. Carlini B (October 2007). Oral presentation. Testing methods for re-engaging smokers in cessation treatment. National Conference on Tobacco or Health, Minneapolis, MN.

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8. Carlini B (October 2007). Oral presentation. Hispanic and non-Hispanic quit rates among participants of New Mexico helpline. National Conference on Tobacco or Health, Minneapolis, MN.
9. Halperin A (October 2007). Poster presentation. Utilization of tobacco treatment after passage of a state clean indoor air law. National Conference on Tobacco or Health, Minneapolis, MN.
10. Hapgood J (October 2007). Poster presentation. Use of integrated web-quit line program associated with increased quit behaviors. National Conference on Tobacco or Health, Minneapolis, MN.
11. McAfee T (October 2007). Oral presentation. Increasing quitline calls and med support near quit date improves quits. 4th Annual National Conference on Tobacco or Health, Minneapolis, MN.
12. Zbikowski SM (October 2007). Poster presentation. Spouses and partners are more successful with quitting tobacco together. North Conference on Tobacco or Health, Minneapolis, MN.
13. McAfee T (October 2007). Oral workshop presentation. Quitline operational models: a USA multi-state private quitline service provider. Asia-Pacific Quit-Line Workshop, Taipei, Taiwan.
14. McAfee T (October 2007). Live webinar. Global tobacco cessation: business solutions to tobacco. National Business Group on Health (Sponsored by CDC).
15. McAfee T (October 2007). Panel presentation. Opportunities for family physicians to help patients quit using tobacco. American Academy of Family Physicians Scientific Assembly, Chicago, IL.
16. Carlini B (September 2007). Oral presentation. Using phone quitlines to support smoking cessation - experiences in Latin America and North America. Iberoamerican Conference on Tobacco Control, Rio de Janeiro, Brazil.
17. McAfee T, Botelho R (April 2007). Oral presentation/webcast. Becoming a tobacco aware practice: using an organizational and team-based approach, Seattle, WA (McAfee); Rochester, NY (Botelho).
18. Halperin A, Mahoney L, Zbikowski SM, McAfee T (February 2007). Poster presentation. Impact of excise tax increase and passage of comprehensive clean indoor air law on tobacco users' utilization of treatment. Society for Research of Nicotine or Tobacco Annual Meeting (SRNT), Austin, TX.
19. Bush T, Jack L, Zbikowski S, Swan G, McAfee T (February 2007). Poster presentation. Fear of weight gain can reduce effectiveness of Zyban. Society for Research of Nicotine or Tobacco Annual Meeting, Houston, TX.

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20. Carlini B (February 2007). Poster presentation. Testing Methods for Re-engaging Smokers in Cessation Treatment. Society for Research of Nicotine or Tobacco Annual Meeting, Austin, TX.
21. Carlini B (February 2007). Oral presentation. Hispanics and non-Hispanic quit rates among participants of New Mexico Helpline. Society for Research of Nicotine or Tobacco (SRNT) Annual Meeting, Austin, TX.
22. Hapgood J (February 2007). Poster presentation. Use of integrated web-quit line program associated with increased quit behaviors. Society for Research of Nicotine or Tobacco Annual Meeting, Austin, TX.
23. Havlicek D, Kurle J (February 2007). Poster presentation. Increasing reach and enrollment through outbound proactive telephonic counseling. Society for Research of Nicotine or Tobacco Annual Meeting, Austin, TX.
24. McAfee T (February 2007). Oral presentation. Increasing quitline calls and med support near quit date improves quits. Society for Research of Nicotine or Tobacco Annual Meeting, Houston, TX.
25. McAfee T (February 2007). Poster presentation. The impact of increased phone contact and medication support around the quit date: initial randomized trial results. Society for Research of Nicotine or Tobacco Annual Meeting, Houston, TX.
26. McAfee T (February 2007). Oral presentation. Smoking: the elephant in the case management room. Washington Medical Case Management Association, Seattle, WA.

2006 (N=24)

1. McAfee T, Straley H, Bell S (November 2006). Closing plenary oral panel presentation. Planning for a smoke-free workplace. National Business Group on Health, Washington DC.
2. Gahler M, Malamgren J, Bock S, Zbikowski S, Edris K (October 2006). Oral presentation. Improving weight-loss through a post bariatric surgery telephonic nutrition and lifestyle support program. NAASO conference, Boston, MA.
3. McAfee T (October 2006). Breakout session oral presentation. Oh, what a tangled phone web we weave, when first we practice to relieve. WATI III, Toronto, Ontario, Canada.
4. McAfee T (October 2006). Oral panel presentation. Design & preliminary experience with an integrated phone/web quit support program. MEDNET 2006, Toronto, Ontario, Canada.
5. Wassum K (September 2006). Oral presentation. Quit Lines. Invited speaker who presented to the Indian Health Services training conference, Minneapolis, MN.

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6. McAfee T (September 2006). Oral presentation. Preventing & dealing with relapse using the phone to help. ANTHC tobacco cessation specialists training, Anchorage, AK.
7. Carlini B, Halperin A, Santos V, Patrick D (July 2006). Poster presentation. The tobacco industry's response to the COMMIT trial: an analysis of Legacy tobacco documents. The World Conference on Tobacco or Health, Washington DC.
8. Carlini B, Bush T, Stewart T, Zbikowski SM, Padilla J, Adondakis S (July 2006). Poster presentation. That does this have to do with quitting smoking? Push and pull of asking sensitive questions of callers seeking tobacco treatment through quitlines. The World Conference on Tobacco or Health, Washington DC.
9. McAfee T (July 2006). Oral presentation. Incorporating nicotine patches into a financially-strapped state quitline to improve quit rates and decrease promotional costs. World Conference on Tobacco or Health, Washington DC.
10. McAfee T (July 2006). Oral presentation. Lessons learned from US state quitline experience for maximizing public health value with limited resources. The World Conference on Tobacco or Health, Washington DC.
11. Yepassis-Zembrou P, Felber G, Zbikowski SM (July 2006). Poster presentation. Outcomes across the lifespan among participants enrolled in a phone-based tobacco cessation program. The World Conference on Tobacco or Health, Washington DC.
12. McAfee T (June 2006). Oral presentation. Quitlines – public private partnerships. The National Institute of Health (NIH) State of the Science conference, Bethesda, MD.
13. McAfee T (June 2006). Panel presentation. Health plan support for smoke-free workplace initiatives. American Health Insurance Plans (AHIP) conference, San Diego, CA.
14. McAfee T (June 2006). Oral presentation. Oregon Tobacco Quit Line free patch initiatives. Oregon Health Services, Portland, OR.
15. McAfee T (June 2006). Oral presentation. Decreasing smoking, helping smokers quit. Group Health Cooperative (for visiting Chinese Delegation), Seattle, WA.
16. McAfee T (May 2006). Oral presentation. Quit Lines – Serving Special Populations. NCI/CDC sponsored conference for US quitlines, San Diego, CA.
17. McAfee T (May 2006). Oral presentation. Tobacco use in diabetes and heart disease: the elephant in the room. Washington State Collaborative, SeaTac, WA.
18. Orleans T, Williams R, McAfee T, Goodman A (March 2006). Symposium oral presentation. Closing the gap between research and practice: how stories can increase demand for behavioral medicine services. Society for Behavioral Medicine Annual Meeting, San Francisco, CA.

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19. Bush T, Zbikowski SM, McAfee T, Ross S (February 2006). Poster presentation. How best to promote tobacco treatment: tobacco user preferences. Society for Research on Nicotine and Tobacco's 12th Annual Meeting, Orlando, FL.
20. Deprey M, Bush T, Grossman H, Mahoney L, McAfee T, Zbikowski SM, Cushing C (February 2006). Oral presentation. Who calls when free nrt is offered: the Oregon patch initiative? Society for Research on Nicotine and Tobacco's 12th Annual Meeting, Orlando, FL.
21. McAfee T, Edris K, Perez A (February 2006). Poster presentation. Will quitline callers accept additional calls at six months? Society for Research on Nicotine and Tobacco's 12th Annual Meeting, Orlando, FL.
22. Perez-Cromwell A, Zbikowski S, McAfee T, Swan G, Jack LM, Rappe D, Swartz S (February 2006). Poster presentation. Healthcare provider attitudes, beliefs and perceived effectiveness toward tobacco treatment. Society for Research on Nicotine and Tobacco's 12th Annual Meeting, Orlando, FL.
23. Shiffman S, McAfee T, Stretcher V, Wetter D, Whitaker R, Rodgers A (February 2006). Symposium oral presentation. Novel channels and media for delivering smoking cessation services. Society for Research on Nicotine and Tobacco's 12th Annual Meeting, Orlando, FL.
24. Wassum K, Zbikowski SM, Yepassis-Zembrou P (February 2006). Poster presentation. Use analysis of mailed nrt. Society for Research on Nicotine and Tobacco's 12th Annual Meeting, Orlando, FL.

2005 (N=13)

1. Everett D, Maher J, Reyes E (November 2005). Oral presentation. Washington State quit line: cultural competency. WA State Annual Tobacco Prevention and Control Conference, SeaTac Marriott, SeaTac, WA.
2. McAfee T (November 2005). Panel presentation. The Consumer Roundtable Conference (national panel of experts in tobacco cessation), Washington, DC.
3. Bush T, Halperin A, Zhu SH, Carlini-Marlett B, Gardiner P (May 2005). Oral presentation. Differential quit line usage, satisfaction and quit rates among minorities. National Conference on Tobacco or Health, Chicago, IL.
4. Kokstis M, Borski H, Hollis J, Dibble L (May 2005). Poster presentation. Implementing a statewide youth quit Line: practical considerations. The National Conference on Tobacco or Health (NCTOH), Chicago, IL.
5. Hollis J, McAfee T, Stark M, Fellows, J, Zbikowski SM, Riedlinger K (April 2005). Oral presentation. One-year outcomes for six Oregon tobacco quitline interventions. 26th Annual Scientific Sessions of The Society of Behavioral Medicine, Boston, MA.

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6. Zbikowski S M, McAfee T, Bush T, Bailey J, Deprey M (April 2005). Poster presentation. Oregon State Quitline Free Patch Initiative: Promotion, effectiveness, and policy. 2005 Building Bridges Conference, Santa Fe, New Mexico.
7. Bush T, McAfee T, Zbikowski S M, Carlini-Marlatt B, Halperin A, Kokstis M (March 2005). Poster presentation. Use and effectiveness of quit line services for Hispanic and Spanish speaking populations: a pilot study. 11th Annual Meeting of the Society for Research on Nicotine and Tobacco, Prague, Czech Republic.
8. Halperin A, Wassum K, Bush T, McAfee T, and Zbikowski SM (March 2005). Poster presentation. Stages of change and cessation outcomes in a telephone quitline setting. The 11th Annual Meeting of the Society for Research on Nicotine and Tobacco, Prague, Czech Republic.
9. McAfee T, Swartz S, Wood M (May 2005). Oral presentation. Tobacco Treatment and Disease Management: The Elephant in the Room. Presented at NCTOH, Chicago, IL.
10. McAfee T, Main K, Robbins D, Hollis J (May 2005). Poster presentation. Oregon quitline free patch program: promotion, effectiveness and policy change. Presented at NCTOH, Chicago, IL.
11. McAfee T, Grossman R, Dacey S, McClure J M (May 2005). Poster presentation. Capturing tobacco status using an automated billing system. Addressing Tobacco in Managed Care (ATMC), Chicago, IL.
12. Wassum K, Halperin A, Bush T, McAfee T (May 2005). Oral presentation. Stages of change and cessation outcomes in a quit line. Presented at NCTOH, Chicago, IL.
13. Fellows J, McAlister A, McAfee T, Stephens T (February 2005). Panel presentation. Financing and costs of quitline services: state of the science and future research directions. NCI Investigators Meeting, San Diego, CA.

2004 (N=5)

1. Zbikowski S M, McAfee T, Bush T, McClure JB, Swan GE, Jack L, Curry SJ (April 2004). Oral presentation. The effectiveness of Bupropion SR and phone counseling for light and heavy smokers. The Annual Meeting of Addressing Tobacco as a Public Health Issue, Miami, FL.
2. Halperin A, Zbikowski SM, Thompson A, Thompson B (February 2004). Poster presentation. Campus smoking policies and student tobacco use at 30 northwest colleges. The 10th Annual Meeting of the Society for Research on Nicotine and Tobacco, Scottsdale, AZ.
3. Hollis J, Fellows J, Aickin M, Riedlinger K, McAfee T, Zbikowski SM, Stark M (February 2004). Poster presentation. The 10th Annual Meeting of the Society for Research on Nicotine and Tobacco, Scottsdale, AZ.

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4. McAfee T, Zbikowski SM, Bush T, McClure JB, Swan GE, Jack L, Curry SJ (February 2004). Oral presentation. The effectiveness of Bupropion SR and phone counseling for light and heavy smokers. The 10th Annual Meeting of the Society for Research on Nicotine and Tobacco, Scottsdale, AZ.
5. Zbikowski SM, Bush T, Baker A, McClure JB, Redmond L, Paloma M, Fiore M (February 2004). Poster presentation. Tobacco treatment for seniors: lessons from the Wisconsin Tobacco QuitLine. The 10th Annual Meeting of the Society for Research on Nicotine and Tobacco, Scottsdale, AZ.

2003 (N=12)

1. Baker A, McAfee T, Zbikowski SM, Wassum K, Stark M (December 2003). Paper presentation. Who loses? implications of shutting down the Oregon Tobacco Quit Line. National Conference on Tobacco or Health (NCTOH), Boston, MA.
2. Bush T, Zbikowski SM, Baker A, McClure J, McAfee T (December 2003). Oral presentation. Treatment utilization and adherence in a telephone tobacco cessation program. The National Conference on Tobacco or Health, Boston, MA.
3. Figueroa, A, Kanny, D, Zbikowski, SM (December 2003). Poster presentation. Quit status among users of the Georgia quitline, 2002. The National Conference on Tobacco or Health, Boston, MA.
4. Hollis JF, McAfee T, Stark M, Fellow J, Zbikowski S (December 2003). Oral presentation. Efficacy and cost-effectiveness of state quitline policies. The National Conference on Tobacco or Health, Boston, MA.
5. Paloma M, Schensky A, Zbikowski S, Redmond L (December 2003). Poster presentation. Results of the UW-CTRI Senior Patch Program. The National Conference on Tobacco or Health, Boston, MA.
6. Thompson B, Halperin A, McAfee T, Zbikowski SM (December 2003). Oral presentation. Prevalence and characteristics of smokers at 30 Pacific Northwest colleges. The National Conference on Tobacco or Health, Boston, MA.
7. Zbikowski SM, Ossip-Klein DJ, DeNicholas TL, McAfee T, Philby M, Burton K, Turnbull B (December 2003). Oral presentation. Quitline interventions through the Medicare Stop Smoking Program. The National Conference on Tobacco or Health, Boston, MA.
8. Zbikowski SM, Bush T, McAfee T, Borski HR (March 2003). Oral presentation. Evaluation of tobacco abstinence rates among adults using telephone quit line services. presented at the 24nd Annual Scientific Sessions of The Society of Behavioral Medicine, Salt Lake City, UT.
9. Zbikowski SM, McAfee T, Edris K, Barwinski R (March 2003). Long-term weight-loss of a structured weight management program. Annals of Behavioral Medicine, 25,

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S021Poster session presented at the 24nd Annual Scientific Sessions of The Society of Behavioral Medicine, Salt Lake City, UT.

10. Cooper TV, DeBon MW, Zbikowski SM, Klesges RC, Johnson KC (February 2003). Poster presentation. The effects of PPA and nicotine gum on cessation rates and post cessation weight gain in women. 9th Annual Meeting of the Society for Research on Nicotine and Tobacco, New Orleans, LA.
11. Padgett LS, Alfano CM, Zbikowski SM, Robinson LA, Keim, J (February 2003). Poster presentation. Factors associated with attrition in a longitudinal study of adolescent smoking. 9th Annual Meeting of the Society for Research on Nicotine and Tobacco, New Orleans, LA.
12. Zbikowski SM, El-Bastawissi AY, McAfee T, Hollis J, Stark M, Wassum K, Clark N, Barwinski R, Broughton E (February 2003). Poster presentation. Cessation among uninsured and Medicaid tobacco users participating in a phone-based program. 9th Annual Meeting of the Society for Research on Nicotine and Tobacco, New Orleans, LA.

2002 (N=4)

1. McAfee T (May 2002). Oral presentation. Increasing the population impact of quit lines. North American Quit Line Conference, Phoenix, AZ.
2. McAfee T, Zbikowski SM, Wassum K, Grossman R, Tifft S (May 2002). Poster presentation. Group Health Cooperative's Tobacco Quit Line: The Free and Clear tobacco cessation program. North American Quit Line Conference, Phoenix, AZ.
3. Robinson LA, Klesges RC, Murray DM, Alfano CM, Blitstein J, Zbikowski SM (April 2002). Oral presentation. Ethnic differences in the long-term prediction of cigarette smoking onset. 23nd Annual Scientific Sessions of The Society of Behavioral Medicine, Washington, DC.
4. Zbikowski SM, Wassum K, Tifft S, McAfee T, Ringen K, Anderson N (February 2002). Poster presentation. Results from a telephone-based smoking cessation program for blue-collar workers. 13th Annual Art and Science of Health Promotion Conference, Lake Tahoe, NV.

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Attachment 5: QFL Resumes

Raina Anderson

Seattle, WA | raina.anderson@msn.com | 253-678-7517

Role: Director of Operations, Quit for Life

Operations leader with extensive experience managing remote coaching operations, tobacco cessation service delivery, staff training, quality coaching methods, participant issue resolution, and cross-functional program execution for Quit for Life and related health programs.

Understanding of Process

Understands the end-to-end quitline operating model, including intake, assessment, coaching, pharmacotherapy screening, workforce management, participant documentation, quality coaching practices, service recovery, and continuous process improvement required to sustain a high-performing statewide cessation program.

Relevant Experience

Director of Operations | RVO Health, Quit for Life | Jan 2026 - Present

- Manages day-to-day operations of a 165+ member remote workforce supporting the Quit for Life Tobacco Cessation Program.
- Leads recruitment, training, onboarding, and team culture initiatives to support a consistent participant experience.
- Uses technology, automation, participant statistics, and client feedback to streamline services and improve program retention.
- Reports performance to executive leadership and collaborates on enterprise-wide operational initiatives.

Associate Director of Operations | RVO Health, Quit for Life | Jun 2022 - Jan 2026

- Managed remote operations for the Quit for Life program, supporting scalable service delivery across healthcare programs.
- Developed operational tracking tools, SharePoint resources, and participant statistics processes to support client feedback and continuous improvement.
- Guided teams through corporate acquisitions, technology implementations, and operational change management.

Senior Operations Manager | Optum | 2011 - Jul 2022

- Led the design and delivery of Quit for Life, WeightTalk, VATLC, and Lifestyle Coaching programs, managing coaches, dietitians, supervisors, and large operational teams.
- Supported operations serving over 3,000 program members daily and handling 500,000 to 900,000 inbound calls annually.
- Trained staff in motivational interviewing, cognitive behavioral therapy, and quality coaching methods.

Health Coach - Tobacco Cessation and Operations Trainer | Optum | 2003 - 2005

- Handled inbound and outbound Quit for Life calls, assessed readiness to quit, supported quit plans, explored pharmacotherapy options, and documented participant progress.
- Trained newly hired frontline staff and supervisors through structured instruction, coaching, lesson plans, quality assurance, and professional development.

Education

- Bachelor of Science in Psychology.

Professional Certifications, Licensure, and Training

- Master Composter Sustainability Steward and Master Composter/Educator volunteer training.

Selected Skills and Qualifications

Remote workforce operations; Tobacco cessation coaching operations; Motivational interviewing training; Quality assurance; Participant support and service recovery; Operational reporting.

Professional References

- **Jennifer Cinnamon:** Email: jencinnamon@hotmail.com; Phone: 206-227-5616
- **Jillian Markus Field:** Email: jfield@rvohealth.com; Phone: 608-217-4830
- **Margaret McMurray:** Email: mmcmurray@rvohealth.com; Phone: 612-227-3178

Attachment 5: QFL Resumes

Emily Steffen Batchos

Naperville, IL | emilyasteffen@gmail.com | (440) 344-8613

Role: Associate Director, Analytics

Analytics leader with experience managing reporting, billing analytics, stakeholder prioritization, platform migration, scalable report production, healthcare data models, and data-driven decision support for commercial and state government smoking cessation programs.

Understanding of Process

Understands the reporting and analytics processes needed for quitline delivery, including client reporting, billing data, report upgrades, platform migration, data fidelity, utilization analysis, and cross-functional prioritization across state and commercial programs.

Relevant Experience

Associate Director, Analytics | Quit for Life, RVO Health | Apr 2024 - Present

- Manages analysts responsible for delivering more than 50 client reports and monthly billing processes for commercial and state government smoking cessation programs.
- Oversees report upgrades and new analytics development while managing competing priorities from internal and external stakeholders.
- Guided analysts through a platform migration to deliver more than 100 client reports with fidelity, consistency, and increased scalable reporting capacity.

Staff Data Analyst and Analytics Manager | Dandy | Oct 2021 - Mar 2024

- Owned analytics roadmap, cross-functional relationships, and execution for a key business function while serving as a data team technical lead.
- Recruited and guided analysts, analytics engineers, and managers, and built processes for intake, prioritization, and request management.
- Delivered curated data, reporting, documentation, and education to improve interpretation and use of key quality metrics.

Analytics Manager, Senior Analyst, and Analyst | VillageMD | Oct 2016 - Sep 2021

- Developed data models and reporting for contract evaluation across multiple contracts and internal clients.
- Created reporting to support Medicare utilization insights, reduce unwarranted variations, and guide population health management.
- Integrated multiple EMR and payer data sources and built scalable processes that increased analytics end-user efficiency.

Education

- Master of Management, emphasis in Technology and Operations, University of Michigan Stephen M. Ross School of Business, May 2016.
- Bachelor of Science in Neuroscience, minor in Classical Civilizations, University of Michigan College of Literature, Science, and the Arts, May 2015.

Selected Skills and Qualifications

Analysis; Data engineering; Dashboard design; Microsoft SQL; Snowflake; BigQuery; DBT; Tableau; Looker; Hex; Python; Healthcare reporting.

Professional References

- **Emily Brantner:** Email: embrantner@gmail.com; Phone: 717-350-3930
- **Emily Bauer:** Email: emilybauer0209@gmail.com; Phone: 832-465-7901
- **Nic Creehan:** Email: ncreehan@gmail.com; Phone: 804-335-7990

Attachment 5: QFL Resumes

Baihly Birdseye, MPH

St. Paul, MN | baihly.birdseye@gmail.com | 507.269.3408 | LinkedIn: baihly-birdseye-37133512b

Role: Director of Client Operations, State Quitlines

Client operations leader with a background in state quitline account management, client satisfaction, strategic planning, cross-functional coordination, operational process improvement, quality assurance, and performance reporting.

Understanding of Process

Understands state quitline client operations from strategy through ongoing account management, including relationship management, client expectations, service delivery needs, quarterly business reviews, KPI monitoring, contract updates, quality assurance, and coordination with program, provider, and partner teams.

Relevant Experience

Director of Client Operations - State Quitlines | RVO Health, formerly Optum | Dec 2023 - Present

- Develops and executes strategic plans for client operations aligned to State Quit Services goals.
- Leads a team of client operations professionals, providing guidance, coaching, and support to ensure high performance and productivity.
- Establishes and maintains strong client relationships, addresses client needs, and implements service improvements.
- Uses operational data, KPIs, and trend analysis to identify improvement opportunities and report performance to senior leadership.
- Collaborates with cross-functional teams, including program managers, healthcare providers, and external partners, to coordinate service delivery.

Senior Client Service Manager - State Quitlines | RVO Health, formerly Optum | Feb 2022 - Dec 2023

- Served as the primary day-to-day contact for state clients and managed client expectations and service needs.
- Built strong internal partnerships to support customer satisfaction, quarterly business reviews, formal and informal feedback, and service delivery improvements.
- Investigated, researched, and resolved client concerns, ensured timely client communications, monitored KPIs, and supported renewals and contract updates.

Education

- Master of Public Health, Health Promotion and Wellness, Liberty University.
- Bachelor of Science in Health Promotion and Wellness, cum laude, University of Wisconsin - Stevens Point, May 2018.

Professional Certifications, Licensure, and Training

- Certified Wellness Practitioner, National Wellness Institute, May 2018.
- Certified Intrinsic Coach, Intrinsic Solutions, January 2019.

Selected Skills and Qualifications

Strategic planning; Client operations; Account management; Program analysis; Risk mitigation; Quality assurance; Team leadership; Wellness law and policy.

Professional References

- **Margaret Clemens:** Growth & Implementation Manager; Email: mclemens@rvohealth.com
- **Crystal Elam:** Email address and telephone number to be provided
- **Jeni Klein:** Director of Client Success; Email: jeni.klein@includedhealth.com

Attachment 5: QFL Resumes

Kelly M. Carpenter, PhD

Seattle, WA | kcarpenter@rvohealth.com | kellycar.seattle@gmail.com | (206) 696-2792

Role: Principal Scientist, Center for Wellbeing Research

Licensed psychologist and principal scientist with decades of research experience in publicly funded tobacco quitlines, tobacco and vaping cessation, intervention development, motivational interviewing, digital modalities, clinical consultation, randomized trials, and grant-funded research.

Understanding of Process

Understands evidence-based quitline program design, clinical protocol development, research translation, participant engagement strategies, outcome evaluation, randomized trial design, and the use of telephone, text, mobile, and online modalities to support tobacco, vaping, and related behavioral health interventions.

Relevant Experience

Research Investigator / Principal Scientist | Center for Wellbeing Research, RVO Health | 2011 - Present

- Conducts research in the context of publicly funded tobacco quitlines, including intervention development for tobacco, vaping, cannabis cessation, behavioral weight loss, and other chronic conditions.
- Designs and evaluates brief telephone-based approaches, motivational interviewing interventions, acceptance and mindfulness approaches, and digital modalities including text messaging, mobile apps, and online treatment.
- Provides quitline program design and clinical consultation, supports grant writing, and conducts randomized trials.

Senior Research Scientist and Research Scientist | Talaria, Inc. | 2001 - 2011

- Served as Principal Investigator for 16 SBIR grants and contracts from NCI, NIMH, NHLBI, NIAMS, NIDA, NIAAA, and the CDC Office of Smoking and Health.
- Developed internet-based educational and psychotherapeutic interventions, conducted efficacy research, hired and managed research staff, and administered project budgets up to $1.3 million.
- Focused on tobacco cessation, stress management, motivational interviewing, substance abuse, chronic pain, PTSD, and mindfulness.

Education

- PhD, Clinical Psychology, Clark University, 2000.
- MA, Clinical Psychology, University of Nevada, Las Vegas, 1995.
- BMus, Ethnomusicology, Wheaton College, 1989.
- Predoctoral Internship, VA Puget Sound Healthcare System, Seattle Division, 1999-2000.
- Postdoctoral Fellowship, Center for Excellence in Substance Abuse Treatment and Education, VA Puget Sound Healthcare System, Seattle Division, 2000-2001.

Professional Certifications, Licensure, and Training

- Licensed Psychologist in Washington State since 2002, License # PY00002546.

Selected Skills and Qualifications

Clinical psychology; Quitline intervention development; Motivational interviewing; Digital cessation modalities; Randomized trials; Clinical consultation; Grant writing; Program evaluation.

Selected Publications and Presentations

• Vickerman KA, Carpenter KM, Mullis K, et al. Quitline-Based Young Adult Vaping Cessation: A Randomized Clinical Trial Examining NRT and mHealth. American Journal of Preventive Medicine. 2025.
• Carpenter KM, Walker DD, Mullis K, et al. Testing a Brief Quitline Intervention for Tobacco Cannabis Co-Users: A Randomized Controlled Pilot Study. Tobacco Use Insights. 2024.
• Webb Hooper M, Carpenter KM, Salmon EE, Resnicow K. Enhancing Tobacco Quitline Outcomes for African American Adults: An RCT of a Culturally Specific Intervention. American Journal of Preventive Medicine. 2023.
• Kreuter MW, Garg R, Fu Q, et al. Helping low-income smokers quit: specialized quitline services with and without social needs navigation. The Lancet Regional Health - Americas. 2023.

• Vickerman KA, Carpenter KM, Raskob MK, Nash CM, Vargas-Belcher RA, Beebe LA. Vaping and E-Cigarettes Within the Evolving Tobacco Quitline Landscape. American Journal of Preventive Medicine. 2021.

Professional References

• **Elizabeth Klein, PhD, MPH:** Chair and Professor, Health Behavior and Health Promotion, Ohio State University; Email: klein.232@osu.edu
• **Monica Webb Hooper, PhD:** Deputy Director, Acting Director, National Institute on Minority Health and Health Disparities; Email: Monica.Hooper@nih.gov
• **Sue Zbikowski, PhD:** Founder, inZights Consulting, Behavioral Science consulting for health companies; Email: susan.zbikowski@gmail.com

Attachment 5: QFL Resumes

Maggie Clemens

Charlotte, NC | mclemens@rvohealth.com | 440-759-8442

Role: Growth and Implementation Manager

Program and implementation professional experienced in state health program accounts, client implementations, budget stewardship, reporting, cross-functional coordination, and operational process improvements across the client lifecycle.

Understanding of Process

Understands the implementation and onboarding process for new state and MCO clients, including kickoff, launch coordination, client management, budget forecasting, reporting, program needs, workflow improvement, and post-launch account stewardship.

Relevant Experience

Growth and Implementation Manager | RVO Health | Aug 2025 - Present

- Leads design and execution of net-new State and MCO client implementations while supporting upselling strategy.
- Serves as a strategic resource for Client Managers on budgeting, forecasting, and program optimization.
- Coordinates cross-functional teams from kickoff through launch and supports an automated state implementation process.
- Directs budget stewardship and forecasting for 23 state client accounts and acts as liaison between Client Services and Marketing.

Quit for Life State Client Manager | RVO Health | Apr 2024 - Jul 2025

- Served as primary point of contact for state quitline client accounts and provided consultative program support.
- Managed reporting, budget, and program needs and supported expedited implementation for net-new state clients.

Regional Sales Associate / Onsite Specialist | Stryker Endoscopy | Aug 2020 - Jul 2023

- Provided account coverage, equipment troubleshooting, maintenance, and clinical training in operating room settings.
- Managed healthcare account relationships and supported product adoption through training and responsive support.

Education

- Bachelor of Science, University of North Carolina - Chapel Hill, 2020.

Selected Skills and Qualifications

Program implementation; Client onboarding; Budget management; Account stewardship; Cross-functional coordination; Stakeholder communication; Process improvement.

Professional References

- **Jacob Delbridge, MPH:** Project Director, Counter Tools; Email: jacob@countertools.org; Telephone: (919) 694-3066 x225
- **Frances Limtiaco, MPH:** Community Investments and Engagement Branch Manager, Washington State Department of Health; Email: frances.limtiaco@doh.wa.gov; Telephone: (360) 810-0653
- **Vince Stento:** Senior Manager, Business Intelligence (Retired), Make-A-Wish America: lvinces@outlook.com; Telephone: (480) 232-0355

Attachment 5: QFL Resumes

Nick Fradkin, MPA, MPH

Seattle, WA | nfradkin@gmail.com | (602) 326-3439

Role: Director, Public Health Strategy

Public health strategy leader with state government tobacco cessation experience, quitline contract management, provider training, CDC grant administration, Medicaid and insurance coordination, program evaluation, and national tobacco control engagement.

Understanding of Process

Understands statewide tobacco cessation program requirements from both vendor and state health department perspectives, including CDC tobacco cessation grants, quitline data analysis, public sector contract management, provider systems change training, Medicaid and payer coordination, service promotion, and performance optimization.

Relevant Experience

Director, Public Health Strategy | RVO Health | Nov 2023 - Present

- Develops and advances public sector strategy to help clients reduce commercial tobacco use.
- Oversees key client relationship and growth initiatives and represents the business to national partners, including the CDC.
- Serves on the North American Quitline Consortium Advisory Council and advises the business on tobacco control trends and service delivery implications.
- Led a team of six to train healthcare providers on systems change initiatives.

Senior Client Manager, State Quit Services | RVO Health / Optum | Jan 2022 - Oct 2023

- Managed a portfolio of state government contracts totaling more than $12 million annually for population-level tobacco cessation services.
- Provided day-to-day account management, implementation support, issue resolution, budget monitoring, data analysis, ROI measurement, and service promotion recommendations.
- Conducted presentations and site visits for senior leaders, government officials, and stakeholders.

Tobacco Treatment Consultant | Washington State Department of Health | Dec 2017 - Aug 2021

- Managed the state CDC tobacco cessation grant and contracts and analyzed quitline and smartphone application data to optimize reach and effectiveness.
- Partnered with Medicaid, the insurance commissioner, local health jurisdictions, and health systems to promote tobacco screening and dependence treatment.
- Created consumer- and provider-facing cessation content, including culturally appropriate resources and rebranded Washington State Quitline materials.

Education

- Master of Public Administration, Nonprofit Management Certificate, University of Washington, June 2016.
- Master of Public Health, Health Systems and Policy, University of Washington, June 2016.
- Certificate in Data Analytics: Techniques for Decision Making, June 2020.
- Bachelor of Arts, Legal Studies, University of California, Berkeley, December 2009.

Professional Certifications, Licensure, and Training

- Member, North American Quitline Consortium Advisory Council.

Selected Skills and Qualifications

Public health strategy; State quitline contracts; CDC grants; Provider training; Medicaid coordination; Program evaluation; Budget monitoring; Stakeholder engagement.

Professional References

- **Jake Keteyian:** Senior Vice President / General Manager, Quit for Life; Email: jketeyian@rvohealth.com
- **Rachel Goldberg:** Senior Director, Program, Product, and Analytics; Email: rgoldberg@rvohealth.com
- **Baihly Birdseye:** Director of Client Operations, State Quitlines; Email: bbirdseye@rvohealth.com

Attachment 5: QFL Resumes

Rachel Goldberg

Remote | RVO Health | Senior Product Leader

Role: Senior Director, Program, Product, and Analytics

Senior product leader with more than 14 years of experience designing and managing digital and behavioral health programs for state Medicaid, commercial payer, and employer populations, with subject matter expertise in tobacco cessation, member engagement, and AI-enabled clinical workflow design.

Understanding of Process

Understands the product and program design process for tobacco cessation and behavioral health programs, including evidence-based engagement lifecycles, HIPAA/HITECH and PHI governance, product roadmap development, clinical and legal review, KPI alignment, AI-enabled workflows, cross-functional delivery, and scalable member engagement.

Relevant Experience

Senior Director, Program, Product, and Analytics | RVO Health | 2025 - Present

- Leads end-to-end product strategy and execution for a digital and behavioral health portfolio serving more than 500,000 members across state Medicaid, Medicare, commercial payer, and employer populations.
- Manages cross-functional teams across Product Management, Program Design, Data Analytics, and Product Operations.
- Leads product strategy for tobacco cessation and menthol-focused cessation initiatives, driving growth in enrollment, engagement, and clinical outcomes.
- Coordinates legal, clinical, and compliance reviews to meet HIPAA, HITECH, PHI governance, and clinical safety standards.

Director / Associate Director / Product Manager | RVO Health | 2022 - 2025

- Aligned member engagement lifecycle to evidence-based behavioral health interventions, increasing engagement and improving activation and retention.
- Led product strategy for the company's first AI-powered behavioral health platform in partnership with Clinical, Data Science, and Engineering.
- Built enterprise product operations frameworks including OKR planning, roadmap taxonomy, engineering capacity modeling, intake scoring, and cross-functional ceremonies.

Product Manager, Supervisor, Business Analyst, and Senior Coach | Optum | 2012 - 2022

- Led digital health product initiatives and operational teams for a member engagement platform serving more than 2 million users across Medicare, Medicaid, and commercial populations.
- Managed requirements definition, stakeholder alignment, cross-functional delivery, team development, documentation, user stories, and process improvements.

Education

- M.A., Counseling, Marymount University.
- M.A., Forensic Psychology, Marymount University.
- B.A., Psychology, Suffolk University.
- B.A., Sociology, Suffolk University.

Selected Skills and Qualifications

Tobacco cessation product leadership; Behavioral health programs; AI-enabled clinical workflows; HIPAA and HITECH; PHI governance; Agile and Scrum; OKR planning; Salesforce; Jira; Tableau.

Professional References

- **Jake Keteyian:** Senior Vice President / General Manager, Quit for Life; Email: jketeyian@rvohealth.com
- **Baihly Birdseye:** Director of Client Operations, State Quitlines; Email: bbirdseye@rvohealth.com
- **Nick Fradkin:** Director, Public Health Strategy; Email: nfradkin@rvohealth.com

Attachment 5: QFL Resumes

Anand Jahagirdar

anandjahagirdar@yahoo.com | 607-761-6677 | LinkedIn: anandjahagirdar

Role: Director of Software Engineering, Coaching Platform

Software engineering leader with more than 17 years of software development experience, engineering management experience, and technical leadership across healthcare, coaching platforms, microservices, REST APIs, Scala, cloud-based systems, integrations, and full software development lifecycle delivery.

Understanding of Process

Understands the technical delivery process for the Quit for Life coaching platform, including sprint planning, feature ownership, software engineering management, API and integration development, live-site support, on-call processes, code review, testing, production deployment, scalability, and stakeholder communication for health coaching products.

Relevant Experience

Director of Software Engineering | RVO Health | Feb 2026 - Present

- Manages engineering portfolios for the Coaching platform, including Quit for Life, Real Appeal, and Prevention Wellness Coaching.
- Oversees software engineering managers, full-time engineers, and contractors supporting large-scale health coaching products.
- Develops APIs and integrations for large-scale cloud-based applications and implements microservices to improve scalability and performance.
- Works with business stakeholders and engineering leadership to plan deliverables, advise on timelines and risk, and communicate progress.

Senior Manager, Software Engineering | RVO Health / Optum Services | Sep 2021 - Feb 2026

- Led engineering for the coaching platform supporting Quit for Life and related coaching products.
- Provided live-site support, on-call support, microservice development, REST API development, code review, unit testing, Kafka asynchronous synchronization with Salesforce Health Cloud, and CI/CD using Jenkins and AWS.
- Mentored junior and senior engineers and supervised software engineering work across coaching products.

Senior Software Engineer | Rally Health | Aug 2019 - Sep 2021

- Worked as technical lead on digital coaching platform programs, including Real Appeal and related coaching features.
- Built and maintained microservices, REST APIs, Scala code, PostgreSQL evolution scripts, Kafka integrations, and third-party API integrations.

Software Engineer III | Quest Diagnostics | Nov 2014 - Aug 2019

- Served as technical lead on Health and Wellness platform capabilities supporting employer-sponsored screenings and participant registration, results, and incentives.

Education

- Master of Science, Computer Science, SUNY Binghamton, May 2011.
- Bachelor of Engineering, Computer Science, University of Pune, July 2007.

Professional Certifications, Licensure, and Training

- Rockstar Award, Coaching Organization, 2020 and 2021.
- IT Top Performer Award, Health & Wellness IT at Quest Diagnostics, January 2017.

Selected Skills and Qualifications

Scala; Python; C#; SQL; REST APIs; Microservices architecture; Kafka; RabbitMQ; Amazon SQS; AWS; Jenkins; GitHub; Salesforce Health Cloud integrations; Agile and Scrum.

Professional References

- **Jamie Clark:** Senior Director, Software Engineering at RVOH; Email: jclark@rvohealth.com; Telephone: 412-445-3246
- **Mark Kroh:** Director of Software Engineering at RVOH; Email: mkroh@rvohealth.com; Telephone: 717-

Attachment 5: QFL Resumes

309-5334
• **Gaurav Phapale:** Senior Manager Software Engineering at LinkedIn; Email: phapalegaurav@gmail.com; Telephone: 650-429-8576

Attachment 5: QFL Resumes

Kari A. Keller

Mankato, MN | kakeller1110@gmail.com | 507.382.0229

Role: Associate Director of Training, Implementation, and Excellence

Results-oriented and relationship-centered training and implementation leader with experience developing and delivering comprehensive training programs across multiple programs, products, and audiences. Skilled in training needs analysis, curriculum and resource design, in-person and virtual facilitation, quality and coaching excellence oversight, and cross-functional stakeholder collaboration.

Understanding of Process

Understands the training, implementation, and quality processes required to support a statewide quitline program, including new hire training, refresher training, micro-learning, knowledge base development, quality assurance, coaching excellence, adult learning practices, stakeholder needs assessments, and continuous improvement based on training effectiveness measures.

Relevant Experience

Associate Director of Training, Implementation, and Excellence | RVO Health | Apr 2018 - Present

- Develops and executes comprehensive training strategies aligned with organizational goals and objectives across multiple programs and new hire roles.
- Identifies training needs through collaboration with stakeholders and needs assessments, then designs curriculum, resources, and delivery plans to support staff performance.
- Oversees in-person and virtual training facilitation for frontline staff and upper management across multiple training requests.
- Oversees the quality and coaching excellence team to support quality assurance across three prevention programs.
- Uses adult learning principles, effective training techniques, and engaging technologies to maximize learning, retention, and staff readiness.
- Develops post-training resources and knowledge base structures that house more than 500 resource articles for multiple programs and products.
- Establishes metrics and evaluation methods to assess training effectiveness and support continuous improvement.
- Partners with SMEs, leadership, and other stakeholders to gather content, identify training needs, and maintain alignment with program expectations.
- Develops and implements new hire training, refresher training, micro-learnings, and return-to-work training for new and existing coaches.

