MINNESOTA DEPARTMENT OF HEALTH

Request for Proposals for Cessation Services

Minnesota's Commitment to Diversity and Inclusion

The State of Minnesota is committed to diversity and inclusion in its public procurement process. The goal is to ensure that those providing goods and services to the State are representative of our Minnesota communities and include businesses owned by minorities, women, veterans, and those with substantial physical disabilities. Creating broader opportunities for historically under-represented groups provides for additional options and greater competition in the marketplace, creates stronger relationships and engagement within our communities, and fosters economic development and equality.

To further this commitment, the Department of Administration operates a program for Minnesota-based small businesses owned by minorities, women, veterans, and those with substantial physical disabilities. For additional information on this program, or to determine eligibility, please call 651-296-2600 or go to www.mn.gov/admin/oep.

Minnesota Department of Health

Project Overview

The Minnesota Department of Health ("MDH" or "the State") requests proposals for a contractor to create, implement, and evaluate statewide tobacco cessation services designed to provide free cessation support to Minnesotans who need help quitting their use of commercial tobacco. Providing free and easy access to tobacco cessation services and support to Minnesotans in need, and closing the disparity gaps for the populations that are most harmed by commercial tobacco, are high priorities for MDH and are an integral component of its mission to protect, maintain, and improve the health of all Minnesotans.

All references to tobacco in this RFP refer to commercial, retail tobacco products (including cigarettes, cigars and cigarillos, shisha, smokeless tobacco, and electronic nicotine delivery systems like e-cigarettes), and not traditional tobacco that is used for spiritual or ceremonial purposes.

Governor Walz recently signed the Omnibus Health and Human Services bill into law, which includes funding for MDH's statewide tobacco cessation services – Laws of Minnesota 2019, chapter 9, article 11, section 22.[a] MDH's cessation services will replace QUITPLAN® Services, the statewide cessation services that are currently funded and administered by ClearWay Minnesota℠, an independent nonprofit organization funded with three percent of Minnesota's tobacco settlement. QUITPLAN® Services will stop accepting new enrollees on March 31, 2020 and the new statewide service will begin enrolling participants April 1, 2020. Participants enrolled in QUITPLAN® Services by March 31, 2020 will continue to receive QUITPLAN® Services through June 30, 2020. The currently branded QUITPLAN® Services, as well as the current quitline number 1-888-354-PLAN (7526) and website quitplan.com, will cease to be used after March 31, 2020 and will be replaced by the new MDH cessation services program. MDH plans to utilize the national quitline number 1-800-QUIT-NOW (784-8669) and will offer a new online registration platform for the future constellation of cessation services to be offered statewide in Minnesota.

MDH anticipates offering a level of cessation services similar to those currently provided through QUITPLAN® Services.

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[a] Sec. 22.
[144.397] STATEWIDE TOBACCO CESSATION SERVICES.
(a) The commissioner of health shall administer, or contract for the administration of, statewide tobacco cessation services to assist Minnesotans who are seeking advice or services to help them quit using tobacco products. The commissioner shall establish statewide public awareness activities to inform the public of the availability of the services and encourage the public to utilize the services because of the dangers and harm of tobacco use and dependence.
(b) Services to be provided may include but are not limited to:
(1) telephone-based coaching and counseling;
(2) referrals;
(3) written materials mailed upon request;
(4) web-based texting or e-mail services; and
(5) free Food and Drug Administration-approved tobacco cessation medications.
(c) Services provided must be consistent with evidence-based best practices in tobacco cessation services. Services provided must be coordinated with health plan company tobacco prevention and cessation services that may be available to individuals depending on their health coverage.

Utilization totals for Fiscal Year 2018 QUITPLAN® Services include:

- 16,022 calls to QUITPLAN® Services and 308,821 visits to the quitplan.com website
- 15,561 commercial tobacco users enrolled in QUITPLAN® Services
    - 1,459 commercial tobacco users enrolled in the QUITPLAN® Helpline's multi-call counseling program
    - 1,253 commercial tobacco users received nicotine replacement therapy (NRT) (patches, lozenges, and/or gum) as part of their Helpline enrollment
    - 13,421 commercial tobacco users enrolled in one or more of the Individual QUITPLAN® Services (NRT starter kit, quit guide, email, and/or text messaging)
        - 11,026 commercial tobacco users received an NRT starter kit
        - 6,396 commercial tobacco users received a quit guide
        - 3,820 commercial tobacco users signed up for email messages
        - 3,141 commercial tobacco users signed up for text messages
- Additionally, 681 commercial tobacco users either called QUITPLAN® Services with questions but chose not to enroll, or were transferred to their health plan's quitline

MDH is seeking applicants with current operations and experience in administering quitlines, including creating, implementing, and maintaining an interactive telephonic coaching service, web-based registration methods, and additional supplementary services in support of cessation efforts. The applicant must be able to transition cessation services without a break in service, with the ability to be fully operational to accept and serve clients seamlessly as of April 1, 2020.

1. Background

Commercial tobacco use is the number one cause of preventable death and disease, killing over 6,300 Minnesotans each year and costing the state more than $3 billion in excess health care costs. Public health efforts have driven down smoking rates, but 574,000 adults in Minnesota still smoke and need help quitting.

According to 2017 data from the Behavior Risk Factor Surveillance System (BRFSS 2017), which is operated by MDH's Center for Health Statistics and supported by the Centers for Disease Control and Prevention (CDC), the age-adjusted adult smoking rate in Minnesota is 14.8%. That represents a 24% decrease since 2011. However, not all Minnesotans have realized the same decline and some populations continue to be disproportionately impacted. Commercial Tobacco Use Data by Population (PDF) at www.health.mn.gov/cessationservices contains a summary of current adult smoking rates in Minnesota, overall and broken down by specific populations, that are a priority focus for MDH. Populations disproportionally impacted include but are not limited to African American and American Indian communities, Minnesotans experiencing behavioral health issues, and other populations based on education, income, and geography.

