



Business Proposal

Indiana Tobacco Quitline

Request for Proposal 21-66980

State of Indiana
Department of Health

Optum contact:

Blaine Bergeson
Vice President, State and Local
Government Programs
Phone: (602) 821-4631
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June 24, 2021

Arthur L. Sample IV, Strategic Sourcing Analyst
Indiana Department of Administration
Procurement Division
402 W. Washington St., Room W468
Indianapolis, Indiana 46204

RE: Optum Response to Indiana Request for Proposal 21-66980,
Indiana Tobacco Quitline

Dear Mr. Sample,

Consumer Wellness Solutions, Inc., an Optum company operating under the Optum brand (hereinafter referred to as “Optum”), is pleased to submit our proposal in response to Indiana RFP 21-66980, to manage the Indiana Tobacco Quitline.

Optum has served as the Indiana Tobacco Quitline contractor since 2006, and we have supported the State in reducing tobacco prevalence among Indiana adults by 25% in just the last ten years. Together, we have implemented innovative service packages, such as our Behavioral Health Tobacco Cessation Program and our Live Vape Free program directed at youth who vape and their parents.

We have other service package enhancements that we will be implementing in Indiana in the future, which we describe in our proposal package, providing even more support and resources for Hoosiers who want to quit tobacco.

Agreement with Requirements listed in Section 1

As the Indiana Tobacco Quitline contractor for the last 15 years, **we understand** the general information presented in Section 1 of the State’s RFP, and **we agree** with the requirements and conditions listed in Section 1.

Summary of Ability and Desire to Supply the Required Products and Services

Optum is the nation’s largest Quitline contractor, operating 23 separate and customized state Quitlines across the country. We have 35 years of experience in tobacco cessation, and 21 years of experience operating state Quitlines. Our tobacco cessation services are based on evidence-based, best practices and in harmony with guidelines established by the U.S. Public Health Service in 2008, and reinforced by the U.S. Surgeon General in 2020. Each year, we help thousands of smokers quit tobacco and tobacco products for good.

We have the ability to meet or exceed the requirements indicated Section 2.4 (Technical Proposal) of the State's RFP. We also affirm our **willingness to deliver** tobacco cessation services in Indiana in accordance with the terms and conditions set forth in the State's RFP, **including the State's mandatory contract clauses** and the negotiable contract clauses for which we proposal alternate language in this Transmittal Letter.

We also have the desire to continue to help Hoosiers quit tobacco into the future. At Optum, our Mission Statement begins with "To help people live healthier lives..." and giving up tobacco and tobacco products is a significant step that carries both short-term and long-term health benefits.

Pursuant to information that was provided during the Pre-Proposal Conference and the answers provided to questions, our Attachment F – Technical Proposal is comprised of 32 total pages:

- Two pages for the Executive Summary (single spaced)
- Seven pages of prepopulated requirements in Narrative Proposal
- 23 pages of added Narrative Proposal content (double spaced)

Principal Contact:

Optum's principal contact person for this Proposal is:

Blaine Bergeson, Vice President
State and Local Government Programs
Address: 5398 N. Hidden Pinyon Dr., St. George, UT 84770
Phone: 602-821-4631
Email: blaine.bergeson@optum.com
Fax: 855-884-6219

Respectfully,



Nathaniel Seltzer, Director of Finance

RFP 21-66980 – Tobacco Cessation Quitline

BUSINESS PROPOSAL

ATTACHMENT E

Instructions: Please provide answers in the shaded areas to all questions. Reference all attachments in the shaded area.

Business Proposal

2.3.1 General (optional)

This section of the business proposal may be used to introduce or summarize any information the Respondent deems relevant or important to the State's successful acquisition of the products and/or services requested in this RFP.