Dean of Students | St. Peter Middle School | May 2017 - Apr 2018

- Provided support and guidance to students and families in a grade 5-8 environment, including regular engagement on behavioral and academic needs.
- Developed and implemented disciplinary policies, created a resource room, hired staff, and supported students in conflict resolution and academic support.
- Led mentor programs, staff meetings, parent forums, and cross-functional discussions focused on student support, positive behavior interventions, and socioeconomic topics.

Teacher on Special Assignment: University Supervisor and Academic Enrichment Coordinator | Mankato, MN and St. Peter, MN | Aug 2014 - May 2017

- Supervised and mentored clinical and practicum elementary education students completing teaching degrees.
- Developed and led student seminars on educational practice pedagogy and racial equality in the classroom.
- Aligned university standards and best practices in training, observations, assessments, rubrics, and evaluative practices.
- Coordinated academic enrichment programming and developed mentor programming for new teachers.

Sixth-Grade Teacher and Grade-Level Leader | St. Peter, MN | Aug 1999 - Jun 2018

- Developed and implemented engaging lesson plans aligned with state standards while differentiating instruction for diverse student needs.

- Maintained a positive learning environment using the Positive Behavioral Interventions and Supports model.
- Collaborated with and led colleagues on curriculum development, instructional strategies, professional learning communities, and staff training initiatives.

Education

- Master of Teaching and Learning, Saint Mary's University, Winona, Minnesota.
- Bachelor of Science, Elementary Education, Middle School Emphasis in Language Arts, Spanish Minor, University of Wisconsin La Crosse.

Professional Certifications, Licensure, and Training

- Cognitive Coaching Certification, Minnesota State, Mankato.
- Professional Learning Community Certification.
- Data-Based Strategies and Disciplines Certification.

Selected Skills and Qualifications

Training strategy; Instructional design; ADDIE model of training design; PLC and Community of Practice training principles; In-person and virtual facilitation; Learning management system management; Knowledge base development; Quality assurance; Coaching excellence; Project management; G Suite; Asana; Helpjuice; Learn Source.

Professional References

- **Paul Peterson:** Superintendent of Mankato Schools; Email: maps@isd.77org; Telephone: (507) 387-1868507-387-1868

Amy Lachinski: Director of Business Operations Groves Learning; Email: alachinski@gmail.com; Telephone: (651) 338-8350

- **Margot Hansen:** Director of Curriculum and Technology, Belle Plaine Schools; Email: mhansen@belleplaine.k12.mn.us; Telephone: (952) 873-2403

Attachment 5: QFL Resumes

Camille Kelly

Salt Lake City, UT | cmchristensen55@gmail.com | (801) 842-4778 | LinkedIn

Role: Manager, Client Operations Team

Strategic and relationship-focused customer success leader with more than 10 years of experience guiding enterprise clients in health and wellness, including state quit services, client engagement, regulatory compliance, client advocacy, performance optimization, and cross-functional leadership.

Understanding of Process

Understands the client operations process for state quitline programs, including account oversight, client satisfaction, proactive engagement, data-driven program improvement, client feedback translation, cross-functional coordination, regulatory considerations, and long-term partnership management.

Relevant Experience

Manager, Client Operations Team | RVO Health, State Quit Services | Apr 2025 - Present

- Leads a team of six Client Managers overseeing 23 state accounts and supports client satisfaction and retention through proactive engagement.
- Guides Client Managers in using trend analysis and data-driven insights to enhance program delivery, customer experience, and operational outcomes.
- Partners with product, analytics, and leadership teams to drive process improvements and translate client feedback into actionable strategies.

Senior Client Services Manager | RVO Health, State Quit Services | Sep 2022 - Apr 2025

- Served as primary liaison and product expert for a multimillion-dollar state client portfolio, ensuring delivery of tobacco cessation services and measurable client success.
- Cultivated stakeholder relationships, supported retention and satisfaction, and collaborated with operations, data, and product teams to resolve client challenges.
- Used performance metrics and customer feedback to recommend program enhancements.

Health & Wellness Consultant | GBS Benefits, Inc. | Oct 2016 - Oct 2022

- Managed a portfolio of more than 50 clients, advising HR and benefits leaders on strategic wellness initiatives.
- Designed data-driven wellness programs, analyzed claims and biometric data, and ensured compliance with wellness regulations and incentive standards.

Education

- Bachelor of Science in Health Promotion and Education, cum laude, University of Utah, May 2017.

Professional Certifications, Licensure, and Training

- Certified Health Education Specialist (CHES), National Commission for Health Education Credentialing, April 2017.

Selected Skills and Qualifications

Client engagement and retention; Salesforce; Jira; Monday.com; Regulatory compliance; Client advocacy; Data analysis; Performance optimization; Cross-functional leadership.

Professional References

- **Baihly Birdseye:** Director of Client Operations, State Quitlines; Email: bbirdseye@rvohealth.com
- **Rachel Goldberg:** Senior Director, Program, Product, and Analytics; Email: rgoldberg@rvohealth.com
- **Nick Fradkin:** Director, Public Health Strategy; Email: nfradkin@rvohealth.com

Attachment 5: QFL Resumes

Jacob Albert Keteyian

jketeyian@rvohealth.com | jacob.keteyian@gmail.com | 248.891.1268

Role: Senior Vice President / General Manager, Quit for Life

Healthcare executive and digital health entrepreneur with leadership experience across Quit for Life, population health technology, healthcare strategy, Medicaid process improvement, behavioral health innovation, and large-scale program oversight.

Understanding of Process

Understands the strategic and executive management process for quitline service delivery, including client relationships, budget oversight, staffing, acquisition integration, digital health innovation, payer and health system partnerships, and scaling behavior change programs for population health impact.

Relevant Experience

Senior Vice President / General Manager | Quit for Life, RVO Health | 2023 - Present

- Serves as General Manager for Quit for Life and oversees strategic direction, budget, staffing, and key Department of Health and Human Service client relationships.
- Manages an annual budget of approximately $65 million and leads approximately 200 FTEs.
- Oversees M&A activity and supports the integration and scaling of smoking and nicotine cessation capabilities.

CEO and Co-Founder | Vincere Health | 2019 - 2023

- Founded Vincere Health at the Harvard Innovation Lab, built a Techstars portfolio company, and exited the business to a subsidiary of UnitedHealthcare.
- Raised $7 million in venture capital and sold technology and services to major insurance companies and health systems.
- Built a digital health platform that financially incentivized low-income smokers to quit.

Senior Consultant - Healthcare Strategy and Technology | KPMG LLP | 2013 - 2018

- Consulted on Medicaid delivery redesign in New York through IT strategy, process improvement, population health initiatives, and system interoperability.
- Managed teams to develop target operating models, facilitate workshops, and design solutions for healthcare and marketplace operations.

Education

- Master in Healthcare Management and Policy, Harvard University, 2017-2019.
- B.B.A., Finance, Emory University, 2009-2013.

Professional Certifications, Licensure, and Training

- Invited to represent Vincere Health at the White House for President Biden's Cancer Moonshot Initiative.
- Graduate curriculum included Harvard Business School, Harvard Kennedy School, and MIT coursework.

Selected Skills and Qualifications

Executive leadership; Quitline strategy; Budget oversight; Population health; Digital health entrepreneurship; M&A; Healthcare strategy; Medicaid transformation; Client relationships.

Professional References

- **Rachel Goldberg:** Senior Director, Program, Product, and Analytics; Email: rgoldberg@rvohealth.com
- **Baihly Birdseye:** Director of Client Operations, State Quitlines; Email: bbirdseye@rvohealth.com
- **Nick Fradkin:** Director, Public Health Strategy; Email: nfradkin@rvohealth.com

Attachment 5: QFL Resumes

Kristina Mullis, PhD

Rego Park, NY | kristina.mullis@gmail.com | 765-265-9169

Role: Associate Director, Program Design and Evaluation, Quit for Life

Public health researcher and program design leader with experience in tobacco cessation, vaping cessation, health behavior, program evaluation, data analysis, clinical research trials, grant management, health communications, and tobacco prevention policy.

Understanding of Process

Understands the research-to-practice process for quitline and vaping cessation interventions, including evidence-based program design, engagement strategy, evaluation, data analysis, grant-funded research, tobacco education, smoke-free policy work, health communications, and translation of clinical trial findings into operational quitline programs.

Relevant Experience

Associate Director, Program Design and Evaluation - Quit for Life | RVO Health | 2025 - Present

- Leads strategy and efforts to improve member engagement and clinical outcomes for state and commercial tobacco quitlines.
- Developed and launched AI text and voice agent products within tobacco quitlines.
- Works across teams to drive product improvements, conduct data analyses, and develop thought leadership on tobacco cessation topics.

Junior Research Scientist | RVO Health Center for Wellbeing Research | 2021 - 2024

- Managed multiple federally funded tobacco cessation clinical research trials.
- Compiled reports, conducted data and statistical analyses, managed grant budgets and contracts, and prepared grant applications, publications, and presentations.

Graduate Research Assistant | Indiana University School of Public Health | 2019 - 2021

- Supported grant writing, research project planning and implementation, data analysis, evaluation, publications, and presentations.

Health Promotions Manager | American Lung Association, Pascagoula, Mississippi | 2018 - 2019

- Managed a tobacco education grant promoting cessation, prevention, and awareness.
- Managed budget, implemented local smoke-free policies and advocacy strategies, provided health education, and conducted primary data collection and evaluation.

Education

- PhD, Health Behavior, minor in Public Health Policy, Indiana University School of Public Health, June 2022.
- M.S., Health Promotion, Indiana University School of Public Health, 2012.
- B.A., Journalism, public relations and advertising concentration, minor in Public Health, Indiana University, 2011.

Professional Certifications, Licensure, and Training

- Member, Society for Research on Nicotine and Tobacco.
- Member, American Public Health Association.
- Member, American Society of Health Economists.
- Member, National Rural Health Association.

Selected Skills and Qualifications

Program design; Evaluation; Tobacco cessation research; Young adult vaping cessation; Data analysis; Grant management; Health communication; Policy advocacy.

Selected Publications and Presentations

• Vickerman KA, Carpenter KM, Mullis K, et al. Quitline-based young adult vaping cessation: A randomized clinical trial examining NRT and mHealth. American Journal of Preventive Medicine.
• Kaye JT, Kirsch JA, Bolt DM, et al. Comparison of tobacco quitline re-treatment interventions among adults with socioeconomic disadvantage. JAMA Network Open. 2024.

• Klein EG, Shoben AB, Carpenter KM, Mullis K, et al. A randomized clinical trial of a quitline vaping cessation intervention. International Journal of Environmental Research and Public Health. 2024.
• Short E, Carpenter K, Mullis K, Nash C, Vickerman KA. Can tobacco quitlines help exclusive vapers quit? Preventing Chronic Disease. 2023.
• Selected presentations include young adult vaping cessation mHealth, menthol reach and engagement, remote CO monitoring, and NRT effectiveness for young adult vaping cessation.

Professional References

- **Dr. Jon Macy:** Assistant Dean, Indiana University School of Public Health; Email: jtmacy@iu.edu; Telephone: 812-856-0704
- **Jim Bright:** Public Relations, Ford Motor Company; Indiana University (Retired); Email: Jbright48167@yahoo.com; Telephone: 812-219-0228
- **Amy Ellis:** Strategic Partnerships Manager, American Cancer Society; Email: Amy.ellis@cancer.org; Telephone: 601-362-8874

Attachment 5: QFL Resumes

Connor Perez

Charlotte, NC | connorperez@gmail.com | (773) 729-0245

Role: Product Manager, Quit for Life

AI-focused product manager and emerging technology practitioner experienced in complex software products, product roadmaps, PRDs, Agile execution, AI tooling, stakeholder management, and product delivery for enterprise organizations and tobacco cessation programs.

Understanding of Process

Understands the product delivery process for Quit for Life technology, including client objective discovery, PRD creation, design and engineering handoff, user experience flows, backlog management, acceptance criteria, KPI monitoring, Salesforce Health Cloud coaching workflows, and cross-functional collaboration across design, engineering, QA, data, client management, and sales.

Relevant Experience

Product Manager | RVO Health | Jun 2025 - Present

- Manages two engineering teams for the Quit for Life product.
- Translates ambiguous client objectives into PRDs and aligns business, engineering, and design stakeholders before driving initiatives through launch.
- Creates user experience flows in Miro and Figma and uses AI tools to accelerate PRD creation, epic and ticket generation, acceptance criteria, and backlog cleanup.
- Serves as product point of contact for a client portfolio spanning state governments, health insurance plans, and commercial accounts.
- Monitors KPIs and OKRs, manages telephonic enrollment and the coaching platform in Salesforce Health Cloud, and supports a $1.2 million Incentives2Quit study with the University of Michigan.

Product Manager - Enlighten AI Routing | NICE Systems Ltd. | Dec 2021 - Dec 2024

- Defined roadmaps, prioritized features, documented user stories and use cases, and led Agile ceremonies.
- Served as client-facing technical expert during feature rollouts and upgrades, translating AI product concepts for nontechnical stakeholders.
- Rebuilt legacy software on a new cloud platform, delivered early and under budget, and created a production load-testing approach that reduced post-deployment bugs.

Product Test Analyst / Quality Assurance Analyst | NICE Systems Ltd. | Nov 2019 - Dec 2021

- Owned product quality, release planning, roadmap coordination, requirements, user stories, test plans, and regression testing before QA sign-off.

Education

- Bachelor of Arts, Business and Latin American Studies, Tulane University, May 2015.

Selected Skills and Qualifications

Product management; AI tools; Agile and Scrum; PRDs; Roadmaps; Miro; Figma; Salesforce Health Cloud; Tableau; SQL; Stakeholder management; KPI monitoring.

Professional References

- **Jeff Wang:** jwang@rvohealth.com
- **Rachel Goldberg:** rgoldbergo@rvohealth.com
- **Devin Searcy:** dsearcy@nice.com

NORTH AMERICAN QUITLINE CONSORTIUM

Certificate of Membership

This certifies that

Consumer Wellness Solutions, LLC
a subsidiary of RVO Health, LLC

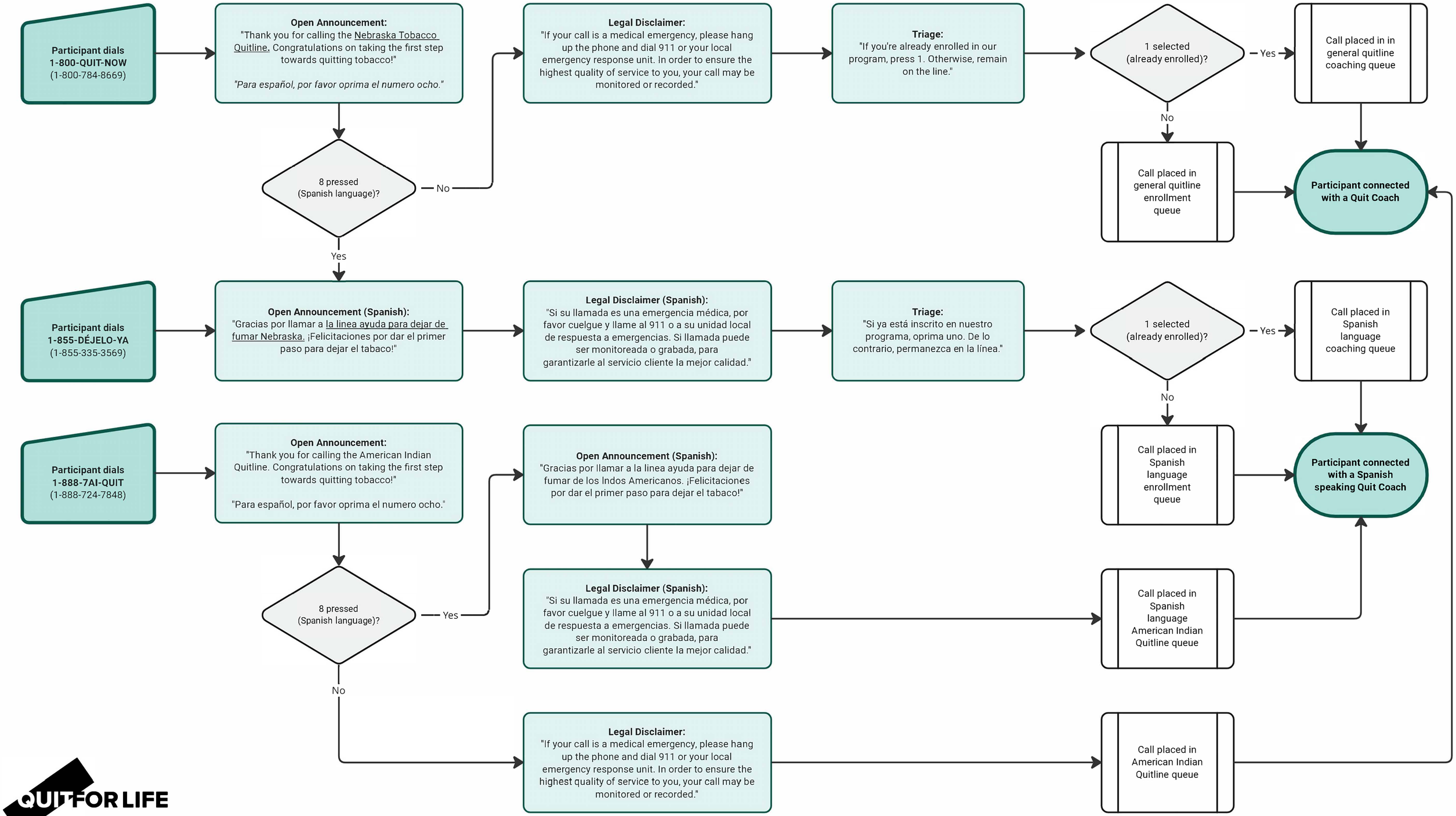
is an organizational member of North American Quitline Consortium in good standing since **7/1/2009**. Current membership expiration date is **6/30/2027.**

Thomas Ylioja, PhD, MSW
President & CEO

Attachment 7

Quitline Call Answering Process

Callers can get connected with a Quit Coach without selecting any options



QUIT FOR LIFE

Referring facility and healthcare provider information:

☐ Clinic ☐ Pharmacy ☐ Hospital ☐ Other		☐ I certify that I am HIPAA covered entity
Facility name		Department
Fax number	Phone number	Facility NPI (National Provider Identifier)
Address	Zip	County
Referring health care professional		
Email		National Provider Identifier (NPI) Number

Would you like an Outcome Report on whether the patient enrolled, declined or was unreachable?

(Please select your preferred method)

☐ I want emailed outcome reports ☐ I want faxed outcome reports ☐ I do not want outcome reports

Use this section to pre-authorize NRT

*Note: As patients have different benefits, using this form does not guarantee they will get free quit medications.

Please check the box to Pre-Authorize NRT:	☐ I authorize use of any modality of NRT for which my patient has coverage at dosage consistent with FDA Approved package labeling.
Provider's name (Print)	Provider's signature

Referral contact information

You agree that we may contact you at the phone number you give us. Note that calls may be automated. Some messages may be pre-recorded.

First name		Middle name	Last name
State	Zip code	Phone number	Date of birth
Language preference ☐ English ☐ Other			
May we send text messages to this number? ☐ Yes ☐ No			
Patient signature box			Date

Best contact times:	When are good weekday times to call? ☐ Mornings (8 a.m.-12 p.m.) ☐ Afternoons (12 p.m.-4 p.m.) ☐ Evenings (4 p.m.-8 p.m.)	When are good weekend times to call? ☐ Mornings (8 a.m.-12 p.m.) ☐ Afternoons (12 p.m.-4 p.m.) ☐ Evenings (4 p.m.-8 p.m.)

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NEBRASKA TOBACCO QUITLINE

Attachment 9 - Quarterly Performance Measures: FY 2027 Q1

#	PERFORMANCE MEASURE	OTH TARGET	ACTUALS	REMEDIATION PLAN & DEADLINE (IF APPLICABLE)
Coach training				
1	% of coaches receiving motivational interviewing and cultural competence training every year	95.0%	100.0%	
Initial participant experience				
2	% of calls received during operating hours connected to a live quitline staff member (human)	90.0%	99.2%	
3	Average initial answer speed *(in seconds)*	< 30	26	
4	% of inbound calling participants receiving coaching during the first call	85.0%	85.7%	
5	% of registered tobacco users requesting coaching who receive coaching within one week of registration	85.0%	87.9%	
Participant contact preferences				
6	% of registrants selecting a preferred mode of contact	99.0%	N/A	By July 1, 2027: Begin collecting registrants' preferred mode of contact by July 1, 2026 and develop plan to incorporate into program
7	% compliance with participants' contact preferences	99.0%	99.0%	
Coaching interaction attempts				
8	% of attempts made during preferred time window for all modes of contact	90.0%	83.9%	By April 1, 2026: Cross-reference participants' preferred time(s) with attempt data, identify recurring "misses," and refine dialer protocol accordingly
9	Average and range of contact attempts made	2+	9.2 (1-35)	
Coaching interaction completion				
10	% of registrants indicating they want coaching *[Coach+]*	N/A	47%	
11a	% of registrants receiving coaching in the first 30 days from registration of those who say they want coaching *[Coach+]*	95%	72%	By July 1, 2026: Begin sending 'tap to call' text messages to online registrants consenting to SMS

SAMPLE

#	PERFORMANCE MEASURE	OTH TARGET	ACTUALS	REMEDIATION PLAN & DEADLINE (IF APPLICABLE)
11b	% of registrants eligible for coaching who receive at least one coaching session in first 30 days from registration	50%	34%	By July 1, 2026: Partner with TSET Strategic Communication to develop a media campaign promoting the benefits of coaching / registration in Coach+
11c	Average # of coaching sessions completed of participants who completed at least 1 session (all modes) *[Coach+]*	N/A	SC: 1.9 P&P: 1.7 BH: 2.4	
Referral handling				
12	% of first attempts to reach referrals made within 48 hours of receipt for all referrals received	80.0%	85.3%	
13	% outcomes determined within 30 days	80.0%	90.6%	
14	Respond to technical assistance requests for referrals within 48 hours	100.0%	N/A	
Quitting progress				
15	% of coaching interactions where tobacco use status is collected	95.0%	99.0%	
Digital platform reliability				
16	% of time digital platform is operational	98.0%	99.9%	
NRT fulfillment				
17	Median and range of time (10th/90th percentiles) from NRT order placed to shipment delivered *(in business days)*	3	3.1 (1.8-5.2)	
18	% of registrants offered NRT	98.0%	92.9%	By July 1, 2026: Move tobacco use questions to beginning of registration intake
19	% of registrants ordering NRT of those who are eligible	N/A	91.9%	

SAMPLE

Attachment 10: QFL Data Elements & Reporting

Response to Exhibit 3

Section	Data Element	Currently Reported	Future Roadmap	No Plans to Include
1.a	Total incoming calls	☑	☐	☐
1.a.i	Method of entry (phone, web, text)	☑	☐	☐
1.a.i	First-time callers	☐	☑	☐
1.a.ii	Fax, web, eReferrals	☑	☐	☐
1.a.iii	Language line utilization	☑	☐	☐
1.a.iv	Unique registrants	☑	☐	☐
1.b	Reconnected callers	☐	☑	☐
2.a	Caller type (user, proxy, provider)	☐	☑	☐
2.b	How heard about Quitline	☑	☐	☐
2.c	Demographics (race, ethnicity, sex, age, education, language)	☑	☐	☐
2.d	Pregnancy status	☑	☐	☐
2.e	Tobacco type	☑	☐	☐
2.f	Stage of readiness	☑	☐	☐
2.g	Chronic conditions (Asthma, CAD, COPD, Diabetes, Cancer, CHF)	☑	☐	☐
2.g	Mental health conditions (ADHD, Anxiety, Bipolar, Depression, SUD, PTSD, Schizophrenia)	☑	☐	☐
2.h	Special program enrollment	☑	☐	☐
2.i	Income & marital status	☐	☑	☐
2.j	Registrations by local health district	☐	☑	☐
2.k	Participants by health plan	☑	☐	☐
3.a	Welcome packets	☐	☐	☑
3.b	Email message summary	☐	☑	☐
3.c	Text message summary	☐	☑	☐
4.a.i	Technical assistance (providers)	☐	☑	☐
4.a.ii	Online provider training	☑	☐	☐
4.a.ii.1	Completed trainings	☑	☐	☐
4.a.ii.2	CME/CEU certificates	☑	☐	☐

4.a.ii.3	**Training satisfaction**	☐	☑	☐
4.a.ii.4	**Provider participant info**	☑	☐	☐
4.b	**Services to proxy callers**	☐	☐	☑
4.c.i	**Single call intervention**	☐	☐	☑
4.c.ii	**Multi-call intervention**	☑	☐	☐
4.c.iii	**Pharmacotherapy shipments**	☑	☐	☐
4.c.iii	**Unique pharmacotherapy users**	☑	☐	☐
4.c.iv	**Incentives**	☑	☐	☐
4.c.iv	**Unique incentive recipients**	☑	☐	☐
4.c.v	**Lung cancer pre-screening**	☑	☐	☐
5.a	**% Successful referrals**	☑	☐	☐
6.a	**Quit rates by demographics**	☑	☐	☐
6.b	**Quit rates by insurance**	☑	☐	☐
6.c	**Quit rates by program type**	☑	☐	☐
6.d	**Quit rates by tobacco type**	☑	☐	☐
6.e	**Quit rates by health demographics**	☑	☐	☐
6.f	**Quit rates by services utilized**	☑	☐	☐

Response to Exhibit 4

Section	Report Name	Currently Reported	Future Roadmap	No Plans to Include
Weekly	**Number of Participants by Day and Service Type**	☑	☐	☐
Weekly	**Phone, Web, and Text Registration by Day**	☑	☐	☐
Weekly	**How Participant Heard About Quitline by County**	☐	☑	☐
Monthly	**Summary of Services**	☑	☐	☐
Monthly	**Incentive Report**	☑	☐	☐
Monthly	**Summary of NRT Services**	☑	☐	☐
Monthly	**State Dashboard**	☑	☐	☐
Monthly	**Participant Type by County**	☐	☑	☐
Monthly	**State Demographics**	☑	☐	☐
Monthly	**Type of Tobacco Products Used**	☑	☐	☐
Monthly	**How Heard by County**	☐	☑	☐
Monthly	**Medical Demographics**	☑	☐	☐

Monthly	**Referral Services Requested**	☑	☐	☐
Monthly	**Tobacco Users by Health Plan**	☑	☐	☐
Monthly	**State Quitline Extract**	☑	☐	☐
Monthly	**Special Program Utilization**	☑	☐	☐
Quarterly	**Special Program Utilization**	☑	☐	☐
Quarterly	**Participant Type by County**	☐	☑	☐
Quarterly	**Local Health Dashboard**	☐	☑	☐
Quarterly	**Special Program Demographics**	☑	☐	☐
Quarterly	**Demographics by State/County**	☑	☐	☐
Quarterly	**How Heard by County**	☐	☑	☐
Quarterly	**Tobacco Type by Geography**	☑	☐	☐
Quarterly	**Performance Report**	☐	☑	☐
Quarterly	**Participant Feedback**	☑	☐	☐
Quarterly	**Provider Training Summary**	☑	☐	☐
Annual	**Annual Evaluation**	☑	☐	☐
Ongoing	**Infographic Data**	☐	☑	☐
Ongoing	**Ad Hoc Reports**	☑	☐	☐

Executive Summary

Sample Tobacco Helpline

All Groups and Support Tracks

Current Period: Feb 01, 2026 - Feb 28, 2026
Year-to-Date: Jan 01, 2026 - Feb 28, 2026

2,565
Enrollments
YTD: 4,503

423
Re- Enrollments
YTD: 727

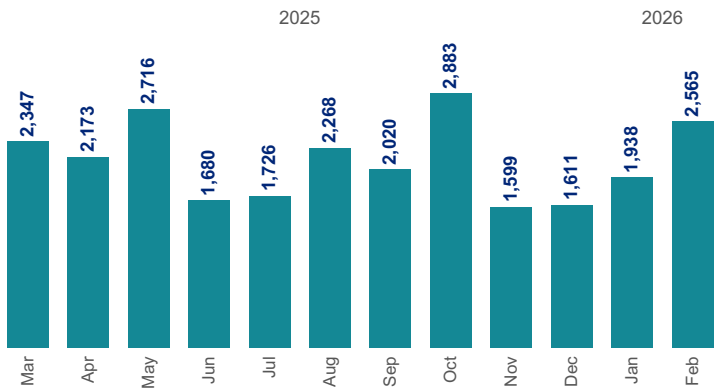
3,345
Engaged Members
YTD: 5,394

10,878
Member Interactions
YTD: 20,092
Members can have both Coaching and Digital Interactions

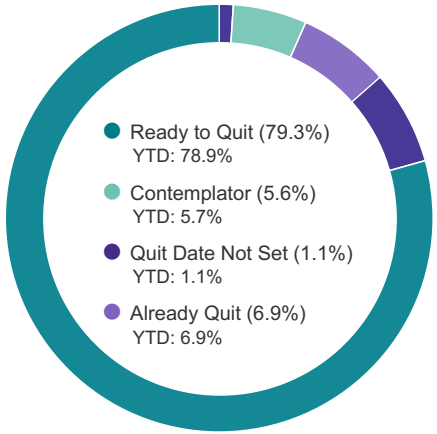
1,172
"Text a Coach" Opt-ins
YTD: 2,087

Personalized coaching tips and strategies received via text message.

Monthly Enrollment Trend



Readiness to Quit



Engaged Member Details

68.8%
Interacted Live with a Coach
YTD: 65.0%

3,094 Coaching Sessions

202 Support Interactions

58.3%*
Utilized Digital Tools
YTD: 64.0%

7,582 Resources Utilized

*Includes 1,172 members who opted in for "Text a Coach"

Nicotine Replacement Therapy

78.9%
YTD: 80.8%

of members sent Nicotine Replacement Therapies

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Enrollment Summary

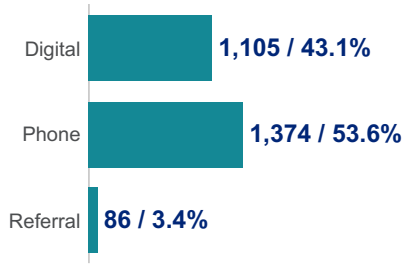
Sample Tobacco Helpline

All Groups and Support Tracks

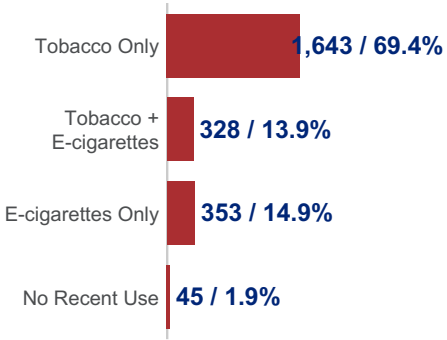
Current Period: Feb 01, 2026 - Feb 28, 2026
Year-to-Date: Jan 01, 2026 - Feb 28, 2026

2,565
Enrollments

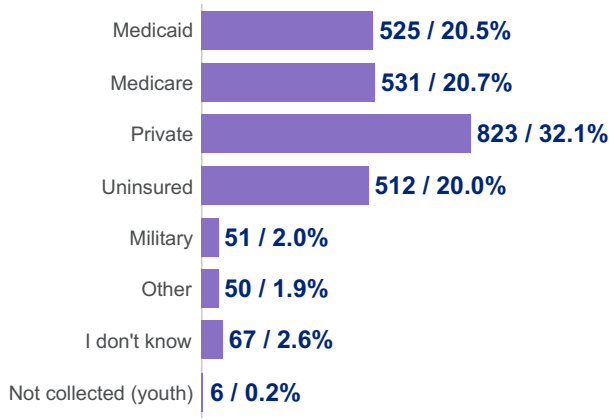
Entry Method



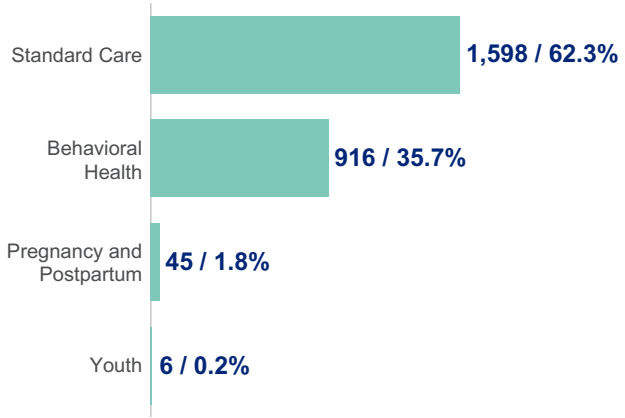
Unique Members by Utilization Type*



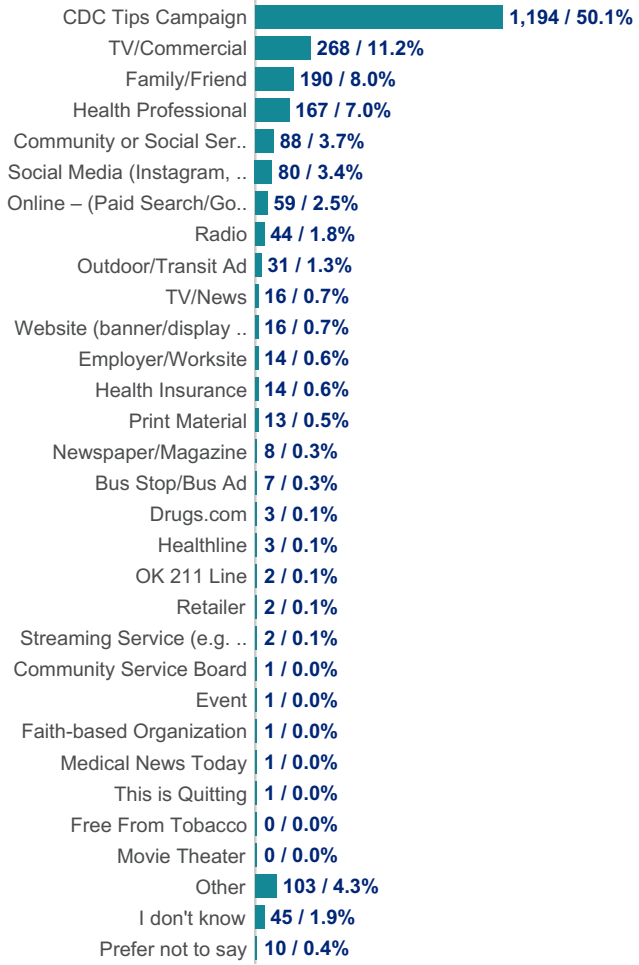
Health Insurance Type



Support Track



How Heard About*



*Metrics are based on surveys completed in the reporting period

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Enrollment Summary Year-to-Date

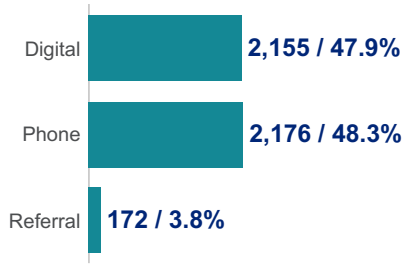
Sample Tobacco Helpline

All Groups and Support Tracks

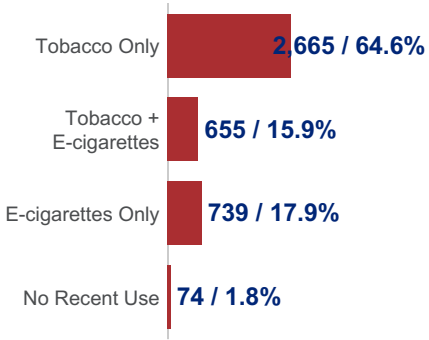
Current Period: Feb 01, 2026 - Feb 28, 2026
Year-to-Date: Jan 01, 2026 - Feb 28, 2026

4,503
Enrollments YTD

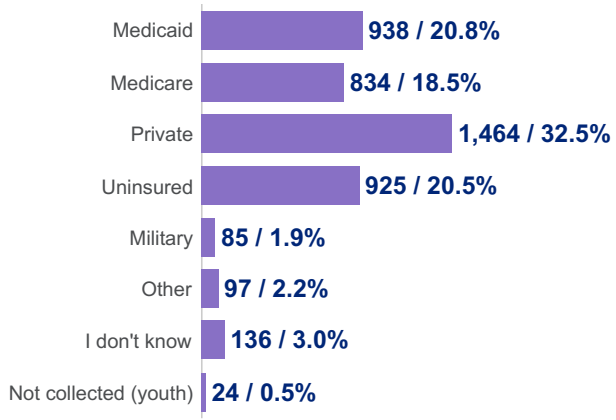
Entry Method YTD



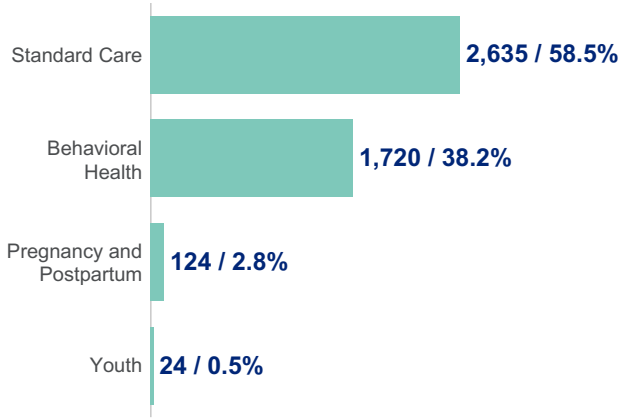
Unique Members by Utilization Type YTD*



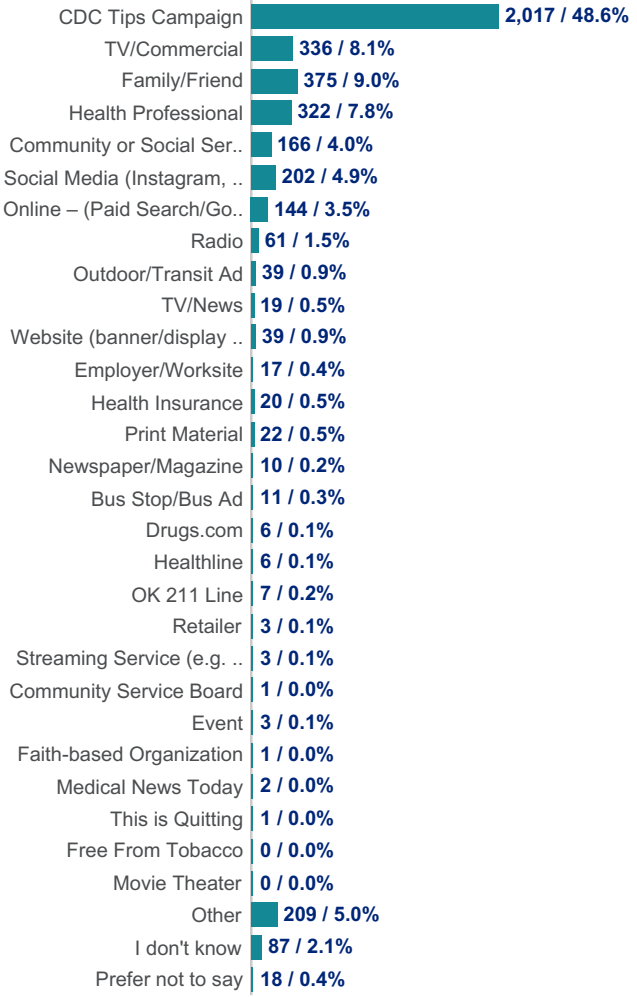
Health Insurance Type YTD



Support Track YTD



How Heard About YTD*



*Metrics are based on surveys completed in the reporting period

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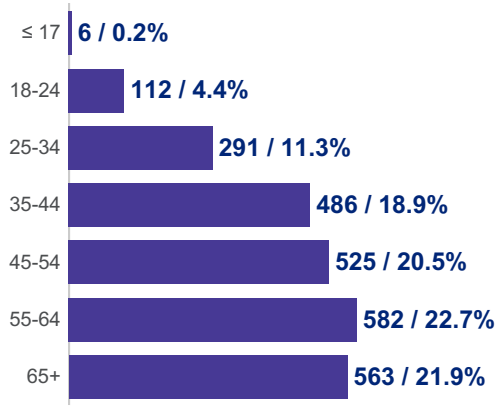
Enrollment - Demographics

Sample Tobacco Helpline

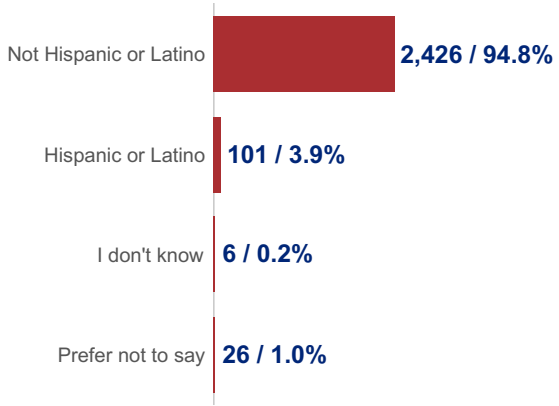
All Groups and Support Tracks

Current Period: Feb 01, 2026 - Feb 28, 2026
Year-to-Date: Jan 01, 2026 - Feb 28, 2026