Electronic nicotine delivery system (also known as e-cigarettes) use among Minnesota adults and youth is substantial. It adds to the harms of nicotine addiction and increases the need for access to cessation services. 3.5% of adults and 10.8% of young adults (aged 18-24) use e-cigarettes (currently some days or every day) (BRFSS 2017). According to 2017 data from the Minnesota Youth Tobacco Survey (MYTS 2017), 19.2% of 9th through 12th graders use e-cigarettes (past 30 days). E-cigarette Data (PDF) on www.health.mn.gov/cessationservices additional e-cigarette use data.

2. Goal

MDH's agency mission is to protect, maintain, and improve the health of all Minnesotans. MDH therefore works, as directed by the applicable statutes, to reduce the harms of commercial tobacco by reducing youth access to commercial tobacco, eliminating secondhand smoke exposure, increasing access to cessation resources, and addressing tobacco-related disparities. Evidence-based cessation services are a core component of a comprehensive tobacco control program. MDH is dedicated to offering a statewide quitline and an array of cessation services that are accessible to all commercial tobacco users.

MDH seeks to engage as many Minnesota commercial tobacco users in the quitting process as possible, with the ultimate goals of: 1) increasing the current 2% quitline reach of Minnesota adult commercial tobacco users; 2) increasing quit attempts population-wide, and most importantly within priority populations listed in Commercial Tobacco Use Data by Population (PDF) at www.health.mn.gov/cessationservices to address disparities; 3) fostering successful quitting; 4) driving down adult commercial tobacco use prevalence in the state; and 5) offering youth and young adults newly addicted to nicotine clinically appropriate services and support.

Priorities for MDH include:

- Using the limited funding resources available in a cost-effective and efficient manner to maximize impact. Impact is defined as reach times effectiveness;
- Increasing utilization, engagement, and reach of Minnesotans most impacted by commercial tobacco use to address disparities, including the priority populations identified by MDH;
- Providing a minimal level of services to all commercial tobacco users in Minnesota, while reserving more intensive levels of services for those who do not have access to other cessation services because they are uninsured or underinsured (meaning, they do not have services covered by their health insurance plan);
- Minimizing barriers to participation, with a focus on the priority populations identified by MDH. Minimizing barriers includes, but is not limited to: minimizing the amount of time and information required to register for services, and allowing commercial tobacco users to engage with services they are seeking without requirements to use other services;
- Providing services to commercial tobacco users who are not yet ready to make a quit attempt within 30 days;
- Being responsive to participants by providing a range of services that callers want and are ready to use, and re-engaging participants who have previously registered for any level of service throughout their quitting journey;
- Continuously refining and improving program offerings in order to provide the highest quality services possible; and
- Ensuring a seamless and efficient user experience.

To that end, MDH envisions starting with the model of cessation services launched by ClearWay Minnesota℠, under a new brand. The new brand will enable commercial tobacco users to use either online or telephonic registration and select services based on their eligibility. These services will be a starting point for MDH's cessation services program. MDH envisions that this program will evolve over time based on new evidence, technologies, products, and the needs of Minnesotans who use commercial tobacco. MDH will also strive to better meet the needs of populations most disparately impacted to close current disparity gaps. MDH is open to, and encourages, the submission of new approaches that will expand reach beyond 2% of the individuals who use commercial tobacco in Minnesota.

3. Sample Tasks

The selected Contractor shall provide all services and staff, or seek appropriate subcontractors, in order to complete the tasks outlined below.

The Sample Tasks sections below are described in detail as preferred services and service delivery standards; responders will be scored based upon the ability to fulfill the tasks as outlined. Mandatory Requirements, considered on a pass/fail basis, are outlined on page 20 of this RFP. Final cessation service offerings and delivery of services including, but not limited to, types of cessation services, service delivery methods, and service costs will be determined during contract negotiations.

Due to the nature of changing technologies and the evolving needs of commercial tobacco users in Minnesota, it is anticipated that the selected Contractor will work with MDH to further develop and refine these tasks throughout the contract term.

Responders are encouraged to propose additional tasks or activities if they will substantially improve the results of this project.

A. General Tasks

1. The selected Contractor must maintain membership in the North American Quitline Consortium (NAQC) and leverage its membership to stay abreast of best practices for implementation of cessation services.
2. The selected Contractor must work with ClearWay Minnesota℠ to transition services from QUITPLAN® Services to MDH.
3. The selected Contractor must coordinate with the Marketing Services Contractor (who is yet to be determined) as MDH's cessation services are branded and promoted.
4. The selected Contractor must present data annually, at minimum, to the cessation services Advisory Committee. The Advisory Committee will be created and managed by MDH as the external stakeholder group that will provide guidance and input for cessation services.

B. Online Registration Platform and Database

The selected Contractor will be required to provide an online registration platform. The online registration platform will be used by commercial tobacco users interested in enrolling in cessation services as described below. The selected Contractor will work collaboratively with MDH to ensure that visitors to the online registration platform will:

- Be able to select and register for all types and combinations of cessation services using a user-friendly interface.
- Experience a parallel online and phone registration process for all cessation services for which they are eligible.
- Have a seamless and intuitive user experience.

1. The selected Contractor will be responsible for providing and maintaining the online registration platform for all cessation services. The online registration platform must be Health Insurance Portability and Accountability Act (HIPAA)-compliant.
2. The selected Contractor must ensure that with respect to the online registration platform, all intake questions and the enrollment process are identical to the telephone-based services intake process. This will assure a streamlined enrollment for all participants.

3. The selected Contractor must provide an online registration platform that uses responsive design (i.e., recognizes the device being used and tailoring the display accordingly).
4. The selected Contractor must work with MDH on all technological functionality to integrate the online registration platform into MDH's website.
5. The selected Contractor must provide real-time technical assistance to users needing help with the registration process during operating hours.
6. The selected Contractor must collaborate with the Marketing Services Contractor (to be determined) and MDH to ensure all consumer-facing webpages and forms are branded and formatted in accordance with the brand guidelines.

The database(s) maintained by the Contractor shall include all data elements collected for all participants. Final decisions about required data elements for registration will be made in partnership with MDH during the development phase of the project, after the contract has been fully executed with the selected Contractor.