Optum has served as the Indiana Tobacco Quitline provider since 2006, and in that time, we have served more than 190,000 Hoosiers wanting to quit tobacco products. We are familiar with Indiana's tobacco cessation goals, the unique needs of Indiana's residents, and we are committed to continuing Indiana's history of reducing tobacco prevalence in its population. Our partnership has resulted in high participant quit and satisfaction outcomes. The most recent seven-month survey outcomes, as summarized in the 2018-2019 Evaluation Report include a respondent quit rate of 43% and a satisfaction rate of 87% among those respondents in the multiple-call program. Indiana's 43% quit rate eclipses the North American Quitline Consortium (NAQC) benchmark quit rate of 30%.

We hope to continue to contribute to the success that has already helped drive a reduction in adult smoking rates from 25.6% in 2011 to 19.2% in 2020 (a 25% decrease). However, there is still much to do, as approximately 11,000 Hoosiers die from smoking each year and research has shown that the smoking prevalence is higher in IDOH's identified priority populations. We are well positioned to support IDOH in reducing the health disparity within populations of the state, through our significant experience serving these populations with tobacco cessation services.

In our Executive Summary in Attachment F – Technical Proposal, we highlight a list of innovations and new programs we have introduced since 2006 and which are all currently being offered in Indiana. Additionally, by offering options in service delivery to best meet the needs of Indiana residents, in just the last four years (since 07/01/2017) in Indiana, our multiple options in our service offerings have included providing services to:

- 28,222 Hoosiers (not pregnant) through the integrated Quitline package
- 720 pregnant Hoosiers through the integrated Quitline package
- 5,275 Hoosiers using our Web-only package
- 2,458 Hoosiers using our Individual Services option
- 4,289 Hoosiers enrolled in the Behavioral Health program

- More than 2300 LGBTQ
- More than 6300 African Americans
- More than 1800 smokeless tobacco users

We have a history of innovation, expertise, and research fueling our industry-leading tobacco cessation services, which are evidence-based best practices aligned with both US Public Health Service and US Surgeon General guidelines. Our program offers multiple options to support participants through their quit journey using a critical, comprehensive mix of telephonic coaching, medication delivered direct mail order, print materials and digital tools including online education, expert-led, video-based online learning, text messaging, and accessibility to our Coaches through email, chat, or by phone. **Participants may choose to quit how they want, using the technology they want, when they want.**

We are invested in Indiana: Optum’s parent company, UnitedHealth Group, employs more than 3,700 Indiana residents and provides health insurance coverage for 970,000 Hoosiers through employer, individual, Medicare, and retirement health plans. Through salaries and benefits to our Indiana staff, as well as payments to Indiana contractors, taxes, real property, and investment in Indiana municipal bonds, United Health Group contributed more than \$397 Million to the Indiana economy in 2020, which does not even include the payment of healthcare claims for the 970,000 Hoosiers we cover through our network of over 33,000 contracted Indiana providers.

2.3.2 Respondent’s Company Structure

The legal form of the Respondent’s business organization, the state in which formed (accompanied by a certificate of authority), the types of business ventures in which the organization is involved, and a chart of the organization are to be included in this section. If the organization includes more than one product division, the division responsible for the development and marketing of the requested products and/or services in the United States must be described in more detail than other components of the organization.

1 – Respondent’s business organization: Consumer Wellness Solutions, Inc. is an incorporated wholly owned subsidiary of Optum, which is in turn a division of UnitedHealth Group. UnitedHealth Group has been traded publicly on the New York Stock Exchange under the symbol “UNH” since 1985.

2 – The State in which formed: Consumer Wellness Solutions, Inc., which operates under the brand name Optum, was incorporated in Delaware in 2013. Please see **Appendix E-2.3.2.(1) - Certificate of Authority** for a current certificate of authority.

3 – The types of business ventures in which the organization is involved: Consumer Wellness Solutions, Inc. offers behavior change counseling in tobacco cessation.

4 – Chart of the organization: We have provided an organizational chart of our Quitline Services as **Appendix E-2.3.2.(2) – Organizational Chart**.

2.3.3 Company Financial Information

This section must include documents or a link to the documents to demonstrate the Respondent's financial stability. Examples of acceptable documents include most recent Dunn & Bradstreet Business Report (preferred) or audited financial statements for the two (2) most recently completed fiscal years. If neither of these can be provided, explain why and include an income statement and balance sheet, for each of the two most recently completed fiscal years.