Age Range



Ethnicity*

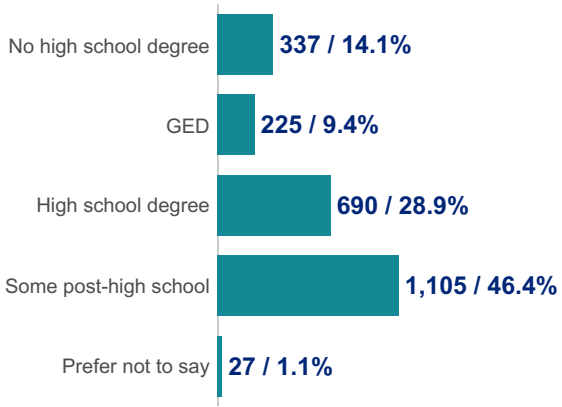


Race*

American Indian or Alaska Native	343 / 13.3%
Asian or Asian American	17 / 0.7%
Black or African American	210 / 8.2%
Native Hawaiian or other Pacific Islander	4 / 0.2%
White	1,992 / 77.5%
Not listed	66 / 2.6%
I don't know	9 / 0.4%
Prefer not to say	66 / 2.6%

Members can be counted in multiple categories

Education*



*Metrics are based on surveys completed in the reporting period

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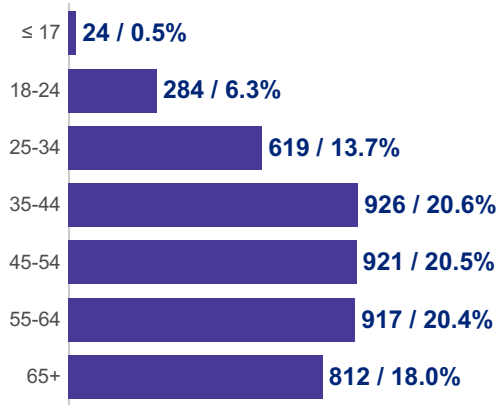
Enrollment - Demographics Year-to-Date

Sample Tobacco Helpline

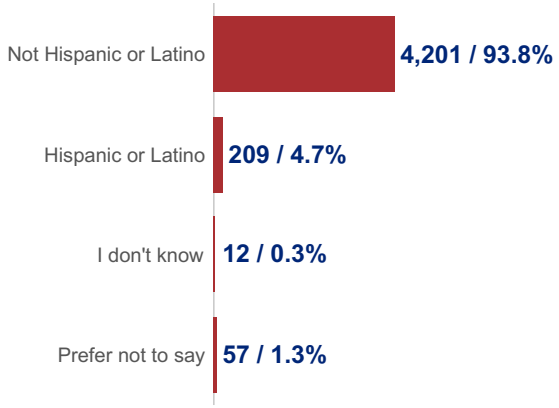
All Groups and Support Tracks

Current Period: Feb 01, 2026 - Feb 28, 2026
Year-to-Date: Jan 01, 2026 - Feb 28, 2026

Age Range YTD



Ethnicity YTD*

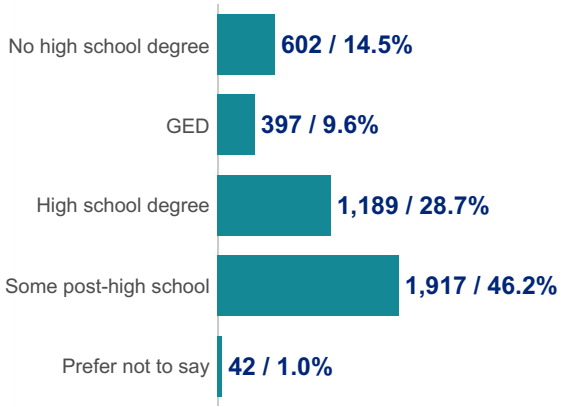


Race YTD*

American Indian or Alaska Native	631 / 14.0%
Asian or Asian American	31 / 0.7%
Black or African American	367 / 8.1%
Native Hawaiian or other Pacific Islander	11 / 0.2%
White	3,475 / 77.2%
Not listed	116 / 2.6%
I don't know	20 / 0.4%
Prefer not to say	123 / 2.7%

Members can be counted in multiple categories

Education YTD*



*Metrics are based on surveys completed in the reporting period

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Enrollment - Health Status

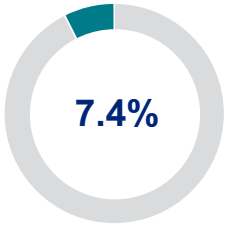
Metrics are based on surveys completed in the reporting period

Sample Tobacco Helpline

All Groups and Support Tracks

Current Period: Feb 01, 2026 - Feb 28, 2026
Year-to-Date: Jan 01, 2026 - Feb 28, 2026

Pregnant, Postpartum, or Planning



YTD: 10.0%

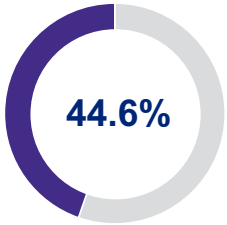
Percent of women aged 18-50 reporting one or more statuses listed below

Pregnancy Status

Given birth within the last 6 months	8
Given birth within the last year	15
Currently pregnant	12
Currently breastfeeding	8
Planning to get pregnant within the next 3 months	11
None of these	650

Members can be counted in multiple categories

Chronic Conditions



YTD: 42.0%

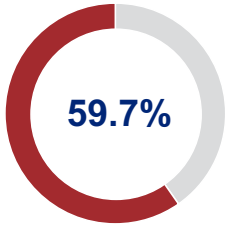
Percent of members reporting one or more chronic health conditions

Top Conditions

Chronic bronchitis (COPD or CLRD)	430
Pre-diabetes	128
Diabetes type 2	234
Diabetes type 1	23
Cancer	145
Stroke	117
Asthma	310
Coronary artery disease (CAD)	133
Heart failure (CHF)	110
Angina or heart pain	91
Irregular heartbeat	193
Heart attack	141
Atrial Fibrillation (AFib)	9
None of these	1,327

Members can be counted in multiple categories

Behavioral Health



YTD: 62.8%

Percent of members reporting one or more behavioral health conditions

Impacts to Quitting

Members who report one or more behavioral health conditions are asked the follow-up questions,

Do you think this will make it harder for you to quit?

Responses:

Yes	635	Members enrolled in Behavioral Health Support if available
Don't know	309	
No	585	
Prefer not to say	6	

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Baseline Tobacco and Nicotine

Metrics are based on surveys completed in the reporting period

Sample Tobacco Helpline

All Groups and Support Tracks

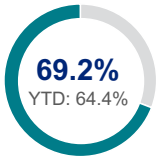
Current Period: Feb 01, 2026 - Feb 28, 2026

Year-to-Date: Jan 01, 2026 - Feb 28, 2026

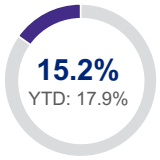
Tobacco & Nicotine Products Used

Utilization Type

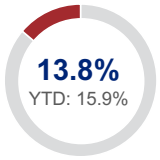
Tobacco Only



E Cigarettes Only



Tobacco & E Cigarettes



No Recent Use: 1.9% YTD: 1.8%

Tobacco & Nicotine Type

	Current	YTD
Cigarettes	1,739	2,964
Cigars	181	308
E Cigarettes	700	1,419
Nicotine Pouches	14	14
Pipe	22	45
Smokeless	245	419
Water Pipes	4	12
Other	3	3
No Recent Use	45	76

Members can be counted in multiple categories

Product Utilization

One type
1,938 / 81.8%
YTD: 3,287 / 79.7%

Two types
347 / 14.6%
YTD: 662 / 16.1%

Three types
68 / 2.9%
YTD: 133 / 3.2%

Four or more types
17 / 0.7%
YTD: 41 / 1.0%

Measures of Nicotine Dependence

Average Utilization

18
YTD: 18

Cigarettes per day on days smoked

25
YTD: 26

Days vapers utilized E Cigarettes in the last month

Utilization Frequency

Every Day - 2,183 / 94.1%
YTD: 3,819 / 94.1%

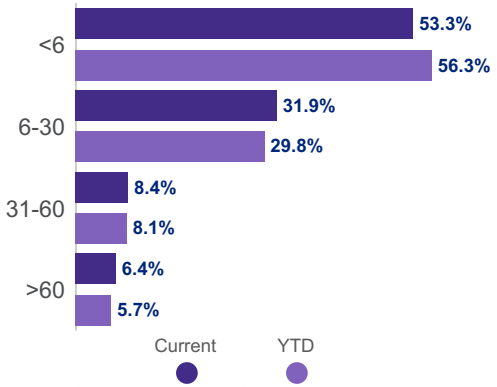
Some Days - 76 / 3.3%
YTD: 133 / 3.3%

Not At All - 55 / 2.4%
YTD: 100 / 2.5%

Prefer Not To Say - 2 / 0.1%
YTD: 3 / 0.1%

I Don't Know - 3 / 0.1%
YTD: 3 / 0.1%

Minutes to First Use After Waking



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Services Summary

Sample Tobacco Helpline

All Groups and Support Tracks

Current Period: Feb 01, 2026 - Feb 28, 2026
Year-to-Date: Jan 01, 2026 - Feb 28, 2026

3,345
Engaged Members
YTD: 5,394

68.8% (Members: 2,303)
Interacted Live with a Coach
YTD: 65.0% (Members: 3,505)

Coaching Sessions	**3,094**	YTD: 5,526
Support Interactions	**202**	YTD: 377

58.3%* (Members: 1,949)
Utilized Digital Tools
YTD: 64.0% (Members: 3,451)

Resources Utilized	**7,582**	YTD: 14,189

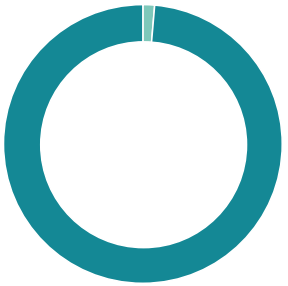
*Includes “Text a Coach” enrollments

Live Coach Interactions

Interaction Modalities

	Current	YTD
Calls	**3,248**	**5,793**
Chats	**43**	**101**
Texts	**4**	**7**
Group Sessions	**1**	**2**
In-Person	**0**	**0**

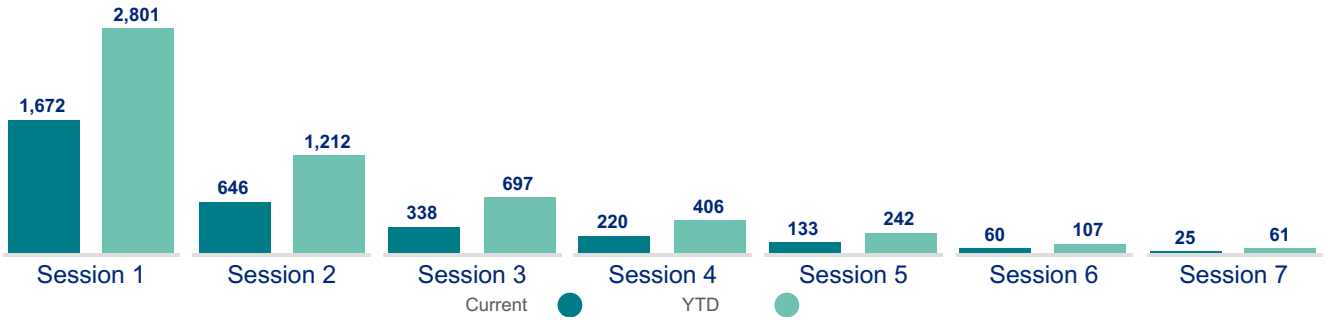
Modality Utilization



One modality
2,272 / 98.7%
YTD: 3,458 / 98.7%

Two modalities
31 / 1.3%
YTD: 47 / 1.3%

Members Completing Coaching Sessions



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Nicotine Replacement Therapy (NRT)

Sample Tobacco Helpline

All Groups and Support Tracks

Current Period: Feb 01, 2026 - Feb 28, 2026
Year-to-Date: Jan 01, 2026 - Feb 28, 2026

2,494
Members Sent NRT
YTD: 4,163

2,686
Orders Shipped
YTD: 4,922

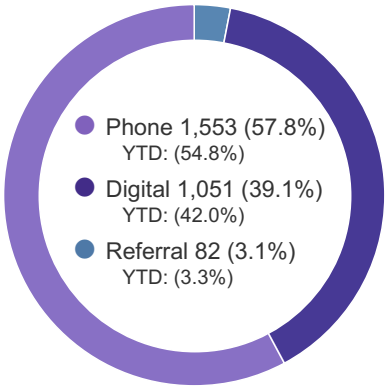
3
Average Days from Order to Delivery
YTD: 3

78.9%
of members sent NRT
YTD: 80.8%

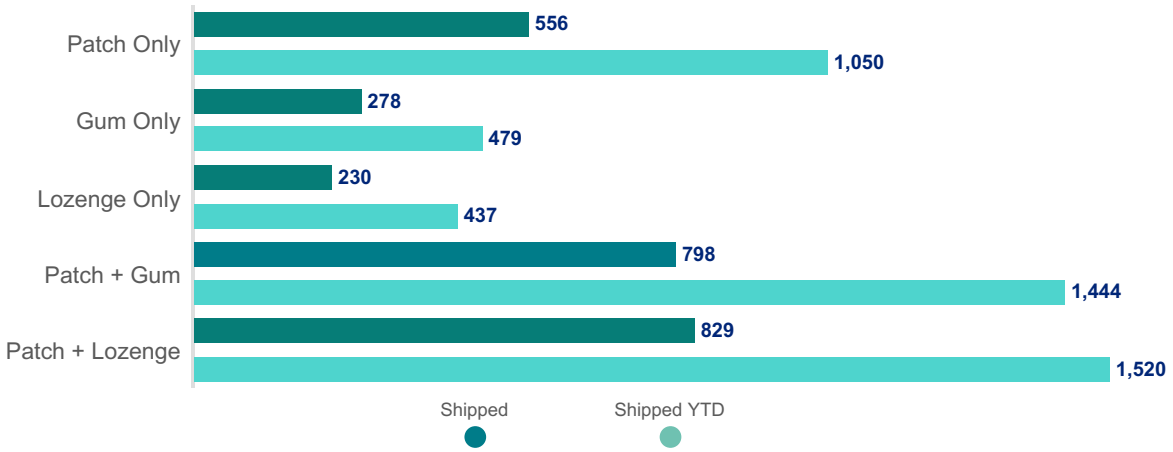
Members Sent NRT Shipments

Shipment 1	Shipment 2	Shipment 3
2,149	420	117
YTD: 3,769	YTD: 901	YTD: 252

Orders by NRT Assessment Method



Orders Shipped by NRT Type



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Executive Summary

Metric	Definition	Numerator	Denominator
"Text a Coach" Enrollments	Count of enrollments in a supplemental coach texting program during the reporting period.	N/A	N/A
Coaching Sessions	Count of sessions completed during the reporting period where members interacted with live coaches, contributing to their continuing journeys to quitting tobacco and/or nicotine.	N/A	N/A
Engaged Members	Count of unique members who had at least one live coach interaction or digital tools interaction during the reporting period.	N/A	N/A
Enrollments	Count of unique new enrollments during the reporting period. This count can include re-enrollments (members with at least one previous enrollment).	N/A	N/A
Interacted Live with a Coach	Percent of unique members who had at least one live coach interaction, via coaching session or support session, during the reporting period.	Count of members who had at least one live coach interaction during the reporting period	Count of unique members who had at least one live coach interaction or digital tools interaction during the reporting period
Member Interactions	Aggregate of coaching sessions, support sessions, and digital resources utilized during the reporting period.	N/A	N/A
Monthly Enrollment Trend	Count of unique enrollments (including new enrollments and re-enrollments) for the current month's reporting period, as well as the preceding 11 calendar months.	N/A	N/A
Percent of Members Sent Nicotine Replacement Therapies	Percent of members who were enrolled, and were also sent NRT shipments, during the reporting period. Excludes members who were sent NRT shipments during the reporting period yet enrolled in a previous reporting period.	Count of unique new enrollments during the reporting period, who were also sent NRT shipments during the reporting period	Count of unique new enrollments during the reporting period

Executive Summary

Metric	Definition	Numerator	Denominator
Readiness to Quit	Percentage distribution of survey responses during the reporting period by readiness to quit stage. Coaches utilize this information to identify strategies to assist members in progressing to the next stage. Readiness to quit stages are as follows: Quit Date Not Set: Member has not set a quit date Contemplator: Quit date set more than 30 days after member enrollment date Ready to Quit: Quit date set within 30 days of member enrollment date Already Quit: Member maintenance	Count of survey responses (readiness to quit) during the reporting period by readiness to quit stage	Count of survey responses (readiness to quit) during the reporting period
Re-Enrollments	Count of unique new enrollments during the reporting period for members with at least one previous enrollment. Members can have multiple program enrollments over time, including within the same reporting period.	N/A	N/A
Resources Utilized	Total digital resources utilized during the reporting period.	N/A	N/A
Support Interactions	Count of sessions completed during the reporting period where members interacted with live coaches who provided administrative or technical support to the members.	N/A	N/A
Utilized Digital Tools	Percent of unique members who utilized digital tools during the reporting period.	Count of unique members who utilized digital tools during the reporting period	Count of unique members who had at least one live coach interaction or digital tools interaction during the reporting period

Enrollment Summary

Metric	Definition	Numerator	Denominator
Enrollments	Count of unique new enrollments during the reporting period. This count can include re-enrollments (members with at least one previous enrollment).	N/A	N/A
Entry Method	Percentage distribution/count of new enrollments during the reporting period, via digital (online) or phone (coach, etc...).	Count of new enrollments during the reporting period by digital or phone	Count of new enrollments during the reporting period
Health Insurance Type	Percentage distribution/count of new enrollments during the reporting period by health plan type.	Count of new enrollments during the reporting period by health plan type	Count of new enrollments during the reporting period
How Heard About	Percentage distribution/count of survey responses during the reporting period by how enrolled members heard about the program.	Count of survey responses (how heard about) during the reporting period by how enrolled members heard about the program	Count of survey responses (how heard about) during the reporting period
Support Track	Percentage distribution/count of new enrollments during the reporting period by program tracks tailored to meet member needs.	Count of new enrollments during the reporting period by program track	Count of new enrollments during the reporting period
Unique Members by Utilization Type	Percentage distribution/unique count of survey responses during the reporting period by enrolled member utilization types. Utilization types are as follows, and each type is mutually exclusive (enrolled members will only be included in one of these types): Tobacco only: Members utilized tobacco only E Cigarettes only: Members utilized ecigarettes only Tobacco & E Cigarettes: Members utilized both tobacco and ecigarettes No Recent Use: Members had no tobacco and/or ecigarette utilization in the last 30 days	Unique count of survey responses (utilization types) during the reporting period for enrollments by utilization types	Unique count of survey responses (utilization types) during the reporting period for enrollments

Enrollment Summary – Health Status

Metric	Definition	Numerator	Denominator
Behavioral Health-Impacts to Quitting	Count of survey responses during the reporting period by answers to the question: Do you think this will make it harder for you to quit?	N/A	N/A
Behavioral Health-Percent Reporting Behavioral Health Condition	Percent of survey responses during the reporting period for enrolled members who reported one or more behavioral health conditions.	Count of survey responses (behavioral health conditions) during the reporting period for enrolled members who reported one or more behavioral health conditions	Count of survey responses (behavioral health conditions) during the reporting period
Chronic Conditions-Percent Reporting Chronic Health Condition	Percent of survey responses during the reporting period for enrolled members who reported one or more chronic health conditions.	Count of survey responses (chronic conditions) during the reporting period for enrolled members who reported one or more chronic health conditions	Count of survey responses (chronic conditions) during the reporting period
Chronic Conditions-Top Conditions	Count of survey responses during the reporting period by chronic health condition. Members can be counted in multiple chronic condition categories.	N/A	N/A
Pregnant, Postpartum, or Planning-Percent Reporting Pregnancy	Percent of survey responses during the reporting period for enrolled members (women, aged 18-50) who reported a current, recent, or planned pregnancy.	Count of survey responses (pregnant, postpartum, or planning) during the reporting period for enrolled members (women, aged 18-50) who reported a current, recent, or planned pregnancy	Count of survey responses (pregnant, postpartum, or planning) during the reporting period
Pregnant, Postpartum, or Planning-Pregnancy Status	Count of survey responses during the reporting period by pregnancy status. Members can be counted in multiple pregnancy status categories.	Count of survey responses (pregnancy status) during the reporting period by pregnancy status	Count of survey responses (pregnancy status) during the reporting period

Enrollment Summary – Demographics

Metric	Definition	Numerator	Denominator
Age Range	Percentage distribution/count of new enrollments during the reporting period by age range. Age ranges align with BRFSS categories.	Count of new enrollments during the reporting period by age range	Count of new enrollments during the reporting period
Education	Percentage distribution/count of survey responses during the reporting period by enrolled member education attained.	Count of survey responses (education) during the reporting period by enrolled member education attained	Count of survey responses (education) during the reporting period
Ethnicity	Percentage distribution/count of survey responses during the reporting period by enrolled member ethnicity.	Count of survey responses (ethnicity) during the reporting period by enrolled member ethnicity	Count of survey responses (ethnicity) during the reporting period
Gender	Percentage distribution/count of survey responses during the reporting period by enrolled member gender.	Count of survey responses (gender) during the reporting period by enrolled member gender	Count of survey responses (gender) during the reporting period
Race	Percentage distribution/count of survey responses during the reporting period by enrolled member race. Members can be counted in multiple race categories.	Count of survey responses (race) during the reporting period by enrolled member race	Count of survey responses (race) during the reporting period
Sexual Orientation	Percentage distribution/count of survey responses during the reporting period by enrolled member sexual orientation. Members can be counted in multiple sexual orientation categories.	Count of survey responses (sexual orientation) during the reporting period by enrolled member sexual orientation	Count of survey responses (sexual orientation) during the reporting period

Baseline Tobacco & Nicotine Utilization

Metric	Definition	Numerator	Denominator
Average Utilization-Cigarettes per day	Average cigarette count on days members smoke in the last month.	Sum of cigarette counts on the days members smoked in the last month	Count of days in the month
Average Utilization-E Cigarette utilization	Average days members utilized ecigarettes/vaporizers in the last month.	Sum of days members utilized ecigarettes/vaporizers in the last month	Count of days in the month
Minutes to First Use After Waking	Percentage distribution of survey responses during the reporting period by the average number of minutes before members first utilize tobacco and ecigarettes (including vaporizers) after waking.	Count survey responses (utilization after waking) during the reporting period by the average number of minutes before members first utilize tobacco and ecigarettes (including vaporizers) after waking	Count survey responses (utilization after waking) during the reporting period
Product Utilization	Percentage distribution/count of survey responses during the reporting period by the number of tobacco and/or nicotine types utilized.	Count of survey responses (tobacco/nicotine) during the reporting period by the number of tobacco and/or nicotine types utilized	Count of survey responses (tobacco/nicotine) during the reporting period
Tobacco & Nicotine Type	Count of survey responses during the reporting period by tobacco and nicotine types utilized. Members can utilize more than one tobacco and/or nicotine type.	N/A	N/A

Baseline Tobacco & Nicotine Utilization

Metric	Definition	Numerator	Denominator
Utilization Frequency	Percentage distribution/count of survey responses during the reporting period by how often members utilized tobacco and ecigarettes (including vaporizers).	Count of survey responses (frequency) during the reporting period by how often members utilized tobacco and ecigarettes (including vaporizers)	Count of survey responses (frequency) during the reporting period
Utilization Type	Percentage distribution/unique count of survey responses during the reporting period by enrollments utilization types. Utilization types are as follows, and each type is mutually exclusive (enrolled members will only be included in one of these types): Tobacco only: Members utilized tobacco only E Cigarettes only: Members utilized ecigarettes only Tobacco & E Cigarettes: Members utilized both tobacco and ecigarettes No Recent Use: Members had no tobacco and/or ecigarette utilization in the last 30 days	Unique count of survey responses (utilization types) during the reporting period for enrolled members by utilization types	Unique count of survey responses (utilization types) during the reporting period for enrolled members

Services Summary

Metric	Definition	Numerator	Denominator
Coaching Sessions	Count of sessions completed during the reporting period where members interacted with live coaches, contributing to their continuing journeys to quitting tobacco and/or nicotine.	N/A	N/A
Engaged Members	Count of unique members who had at least one live coach interaction or digital tools interaction during the reporting period.	N/A	N/A
Interacted Live with a Coach	Percent of unique members who had at least one live coach interaction, via coaching session or support session, during the reporting period.	Count of members who had at least one live coach interaction during the reporting period	Count of unique members who had at least one live coach interaction or digital tools interaction during the reporting period
Interaction Modalities	Count of live coach interactions (coaching sessions/support interactions) during the reporting period by call, chat, text, and group session modalities.	N/A	N/A
Members Completing Coaching Sessions	Count of live coaching sessions completed during the reporting period by coaching session number (1-7).	N/A	N/A

Services Summary

Metric	Definition	Numerator	Denominator
Modality Utilization	Percentage distribution/count of modalities utilized during the reporting period when members interacted with live coaches.	Count of members who had at least one live coach interaction during the reporting period by number of modalities utilized (one, two, three, or four)	Count of members who had at least one live coach interaction during the reporting period
Resources Utilized	Total digital resources utilized during the reporting period.	N/A	N/A
Support Interactions	Count of sessions completed during the reporting period where members interacted with live coaches who provided administrative or technical support to the members.	N/A	N/A
Utilized Digital Tools	Percent of unique members who utilized digital tools during the reporting period.	Count of unique members who utilized digital tools during the reporting period	Count of unique members who had at least one live coach interaction or digital tools interaction during the reporting period

Nicotine Replacement Therapy (NRT)

Metric	Definition	Numerator	Denominator
Average Days from Order to Delivery	Average lead time (order to delivery) for NRT orders shipped during the reporting period.	Sum of lead times (order to delivery) for NRT orders shipped during the reporting period	Count of NRT orders shipped during the reporting period
Members Sent NRT	Count of members who were both enrolled and sent NRT shipments during the reporting period.	N/A	N/A
Members Sent NRT Shipments	Count of NRT orders shipped during the reporting period by shipment number (1-3).	N/A	N/A
Orders by NRT Assessment Method	Percentage distribution/count of enrollment modalities (phone or digital) utilized by members sent NRT shipments during the reporting period.	Count of enrollment modalities (phone or digital) utilized by members sent NRT shipments during the reporting period	Count of members sent NRT shipments during the reporting period
Orders Shipped	Count of NRT orders shipped during the reporting period. Can include shipments associated with enrollments from a previous period.	N/A	N/A
Orders Shipped by NRT Type	Count of NRT order types shipped during the reporting period.	N/A	N/A
Percent of Members Sent Nicotine Replacement Therapies	Percent of members who were enrolled, and were also sent NRT shipments, during the reporting period. Excludes members who were sent NRT shipments during the reporting period yet enrolled in a previous reporting period.	Count of unique new enrollments during the reporting period, who were also sent NRT shipments during the reporting period	Count of unique new enrollments during the reporting period

Attachment 12 – Referral Volumes and Outcomes Excerpt

RVOHealth

Current Period: 03/01/2026 - 03/31/2026
Year to Date: 01/01/2026 - 03/31/2026

Print Date/Time: 04/02/2026 02:44:45 PM

Referral Volumes and Acceptance Rates, Overall and Grouped by Source Type

		Current Period											
FIELD DEFINITIONS:		Received in Current Period	Received in Current Period, not yet closed	Received and closed in Current Period	Received prior to Current Period and closed in Current Period	TOTAL closed in Current Period (regardless of when received); sum of "Closed, received in Current" + "Closed, received prior"	ADJUSTED TOTAL closed in Current Period (regardless of when received) with statuses: Accepted, Declined, Unable to Reach, or Do Not Contact.	Closed in Current Period with "Accepted" status (regardless of when received)	Accepted / Closed Overall	Accepted / Closed Adjusted Net	Received YTD	Received YTD closed
Default Sort Order	Referring Source Type	Received	Pending	Closed, received in Current	Closed, received prior	Closed Overall	Closed Adjusted / Net	Accepted	Overall Acceptance Rate	Adjusted / Net Acceptance Rate	Received	Percent
0	TOTAL	1065	138	927	774	1701	874	71	4.2%	8.1%	3275	
1	Fax	65	14	51	25	76	55	6	7.9%	10.9%	196	
2	File	62	10	52	7	59	54	6	10.2%	11.1%	196	
3	HL7	661	80	581	468	1049	492	27	2.6%	5.5%	1892	
4	Online	276	34	242	273	515	273	32	6.2%	11.7%	990	
5	Service Recovery	0	0	0	1	1	0	0	0.0%	0.0%	0	
6	Voicemail	1	0	1	0	1	0	0	0.0%	0.0%	1	

Overall + Source Type | Referring Facility + Source | Referring Provider + Source | HS+Facility+Provider+Source | Services Accepted by Facility | Outcomes Detail | Outcomes Detail by HS+Facility

Attachment 13 – Monthly Data Extract Excerpts

The following screenshots are not intended to be exhaustive; they only include data points of interest.

Referrals

EVENT_DATE_TS	EVENT_TYPE	EVENT_RESULT	IS_EVENT_REFERRAL_CLOSE	REFERRAL_STATUS	REFERRAL_EVENT_SEQUENCE_OVERALL	ATTEMPT_SEQUENCE
2026-02-05 20:44:22	attempt - telephonic	do not contact	0	pending	4	2
2026-02-03 22:00:02	referral received	pending	0	pending	1	
2026-02-04 20:24:50	referral closed	accepted	1	accepted	2	
2026-02-03 22:10:01	referral received	pending	0	pending	1	
2026-02-04 20:43:49	attempt - telephonic	unable to reach	0	pending	2	1
2026-02-05 21:23:30	attempt - telephonic	unable to reach	0	pending	3	2
2026-02-09 21:31:03	attempt - telephonic	unable to reach	0	pending	4	3
2026-02-25 04:03:00	referral closed	unable to reach	1	unable to reach	5	
2026-02-03 22:10:04	referral received	pending	0	pending	1	
2026-02-04 17:55:51	referral closed	accepted	1	accepted	2	
2026-02-03 22:11:49	referral received	pending	0	pending	1	
2026-02-04 18:12:37	referral closed	accepted	1	accepted	2	
2026-02-03 22:14:01	referral received	pending	0	pending	1	
2026-02-04 20:40:46	attempt - telephonic	unable to reach	0	pending	2	1
2026-02-05 21:21:53	referral closed	do not contact	1	do not contact	3	
2026-02-05 21:21:54	attempt - telephonic	do not contact	0	pending	4	2
2026-02-03 22:18:42	referral received	pending	0	pending	1	
2026-02-04 18:17:38	attempt - telephonic	unable to reach	0	pending	2	1
2026-02-13 19:34:58	attempt - telephonic	unable to reach	0	pending	3	2
2026-02-14 19:36:40	attempt - telephonic	unable to reach	0	pending	4	3
2026-02-15 05:00:33	referral closed	unable to reach	1	unable to reach	5	
2026-02-03 22:22:19	referral received	pending	0	pending	1	
2026-02-04 18:26:44	referral closed	accepted	1	accepted	2	
2026-02-03 22:23:21	referral received	pending	0	pending	1	
2026-02-04 00:16:18	referral closed	duplicate record	1	duplicate record	2	
2026-02-03 22:26:22	referral received	pending	0	pending	1	
2026-02-04 18:06:45	attempt - telephonic	unable to reach	0	pending	2	1
2026-02-15 21:11:23	attempt - telephonic	unable to reach	0	pending	3	2
2026-02-16 19:31:04	attempt - telephonic	unable to reach	0	pending	4	3
2026-02-17 05:00:41	referral closed	unable to reach	1	unable to reach	5	
2026-02-03 22:28:30	referral received	pending	0	pending	1	
2026-02-04 21:01:18	attempt - telephonic	unable to reach	0	pending	2	1
2026-02-05 21:24:38	attempt - telephonic	unable to reach	0	pending	3	2
2026-02-09 21:34:34	attempt - telephonic	unable to reach	0	pending	4	3
2026-02-25 04:03:13	referral closed	unable to reach	1	unable to reach	5	
2026-02-03 22:32:55	referral received	pending	0	pending	1	
2026-02-04 18:07:23	attempt - telephonic	do not contact	0	pending	2	1

Enrollments

SupportTier	SupportTrack	ProgramEnrollmentDateTs	EntryMethod	EnrollmentMethod	AgeAtEnrollment	HealthPlanType	OKToEmail	OKToText	ConsentToFollowUp
Coach+	Standard Care	02/25/2026 12:40:50 AM	phone	phone	54	Medicaid	1	0	1
Coach+	Standard Care	02/05/2026 11:20:00 PM	phone	phone	67	Medicare	1	1	1
Coach	Standard Care	02/01/2026 07:54:49 PM	digital	digital	44	Private	0	1	0
Coach+	Standard Care	02/27/2026 01:24:55 AM	digital	digital	69	Medicare	1	1	0
Coach+	Standard Care	02/20/2026 12:31:28 AM	phone	phone	60	Uninsured	0	1	1
Coach+	Behavioral Health	02/18/2026 06:24:40 PM	referral - fax	phone	41	Uninsured	1	1	0
Coach+	Standard Care	02/13/2026 05:49:06 PM	digital	digital	41	Uninsured	0	0	0
Coach	Standard Care	02/05/2026 04:27:05 PM	phone	phone	61	Private	1	1	1
Coach+	Behavioral Health	02/21/2026 10:12:15 PM	phone	phone	37	Uninsured	0	0	1
Coach+	Behavioral Health	02/09/2026 09:25:02 PM	phone	phone	70	Medicare	1	1	1
Coach+	Standard Care	02/05/2026 08:12:38 PM	phone	phone	68	Medicare	0	1	1
Coach+	Behavioral Health	02/12/2026 03:24:21 PM	phone	phone	71	Medicare	0	0	1
Coach+	Standard Care	02/02/2026 04:31:18 PM	phone	phone	33	Medicaid	0	0	0
Coach+	Pregnancy and Postpartum	02/14/2026 05:18:55 PM	digital	digital	30	Private	1	1	1
Coach	Standard Care	02/22/2026 02:47:55 PM	referral - hl7	phone	55	Private	1	0	1
Coach+	Behavioral Health	02/17/2026 12:07:49 AM	digital	digital	41	Private	1	1	1
Coach+	Standard Care	02/18/2026 03:41:02 PM	phone	phone	61	Medicaid	0	1	1
Coach+	Behavioral Health	02/07/2026 11:21:40 PM	digital	digital	69	I don't know	0	0	1
Coach+	Standard Care	02/11/2026 10:13:05 PM	phone	phone	42	Medicaid	0	0	0
Coach+	Behavioral Health	02/11/2026 05:20:28 PM	phone	phone	64	Medicare	1	1	1
Coach+	Behavioral Health	02/28/2026 05:45:09 PM	phone	phone	74	Medicare	0	1	1
Coach+	Standard Care	02/10/2026 03:58:13 PM	digital	digital	59	Indian Health Services or Tribal Health org	0	0	0
Coach+	Standard Care	02/28/2026 03:36:08 PM	referral - file	phone	71	Medicare	1	1	1
Coach	Standard Care	02/14/2026 06:59:15 PM	digital	digital	35	I don't know	1	1	1
Coach	Standard Care	02/22/2026 01:15:53 AM	digital	digital	47	Private	0	0	0
Coach+	Standard Care	02/20/2026 08:27:57 PM	phone	phone	51	Medicaid	0	0	0
Coach	Standard Care	02/15/2026 09:43:48 PM	phone	phone	54	Private	0	0	1
Coach+	Standard Care	02/08/2026 02:37:50 AM	digital	digital	31	Uninsured	1	1	0
Coach+	Standard Care	02/23/2026 06:06:49 PM	phone	phone	79	Uninsured	1	0	1
Coach+	Standard Care	02/19/2026 06:21:54 PM	phone	phone	60	Medicare	0	1	1
Coach+	Standard Care	02/11/2026 07:43:27 PM	digital	digital	34	Medicaid	1	1	1
Coach+	Behavioral Health	02/01/2026 08:51:31 PM	phone	phone	61	Medicare	0	0	1
Coach	Standard Care	02/17/2026 11:35:07 PM	digital	digital	64	Private	0	1	1
Coach+	Standard Care	02/23/2026 11:10:09 PM	digital	digital	43	Uninsured	1	1	1
Coach+	Standard Care	02/16/2026 05:15:05 PM	digital	digital	66	Medicare	1	1	0
Coach+	Pregnancy and Postpartum	02/25/2026 07:11:47 AM	digital	digital	26	Private	1	1	0

Coaching Interactions

InteractionCloseDateTs	InteractionCloseStatus	InteractionCloseModality	InteractionPurpose	IsSuccessfulInteractionYN	IsCoachingSessionYN	IsAdminSupportYN
12/01/2024 06:00:20 AM	unreachable	call	1-1 interaction 1	0	0	0
12/11/2024 06:00:33 AM	unreachable	call	1-1 interaction 5	0	0	0
12/25/2024 12:27:03 AM	cancelled	n/a	group interaction 1	0	0	0
12/05/2024 05:12:16 PM	successful	text/sms	support interaction	1	0	1
12/09/2024 07:17:34 PM	successful	call	1-1 interaction 1	1	1	0
12/11/2024 06:19:58 PM	cancelled	n/a	1-1 interaction 1	0	0	0
12/27/2024 05:15:33 AM	successful	call	1-1 interaction 1	1	1	0
12/19/2024 05:55:21 PM	successful	call	1-1 interaction 1	1	1	0
12/19/2024 06:00:17 AM	cancelled	n/a	1-1 interaction 2	0	0	0
12/13/2024 11:34:39 PM	cancelled	n/a	1-1 interaction 5	0	0	0
12/05/2024 06:00:30 AM	unreachable	call	1-1 interaction 2	0	0	0
12/23/2024 03:41:56 PM	successful	call	1-1 interaction 1	1	1	0
12/10/2024 01:10:52 AM	unreachable	call	1-1 interaction 3	0	0	0
12/17/2024 06:00:23 AM	unreachable	call	1-1 interaction 3	0	0	0
12/01/2024 08:05:00 PM	successful	call	1-1 interaction 1	1	1	0
12/17/2024 12:23:11 AM	cancelled	n/a	1-1 interaction 5	0	0	0
12/10/2024 06:00:26 AM	unreachable	call	1-1 interaction 3	0	0	0
12/31/2024 05:49:24 PM	successful	call	support interaction	1	0	1
12/11/2024 09:52:01 PM	unreachable	call	1-1 interaction 1	0	0	0
12/17/2024 12:49:34 AM	successful	online chat	1-1 interaction 1	1	1	0
12/30/2024 12:25:38 AM	cancelled	n/a	group interaction 1	0	0	0
12/04/2024 10:03:01 PM	unreachable	call	1-1 interaction 5	0	0	0
12/17/2024 07:59:07 PM	unreachable	call	1-1 interaction 3	0	0	0
12/10/2024 09:55:24 PM	successful	call	1-1 interaction 2	1	1	0
12/12/2024 06:45:43 PM	successful	call	group interaction 1	1	1	0
12/20/2024 06:00:18 AM	cancelled	n/a	1-1 interaction 2	0	0	0
12/05/2024 11:05:52 PM	unreachable	call	1-1 interaction 1	0	0	0