1. The selected Contractor will be responsible for housing and maintaining the database(s). All registration and utilization data for all cessation services will reside with the Contractor.
2. The selected Contractor is responsible for maintaining confidentiality and privacy for all registered participants, as well as any participant that provides protected information, but ultimately does not enroll in cessation services.
    a. Contractor must ensure compliance with the federal HIPAA and Health Information Technology for Economic and Clinical Health Act (HITECH) laws and regulations and with the Minnesota Health Records Act.

C. Telephone-based Services

Telephone-based services, as described below, must be offered to all Minnesota residents and should be responsive to all types of commercial tobacco users (e.g., smokers, smokeless tobacco users, ENDS users, those who are not ready to quit, those who have already quit, those who are planning to quit, and those who have relapsed).

The selected Contractor must hire and train intake staff and cessation coaches appropriately and in accordance with current best practices, including NAQC recommendations and guidance from the CDC.

1. Intake
    a. Intake staff should, at minimum, be available 7 days per week between 7:00 a.m. and 11:00 p.m. Central Time to answer 90% of incoming calls immediately for both English- and Spanish-speaking callers, without sending the call to voicemail. If any calls are not answered live by intake staff and resulting in the caller leaving a voicemail, the call must be returned within 24 hours of the voicemail message being left.
        i. For callers who speak a language other than English or Spanish, intake staff must be able to get an interpreter on the line to translate at the time of the initial call.
    b. Intake staff must answer calls made to 1-800-QUIT-NOW and register willing and interested first-time callers by collecting necessary personal contact and health information.
        i. The national Spanish numbers, 1-855-DEJELO-YA (335-3569) and 1-877-2NO-FUME, as well as the text telephone (TTY) number, 1-877-777-6534, must also connect Minnesota callers to cessation services.
    c. Intake staff must welcome callers, collect sufficient information to determine eligibility for services, describe all services for which each caller is eligible, assess interest in specific services, and collect sufficient information to register the caller for services, including:

i. The selected Contractor must satisfy NAQC's Minimal Data Set (MDS) and CDC's National Quitline Data Warehouse (NQDW) intake standards.
ii. The selected Contractor must collect relevant information about each caller's medical history and health insurance, if any.
iii. The selected Contractor must, if asked by MDH, change question wording, question order, and the selection of questions. Changes will be done in collaboration with MDH to maintain a positive, clinically relevant participant experience.

d. Proactively call individuals referred to telephone coaching via the Minnesota Quitline Network (which is described within the Referral section of the Sample Tasks).
e. If coaching is provided by staff other than intake staff, it must be provided immediately if a coach is available and the participant agrees. If a coach is not available, a coach must make an attempt to reach the commercial tobacco user within 24 hours of intake or at another time selected by the participant.
f. For insured callers, the selected Contractor must either "warm transfer" (meaning, transfer callers while remaining on the line and providing brief information to the other party prior to completing the connection) callers to their health plan's telephone-based cessation services, or provide callers with information about additional services they may be eligible for through their health plan, and how to access them.
g. For all callers, the selected Contractor must ship additional informational materials, such as a one-page promotional document, as determined by MDH.

MDH and the major health plans in Minnesota have a long-standing partnership by which Minnesotans with public or private health insurance have access to cessation services under their health plan. Minnesotans who are uninsured or underinsured (meaning, insured individuals who do not have access to cessation coaching nor nicotine replacement therapies, or both) will be served by the selected Contractor, and offered intensive telephone-based coaching and nicotine replacement therapy (NRT) (not including NRT starter kits) as described below.

1. Coaching Training and Expertise
   a. Coaches must receive training accredited by the Council for Tobacco Treatment Training Programs (CTTTP), or the equivalent level of initial training, and be provided on-going training.
   b. Coaches must have sufficient training, and be monitored to confirm, that they are able to provide culturally and linguistically appropriate services for each commercial tobacco user.
   c. Intake staff and coaches must have sufficient monitoring and quality assurance oversight to ensure they adhere to agreed-upon protocols.

2. Intensive Telephone-based Coaching
   a. For uninsured and underinsured commercial tobacco users ready to make a quit attempt:
      i. Provide up to five cessation telephone coaching calls with a cessation coach, allowing up to two enrollments every 12 months, at no charge to the callers.
      ii. Proactively call individuals who sign up for telephone coaching through the online registration platform.
      iii. Coaching calls must assist callers in developing and executing a personalized quit plan within a 90-day timeframe.
         1. The selected Contractor must report on:
            a. Number of call attempts for each planned coaching call;
            b. Number of calls completed with a live contact; and
            c. Number of calls closed due to inability to reach the participant.

iv. Coaching calls must be front-loaded with content into the first two or three calls to account for real-world utilization of telephone-based coaching (i.e., fewer than five calls completed).
v. Services must be available in English and Spanish, with third-party interpreters available to provide translation for other languages.
    1. The selected Contractor must warm transfer callers who speak Korean, Cantonese, Mandarin, or Vietnamese to the Asian Smokers' Quitline.
vi. Protocols for initial and follow-up calls must be:
    1. Available in both English and Spanish;
    2. Culturally and linguistically competent; and
    3. Based on research principles of motivational interviewing for inducing behavior change and a cognitive-behavioral approach to treating substance use.
vii. Tailored protocols for cessation coaching will be provided to commercial tobacco users who, during their registration call, report:
    1. Living with mental illness;
    2. Having a substance use disorder;
    3. Use of electronic nicotine delivery systems (ENDS), including:
        a. Exclusive ENDS users ready to make a quit attempt
        b. Dual-use ENDS users ready to make a quit attempt
        c. Youth ENDS users (under the age of 18);
    4. Being pregnant, planning to become pregnant, or breastfeeding;
    5. Being under the age of 18; or
    6. Any combination of 1 through 5, above.
viii. Coaches will proactively call commercial tobacco users for each of their scheduled calls (up to five) to ensure progress toward cessation on a schedule that adheres to best and promising practices, as well as real-world experience.
ix. For commercial tobacco users with cellular phones, the selected Contractor will utilize text messaging support if selected as a service by the participant.
x. Dose and provide guidance for use of over-the-counter NRT as outlined in the below Nicotine Replacement Therapy (NRT) section, based on the commercial tobacco user's medical history.