If the documents being provided by the Respondent are those of a parent or holding company, additional information should be provided for the entity/organization directly responding to this RFP. That additional information should explain the business relationship between the entities and demonstrate the financial stability of the entity/organization which is directly responding to this RFP.

Neither Consumer Wellness Solutions, Inc. nor Optum maintains separate audited financial statements, as both roll up into UnitedHealth Group. We provide links to the two most recent annual financial reports for UnitedHealth Group below, in the form of United States Securities and Exchange Commission Form 10-K for each year:

2020:

<https://www.unitedhealthgroup.com/content/dam/UHG/PDF/investors/2020/UNH-Form-10-K.pdf>

2019:

<https://www.unitedhealthgroup.com/content/dam/UHG/PDF/investors/2019/UNH-Form-10-K.pdf>

2.3.4 Integrity of Company Structure and Financial Reporting

This section must include a statement indicating that the CEO and/or CFO, of the responding entity/organization, has taken personal responsibility for the thoroughness and correctness of any/all financial information supplied with this proposal. The particular areas of interest to the State in considering corporate responsibility include the following items: separation of audit functions from corporate boards and board members, if any, the manner in which the organization assures board integrity, and the separation of audit functions and consulting services. The State will consider the information offered in this section to determine the responsibility of the Respondent under IC 5-22-16-1(d).

The UnitedHealth Group United States Securities and Exchange Commission Forms 10-K indicated in Section 2.3.3 above are signed by UnitedHealth Group Chief Financial Officer John F. Rex and Chief Accounting Officer Thomas E. Roos, who accept personal responsibility for the thoroughness and correctness of all financial information supplied with this proposal.

As a subsidiary of a publicly traded company, we have structured our organization and have processes in place to create necessary and appropriate internal controls and separation of audit functions from corporate board matters and members. Additionally,

we are subject to and comply with all applicable rules of the Securities and Exchange Commission, including Sarbanes-Oxley, and are regularly reviewed for compliance by our internal and external auditors.

2.3.5 Contract Terms/Clauses

A sample contract that the State expects to execute with the successful Respondent(s) is provided in Attachment B. This contract contains both mandatory and non-mandatory clauses. Mandatory clauses are listed below and are non-negotiable. Other clauses are substantively required. It is the State’s expectation that the final contract will be substantially similar to the sample contract provided in Attachment B.

In your Transmittal Letter please indicate acceptance of these mandatory contract terms (see section 2.2.2). In this section please review the rest of the contract and indicate your acceptance of the non-mandatory contract clauses. If a non-mandatory clause is not acceptable as worded, suggest specific alternative wording to address issues raised by the specific clause. If you require additional contract terms please include them in this section. To reiterate it’s the State’s strong desire to not deviate from the contract provided in the attachment and as such the State reserves the right to reject any and all of these requested changes.

The mandatory contract terms are as follows:

Mandatory Clauses	Accept (Yes/No)
Duties of Contractor, Rate of Pay, and Term of Contract	Yes
Authority to Bind Contract	Yes
Compliance with Laws	Yes
Drug-Free Workplace Provision and Certification	Yes
Employment Eligibility Verification (E-Verify)	Yes
Funding Cancellation	Yes
Governing Laws	Yes
Indemnification	Yes

Information Technology Enterprise Architecture Requirement	Yes
Non-Discrimination Clause	Yes
Ownership of Documents and Materials	Yes
Payments	Yes
Penalties/Interest/Attorney's Fees	Yes
Termination for Convenience	Yes
Non-Collusion and Acceptance	Yes

Optum's Alternate Terms Requests Related to the Sample Contract Provided in the RFP:

Consumer Wellness Solutions, Inc. (Optum) respectfully submits the following alternate contract terms for consideration. In the event that Consumer Wellness Solutions is awarded a contract pursuant to this RFP process, it is Consumer Wellness Solutions' intention to negotiate final contract terms and conditions that are mutually acceptable to Consumer Wellness Solutions and the State of Indiana, including any new special conditions, assurances or other contract requirements that the State of Indiana may raise.