NRT Orders

SupportTrack	NRTSequence	NRTEventDateTs	NRTEvent	CombinationNRTYN	PatchWeeksIncluded	GumBoxesIncluded	LozengeBoxesIncluded	NRTDescription
Standard Care	1	2024-12-17 22:58:42	shipment transit	1	4	0	3	4 weeks nicotine patch: 4x21mg; supplement with nicotine lozenge: 2mg
Standard Care	1	2024-12-16 19:43:49	shipment transit	0	0	0	3	nicotine lozenge: 4mg x 3 boxes
Standard Care	1	2024-12-18 18:12:00	shipment delivered	0	0	0	3	nicotine lozenge: 4mg x 3 boxes
Digital Only	1	2024-12-13 23:00:00	shipment delivered	1	4	2	0	4 weeks nicotine patch: 4x21mg; supplement with nicotine gum: 4mg
Behavioral Health	1	2024-12-15 20:57:56	order created	0	4	0	0	4 weeks nicotine patch: 4x21mg
Behavioral Health		2024-12-02 00:52:16	clinical recommendation	0	0	5	0	nicotine gum: 4mg x 5 boxes
Digital Only		2024-12-03 22:38:16	clinical recommendation	0	12	0	0	12 weeks nicotine patch: 4x21mg, 4x14mg, 4x7mg
Standard Care	2	2024-12-10 16:09:00	shipment delivered	1	4	0	1	4 weeks nicotine patch: 4x14mg; supplement with nicotine lozenge: 4mg
Standard Care	2	2024-12-03 16:35:32	order created	1	4	0	1	4 weeks nicotine patch: 4x14mg; supplement with nicotine lozenge: 4mg
Behavioral Health		2024-12-29 22:18:43	clinical recommendation	1	12	0	5	12 weeks nicotine patch: 4x21mg, 4x14mg, 4x7mg; supplement with nicotine lozenge: 4mg
Behavioral Health		2024-12-16 08:14:16	clinical recommendation	0	12	0	0	12 weeks nicotine patch: 4x21mg, 4x14mg, 4x7mg
Behavioral Health	1	2024-12-19 16:28:47	order success	0	0	0	4	nicotine lozenge: 4mg x 4 boxes
Behavioral Health	1	2024-12-23 15:22:00	shipment delivered	0	0	0	4	nicotine lozenge: 4mg x 4 boxes
Standard Care	1	2024-12-18 17:06:11	order created	0	4	0	0	4 weeks nicotine patch: 4x21mg
Standard Care	1	2024-12-30 16:33:01	order success	1	4	2	0	4 weeks nicotine patch: 4x21mg; supplement with nicotine gum: 4mg
Digital Only	1	2024-12-01 14:08:17	order success	0	4	0	0	4 weeks nicotine patch: 4x14mg
Behavioral Health	2	2024-12-17 21:58:43	shipment transit	1	4	1	0	4 weeks nicotine patch: 4x14mg; supplement with nicotine gum: 4mg
Behavioral Health	1	2024-12-19 22:20:00	shipment delivered	1	4	2	0	4 weeks nicotine patch: 4x14mg; supplement with nicotine gum: 4mg
Digital Only	1	2024-12-07 18:08:00	shipment delivered	0	4	0	0	4 weeks nicotine patch: 4x21mg
Standard Care		2024-12-11 17:40:16	clinical recommendation	1	12	4	0	12 weeks nicotine patch: 4x21mg, 4x14mg, 4x7mg; supplement with nicotine gum: 4mg
Standard Care	1	2024-12-11 23:27:08	order created	1	4	0	2	4 weeks nicotine patch: 4x21mg; supplement with nicotine lozenge: 4mg
Digital Only		2024-12-04 02:20:16	clinical recommendation	1	12	0	5	12 weeks nicotine patch: 4x21mg, 4x14mg, 4x7mg; supplement with nicotine lozenge: 4mg
Standard Care	1	2024-12-27 19:31:18	order success	1	4	2	0	4 weeks nicotine patch: 4x21mg; supplement with nicotine gum: 4mg
Digital Only	1	2024-12-12 13:28:26	shipment transit	0	0	0	3	nicotine lozenge: 2mg x 3 boxes
q4l_lvf_young_adult	1	2024-12-05 15:59:00	shipment delivered	1	4	2	0	4 weeks nicotine patch: 4x21mg; supplement with nicotine gum: 4mg
Digital Only		2024-12-27 13:02:04	clinical recommendation	0	12	0	0	12 weeks nicotine patch: 4x21mg, 4x14mg, 4x7mg
Digital Only	1	2024-12-04 14:35:35	order created	0	4	0	0	4 weeks nicotine patch: 4x21mg

Digital Activity

SupportTier	SupportTrack	EventType	EventDateTs	WebActivityDay_Overall	EventName
Digital Only	Digital Only	completed survey	2024-12-09 15:05:24	1	Tell us about your nicotine use (survey id: coaching_q4l_readiness_preProgramAssessment)
Digital Only	Digital Only	completed survey	2024-12-08 17:35:26	1	Tell us about your nicotine use (survey id: coaching_q4l_readiness_preProgramAssessment)
Digital Only	Digital Only	clicked content	2024-12-30 13:16:02	2	article: How to Quit For Life
Coach+	Behavioral Health	clicked yes/no action card	2024-12-21 03:52:26	2	action card: Count the money you save by quitting
Digital Only	Digital Only	clicked content	2024-12-16 18:09:54	1	article: The Good News: Quitting Is Possible
Coach+	Standard Care	completed survey	2024-12-05 13:24:23	1	Tell us about your nicotine use (survey id: coaching_q4l_readiness_preProgramAssessment)
Digital Only	Digital Only	completed survey	2024-12-31 14:22:14	1	Tell us about your nicotine use (survey id: coaching_q4l_readiness_preProgramAssessment)
Digital Only	Digital Only	clicked content	2024-12-30 23:07:00	1	video: The Nicotine Cycle & Medications
Digital Only	Digital Only	completed survey	2024-12-20 00:04:55	1	Tell us about your nicotine use (survey id: coaching_q4l_readiness_preProgramAssessment)
Digital Only	Digital Only	clicked content	2024-12-10 18:21:47	2	video: Benefits of Quitting
Digital Only	Digital Only	clicked content	2024-12-28 16:07:00	8	article: Getting Back on Track
Digital Only	Digital Only	clicked content	2024-12-06 02:10:02	6	article: Recognize Menthol Tobacco Products
Coach+	Standard Care	clicked content	2024-12-10 01:36:41	3	article: The Benefits of Quitting Over Time
Digital Only	Digital Only	clicked content	2024-12-26 18:50:27	1	article: Choosing a Nicotine Replacement Therapy
Coach+	Standard Care	completed survey	2024-12-27 13:45:21	1	Tell us about your nicotine use (survey id: coaching_q4l_readiness_preProgramAssessment)
Digital Only	Digital Only	clicked content	2024-12-06 17:10:37	1	article: How to Quit For Life
Digital Only	Digital Only	clicked content	2024-12-13 13:09:56	1	video: Benefits of Quitting
Digital Only	Digital Only	completed survey	2024-12-13 13:18:24	1	Tell us about your nicotine use (survey id: coaching_q4l_readiness_preProgramAssessment)
Digital Only	Digital Only	completed survey	2024-12-02 21:01:24	1	Tell us about your nicotine use (survey id: coaching_q4l_readiness_preProgramAssessment)
Digital Only	Digital Only	completed survey	2024-12-27 22:49:15	4	Don’t let your NRT run out! (survey id: coaching_q4l_nrtSplitShipment)
Digital Only	Digital Only	completed survey	2024-12-16 18:48:24	1	Tell us about your nicotine use (survey id: coaching_q4l_readiness_preProgramAssessment)
Digital Only	Digital Only	clicked content	2024-12-17 18:03:58	7	video: Long-Term Change
Coach+	Behavioral Health	completed survey	2024-12-11 14:33:24	1	Tell us about your nicotine use (survey id: coaching_q4l_readiness_preProgramAssessment)
Digital Only	Digital Only	clicked content	2024-12-13 13:09:56	1	video: Set Your Quit Date
Digital Only	Digital Only	clicked content	2024-12-24 02:49:32	4	article: Why and How to Pick a Quit Date
Digital Only	Digital Only	completed survey	2024-12-10 18:44:25	1	Tell us about your nicotine use (survey id: coaching_q4l_readiness_preProgramAssessment)
Digital Only	Digital Only	completed survey	2024-12-04 02:20:23	1	Tell us about your nicotine use (survey id: coaching_q4l_readiness_preProgramAssessment)

Enrollment Summary Year-to-Date

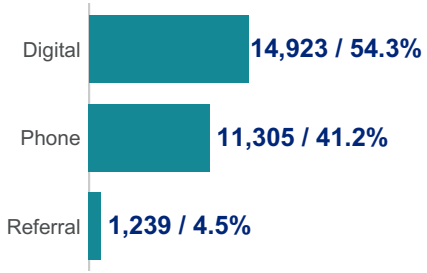
Sample Tobacco Helpline

All Groups and Support Tracks

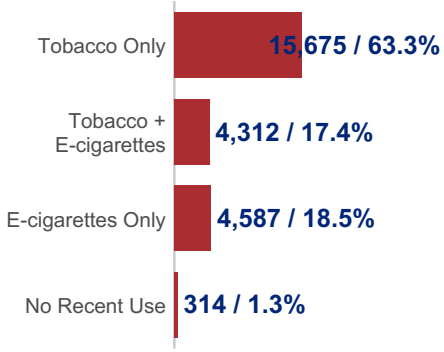
Current Period: Dec 01, 2025 - Dec 31, 2025
Year-to-Date: Jan 01, 2025 - Dec 31, 2025

27,467
Enrollments YTD

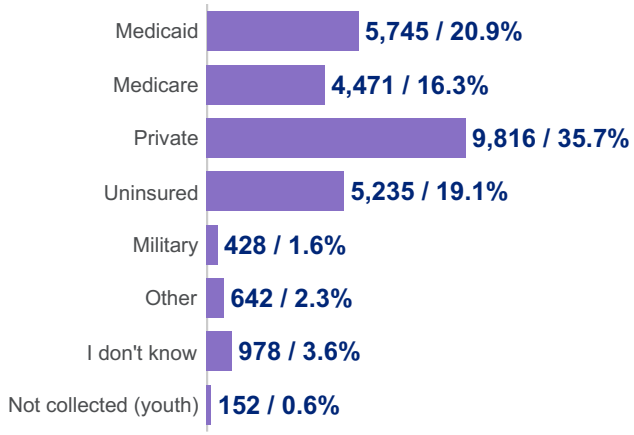
Entry Method YTD



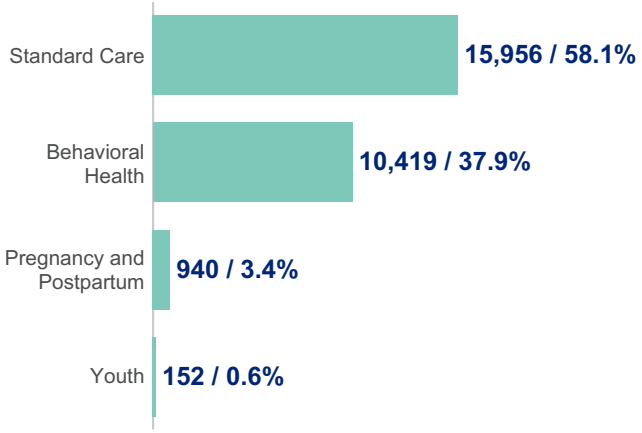
Unique Members by Utilization Type YTD*



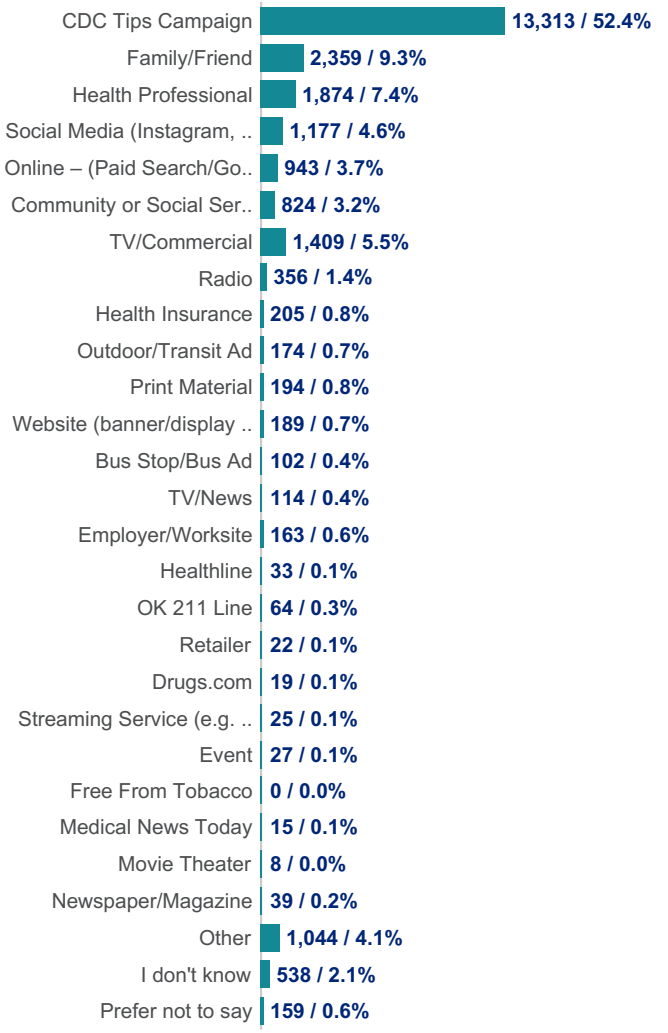
Health Insurance Type YTD



Support Track YTD



How Heard About YTD*



*Metrics are based on surveys completed in the reporting period

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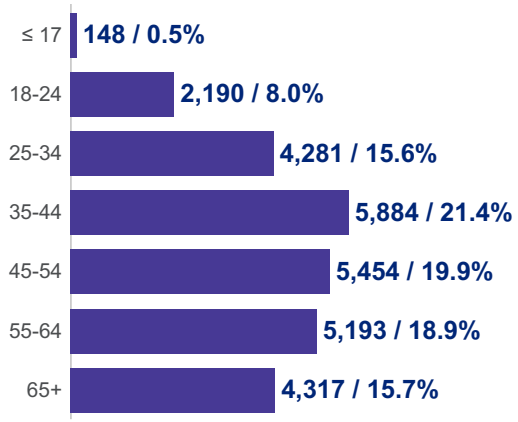
Enrollment - Demographics Year-to-Date

Sample Tobacco Helpline

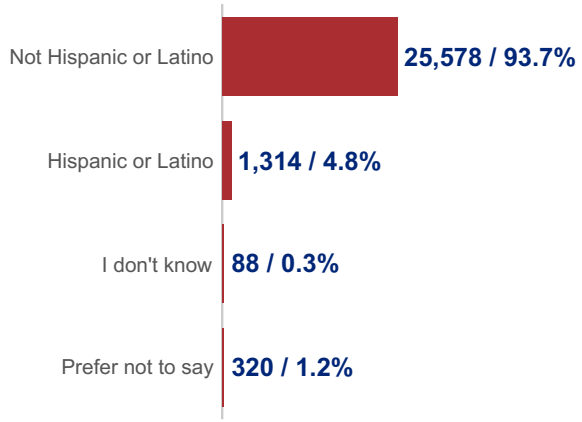
All Groups and Support Tracks

Current Period: Dec 01, 2025 - Dec 31, 2025
Year-to-Date: Jan 01, 2025 - Dec 31, 2025

Age Range YTD



Ethnicity YTD*

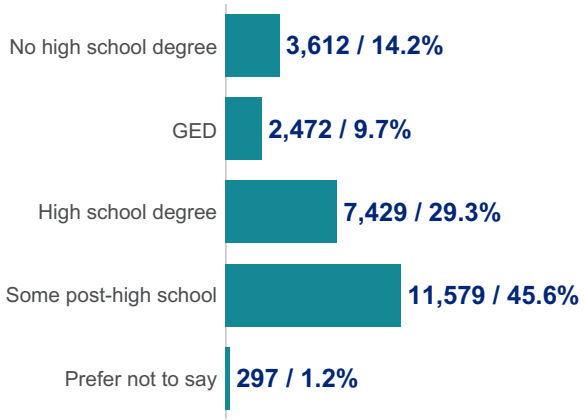


Race YTD*

American Indian or Alaska Native	4,273 / 15.5%
Asian or Asian American	165 / 0.6%
Black or African American	2,278 / 8.3%
Native Hawaiian or other Pacific Islander	115 / 0.4%
White	21,280 / 77.4%
Not listed	671 / 2.4%
I don't know	143 / 0.5%
Prefer not to say	643 / 2.3%

Members can be counted in multiple categories

Education YTD*



*Metrics are based on surveys completed in the reporting period

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Attachment 15 - Out-of-Home Campaigns

Attachment 16: Quit for Life Success Stories

Quit for Life Success Story

Chris's Story

Chris is sixty-four years old and had been smoking since the age of twenty. He grew up in the sixties and seventies when smoking was a part of everyday life. "My parents smoked, my older brothers smoked, my cousins smoked. The only person who didn't smoke was my grandma," he shared. Restaurants, bowling alleys, office buildings, smoking was everywhere. However, over the years, smoking became less and less socially acceptable. He remembers taking his son to a high-school football game and smoking in the bleachers. "Everyone around me looked at me in disgust and started complaining about the smell. I was so ashamed."

Beyond the social stigma, he also was spending a large sum of money on what had become a three-pack a day habit. He also worried about his health as his grandfather had passed away at a relatively young age from smoking.

Nineteen years ago, at the age of forty-five, he knew it was time to make a change. He had learned about the Oklahoma Tobacco Helpline from seeing billboards in town and commercial on tv. He decided to gave us a call and turn his future around while he still could.

How We Helped

When Chris called the Helpline, he learned that we were offering free patches and gum. "I couldn't smoke with a piece of gum in my mouth," he recalled. At thee packs a day, there was almost never a time he didn't have a cigarette in his mouth. "I finished one and would reach for another," he remembered. His coach worked with him to change old habits. He started using the gum regularly rather than smoking during his work day. "I remodeled houses and the customers didn't want me smoking in their houses. I didn't have to go outside anymore. I got a lot more work done."

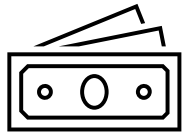
Chris shared one of the things he's enjoyed the most about being a non-smoker is not smelling like smoke. He also has saved thousands of dollars, particularly as the price of cigarettes has increased over time. And most importantly, he's giving himself the best chance of living many more years. This last year, he celebrated his sixty-fourth birthday, which was a birthday his grandfather never got to celebrate.

Every year on his quit anniversary, Chris calls us to thank us for the difference we made in his life. "Each year I get someone different, and each year I share how grateful I am. It works, it's helping people, and it's saving lives. That's the most important thing."

Oklahoma Tobacco Helpline
1 800 QUIT NOW
A Program of TSET

Outcome

Chris has called us every year for nineteen years to express his gratitude for our program.



Chris often thinks about the thousands of dollars he has saved during his many years as a non-smoker.

Chris is glad he hasn't had to suffer the social stigma of being a smoker.

Chris added years to his life by quitting and is grateful we are helping others do the same.

Quit for Life Success Story

Trevor's Story

Trevor is thirty-four years old and had smoked since he was a teenager. Over the years, there were a number of things about smoking that he increasingly began to dislike. First, none of his family members smoked, and he felt embarrassed by the habit. At family gatherings, he would have to go outside away from the others, then feel self-conscious about smelling like smoke when he came back inside. He hated how his car smelled like smoke and knew second-hand smoke also had risks, so he never offered to give family or friends rides in his car. Additionally, it began to impact his breathing and his ability to exercise. He was also concerned about the amount of money he was spending on cigarettes, as they had become increasingly expensive over the years.

Five months prior to deciding to quit smoking, Trevor entered a rehab facility for alcohol addiction. He felt proud of his recovery and knew it was the right time to give up smoking as well. Alcohol and cigarettes had gone hand-in-hand, so quitting smoking felt even more possible. Before calling our program, he had successfully quit smoking for a month, but he found himself struggling with slips when he was around other smokers. He decided to call Quit Now Virginia to see how we could help.

How We Helped

When Trevor called, he reached coach Judy Wachner (pictured). Judy learned that while Trevor's urges had greatly subsided over the last month, he still had strong cravings when he saw people smoking after his AA meetings and had even given in a couple of times. They spent time together coming up with specific coping strategies he could use to manage those cravings. Trevor came up with the idea of repeating mantras to himself as he walked past the other smokers to help him remember why he was doing this. He came up with mantras such as "Live longer" and "You've come so far, don't give up now."

Later in the program, Trevor was happy to report that saying the mantras was working well for him and he had successfully quit for three months. He had already started noticing improved dental health and better breathing. He loved that he didn't have to go outside to smoke at family gatherings. He could also offer to give friends and family rides in his vehicle now that it was smoke-free. He also enjoyed saving money and that food tasted better. At the end of the program, he shared, "I'm very pleased with the type of care I've been getting from this program. Thank you for your dedication to helping me quit. I wish I had reached out sooner."

Outcome

Trevor was thankful for the coaching calls. He felt coaches really listened and were invested in his success.

Trevor came up with the idea of repeating positive mantras to himself to remind him why he was quitting.

Trevor enjoyed many benefits of being a nonsmoker, such as improved breathing, saving money, and better dental health.

Attachment 17 - Nebraska Work Plan

Year 1–2 – 07/01/2026–06/30/2028

Project Milestones	Task Assigned to	Begin by	End by	Actual Start Date	Actual End Date	Task Status	Notes
Contract Execution							
Execute contract	RVO & TFN	06/01/2026	Prior to 08/01/26			Not Started	
Provide current certificates of insurance	RVO	06/01/2026	Prior to 08/01/26			Not Started	
Update certificates of insurance, annually and as needed	RVO	Ongoing	Ongoing			Not Started	
Deliver signed Non-Disclosure Agreement	RVO	06/01/2026	Prior to 08/01/26			Not Started	
Deliver signed HIPAA - Business Associate Agreement	RVO	06/01/2026	Prior to 08/01/26			Not Started	
Obtain NAQC membership	RVO	Completed	Completed			Not Started	
Review and deliver finalized Statement of Work, including all elements related to the delivery of services	RVO & TFN	06/01/2026	Prior to 08/01/26			Not Started	
Statement of Work is updated on an ongoing basis as needed	RVO & TFN	Ongoing	Ongoing			Not Started	
Project Kickoff / New Contract Implementation							
Client Implementation Manager (CIM) and State Client Manager (CM) assigned to oversee contract implementation and State services	RVO	06/01/2026	CIM: Coverage through 09/01/26 CM: Coverage through entirety of contract			Not Started	
Kick-off call, led by CIM and State CM and including all necessary State stakeholders, to review service offerings outlined by contract, communicate high-level implementation schedule, and begin client requirement information	RVO	6/14/2026	Prior to 07/01/26			Not Started	
Compile and Communicate Any Net-New Requests (Billing Rules, Referrals/HL7's, Reporting, Marketing, Additional Program Offerings, and any Development Requirement that need to be configured)	RVO & TFN	6/14/2026	Prior to 09/01/26			Not Started	
CM schedules recurring weekly calls with State stakeholders to review implementation progress and address next steps	RVO	6/14/2026	09/01/2026			Not Started	
Proactive Re-Enrollment Efforts							
Collaboration with previous vendor to acquire list of active particpants in the Quitline from the month before Go-Live Date, compilation of outbound outreach list for RVO to engage with in effort to not disrupt their QUit Journeys	RVO	6/14/2026	7/1/2026			Not Started	
Creation of outbound outreach methodology for RVO Coaches to prioritize active participants into the new services the first month of after launch	RVO	Completed	Completed			Not Started	
Outbound outreach efforts from Coaches and or RVO SMS texting tools to re-enage and or re-enroll active participants into new Quitline services	RVO	7/1/2026	8/1/2026			Not Started	
Determination of Client Requirements							
CIM and CM compile and communicate official client requirements, ensuring all new features, custom work or developmental requests are reported to respective teams	RVO	6/14/2026	7/1/2026			Not Started	
Review Quitline Service offerings and determine specialty track, enhancements, coaching type, and NRT allocations by population type	RVO & TFN	6/14/2026	7/1/2026			Not Started	
Review Live Vape Free program offerings (if included in contract) to be turned on with Go-Live	RVO	6/14/2026	7/1/2026			Not Started	
Review Nebraska specific registration flow, noting MDS and custom registration questions, identifying any revisions TFN desires to make	RVO & TFN	6/14/2026	7/14/2026			Not Started	30 day implementation of net-new questions starts once TFN confirms questions via e-mail
Review health plan pick list and create drop-down	RVO & TFN	6/14/2026	7/1/2026			Not Started	
Keep health plan pick list updated	RVO & TFN	Ongoing	Ongoing			Not Started	

Determine external resource list, updating community resources provided to participants	TFN	6/14/2026	7/1/2026			Not Started	
Review and add program texting capabilities to requirements document (Text2Start, Referral SMS, Marketing Texts, Q4L SMS, Text-A-Coach)	RVO	6/14/2026	7/1/2026			Not Started	
Train Quitline staff, relaying client configuration details to Coaching Operations team and establishing state specific coaching instructions/processes as needed	RVO	6/23/2026	7/1/2026			Not Started	
Update Coaching instructions with relevant services updates	RVO	6/23/2026	7/1/2026			Not Started	
Client Configuration / Engineering							
Engineering team configures and develops new client account into Rally system	RVO	6/1/2026	7/1/2026			Not Started	
Engineering team launches client profile for necessary internal testing, QA and UAT	RVO	6/1/2026	7/1/2026			Not Started	
Go-Live: Internal product acceptance testing completed where enrollment flow, NRT, Online Dashboard, and more are approved and moved to live production	RVO	6/30/2026	7/1/2026			Not Started	
Net-new developmental requests relayed to engineering team and created in client profile	RVO	6/1/2026	Ongoing			Not Started	
Pre-screener and Digital Coach configurations, as outlined in the RFP Response, created and maintained.	RVO	06/01/2026	07/01/2026			Not Started	
Continued monitoring and QA / UAT while product is in live environment	RVO	Ongoing	Ongoing			Not Started	
Quality Assurance and Performance Measures							
QFL will develop and submit a comprehensive Quality Assurance plan to TFN within 60 days of contract start for review and approval. This plan will reflect QFL's established QA/QI framework, including the governance role of the Quality Committee, defined monitoring procedures, and structured reporting processes used to ensure service quality.	RVO	7/1/2026	9/30/2026			Not Started	
QFL will collaborate with TFN during the review process to ensure that the QA plan aligns with state-specific expectations and performance requirements. Any feedback provided by TFN will be incorporated into the final plan to ensure full alignment prior to implementation.	RVO	7/1/2026	9/30/2026			Not Started	
Following approval, QFL will operationalize the QA plan and maintain ongoing communication with TFN through regular reporting and performance review processes. This ensures continued alignment, transparency, and accountability in maintaining and improving the quality of Quitline services throughout the contract period.	RVO & TFN	10/1/2026	Contract End			Not Started	
Telecommunications							
Work with National Cancer Institute to schedule redirect calls to 1-800-QUIT-NOW and 1-855-DÉJELO-YA	RVO	6/1/2026	7/1/2026			Not Started	
Work with National Cancer Institute to redirect National Texting Portal users to QuitNow.net/Nebraska	RVO	6/1/2026	6/1/2026			Not Started	
Implement interpretation services to support languages in addition to English and Spanish	RVO	Complete	Complete			Not Started	
Establish registration and counseling hours of operation to 24/7	RVO	Complete	Complete			Not Started	
Establish TTY and video relay support for those deaf and hard of hearing	RVO	Complete	Complete			Not Started	

Promote designated QFL textline line 21586 to all relevant stakeholders, community partners, and healthcare systems prior to and post Go-Live to ensure the updated texting line it disseminated across all networks.	RVO	6/1/2026	Ongoing			Not Started	
Port vanity lines and texting number (work with previous State vendor/carrier)	RVO & TFN	6/1/2026	9/1/2026			Not Started	
Ensure greeting, display name on follow-up calls, and client name population within Coaching Operations reporting is customized to the state	RVO & TFN	6/1/2026	7/1/2026			Not Started	
Website Management							
Creation of QuitNow.net/Nebraska landing page for state participants to enroll online and access online dashboard, configurable to state	RVO	6/1/2026	7/1/2026			Not Started	
Redirect any existing Nebraska Tobacco Quitline websites to QuitNow.net	RVO	6/1/2026	7/1/2026			Not Started	
Monitor redirect for continued support of existing websites	RVO	Ongoing	Ongoing			Not Started	
Monitor and maintain online dashboard, updating as needed	RVO	Ongoing	Ongoing			Not Started	
Billing							
Review billing configuration, creating any new billing rules as needed	RVO & TFN	07/01/2026	08/01/2026			Not Started	
Confirm monthly billing line-items to reflect agreed upon pricing	RVO & TFN	07/01/2026	08/01/2026			Not Started	
Confirm billing process (recipient contact/stakeholders involved, use of vendor portal, establish lines of communication)	RVO & TFN	07/01/2026	08/01/2026			Not Started	
Send monthly invoices to established state recipients	RVO	08/15/2026	Ongoing monthly delivery on 15th of month			Not Started	
Data and Reporting							
Review reporting suite options and outline any net-new reporting requirements for the state	RVO & TFN	07/14/2026	08/01/2026			Not Started	
Build net-new reporting requests	RVO	08/01/2026	10/01/2026			Not Started	
Set up weekly, monthly and quarterly reporting including service utilization and registration data	RVO	7/1/2026	8/15/2026			Not Started	
Create user access in files.com for report delivery portal	RVO	8/1/2026	8/15/2026			Not Started	
Deliver monthly reports	RVO	08/15/2026	Ongoing monthly delivery on 10th of the month			Not Started	
Deliver quarterly reports	RVO	10/31/2026	Ongoing quarterly delivery on the 31st of the month after quarter ends			Not Started	
Maintain process to support the completion of NAQC and CDC data requests and service information as needed	RVO	Ongoing	Ongoing			Not Started	
Referrals							
Identify new health care systems to implement the sending of referrals via electronic health records	TFN	07/01/2026	Ongoing			Not Started	
Review types of referral methods offered by Nebraska Tobacco Quitline (fax, SFTP/Flat File, HL7, Online Referral Portal)	RVO	7/14/2026	8/14/2026			Not Started	
Send updated fax referral form and provider referral instructions/information	RVO	7/14/2026	8/14/2026			Not Started	
Establish a toll-free line for receipt of referrals via fax	RVO	Complete	Complete			Not Started	
Receive and process fax referrals within 48 hours of receipt	RVO	Complete	Complete			Not Started	
Establish process to fax outcomes back to HIPAA covered entities	RVO	Complete	Complete			Not Started	

Establish process to receive referrals through Online Referral Portal run by vendor	RVO	Complete	Complete			Not Started	
Establish process to receive electronic referrals	RVO	Complete	Complete			Not Started	
Establish process to provide outcomes data electronically to HIPAA covered entities	RVO	Complete	Complete			Not Started	
Transfer existing referral site connections (HL7, SFTP) over to RVOH (Implementations between 45–90 days)	RVO & TFN	7/1/2026	Ongoing			Not Started	
Support existing e-referral implementations (transfer process 30–60 days)	RVO	7/1/2026	Ongoing			Not Started	
Client Management							
Establish post-launch meeting cadence and structure between CM and State stakeholders for service coordination and execution of deliverables. The CSM will serve as the primary point of contact and will facilitate ongoing budget monitoring through routine check-ins, including regularly scheduled meetings and ad hoc discussions as needed.	RVO & TFN	07/01/2026	Ongoing			Not Started	
CSM will utilize and manage QFL's proprietary forecasting tools to accurately project antiicpated spend of each budget period, and inform TFN on spend-down versus over-budget scenarios.	RVO	7/1/2026	Ongoing Monthly			Not Started	
CM and State to review budget quarterly to analyze spending trends, discuss Nebraska Tobacco Quitline project opportunities, and provide any forecasting projections to assess necessary service changes	RVO	10/01/2026	Ongoing Quarterly			Not Started	
Annual Contract Budget review, establishing any funding changes and amending contract as necessary	RVO & TFN	07/01/2027	Through contract end			Not Started	
Travel to State as requested by TFN	RVO & TFN	TBD	TBD			Not Started	
Arrange site visit for TFN staff	RVO & TFN	TBD	TBD			Not Started	
Additional Service Offerings							
Provider Training and Support							
Establish process to support providers who need consultation/information on referring patients to the Nebraska Tobacco Quitline and/or providing cessation and NRT treatment to their patients	RVO	Upon Request				Not Started	
Host and maintain online provider trainings	RVO	Ongoing	Ongoing			Not Started	
Cost-Share Partnerships							
Identify health plans or employers interested in sharing in the cost of Nebraska Tobacco Quitline services	TFN	Ongoing	Ongoing			Not Started	
Review current Cost-Share Partnership contracts prior to award, renewing any outstanding contracts. Continue services and partnerships after State Contract Launch	RVO	06/01/2026	Ongoing			Not Started	
Review with TFN cost share partnership models and determine strategy based on TFN goals and objectives	RVO & TFN	TBD	Ongoing			Not Started	
Develop infrastructure to support state health plans or employers who want to cost share	RVO	Complete	Complete			Not Started	
Execute contracts with any state health plans or employers who want to cost share	RVO	TBD	30 Days after Negotiations Begin			Not Started	
Implement Cost-Share Partners as RVO Health clients	RVO	Upon MCO Contract Award	90 Days After Award			Not Started	
Maintain Cost-Share partnerships following services agreed upon in contracts	RVO	Ongoing	Ongoing			Not Started	
MMIS Integration: Real-Time Eligibility Checking with MMIS Vendor (Gainwell)	RVO & TFN	TBD	TBD			Not Started	
Live Vape Free							

Review Live Vape Free program offerings: if not included in contract, review proposal and program entirety, confirm NRT provisions, Marketing Opt-Ins, and Reporting Suite	RVO	Upon Request				Not Started	
Review buy-up program offerings (Alternative to Suspension model, marketing initiatives)	RVO	Upon Request				Not Started	
Evaluation							
If requested, develop and implement an outcome evaluation plan that is tailored to TFN's needs and requirements	RVO & TFN	10/01/2026	01/01/2027			Not Started	
Finalize Scope of Work with vendor providing evaluation services	RVO	10/01/2026	01/01/2027			Not Started	
Marketing							
Review marketing toolkits and additional campaign offerings	RVO	Upon Request				Not Started	
Provide strategic outreach recommendations and project plans when applicable	RVO	Upon Request				Not Started	
If running marketing upon implementation (as agreed upon in RFP), will schedule check-in calls and launch campaigns post go-live	RVO	07/01/2026	09/01/2026			Not Started	
Incentives							
Review monetary incentivization program offerings	RVO & TFN	Upon Request				Not Started	
Creation, approval, and payment of SOW to begin project build	RVO & TFN	Upon Request				Not Started	
If incentive type is currently offered by RVO Health to another Nebraska Tobacco Quitline, implement the incentives by type and adjust billing rules accordingly	RVO	Upon Signature of SOW	30 Days after Signature of SOW			Not Started	
If incentive type involves a population or trigger that has not been previously launched and requires custom work, then required dev/product work and creation of additional billing rules needed. Implementation of incentives extended by one month.	RVO	Upon Signature of SOW	60 Days after Signature of SOW			Not Started	
Maintenance of Incentive Offering over established period	RVO	Implementation Date	Ongoing			Not Started	
Add related reporting offerings to reporting suite and deliver on monthly basis	RVO	Upon Signature of SOW	30 days after Signature of SOW for current reporting suite. 60 days for net-new reports.			Not Started	
Special Projects							
Review and implement any special projects or initiatives as agreed upon in RFP	RVO & TFN	TBD	TBD			Not Started	Options could include SMS campaigns, marketing, incentives and more as outlined in RFP

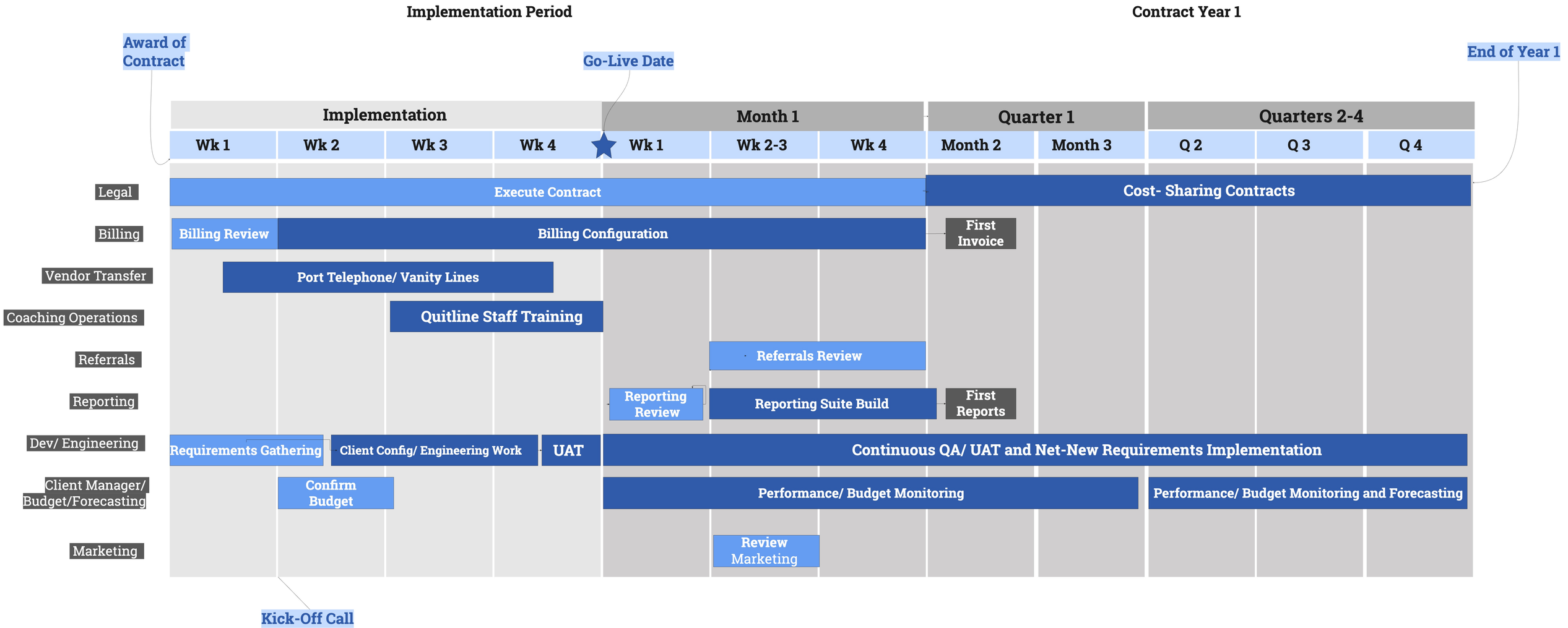
Year 3–8 Optional Renewals : 07/01/2028–06/30/2034

Project Milestones	Task Assigned to	Begin by	End by	Actual Start Date	Actual End Date	Task Status	Notes
Contract and Client Management							
State Client Manager (CM) assigned to oversee contract implementation and State services	RVO	Ongoing	Ongoing			Not Started	
Statement of Work is updated on an ongoing basis as needed	RVO & TFN	Ongoing	Ongoing			Not Started	
Establish post-launch meeting cadence and structure between CM and State stakeholders for service coordination and execution of deliverables	RVO & TFN	07/01/2028	Ongoing			Not Started	

CM and State to review budget quarterly to analyze spending trends, discuss Nebraska Tobacco Quitline project opportunities, and provide any forecasting projections to assess necessary service changes	RVO	10/01/2026	Ongoing Quarterly			Not Started	
Annual Contract Budget review, establishing any funding changes and amending contract as necessary	RVO & TFN	07/01/2028	Through contract end			Not Started	
Net-new developmental requests relayed to engineering team and created in client profile	RVO	07/01/2028	Ongoing			Not Started	
Website Management							
Monitor and maintain online dashboard, updating as needed	RVO	Ongoing	Ongoing			Not Started	
Billing							
Review billing configuration, creating any new billing rules as needed	RVO & TFN	07/01/2028	08/01/2028			Not Started	
Send monthly invoices to established state recipients	RVO	08/15/2028	Ongoing monthly delivery on 15th of month			Not Started	
Quality Assurance and Performance Measures							
Establish performance and quality plan for continuing education, maintaining skills/knowledge, managing technological offerings, and updating Nebraska Tobacco Quitline service offerings as needed and implement a comprehensive quality assurance program accordingly	RVO	Ongoing	Ongoing			Not Started	
Reporting on Performance Measures, as outlined in RFP response, to be delivered quarterly.	RVO	10/31/2028	Ongoing quarterly delivery on the 31st of the month after quarter ends			Not Started	
Data and Reporting							
Coverage of EMR, data and reporting by dedicated point person for the TFN.	RVO	07/01/2028	Ongoing			Not Started	
Review reporting suite options and outline any net-new reporting requirements for the state	RVO & TFN	07/01/2028	08/01/2028			Not Started	
Build net-new reporting requests	RVO	08/01/2028	10/01/2028			Not Started	
Deliver weekly reports	RVO	07/05/2028	Ongoing (Every Wednesday)			Not Started	
Deliver monthly reports	RVO	08/15/2028	Ongoing monthly delivery on 10th of the month			Not Started	
Deliver quarterly reports	RVO	10/31/2028	Ongoing quarterly delivery on the 31st of the month after quarter ends			Not Started	
Maintain process to support the completion of NAQC and CDC data requests and service information as needed	RVO	Ongoing	Ongoing			Not Started	
Referrals							
Support existing e-referral implementations	RVO	07/01/2028	Ongoing			Not Started	
Identify new health care systems to implement the sending of referrals via electronic health records	TFN	07/01/2028	Ongoing			Not Started	
Support existing e-referral implementations (transfer process 30–60 days)	RVO	Ongoing	Ongoing			Not Started	
Provider Training and Support							
Establish process to support providers who need consultation/information on referring patients to the Nebraska Tobacco Quitline and/or providing cessation and NRT treatment to their patients	RVO	Complete	Complete			Not Started	
Host and maintain online provider trainings	RVO	Ongoing	Ongoing			Not Started	
Cost-Share Partnerships							
Identify health plans or employers interested in sharing in the cost of Nebraska Tobacco Quitline services	TFN	Ongoing	Ongoing			Not Started	

Execute contracts with any state health plans or employers who want to cost share	RVO	TBD	30 Days after Negotiations Begin			Not Started	
Implement Cost-Share Partners as RVO Health clients	RVO	Upon MCO Contract Award	90 Days After Award			Not Started	
Maintain Cost-Share partnerships following services agreed upon in contracts	RVO	Ongoing	Ongoing			Not Started	
Special Projects							
Review and implement any special projects or initiatives as agreed upon in RFP	RVO & TFN	TBD	TBD			Not Started	
Review marketing toolkits and additional campaign offerings	RVO	Upon Request				Not Started	
Review monetary incentivization program offerings	RVO & TFN	Upon Request				Not Started	

Attachment 18: Nebraska Implementation Overview



Award of Contract (Prior to Implementation Kick-Off, Days 1-7)

a. Legal:
   i. Execute contract and any additional legal documents (BAA, NDA, Certificates of Insurance, Statements of Work, Business License) through end of implementation and Month 1
   ii. Letters of commitments from Subcontractors
b. Dev/Engineering:
   i. Begin gathering client requirements from RFP submission, such as any billing, reporting, marketing, referral requests that imply dev/engineering work needed
c. Client Manager
   i. Schedule Kickoff Call with Relevant Quitline and RVO Health stakeholders

Implementation Kick-Off and Month 1 (Days 7-30)

a. Client Manager:
   i. Kickoff Call after contract is executed (Day 15):
      1. Led by the Client Implementation Manager (CIM) and State Client Manager (CM) who will manage the account
      2. Includes: overview of service offerings presentation; communication of high-level implementation timeline and deadlines for requirements and change requests; gathering of initial client information (such at information needed to port over phone number)
   ii. Weekly Implementation Calls scheduled between CIM, CM, and Quitline Stakeholders until launch to review progress and address next steps

a. Dev/Engineering:
   i. CIM and CM compile and communicate official client requirements, ensuring all new features, custom work or developmental requests are reported to respective
   ii. Confirmation of CRD and custom work completed by end of Month 1, RVO Health begins necessary engineering and development work (Wk 2-4)
   iii. UAT/ QA (Wk 3- 4)

a. Vendor Transfer:
   i. Working with NCI to direct 1-800-QUIT NOW number to RVOH and porting over any additional vanity lines (Wk 1-4)
b. Billing
   i. Billing rules determined in CRD and reviewed in Kickoff Call/ Calls to follow (Wk 1-2)
   ii. Configure any new billing rules, sign off on billing rules with Finance and update client code (Wk 3-8)
c. Coaching Operations
   i. Training of Quitline Staff: RVO Health team relays client configuration to staff and begins training on coaching instructions, state specific processes, etc (Wk 9 - 12)

Go-Live Date (Day 30)

a. Dev/ Engineering:
   i. Internal product acceptance testing where enrollment flow, NRT, Dashboard, etc are confirmed live and accurate
b. Coaching Operations:
   i. Notice of change and staff training confirmed prior
c. Client Manager
   i. Go-Live Announcement sent, Go-Live Meeting Scheduled (Wk 1 post Go-Live)
d. Reporting:
   i. Reporting Call to review reporting options/ current state reporting suite, and outline any net-new reporting requirements for the state (Wk 3 or 4)

Month 1 (Wk 5-8)

a. Reporting:
   i. Create state users in files.com and grant access; creation of State folders in files.com database (By Wk 8)
b. Client Manager/ Budget:
   i. Analyze data and assess Quitline progress and success since launch (By Wk 8)
   ii. Determine CM/ State Quitline Team meeting cadence
c. Referrals:
   i. Referral Call to review the types of referral methods (Flat File/SFTP, HL7 EHR, Online Referral Portal, Fax), send updated fax forms and provider referral information, and begin transfer of any referral site connections (Wk 5 or 6)
      1. Flat Files/STP - 45 days to implement
      2. HL7v2 / VPN - 90 days to implement
      3. HL7 v3 / DSM - 90 days to implement
      4. Online Referral Portal - 0 days
      5. Fax Referral - 2 business days, send updated form for State
      6. Transfer of referral site connections is contingent on provision of information from the state in timely manner
d. Marketing
   i. Kickoff Call (Wk 6 -8) to review all marketing offerings/initiatives that are available
   ii. If running marketing upon implementation (pre-determined by the RPP), will launch 60 days after Go-Live date

Rest of Quarter 1 (Month 2-3)

Month 2:

a. Billing:
   i. First invoice delivered 10th/15th
b. Reporting:
   i. Suite drops to files.com 10th/15th

Month 3:

a. Client Manager/ Budget:
   i. Quarterly Business Review
   ii. Review data, success, and forecasting for rest of year based on first quarter actuals
b. Dev/Engineering
   i. Completion of any net-new requirements build

Quarter 2-4

1. Q2:
   a. Client Manager/Budget
      i. Quarterly Business Review
      ii. Review data, success, and forecasting for rest of year based on first 2 quarter actuals
2. Q3:
   a. Client Manager/Budget
      i. Quarterly Business Review
      ii. Review data, success, and forecasting for rest of year based on first 3 quarter actuals
3. Q4:
   a. Client Manager/ Budget
      i. Year 1 Review of services, accomplishments, goals for next year, and new forecasting
      ii. First year of contract completed last day of the quarter

Nebraska

Nebraska Tobacco Quitline

Cost Proposal

Consumer Wellness Solutions
(a subsidiary of RVO Health)

NEBRASKA TOBACCO QUITLINE

QUIT FOR LIFE

Cost Sheet
RFP 124316 03
Nebraska Tobacco Quitline Services
State of Nebraska, Department of Health and Human Services

Bidder Name: _**Consumer Wellness Solutions, LLC**_____

Important Instructions: Bidders must complete all fields highlighted in yellow. Do not alter the existing format or content within this Cost Sheet.