3. Call Volume Monitoring and Adjustments:
    a. The selected Contractor must have:
        i. A monitoring plan to identify peak call times and adjust staffing as needed to ensure 90% of both English and Spanish incoming calls are answered by a live person without going to voicemail;
        ii. An established process and options for handling periods of high call volume for both English and Spanish (e.g., changing welcome message, voice prompts, directing people to MDH's website, changing the number of intake questions, limiting services for a short time, etc.); and
        iii. Protocol for periods when call volumes exceed line capacity.
    b. The selected Contractor must make de-identified recorded calls available to MDH at a mutuality agreed upon frequency.

4. Nicotine Replacement Therapy (NRT):
    a. The selected Contractor must:
        i. Ship FDA-approved NRT (patches, gum, and/or lozenges including combination therapy) to commercial tobacco users, as appropriate.

ii. Ship different amounts of NRT to commercial tobacco users depending on eligibility criteria as determined during contract negotiations.
    1. Special protocols and additional NRT should be provided to commercial tobacco users who, during their registration call, report:
        a. Living with mental illness or substance use disorder, or both
        b. Being pregnant, planning to become pregnant, or breastfeeding. For callers that identify as pregnant, planning to become pregnant, or breastfeeding:
            i. NRT will be provided with health care provider's permission
            ii. Provide specialized coaching and support for use of NRT
iii. Provide a process to seek health care provider consent and approval for medical conditions requiring an override (e.g., pregnant women, certain health conditions).
iv. Provide medical oversight for provision of NRT, both in conjunction with telephone coaching, and without any other service offering (e.g., NRT starter kits).
v. Assist users in selecting the appropriate dose and type of NRT, both by telephone, and through the online registration platform.
vi. Monitor orders to prevent fraud.
vii. Insert additional materials in NRT shipments, and change those materials, at the request of MDH.
viii. Include Spanish-language instructions for commercial tobacco users whose preferred language is Spanish.

b. Identify participants ineligible for NRT, including:
    i. Commercial tobacco users who report having health insurance (not including NRT starter kits).
    ii. Commercial tobacco users who require provider consent due to a medical condition, but are denied approval by their health care provider.
    iii. Minors (under 18 years of age).
c. In consultation with the selected Contractor, MDH will determine and authorize changes to NRT service eligibility, as appropriate.

D. <u>American Indian Quitline</u>

The selected Contractor must provide a separate telephone coaching line and array of cessation services to all Minnesota residents who identify as American Indian, regardless of health insurance status. It is expected that the selected Contractor will meet the same coaching training and expertise requirements that are outlined in the Coaching Training and Expertise section above, as well as incorporate data from the American Indian Quitline into the reporting and evaluation requirements within the Sample Tasks. MDH recognizes the disproportionately high commercial tobacco use rates among those who identify as American Indian, as well as the significance of traditional tobacco. MDH therefore values the importance of having specialized services for this priority population. These services, at a minimum, must include:

1. Dedicated and specialized coaching team, who have been provided with appropriate training, understand the culture, and respect traditions related to traditional tobacco use.
    a. Protocols for intake and follow-up calls should align closely to the service offering, as outlined in the Telephone-based Services section above; however, they may be tailored to meet the unique needs of this priority population and will be determined during contract negotiations with the selected Contractor.
2. Up to 7 coaching calls with coaches.
3. Up to 12 weeks of NRT, including combination therapy of short and long acting NRT.

E. <u>Supplementary Cessation Services</u>

In addition to the telephone-based services and NRT offered to uninsured and underinsured Minnesota residents, the selected Contractor shall provide supplementary cessation services, as outlined below, to all Minnesota residents, regardless of health insurance status. These supplementary services may be complementary to telephone-based coaching and NRT or they may consist of stand-alone cessation service offerings. Minnesota residents may choose among any or all of the supplementary cessation services and may enroll in these services either by telephone or through the online registration platform. Consistent with the experience and success achieved by ClearWay Minnesota℠ and a growing number of states, the intention of offering supplementary cessation services is to increase the reach of Minnesota's cessation services and assist more commercial tobacco users with their quit attempts.

1. NRT Starter Kits
    a. The selected Contractor shall ship NRT to commercial tobacco users, as appropriate.
        i. The default service offering is a 2-week supply of either the nicotine patches, gum, or lozenges.
        ii. Participants may receive up to two NRT starter kits per 12-month period.
    b. The selected Contractor shall make follow-up telephone calls to all individuals receiving NRT to address questions or concerns they may have about their NRT, and provide a description of other services for which they are eligible.
    c. The selected Contractor shall not provide NRT starter kits to participants who are ineligible:
        i. Commercial tobacco users who require provider consent due to a medical condition, but are denied approval by their health care provider.
        ii. Minors (under 18 years of age)

2. Email Support Program
    a. The selected Contractor shall provide an email support program. At present, the email support program is conceived at a minimum as a series of uni-directional informational emails. The primary focus of the email content should be moving commercial tobacco users (including ENDS users) along the stages of change and supporting them in their quit attempts with tips, advice, and resources.
        i. Participants may enroll in the email support program up to two times per 12-month period.
    b. The email support program shall be evidence-based or, at a minimum, evidence-informed.*
    c. The email support program shall evolve as needed to meet changing consumer demands and utilization patterns.
    d. The email support program must follow best practices and regulations for email.

3. Text Messaging Support Program
    a. The selected Contractor shall provide text messaging support. At present, the text messaging program is conceived as being modeled after the National Cancer Institute's SMOKEFREETXT program. Ideally, the text messaging program will be interactive, with the capacity to respond to "texts for help" (e.g., keywords such as "CRAVE," "SLIP," "MOOD"). At a minimum, the text messaging program should be one-directional with a series of "daily tips" for quitting based on stage of change and the quit date set by the individual participant.