Page #	Section	Current Language with Suggested Alternate Terms	Explanation
RFP			
6 of 38	1.4	1.4 SUMMARY SCOPE OF WORK The scope of work will build on the current success of the Indiana Tobacco Quitline. The Indiana Tobacco Quitline provides support for residents age 13 and older who want to stop smoking or using other tobacco products; offers information on tobacco dependence for health professionals and families or friends of tobacco users; and provides information on local or national cessation resources. <u>Indiana represents and warrants to Contractor that it has confirmed that youth, age 13 and older, are legally permitted to participate in the Services without parental consent and that Indiana will promptly notify Contractor of any changes in law or regulations that would prohibit such youth from participating in the Services.</u> The Indiana Tobacco Quitline was	In many states, there are prohibitions against providing certain services to minors without express consent from the parent or guardian.

		established in 2006, and since that time, the Quitline has received over 180,000 calls.	
Sample Contract			
7 of 15	24.	24. Indemnification. The Contractor agrees to indemnify, defend, and hold harmless the State, its agents, officials, and employees from all third party claims and suits including court costs, attorney's fees, and other expenses caused by any act or omission of the Contractor and/or its subcontractors, if any, in the performance of this Contract, <u>up to an amount not to exceed \$1,000,000.</u> The State will not provide indemnification to the Contractor.	To establish reasonable limits of indemnification.
9 of 15	28.A.4.	4. Fiduciary liability if the Contractor is responsible for the management and oversight of various employee benefit plans....	Strike subsection 4., as not applicable to this contract.
9 of 15	28.A.7.	7. Cyber Liability if requested by the State addressing risks associated with electronic transmissions, the internet, networks and informational assets, and having limits of no less than \$700,000 per occurrence <u>claim</u> and \$5,000,000 in the aggregate.	Optum's insurance operates on a claims-based methodology.
9 of 15	28.B.4.	The insurance required in this contract, through policy or endorsement(s), shall include a provision that.... <u>The Contractor will provide 30 days' prior written notice of cancellation or material change should such cancellation or material change result in Contractor's inability to comply with the insurance requirements herein.</u>	Strike current subsection 4 and replace with language provided, as notice of any cancellation or material change in coverage would come from Optum.
10 of 15	28.B.5.	<u>With the exception of Errors and Omissions and Cyber Liability, the</u> The Contractor waives and agrees to require their insurer to waive their rights of subrogation against the State of Indiana.	Adds provided language to define limits on waiving rights of subrogation in the areas indicated.
14 of 15	46. B.	B. If the State terminates this Contract in whole or in part, it may acquire, under the terms and in the manner the State considers appropriate, supplies or services similar to those terminated, and the Contractor will be liable to the State for any excess costs for those supplies or services, <u>up to an amount of \$1,000,000.</u> However, the Contractor shall continue the work not terminated.	Establishes a reasonable cap to potential damages.

2.3.6 References

Reference information is captured on ATTACHMENT E1 Respondent should complete the reference information portion of the ATTACHMENT E1 which includes the name, address, and telephone number of the client facility and the name, title, and phone/fax numbers of a person who may be contacted for further information if the State elects to do so. The rest of ATTACHMENT E1 should be completed by the reference and emailed DIRECTLY to the State. The State should receive three (3) ATTACHMENT E1s from clients for whom the Respondent has provided products and/or services that are the same or similar to those products and/or services requested in this RFP. ATTACHMENT E1 should be submitted to idoareferences@idoa.in.gov. ATTACHMENT E1 should be submitted no more than ten (10) business days after the proposal submission due date listed in Section 1.24 of the RFP. Please provide the customer information for each reference.

