

# **Request for Proposals Michigan Tobacco Quitline Services**

Issued by:

**Michigan Department of Community Health**  
Tobacco Control Program  
109 West Michigan Avenue  
P.O. Box 30195  
Lansing, MI 48913

Bid proposals must be received  
on or before  
April 1, 2011 at 5:00 pm EST

## Table of Contents

	Page
1.0 Purpose	2
2.0 Qualifications	2
3.0 Background	3
3.1 Michigan Smoking Prevalence	3
3.2 The Economic Cost of Tobacco Use	3
3.3 History of the Michigan Tobacco Quitline	3-4
3.4 Quitline Outreach and Promotion	4
4.0 Scope of Work	4
4.1 Performance Standards	5-7
5.0 Instructions for Bidders	7
5.1 Timeline	8
5.2 Check list for completed application	8
5.3 Submission requirements	8-9
6.0 Narrative Instructions	9
6.1 Narrative Specifications	9-12
6.2 Attachments: Cover Sheet and Budget Narrative Templates	13-14

Request for Proposals  
Michigan Tobacco Quitline Services

1.0 Background & Purpose

The Michigan Department of Community Health (MDCH), Tobacco Prevention and Control Program is issuing this Request for Proposals (RFP) to prospective vendors for a statewide toll-free, proactive, telephone-based tobacco quitline service. The Michigan Tobacco Quitline has been in existence since 2003. The service emphasis for this quitline will be on uninsured and Medicaid clients 13 years of age or older who indicate that they are ready to quit in the next 30 days. Services will be based on the U.S. Public Health Service Guideline updated in 2008, <http://www.surgeongeneral.gov/tobacco>.

Responsibilities of the successful applicant will include but are not limited to providing a toll-free, live telephone-based tobacco information, referral and counseling service; recruiting and training qualified counselors; providing written materials; providing web-based support; arranging for proactive coaching calls to enrollees; advising on proper use of tobacco cessation medication; screening enrollees who may qualify for free nicotine replacement therapy and distributing nicotine replacement therapy as appropriate. The successful applicant will also be responsible for gathering and maintaining a database to track participation and for providing timely reports to the Michigan Department of Community Health.

2.0 Qualifications

- A. Applicants must be institutional members of the North American Quitline Consortium (NAQC). Membership information is available at <http://www.naqc.org>
- B. Applicants must have current contracts with and provide statewide tobacco telephone quitline services for at least three (3) state health departments to qualify for this contract.
- C. Applicants must include written documentation that they have a minimum of at least five (5) years prior work experience with government agencies in the management and operation of a proactive tobacco quitline service.
- D. The successful bidder will have no financial, contractual, or other ties to the tobacco industry or affiliated organizations.
- E. Ensure confidentiality consistent with Health Insurance Portability and Accountability Act (HIPAA) regulations.
- F. Must have past experience in collecting the NAQC Minimal Data Set and responding to data elements in the NAQC Annual Survey, CDC National Quitline Data Warehouse Quarterly Surveys, and American Recovery and Reinvestment Component III reports.

### 3.0 Background

The Michigan Tobacco Prevention and Control Program is a section within the Michigan Department of Community Health, Chronic Disease and Injury Prevention Program.

The Tobacco Control Program is funded through a grant from the Centers for Disease Control and the Healthy Michigan Fund which is supplied by tobacco tax dollars. In fiscal year, 2009-2010, the Tobacco Control Program was appropriated \$2,598,400 from the Healthy Michigan Fund.

### 3.1 Michigan Smoking Prevalence

Tobacco use causes approximately 14,500 deaths in Michigan each year. An additional 1,590 adults are lost to secondhand smoke exposure. Michigan's adult smoking rate for 2009 is 19.8%.

Michigan also has numerous populations disparately affected by tobacco use; many of whom are among the uninsured, under-insured, and Medicaid beneficiaries. The 2009 Michigan Behavioral Risk Factor survey notes the following:

#### Tobacco Related Disparities in Cigarette Use Among Adult Population Groups

African American	20.0%
American Indian/Alaska Native	41.9%
Asian/Pacific Islander	13.6%
Hispanic	24.5%
<12 years Education	42.1%
12 years Education	30.7%
>12 years Education	16.2%

### 3.2 The Economic Cost of Tobacco Use

The Michigan economy is staggering under the economic burden of treating tobacco-related diseases. Michigan Medicaid serves 1.6 million residents (16% of Michigan's population). Overall state healthcare costs directly attributed to tobacco use are estimated at \$3.4 billion; approximately \$1.1 billion of that is spent by the Michigan Medicaid program. Another 1.1 million residents have no health insurance.