* Reference NAQC Quitline Services: Current Practice and Evidence Base, pg. 9, for a description of expected email and text messaging support program.

i. Participants may enroll in the text messaging support program up to two times per 12-month period.

b. The text messaging support program shall be evidence-based or, at a minimum, evidence informed.*
c. The text messaging support program shall evolve to meet changing consumer demands and utilization patterns.
d. The text messaging program should follow best practices and regulations for text messaging, including the Telephone Consumer Protection Act (TCPA).

4. Printed Materials
   a. The selected Contractor must provide a printed Quitting Guide in English and Spanish that includes information and guidance around quitting. The Quitting Guide shall adhere to best practices and evidence, and must be written at an 8th grade reading level or less.
   b. The selected Contractor must establish a process for updating the Quitting Guide and steps to collaborate with MDH during this process.
   c. The selected Contractor must work with MDH to create and provide supplementary print materials, not including the Quitting Guide.
   d. The selected Contractor is responsible for:
      i. Production (all content and printing);
      ii. Annual review and revision, as needed according to current academic literature and community practice for cessation, of the Quitting Guide and supplementary print materials, including culturally and linguistically appropriate translation into Spanish and other languages upon request by MDH;
      iii. Fulfillment of all requests for printed copies of the Quitting Guide
         a. Participants may receive one Quitting Guide per 12-month period;
      iv. Providing a downloadable electronic version of the Quitting Guide and all supplementary print materials for the website; and
      v. Tracking requests for Quitting Guides and supplementary print materials and enforcing annual mailing limits, including additional materials with the Quitting Guide mailings, such as promotional fliers for other MDH cessation services, if requested.

F. Referral

The Minnesota Quitline Network enables health professionals and community organizations to use a single form and fax number to refer the people they serve to tobacco quitline support. All Minnesota residents – whether covered by a health plan or not – have access to free support to quit.

The Network refers thousands of people to quitline support every year. This is made possible with the participation of over 1,100 member organizations, including dental clinics, mental health practices, primary care clinics and hospitals, community-based organizations, and other allied health professionals.

While the current system in place for referrals involves triaging incoming referrals to the appropriate quitline based on reported health insurance information, the new system beginning April 1, 2020 will have the selected Contractor responding to all incoming referrals regardless of health insurance status.

The selected Contractor will have the following functions available no later than April 1, 2020:

1. Receive all incoming referral information from Network members by paper fax.
    a. The selected Contractor shall make up to three outbound attempts to reach each referred commercial tobacco user on different days and different times, per the participant's preferred times as indicated on the referral form, until either the referred user is reached, or three outbound call attempts are made and the user is not able to be reached and/or a voicemail message is left for the referred user, if indicated on the referral form by the participant.
        i. If the referred user is reached, the selected Contractor must assess the individual for eligibility for services through Minnesota's cessation services program, and provide cessation services as described within the Telephone-based Services section above.
    b. Report results of the outbound attempt(s) to reach the individual to the referring entity only if the entity is HIPAA-covered. Results may refer to the user as "enrolled," "declined services," "unable to reach," or use other terminology as agreed upon at a later time. The selected Contractor shall include referral data in all reports and dashboards provided to MDH.

Currently the referral process is fax-based only. It is expected that the selected Contractor will maintain this functionality when services are launched on April 1, 2020. In addition, the selected Contractor must have the capacity to work with MDH to expand the referral process and phase in a new referral model as a supplement to fax-based referral after services have launched.

The selected Contractor shall work with MDH to develop a plan and timeline for implementation of one or more of these processes during contract negotiations:

1. An online referral form for Network members wishing to refer individuals via the Internet.
2. A secure email system for Network members wishing to refer individuals via email.
3. "Live referrals" - the Network member contacts the selected Contractor with the client or patient in the room and then once connected turns the interaction over to the client/patient to complete intake and set a date for the first coaching call.
4. An electronic health record referral (eReferral) process.
    a. Preferred bi-directional eReferral that meets NAQC standards.
5. Mechanism to bill and receive reimbursement from all participating health plans and Medicaid for services provided.

See **Appendix A** for the Minnesota Quitline Network Flow Chart

G. Quality Improvement

A quality improvement plan is essential for any program. The selected Contractor, within the first year of the contract, shall work with MDH to develop and implement a quality improvement plan and provide MDH with findings and outcomes of the quality improvement plan efforts. The cessation services quality improvement plan should rely on, at a minimum, quantitative and qualitative data from cessation services intake data, case management data, participant follow-up, and feedback from cessation coaches and intake specialists. If other data sources are available to help inform the quality improvement plan, the selected Contractor should provide additional details around other data sources that are available, how they are collected, and whether and in what format they can be provided to MDH. These data should be used to identify problem areas or issues where additional staff training, protocols or policy decision making with MDH are needed to ensure the cessation coaching and intake specialist staff have the necessary knowledge, tools, and experience to effectively deliver cessation services.

H. Reporting and Evaluation

To monitor and evaluate Minnesota's cessation services program, MDH requires, and the selected Contractor shall provide weekly, monthly, quarterly, and annual reports and data files. MDH is also committed to evaluating all cessation services offered. For the initial contract period, the selected Contractor will pull and report all required data for the CDC's NQDW and NAQC's Annual Survey, and conduct an outcomes evaluation to calculate 7-month quit rates, as described in NAQC's Calculating Quit Rates, 2015 Update issue paper.[b]

The selected Contractor must have the ability to report individual-level demographic, tobacco use history, medical screening information, program utilization, and follow up data, including linking records for multiple interactions and enrollments over time. These data must be made available electronically as both raw data exports and as customized aggregated reports, on a monthly basis at minimum. The selected Contractor must have a robust quality control process in place to review all data before releasing it to MDH.

Should MDH contract with a third-party evaluator, the selected Contractor will be required to supply individual-level demographic, commercial tobacco use history, medical screening information, and program utilization data, including linking records for multiple interactions and enrollments over time. These data must be made available as both raw data exports and as customized reports to the third-party evaluator on a regular basis (e.g., monthly or quarterly).

In addition, the selected Contractor is required to respond to ad hoc data requests for special evaluation studies that may occur up to four times a year. The data and data reports must be delivered electronically and are the property of MDH.