Customer 1	
Legal Name of Company or Governmental Entity	North Carolina Department of Health & Human Services
Company Mailing Address	1932 Mail Service Center
Company City, State, Zip	Raleigh, NC 27699-1932
Company Website Address	www.tobaccopreventionandcontrol.ncdhhs.gov
Contact Person	Joyce L. Swetlick
Company Telephone Number	919-707-5402
Company Fax Number	919-870-4844
Contact E-mail	joyce.swetlick@dhhs.nc.gov
Industry of Company	State Government Public Health
Customer 2	
Legal Name of Company or Governmental Entity	Center for Tobacco Prevention and Control, Prevention and Health Promotion Administration, Maryland Department of Health

Company Mailing Address	201 West Preston Street
Company City, State, Zip	Baltimore, MD 21201
Company Website Address	https://phpa.health.maryland.gov/ohpetup/pages/tob_home.aspx
Contact Person	Sara Wolfe, MS
Company Telephone Number	410-767-1364
Company Fax Number	N/A
Contact E-mail	sara.wolfe@maryland.gov
Industry of Company	Tobacco Cessation
Customer 3	
Legal Name of Company or Governmental Entity	University of Oklahoma, through its Health Sciences Center which operates the Oklahoma Tobacco Helpline
Company Mailing Address	655 Research Parkway, Suite 400
Company City, State, Zip	Oklahoma City, OK 73104
Company Website Address	https://www.ou.edu/healthservices/health-promotion/tobacco-cessation
Contact Person	Paola Klein, MHR, CTTS, NCTTP
Company Telephone Number	405-271-8001, Ext. 50474
Company Fax Number	405-271-2080
Contact E-mail	paola-klein@ouhsc.edu
Industry of Company	Tobacco Cessation

2.3.6.1 Does your company have any pending litigation regarding contract disputes?

There are no pending judgments or litigation that might affect the viability of Consumer Wellness Solutions, Inc. (Optum) and/or its ability to perform services indicated in the State's RFP 21-66980.

2.3.6.2 Please list any contracts lost or terminated in the last three years and provide reasons for loss or termination, as well as contact information.

In the last three years, we have not had any contracts terminated before their scheduled end date. However, as the result of the competitive bid process, we have lost four contracts over the last three years. Reasons for losses are provided below, with contact information for each one. In the case of **competitive loss due to pricing**, we subsequently discovered that our main competitor was submitting pricing for NRT lozenges with 81 lozenges constituting their two-week supply, whereas Optum provides 144 lozenges as an initial two-week supply, in harmony with FDA and manufacturer recommendations that those wishing to quit smoking use "at least 9 lozenges per day" initially. However, it is Optum's, as well as most tobacco cessation professionals' position that providing more NRT, rather than less, boosts successful quit rates (<https://theconversation.com/nicotine-replacement-when-quitting-cigarettes-consider-using-more-nicotine-not-less-115008>).

Hawai'i Tobacco Quitline: Hawai'i contracts with Hawai'i Community Foundation to oversee its Tobacco Quitline, and we provided Hawai'i Tobacco Quitline services from 2005 to 2020, when we lost the competitive bid process due to evaluation scoring. Contact information: Lila Johnson, RN, MPH, CHES, Hawai'i State Department of Health; 1250 Punchbowl Street, Room 217, Honolulu, HI 96813

Kansas Tobacco Quitline: Competitive loss due to pricing as described above. Contact information: Matthew Shrock, Cessation Coordinator, Kansas Tobacco Use Prevention Program; 300 West Douglas, Suite 700, Wichita, KS 67202.

Nebraska Tobacco Quitline: Competitive loss due to pricing as described above. Contact information: Suzanne Forkner, MS, MCHES, CWP, Tobacco Free Nebraska; PO Box 95026, Lincoln, NE 68509

Utah Quit Line: Competitive loss due to pricing as described above. Contact information: Sandra Schulthies, Cessation Coordinator, Tobacco Prevention and Control; 288 North 1460 West, PO Box 141206, Salt Lake City, UT 84114-2106

2.3.7 Registration to do Business

Secretary of State

If awarded the contract, the Respondent will be required to be registered, and be in good standing, with the Secretary of State. The registration requirement is

applicable to all limited liability partnerships, limited partnerships, corporations, S-corporations, nonprofit corporations and limited liability companies. The Respondent must indicate the status of registration, if applicable, in this section of the proposal.