### 3.3 History of the Michigan Tobacco Quitline

The Michigan Tobacco Quitline averages about 5,500 enrollees each year. Since the Quitline's launch, there have been more than 59,000 callers. With limited or no funding for paid promotional efforts, call volume fluctuates depending on the success of earned media and outreach to health professionals. Fax referrals from health care professionals and managed care organizations average about 100 per month. Call rates and enrollment

rates have been consistently higher since implementation of Michigan's smokefree law which was implemented on May 1, 2010.

The state Medicaid contract requires that all Medicaid managed care plans offer a proactive tobacco quitline. The Michigan Medicaid program has 14 managed care plans. To encourage consistency among the plans, the Michigan Department of Community Health offers a cost-share arrangement to the plans that use the Michigan Tobacco Quitline. The cost-sharing is done on a per enrollee basis. The successful bidder for this RFP will be responsible for contracting with our partner managed care plans and arranging for direct monthly billing.

### 3.4 Quitline Outreach and Promotion

The MDCH has a limited budget for paid advertising which consists of radio and television. Most promotion of the Quitline is done through public service announcements and grassroots efforts. The Quitline is promoted at health care provider conferences and seminars. Posters and business cards are distributed at local health departments and nonprofit organizations.

Michigan has run three free nicotine replacement therapy campaigns to promote quitting and the Quitline. The first campaign was launched via a press release on August 20, 2008. The promotion lasted through the end of September 2008. In a six week period, the quitline received 3,684 calls and enrolled 3,224 people. The second campaign was launched via a press release on March 11, 2009. In that month, the quitline received over 93,600 calls and enrolled over 2,100 people. The third campaign was launched via press release on August 3, 2010 and lasted for two weeks. Over 1,600 people enrolled.

Since responses to paid advertising and promotional campaigns vary widely, it is difficult to predict call volume. Applicants should demonstrate an ability to handle call surges and fluctuations in call volume and to staff appropriately.

### 4.0 Scope of Work

The successful bidder must provide continuation of a live, proactive telephone counseling service that offers counseling, self-help materials and referrals to local programs for interested callers. Callers with coverage for quitline services through a commercial insurer are referred back to their insurer to receive assistance. The successful bidder will demonstrate an ability to triage based on insurance status, those not ready to set a quit date and those seeking information and referral only.

Applicants should demonstrate an ability to instruct callers on the proper use of nicotine replacement therapy (NRT) and to distribute NRT to qualified callers. The successful bidder must offer an 8 week supply of NRT to callers who enroll in the quitline and are uninsured.

#### 4.1 Performance Standards

- A. Target Audience  
Medicaid, uninsured, those with mental illness, diabetes, asthma and those with other chronic illnesses affected by tobacco.
- B. Service Delivery Protocol
- Must provide one intake call and a minimum of four proactive counseling sessions over a 12 month period. *The number of calls cannot be changed without prior written consent from the Michigan Department of Community Health.*
  - Intake should be available 24 hours a day, 7 days a week and counseling must be available a minimum of 15 hours a day Monday-Friday.
- C. System Capability
- Must be able to provide a toll-free service with a system that is able to handle multiple, simultaneous inbound and outbound calls.
  - Must have the capacity to receive a minimum of 2,500 calls and 1,500 enrollments per month from Michigan residents.
  - Will receive calls through 1-800-QUIT-NOW and Michigan's Quitline number 1-800-480-7848.
  - Will be responsible for maintaining sufficient staff to manage fluctuating call volume during promotions and other events.
  - Ability to take internet inquiries or online enrollment is preferred.
  - A TTY line or acceptable alternative must be available for the hearing impaired.
  - Must have multilingual capability. This may include live or translated service.
- D. Referral to Local Resources
- Maintain an updated list of local resources for referral by county or zip code.
- E. Nicotine Replacement Therapy
- Offer up to an eight week course of treatment for eligible callers who enroll in the quitline program.
- F. Fax Referral Program
- The successful bidder should be capable of receiving and processing 150 fax referrals from healthcare providers monthly.
  - First contact of a fax referral must occur within 48 hours of receipt Monday – Friday.
  - Health providers must receive feedback on enrollment of each fax referral made on a monthly basis.

G. Material Distribution

- Written materials for the program or for self-help will be provided to callers upon request.
- At least 95% of materials will be sent out within 48 hours of request.
- Materials should be available in English and Spanish.
- Materials tailored for diverse populations such as African-American, Arab-American, pregnant, teen and visually impaired should be available.

H. Call Center Staff Qualifications

- Counseling staff should have a minimum of a bachelor's degree.
- Qualifications for counseling staff should be provided in the bid response.
- Training protocols for intake and counseling staff must be included.

I. Data Collection and Reporting

Data collection and reporting must conform to the minimal data set recommended by the North American Quitline Consortium, accessible at <http://www.naqc.org> as well as with current CDC and American Recovery and Reinvestment Act requirements.