The selected Contractor must confirm compliance with the following requirements:

1. Ability to partner with MDH staff and vendors to conduct research on quitline-related questions.
2. Ability to conduct outcomes (quit rate) evaluation once during the contract period.
3. Consent to a third-party evaluation conducted by a vendor selected by MDH.
4. Experience with and willingness to provide individual-level raw data to an external evaluator for the purposes of evaluation and research.
5. Entry into a business associate or confidentiality agreement, or both, as needed, with MDH's third-party evaluator and Minnesota health plans, to allow for transfer of data.
6. Provision of data to the third-party evaluator as requested, in full compliance with the federal HIPAA and HITECH law and regulations and with the Minnesota Health Records Act.
7. Alteration of types of data collected to align with NAQC's best practices and MDH's monitoring and evaluation needs.
8. Collection and reporting on all items in the NAQC Minimum Data Set.
9. Collaboration with the third-party evaluator to pull and, if necessary, report on data required for CDC's NQDW and NAQC's Annual Survey.
10. Completion of an Annual Report and submission to MDH at the end of each contract year.
11. Completion of a Final Closeout Report and submission to MDH at the end of the contract period.

4. Innovative Approaches

MDH is also interested in exploring new and innovative approaches to expand reach and address commercial tobacco-related disparities. These items should be separated from the required items in the

[b] The paper is available at https://c.ymcdn.com/sites/www.naquitline.org/resource/resmgr/Issue_Papers/WhitePaper2015QRUpdate.pdf

Cost Proposal. MDH is open to new ideas, promising practices, and modifications to the cessation service offerings and delivery outlined above, based on:

- The capacity of the selected Contractor;
- Emerging needs from the field;
- Available technologies; and
- Input from community and the Advisory Committee.

The selected Contractor must work closely with MDH to identify potential, culturally informed, additional or adapted approaches that may be phased in over time.

5. Funding

Funding available is up to $1,675,400 for the contract period. Price will be a significant factor in the evaluation of proposals.

MDH reserves the right to not fund a proposal if the proposal does not meet the RFP criteria. MDH also reserves the right to award less than $1,675,400.

This RFP does not obligate the State to award a contract or complete the project, and the State reserves the right to cancel the solicitation if it is considered to be in its best interest.

6. Contract Period

The contract is expected to begin on January 1, 2020, or upon full execution of the contract, whichever is earlier. The initial term of the contract is expected to be no longer than two (2) years, from January 1, 2020 to December 31, 2021.

The State and the selected Contractor may mutually agree to extend the contract an additional 3 years, in increments to be determined by the State, based on contractor performance and funding availability.

This contract period includes an estimated three (3) month period for startup before launch of services on April 1, 2020.

7. RFP Questions

Prospective applicants are encouraged to contact MDH with questions that may arise concerning this RFP. Please email RFP questions to tobacco@state.mn.us. Questions should include "Cessation Services RFP Question" in the email subject line. Questions may only be sent to the above email address; applicants cannot submit questions via phone, U.S. mail, nor fax.

All questions and answers will be posted publicly on the MDH website at www.health.mn.gov/cessationservices. Questions and answers will be updated on **Thursday, October 3, 2019** and **Monday, October 14, 2019.**

The last day questions may be submitted is **Thursday, October 10, 2019 at 4:00 pm Central Time**. Answers to these questions will be posted on **Monday, October 14, 2019**.

Individual MDH staff are **not** authorized to discuss this RFP with any potential applicant before the submission deadline. Contacting, or attempting to contact, anyone at MDH regarding this RFP other than through the above email address may result in disqualification.

8. Proposal Content

Proposal format requirements *(for narrative Sections 1 – 7 below only)*

- Proposals must be typed, with one-inch margins, and in 11-point Calibri font.
- All pages must be single-spaced and numbered consecutively.

Proposals must include the following information:

1. A statement of understanding of project goals and capacity to operationalize MDH's vision for statewide cessation services, including how cessation services will appeal to and serve populations most disparately impacted by commercial tobacco use. Outline diversity of staff and ability to provide culturally informed cessation services. *(3 pages maximum)*

2. An outline of previous experience and examples of similar work done, including supporting the transition of cessation services from one funding/administrative organization to another. *(8 pages maximum)*
    a. Provide the most current complete responder and intention-to-treat quit rates at 7 months post registration for all program components (if available) described in the Sample Tasks.
        i. For telephone-based coaching, please provide 7-day and 30-day point prevalence abstinence rates, and a detailed description of the methodology used to obtain them. Please provide quit rates for a state with comparable services offered and similar demographics as outlined in the Sample Tasks (e.g., uninsured commercial tobacco users who receive NRT but **not** prescription medications.) Describe in detail the population both in the numerator and the denominator of the calculation.
        ii. For all other service components including an NRT starter kit, email support program, text messaging support program, and or provision of a Quitting Guide and supplementary print materials, provide evaluation results including quit rates, if available, either as standalone services or in combination with phone coaching or each other. For any quit rates provided, describe in detail the method used to obtain or estimate the quit rate.

3. For each department or responsible area below, provide a description of the department's role and scope of work, the number of staff members, and title and qualifications of the person or people responsible for that department or area. *(3 pages maximum)*
    a. Client Services: describe how the MDH cessation services account will be serviced (e.g., account manager(s)). Include the name of the account manager(s) who will be assigned to the MDH cessation services account and proposed or recommended full-time equivalent (FTE) of time dedicated to the MDH cessation services account. MDH expects the account manager to be at least 0.75 FTE to 1.0 FTE.
    b. Coaching: describe hiring requirements for coaches, approach to training, monitoring, and advancement for coaches, and initial and ongoing training for staff to better serve members of cultural groups or other sub-populations.
    c. Data management and reporting.
    d. Research and evaluation.
    e. Product development.

f. Other key departments responsible for aspects of the MDH cessation services account.