Department of Administration, Procurement Division

Additionally, respondents must be registered with the IDOA. This can be accomplished on-line at <https://www.in.gov/idoa/2464.htm>.

Consumer Wellness Solutions, Inc. is registered with the Indiana Secretary of State, as evidenced by **Appendix E-2.3.2.(1) - Certificate of Authority**, and we are also registered with the Indiana Department of Revenue. We have registered with the IDOA and will submit our proposal through the IDOA portal.

2.3.8 Authorizing Document

Respondent personnel signing the Transmittal Letter of the proposal must be legally authorized by the organization to commit the organization contractually. This section shall contain proof of such authority. A copy of corporate bylaws or a corporate resolution adopted by the board of directors indicating this authority will fulfill this requirement.

Delegation of binding authority information is housed on UnitedHealth Group's internal website and cannot be distributed externally. Per the UnitedHealth Group Delegation of Binding Authority site, Nathaniel Seltzer, Director of Finance, has authority to sign customer binding RFPs or agreements for new or renewal business of up to \$10 million in annual value.

2.3.9 Subcontractors

The Respondent is responsible for the performance of any obligations that may result from this RFP and shall not be relieved by the non-performance of any subcontractor. Any Respondent's proposal must identify all subcontractors and describe the contractual relationship between the Respondent and each subcontractor. Either a copy of the executed subcontract or a letter of agreement over the official signature of the firms involved must accompany each proposal.

Any subcontracts entered into by the Respondent must be in compliance with all State statutes and will be subject to the provisions thereof. For each portion of the proposed products or services to be provided by a subcontractor, the technical proposal must include the identification of the functions to be provided by the subcontractor and the subcontractor's related qualifications and experience.

The combined qualifications and experience of the Respondent and any or all subcontractors will be considered in the State's evaluation. The Respondent must furnish information to the State as to the amount of the subcontract, the qualifications of the subcontractor for guaranteeing performance, and any other

data that may be required by the State. All subcontracts held by the Respondent must be made available upon request for inspection and examination by appropriate State officials, and such relationships must meet with the approval of the State.

The Respondent must list any subcontractor's name, address and the state in which formed that are proposed to be used in providing the required products or services. The subcontractor's responsibilities under the proposal, anticipated dollar amount for subcontract, the subcontractor's form of organization, and an indication from the subcontractor of a willingness to carry out these responsibilities are to be included for each subcontractor. This assurance in no way relieves the Respondent of any responsibilities in responding to this RFP or in completing the commitments documented in the proposal. The Respondent must indicate which, if any, subcontractors qualify as a Minority, Women, or Veteran Owned Business under IC 4-13-16.5-1 and Executive Order 13-04 and IC 5-22-14-3.5. See Sections 1.21, 1.22 and Attachments A/A1 for Minority, Women, and Veteran Business information.

IVOSB entities (whether a prime or subcontractor) must have a bidder ID. If registered with IDOA, this should have already been provided (as with MWBEs). IVOSBs that are only registered with the Federal Center for Veterans Business Enterprise will need to ensure that they also have a Bidder ID provided by IDOA (please see section 2.3.7, Department of Administration, Procurement Division for details).

Optum appreciates the opportunity to work with MBE/WBE/VBE companies within the state of Indiana. We seek to enlist organizations that will best support the mission, vision, priority areas, and impact for the State. The overall goal of working with the subcontractors is to increase reach (MBE), increase referral conversions (WBE), and increase engagement (MBE/WBE) which we anticipate will increase quit and satisfaction rates of Hoosiers.

Reach Hoosiers: We will work with **Promotus Advertising and Marketing (MBE)** to advertise to Hoosiers and increase enrollments. Work with **Rose International, Inc. (WBE)** to help identify the best process of reaching participants after being referred to the Quitline. We want to test procedures and determine the best strategy that increases conversion rates of provider referrals into accepted enrollments into the program.