Please note: All prices, including but not limited to personnel, supervision, training, travel, administrative costs, materials, postage and handling, data collection and reporting, referral database, language and system capability, must be included in the cost per client interaction completed. Quitline services must include day-to-day tracking & surveillance of interactions. No additional charges will be allowed for packing, packages, or partial delivery costs.

Tobacco Free Nebraska ("TFN") will not pay for non-registered callers such as inquiries from the public, out-of-state calls, prank calls, wrong numbers, hang-ups, voicemail, spambots and robocalls. Tobacco Free Nebraska will not pay for letters or calls made to reach participants. All prices listed must be for received/completed interventions and must not include those callers who enroll or agree to a protocol but do not receive it. Reimbursement will only be provided for each call after it has been completed.

The prices indicated in **Part I and II** below shall reflect all applicable fees necessary to perform the project requirements and deliverables as outlined in section (V) of the Request for Proposal (RFP) document and any related attachments and/or documents.

Instructions For Bidders:

Only **Part I - Initial Contract Period and Renewal Options**. Bidder must complete all columns and line items for evaluation of Cost Sheet. Column for **Initial Contract** covers initial two years commencing July 1, 2026, through June 30, 2028. DHHS reserves the right to utilize the renewals upon mutual agreement of the Parties. (Note: All the invoices shall be paid on monthly basis)

The following data is provided as a reference for calculating cost. Nebraska receives approximately 2,700 calls to the Nebraska Tobacco Quitline per year.

Bidder must not deviate from this format. Bidder shall consolidate all costs associated with Registration into a single cost per call. Bidder shall consolidate all costs associated with Coaching/Counseling Services into a single cost per call. Program Development costs shall be reflected as one total cost.

Part I – Initial Contract Period and Renewal Options. Project section requirements as outlined in Section (V) of the Request for Proposal (RFP) document and any related attachments. Bidder to provide pricing for each of the project deliverable categories listed. **BASIS FOR AWARD OF POINTS: Unit Costs for Part I and Part II will be calculated against estimated quantities for cost analysis and assignment of points for the collective total of Initial Contract term and renewals.**

Deliverable	Historical Estimate of Two-Year Quantity Distribution	Unit of Measure	Initial Contract Two Year Term Through June 30, 2028		Optional Renewal One Two Year Term Through June 30, 2030		Optional Renewal Two Two Year Term Through June 30, 2032	
			Unit Cost	Total Cost (unit x quantity)	Unit Cost	Total Cost (unit x quantity)	Unit Cost	Total Cost (unit x quantity)
Registration (phone). Repeat participant billing per Section V.D.3. (I)(3) (a-b)	**2800**	**per Call**	$21	$58,800	$23	$64,400	$25	$70,000
Registration (web and text). Repeat participant billing per Section V.D.3. (I)(3) (a-b)	**1000**	**Per Participant**	$21	$21,000	$23	$23,000	$25	$25,000
General Phone Coaching/Counseling Services	**4000**	**per Call**	$35	$140,000	$33	$132,000	$31	$124,000
Web Counseling	**600**	**EA**	$35	$21,000	$33	$19,800	$31	$18,600
Special Population Phone Coaching/Counseling Services	**3000**	**Per call**	$43	$129,000	$41	$123,000	$38	$114,000
Lung Cancer Pre-screening (must not include registration costs)	**800**	**per Participant**	$0	$0	$	$	$	$
Program Development/Implementation (one-time cost)	**1**	**EA**	$0	$0	$0	$0	$0	$0
E-Referral Interface	**10 systems**	**EA**	$ 5,000	$50,000	$3,000	$30,000	$1,000	$10,000
Evaluation								
Seven (7) month Evaluation – Satisfaction, 7 month Quit rate (Expected n=400)	**2**	**EA**	$12,000	$24,000	$10,000	$20,000	$10,000	$20,000
Provider Training								
Healthcare Provider Online Training – Development, Implementation, Maintenance, and Updates (one-time cost unless authorized by TFN)	**1**	**EA**	$10,000	$10,000	$10,000	$10,000	$10,000	$10,000
Continuing Education Credits for Healthcare Provider Training	**10**	**EA**	$ 1,000	$10,000	$1,000	$10,000	$1,000	$10,000

Part II – Nicotine Replacement Therapy Products
Bidder must fill out all highlighted areas on the cost sheet. Bidders that fail to provide pricing for all listed counts, will be ruled non-conforming.
Basis of evaluation of Part II will calculate the unit cost multiplied by historical estimates.

Historical Estimates based on Two Year Distribution, provided for reference only:
*The daily quantity of NRT supplied should align with the following recommendations (Smoking Cessation: A Report of the Surgeon General, Table 6.2)
Nicotine Gum – 400 shipments. Patch – 1200 shipments. Lozenges – 400 shipments.
Combination Gum and Patch – 400 shipments. Combination Patch and Lozenge – 500 shipments.

NRT Products for Two- and Four-Week Supply Shipments that align with Surgeon General recommendations	Initial Contract Two Year Term Through June 30, 2028	Optional Renewal One Two Year Term Through June 30, 2030	Optional Renewal Two Two Year Term Through June 30, 2032
	Unit Cost	Unit Cost	Unit Cost
Nicotine Gum (Two-week supply) (126 tablets Supply or 9 tablets each day)	$30	$29	$28
Nicotine Gum (Four-week supply) (252 tablets, or 9 tablets each day)	$60	$58	$56
Nicotine Patch (Two-week supply) (14 patches or 1 patch each day)	$32	$30	$29
Nicotine Patch (Four-week supply) (28 patches or 1 patch each day)	$54	$51	$48
Nicotine Lozenges (Two-week supply) (126 tablets Supply or 9 tablets each day)	$70	$66	$62
Nicotine Lozenges (Four-week supply) (252 tablets Supply or 9 tablets each day)	$105	$99	$93
Two-week combo therapy of Nicotine gum / Nicotine patches	$62	$59	$57
Two-week combo therapy of Nicotine patches / Nicotine lozenge	$102	$96	$91

Data Collection Only: Bidder should disclose how much Nicotine Replacement Therapy Products (i.e. gum/patches/lozenges) are included in a two- or four-week supply, if dosage amounts differ from the NRT counts in the Cost Sheet above.

NRT Products for Supply Shipments	Two Week Supply		Four Week Supply	
Description	**Two Week Supply Shipment per participant**	**Quantities**	**Four Week Supply Shipment per participant**	**Quantities**
Nicotine gum	Quantity of gum tablets	110	Quantity of gum tablets	220
Nicotine patches	Quantity of patches	14	Quantity of patches	28
Nicotine lozenges	Quantity of lozenges	144	Quantity of lozenges	216
Combination therapy of Nicotine gum / Nicotine patches	Quantity of gum tablets Quantity of patches	110 /gum tablets 14 /patches	Quantity of gum tablets Quantity of patches	220 /gum tablets 28 /patches
Combination therapy of Nicotine patches / Nicotine lozenges	Quantity of patches Quantity of lozenges	14 /patches 144 /lozenges	Quantity of patches Quantity of lozenges	28 /patches 144 /lozenges

Part II – Optional Services (Reference Section V. (E.):

Additional services may be necessary during the duration of the initial contract term and/or renewals. This would include any services not originally delineated in this RFP but considered within the scope of work. This additional work may stem from legislative mandates not otherwise addressed in this RFP or known at the time this RFP was issued. If additional work is needed, the Vendor must submit a detailed Scope of Work and detailed pricing for DHHS review and approval. The bidder shall provide pricing below for the requested optional services to be mutually agreed upon by the bidder and DHHS.

Optional Services					
Deliverable	**Estimated Quantity**	**Unit of Measure**	**Initial Contract Two Year Term Through June 30, 2028**	**Optional Renewal One Two Year Term Through June 30, 2030**	**Optional Renewal Two Two Year Term Through June 30, 2032**
			Unit Cost	**Unit Cost**	**Unit Cost**
Innovative Projects as designated by TFN	100	HR	$275	$275	$275
Custom Evaluation	60	HR	$175	$175	$175
Text Counseling	600	EA	$35	$33	$31

Company Name/Bidder Signature: Consumer Welnness Solutions, LLC

BUDGET NARRATIVE

Quit For Life (QFL) is pleased to share how our pricing will generate an unmatched return on investment and help increase Tobacco Free Nebraska (TFN) capacity to reach tobacco users with evidence-based services and reduce statewide commercial tobacco prevalence.

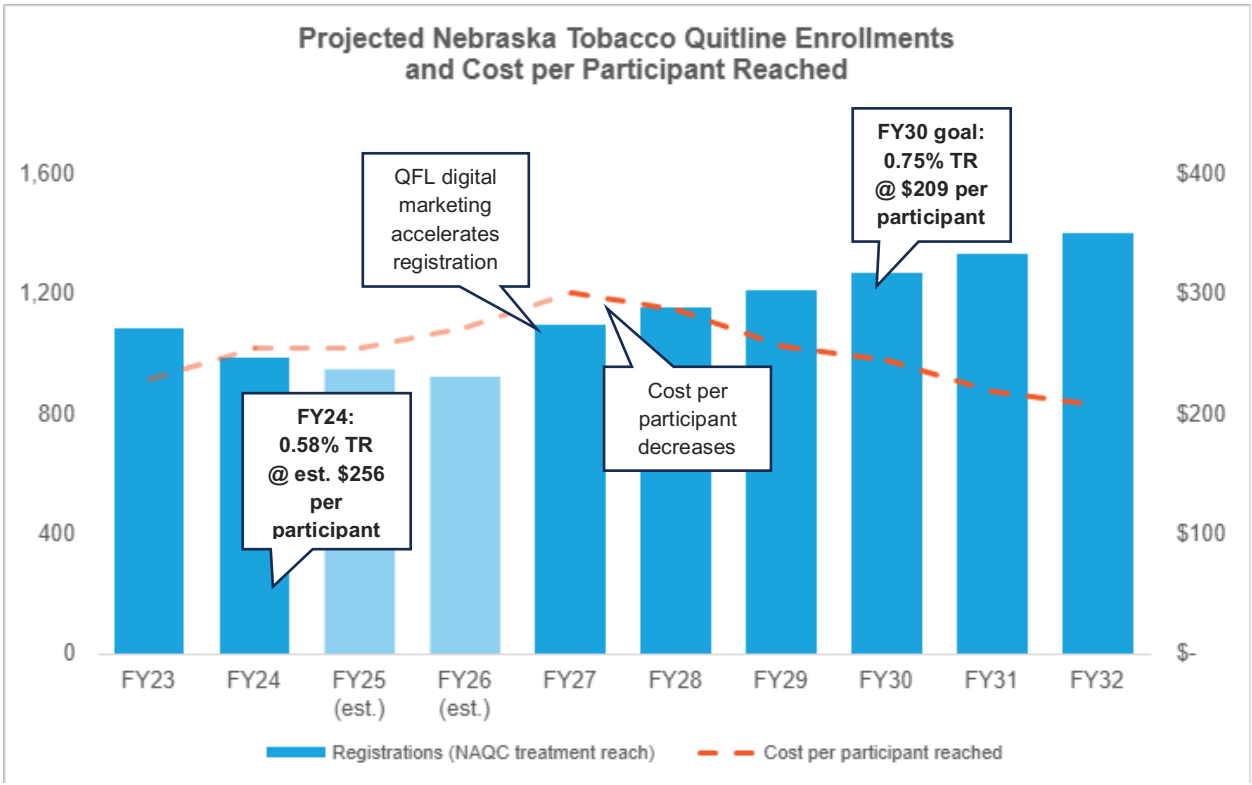
Through the innovative capabilities described in our Technical Response, we propose helping TFN exceed evidence-based treatment reach (TR) of 1,000 in FY 2027, 1,250 by FY 2030, and 1,400 by FY 2032. To do this, QFL will partner with TFN to leverage its Innovative Projects budget to efficiently promote the established Nebraska Tobacco Quitline brand in new media channels, while gradually reducing per-participant costs for core Quitline services.

Not only would more Nebraska residents enroll in the Quitline in this scenario, but QFL would leverage technology to engage more participants in services – all while the State achieves estimated cost savings of 18% per participant, as displayed below. We also expect that our core services will **help TFN realize a conventional tobacco quit rate near our state quitline compositive average of 37%**, resulting in decreased tobacco use and related morbidity and mortality in Nebraska.

QFL's pricing is grounded in our operational experience delivering state quitline services nationwide. All unit costs consolidate the full scope of required activities—registration, coaching, program management, data collection, language access, and system infrastructure—into single per-call or per-participant rates per RFP requirements. NRT shipment costs are priced separately, with approximately 2,450 shipments of NRT delivered to participants over the initial two-year contract period, reflecting two- and four-week supply options aligned with Surgeon General recommendations. Program Development and Implementation is included at no additional charge.

QFL's service model includes dedicated Training and Outreach (T&O) support at no separate cost to Tobacco Free Nebraska. Our T&O team provides provider education and consultation aligned with the U.S. Public Health Service Clinical Practice Guideline, CDC Best Practices, and NAQC recommendations—covering referral processes, brief intervention models, in-office cessation workflows, and electronic referral pathways. For complex inquiries involving behavioral health co-occurring conditions, youth e-cigarette use, or pharmacotherapy, the T&O team escalates to senior clinical staff or QFL's Clinical Director to ensure timely, expert guidance. This support is fully embedded in QFL's standard service delivery.

We are excited at the prospect of serving TFN and supporting future participants across Nebraska. We would welcome the opportunity to further discuss the budget with TFN and provide a best and final offer that most appropriately aligns available funding with the services needed to support TFN participants.


Projected Nebraska Tobacco Quitline Enrollments and Cost per Participant Reached
1,600
1,200
800
400
0
$400
$300
$200
$100
$-
FY23
FY24
FY25 (est.)
FY26 (est.)
FY27
FY28
FY29
FY30
FY31
FY32
QFL digital marketing accelerates registration
FY30 goal: 0.75% TR @ $209 per participant
Cost per participant decreases
FY24: 0.58% TR @ est. $256 per participant
Registrations (NAQC treatment reach)
Cost per participant reached

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State of Nebraska Department of Health and Human Services
REQUEST FOR PROPOSAL FOR SERVICES CONTRACT

SOLICITATION NUMBER	RELEASE DATE
124316 O3	April 03, 2026
OPENING DATE AND TIME	**PROCUREMENT CONTACT**
May 07, 2026 2:00 p.m. Central Time	Kristin Powell

PLEASE READ CAREFULLY!
SCOPE OF SERVICE

The State of Nebraska (State), Department of Health and Human Services (DHHS), is issuing this solicitation for a service contract for the purpose of selecting a qualified bidder to provide Nebraska Tobacco Quitline services (Quitline). A more detailed description can be found in Section V. The resulting contract may not be an exclusive contract as the State reserves the right to contract for the same or similar services from other sources now or in the future.

The initial term of the contract will be two (2) years commencing July 1, 2026, through June 30, 2028. The Contract includes the option to renew for three (3) additional two-year periods upon mutual agreement of the Parties. DHHS reserves the right to extend the period of this contract beyond the termination date when mutually agreeable to the Parties.

In the event that a contract with the awarded bidder(s) is cancelled or in the event that DHHS needs additional Vendors to supply the solicited services, this solicitation may be used to procure the solicited services for up to eighteen (18) months from the date the Intent to Award is posted, provided that 1) the solicited goods or services will be provided by a bidder (or a successive owner) who submitted a response pursuant to this solicitation, 2) the bidder's solicitation response was evaluated, and 3) the bidder will honor the bidder's original solicitation response, including the proposed cost, allowing for any price increases that would have otherwise been allowed if the bidder would have received the initial award.

ALL INFORMATION PERTINENT TO THIS SOLICITATION CAN BE FOUND ON THE INTERNET AT: https://das.nebraska.gov/materiel/bidopps.html.

IMPORTANT NOTICE: Pursuant to Neb. Rev. Stat. § 84-602.04, State contracts in effect as of January 1, 2014, and contracts entered into thereafter, must be posted to a public website. The resulting contract, the Solicitation, and the awarded solicitation response will be posted to a public website managed by DAS, which can be found at http://statecontracts.nebraska.gov and https://www.nebraska.gov/das/materiel/purchasing/contract_search/index.php.

In addition, and in furtherance of the State's public records Statute (Neb. Rev. Stat. § 84-712 et seq.), all responses received regarding this Solicitation will be posted to the State Purchasing Bureau public website.

These postings will include the entire solicitation response. Bidder must request that proprietary information be excluded from the posting. The bidder must identify the proprietary information, mark the proprietary information according to state law, and submit the proprietary information in a separate file named conspicuously as "PROPRIETARY INFORMATION". The bidder should submit a detailed written document showing that the release of the proprietary information would give a business advantage to named business competitor(s) and explain how the named business competitor(s) will gain an actual business advantage by disclosure of information. The mere assertion that information is proprietary or that a speculative business advantage might be gained is not sufficient. (See Attorney General Opinion No. 92068, April 27, 1992). **THE BIDDER MAY NOT ASSERT THAT THE ENTIRE SOLICITATION IS PROPRIETARY. COST SHEETS WILL NOT BE CONSIDERED PROPRIETARY AND ARE A PUBLIC RECORD IN THE STATE OF NEBRASKA.** The State will determine, in its sole discretion, if the disclosure of the information designated by the Bidder as proprietary would 1) give advantage to business competitors and 2) serve no public purpose. The Bidder will be notified of the State's decision. Absent a determination by the State that the information may be withheld pursuant to Neb. Rev. Stat. § 84-712.05, the State will consider all information a public record subject to disclosure.

If the State determines it is required to release withheld proprietary information, the bidder will be informed. It will be the bidder's responsibility to defend the bidder's asserted interest in non-disclosure.

To facilitate such public postings, with the exception of proprietary information, the State of Nebraska reserves a royalty-free, nonexclusive, and irrevocable right to copy, reproduce, publish, post to a website, or otherwise use any contract, or solicitation response for any purpose, and to authorize others to use the documents. Any individual or entity awarded a contract, or who submits a solicitation response, specifically waives any copyright or other protection the contract, or solicitation response may have; and acknowledges that they have the ability and authority to enter into such waiver. This reservation and waiver are a prerequisite for submitting a solicitation response, and award of a contract. Failure to agree to the reservation and waiver will result in the solicitation response being found non-responsive and rejected.

Any entity awarded a contract or submitting a solicitation response agrees not to sue, file a claim, or make a demand of any kind, and will indemnify and hold harmless the State and its employees, volunteers, agents, and its elected and appointed officials from and against any and all claims, liens, demands, damages, liability, actions, causes of action, losses, judgments, costs, and expenses of every nature,

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including investigation costs and expenses, settlement costs, and attorney fees and expenses, sustained or asserted against the State, arising out of, resulting from, or attributable to the posting of the contract or solicitation response, awards, and other documents.

TABLE OF CONTENTS

REQUEST FOR PROPOSAL FOR SERVICES CONTRACT ..... **i**

GLOSSARY OF TERMS ..... **iv**

ACRONYM LIST ..... **ix**

I. PROCUREMENT PROCEDURE **1**

A. GENERAL INFORMATION 1
B. PROCURING OFFICE AND COMMUNICATION WITH STATE STAFF AND EVALUATORS 1
C. SCHEDULE OF EVENTS 1
D. WRITTEN QUESTIONS AND ANSWERS 3
E. SECRETARY OF STATE/TAX COMMISSIONER REGISTRATION REQUIREMENTS (Nonnegotiable) 3
F. ETHICS IN PUBLIC CONTRACTING 3
G. DEVIATIONS FROM THE SOLICITATION 3
H. SUBMISSION OF SOLICITATION RESPONSES 3
I. SOLICITATION PREPARATION COSTS 5
J. FAILURE TO COMPLY WITH SOLICITATION 5
K. SOLICITATION RESPONSE CORRECTIONS 5
L. LATE SOLICITATION RESPONSES 5
M. BID OPENING 5
N. SOLICITATION REQUIREMENTS 5
O. EVALUATION COMMITTEE 5
P. EVALUATION OF SOLICITATION RESPONSES 6
Q. BEST AND FINAL OFFER 6
R. REFERENCE AND CREDIT CHECKS 7
S. AWARD 7
T. LUMP SUM OR “ALL OR NONE” SOLICITATION RESPONSES 7
U. REJECTION OF SOLICITATION RESPONSES 7
V. PRICES & COST CLARIFICATION 7
W. VENDOR DEMONSTRATIONS 7

II. TERMS AND CONDITIONS **9**

A. GENERAL 9
B. NOTIFICATION 10
C. BUYER’S REPRESENTATIVE 10
D. GOVERNING LAW (Nonnegotiable) 10
E. BEGINNING OF WORK & SUSPENSION OF SERVICES 10
F. AMENDMENT 10
G. CHANGE ORDERS OR SUBSTITUTIONS 10
H. RECORD OF VENDOR PERFORMANCE 11
I. NOTICE OF POTENTIAL VENDOR BREACH 11
J. BREACH 11
K. NON-WAIVER OF BREACH 11
L. SEVERABILITY 11
M. INDEMNIFICATION 12
N. ATTORNEY'S FEES 12
O. ASSIGNMENT, SALE, OR MERGER 12
P. CONTRACTING WITH OTHER NEBRASKA POLITICAL SUBDIVISIONS OF THE STATE OR ANOTHER STATE 13
Q. FORCE MAJEURE 13
R. COMPLIANCE WITH PRESIDENTIAL EXECUTIVE ORDERS 14151 AND 14173 13
S. CONFIDENTIALITY 13

Docusign Envelope ID: 3BDEBE65-93BA-8AFB-81DF-851BBE06EFF2

T. EARLY TERMINATION 13
U. CONTRACT CLOSEOUT 14
V. AMERICANS WITH DISABILITIES ACT 14
W. LONG-TERM CARE OMBUDSMAN (Nonnegotiable) 14
X. OFFICE OF PUBLIC COUNSEL (Nonnegotiable) 14
Y. LOBBYING 14

III. VENDOR DUTIES 16

A. INDEPENDENT VENDOR / OBLIGATIONS 16
B. EMPLOYEE WORK ELIGIBILITY STATUS 17
C. COMPLIANCE WITH CIVIL RIGHTS LAWS AND EQUAL OPPORTUNITY EMPLOYMENT / NONDISCRIMINATION (Nonnegotiable) 17
D. COOPERATION WITH OTHER VENDORS 17
E. DISCOUNTS 17
F. PRICES 18
G. PERMITS, REGULATIONS, LAWS 18
H. OWNERSHIP OF INFORMATION AND DATA / DELIVERABLES 18
I. INSURANCE REQUIREMENTS 18
J. ANTITRUST 21
K. CONFLICT OF INTEREST 21
L. SITE RULES AND REGULATIONS 21
M. ADVERTISING 21
N. DISASTER RECOVERY/BACK UP PLAN 21
O. DRUG POLICY 21
P. WARRANTY 21
Q. TIME IS OF THE ESSENCE 22
R. BUSINESS ASSOCIATE PROVISIONS 22

IV. PAYMENT 24

A. PROHIBITION AGAINST ADVANCE PAYMENT (Nonnegotiable) 24
B. TAXES (Nonnegotiable) 24
C. INVOICES 24
D. INSPECTION AND APPROVAL 25
E. PAYMENT (Nonnegotiable) 25
F. LATE PAYMENT (Nonnegotiable) 25
G. SUBJECT TO FUNDING / FUNDING OUT CLAUSE FOR LOSS OF APPROPRIATIONS (Nonnegotiable) 25
H. RIGHT TO AUDIT (First Paragraph is Nonnegotiable) 25

V. PROJECT DESCRIPTION AND SCOPE OF WORK 26

A. PROJECT OVERVIEW 26
B. CURRENT PROJECT ENVIRONMENT AND STATISTICS 26
C. MINIMUM QUALIFICATIONS 27
D. SCOPE OF WORK 27
E. OPTIONAL SERVICES 35
F. LIST OF EXHIBITS 35

VI. SOLICITATION RESPONSE INSTRUCTIONS 36

A. SOLICITATION RESPONSE SUBMISSION 36

CONTRACTUAL AGREEMENT FORM 39

Docusign Envelope ID: 3BDEBE65-93BA-8AFB-81DF-851BBE06EFF2

GLOSSARY OF TERMS

Acceptance Test Procedure: Benchmarks and other performance criteria, developed by the State or other sources of testing standards, for measuring the effectiveness of products or goods and the means used for testing such performance

Addendum: A written correction or alteration to a document during the solicitation process (e.g., Questions and Answers, Revised Schedule of Events, Addendum to Contract Award)

After Receipt of Order (ARO): After Receipt of Order

Agency: All officers of the state, departments, bureaus, boards, commissions, councils, and institutions receiving legislative appropriations

Agent/Representative: A person authorized to act on behalf of another

Amend: To alter or change by adding, subtracting, or substituting

Amendment: A written correction or alteration to a document

Appropriation: Legislative authorization to expend public funds for a specific purpose; money set apart for a specific use

Automated Clearing House (ACH): Electronic network for financial transactions in the United States

Award: All purchases, leases, or contracts which are based on competitive solicitations will be awarded according to the provisions in the solicitation

Best and Final Offer (BAFO): In a competitive solicitation, the final offer submitted which contains Vendor's most favorable terms for price

Bid: See Solicitation Response

Bid Opening: The process of opening correctly submitted solicitation responses at the time and place specified in the written solicitation and in the presence of any bidder who wishes to attend

Bidder: A Vendor who submits a Solicitation Response

Breach: Violation of a contractual obligation by failing to perform or repudiation of one's own promise

Business: Any corporation, partnership, individual, sole proprietorship, joint-stock company, joint venture, or any other private legal entity

Business Day: Any weekday, except State-recognized holidays

Calendar Day: Every day shown on the calendar including Saturdays, Sundays, and State/Federal holidays

Cancellation: To call off or revoke a solicitation, purchase order, or contract without expectation of conducting or performing at a later time

Catalog/Non-Core: A printed or electronic list of products a Vendor may provide at a discounted rate or discount off list price to the State. Initial contract award(s) is not based on Catalog/Non-Core items

Central Processing Unit (CPU): Any computer or computer system that is used by the State to store, process, or retrieve data or perform other functions using Operating Systems and applications software

Change Order: Document that provides amendments to an executed purchase order or contract

Coach: A trained and certified Tobacco Treatment Specialist who provides evidence-based behavioral support for Quitline participants to help them quit using tobacco products. Their duties include creating personalized plans, using methods like the "5 A's (Ask, Advise, Assess, Assist, Arrange)" to guide participants through quitting at their own pace without judgment, and assisting with nicotine replacement therapy

Coaching: Personalized sessions led by a trained professional provide support, strategies, and resources to help people quit using tobacco. Coaching may include motivational interviewing techniques, counseling on nicotine replacement therapy, and connecting participants to other resources

Docusign Envelope ID: 3BDEBE65-93BA-8AFB-81DF-851BBE06EFF2

Collusion: An agreement or cooperation between two or more persons or entities to accomplish a fraudulent, deceitful, or unlawful purpose

Commodities: Any equipment, material, supply, or goods; anything movable or tangible that is provided or sold

Commodities Description: Detailed descriptions of the items to be purchased; may include information necessary to obtain the desired quality, type, color, size, shape, or special characteristics necessary to perform the work intended to produce the desired results

Competition: The effort or action of two or more commercial interests to obtain the same business from third parties

Confidential Information: See Proprietary Information

Contract: An agreement between two or more parties creating obligations that are enforceable or otherwise recognizable at law; the writing that sets forth such an agreement

Contract Administration: The management of the contract which includes and is not limited to contract signing, contract amendments and any necessary legal actions

Contract Award: Document that officially awards a contract to a bidder(s) as the result of a competitive solicitation or a vendor(s) in a contract that qualifies for an exception or exemption from the competitive bidding requirements of the State Procurement Act

Contract Management: The management of day-to-day activities at the agency which includes but is not limited to ensuring deliverables are received, specifications are met, handling meetings and making payments to the Vendor

Contract Period: The duration of the contract

Contractor: See Vendor

Cooperative Purchasing: The combining of requirements of two or more political entities to obtain advantages of volume purchases, reduction in administrative expenses or other public benefits

Copyright: A property right in an original work of authorship fixed in any tangible medium of expression, giving the holder the exclusive right to reproduce, adapt and distribute the work

Cost Sheet: A required document that is completed by the vendor in the prescribed format to show the vendor's pricing to provide the commodities or perform the services requested

Counselor: See "coach"

Counseling: See "coaching"

Critical Program Error: Any Program Error, whether or not known to the State, which prohibits or significantly impairs use of the Licensed Software as set forth in the documentation and intended in the contract

Customer Service: The process of ensuring customer satisfaction by providing assistance and advice on those commodities or services provided by a Vendor

Default: The omission or failure to perform a contractual duty

Déjelo-Ya: Spanish language tobacco cessation campaign and hotline (1-855-DÉJELO-YA) in the U.S. meaning "Quit Now."

Deviation: Any proposed change(s) or alteration(s) to either the terms and conditions or deliverables within the scope of the written solicitation or contract

E-cigarettes: E-cigarettes include a diverse group of devices that allow users to inhale an aerosol, which typically contains nicotine, flavorings, and other additives. Most have a battery, a heating element, and a place to hold a liquid. E-cigarettes are sometimes called "e-cigs," "vapes," "e-hookahs," "vape pens," and "electronic nicotine delivery systems (ENDS)"

ENDS: Electronic Nicotine Delivery System (ENDS) Any device that can be used to deliver aerosolized nicotine to the person inhaling from the device, including, but not limited to, an e-cigarette, e-cigar, e-pipe, vape pen or e-hookah

Docusign Envelope ID: 3BDEBE65-93BA-8AFB-81DF-851BBE06EFF2

Evaluation: The process of examining a solicitation response after opening to determine the bidder's responsibility, responsiveness to requirements, and to ascertain other characteristics of the solicitation response that relate to determination of the successful award

Evaluation Committee: Individual(s) identified by the agency that leads the solicitation to evaluate solicitation responses

Extension: Continuance of a contract for a specified duration upon the agreement of the parties beyond the original Contract Period; not to be confused with "Renewal Period"

Free on Board (F.O.B.) Destination: The delivery charges are included in the quoted price and prepaid by the Vendor. Vendor is responsible for all claims associated with damages during delivery of product

Free on Board (F.O.B.) Point of Origin: The delivery charges are not included in the quoted price and are the responsibility of the agency. Agency is responsible for all claims associated with damages during delivery of product

Foreign Corporation: A foreign corporation that was organized and chartered under the laws of another state, government, or country

Goods: See Commodities

Installation Date: The date when the procedures described in "Installation by Vendor" and "Installation by State" as found in the solicitation or contract are completed

Interested Party: A person acting in their personal capacity or an entity entering into a contract or other agreement creating a legal interest therein

Late Solicitation Response: A solicitation response received after the Opening Date and Time

Licensed Software Documentation: The user manuals and any other materials in any form or medium customarily provided by the Vendor to the users of the Licensed Software which will provide the State with sufficient information to operate, diagnose, and maintain the Licensed Software properly, safely, and efficiently

Mandatory: Required, compulsory, or obligatory

May: Discretionary, permitted; used to express possibility

Module (see System): A collection of routines and data structures that perform a specific function of software

Must: See Shall

NAQC: North America Quitline Consortium

National Institute for Governmental Purchasing (NIGP): National Institute of Governmental Purchasing – Source used for assignment of universal commodity codes to goods and services

Nicotine Replacement Therapy (NRT): Is the most commonly used family of quit smoking medications. NRT provides a small amount of nicotine but none of the dangerous chemicals found in cigarettes. This helps satisfy cravings for nicotine and reduces the urge to use tobacco products. For the purpose of this RFP, NRT references the over-the-counter options: nicotine patch, gum, and lozenge. (https://www.cdc.gov/tobacco/campaign/tips/quit-smoking/quit-smoking-medications/how-quit-smoking-medicines-work/index.html)

Non-core: See Catalog

Non-Responsive Solicitation Response: Any solicitation response that does not comply with the requirements of the solicitation or cannot be evaluated against the other solicitation responses

Non-negotiable: These clauses are controlled by state law and are not subject to negotiation

Opening Date and Time: Specified date and time for the opening of received, labeled, and sealed formal solicitation responses

Operating System: The control program in a computer that provides the interface to the computer hardware and peripheral devices, and the usage and allocation of memory resources, processor resources, input/output resources, and security resources

Docusign Envelope ID: 3BDEBE65-93BA-8AFB-81DF-851BBE06EFF2

Outsourcing: The contracting out of a business process that an organization may have previously performed internally or for which an organization has a new need to an independent organization from which the process is purchased back

Payroll & Financial Center (PFC): Electronic procurement system of record

Performance Bond: An insurance agreement accompanied by a monetary commitment by which a third party (the surety) accepts liability and guarantees that the Vendor fulfills any and all obligations under the contract

Personal Property: See Commodities

Platform: A specific hardware and Operating System combination that is different from other hardware and Operating System combinations to the extent that a different version of the Licensed Software product is required to execute properly in the environment established by such hardware and Operating System combination

Point of Contact (POC): The person designated to receive communications and to communicate

Product: Something that is distributed commercially for use or consumption and that is usually (1) tangible personal property, (2) the result of fabrication or processing, and (3) an item that has passed through a chain of commercial distribution before ultimate use or consumption

Program Error: Code in Licensed Software that produces unintended results or actions or that produces results or actions other than those described in the specifications. A program error includes, without limitation, any Critical Program Error

Program Set: The group of programs and products, including the Licensed Software specified in the solicitation, plus any additional programs and products licensed by the State under the contract for use by the State

Project: The total scheme, program, or method worked out for the accomplishment of an objective, including all documentation, commodities, and services to be provided under the contract

Proposal: See Solicitation Response

Proprietary Information: Trade secrets, academic and scientific research work that is in progress and unpublished or other information that if released would give advantage to business competitors and service no public purpose. See Neb. Rev. Stat. § 84-712.05(3). In accordance with Attorney General Opinions 92068 and 97033, proof that information is proprietary requires identification of specific named competitor(s) advantaged by release of the information and the demonstrated advantage the named competitor(s) would gain by the release of information

Protest/Grievance:
A complaint about a governmental action or decision related to the solicitation or resultant contract under SPB's Protest Policy.

Quote: See Solicitation Response

Recommended Hardware Configuration: The data processing hardware (including all terminals, auxiliary storage, communication, and other peripheral devices) to the extent used by the State as recommended by the Vendor

Release Date: The date of public release of the solicitation

Renewal Period: Optional contract periods subsequent to the original Contract Period for a specified duration with previously agreed to terms and conditions; not to be confused with "Extension"

Request for Proposal (RFP): See Solicitation

Responsible Bidder: A Vendor who has the capability in all respects to perform fully and lawfully all requirements with integrity and reliability to assure good faith performance

Responsive Bidder: A Vendor who has submitted a solicitation response which conforms to all requirements of the solicitation

Shall: An order/command; mandatory

Should: Expected; suggested, but not necessarily mandatory

Software License: Legal instrument with or without printed material that governs the use or redistribution of licensed software

Solicitation: A formal invitation to receive quotes in the form of a Request for Proposal or Invitation to Bid

Docusign Envelope ID: 3BDEBE65-93BA-8AFB-81DF-851BBE06EFF2

Solicitation Bond: An insurance agreement, accompanied by a monetary commitment, by which a third party (the surety) accepts liability and guarantees that the Vendor will not withdraw the solicitation response

Solicitation Conference: A meeting scheduled for the purpose of clarifying a written solicitation and related expectations

Solicitation Response: An offer, quote, bid, or proposal submitted by a Vendor in response to a Solicitation

Specifications: The detailed statement, especially of the measurements, quality, materials, and functional characteristics, or other items to be provided under a contract.