4. A narrative describing tasks to be completed by both the Contractor and MDH during the startup/development time period. *(2 pages maximum)*

5. A detailed timeline of milestones within the contract period, including startup/development period, launch of cessation services, and major deliverables. *(2 pages maximum; if using a timeline graphic, applicant does not need to follow format requirements outlined above)*

6. A narrative of how deliverables in the Sample Tasks will be fulfilled. The Sample Tasks are described in detail as preferred services and service delivery standards. Responders are not expected to provide a detailed narrative of all tasks listed, but must provide adequate responses reflecting the ability to fulfill each task. Narrative must be provided **in the following order:** *(25 pages maximum)*
    a. Online Registration Platform and Database *(3 pages maximum)*
    b. Telephone-based Services *(5 pages maximum)*
        i. Intake
        ii. Coaching Training and Experience
        iii. Intensive Telephone-based Coaching
        iv. Call Volume Monitoring and Adjustments
        v. Nicotine Replacement Therapy
    c. American Indian Quitline *(1 page maximum)*
    d. Supplementary Cessation Services *(4 pages maximum)*
        i. NRT Starter Kits
        ii. Email Support Program
        iii. Text Messaging Support Program
        iv. Printed Materials
    e. Referral *(4 pages maximum)*
        i. Proposed timeline and procedural work plan for launching the following referral processes:
            1. Paper fax-based referral (services available no later than April 1, 2020).
            2. Online referral via the Internet, including an example of an online referral form (within first year of launch).
            3. Secure email system (within first year of launch).
            4. Live referrals, as described within the Sample Tasks (within the first year of launch).
            5. E-Referral (preferred bi-directional) (within the contract period).
            6. Mechanism to bill and receive reimbursement from health plans and Medicaid for services provided (within the contract period).
    f. Quality Improvement (QI) *(3 pages maximum)*
        i. Sample QI reports should be included as attachments, and are not subject to page limits.
    g. Reporting and Evaluation *(4 pages maximum)*
        i. In addition to a detailed narrative of how the applicant will meet the deliverables outlined in the Sample Tasks, the applicant should describe how they will work with MDH to develop an evaluation plan within the first year of the contract. Provide recommendations for evaluation type (e.g., continuous quit rates, sample quit rates, satisfaction surveys), as well as proposed frequency.
        ii. Sample reports and data extracts should be included as attachments, and are not subject to page limits.

h. A description of how the flexibility of demand will be met and identification of adjustments the responder would recommend making to services if there was a need to spenddown funds quickly and efficiently. *(1 page maximum)*

7. A description and examples of innovative or alternative approaches to further increase reach and address disparities while meeting the goals of this RFP. Provide rationale or evidence as to how and why these approaches would increase the impact MDH can have on commercial tobacco use and cessation in Minnesota. *(4 pages maximum)*
    a. Responders must provide an outline of the innovative or new service offerings, delivery opportunities, or both, that their organizations are planning or have the ability to do, beyond the deliverables outlined within the Sample Tasks.
    b. Responders must describe what, if any, changes they would make to the deliverables outlined within the Sample Tasks in order to meet the goals of this RFP.
        i. Including the organization's ability to:
            1. Customize email or text messaging content at MDH's request.
            2. Tailor email or text messaging, or both, content to the commercial tobacco user's stage of change, quit date or both; as well as type(s) of tobacco used.
            3. Adapt services based on input from Minnesota residents, the cessation services Advisory Committee, and MDH.

8. Required attachments:
    a. Organizational Structure and Staffing
        i. An organizational chart for the division or department responsible for the cessation services and operations. *(1 page maximum)*
        ii. A position description with roles and responsibilities for the account manager(s) who will be assigned to the Minnesota Department of Health cessation services account. *(1 page per person maximum)*
        iii. An outline of intake staff (if relevant) and coach training program (both initial and ongoing). *(3 pages maximum)*
    b. De-identified recorded copies of actual calls, coaching sessions, or both, which must be on either CD-ROM or DVD for each of the following call types for a total of three recorded calls. At least one call must include the NRT dosing process.
        i. Call recording that exemplifies the overall spirit and intent of the responder's approach to helping commercial tobacco users with the quitting process.
        ii. Registration and first coaching call for a participant through the American Indian Quitline. *(If applicant has provided or currently provides this service)*
        iii. Registration and first coaching call for a participant who qualifies for special protocols for those living with mental illness or substance use disorder, or both. *(If applicant has provided or currently provides this service)*
    c. Printed Materials *(no page limit)*
        i. Copies of the Quitting Guide(s) (English and Spanish versions) currently sent to commercial tobacco users.
        ii. Copies of all printed participant materials used to support the coaching program and NRT provision.
        iii. Copies of materials available for friends and family of commercial tobacco users.
        iv. Copies of materials available in Spanish and other languages, for special populations for which the responder has tailored materials.
        v. Copies of any types of printed materials that are currently included in NRT shipments (e.g., medication use instructions, posters, fliers, etc.)
    d. Email Support Program and Text Messaging Support Program

i. The entire email library of existing or planned email support messages, as it appears in the standard email formatting, including indications of how email messages can be customized.
ii. The entire text message library with indications of how text messages can be customized.

e. Quality Assurance and Improvement
   i. Examples of quality improvement plans and quality assurance reports the responder has developed for clients, or a sample plan and report the responder could develop for Minnesota cessation services, including a delivery schedule. (Please assume MDH will seek quarterly assurance reports).

f. Reporting and Evaluation
   i. Examples of the standard monitoring and outcomes reports the responder provides to clients, or a sample of monitoring and outcomes report the responder could develop for each of the Minnesota cessation services, including delivery schedule.
      1. Include weekly, monthly, quarterly, and annual reports.
   ii. A sample standard data extraction and data dictionary. *(6 pages maximum)*
      1. Include each variable that is included in standard data extractions for similar clients for intake data, utilization data, and evaluation data, as well as data dictionary for each variable.

g. Contact information (name, title, organization, address, phone, and email) for **three (3) references** who can speak to the organization's ability to fulfill the Sample Tasks presented in this RFP.

9. A Cost Proposal describing the costs associated with performing the services and deliverables in the RFP. Use the Cost Proposal Instructions in **Appendix B**. MDH does not make regular payments based upon the passage of time; it only reimburses for services performed or work delivered after it is accomplished.