Engage Hoosiers: We will work with **Rose International, Inc. (WBE)** to coordinate a quality control program to ensure we are looking at the program from all angles, including but not limited to racial equity, social equity, and health equity, along with other innovations that will make the program better for Hoosiers. We will work with **Professional Management Services, Inc. (IVOSB)** to secret shop Optum, test out participant personas, and identify areas of opportunity and innovation.

Our specific plans regarding **Rose International, Inc. (WBE)** are to have them plan, coordinate, and lead the REACH and ENGAGE HOOSIERS project to verify that goals, objectives, and quality are accomplished within the predetermined timeframe

and funding parameters. The two main segments of the project are (1) explore ways to increase conversions from provider referrals into accepted services and (2) manage the secret shopping of the web program to identify areas for improvement to create the best experience for the participant. These growth areas include but are not limited to health equity, program engagement and experience, and innovation and improvements in the web experience.

Our specific plans for **Professional Management Services, Inc. (IVOSB)** are to create, perform, compile and document ongoing secret shopping checks for quality control:

- Examine the registration process and web program for potential improvements in customer experiences.
- Create personas to look for areas that the program can ensure health equity and inclusion to all individuals.
- Review the program as is but also with a keen eye of domains to innovate.
- Provide findings to WBE along with testing methodologies and details for final submission to IDOH and Optum.

All of our subcontractors are Indiana certified MBE/WBE / IVOSB businesses.

2.3.10 Evidence of Financial Responsibility – Not Applicable

2.3.11 General Information

Each Respondent must enter your company’s general information including contact information.

Business Information	
Legal Name of Company	Consumer Wellness Solutions, Inc. (Optum)
Contact Name	Blaine Bergeson
Contact Title	Vice President, State and Local Government Programs
Contact E-mail Address	blaine.bergeson@optum.com
Company Mailing Address	11000 Optum Circle
Company City, State, Zip	Eden Prairie, MN 55344-2503
Company Telephone Number	602-821-4631
Company Fax Number	855-884-6219
Company Website Address	www.optum.com
Federal Tax Identification Number (FTIN)	20-0231080

Number of Employees (company)	160,000
Years of Experience	Optum has more than 35 years of experience providing call center services for tobacco cessation and 23 years of experience providing highly specialized tobacco cessation services specific to state-funded Quitlines. We have operated the Indiana Tobacco Quitline since its launch in 2006.
Number of U.S. Offices	Consumer Wellness Solutions, Inc. has two primary offices in the U.S.: 11000 Optum Circle, Eden Prairie, MN 55344; and 15325 SE 30th Place, #200, Bellevue, WA 98007
Year Indiana Office Established (if applicable)	Consumer Wellness Solutions, Inc. has no physical office locations in Indiana, as all our staff telecommutes from across the country. However, our Indiana Certificate of Authority has been in place and in good standing since July 2008.
Parent Company (if applicable)	UnitedHealth Group
Revenues (\$MM, previous year)	\$257 Billion
Revenues (\$MM, 2 years prior)	\$242 Billion
% Of Revenue from Indiana customers	UnitedHealth Group's 2020 revenue from all Indiana customers, inclusive of employer and individual health plans, as well as Medicare and retirement health plans, was approximately \$1.89 billion.

- a. Does your Company have a formal disaster recovery plan? Please provide a yes/no response. If no, please provide an explanation of any alternative solution your company has to offer. If yes, please note and include as an attachment.

Yes. Consumer Wellness Solutions, Inc., operating under the brand name Optum, utilizes and conforms to the UnitedHealth Group disaster recovery plan. We have attached the UnitedHealth Group disaster recovery plan as **Appendix E-2.3.11.a. - UHG Disaster and Business Continuity Plan.**

- b. What is your company's technology and process for securing any State information that is maintained within your company?

Data Security and Processes: Optum is the largest provider of Quitline services in the country, managing 23 separate and unique Quitlines for our state partners. As indicated earlier, and due to our national presence and infrastructure, our data backup and data recovery systems include redundant servers and data warehouses in different parts of the country to protect and store confidential participant data and information within high levels of security. Optum affirms that as a founding member of NAQC, our data collection and storage practices are compliant with NAQC Minimal Data Set (MDS) standards, as well as fully compliant with HIPAA regulations.