- Will have sufficient technological capability to accurately record and report on all required elements of this contract.
- Detailed reports on call and enrollment rates will be required monthly and at year end.
- Separate monthly reports on call and enrollment rates will be required for each partner Medicaid Managed Care Plan.
- A database of de-identified caller information will be supplied monthly. The database should be in Excel or be Excel-compatible.
- Data for the NAQC Annual Survey will be collected and entered into the online reporting system.
- Abstinence rates should be collected and reported as recommended by NAQC (4 and 7 months).
- The bidder should demonstrate an ability to create custom reports as needed.
- Some information will be required to be reported by zip code or area code.
- Data collected for the contract will become property of the Michigan Department of Community Health.
- Data on local cessation programs in Michigan must be collected, maintained and regularly updated.

- J. Evaluation
  - Assessment of effectiveness of counseling components
  - Caller satisfaction results should be collected
  - Abstinence rates for enrollees must be reported twice a year at April and October.
  
- K. Web Services

Access to the Michigan Tobacco Quitline via online enrollment and interactive web-based coaching is desirable.
  
- L. Quality Improvement
  - Intake and counselor performance should be evaluated regularly
  - Calls will be monitored for quality
  - Will provide continuing education to intake and counseling staff
  - Will establish measures and a plan to ensure and improve outstanding customer service
  
- M. Accounting and Billing Procedures
  - Accounting staff will follow Generally Accepted Accounting Procedures
  - Billing will occur monthly
  - A financial statement or audit report will be provided

5.0 Instructions for Bidders

Applicants should review all included materials and selection criteria. Applications should be word processed or typed, unless otherwise noted. Applicants are responsible for the timely receipt of their proposal. Hand-delivered, email or faxed responses will not be accepted. All applications should be mailed to:

Michigan Department of Community  
Health  
Tobacco Control Program  
Attn: Karen S. Brown  
109 West Michigan Avenue  
P.O. Box 30195  
Lansing, Michigan 48913

## 5.1 Timeline

February 25, 2011—Request for Proposals (RFP) released.

March 7, 2011— Questions concerning the RFP are to be submitted electronically, no later than 5:00 p.m. on March 7, 2011. Questions must be emailed to [BrownKS@michigan.gov](mailto:BrownKS@michigan.gov). The questions and responses will be posted to the MDCH website, <http://www.michigan.gov/mdch> under the Request for Proposals link by March 14, 2011.

April 1, 2011—Proposals must be postmarked by this date. Note that decisions of the Michigan Department of Community Health are final. There is no appeal process for Requests for Proposals for grants.

## 5.2 Check List for completed application:

- Cover Sheet – Form 1
- Narrative
- Implementation Plan Timeline
- Budget – Form
- Attachments (letters of supports, material samples)

## 5.3 Submission requirements

The bidder must follow instructions contained in this RFP in preparing and submitting its bid proposal. The bidder is advised to become familiar with the RFP and follow all instructions.

The information required to be submitted in response to this RFP has been determined to be essential in the bid evaluation and contract award process. Insufficient detail or missing items in the application may result in rejection of the proposal.

The bidder should provide a detailed timetable and plan for implementing the quitline by the beginning of the contract date of October 1, 2011.

Part or all of the RFP and the successful proposal may be incorporated into the contract award.

Please mark all confidential and proprietary information. Confidential or proprietary information will not be shared with other bidders.

A contract resulting from this RFP will be issued for a one-year period effective on October 1, 2011 through September 30, 2012 and is based on availability of funds and approval by the State Administrative Board. The selected contract may receive up to four contract renewals, for a maximum of 5 years.

The level of funding each year may vary depending on continuance of the Tobacco Control Program's funding.

## 6.0 Narrative Instructions

**Font:** Please use an easily readable typeface such as Times Roman, Courier or Arial. The text portion of the application must be submitted in not less than 12 point double-spaced. For charts, graphs, footnotes and budget tables, applicants may use a different pitch or size font, not less than 10 pitch or size font. However, it is vital that when scanned and/or reproduced, the charts are still clear and readable.

**Paper Size and Margins:** The application must be printed on 8 ½ x 11 white paper. Margins must be at least one (1) inch at the top, bottom, left and right of the paper. Please left-align text.

**Page Numbering:** Please number all pages, beginning with the title or cover page as page 1.

**Page Limit:** Page limit is 18 pages. Letters of support and budget forms (Section N) are not included in the page limit.

Narrative and outline should reflect Part 4, Scope of Work.

### 6.1 Narrative Specifications (110 points total)

#### A. Contract Management Overview (10)

Describe experience in delivering evidence-based tobacco cessation programs and proactive quitlines. Describe experience working with state and federal public health agencies. Include documentation of a minimum of at least five (5) years prior work experience with government agencies in the management and operation of a tobacco quitline service.