10. A completed response to the attached Security Questionnaire Form (**Appendix C**) and Voluntary Product/Service Accessibility Template(s) (VPAT) **(Appendix D)**. The response must contain adequate information to evaluate the responsiveness to the accessibility standards. The selected Contractor must comply with accessibility requirements of Minnesota Statutes section 16E.03 and the State of Minnesota Accessibility Standards – available online at https://mn.gov/mnit/government/policies/accessibility/ – that incorporate both Section 508 of the Rehabilitation Act and Web Content Accessibility Guidelines 2.0 level 'AA'. Special attention should be focused upon the online registration platform and database, any online documents templates for email support program, as well as telephone coaching services for deaf/hard of hearing.

    The applicant must complete the VPAT to demonstrate their current level of compliance. The applicant may attach samples of their work to further explain their answers to VPAT sections. Evaluation of a VPAT response is based on the extent to which the response is completed. The applicant's current level of compliance at the time the response is submitted is not scored. If awarded a contract, all work by the selected Contractor must conform with the accessibility requirements above and as detailed by the contract terms.

11. Submit the following from the General Requirements section below:
    a. Affidavit of Non Collusion
    b. Certificate Regarding Lobbying
    c. Workforce Certification

d. Equal Pay Certificate Form
e. Veterans Preference Form (if applicable)
f. Resident Vendor Form (if applicable)

12. Proposal Cover Sheet completed and signed. **Appendix E**

13. Mandatory Requirement Compliance Form signed. **Appendix F**

14. Commercial Tobacco-Free Organizational Commitment completed and signed. **Appendix G**

9. Proposal Instructions

All proposals must be received no later than **4:00 pm Central Time on Tuesday, October 22, 2019** to be considered for funding. Proposals must be sent, hand-delivered, or couriered to:

Laura Oliven
Tobacco Prevention and Control
Minnesota Department of Health
85 East 7th Place
Suite 220
St. Paul, MN 55101
651-201-3535

Late proposals will not be considered.

All costs incurred in responding to this RFP will be borne by the responder.

Fax and email responses will not be accepted nor considered.

Submit **seven (7) copies** of the full proposal. Proposals are to be sealed in mailing envelopes or packages with the responder's name and address written on the outside. Each copy of the proposal must be signed in ink by an authorized member of the firm.

Provide **seven (7) copies** of the Cost Proposal in a separately sealed envelope clearly marked on the outside "Cost Proposal" along with the organization's name. For purposes of completing the Cost Proposal, the State does not make regular payments based upon the passage of time, it only pays for services performed or work delivered after it is accomplished.

Proposals will be evaluated on "best value" as specified below. The Cost Proposal will not be opened by the review committee until after the qualifications points are awarded.

MDH has estimated that the cost of this contract should not exceed $1,675,400. Price will be a significant factor in the evaluation of proposals.

10. Proposal Evaluation

All responses received by the deadline will be evaluated by representatives of MDH. Proposals will first be reviewed for responsiveness to determine if the minimum requirements have been met. Proposals that fail to meet minimum requirements will not advance to the next phase of the evaluation. The State

reserves the right, based on the scores of the proposals, to create a short-listing of contractors who have received the highest scores to interview, or conduct demonstrations/presentations. The State reserves the right to seek best and final offers from one or more responders. A 1,000-point scale will be used to create the final evaluation recommendation.

Candidates on the State's short-list are finalists. Finalists will be asked to travel to St. Paul at their own expense for an in-person interview with representatives of MDH. This in-person interview will be used to engage applicants in a more detailed discussion about some of the aspects of the proposal. Specific questions will be provided to applicants in advance of the interview.

A. Mandatory Requirements (Scored as Pass/Fail)

The following will be considered on a pass/fail basis:

1. Proposals must be received on or before the deadline specified in this solicitation.

Each applicant must meet all of the following criteria to be eligible:

2. Each applicant must be either a nonprofit or a for-profit entity based in the United States.
3. Each applicant must comply with MDH's Commercial Tobacco-Free Organizational Commitment.
4. Each applicant must have a verifiable track record of providing evidence-based cessation services for at least the past 5 years.
5. Each applicant must, to the extent required by law, be in full compliance with the Health Insurance Portability and Accountability Act (HIPAA), the Health Information Technology for Economic and Clinical Health Act (HITECH), and the Minnesota Health Records Act. Full compliance with these and other regulations may require entering into business associate agreements to facilitate transfer of data.
6. Each applicant must provide and support, either in-house or through a subcontractor(s), the digital platforms, systems, processes, and protocols necessary to update and maintain web-based systems for registering for: intensive telephone-based coaching, the email support program, and the text messaging support program, and ordering and delivering NRT starter kits and all printed materials. Contractor must also follow web best practices and regulations (e.g., such as CANSPAM for email).
7. Each applicant must provide medical oversight and accept all liability for treatment services including but not limited to dosing and recommendation of nicotine replacement therapy (NRT) provided either by cessation coaches, or as a self-serve option as part of an NRT starter kit.
8. Applicant or applicant's pharmacy must have the capacity to dispense and receive reimbursement for over-the-counter NRT to Minnesota Medicaid clients enrolled in the quitline. All requirements for registering as a pharmacy with the State of Minnesota must be fulfilled within one year of contract execution.

Applicants will be required to sign a statement affirming their compliance with Mandatory Requirements 2 through 8 and submit the Mandatory Requirements Compliance Form in **Appendix F** with the proposal. Failure to include this form will result in disqualification.

B. Evaluation Factors (Scored based on percentage as indicated)

The factors and weighting on which proposals will be judged are:

1.	Expressed understanding of project goals	10%
2.	Previous experience and ability to carry out transition of services	15%
3.	Demonstrated ability to fulfill the deliverables set forth in the Sample Tasks section	35%
4.	Innovative or alternative approaches to expand reach and address disparities	5%
5.	IT Accessibility Standards	5%
6.	Cost Proposal	30%

It is anticipated that the evaluation and selection will be completed by **Friday, November 15, 2019**.