Subcontractor: Individual or entity with whom the Vendor enters a contract to perform a portion of the work awarded to the Vendor

System (see Module): Any collection or aggregation of two (2) or more Modules that is designed to function, or is represented by the Vendor as functioning or being capable of functioning, as an entity

Termination:
Occurs when either Party, under a power created by agreement or law, puts an end to the contract prior to the stated expiration date; all obligations that are still executory on both sides are discharged but any right based on prior breach or performance survives

Third-Party: Any person or entity, including but not limited to fiduciaries, shareholders, owners, officers, managers, employees, legally disinterested persons, and subcontractors or agents, and their employees. It shall not include any entity or person who is an interested party to the contract or agreement

Trade Secret: Information, including but not limited to, a drawing, formula, pattern, compilation, program, device, method, technique, code, or process that (a) derives independent economic value, actual or potential, from not being known to, and not being ascertainable by proper means by, other persons who can obtain economic value from its disclosure or use; and (b) is the subject of efforts that are reasonable under the circumstances to maintain its secrecy (see Neb. Rev. Stat. § 87-502(4))

Trademark: A word, phrase, logo, or other graphic symbol used by a manufacturer or Vendor to distinguish its product from those of others, registered with the U.S. Patent and Trademark Office

Upgrade: Any change that improves or alters the basic function of a product of service

Vape/Vaping: A common term used to refer to the act of using an e-cigarette (https://www.cdc.gov/tobacco/e-cigarettes/)

Vendor: An individual or entity lawfully conducting business with the State, or licensed to do so, who seeks to provide and contract for goods or services under the terms of a Solicitation and/or Contract

Vendor Performance Report: A report completed by the using agency and submitted to Department of Health and Human Services documenting products or services delivered or performed which exceed or fail to meet the terms of the purchase order, contract, and/or solicitation specifications

Will: See Shall

Work Day: See Business Day

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ACRONYM LIST

ACH – Automated Clearing House

AI – Artificial Intelligence

ARO – After Receipt of Order

BAFO – Best and Final Offer

CDC – Center for Disease Control and Prevention

CEU – Continuing Education Units

COI – Certificate of Insurance

CPU – Central Processing Unit

DAS – Department of Administrative Services

DEI – Diversity, Equity and Inclusion

DEIA – Diversity, Equity, Inclusion and Accessibility

DHHS – Department of Health and Human Services

ENDS – Electronic Nicotine Delivery System

F.O.B. – Free on Board

HIPAA – Health Insurance Portability and Accountability Act of 1996

ICT – Information and Communication Technology

ITB – Invitation to Bid

MCO – Managed Care Organization

MDS – Minimal Data Set

NAQC – North American Quitline Consortium

NIGP – National Institute for Governmental Purchasing

NRT – Nicotine Replacement Therapy

PA – Participating Addendum

RFP – Request for Proposal

TDD – Telecommunications Device for the Deaf

TTY - Teletypewriter

TFN – Tobacco Free Nebraska

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I. PROCUREMENT PROCEDURE

A. GENERAL INFORMATION

This solicitation is designed to solicit responses from qualified bidders who will be responsible for providing Nebraska Tobacco Quitline services at a competitive and reasonable cost.

Solicitation responses shall conform to all instructions, conditions, and requirements included in the solicitation. Prospective bidders are expected to carefully examine all documents, schedules, and requirements in this solicitation, and respond to each requirement in the format prescribed. Solicitation responses may be found non-responsive if they do not conform to the solicitation.

B. PROCURING OFFICE AND COMMUNICATION WITH STATE STAFF AND EVALUATORS

Procurement responsibilities related to this solicitation reside with the Department of Health and Human Services. The point of contact (POC) for the procurement is as follows:

RFP Number:	124316 O3
Name:	Kristin Powell, Procurement Contracts Officer
Agency:	Department of Health and Human Services
Address:	301 Centennial Mall South Lincoln, NE 68509
E-Mail:	kristin.powell@nebraska.gov

From the date the solicitation is issued until the Intent to Award is issued, communication from the bidder is limited to the POC listed above. After the Intent to Award is issued, the bidder may communicate with individuals the State has designated as responsible for negotiating the contract on behalf of the State. No member of the State Government, employee of the State, or member of the Evaluation Committee is empowered to make binding statements regarding this solicitation. The POC will issue any answers, clarifications, or amendments regarding this solicitation in writing. Only the SPB or awarding agency can award a contract. Bidders shall not have any communication with or attempt to communicate or influence any evaluator involved in this solicitation.

The following exceptions to these restrictions are permitted:

1. Contact made pursuant to pre-existing contracts or obligations;

2. Contact required by the schedule of events or an event scheduled later by the POC; and

3. Contact required for negotiation and execution of the final contract.

The State reserves the right to reject a bidder's solicitation response, withdraw an Intent to Award, or terminate a contract if the State determines there has been a violation of these procurement procedures.

C. SCHEDULE OF EVENTS

The State expects to adhere to the procurement schedule shown below, but all dates are approximate and subject to change.

NOTE: All ShareFile links in the Schedule of Events below, are unique links for each schedule step. Please click the correct link for the upload step you are requesting.

Schedule of Events		
ACTIVITY		**DATE/TIME**
1.	Release solicitation	April 03, 2026
2.	Last day to submit written questions via email. Questions should be submitted to dhhs.rfpquestions@nebraska.gov Please put solicitation number in the subject line: 124316 O3	April 24, 2026
3.	DHHS responds to written questions through solicitation "Addendum" to be posted to the Internet at: http://das.nebraska.gov/materiel/bidopps.html	April 03 – 29, 2026
4.	Electronic Solicitation Opening – Online Via Webex IT IS THE BIDDER'S RESPONSIBILTY TO UPLOAD ELECTRONIC FILES BY OPENING DATE AND TIME. EXCEPTIONS WILL NOT BE MADE FOR TECHNOLOGY ISSUES. ShareFile Electronic Solicitation Submission Link: https://nebraska.sharefile.com/share/getinfo/r1d99932f215d4633806712e4bd8ddb88 **Join Webex Meeting:** **Ways to join:** **Join the meeting link** https://sonvideo.webex.com/sonvideo/j.php?MTID=m3d566fdd38b7a95a52e83715199fd082 **Join by meeting number** Meeting number (access code): 2492 880 3655 Meeting password: Ksdiz6rMR23 **Tap to join from a mobile device (attendees only)** +1-408-418-9388, 24928803655## United States Toll **Join by phone** +1-408-418-9388 United States Toll Global call-in numbers **Join from a video system or application** Dial 24928803655@sonvideo.webex.com You can also dial 173.243.2.68 and enter your meeting number.	May 07, 2026 2:00 PM Central Time
5.	Review for conformance to solicitation requirements	May 07 - 11, 2026
6.	Evaluation period	May 11 – 22, 2026
7.	"Vendor Demonstrations" (if required)	May 25, 2026 – June 5, 2026
8.	Post "Intent to Award" to the Internet at: https://das.nebraska.gov/materiel/bidopps.html	May 25, 2026 – June 5, 2026
9.	Contract finalization period	June 2026
10.	Contract award	June 2026
11.	Contract start date	June/July 2026

D. WRITTEN QUESTIONS AND ANSWERS

Questions regarding the meaning or interpretation of any solicitation provision must be submitted in writing to Department of Health and Human Services and clearly marked "Solicitation Number 124316 O3; Nebraska Tobacco Quitline services Questions". The POC is not obligated to respond to questions that are received late per the Schedule of Events.

Bidders should submit questions for any items upon which assumptions may be made when preparing a response to the solicitation. Any solicitation response containing assumptions may be deemed non-responsive and may be rejected by the DHHS. Solicitation responses will be evaluated without consideration of any known or unknown assumptions of a bidder. The contract will not incorporate any known or unknown assumptions of a bidder.

Questions should be uploaded using the ShareFile link provided in the solicitation Schedule of Events, Section I.C. It is recommended that bidders submit questions using the following format:

RFP Section Reference	RFP Page Number	Question

Written answers will be posted at https://das.nebraska.gov/materiel/bidopps.html per the Schedule of Events.

E. SECRETARY OF STATE/TAX COMMISSIONER REGISTRATION REQUIREMENTS (Nonnegotiable)

All bidders must be authorized to transact business in the State of Nebraska and comply with all Nebraska Secretary of State Registration requirements. The bidder who is the recipient of an Intent to Award may be required to certify that it has complied and produce a true and exact copy of its current (within ninety (90) calendar days of the intent to award) Certificate or Letter of Good Standing, or in the case of a sole proprietorship, provide written documentation of sole proprietorship and complete the United States Citizenship Attestation Form, available on the Department of Administrative Services website at: https://das.nebraska.gov/materiel/docs/pdf/Individual%20or%20Sole%20Proprietor%20United%20States%20Attestation%20Form%20English%20and%20Spanish.pdf This should be accomplished prior to execution of the contract.

F. ETHICS IN PUBLIC CONTRACTING

The State reserves the right to reject solicitation responses, withdraw an intent to award or award, or terminate a contract if an ethical violation has been committed, which includes, but is not limited to:

1. Offering or giving, directly or indirectly, a bribe, fee, commission, compensation, gift, gratuity, or anything of value to any person or entity in an attempt to influence the bidding process;
2. Utilizing the services of lobbyists, attorneys, political activists, or consultants to influence or subvert the bidding process;
3. Being considered for, presently being, or becoming debarred, suspended, ineligible, or excluded from contracting with any state or federal entity:
4. Submitting a solicitation response on behalf of another Party or entity; and
5. Colluding with any person or entity to influence the bidding process, submit sham solicitation responses, preclude bidding, fix pricing or costs, create an unfair advantage, subvert the solicitation response, or prejudice the State.

The bidder shall include this clause in any subcontract entered into for the exclusive purpose of performing this contract.

Bidder shall have an affirmative duty to report any violations of this clause by the bidder throughout the bidding process and throughout the term of this contract for the awarded bidder and their subcontractors.

G. DEVIATIONS FROM THE SOLICITATION

The requirements contained in the solicitation (Sections II through VI) become a part of the terms and conditions of the contract resulting from this solicitation. Any deviations from the solicitation in Sections II through VI must be clearly defined by the bidder in its solicitation response and, if accepted by the State, will become part of the contract. Any specifically defined deviations must not be in conflict with the basic nature of the solicitation, requirements, or applicable state or federal laws or statutes. "Deviation", for the purposes of this solicitation, means any proposed changes or alterations to either the contractual language or deliverables within the scope of this solicitation. The State discourages deviations and reserves the right to reject proposed deviations.

H. SUBMISSION OF SOLICITATION RESPONSES

The State is only accepting electronic responses submitted in accordance with this solicitation. The State will not accept solicitation responses by mail, email, voice, or telephone, unless otherwise explicitly stated in writing by the State.

Docusign Envelope ID: 3BDEBE65-93BA-8AFB-81DF-851BBE06EFF2

Pages may be consecutively numbered for the entire solicitation response or may be numbered consecutively within sections. Figures and tables should be numbered and referenced in the text by that number. They should be placed as close as possible to the referencing text.

The Technical Responses should not contain any reference to dollar amounts. However, information such as data concerning labor hours and categories, materials, subcontracts and so forth, shall be considered in the Technical Response so that the bidder's understanding of the scope of work may be evaluated. The Technical Response shall disclose the bidder's technical requirements in as much detail as possible, including, but not limited to, the information required by the Technical Response instructions.

It is the bidder's responsibility to ensure the solicitation response is received electronically by the date and time indicated in the Schedule of Events. Solicitation Responses must be submitted via ShareFile by the date and time of the opening per the Schedule of Events. No late solicitation responses will be accepted.

It is the responsibility of the bidder to check the website for all information relevant to this solicitation to include addenda and/or amendments issued prior to the opening date. The website can be found here: https://das.nebraska.gov/materiel/bidopps.html.

Emphasis should be concentrated on conformance to the solicitation instructions, responsiveness to requirements, completeness, and clarity of content. If the solicitation response is presented in such a fashion that makes evaluation difficult or overly time consuming the State reserves the right to reject the solicitation response as non-conforming.

The ShareFile link for uploading Solicitation Response(s) is provided in the Schedule of Events, Section I.C.

*****UNLESS OTHERWISE NOTED, DO NOT SUBMIT DOCUMENTS THAT CAN ONLY BE ACCESSED WITH A PASSWORD*****

1. **Bidders must submit responses via ShareFile using the solicitation submission link.**
   Note: Not all browsers are compatible with ShareFile. Currently Google Chrome, Internet Explorer, Microsoft Edge, Safari, and Firefox are compatible. After the bidder clicks the solicitation response submission link, the bidder will be prompted to enter contact information including an e-mail address. By entering an e-mail address, the bidder should receive a confirmation email confirming the successful upload directly from ShareFile.

   ShareFile link for uploading solicitation response(s) provided in the Schedule of Events, Section I.C.

   a. The Solicitation response and Proprietary information should be uploaded as separate and distinct files.

      i. If duplicated responses are submitted, the State will retain only the most recently submitted response.
      ii. If it is the bidder's intent to submit multiple responses, the bidder must clearly identify the separate submissions.
      iii. It is the bidder's responsibility to allow time for electronic uploading. All file uploads must be completed by the Opening date and time per the Schedule of Events. No late responses will be accepted.

   b. ELECTRONIC SOLICITATION RESPONSE FILE NAMES
      The bidder should clearly identify the uploaded solicitation response files. To assist in identification the bidder should use the following naming convention:
      i. 124316 O3 Company Name
         If multiple files are submitted for one solicitation response, add number of files to file names:
         124316 O3 Company Name File 1 of 2
         124316 O3 Company Name File 2 of 2
      ii. If multiple responses are submitted for the same solicitation, add the response number to the file names:
         124316 O3 Company Name Response 1 File 1 of 2

The "Contractual Agreement Form" must be signed manually in ink or by Docusign and returned by the opening date and time along with the bidder's solicitation response and any other requirements as stated in this solicitation in order for the bidder's solicitation response to be evaluated.

Docusign Envelope ID: 3BDEBE65-93BA-8AFB-81DF-851BBE06EFF2

By signing this Contractual Agreement Form, the bidder guarantees compliance with the provisions stated in this solicitation and agrees to the terms and conditions unless otherwise indicated in writing.

I. SOLICITATION PREPARATION COSTS

The State shall not incur any liability for any costs incurred by bidders in replying to this solicitation, including any activity related to bidding on this solicitation.

J. FAILURE TO COMPLY WITH SOLICITATION

Violation of the terms and conditions contained in this solicitation or any resultant contract, at any time before or after the award, shall be grounds for action by the State which may include, but is not limited to, the following:

1. Rejection of a bidder's solicitation response,
2. Withdrawal of the Intent to Award,
3. Withdrawal of the Award,
4. Negative documentation regarding Vendor Performance,
5. Termination of the resulting contract,
6. Legal action; and
7. Suspension or Debarment of the bidder from further bidding with the State for the period of time relative to the seriousness of the violation. Such period to be within the sole discretion of the State.

K. SOLICITATION RESPONSE CORRECTIONS

A bidder may correct a mistake in an electronically submitted solicitation response prior to the time of opening by uploading a revised and completed solicitation response.

1. If a corrected electronic solicitation response is submitted, the file name(s) date/time stamped with latest date/time stamp will be accepted. The corrected solicitation response file name(s) should be identified as:

   a. Corrected 124316 O3 Company Name Response #1 File 1 of 2,
   b. Corrected 124316 O3 Company Name Response #2 File 2 of 2, etc.

Changing a solicitation response after opening may be permitted if the change is made to correct a minor error that does not affect price, quantity, quality, delivery, or contractual conditions. In case of a mathematical error in extension of price, unit price shall govern.

L. LATE SOLICITATION RESPONSES

Solicitation Responses received after the time and date of the opening will be considered late responses. Late responses will be considered non-responsive. The State is not responsible for responses that are late or lost regardless of cause or fault.

M. BID OPENING

The opening will consist of opening solicitation responses and announcing the names of bidders. Responses **WILL NOT** be available for viewing by those present at the opening. Responses will be posted to the SPB website once an Intent to Award has been posted to the website. Once responses are opened, they become the property of the State of Nebraska and will not be returned.

N. SOLICITATION REQUIREMENTS

The solicitation responses will first be examined to determine if all requirements listed below have been addressed and whether further evaluation is warranted. Solicitation responses not meeting the requirements may be rejected as non-responsive. The requirements are as follows:

1. Original Contractual Agreement Form signed manually in ink or by DocuSign;
2. Clarity and responsiveness;
3. Completed Corporate Overview;
4. Completed Sections II through IV;
5. Completed Technical Response; and
6. Completed Cost Sheet.

O. EVALUATION COMMITTEE

Solicitation Responses are evaluated by members of an Evaluation Committee(s). The Evaluation Committee(s) will consist of individuals selected at the discretion of the State. Names of the members of the Evaluation Committee(s) will not be published prior to the intent to award.

Any contact, attempted contact, or attempt to influence an evaluator that is involved with this Solicitation may result in the rejection of this response and further administrative actions.

Docusign Envelope ID: 3BDEBE65-93BA-8AFB-81DF-851BBE06EFF2

P. EVALUATION OF SOLICITATION RESPONSES

All solicitation responses that are deemed responsive to the solicitation will be evaluated. Each evaluation category will have a maximum point potential. The State will conduct a fair, impartial, and comprehensive evaluation of all responses in accordance with the criteria set forth below. Areas that will be addressed and scored during the evaluation include:

1. Corporate Overview may include, but is not limited to:

a. the ability, capacity, and skill of the bidder to deliver and implement the system or project that meets the requirements of the Solicitation;
b. the character, integrity, reputation, judgment, experience, and efficiency of the bidder;
c. whether the bidder can perform the contract within the specified time frame;
d. the bidder's historical or current performance; and
e. such other information that may be secured and that has a bearing on the decision to award the contract.

2. Technical Response; and

3. Cost Sheet.

Neb. Rev. Stat. § 73-808 allows the State to consider a variety of factors, including, but not limited to, the quality of performance of previous contracts to be considered when evaluating responses to competitive solicitations in determining a responsible bidder. Information obtained from any Contract Compliance Request or any Contract Non-Compliance Notice (See Terms & Conditions, Section II.H) may be used in evaluating responses to solicitations for goods and services to determine the best value for the State.

Neb. Rev. Stat. § 73-107 allows for a preference for a resident disabled veteran or business located in a designated enterprise zone. When a state contract is to be awarded to the lowest responsible bidder, a resident disabled veteran or a business located in a designated enterprise zone under the Enterprise Zone Act shall be allowed a preference over any other resident or nonresident bidder, if all other factors are equal.

Resident disabled veterans means any person (a) who resides in the State of Nebraska, who served in the United States Armed Forces, including any reserve component or the National Guard, who was discharged or otherwise separated with a characterization of honorable or general (under honorable conditions), and who possesses a disability rating letter issued by the United States Department of Veterans Affairs establishing a service-connected disability or a disability determination from the United States Department of Defense and (b)(i) who owns and controls a business or, in the case of a publicly owned business, more than fifty percent of the stock is owned by one or more persons described in (a) of this paragraph and (ii) the management and daily business operations of the business are controlled by one or more persons described in (a) of this paragraph. Any contract entered into without compliance with this section shall be null and void.

Therefore, if a resident disabled veteran or business located in a designated enterprise zone submits a solicitation response in accordance with Neb. Rev. Stat. § 73-107 and has so indicated on the Contractual Agreement Form under "Vendor must complete the following" requesting priority/preference to be considered in the award of this contract, the following will need to be submitted by the Vendor within ten (10) business days of request:

1. Documentation from the United States Armed Forces confirming service,
2. Documentation of discharge or otherwise separated characterization of honorable or general (under honorable conditions),
3. Disability rating letter issued by the United States Department of Veterans Affairs establishing a service-connected disability or a disability determination from the United States Department of Defense; and
4. Documentation which shows ownership and control of a business or, in the case of a publicly owned business, more than fifty percent of the stock is owned by one or more persons described in subdivision (a) of this subsection; and the management and daily business operations of the business are controlled by one or more persons described in subdivision (a) of this subsection.

Failure to submit the requested documentation within ten (10) business days of notice will disqualify the bidder from consideration of the preference.

Q. BEST AND FINAL OFFER

Each bidder should provide its best offer with their original solicitation response and should not expect the State to request a best and final offer (BAFO).

Docusign Envelope ID: 3BDEBE65-93BA-8AFB-81DF-851BBE06EFF2

The State reserves the right to conduct more than one BAFO. If requested by the State, the BAFO must be submitted on the BAFO Cost Sheet and in accordance with the State's instructions. Failure to submit a requested BAFO or failure to submit a BAFO in accordance with the State's instructions may result in rejection of the bidder's entire solicitation response. BAFOs may be scored and ranked by the Evaluation Committee.

R. REFERENCE AND CREDIT CHECKS

The State reserves the right to conduct and consider reference and credit checks. The State reserves the right to use third parties to conduct reference and credit checks. By submitting a solicitation response, the bidder grants to the State the right to contact or arrange a visit in person with any or all of the bidder's clients. Reference and credit checks may be grounds to reject a solicitation response, withdraw an intent to award, or rescind the award of a contract.

S. AWARD

The State reserves the right to evaluate solicitation responses and award contracts in a manner utilizing criteria selected at the State's discretion and in the State's best interest. After evaluation of the solicitation responses, or at any point in the Solicitation process, the State of Nebraska may take one or more of the following actions:

1. Amend the solicitation;
2. Extend the date and time of a solicitation;
3. Waive deviations or errors in the State's solicitation process and in bidder responses that are not material, do not compromise the solicitation process or a bidder's response, and do not improve a Vendor's competitive position;
4. Accept or reject a portion of or all of a solicitation response;
5. Accept or reject all responses;
6. Withdraw the solicitation;
7. Elect to re-release the solicitation;
8. Award single lines or multiple lines to one or more Vendors; or,
9. Award one or more all-inclusive contracts.

The solicitation does not commit the State to award a contract. Once intent to award decision has been determined, it will be posted to the Internet at: https://das.nebraska.gov/materiel/bidopps.html

Any protests must be filed by a bidder within ten (10) business days after the intent to award decision is posted to the Internet. Grievance and protest procedure is available on the Internet at: https://das.nebraska.gov/materiel/docs/NE_DAS_Materiel_Purchasing_Agency-SPB_Policy_23_07_Protest_Policy.pdf

T. LUMP SUM OR "ALL OR NONE" SOLICITATION RESPONSES

The State reserves the right to purchase item-by-item, by groups or as a total when the State may benefit by so doing. Bidders may submit a response on an "all or none" or "lump sum" basis but should also submit a response on an item-by-item basis. The term "all or none" means a conditional response which requires the purchase of all items on which responses are offered and bidder declines to accept award on individual items; a "lump sum" response is one in which the bidder offers a lower price than the sum of the individual responses if all items are purchased but agrees to deliver individual items at the prices quoted.

"LUMP SUM" OR "ALL OR NONE" RESPONSES SHOULD BE CLEARLY IDENTIFIED ON THE FIRST PAGE OF THE SOLICITATION AND COST SHEET (IF APPLICABLE)

U. REJECTION OF SOLICITATION RESPONSES

The State reserves the right to reject any or all responses, wholly or in part, in the best interest of the State.

V. PRICES & COST CLARIFICATION

Discount and Price provisions are discussed in Sections III.F. and III.G. The State reserves the right to review all aspects of cost for reasonableness and realism as those terms are defined in (Neb. Rev. Stat. § 73-810 (1) (a) and (b) The State may request clarification of any solicitation where the cost component indicates a significant and unsupported deviation from industry standards or in areas where detailed pricing is required. Under Neb. Rev. Stat. § 73-810 (2), the State may reject a bid if the price is not reasonable or realistic.

W. VENDOR DEMONSTRATIONS

The State may determine that oral interviews/presentations and/or demonstrations are required. Every bidder may not be given an opportunity to interview/present and/or give demonstrations; the State reserves the right, in its discretion, to select only the top scoring bidders to present/give oral interviews. The scores from the oral interviews/presentations and/or demonstrations will be added to the scores from the Corporate Overview, Technical Response, and Cost Sheets. The presentation process will allow the bidders to demonstrate their solicitation response offering, explaining and/or clarifying any unusual or significant elements related to their solicitation

Docusign Envelope ID: 3BDEBE65-93BA-8AFB-81DF-851BBE06EFF2

responses. Bidders' key personnel, identified in their solicitation response, may be requested to participate in a structured interview to determine their understanding of the requirements of this solicitation response, their authority and reporting relationships within their firm, and their management style and philosophy. Only representatives of the State and the presenting bidder will be permitted to attend the oral interviews/presentations and/or demonstrations. A written copy or summary of the presentation, and demonstrative information (such as briefing charts, et cetera) may be offered by the bidder, but the State reserves the right to refuse or not consider the offered materials. Bidders shall not be allowed to alter or amend their solicitation responses.

Once the oral interviews/presentations and/or demonstrations have been completed, the State reserves the right to make an award without any further discussion with the bidders regarding the solicitation responses received.

Any cost incidental to the oral interviews/presentations and/or demonstrations shall be borne entirely by the bidder and will not be compensated by the State.

Docusign Envelope ID: 3BDEBE65-93BA-8AFB-81DF-851BBE06EFF2

II. TERMS AND CONDITIONS

Bidder should read the Terms and Conditions within this section and must initial either "Accept All Terms and Conditions Within Section as Written" or "Exceptions Taken to Terms and Conditions Within Section as Written" in the table below. If exception is not taken to a provision, it is deemed accepted as stated. If the bidder takes any exceptions, they must provide the following within the "Exceptions" field of the table below (Bidder may provide responses in separate attachment if multiple exceptions are taken):

1. The specific clause, including section reference, to which an exception has been taken;
2. An explanation of why the bidder took exception to the clause; and
3. Provide alternative language to the specific clause within the solicitation response.

By signing the solicitation, bidder agrees to be legally bound by all the accepted terms and conditions, and any proposed alternative terms and conditions submitted with the solicitation response. The State reserves the right to negotiate rejected or proposed alternative language. If the State and bidder fail to agree on the final Terms and Conditions, the State reserves the right to reject the solicitation response. The State reserves the right to reject solicitation responses that attempt to substitute the bidder's commercial contracts and/or documents for this solicitation.

Accept All Terms and Conditions Within Section as Written (Initial)	**Exceptions Taken to Terms and Conditions Within Section as Written (Initial)**	**Exceptions:** (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
		Accept All Terms and Conditions Within Section as Written

The bidders should submit with their solicitation response any license, user agreement, service level agreement, or similar documents that the bidder wants incorporated in the Contract. The State will not consider incorporation of any document not submitted with the solicitation response as the document will not have been included in the evaluation process. These documents shall be subject to negotiation and will be incorporated as addendums if agreed to by the Parties.

If a conflict or ambiguity arises after the Addendum to Contract Award has been negotiated and agreed to, the Addendum to Contract Award shall be interpreted as follows:

1. If only one (1) Party has a particular clause, then that clause shall control,
2. If both Parties have a similar clause, but the clauses do not conflict, the clauses shall be read together,
3. If both Parties have a similar clause, but the clauses conflict, the State's clause shall control.

A. GENERAL

1. The contract resulting from this Solicitation shall incorporate the following documents:

    a. Solicitation, including any attachments and addenda;
    b. Questions and Answers;
    c. Bidders properly submitted solicitation response, including any terms and conditions or agreements submitted by the bidder;
    d. Addendum to Contract Award (if applicable); and
    e. Amendments to the Contract. (if applicable)

    These documents constitute the entirety of the contract.

    Unless otherwise specifically stated in a future contract amendment, in case of any conflict between the incorporated documents, the documents shall govern in the following order of preference with number one (1) receiving preference over all other documents and with each lower numbered document having preference over any higher numbered document: 1) Amendment to the executed Contract with the most recent dated amendment having the highest priority, 2) Executed Contract and any attached Addenda 3) Addendums to the solicitation and any Questions and Answers, 4) the original solicitation document and any Addenda or attachments, and 5) the Vendor's submitted solicitation response, including any terms and conditions or agreements that are accepted by the State.

Docusign Envelope ID: 3BDEBE65-93BA-8AFB-81DF-851BBE06EFF2

Unless otherwise specifically agreed to in writing by the State, the State's standard terms and conditions, as executed by the State, shall always control over any terms and conditions or agreements submitted or included by the Vendor.

Any ambiguity or conflict in the contract discovered after its execution, not otherwise addressed herein, shall be resolved in accordance with the rules of contract interpretation as established in the State of Nebraska.

B. NOTIFICATION

Bidder and State shall identify the contract manager who shall serve as the point of contact for the executed contract. Communications regarding the executed contract shall be in writing and shall be deemed to have been given if delivered personally; electronically, return receipt requested; or mailed, return receipt requested. All notices, requests, or communications shall be deemed effective upon receipt. Either party may change its address for notification purposes by giving notice of the change and setting forth the new address and an effective date.

C. BUYER'S REPRESENTATIVE

The State reserves the right to appoint a Buyer's Representative to manage or assist the Buyer in managing the contract on behalf of the State. The Buyer's Representative will be appointed in writing, and the appointment document will specify the extent of the Buyer's Representative authority and responsibilities. If a Buyer's Representative is appointed, the bidder will be provided a copy of the appointment document and is expected to cooperate accordingly with the Buyer's Representative. The Buyer's Representative has no authority to bind the State to a contract, amendment, addendum, or other change or addition to the contract.

D. GOVERNING LAW (Nonnegotiable)

Notwithstanding any other provision of this contract, or any amendment or addendum(s) entered into contemporaneously or at a later time, the parties understand and agree that, (1) the State of Nebraska is a sovereign state and its authority to contract is therefore subject to limitation by the State's Constitution, statutes, common law, and regulation; (2) this contract will be interpreted and enforced under the laws of the State of Nebraska; (3) any action to enforce the provisions of this agreement must be brought in the State of Nebraska per state law; (4) the person signing this contract on behalf of the State of Nebraska does not have the authority to waive the State's sovereign immunity, statutes, common law, or regulations; (5) the indemnity, limitation of liability, remedy, and other similar provisions of the final contract, if any, are entered into subject to the State's Constitution, statutes, common law, regulations, and sovereign immunity; and, (6) all terms and conditions of the final contract, including but not limited to the clauses concerning third party use, licenses, warranties, limitations of liability, governing law and venue, usage verification, indemnity, liability, remedy or other similar provisions of the final contract are entered into specifically subject to the State's Constitution, statutes, common law, regulations, and sovereign immunity.

The Parties must comply with all applicable local, state, and federal laws, ordinances, rules, orders, and regulations.

E. BEGINNING OF WORK & SUSPENSION OF SERVICES

The bidder shall not commence any billable work until a valid contract has been fully executed by the State and the successful Vendor. The Vendor will be notified in writing when work may begin.

The State may, at any time and without advance notice, require the Vendor to suspend any or all performance or deliverables provided under this Contract. In the event of such suspension, the Contract Manager or POC, or their designee, will issue a written order to stop work. The written order will specify which activities are to be immediately suspended and the reason(s) for the suspension. Upon receipt of such order, the Vendor shall immediately comply with its terms and take all necessary steps to mitigate and eliminate the incurrence of costs allocable to the work affected by the order during the period of suspension. The suspended performance or deliverables may only resume when the State provides the Vendor with written notice that such performance or deliverables may resume, in whole or in part.

F. AMENDMENT

This Contract may be amended in writing, within scope, upon the agreement of both parties.

G. CHANGE ORDERS OR SUBSTITUTIONS

The State and the Vendor, upon the written agreement, may make changes to the contract within the general scope of the solicitation. Changes may involve specifications, the quantity of work, or such other items as the State may find necessary or desirable. Corrections of any deliverable, service, or work required pursuant to the contract shall not be deemed a change. The Vendor may not claim forfeiture of the contract by reasons of such changes.

The Vendor shall prepare a written description of the work required due to the change and an itemized cost sheet for the change. Changes in work and the amount of compensation to be paid to the Vendor shall be determined in accordance with applicable unit prices if any, a pro-rated value, or through negotiations. The State shall not incur a

Docusign Envelope ID: 3BDEBE65-93BA-8AFB-81DF-851BBE06EFF2

price increase for changes that should have been included in the Vendor's solicitation response, were foreseeable, or result from difficulties with or failure of the Vendor's solicitation response or performance.

No change shall be implemented by the Vendor until approved by the State, and the Contract is amended to reflect the change and associated costs, if any. If there is a dispute regarding the cost, but both parties agree that immediate implementation is necessary, the change may be implemented, and cost negotiations may continue with both Parties retaining all remedies under the contract and law.

In the event any good or service is discontinued or replaced upon mutual consent during the contract period or prior to delivery, the State reserves the right to amend the contract to include the alternate product at the same price.

*****Vendor will not substitute any item that has been awarded without prior written approval of Department of Health and Human Services*****

H. RECORD OF VENDOR PERFORMANCE

The State may document the vendor's performance, which may include, but is not limited to, the customer service provided by the vendor, the ability of the vendor, the skill of the vendor, and any instance(s) of products or services delivered or performed which fail to meet the terms of the purchase order, contract, and/or specifications. In addition to other remedies and options available to the State, the State may issue one or more notices to the vendor outlining any issues the State has regarding the vendor's performance for a specific contract ("Contract Compliance Request"). The State may also document the Vendor's performance in a report, which may or may not be provided to the vendor ("Contract Non-Compliance Notice"). The Vendor shall respond to any Contract Compliance Request or Contract Non-Compliance Notice in accordance with such notice or request. At the sole discretion of the State, such Contract Compliance Requests and Contract Non-Compliance Notices may be placed in the State's records regarding the vendor and may be considered by the State and held against the vendor in any future contract or award opportunity. The record of vendor performance will be considered in any suspension or debarment action.

I. NOTICE OF POTENTIAL VENDOR BREACH

If Vendor breaches the contract or anticipates breaching the contract, the Vendor shall immediately give written notice to the State. The notice shall explain the breach or potential breach, a proposed cure, and may include a request for a waiver of the breach if so desired. The State may, in its discretion, temporarily or permanently waive the breach. By granting a waiver, the State does not forfeit any rights or remedies to which the State is entitled by law or equity, or pursuant to the provisions of the contract. Failure to give immediate notice, however, may be grounds for denial of any request for a waiver of a breach.

J. BREACH

Either Party may terminate the contract, in whole or in part, if the other Party breaches its duty to perform its obligations under the contract in a timely and proper manner. Termination requires written notice of default and a thirty (30) calendar day (or longer at the non-breaching Party's discretion considering the gravity and nature of the default) cure period. Said notice shall be delivered by email, delivery receipt requested; certified mail, return receipt requested; or in person with proof of delivery. Allowing time to cure a failure or breach of contract does not waive the right to immediately terminate the contract for the same or different contract breach which may occur at a different time.

In case of breach by the Vendor, the State may, without unreasonable delay, make a good faith effort to make a reasonable purchase or contract to purchase goods in substitution of those due from the Vendor. The State may recover from the Vendor as damages the difference between the costs of covering the breach. Notwithstanding any clause to the contrary, the State may also recover the contract price together with any incidental or consequential damages defined in UCC Section 2-715, but less expenses saved in consequence of Vendor's breach. OR In case of default of the Vendor, the State may contract the service from other sources and hold the Vendor responsible for any excess cost occasioned thereby.

The State's failure to make payment shall not be a breach, and the Vendor shall retain all available statutory remedies.

K. NON-WAIVER OF BREACH

The acceptance of late performance with or without objection or reservation by a Party shall not waive any rights of the Party nor constitute a waiver of the requirement of timely performance of any obligations remaining to be performed.

L. SEVERABILITY

If any term or condition of the contract is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and conditions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the contract did not contain the provision held to be invalid or illegal.

Docusign Envelope ID: 3BDEBE65-93BA-8AFB-81DF-851BBE06EFF2

M. INDEMNIFICATION

1. GENERAL

The Vendor agrees to defend, indemnify, and hold harmless the State and its employees, volunteers, agents, and its elected and appointed officials ("the indemnified parties") from and against any and all third party claims, liens, demands, damages, liability, actions, causes of action, losses, judgments, costs, and expenses of every nature, including investigation costs and expenses, settlement costs, and attorney fees and expenses ("the claims"), sustained or asserted against the State for personal injury, death, or property loss or damage, arising out of, resulting from, or attributable to the willful misconduct, negligence, error, or omission of the Vendor, its employees, Subcontractors, consultants, representatives, and agents, resulting from this contract, except to the extent such Vendor liability is attenuated by any action of the State which directly and proximately contributed to the claims.

2. INTELLECTUAL PROPERTY

The Vendor agrees it will, at its sole cost and expense, defend, indemnify, and hold harmless the indemnified parties from and against any and all claims, to the extent such claims arise out of, result from, or are attributable to, the actual or alleged infringement or misappropriation of any patent, copyright, trade secret, trademark, or confidential information of any third party by the Vendor or its employees, Subcontractors, consultants, representatives, and agents; provided, however, the State gives the Vendor prompt notice in writing of the claim. The Vendor may not settle any infringement claim that will affect the State's use of the Licensed Software without the State's prior written consent, which consent may be withheld for any reason.

If a judgment or settlement is obtained or reasonably anticipated against the State's use of any intellectual property for which the Vendor has indemnified the State, the Vendor shall, at the Vendor's sole cost and expense, promptly modify the item or items which were determined to be infringing, acquire a license or licenses on the State's behalf to provide the necessary rights to the State to eliminate the infringement, or provide the State with a non-infringing substitute that provides the State the same functionality. At the State's election, the actual or anticipated judgment may be treated as a breach of warranty by the Vendor, and the State may receive the remedies provided under this Solicitation.

3. PERSONNEL

The Vendor shall, at its expense, indemnify and hold harmless the indemnified parties from and against any claim with respect to withholding taxes, worker's compensation, employee benefits, or any other claim, demand, liability, damage, or loss of any nature relating to any of the personnel, including subcontractor's and their employees, provided by the Vendor.

4. SELF-INSURANCE

The State of Nebraska is self-insured for any loss and purchases excess insurance coverage pursuant to Neb. Rev. Stat. § 81-8,239.01. If there is a presumed loss under the provisions of this agreement, Vendor may file a claim with the Office of Risk Management pursuant to Neb. Rev. Stat. §§ 81-8,239.01 to 81-8,306 for review by the State Claims Board. The State retains all rights and immunities under the State Miscellaneous (Neb. Rev. Stat. § 81-8,294), Tort (Neb. Rev. Stat. § 81-8,209), and Contract Claim Acts (Neb. Rev. Stat. § 81-8,302), as outlined in state law and accepts liability under this agreement only to the extent provided by law.

5. The Parties acknowledge that Attorney General for the State of Nebraska is required by statute to represent the legal interests of the State, and that any provision of this indemnity clause is subject to the statutory authority of the Attorney General.

N. ATTORNEY'S FEES

In the event of any litigation, appeal, or other legal action to enforce any provision of the contract, the Parties agree to pay all expenses of such action, as permitted by law and if ordered by the court, including attorney's fees and costs, if the other Party prevails.

O. ASSIGNMENT, SALE, OR MERGER

Either Party may assign the contract upon mutual written agreement of the other Party. Such agreement shall not be unreasonably withheld.

The Vendor retains the right to enter into a sale, merger, acquisition, internal reorganization, or similar transaction involving Vendor's business. Vendor agrees to cooperate with the State in executing amendments to the contract to allow for the transaction. If a third party or entity is involved in the transaction, the Vendor will remain responsible for performance of the contract until such time as the person or entity involved in the transaction agrees in writing to be contractually bound by this contract and perform all obligations of the contract.

Docusign Envelope ID: 3BDEBE65-93BA-8AFB-81DF-851BBE06EFF2

P. CONTRACTING WITH OTHER NEBRASKA POLITICAL SUBDIVISIONS OF THE STATE OR ANOTHER STATE

The Vendor may, but shall not be required to, allow agencies, as defined in Neb. Rev. Stat. § 81-145(2), to use this contract. The terms and conditions, including price, of the contract may not be amended. The State shall not be contractually obligated or liable for any contract entered into pursuant to this clause. A listing of Nebraska political subdivisions may be found at the website of the Nebraska Auditor of Public Accounts.

The Vendor may, but shall not be required to, allow other states, agencies or divisions of other states, or political subdivisions of other states to use this contract. The terms and conditions, including price, of this contract shall apply to any such contract, but may be amended upon mutual consent of the Parties. The State of Nebraska shall not be contractually or otherwise obligated or liable under any contract entered into pursuant to this clause. The State shall be notified if a contract is executed based upon this contract.

Q. FORCE MAJEURE

Neither Party shall be liable for any costs or damages, or for default resulting from its inability to perform any of its obligations under the contract due to a natural or manmade event outside the control and not the fault of the affected Party ("Force Majeure Event") that was not foreseeable at the time the Contract was executed. The Party so affected shall immediately make a written request for relief to the other Party and shall have the burden of proof to justify the request. The other Party may grant the relief requested; relief may not be unreasonably withheld. Labor disputes with the impacted Party's own employees will not be considered a Force Majeure Event.

R. COMPLIANCE WITH PRESIDENTIAL EXECUTIVE ORDERS 14151 AND 14173

Executive Order 14151, issued by President Donald Trump on January 20, 2025, and Executive Order 14173, issued by President Donald Trump on January 21, 2025, prohibit discriminatory "diversity, equity, and inclusion" (DEI) programs and "diversity, equity, inclusion, and accessibility" (DEIA) mandates, policies, programs, preferences, and activities in the federal government. If the Contract involves federal funds, Contractor shall not use contract funds for any DEI program or for any DEIA mandate, policy, program, or preference. Contractor shall assure its compliance and the compliance of any subcontractors with all requirements of Executive orders 14151 and 14173.

S. CONFIDENTIALITY

All materials and information provided by the Parties or acquired by a Party on behalf of the other Party shall be regarded as confidential information. All materials and information provided or acquired shall be handled in accordance with federal and state law, and ethical standards. Should said confidentiality be breached by a Party, the Party shall notify the other Party immediately of said breach and take immediate corrective action.