The Michigan Tobacco Quitline has a strong partnership with Medicaid Managed Care. Describe the organizations past experience with managed care contracts and the ability to execute multiple business associate agreements.

A strong working relationship needs to exist between the state health department staff and the quitline vendor. Please describe how your organization meets these needs with your current contractors including, frequency of status meetings, reporting, site visits, contract manager availability and backup. Please use examples of interactions with health department contracts of similar size and scope when possible.

If not the current vendor, provide an implementation plan and timetable for mobilization to be operational at 12:01 a.m. EST, October 1, 2011.

B. Target Audience (5)

Provide history of service to the target audience as described in Part 4, Scope of Work.

C. Service Delivery Protocol (15)

Describe protocol for proactive calls including timing & components of each call. Include description of any protocols developed for special populations such as prenatal callers or race/ethnicity. Describe procedure for handling relapse during the quitting process. Provide hours of operation for intake and live counseling.

D. System Capability (5)

Describe the telephonic and data management system capability and the ability to provide proposed services for between 5,500 enrollees.

Note which languages are provided live for intake and counseling as well as the name of the service provider for translation. Describe systems used to communicate with the hearing impaired.

Describe what plans are in place to provide services and retain data in case of a disaster such as fire, flood, earthquake or electrical disruption.

E. Referral to Local Resources (5)

Describe how callers will receive information about local resources and how referrals will be tracked and reported back to MDCH. Include a sample of your organizations local resources database as an attachment.

F. Nicotine Replacement Therapy (5)

Describe how information about cessation medication is given to callers. Include protocol for screening enrollees for medication eligibility including contraindications. Describe NRT fulfillment process. Is fulfillment done in-house or contracted? List types of medications that can be provided and a breakdown of cost for each for a one month supply.

G. Fax Referral Program (5)

Describe fax referral program including timeframe for client follow up and number of attempts made. Does the organization have the ability to process electronic referrals as well as faxed referrals? Provide information about the type of provider feedback given.

H. Material Distribution (5)

Include one sample of all materials sent to callers as an attachment. Provide timeframe to mail requested materials after a call is completed.

I. Call Center Staff Qualifications (5)

Provide an organizational chart that shows the overall structure of the company. This may be included as an attachment. Describe qualifications of key staff who will work on the Michigan contract. Provide a job description and list qualifications for call center intake and counseling staff. These may be provided as attachments.

J. Data Collection and Reporting (15)

Describe capacity to provide information requested by the Centers for Disease Control including the minimal data set, the data warehouse and quarterly American Recovery and Reinvestment Act reports. Include sample data reports. Explain any standard data you collect beyond the minimal data set. Sample data reports may be submitted as attachments. Include sample standard reports on deliverables that would be produced for the state on a weekly, monthly or quarterly basis.

K. Evaluation (10)

MDCH currently does not have an outside evaluator. Describe your evaluation protocols including 4 and 7 month outcomes as well as caller satisfaction. Sample survey instruments and outcomes reports may be included as attachments.

L. Web Services (5)

Applicants are asked to describe their capability to accept online enrollment from patients or provider referrals.

Describe any web coaching capabilities including the ability to offer interactive counseling via a secure online site. Indicate whether web services are offered as a stand-alone service or as an enhancement to phone counseling.

Include separate budget for web coaching services in the budget section (N) of this RFP.

M. Quality Improvement (5)

Briefly describe overall performance management process and key performance indicators (calls answered live, average speed of answer, etc).

If intake or counseling staff is telecommuting, list the percentage of staff that are doing so. Describe how staff is monitored off-site.

Provide an example of how a counseling session would be adapted to be culturally competent.

Give an example of how the organization has gone out of its way to provide excellent customer service to a caller.

Provide an example of problem resolution with a quitline participant.

N. Budget Narrative and Template (15)

Provide a budget based on a fee for service model. Using the chart on the following page, provide a detailed budget.

## ❧ Budget Template ❧

<b>Services</b>	<b># of Units</b>	<b>Rate</b>	<b>Total</b>
<b>Intake and Registration</b>			
<b>Counseling</b>			
<b>*Nicotine Replacement Therapy (NRT)</b>			
<b>Evaluation</b>			
<b>GRAND TOTAL</b>			\$ _____

**\* NRT to include 8 week kits with supplies such as patches, gum and lozenges.**

**❧ COVER PAGE ❧**

Bidders Name & Address	
Contact Person	
Email Address	
Telephone	
Fax	
Bidder's State of Incorporation	
Federal Identification Number	
Bid Amount Total	

Submit 1 original and 4 copies of complete proposal to:

Karen S. Brown, MPA  
Michigan Department of Community Health  
Tobacco Control Program  
109 West Michigan Avenue  
P.O. Box 30195  
Lansing, MI 48913

No hand-delivered responses will be accepted.