It is incumbent upon the Parties to inform their officers and employees of the penalties for improper disclosure imposed by the Privacy Act of 1974, 5 U.S.C. 552a. Specifically, 5 U.S.C. 552a (i)(1), which is made applicable by 5 U.S.C. 552a (m)(1), provides that any officer or employee, who by virtue of his/her employment or official position has possession of or access to agency records which contain individually identifiable information, the disclosure of which is prohibited by the Privacy Act or regulations established thereunder, and who knowing that disclosure of the specific material is prohibited, willfully discloses the material in any manner to any person or agency not entitled to receive it, shall be guilty of a misdemeanor and fined not more than $5,000.

T. EARLY TERMINATION

The contract may be terminated as follows:

1. The State and the Vendor, by mutual written agreement, may terminate the contract, in whole or in part, at any time.

2. The State, in its sole discretion, may terminate the contract, in whole or in part, for any reason upon thirty (30) calendar day's written notice shall be delivered by email, delivery receipt requested; certified mail, return receipt requested; or in person with proof of delivery to the Vendor. Such termination shall not relieve the Vendor of warranty or other service obligations incurred under the terms of the contract. In the event of termination, the Vendor shall be entitled to payment, determined on a pro rata basis, for products or services satisfactorily performed or provided.

3. The State may terminate the contract, in whole or in part, immediately for the following reasons:

a. if directed to do so by statute,
b. Vendor has made an assignment for the benefit of creditors, has admitted in writing its inability to pay debts as they mature, or has ceased operating in the normal course of business,
c. a trustee or receiver of the Vendor or of any substantial part of the Vendor's assets has been appointed by a court,
d. fraud, misappropriation, embezzlement, malfeasance, misfeasance, or illegal conduct pertaining to performance under the contract by its Vendor, its employees, officers, directors, or shareholders,
e. an involuntary proceeding has been commenced by any Party against the Vendor under any one of the chapters of Title 11 of the United States Code and (i) the proceeding has been pending for at least sixty

Docusign Envelope ID: 3BDEBE65-93BA-8AFB-81DF-851BBE06EFF2

(60) calendar days; or (ii) the Vendor has consented, either expressly or by operation of law, to the entry of an order for relief; or (iii) the Vendor has been decreed or adjudged a debtor,

f. a voluntary petition has been filed by the Vendor under any of the chapters of Title 11 of the United States Code,
g. Vendor intentionally discloses confidential information,
h. Vendor has or announces it will discontinue support of the deliverable; and,
i. In the event funding is no longer available.

U. CONTRACT CLOSEOUT

Upon termination of the contract for any reason the Vendor shall within thirty (30) days, unless stated otherwise herein:

1. Transfer all completed or partially completed deliverables to the State,
2. Transfer ownership and title to all completed or partially completed deliverables to the State,
3. Return to the State all information and data unless the Vendor is permitted to keep the information or data by contract or rule of law. Vendor may retain one copy of any information or data as required to comply with applicable work product documentation standards or as are automatically retained in the course of Vendor's routine back up procedures,
4. Cooperate with any successor Vendor, person, or entity in the assumption of any or all of the obligations of this contract,
5. Cooperate with any successor Vendor, person, or entity with the transfer of information or data related to this contract,
6. Return or vacate any state owned real or personal property; and,
7. Return all data in a mutually acceptable format and manner.

Nothing in this section should be construed to require the Vendor to surrender intellectual property, real or personal property, or information or data owned by the Vendor for which the State has no legal claim.

V. AMERICANS WITH DISABILITIES ACT

Vendor shall comply with all applicable provisions of the Americans with Disabilities Act of 1990 (42 U.S.C. 12131–12134), as amended by the ADA Amendments Act of 2008 (ADA Amendments Act) (Pub.L. 110–325, 122 Stat. 3553 (2008)), which prohibits discrimination on the basis of disability by public entities.

W. LONG-TERM CARE OMBUDSMAN (Nonnegotiable)

Vendor must comply with the Long-Term Care Ombudsman Act, per Neb. Rev. Stat. § 81-2237 et seq. This section shall survive the termination of this contract.

X. OFFICE OF PUBLIC COUNSEL (Nonnegotiable)

If it provides, under the terms of this contract and on behalf of the State of Nebraska, health and human services to individuals; service delivery; service coordination; or case management, Vendor shall submit to the jurisdiction of the Office of Public Counsel, pursuant to Neb. Rev. Stat. § 81-8,240 et seq. This section shall survive the termination of this contract.

Y. LOBBYING

1. No federal or state funds paid under this RFP shall be paid for any lobbying costs as set forth herein.

2. Lobbying Prohibited by 31 U.S.C. § 1352 and 45 CFR §§ 93 et seq, and Required Disclosures.

a. Contractor certifies that no federal or state appropriated funds shall be paid, by or on behalf of Contractor, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this award for: (a) the awarding of any federal agreement; (b) the making of any federal grant; (c) the entering into of any cooperative agreement; and (d) the extension, continuation, renewal, amendment, or modification of any federal agreement, grant, loan, or cooperative agreement.

b. If any funds, other than federal appropriated funds, have been paid or will be paid to any person for influencing or attempting to influence: an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with Contractor, Contractor shall complete and submit Federal Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

3. Lobbying Activities Prohibited under Federal Appropriations Bills.

Docusign Envelope ID: 3BDEBE65-93BA-8AFB-81DF-851BBE06EFF2

a. No funds paid under this RFP shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation of the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any state or local government itself.

b. No funds paid under this RFP shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than normal and recognized executive legislative relationships or participation by an agency or officer of an State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

c. The prohibitions in the two sections immediately above shall include any activity to advocate or promote any proposed, pending, or future federal, state or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale of marketing, including but not limited to the advocacy or promotion of gun control.

4. Lobbying Costs Unallowable Under the Cost Principles. In addition to the above, no funds shall be paid for executive lobbying costs as set forth in 45 CFR § 75.450(b). If Contractor is a nonprofit organization or an Institute of Higher Education, other costs of lobbying are also unallowable as set forth in 45 CFR § 75.450(c).

Docusign Envelope ID: 3BDEBE65-93BA-8AFB-81DF-851BBE06EFF2

III. VENDOR DUTIES

Bidder should read the Vendor Duties within this section and must initial either "Accept All Terms and Conditions Within Section as Written" or "Exceptions Taken to Vendor Duties Within Section as Written" in the table below. If exception is not taken to a provision, it is deemed accepted as stated. If the bidder takes any exceptions, they must provide the following within the "Exceptions" field of the table below (Bidder may provide responses in separate attachment if multiple exceptions are taken):

1. The specific clause, including section reference, to which an exception has been taken;
2. An explanation of why the bidder took exception to the clause; and
3. Provide alternative language to the specific clause within the solicitation response.

By signing the solicitation, bidder agrees to be legally bound by all the accepted terms and conditions, and any proposed alternative terms and conditions submitted with the solicitation response. The State reserves the right to negotiate rejected or proposed alternative language. If the State and bidder fail to agree on the final Terms and Conditions, the State reserves the right to reject the solicitation response. The State reserves the right to reject solicitation responses that attempt to substitute the bidder's commercial contracts and/or documents for this solicitation.

Accept All Vendor Duties Within Section as Written (Initial)	**Exceptions Taken to Vendor Duties Within Section as Written (Initial)**	**Exceptions:** (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
		Accept All Terms and Conditions Within Section as Written

A. INDEPENDENT VENDOR / OBLIGATIONS

It is agreed that the Vendor is an independent Vendor and that nothing contained herein is intended or should be construed as creating or establishing a relationship of employment, agency, or a partnership.

The Vendor is solely responsible for fulfilling the contract. The Vendor or the Vendor's representative shall be the sole point of contact regarding all contractual matters.

The Vendor shall secure, at its own expense, all personnel required to perform the services under the contract. The personnel the Vendor uses to fulfill the contract shall have no contractual or other legal relationship with the State; they shall not be considered employees of the State and shall not be entitled to any compensation, rights or benefits from the State, including but not limited to, tenure rights, medical and hospital care, sick and vacation leave, severance pay, or retirement benefits.

By-name personnel commitments made in the bidder's solicitation response shall not be changed without the prior written approval of the State. Replacement of these personnel, if approved by the State, shall be with personnel of equal or greater ability and qualifications.

All personnel assigned by the Vendor to the contract shall be employees of the Vendor or a subcontractor and shall be fully qualified to perform the work required herein. Personnel employed by the Vendor or a subcontractor to fulfill the terms of the contract shall remain under the sole direction and control of the Vendor or the subcontractor respectively.

With respect to its employees, the Vendor agrees to be solely responsible for the following:

1. Any and all pay, benefits, and employment taxes and/or other payroll withholding,
2. Any and all vehicles used by the Vendor's employees, including all insurance required by state law,
3. Damages incurred by Vendor's employees within the scope of their duties under the contract,
4. Maintaining Workers' Compensation and health insurance that complies with state and federal law and submitting any reports on such insurance to the extent required by governing law,
5. Determining the hours to be worked and the duties to be performed by the Vendor's employees; and,
6. All claims on behalf of any person arising out of employment or alleged employment (including without limit claims of discrimination alleged against the Vendor, its officers, agents, or subcontractors or subcontractor's employees).

Docusign Envelope ID: 3BDEBE65-93BA-8AFB-81DF-851BBE06EFF2

If the Vendor intends to utilize any subcontractor, the subcontractor's level of effort, tasks, and time allocation should be clearly defined in the solicitation response. The Vendor shall agree that it will not utilize any subcontractors not specifically included in its solicitation response in the performance of the contract without the prior written authorization of the State. If the Vendor subcontracts any of the work, the Vendor agrees to pay any and all subcontractors in accordance with the Vendor's agreement with the respective subcontractor(s).

The State reserves the right to require the Vendor to reassign or remove from the project any Vendor or subcontractor employee.

Vendor shall ensure that the terms and conditions contained in any contract with a subcontractor does not conflict with the terms and conditions of this contract.

The Vendor shall include a similar provision, for the protection of the State, in the contract with any Subcontractor engaged to perform work on this contract.

B. EMPLOYEE WORK ELIGIBILITY STATUS

The Vendor is required and hereby agrees to use a federal immigration verification system to determine the work eligibility status of employees physically performing services within the State of Nebraska. A federal immigration verification system means the electronic verification of the work authorization program authorized by the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, 8 U.S.C. 1324a, known as the E-Verify Program, or an equivalent federal program designated by the United States Department of Homeland Security or other federal agency authorized to verify the work eligibility status of an employee.

If the Vendor is an individual or sole proprietorship, the following applies:

1. The Vendor must complete the United States Citizenship Attestation Form, available on the Department of Administrative Services website at https://das.nebraska.gov/materiel/docs/pdf/Individual%20or%20Sole%20Proprietor%20United%20States%20Attestation%20Form%20English%20and%20Spanish.pdf
2. The completed United States Attestation Form should be submitted with the Solicitation response.
3. If the Vendor indicates on such attestation form that he or she is a qualified alien, the Vendor agrees to provide the US Citizenship and Immigration Services documentation required to verify the Vendor's lawful presence in the United States using the Systematic Alien Verification for Entitlements (SAVE) Program.
4. The Vendor understands and agrees that lawful presence in the United States is required, and the Vendor may be disqualified or the contract terminated if such lawful presence cannot be verified as required by Neb. Rev. Stat. § 4-108.

C. COMPLIANCE WITH CIVIL RIGHTS LAWS AND EQUAL OPPORTUNITY EMPLOYMENT / NONDISCRIMINATION (Nonnegotiable)

The Vendor shall comply with all applicable local, state, and federal statutes and regulations regarding civil rights laws and equal opportunity employment. The Nebraska Fair Employment Practice Act prohibits Vendors of the State of Nebraska, and their Subcontractors, from discriminating against any employee or applicant for employment, with respect to hire, tenure, terms, conditions, compensation, or privileges of employment because of race, color, religion, sex, disability, marital status, or national origin (Neb. Rev. Stat. §§ 48-1101 to 48-1125). The Vendor guarantees compliance with the Nebraska Fair Employment Practice Act, and breach of this provision shall be regarded as a material breach of contract. The Vendor shall insert a similar provision in all Subcontracts for goods and services to be covered by any contract resulting from this Solicitation.

D. COOPERATION WITH OTHER VENDORS

Vendor may be required to work with or in close proximity to other Vendors or individuals that may be working on same or different projects. The Vendor shall agree to cooperate with such other Vendors or individuals and shall not commit or permit any act which may interfere with the performance of work by any other Vendor or individual. Vendor is not required to compromise Vendor's intellectual property or proprietary information unless expressly required to do so by this contract.

E. DISCOUNTS

Prices quoted shall be inclusive of ALL trade discounts. Cash discount terms of less than thirty (30) days will not be considered as part of the solicitation response. Cash discount periods will be computed from the date of receipt of a properly executed claim voucher or the date of completion of delivery of all items in a satisfactory condition, whichever is later.

Docusign Envelope ID: 3BDEBE65-93BA-8AFB-81DF-851BBE06EFF2

F. PRICES

Prices quoted shall be net, including transportation and delivery charges fully prepaid by the bidder, F.O.B. destination named in the Solicitation. No additional charges will be allowed for packing, packages, or partial delivery costs. When an arithmetic error has been made in the extended total, the unit price will govern.

All prices, costs, and terms and conditions submitted in the solicitation response shall remain fixed and valid commencing on the opening date of the solicitation until an award is made or the Solicitation is cancelled.

Prices submitted on the cost sheet, once accepted by DHHS, shall remain fixed for the initial term and applicable renewals available under the contract. Any request for a price increase must be submitted in writing to the Department of Health and Human Services a minimum of 90 days prior to the end of the current contract period. Documentation may be required by DHHS to support the price increase.

DHHS reserves the right to deny any requested price increase. No price increases are to be billed to any State Agencies prior to written amendment of the contract by the parties. DHHS will be given full proportionate benefit from any decreases for the term of the contract.

G. PERMITS, REGULATIONS, LAWS

The contract price shall include the cost of all royalties, licenses, permits, and approvals, whether arising from patents, trademarks, copyrights or otherwise, that are in any way involved in the contract. The Vendor shall obtain and pay for all royalties, licenses, and permits, and approvals necessary for the execution of the contract. The Vendor must guarantee that it has the full legal right to the materials, supplies, equipment, software, and other items used to execute this contract.

H. OWNERSHIP OF INFORMATION AND DATA / DELIVERABLES

The State shall have the unlimited right to publish, duplicate, use, and disclose all information and data developed or obtained by the Vendor on behalf of the State pursuant to this contract.

The State shall own and hold exclusive title to any deliverable developed as a result of this contract. Vendor shall have no ownership interest or title, and shall not patent, license, or copyright, duplicate, transfer, sell, or exchange, the design, specifications, concept, or deliverable.

I. INSURANCE REQUIREMENTS

The Vendor shall throughout the term of the contract maintain insurance as specified herein and provide the State a current Certificate of Insurance/Acord Form (COI) verifying the coverage. The Vendor shall not commence work on the contract until the insurance is in place. If Vendor subcontracts any portion of the Contract the Vendor must, throughout the term of the contract, either:

1. Provide equivalent insurance for each subcontractor and provide a COI verifying the coverage for the subcontractor,
2. Require each subcontractor to have equivalent insurance and provide written notice to the State that the Vendor has verified that each subcontractor has the required coverage; or,
3. Provide the State with copies of each subcontractor's Certificate of Insurance evidencing the required coverage.

The Vendor shall not allow any Subcontractor to commence work until the Subcontractor has equivalent insurance. The failure of the State to require a COI, or the failure of the Vendor to provide a COI or require subcontractor insurance shall not limit, relieve, or decrease the liability of the Vendor hereunder.

In the event that any policy written on a claims-made basis terminates or is canceled during the term of the contract or within four (4) years of termination or expiration of the contract, the Vendor shall obtain an extended discovery or reporting period, or a new insurance policy, providing coverage required by this contract for the term of the contract and four (4) years following termination or expiration of the contract.

If by the terms of any insurance a mandatory deductible is required, or if the Vendor elects to increase the mandatory deductible amount, the Vendor shall be responsible for payment of the amount of the deductible in the event of a paid claim.

Notwithstanding any other clause in this Contract, the State may recover up to the liability limits of the insurance policies required herein.

1. WORKERS' COMPENSATION INSURANCE

The Vendor shall take out and maintain during the life of this contract the statutory Workers' Compensation and Employer's Liability Insurance for all of the contactors' employees to be engaged in work on the project

Docusign Envelope ID: 3BDEBE65-93BA-8AFB-81DF-851BBE06EFF2

under this contract and, in case any such work is sublet, the Vendor shall require the Subcontractor similarly to provide Worker's Compensation and Employer's Liability Insurance for all of the Subcontractor's employees to be engaged in such work. This policy shall be written to meet the statutory requirements for the state in which the work is to be performed, including Occupational Disease. **The policy shall include a waiver of subrogation in favor of the State. The COI shall contain the mandatory COI subrogation waiver language found hereinafter**. The amounts of such insurance shall not be less than the limits stated hereinafter. For employees working in the State of Nebraska, the policy must be written by an entity authorized by the State of Nebraska Department of Insurance to write Workers' Compensation and Employer's Liability Insurance for Nebraska employees.

2. COMMERCIAL GENERAL LIABILITY INSURANCE AND COMMERCIAL AUTOMOBILE LIABILITY INSURANCE

The Vendor shall take out and maintain during the life of this contract such Commercial General Liability Insurance and Commercial Automobile Liability Insurance as shall protect Vendor and any Subcontractor performing work covered by this contract from claims for damages for bodily injury, including death, as well as from claims for property damage, which may arise from operations under this contract, whether such operation be by the Vendor or by any Subcontractor or by anyone directly or indirectly employed by either of them, and the amounts of such insurance shall not be less than limits stated hereinafter.

The Commercial General Liability Insurance shall be written on an **occurrence basis**, and provide Premises/Operations, Products/Completed Operations, Independent Vendors, Personal Injury, and Contractual Liability coverage. **The policy shall include the State, and others as required by the contract documents, as Additional Insured(s). This policy shall be primary, and any insurance or self-insurance carried by the State shall be considered secondary and non-contributory**. **The COI shall contain the mandatory COI liability waiver language found hereinafter.** The Commercial Automobile Liability Insurance shall be written to cover all Owned, Non-owned, and Hired vehicles.

Docusign Envelope ID: 3BDEBE65-93BA-8AFB-81DF-851BBE06EFF2

REQUIRED INSURANCE COVERAGE	
COMMERCIAL GENERAL LIABILITY	
General Aggregate	$2,000,000
Products/Completed Operations Aggregate	$2,000,000
Personal/Advertising Injury	$1,000,000 per occurrence
Bodily Injury/Property Damage	$1,000,000 per occurrence
Medical Payments	$10,000 any one person
Damage to Rented Premises (Fire)	$300,000 each occurrence
Contractual	Included
XCU Liability (Explosion, Collapse, and Underground Damage)	Included
Independent Vendors	Included
WORKER'S COMPENSATION	
Employers Liability Limits	$500K/$500K/$500K
Statutory Limits- All States	Statutory - State of Nebraska
Voluntary Compensation	Statutory
UMBRELLA/EXCESS LIABILITY	
Over Primary Insurance	$5,000,000 per occurrence
PROFESSIONAL LIABILITY	
Professional liability (Medical Malpractice)	Limits consistent with Nebraska Medical Malpractice Cap
Qualification Under Nebraska Excess Fund	
All Other Professional Liability (Errors & Omissions)	$1,000,000 Per Claim / Aggregate
COMMERCIAL CRIME	
Crime/Employee Dishonesty Including 3rd Party Fidelity	$1,000,000
CYBER LIABILITY	
Breach of Privacy, Security Breach, Denial of Service, Remediation, Fines and Penalties	$5,000,000
MANDATORY COI SUBROGATION WAIVER LANGUAGE	
"Workers' Compensation policy shall include a waiver of subrogation in favor of the State of Nebraska."	
MANDATORY COI LIABILITY WAIVER LANGUAGE	
"Commercial General Liability & Commercial Automobile Liability policies shall name the State of Nebraska as an Additional Insured and the policies shall be primary and any insurance or self-insurance carried by the State shall be considered secondary and non-contributory as additionally insured."	

3. EVIDENCE OF COVERAGE

The Vendor shall furnish the Contract Manager, via email, with a certificate of insurance coverage complying with the above requirements prior to beginning work at:

RFP Number: 124316 O3

Department of Health and Human Services
Attn: Kristin Powell, Procurement Contracts Officer
301 Centennial Mall South
Lincoln, NE 68509
kristin.powell@nebraska.gov

These certificates or the cover sheet shall reference the solicitation number, and the certificates shall include the name of the company, policy numbers, effective dates, dates of expiration, and amounts and types of coverage afforded. If the State is damaged by the failure of the Vendor to maintain such insurance, then the Vendor shall be responsible for all reasonable costs properly attributable thereto.

Reasonable notice of cancellation of any required insurance policy must be submitted to the contract manager as listed above when issued and a new coverage binder shall be submitted immediately to ensure no break in coverage.

4. DEVIATIONS

The insurance requirements are subject to limited negotiation. Negotiation typically includes, but is not necessarily limited to, the correct type of coverage, necessity for Workers' Compensation, and the type of automobile coverage carried by the Vendor.

Docusign Envelope ID: 3BDEBE65-93BA-8AFB-81DF-851BBE06EFF2

J. ANTITRUST

The Vendor hereby assigns to the State any and all claims for overcharges as to goods and/or services provided in connection with this contract resulting from antitrust violations which arise under antitrust laws of the United States and the antitrust laws of the State.

K. CONFLICT OF INTEREST

By submitting a solicitation response, vendor certifies that no relationship exists between the vendor and any person or entity which either is, or gives the appearance of, a conflict of interest related to this solicitation or project.

Vendor further certifies that vendor will not employ any individual known by vendor to have a conflict of interest nor shall vendor take any action or acquire any interest, either directly or indirectly, which will conflict in any manner or degree with the performance of its contractual obligations hereunder or which creates an actual or appearance of conflict of interest.

If there is an actual or perceived conflict of interest, vendor shall provide with its solicitation response a full disclosure of the facts describing such actual or perceived conflict of interest and a proposed mitigation plan for consideration. The State will then consider such disclosure and proposed mitigation plan and either approve or reject as part of the overall solicitation response evaluation.

L. SITE RULES AND REGULATIONS

The Vendor shall use its best efforts to ensure that its employees, agents, and Subcontractors comply with site rules and regulations while on State premises. If the Vendor must perform on-site work outside of the daily operational hours set forth by the State, it must make arrangements with the State to ensure access to the facility and the equipment has been arranged. No additional payment will be made by the State on the basis of lack of access, unless the State fails to provide access as agreed to in writing between the State and the Vendor.

M. ADVERTISING

The Vendor agrees not to refer to the contract award in advertising in such a manner as to state or imply that the company or its goods or services are endorsed or preferred by the State. Any publicity releases pertaining to the project shall not be issued without prior written approval from the State.

N. DISASTER RECOVERY/BACK UP PLAN

The Vendor shall have a disaster recovery and back-up plan, of which a copy should be provided upon request to the State, which includes, but is not limited to equipment, personnel, facilities, and transportation, in order to continue delivery of goods and services as specified under the specifications in the contract in the event of a disaster.

O. DRUG POLICY

Vendor certifies it maintains a drug free workplace environment to ensure worker safety and workplace integrity. Vendor agrees to provide a copy of its drug free workplace policy at any time upon request by the State.

P. WARRANTY

Despite any clause to the contrary, the Vendor represents and warrants that its services hereunder shall be performed by competent personnel and shall be of professional quality consistent with generally accepted industry standards for the performance of such services and shall comply in all respects with the requirements of this Agreement. For any breach of this warranty, the Vendor shall, for a period of ninety (90) days from performance of the service, perform the services again, at no cost to the State, or if Vendor is unable to perform the services as warranted, Vendor shall reimburse the State all fees paid to Vendor for the unsatisfactory services. The rights and remedies of the parties under this warranty are in addition to any other rights and remedies of the parties provided by law or equity, including, without limitation actual damages, and, as applicable and awarded under the law, to a prevailing party, reasonable attorneys' fees and costs.

The Vendor warrants for a period of one (1) year from the date of Acceptance that: (a) the Products perform according to all specific claims that the Vendor made in its response to the solicitation, (b) the Product is suitable for the ordinary purposes for which such Product is used, (c) the Product is suitable for any special purposes identified in the solicitation or for which the State has relied on the Vendor's skill or judgment, (d) the Product is designed and manufactured in a commercially reasonable manner, and (e) the Product is free of defects. Upon breach of the warranty, the Vendor will repair or replace (at no charge to the State) the Product whose nonconformance is discovered and made known to the Vendor. If the repaired and/or replaced Product proves to be inadequate, or fails of its essential purpose, the Vendor will refund the full amount of any payments that have been made. The rights and remedies of the parties under this warranty are in addition to any other rights and remedies of the parties provided by law or equity, including, without limitation actual damages, and, as applicable and awarded under the law, to a prevailing party, reasonable attorneys' fees and costs.

Docusign Envelope ID: 3BDEBE65-93BA-8AFB-81DF-851BBE06EFF2

Q. TIME IS OF THE ESSENCE

Time is of the essence with respect to Vendor's performance and deliverables pursuant to this Contract.

R. BUSINESS ASSOCIATE PROVISIONS

1. BUSINESS ASSOCIATE. "Business Associate" shall generally have the same meaning as the term "business associate" at 45 CFR § 160.103, and in reference to the party to the Contract, shall mean Contractor.

2. COVERED ENTITY. "Covered Entity" shall generally have the same meaning as the term "covered entity" at 45 CFR § 160.103, and in reference to the party to the Contract, shall mean DHHS.

3. HIPAA RULES. "HIPAA Rules" shall mean the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164.

4. SECURITY INCIDENT. "Security Incident" shall mean the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information, or interference with system operations in an information system.

5. OTHER TERMS. The following terms shall have the same meaning as those terms in the HIPAA Rules: Breach, Data Aggregation, Designated Record Set, Disclosure, Health Care Operations, Individual, Minimum Necessary, Notice of Privacy Practices, Protected Health Information, Required by Law, Secretary, Subcontractor, Unsecured Protected Health Information, and Use.

6. THE CONTRACTOR shall do the following:
   a. Not use or disclose Protected Health Information other than as permitted or required by the Contract or as required by law. Contractor may use Protected Health Information for the purposes of managing its internal business processes relating to its functions and performance under the Contract. Use or disclosure must be consistent with DHHS' minimum necessary policies and procedures.
   b. Implement and maintain appropriate administrative, physical, and technical safeguards to prevent access to, and the unauthorized use and disclosure of Protected Health Information. Comply with Subpart C of 45 CFR Part 164 with respect to electronic Protected Health Information, to prevent use or disclosure of Protected Health Information other than as provided for in the Contract, and assess potential risks and vulnerabilities to the individual health data in its care and custody and develop, implement, and maintain reasonable security measures.
   c. To the extent Contractor is to carry out one or more of the DHHS' obligations under Subpart E of 45 CFR Part 164, comply with the requirements of Subpart E that apply to DHHS in the performance of such obligations. Contractor may not use or disclosure Protected Health Information in a manner that would violate Subpart E of 45 CFR Part 164 if done by DHHS.
   d. In accordance with 45 CFR §§ 164.502(e)(1)(ii) and 164.308(b)(2), if applicable, ensure that any agents and subcontractors that create, receive, maintain, or transmit Protected Health Information received from DHHS, or created by or received from Contractor on behalf of DHHS, agree in writing to the same restrictions, conditions, and requirements relating to the confidentiality, care, custody, and minimum use of Protected Health Information that apply to the Contractor with respect to such information.
   e. Obtain reasonable assurances from the person to whom the information is disclosed that the information will remain confidential and be used or further disclosed only as required by law or for the purposes for which it was disclosed to the person, and that the person shall notify Contractor of any instances of which the person is aware that the confidentiality of the information has been breached.
   f. Contractor shall maintain and make available within fifteen (15) days in a commonly used electronic format:
      i. Protected Health Information to DHHS, as necessary to satisfy DHHS' obligations under 45 CFR § 164.524;
      ii. Any amendment(s) to Protected Health Information, as directed or agreed to by DHHS, pursuant to 45 CFR § 164.526, or take other measures as necessary to satisfy DHHS' obligations under 45 CFR § 164.526;
      iii. The information required to provide an accounting of disclosures to DHHS, as necessary to satisfy DHHS' obligations under 45 CFR § 164.528.
   g. Make its internal practices, books, and records relating to the use and disclosure of Protected Heath Information received from, or created or received by Contractor on behalf of DHHS available to the Secretary or DHHS for purposes of determining compliance with the HIPAA Rules. Contractor shall provide DHHS with copies of the information it has made available to the Secretary at the same time as it was made available to the Secretary.
   h. Report to DHHS within fifteen (15) days of when Contractor becomes aware, any unauthorized use or disclosure of Protected Health Information made in violation of the Contract or the HIPAA Rules, including any security incident that may put electronic Protected Health Information at risk. Contractor shall, as instructed by DHHS, take immediate steps to mitigate any harmful effect of such unauthorized disclosure of Protected Health Information pursuant to the conditions of the Contract through the preparation and

Docusign Envelope ID: 3BDEBE65-93BA-8AFB-81DF-851BBE06EFF2

completion of a written Corrective Action Plan that is subject to review and approval by DHHS. Contractor shall be responsible for all breach notifications in accordance with HIPAA rules and regulations, and all costs associated with security incident investigations and breach notification procedures.

i. Business Associate shall indemnify, defend, and hold harmless DHHS for any financial loss as a result of claims brought by third parties and which are caused by the failure of Contractor, its officers, directors, agents, or subcontractors to comply with the terms of the Contract, or for penalties imposed by the HHS Office of Civil Rights for any violations of the HIPAA Rules caused by Contractor, its officers, directors, agents, or subcontractors. Additionally, Contractor shall indemnify DHHS for any time and expenses it may incur from breach notifications that are necessary under the HIPAA Breach Notification Rule, which are caused by a failure of Contractor, its officers, directors, agents, or subcontractors to comply with the terms of the Contract.

7. TERMINATION.
   a. DHHS may immediately terminate the Contract, and any and all associated contracts, if DHHS determines that Contractor has violated a material term of the Contract.
   b. Within thirty (30) days of expiration or termination of the Contract, or as agreed, unless Contractor requests and DHHS authorizes a longer period of time, Contractor shall return. or at the written direction of DHHS, destroy all Protected Health Information received from DHHS (or created or received by Contractor on behalf of DHHS) that Contractor still maintains in any form, and shall retain no copies of such Protected Health Information. Contractor shall provide a written certification to DHHS that all such Protected Health Information has been returned or destroyed (if so instructed), whichever is deemed appropriate. If such return or destruction is determined by DHHS to be infeasible, Contractor shall use such Protected Health Information only for purposes that makes such return or destruction infeasible, and the provisions of the Contract shall survive with respect to such Protected Health Information.
   c. The obligations of the Contractor under this Termination section shall survive the termination of the Contract.

Docusign Envelope ID: 3BDEBE65-93BA-8AFB-81DF-851BBE06EFF2

IV. PAYMENT

Bidder should read the Payment clauses within this section and must initial either "Accept All Terms and Conditions Within Section as Written" or "Exceptions Taken to Payment clauses Within Section as Written" in the table below. If exception is not taken to a provision, it is deemed accepted as stated. If the bidder takes any exceptions, they must provide the following within the "Exceptions" field of the table below (Bidder may provide responses in separate attachment if multiple exceptions are taken):

1. The specific clause, including section reference, to which an exception has been taken;
2. An explanation of why the bidder took exception to the clause; and
3. Provide alternative language to the specific clause within the solicitation response.

By signing the solicitation, bidder agrees to be legally bound by all the accepted terms and conditions, and any proposed alternative terms and conditions submitted with the solicitation response. The State reserves the right to negotiate rejected or proposed alternative language. If the State and bidder fail to agree on the final Terms and Conditions, the State reserves the right to reject the solicitation response. The State reserves the right to reject solicitation responses that attempt to substitute the bidder's commercial contracts and/or documents for this solicitation.

Accept All Payment Clauses Within Section as Written (Initial)	Exceptions Taken to Payment Clauses Within Section as Written (Initial)	**Exceptions:** (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
	DMH	H. Right to Audit – only exception requested is that we limit audits to once per calendar year

A. PROHIBITION AGAINST ADVANCE PAYMENT (Nonnegotiable)

Neb. Rev. Stat. § 81-2403 states "[n]o goods or services shall be deemed to be received by an agency until all such goods or services are completely delivered and finally accepted by the agency" The standard term is to pay after deliverables and that any alteration of that standard term should be carefully considered and used only when absolutely necessary to accommodate certain critical exceptions, i.e. insurance premiums, etc. that must be paid in advance.)

Pursuant to Neb. Rev. Stat. § 81-2403, "[n]o goods or services shall be deemed to be received by an agency until all such goods or services are completely delivered and finally accepted by the agency."

B. TAXES (Nonnegotiable)

The State is not required to pay taxes and assumes no such liability as a result of this Solicitation. The Vendor may request a copy of the Nebraska Department of Revenue, Nebraska Resale or Exempt Sale Certificate for Sales Tax Exemption, Form 13 for their records. Any property tax payable on the Vendor's equipment which may be installed in a state-owned facility is the responsibility of the Vendor.

C. INVOICES

Invoices for payment must be submitted by the Vendor to the agency requesting the services with sufficient detail to support payment. Invoices should be emailed to DHHS.TFN@NEBRASKA.GOV. The terms and conditions included in the Vendor's invoice shall be deemed to be solely for the convenience of the parties. No terms or conditions of any such invoice shall be binding upon the State, and no action by the State, including without limitation the payment of any such invoice in whole or in part, shall be construed as binding or estopping the State with respect to any such term or condition, unless the invoice term or condition has been previously agreed to by the State as an amendment to the contract. **The State shall have forty-five (45) calendar days to pay after a valid and accurate invoice is received by the State.**

Awarded vendor is prohibited from using any funds paid through this contract for any direct contact with state legislators or their staff for purposes of influencing any legislative policies or funding decisions.

Docusign Envelope ID: 3BDEBE65-93BA-8AFB-81DF-851BBE06EFF2

D. INSPECTION AND APPROVAL

Final inspection and approval of all work required under the contract shall be performed by the designated State officials.

E. PAYMENT (Nonnegotiable)

Payment will be made by the responsible agency in compliance with the State of Nebraska Prompt Payment Act (See Neb. Rev. Stat. § 81-2403). The State may require the Vendor to accept payment by electronic means such as ACH deposit. In no event shall the State be responsible or liable to pay for any goods and services provided by the Vendor prior to the Effective Date of the contract, and the Vendor hereby waives any claim or cause of action for any such goods or services.

F. LATE PAYMENT (Nonnegotiable)

The Vendor may charge the responsible agency interest for late payment in compliance with the State of Nebraska Prompt Payment Act (See Neb. Rev. Stat. §§ 81-2401 through 81-2408).

G. SUBJECT TO FUNDING / FUNDING OUT CLAUSE FOR LOSS OF APPROPRIATIONS (Nonnegotiable)

The State's obligation to pay amounts due on the Contract for fiscal years following the current fiscal year is contingent upon legislative or federal appropriation of funds. Should said funds not be appropriated, the State may terminate the contract with respect to those payments for the fiscal year(s) for which such funds are not appropriated. The State will give the Vendor reasonable written notice prior to the effective date of termination. All obligations of the State to make payments after the termination date will cease. The Vendor shall be entitled to receive just and equitable compensation for any authorized work which has been satisfactorily completed as of the termination date. In no event shall the Vendor be paid for a loss of anticipated profit.

H. RIGHT TO AUDIT (First Paragraph is Nonnegotiable)

The State shall have the right to audit the Vendor's performance of this contract upon a thirty (30) days' written notice. Vendor shall utilize generally accepted accounting principles, and shall maintain the accounting records, and other records and information relevant to the contract (Information) to enable the State to audit the contract. (Neb. Rev. Stat. § 84-304 et seq.) The State may audit, and the Vendor shall maintain, the Information during the term of the contract and for a period of five (5) years after the completion of this contract or until all issues or litigation are resolved, whichever is later. The Vendor shall make the Information available to the State at Vendor's place of business or a location acceptable to both Parties during normal business hours. If this is not practical or the Vendor so elects, the Vendor may provide electronic or paper copies of the Information. The State reserves the right to examine, make copies of, and take notes on any Information relevant to this contract, regardless of the form or the Information, how it is stored, or who possesses the Information. Under no circumstance will the Vendor be required to create or maintain documents not kept in the ordinary course of Vendor's business operations, nor will Vendor be required to disclose any information, including but not limited to product cost data, which is confidential or proprietary to Vendor.

The Parties shall pay their own costs of the audit unless the audit finds a previously undisclosed overpayment by the State. If a previously undisclosed overpayment exceeds one-half of one percent (.5%) of the total contract billings, or if fraud, material misrepresentations, or non-performance is discovered on the part of the Vendor, the Vendor shall reimburse the State for the total costs of the audit. Overpayments and audit costs owed to the State shall be paid within ninety (90) days of written notice of the claim. The Vendor agrees to correct any material weaknesses or condition found as a result of the audit.

Docusign Envelope ID: 3BDEBE65-93BA-8AFB-81DF-851BBE06EFF2

V. PROJECT DESCRIPTION AND SCOPE OF WORK

A. PROJECT OVERVIEW

The Nebraska Department of Health and Human Services (DHHS) Tobacco Free Nebraska (TFN) Program requests proposals to provide Nebraska Tobacco Quitline services (Quitline). The primary audience for the Quitline is Nebraskans who smoke cigarettes and/or use other tobacco products (including e-cigarettes) and who have shown a readiness to quit. TFN will provide support and assistance to the Contractor, leading to the success of the Nebraska Tobacco Quitline and success for Nebraskans quitting tobacco.

The Quitline is a free and convenient statewide tobacco cessation service to assist tobacco users. Depending on an individual's readiness to quit, the Quitline will provide registration, counseling/consultation, evaluation/quality assurance, and screening/recommendations related to the use of support materials and /or referrals to community-based cessation programs. For participants receiving counseling, after screening the participant for medical contraindications, the participant may be recommended and provided with Nicotine Replacement Therapy (NRT) (nicotine gum, patch, and/or lozenge).

1. The Quitline will provide support to other tobacco control initiatives in Nebraska in the following ways:

   a. Provide a foundation of cessation services at no charge to the participant that are available for all Nebraskans who want help to quit using tobacco products.
   b. Encourage healthcare professionals to address tobacco use with patients by providing comprehensive online training complete with continuing education units and resources that support intervention.
   c. Serve as an incentive for insurers and employers to make tobacco dependence treatment a fully covered benefit so more Nebraskans will have access to counseling and other effective treatments.
   d. Be a resource for public or voluntary policies that may serve to encourage tobacco users to quit.

   Based on the CDC's "Best Practices for Comprehensive Tobacco Control Programs", the Nebraska State Plan for Tobacco Use Prevention and Cessation indicates that simultaneous comprehensive approaches in prevention, cessation, and protection are necessary to effectively reduce the harm caused by tobacco use and achieve the following goals:

   a. Prevent the initiation of tobacco use among youth.
   b. Promote quitting among youth and adults.
   c. Eliminate exposure to secondhand smoke.
   d. Identify and eliminate health disparities related to commercial tobacco use.

2. Quitline service expectations will be based on the recommendations contained in the following resources:

   a. Center for Disease Control and Prevention (CDC) Telephone Quitline: A Resource for Development, Implementation, and Evaluation https://www.cdc.gov/tobacco/hcp/patient-care/quitlines-and-other-resources.html
   b. U.S. Public Health Service Clinical Practice Guideline on Treating Tobacco Use and Dependence https://www.ahrq.gov/prevention/guidelines/tobacco/clinicians/update/correctadd.html
   c. North American Quitline Consortium (NAQC) Minimal Data Set (MDS) offering a standard approach to evaluating tobacco cessation Quitline www.naquitline.org

B. CURRENT PROJECT ENVIRONMENT AND STATISTICS

Nebraska is a participant in the National Network of Quitline. TFN will promote the 1-800-QUIT-NOW (1-800-784-8669) and the 1-855-DÈJELO-YA (1-855-335-3569) numbers as the avenue to access the Contractor's services.

The proactive Quitline responds to incoming calls with immediate "reactive" assistance and follows up initial contact with more comprehensive services through outbound (proactive) calls.

1. CEREMONIAL USE OF TOBACCO IN NATIVE AMERICAN CULTURE

TFN acknowledges the spiritual and ceremonial value that tobacco has in Native American culture. The phrases such as 'tobacco-free', tobacco user', tobacco prevention', and 'tobacco control' mentioned in this document refer to commercially produced tobacco products and non-ceremonial use of tobacco.

2. QUITLINE MEDIA CAMPAIGNS

TFN or its media contractor will coordinate the development and implementation of the media campaign to promote the Quitline to the public. TFN attempts, whenever possible, to provide advance notice to the contractor about media campaigns, media events and earned media activities.

Docusign Envelope ID: 3BDEBE65-93BA-8AFB-81DF-851BBE06EFF2

3. PROMOTION TO HEALTHCARE SYSTEMS

TFN will be responsible for promoting the Quitline throughout the healthcare delivery system.

Tobacco use remains Nebraska's leading cause of preventable death, killing an estimated 2,500 Nebraskans each year – more than auto accidents, AIDS, suicides, murders, alcohol and illegal drugs combined. Tobacco costs the state a total of $952 million annually in medical costs, including $174.4 million of Nebraska's annual Medicaid expenditures. Smoking-related mortality also results in more than $651.9 million in lost productivity each year in the state. Nebraska's adult smoking rate is 12.2% (2024 Behavioral Risk Factor Survey. The state adult smokeless tobacco use rate is 4.9% (2024 Behavioral Risk Factor Survey).

C. MINIMUM QUALIFICATIONS

The State of Nebraska, Department of Health and Human Services (DHHS), is seeking a vendor with the following minimum qualifications to be deemed responsible and eligible for evaluation. If your company does not meet and/or exceed all essential qualifications listed herein, your company is advised not to proceed with preparing and submitting an RFP response to this solicitation.

Failure to address minimum qualifications in your proposal submission shall result in the proposal being deemed as a "Non-Responsive Solicitation Response" and disqualified from consideration. Minimum qualifications are:

1. Bidder shall provide proof of active membership in the North America Quitline Consortium (NAQC) within last five (5) years.
2. Bidder must demonstrate five (5) years' experience in tobacco cessation services serving diverse clients and providing awareness/participation in accordance with NAQC efforts.
3. Bidder shall provide evidence of three (3) successful clients utilizing similar scope of this RFP within the last five (5) years.
4. Bidder or any proposed subcontractors cannot have a current, or within the past five years, contract or affiliation with tobacco companies. In addition, the awarded Contractor or any proposed subcontractor may not accept tobacco industry business (contract or affiliation) for the duration of this contract.

D. SCOPE OF WORK

The Nebraska Tobacco Quitline's service (Quitline) is a no-charge to participant, telephone- and web-based tobacco use cessation Quitline providing a variety of resources in an effort to assist Nebraskans to quit tobacco usage. Depending on an individual's readiness to quit, the Quitline will provide registration, counseling/consultation, evaluation/quality assurance, and screening/recommendations related to the use of support materials and /or referrals to community-based cessation programs.

For participants receiving counseling, after screening the participant for medical contraindications, recommendations may include NRT (nicotine gum, patch, and/or lozenges). Resources will include referrals to community-based cessation programs when and if community programs are available. No physical call center is required for this RFP.

1. QUITLINE SYSTEM CAPABILITY

a. System must handle multiple, simultaneous incoming and outgoing calls with multi-lingual capability and be accessible through a TTY/TDD line.
b. System must provide a live answer during the "live" response hours of operations, per Section V.D.2.
c. System must offer, at a minimum, a strong and 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.
d. System data tracking and collection must tabulate unique individuals, services provided, call patterns, participant demographics, and create analysis for data reporting on a monthly, quarterly, and annual basis.
e. System must produce reports on the types and amounts of services provided per participant, call patterns by time of day/week/ month, and estimates of costs by types of service provided.
f. System must track calls during and outside of hours of operation, including features such as "hits to the line", abandonment rates, wait times, and length of call.
g. System must record all participant communication for quality assurance purposes.
h. System must accept referrals through fax referrals, an online form, eReferrals/secure email system, and "live referrals".
    i. System must handle "live referrals" from healthcare providers with the client/patient during healthcare appointments. Healthcare providers will turn the interaction over to the client/patient for completion of Intake/Assessment and scheduling for coaching call.
    ii. System must accept an electronic health record referral (e-Referral). The preferred bi-directional e-Referral should meet the NAQC standards.

Docusign Envelope ID: 3BDEBE65-93BA-8AFB-81DF-851BBE06EFF2

iii. System must have the ability to implement an electronic connection to interface with healthcare provider systems electronic health records for purposes of electronic referral to Quitline with electronic feedback.
iv. System must have the ability to send two-way electronic referrals for healthcare systems, as identified by DHHS, at no cost to DHHS.

i. System must provide a twenty-four (24) hour web-based service as an enhancement to the telephone-based services provided and/or as a stand-alone web-based tobacco cessation program. Refer to section V. D. 2. (a-e) for specific details. TFN prefers a system in which participants will be able to register for telephone-based and web-based services through the Internet.
j. System collaboration with TFN is required to ensure transfer of the Quitline telephone number, fax referral telephone number, and texting service number. The vendor must plan to transfer telephone numbers back to TFN upon contract expiration.
k. System collaboration with TFN is required to determine the best option for coordination with NAQC and other Quitline support resources that may become available to Nebraskans over the duration of the contract period.
l. Vendor will disclose any usage of Artificial Intelligence (AI) or Automated Callers to provide services to Nebraskans and will provide alternative services without AI or Automated Callers if requested. Vendors will prioritize that interactions will be conducted by live, trained human cessation coaches, intake specialists, or other appropriate positions.
m. System must provide services that are culturally and linguistically appropriate for the following specific populations:
    i. Medicaid beneficiaries
    ii. Uninsured/Low Socioeconomic Status
    iii. Pregnant women
    iv. Senior adults
    v. Veterans
    vi. Smokeless tobacco users
    vii. Native Americans
    viii. African Americans
    ix. Hispanic/Latinos
    x. Spanish-speaking participants
    xi. Deaf and hard of hearing
    xii. Participants with mental health or substance abuse disorders
    xiii. Teens
    xiv. Other limited English-speaking populations

2. QUITLINE HOURS OF OPERATION

System must provide “live” response to phone calls 24 hours a day, seven days a week. Peak times for phone calls must be continuously monitored, and staffing shall be modified accordingly to meet peak volume times. Volume must be assessed during live hours of coverage, and as needed in collaboration with media events. An automated answering service may only be used when Quitline personnel are unavailable**.** If an automated answering system is used, the caller must not be required to **select more than two options** prior to speaking with a registration specialist or other staff person.

Coverage is required for all holidays. Allowed exceptions to “live” response operations are listed below:

a. No system operation on Thanksgiving Day.
b. No system operation on Christmas Day.
c. Call Center can close early at 2:00 p.m. Central Time on Christmas Eve. Operations must commence at 8:00 a.m. the following day.
d. Call Center can close early at 5:00 p.m. Central Time on New Year’s Eve. Operations must commence at 8:00 a.m. the following day.
e. Call Center can close early at 5:00 p.m. Central Time on Labor Day, Memorial Day, and July 4. Operations must commence at 8:00 a.m. the following day.

System must provide online web access to coaching. 24/7 live response is not applicable; however, it is preferred.

3. QUITLINE PARTICIPANT MANAGEMENT

Services to be provided include, but are not limited to: registration, counseling/consultation, and evaluation/quality assurance related to the use of support materials and/or referrals to community-based cessation programs.

I. REGISTRATION

Screening of tobacco users must include, but is not limited to:

Docusign Envelope ID: 3BDEBE65-93BA-8AFB-81DF-851BBE06EFF2

1. Quitline standardized procedures for screening and recommendations should follow the North American Quitline Consortium (NAQC) Minimal Data Set (MDS), offering a standard approach to evaluating tobacco cessation Quitline's (www.naquitline.org), with TFN's approval.
2. Identifying informative services and resources applicable to Nebraskan tobacco users and non-users on tobacco dependence, available treatment, the dangers of secondhand smoke, and other tobacco-related information.
    a. Identify informative services and resources applicable to participants who want to support family and friends quitting tobacco.
    b. Identify informative services and resources applicable to registrants on counseling and coaching cessation of tobacco use.
3. Obtaining permission from tobacco users to be contacted for follow-up for quit rate evaluation.
    a. Participants who complete registration via phone, web or text and re-submit registration within 30 calendar days shall not be re-billed to DHHS.
    b. Participants who complete registration via phone, web or text and re-submit registration after 30 calendar days shall be allowed for re-billing to DHHS.

II. COUNSELING AND CONSULTATION

a. 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, NRT with information on the U.S. Public Health Service recommendations for the use of pharmacological cessation aids, support materials, and referral to community-based services as appropriate.
b. For participants who are ready to quit:
    1. A personalized quit plan must be developed
    2. Comprehensive, proactive behavioral counseling must be scheduled
    3. Information on available health plan coverage for tobacco dependence treatment must be provided
    4. Referral to community-based services, if desired, must be provided.
c. For healthcare providers:
    1. Technical assistance and consultation on a variety of effective tobacco dependence treatment topics must be provided.
        a. Topics may include but are not limited to:
            i. Up-to-date information about NRT
            ii. How to send high-quality referrals to the Quitline,
            iii. Implementing in-office cessation procedures including Quitline referrals following the Public Health Service Clinical Practice Guidelines on Treating Tobacco Use and Dependence
            iv. Assistance on complicated patient case management issues; community-based tobacco cessation programs
            v. Provide free comprehensive online training (including free continuing education units) on brief tobacco intervention techniques, and
            vi. Best practices to help healthcare providers work with patients quitting tobacco.
d. Provide healthcare providers with participant information to ensure continuity of care and seamless delivery of services.

III. QUITLINE EVALUATION AND QUALITY ASSURANCE

a. Collaborate with TFN and any applicable third party to facilitate evaluation of the quality and effectiveness of services and referrals.
b. Maintain a client database that meets the measures determined by TFN, to ensure confidential, efficient means of transferring the database as needed to conduct evaluation.
c. Verify tobacco use status and measure client satisfaction. Follow-up evaluation and client satisfaction surveys may be made to a random sample of participants meeting evaluation criteria after the receipt of services, at seven (7) months as referenced in Exhibit 1-Reporting Quit Rates).
a. The term "quit" shall be fully defined by seven (7) month follow-ups, from the quit date, when the client is contacted to determine smoking/tobacco use status within the past month.
b. The number of total evaluation participants must reach NAQC's recommended value of n = 400, as found in the 2009 "Measuring Quit Rates" Issue Paper.
d. Facilitate effective evaluation of the Quitline by working collaboratively with TFN.
e. Provide opportunities for TFN to engage in Quitline – related research in conjunction with other states.
f. Develop, implement, and follow a comprehensive quality assurance plan for Quitline operations and clinical service delivery.
    i. The quality assurance plan must describe the procedures, standards, and measures to be used to ensure quality.

Docusign Envelope ID: 3BDEBE65-93BA-8AFB-81DF-851BBE06EFF2

ii. Discuss how the organization's performance in the various areas of quality assurance is to be reported, how the reported data should be interpreted, and how that information will be used not only to maintain the quality of services, but to improve them as well.
iii. Submit a quality assurance plan to TFN for review and approval no later than 60 days after contract start date.

g. Maintain database system to ensure reporting accuracy.
h. Develop mechanism to address complaints internally while maintaining participant privacy under HIPAA.
i. Notify TFN of complaints about Quitline services within five (5) business days.
Each year, the Contractor will provide at least one (1) narrative success story from a Nebraska Tobacco Quitline participant who has successfully ceased using tobacco products. The story should highlight the participant's journey, the effectiveness of Quitline services (including counseling, if applicable), and the positive impact on their life. It should be made available to DHHS for public distribution. The vendor is responsible for getting the participant's consent to share the story.
j. Maintain current, science-based, high quality services through guidance by a Scientific Panel or Advisory Board.
k. Maintain Quitline website, including but not limited to content updates, maintenance, and modernization.
l. If Quitline app is available, maintain app with content updates, maintenance, and modernization.
m. Quitline medical director role must work with the Quitline staff and healthcare professionals to resolve complex issues.

4. **QUITLINE MANAGEMENT AND STAFFING**

a. Manage ability to identify participants who may be eligible for Quitline services through a health plan, employer, or other resource and if such eligibility is determined.
b. Manage and facilitate a warm transfer of those participants to the Quitline service for which they are eligible, and no charge to TFN for the Quitline services received.
c. Manage and maintain single point of contact (account representative) for communications between vendor and TFN. A clinical and/or medical director must be available to provide technical assistance and oversight as needed.
d. Develop and manage a staffing plan that will support "live" call response for 24 hours a day, seven days a week by tobacco treatment specialists.
    i. Minimum qualifications for Quitline Coaches and Quitline Medical Director are outlined in Section VI. A.(1.)(i.) Summary of Bidder's Proposed Personnel/Management Approach.
e. Manage and maintain minimum supervisor to staff ratio during "live" response operations. Quitline's need to be flexible and resource-driven, ensuring enough trained staff (and thus, appropriate supervision) to meet participant demand effectively, using performance data to guide decisions. The recommended staff to supervisor ratio is anywhere between 8/1 to 12/1.
f. Manage and maintain adequate orientation training and refresher training for all staff.
    i. Training must include competencies for interaction with, pregnant women, mental health/substance use disorders, and cultural competencies for interaction with Native Americans, African Americans, and Hispanics/Latinos.
g. Physical call center is not required for this RFP; however, account representative must have a plan to supervise, monitor and train home-based workers.
    i. If physical call center is utilized, office space must accommodate administrative, counseling, and support staff. It must also have sufficient equipment (telephone lines, telephones, computers, supplies/hardware/software to protect HIPAA records).
    ii. A TTY/TDD line must be managed for the hearing impaired.
h. Develop plan to work with TFN to conduct regular communications to discuss the management of funds available under this contract. Vendor should report when call volume demand begins to exceed the available State budget.
i. Manage and maintain ability to bill and receive reimbursement from all participating health plans and Medicaid for services provided.
j. Manage and maintain use of the Nebraska fax referral form, Exhibit 2-Example Quitline Fax Referral Form, which allows healthcare professionals to fax a referral to the Quitline toll-free. TFN prefers that the vendor also be able to have a community referral form for community organizations and social workers to send referrals.

5. **QUITLINE CALL PERFORMANCE STANDARDS**

The following are minimum performance measures to assess the success of the Quitline. Vendor should detail ability to meet or exceed minimum standards and evaluation plan.

Docusign Envelope ID: 3BDEBE65-93BA-8AFB-81DF-851BBE06EFF2

a. 90% of calls received during operation hours to the Quitline shall receive a live response.
b. Average live answer speed shall be within 30 seconds.
c. 80% of callers interested in speaking with a Quitline Coach shall be transferred directly after completing registration. The remaining 20% will be contacted within the time frame that the participant requests.
d. 90% of multiple call participants during the established appointment time for interventions should be tracked and documented.
e. 70% of multiple call participants will receive a call within 48 hours of their quit date.
f. Within 24 hours of receipt of referral, first contact attempt must be made.
g. Less than 5% abandonment for calls waiting greater than 30 seconds following the initial client queue message.
h. 100% of self-help materials shall be sent within one day of registration.
i. 95% of voicemail messages shall be initiated for return the following business day.
j. 15% of referrals must result in the person referred registering for the Quitline.

6. **REPORTING REQUIREMENTS**

Reporting must be submitted utilizing Exhibit 3-Nebraska Tobacco Quitline Reporting Requirements and Exhibit 4-Nebraska Tobacco Quitline Reports.

a. Data collection requirements may change upon mutual agreement of TFN and the Contractor. Collection of data listed below supports reporting of performance measures as listed in V.D.5.
    i. Live Response
    ii. Answer Speed
    iii. Call volume
    iv. Multiple calls
    v. Referrals
    vi. Abandonment
    vii. Materials sent
    viii. Voicemails
    ix. Counseling
b. Ability to send de-identified data to TFN.
c. Ability to maintain confidentiality of caller records.
d. Establish process for issuing a Notice of Privacy Practices and obtaining permission from participants to be contacted for evaluation.
e. Create and maintain precautions to ensure files and programs can be re-created in the event of loss by any cause, including plan to safeguard data files (frequency of back-up copies, storage location, methodology for restoring backup copies when activity has been processed in the interim).
f. Submit monthly Quitline usage with invoice to TFN to receive payment for reporting period. Usage must detail quantity of each service utilized within each month
g. Submit monthly, quarterly and annual reports (Exhibit 3-Nebraska Tobacco Quitline Reporting Requirements and Exhibit 4-Nebraska Tobacco Quitline Reports) to TFN to track use of the Quitline. Include participant levels, participant progress, usage and services provided with aggregate data by county.
h. Submit monthly, quarterly and annual reports to TFN.
i. Ability to complete NAQC reporting and meet federal reporting requirements.
j. Contractor must provide and keep updated definitions of each item contained in the report.
k. Track and report analytics for online healthcare provider training to TFN.

7. **SERVICE DELIVERY PROTOCOLS**

Protocols for all counseling interventions, both initial and follow-up, must be based on research showing effectiveness inducing behavior change utilizing motivational interviewing and a cognitive-behavioral approach to treating tobacco use. All protocols require review and approval by TFN. Protocols must be revised as needed, to keep pace with research on effective tobacco-depending treatment interventions. Quitline must provide the following services that are consistent, systematic and research-based:

a. Ability to provide services to all clients, with no minimum age.
b. Ability to document guardian consent for minor participants, if legally required;
c. Ability to provide counseling over the phone, online or through text message.
d. Ability to conduct intake screening of all participants and provide general information upon request.
e. Ability to provide information to non-tobacco users seeking assistance on behalf of friends or relatives who use tobacco.
f. Assess participants' tobacco usage and readiness to quit for review of tobacco treatment benefits, including Medicaid, provided by the participant's third-party payer and facilitate linking them to the benefit.
g. <u>For Nebraskans ready to quit, at no cost:</u>
    i. Provide an immediate counseling intervention with a Quitline coach, for effective quitting.

Docusign Envelope ID: 3BDEBE65-93BA-8AFB-81DF-851BBE06EFF2

ii. Provide the option to receive up to five (5) proactive follow-up behavioral counseling sessions based on the participant's need for the service. TFN may approve up to ten (10) proactive follow-up calls for specific populations, after written request is approved.
iii. Review U.S. Public Health Service recommendations on the use of pharmacological cessation aids, nicotine replacement therapy (NRT) and referrals to physicians or other healthcare professionals as needed.
1. If applicable, the NRT can be distributed directly to a participant's address.
iv. Provide supplemental self-help materials such as relevant, tailored education materials upon registration via mail. Email or text options may be available. Provide additional materials as requested.
v. Provide Nebraskans with the ability to opt-in to supportive messaging through email and text services tailored to special population characteristics, type of tobacco use, readiness to quit, etc. It is preferred that supportive text services utilize keyword support.

h. Ability to provide comprehensive proactive counseling support initiated by Quitline coach to participants who are ready to quit and agree to counseling. The counseling must be based on protocols demonstrated through randomized clinical trials research to be effective in providing support and assistance in helping people successfully quit tobacco use and prevent relapses.
i. Ability to schedule the proactive follow-up counseling sessions such as appointments with the participant at a specific date and time, or a specific date and range of time within which the session might be scheduled.
j. Collaboration with TFN to facilitate follow-up evaluation at seven (7) months, from quit date, verify tobacco use status and client satisfaction.
k. For tobacco users who are not interested in receiving follow-up proactive counseling:
i. Offer encouragement to call the Quitline again for assistance as needed.
ii. Offer motivational messages to promote effective quitting
iii. Offer to send self-help and other appropriate materials via mail, email or text.
iv. Offer support resources for family and friends of tobacco users to assist with a quit attempt.
v. If participants are within the United States Preventative Services Task Force's recommended population to have lung cancer screening (adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years):
1. Offer opportunity to opt into lung cancer screening or pre-screening.
2. Provide updated list of lung cancer screening providers in Nebraska.
3. Provide resources for education on the benefits of lung cancer screening.

8. **TECHNICAL ASSISTANCE FOR HEALTHCARE PROFESSIONALS**

The primary healthcare professionals referenced for this RFP consist of, but are not limited to physicians, nurses, substance abuse counselors, mental health counselors, psychologists, social workers, oral health providers, and certified Tobacco Treatment Specialists. Healthcare professionals calling the Quitline must be provided with the following services as requested and available.

a. Free comprehensive online training on brief tobacco intervention techniques and best practices to help healthcare providers work with patients quitting tobacco.
i. Ensure all training is developed, delivered and maintained in compliance with accreditation requirements for continuing education units (CEUs) of the target audience.
ii. At minimum, CEUs must be available for all licensed prescriber healthcare professionals.
iii. Topics should include, but not be limited to:
1. Up-to-date information and recommendations based on the Public Health Service Clinical Practice Guidelines on Treating Tobacco Use and Dependence with regard to the use of pharmacotherapies.
2. Implementation of in-office procedures to address tobacco use.
3. Recording of intervention on electronic health records.
4. Tobacco dependence treatment with special populations.
5. Tobacco dependence treatment for youth.
6. How to utilize information on how clients can utilize the Quitline and its services;
7. Effective in-office or community-based tobacco cessation interventions including the 5A's: Ask, Advise, Assess, Assist & Arrange or 2A's and a R: Ask, Advise and Refer.

b. Process and provide free continuing education units (CEUs) to providers upon completion of the course.
c. Trainings should be updated yearly with up-to-date information and any technical updates needed.
d. Provide technical assistance and consultation to TFN staff working with healthcare professionals on a variety of effective tobacco dependence treatment issues.

Docusign Envelope ID: 3BDEBE65-93BA-8AFB-81DF-851BBE06EFF2

9. **SUPPORT MATERIALS**

Tailored materials must be made available for populations listed in 11.(e). All support materials must be approved by TFN prior to implementation. The Nebraska Tobacco Quitline logo must be visible on all printed materials for distribution to Quitline participants, unless otherwise approved by TFN. Any revisions to materials must be approved by TFN prior to implementation.

a. Develop, maintain or utilize existing cessation support materials that address self-help cessation techniques for tobacco users.
b. Materials are required to meet low literacy level needs (4th grade) and utilize pictures and graphics extensively.
c. All materials must be made available in English and Spanish, at a minimum.
d. Materials may be required in additional languages if call volume data indicates.
e. Information on secondhand smoke and other tobacco-related educational materials must be appropriately mailed, emailed or texted as requested by participants.
f. Within 48 hours of request, support materials must be provided to, but not limited to:
    i. Proxy callers
    ii. Healthcare professionals
    iii. Tobacco users, not ready to quit
    iv. Tobacco users, ready to quit but not interested in ongoing counseling. Specific populations (e.g., racial and ethnic minority groups, behavioral health conditions, and rural populations)

10. **PROMOTION TO HEALTHCARE SYSTEMS**

a. Collaborate with TFN in updating and utilizing promotional materials that will be disseminated by TFN to healthcare professionals and systems.
b. Collaborate with TFN to ensure effective coordination of promotion to healthcare professionals and Quitline services.
c. Collaborate with TFN to respond to calls generated as a result of paid media promotion, earned media promotion, and promotion through health systems.
d. Collaborate and assist TFN or media Vendor to assure effective coordination with media promotion, promotion to healthcare professionals, and other tobacco control activities in Nebraska.
e. Participation in annual presentations (up to two) at state conference/training programs identified by TFN to educate and inform stakeholders, healthcare professionals, administrators, insurers, and purchasers about the Quitline and promote the systems change recommendations contained in the U.S. Public Health Service Clinical Practice Guideline, Treating Tobacco Use and Dependence.
f. Provide technical assistance to TFN regarding the development and utilization of a fax and web referral system to increase the number of healthcare providers who refer patients to the Quitline.
g. Provide technical assistance to TFN regarding the development and utilization of a community referral system to increase the number of healthcare providers who refer patients to the Quitline.

11. **COUNSELING TECHNICAL REQUIREMENTS**

Provide a Counseling System that has the following:

a. Protocols for the first contact during live hours
b. Protocols to triage the participant's need for services
c. Protocols for counseling online and over the phone, and through text message (optional but preferred).
d. Protocols to assess a tobacco user's readiness to quit. For participants who are ready to quit, the Counseling System must track:
    i. Registration for services
    ii. Initial counseling for successful quitting
    iii. Provision of self-help materials or other resources
    iv. Assessment of participant's interest in proactive cessation counseling
    v. Assessment of participant's insurance status including Medicaid and Medicare and feedback to the participant about the availability of tobacco dependence treatment coverage through health insurance
    vi. Provide comprehensive, proactive follow-up cessation counseling. Counseling must be based on protocols that research in randomized trials has demonstrated to be effective in supporting people as they cease the use of tobacco products and in preventing relapse
    vii. Provide cessation counseling to educate on nicotine replacement therapy options, how the participant will be screened for medical eligibility and how the proper nicotine replacement therapy will be selected for the participant
e. Familiarity with the listed populations, but is not limited to:
    i. Medicaid beneficiaries
    ii. Uninsured/Low Socioeconomic Status
    iii. Pregnant women

Docusign Envelope ID: 3BDEBE65-93BA-8AFB-81DF-851BBE06EFF2

iv. Senior adults
v. Veterans
vi. Smokeless tobacco users
vii. Electronic Nicotine Delivery Systems (ENDS) users
viii. People with mental health or substance use conditions
ix. Diverse ethnic, racial and cultural minorities, particularly Native Americans

f. Provide interpreter or referral services to participants with limited English proficiency. A third-party interpreter is acceptable.
g. Vendor must describe, to insured participants, how insured participants will be linked to their healthcare system to access a tobacco dependence treatment benefit, if available, or to a healthcare professional for prescription cessation aids or other medical follow-up.
h. Will provide options for program completion with incentives that can't be used to purchase tobacco or alcohol.
i. Provide professional staff.
j. It is important that Nebraska participants feel they have found meaningful help when they reach the Nebraska Tobacco Quitline and that the Quitline staff will go the extra mile to assure needs are met whether for information, referral, immediate counseling, or reassurance.

12. **NICOTINE REPLACEMENT THERAPY (NRT)**

For participants receiving counseling, after registration and screening for medical contraindications, recommendations may include nicotine replacement therapy (nicotine gum, patch, and/or lozenge). Vendor is responsible for all packaging and postage necessary to provide NRT distribution to qualified participants and for monitoring the TFN-approved budget and distribution timeline.

a. Assume full responsibility for screening participants, receiving medical authorization when necessary, and ordering NRT.
b. Ensure that NRT will be available to eligible participants screened during distribution times determined by Tobacco Free Nebraska.
c. Mail NRT directly to the participant's permanent home mailing address or residential facility.
d. TFN will approve a period of time and budget for when NRT will be available through distribution, the supply length (example: two (2) weeks, four (4) weeks), the NRT options (example: Nicotine Gum, Patch, Lozenges, Combination Therapy) and who is eligible.
e. Provide a supply of NRT to medically qualified participants over the age of eighteen (18) enrolled in the Nebraska Tobacco Quitline.
f. Provide and follow the NRT screening protocols. Protocols must be submitted to TFN for approval, a minimum of 30 days prior to implementation.
g. Upon TFN approval, provide NRT options including nicotine gum, patch, and/or lozenge, or combination therapy of the gum, patch and/or lozenge. Dosage and type of NRT shall be determined by the Quitline Coach and the participant and should align with product labeling and clinical guidance.
    i. Vendor must disclose how much NRT (i.e. how many gum, patch, and/or lozenge) are included in a two (2) or four (4) week supply. The daily quantity of NRT supplied should align with the following recommendations (Smoking Cessation: A Report of the Surgeon General, Table 6.2)
        1. Nicotine gum: At least 9/day to 1 for every 1-2 hours
        2. Nicotine patch: 1/day
        3. Nicotine lozenge: At least 9/day to 1 for every 1-2 hours

***NRT Products (Two- and Four-Week Distributions) aligned with Surgeon General recommendations.**
Nicotine Gum (Two-week supply) (126 tablets, or 9 tablets each day)
Nicotine Gum (Four-week supply) (252 tablets, or 9 tablets each day)
Nicotine Patch (Two-week supply) (14 patches, or 1 patch each day)
Nicotine Patch (Four-week supply) (28 patches, or 1 patch each day)
Nicotine Lozenges (Two-week supply) (126 tablets, or 9 tablets each day)

Nicotine Lozenges (Four-week supply) (252 tablets, or 9 tablets each day)

13. **DELIVERABLES**
    a. Registration (phone)
    b. Registration (web and text)
    c. General Phone Coaching / Counseling Services
    d. Web Counseling
    e. Special Population Phone Coaching / Counseling Services
    f. Lung Cancer Pre-Screening (must not include registration costs)
    g. Program Development / Implementation (one-time cost)
    h. E-Referral Interface
    i. Evaluations – Seven (7) month
    j. Provider Training – Healthcare Provider Online Training – Development, Implementation, Maintenance, and Updates
    k. Continuing Education Credits for Healthcare Provider Training
    l. Nicotine Replacement Therapy Products
    m. Optional Services – Innovative Projects, Custom Evaluation and Text Counseling

E. OPTIONAL SERVICES

1. Innovative Projects

Changes or additions to the contract beyond the scope are not permitted unless required to ensure compliance with any applicable law, or unless, in DHHS's sole determination, such changes or modifications are essential to ensure maximum use of other resources consistent with the purposes of this RFP.

2. Custom Evaluation

Custom evaluation efforts, as requested by TFN, go beyond the seven (7) month quit rate and satisfaction rate evaluation. Custom Evaluation could focus on a specific population using the Quitline, a specific Quitline service provided, and/or other TFN Quitline initiatives and could involve gathering information from Quitline participants through a survey or other means as developed in the custom evaluation plan.

3. Text Counseling

Tobacco cessation coaching session delivered through text messaging services between a live Quit Coach and a participant. Text counseling is interactive, tailored, immediate and continued texting based on motivation, readiness, dependence, and confidence levels, quit date, etc.(*Recommended Best and Promising Practices on Technology-Mediated Services for Quitlines*, NAQC 2021) Billable only per participant for duration for active counseling.

F. LIST OF EXHIBITS

Exhibit 1 – Reporting Quit Rates
Exhibit 2 – Example Quitline Fax Referral Form
Exhibit 3 – Nebraska Tobacco Quitline Reporting Requirements
Exhibit 4 – Nebraska Tobacco Quitline Reports
Exhibit 5 – Nebraska Local Health Districts Map

Docusign Envelope ID: 3BDEBE65-93BA-8AFB-81DF-851BBE06EFF2

VI. SOLICITATION RESPONSE INSTRUCTIONS

This section documents the requirements that should be met by bidders in preparing the Corporate Overview and Technical Response portions of the solicitation response. The solicitation Cost Sheet template should be completed by bidders and submitted as a separate attachment with their solicitation response. Bidders should identify the subdivisions of "Project Description and Scope of Work" clearly in their solicitation response; failure to do so may result in disqualification. Failure to respond to a specific requirement may be the basis for elimination from consideration during the State's comparative evaluation.

Solicitation responses are due by the date and time shown in the Schedule of Events. Content requirements for the Corporate Overview and Technical Response are presented separately in the following subdivisions:

A. SOLICITATION RESPONSE SUBMISSION

1. CORPORATE OVERVIEW

The Corporate Overview section of the solicitation response should consist of the following subdivisions:

a. **BIDDER IDENTIFICATION AND INFORMATION**

The bidder should provide the full company or corporate name, address of the company's headquarters, entity organization (corporation, partnership, proprietorship), state in which the bidder is incorporated or otherwise organized to do business, year in which the bidder first organized to do business and whether the name and form of organization has changed since first organized.

b. **FINANCIAL STATEMENTS**

The bidder should provide financial statements applicable to the firm. If publicly held, the bidder should provide a copy of the corporation's most recent audited financial reports and statements, and the name, address, and telephone number of the fiscally responsible representative of the bidder's financial or banking organization.

If the bidder is not a publicly held corporation, either the reports and statements required of a publicly held corporation, or a description of the organization, including size, longevity, client base, areas of specialization and expertise, and any other pertinent information, should be submitted in such a manner that solicitation evaluators may reasonably formulate a determination about the stability and financial strength of the organization. Additionally, a non-publicly held firm should provide a banking reference.

The bidder must disclose any and all judgments, pending or expected litigation, or other real or potential financial reversals, which might materially affect the viability or stability of the organization, or state that no such condition is known to exist.

The State may elect to use a third party to conduct credit checks as part of the corporate overview evaluation.

c. **CHANGE OF OWNERSHIP**

If any change in ownership or control of the company is anticipated during the twelve (12) months following the solicitation response due date, the bidder should describe the circumstances of such change and indicate when the change will likely occur. Any change of ownership to an awarded bidder(s) will require notification to the State.

d. **OFFICE LOCATION**

The bidder's office location responsible for performance pursuant to an award of a contract with the State of Nebraska should be identified.

e. **RELATIONSHIPS WITH THE STATE**

The bidder should describe any dealings with the State over the previous **five (5) years.** If the organization, its predecessor, or any Party named in the bidder's solicitation response has contracted with the State, the bidder should identify the contract number(s) and/or any other information available to identify such contract(s). If no such contracts exist, so declare.

f. **BIDDER'S EMPLOYEE RELATIONS TO STATE**

If any Party named in the bidder's solicitation response is or was an employee of the State within the past six (6) months, identify the individual(s) by name, State agency with whom employed, job title or position held with the State, and separation date. If no such relationship exists or has existed, so declare.

Docusign Envelope ID: 3BDEBE65-93BA-8AFB-81DF-851BBE06EFF2

If any employee of any agency of the State of Nebraska is employed by the bidder or is a subcontractor to the bidder, as of the due date for solicitation response submission, identify all such persons by name, position held with the bidder, and position held with the State (including job title and agency). Describe the responsibilities of such persons within the proposing organization. If, after review of this information by the State, it is determined that a conflict of interest exists or may exist, the bidder may be disqualified from further consideration in this solicitation. If no such relationship exists, so declare.

g. **CONTRACT PERFORMANCE**

If the bidder or any proposed subcontractor has had a contract terminated for default during the past five (5) years, all such instances must be described as required below. Termination for default is defined as a notice to stop performance delivery due to the bidder's non-performance or poor performance, and the issue was either not litigated due to inaction on the part of the bidder or litigated and such litigation determined the bidder to be in default.

It is mandatory that the bidder submit full details of all termination for default experienced during the past five (5) years, including the other Party's name, address, and telephone number. The response to this section must present the bidder's position on the matter. The State will evaluate the facts and will score the bidder's solicitation response accordingly. If no such termination for default has been experienced by the bidder in the past five (5) years, so declare.

If at any time during the past five (5) years, the bidder has had a contract terminated for convenience, non-performance, non-allocation of funds, or any other reason, describe fully all circumstances surrounding such termination, including the name and address of the other contracting Party.

h. **SUMMARY OF BIDDER'S CORPORATE EXPERIENCE**

The bidder should provide a summary matrix listing the bidder's previous projects similar to this Solicitation in size, scope, and complexity. The State will use no more than three (3) narrative project descriptions submitted by the bidder during its evaluation of the solicitation response. Highlight any experience working with State Health Departments and/or State Tobacco Control programs on tobacco cessation interventions.

The bidder should address the following:

i. Provide narrative descriptions to highlight the similarities between the bidder's experience and this Solicitation. These descriptions should include:

1. The time period of the project,
2. The scheduled and actual completion dates,
3. The bidder's responsibilities,
4. For reference purposes, a customer name (including the name of a contact person, a current telephone number, a facsimile number, and e-mail address); and
5. Each project description should identify whether the work was performed as the prime Vendor or as a subcontractor. If a bidder performed as the prime Vendor, the description should provide the originally scheduled completion date and budget, as well as the actual (or currently planned) completion date and actual (or currently planned) budget.

ii. Bidder and Subcontractor(s) experience should be listed separately. Narrative descriptions submitted for Subcontractors should be specifically identified as subcontractor projects.

iii. If the work was performed as a subcontractor, the narrative description should identify the same information as requested for the bidders above. In addition, subcontractors should identify what share of contract costs, project responsibilities, and time period were performed as a subcontractor.

i. **SUMMARY OF BIDDER'S PROPOSED PERSONNEL/MANAGEMENT APPROACH**

The bidder should present a detailed description of its proposed approach to the management of the project.

Docusign Envelope ID: 3BDEBE65-93BA-8AFB-81DF-851BBE06EFF2

Required Personnel Credentials and Licensure:

Quit Coaches Minimum Qualifications:
1. Bachelor or Master degree in social work, psychology, or other behavioral health field of study
2. At minimum, staff shall have two years of counseling experience.

Quitline Medical Director Minimum Qualifications:
1. Ph.D. or equivalent experience and credentials.

Bidder must notify DHHS immediately if any change in personnel in key positions of this RFP is terminated and replaced. Replacement staff must be reviewed by DHHS program to ensure compliance to the required credentials and/or licensure at any time during the life of the Contract.

The bidder should identify the specific professionals who will work on the State's project if their company is awarded the contract resulting from this Solicitation. The names and titles of the team proposed for assignment to the State project should be identified in full, with a description of the team leadership, interface, and support functions, and reporting relationships. The primary work assigned to each person should also be identified.

The bidder should provide resumes for all personnel proposed by the bidder to work on the project. The State will consider the resumes as a key indicator of the bidder's understanding of the skill mixes required to carry out the requirements of the Solicitation in addition to assessing the experience of specific individuals.

Resumes should not be longer than three (3) pages. Resumes should include, at a minimum, academic background and degrees, professional certifications, understanding of the process, and at least three (3) references (name, address, and telephone number) who can attest to the competence and skill level of the individual. Any changes in proposed personnel shall only be implemented after written approval from the State.

j. SUBCONTRACTORS

If the bidder intends to subcontract any part of its performance hereunder, the bidder should provide:

i. name, address, and telephone number of the subcontractor(s),
ii. specific tasks for each subcontractor(s),
iii. percentage of performance hours intended for each subcontract; and
iv. total percentage of subcontractor(s) performance hours.

2. TECHNICAL RESPONSE

The Technical Response section of the solicitation response should consist of the following subsections:

a. Understanding of the project requirements;
b. Proposed development approach;
c. Technical requirements;
d. Detailed project work plan; and
e. Deliverables and due dates.

3. COST SHEET

The Pricing evaluation and point distribution will be based on Unit Costs calculated against estimated quantities for cost analysis and assignment of points for the collective total of Initial Contract term and renewals.

Docusign Envelope ID: 3BDEBE65-93BA-8AFB-81DF-851BBE06EFF2

CONTRACTUAL AGREEMENT FORM

BIDDER MUST COMPLETE THE FOLLOWING

By signing this Contractual Agreement Form, the bidder guarantees compliance with the provisions stated in this solicitation and agrees to the terms and conditions unless otherwise indicated in writing and certifies that bidder is not owned by the Chinese Communist Party.

Per Nebraska's Transparency in Government Procurement Act, Neb. Rev Stat § 73-603, DAS is required to collect statistical information regarding the number of contracts awarded to Nebraska Vendors. This information is for statistical purposes only and will not be considered for contract award purposes.

_____ NEBRASKA VENDOR AFFIDAVIT: Bidder hereby attests that bidder is a Nebraska Vendor. "Nebraska Vendor" shall mean any bidder who has maintained a bona fide place of business and at least one employee within this state for at least the six (6) months immediately preceding the posting date of this Solicitation. All vendors who are not a Nebraska Vendor are considered Foreign Vendors under Neb. Rev Stat § 73-603 (c).

_____I hereby certify that I am a Resident disabled veteran or business located in a designated enterprise zone in accordance with Neb. Rev. Stat. § 73-107 and wish to have preference, if applicable, considered in the award of this contract.

_____I hereby certify that I am a blind person licensed by the Commission for the Blind & Visually Impaired in accordance with Neb. Rev. Stat. § 71-8611 and wish to have preference considered in the award of this contract.

THIS FORM MUST BE SIGNED MANUALLY IN INK OR BY DOCUSIGN

COMPANY:	Consumer Wellness Solutions, LLC
ADDRESS:	1101 Red Ventures Dr
PHONE:	803-728-4330
EMAIL:	jcross@rvohealth.com
BIDDER NAME & TITLE:	Jeff Cross EVP Prevention
SIGNATURE:	Signed by: Jeff Cross 7C73683A24504EA...
DATE:	4/29/2026

VENDOR COMMUNICATION WITH THE STATE CONTACT INFORMATION (IF DIFFERENT FROM ABOVE)	
NAME:	Nick Fradkin
TITLE:	Director, Public Health Strategy
PHONE:	803-728-4330
EMAIL:	nefradkin@rvohealth.com

Docusign Envelope ID: 3BDEBE65-93BA-8AFB-81DF-851BBE06EFF2

Individual or Sole Proprietor
United States Citizenship Attestation Form

For the purpose of complying with Neb. Rev. Stat. §4-108 through 4-114, I attest as follows:

☑ I am a citizen of the United States.

-OR-

☐ I am a qualified alien under the federal Immigration and Nationality Act. My immigration status and alien number are as follows:

_____.

I agree to provide a copy of my USCIS documentation upon request.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate, and I understand that this information may be used to verify my lawful presence in the United States.

PRINT NAME: Jeff Cross
(first, middle, last)

SIGNATURE: Signed by: Jeff Cross 7C73683A24504EA...

DATE: 4/29/2026

Docusign Envelope ID: 3BDEBE65-93BA-8AFB-81DF-851BBE06EFF2

Individuo o Comerciante individual
Atestiguación de ciudadanía
de los Estados Unidos

Con el fin de cumplir con los estatutos revisados 4-108 a 4-114 de Nebraska, doy fe de lo siguiente:

☐ Soy ciudadano(a) de los Estados Unidos.

-O-

☐ Soy extranjero(a) calificado(a) bajo la ley federal de inmigración y nacionalidad. Mi estado de inmigración y número registrado de extranjero son: _____.
Entregaré una copia de mi(s) documento(s) del USCIS de ser solicitado(s).

Atestiguo por la presente que mi respuesta y la información provista en este formulario, y cualquier solicitud relacionada con el mismo para recibir beneficios públicos, son verdaderas, completas y exactas, y entiendo que se puede utilizar esta información para verificar mi presencia legal en los Estados Unidos.

NOMBRE _____
(nombre, segundo nombre, apellido)

FIRMA _____

FECHA _____