Optum's integrated phone and IT system includes processes and plans to address natural disasters and other emergencies, such as floods, fire, weather-related, electrical, or other changes and potential disruptions to Quitline services. Our infrastructure also includes redundant servers and data warehouses to protect and store participant data and information within high levels of security.

Physical and Logistical Security: Our policies and procedures adhere to all applicable federal and State laws and administrative rules governing confidentiality.

Data and System Integrity: As an HIPAA-covered Entity, we have privacy and security policies to maintain the confidentiality of protected health information (PHI) of individuals participating in our programs. We have established and implemented administrative, technical, and physical safeguards to support HIPAA privacy rules.

For compliance purposes, we have privacy and security officers, and have established and implemented administrative, technical, and physical safeguards to support privacy and security. We secure electronic and paper participant records that contain PHI, and limit the use and disclosure of information, as required. All hardware is handled as if PHI is physically stored on it. Hard drives of all company laptops are encrypted, and all mobile devices are required to have password and encryption protection. All removable and fixed storage media is electronically and physically destroyed if it is no longer being used.

All new staff members receive HIPAA training, sign a confidentiality statement, and are required to adhere to privacy and security policies and procedures. HIPAA training is required annually, and in some cases more frequently. Our business associates are required to sign confidentiality agreements requiring compliance with HIPAA privacy and security regulations.

Preventing Unauthorized Access, Use, Disclosure, Disruption, Modification, Destruction of Data: Access to information technology systems may only be granted when based upon documented business justification and approved by Management. Users are granted minimum necessary access to allow them to perform their job responsibilities. To access Optum information technology systems, all users must authenticate with a unique user ID and complex password to verify the person or entity seeking access is the one claimed.

Industry Trends and Security Measures: Optum is a subsidiary of UnitedHealth Group (UHG), a Fortune 5 company and national leader in health care. As such, we are governed by UHG's umbrella information security policies, and we also benefit from UHG's significant resources in not just adapting to industry data security standards, but often in setting them. We understand that data is not only a powerful

tool, but an important responsibility, and we invest significant resources in remaining on the leading edge of industry trends and security measures.

In addition, Optum maintains extensive policies and procedures that test the vulnerability of our web-based services. These policies and procedures are routinely reviewed and updated as required to meet the highest industry standards.

Reviewing System and Data Security: We maintain extensive information technology policies and procedures that test the vulnerability of our operating systems, applications, and network devices that support our tobacco Quitline activities. These policies and procedures are routinely reviewed and updated as required to meet the highest industry standards and IDOH requirements.

Safeguards Against Abuse of Stored Data: Per Optum's Operations Management policy and standard, access to protected and/or confidential information in non-production environments must be limited to individuals with a need-to-know and requires an Information Security Policy Exception.

Detecting and Reporting Suspicious Activities: Our data systems and software are designed to detect unusual or suspicious attempts to access data, repeated attempts to access certain data elements, and attempts to reach data not designated as being within the parameters of an employee's job requirements. An alert of such activities is generated and sent to security officers for immediate review and action.

Physical Access to Facilities and Storage: Physical access to Optum facilities and data storage areas is controlled via security personnel at secure entrances requiring an individual key card, which also serves as the employee's identification card with the employee's picture, name, and employment area. Each key card is created to authorize access only to the areas the employee must enter to perform their job functions.

Audit Trails: Optum's systems are designed so that every log-in, every system accessed, and every keystroke entered are tracked by person performing the action and date and time of the action. For more information on this topic, please refer to our responses for subsection j) Detecting and Reporting Suspicious Activities and subsection k) Physical Access to Facilities and Storage above.

System Protection Against Viruses, Worms, Etc.: Optum deploys a multi-layered security approach for network perimeter protection. This approach includes Firewalls, Proxies, Intrusion Detection Systems/Intrusion Prevention Systems, Content Filtering, Email Protection, Anti-Malware, Multi-layered Demilitarized Zone (DMZ), Web Application Firewalls, and other tools.

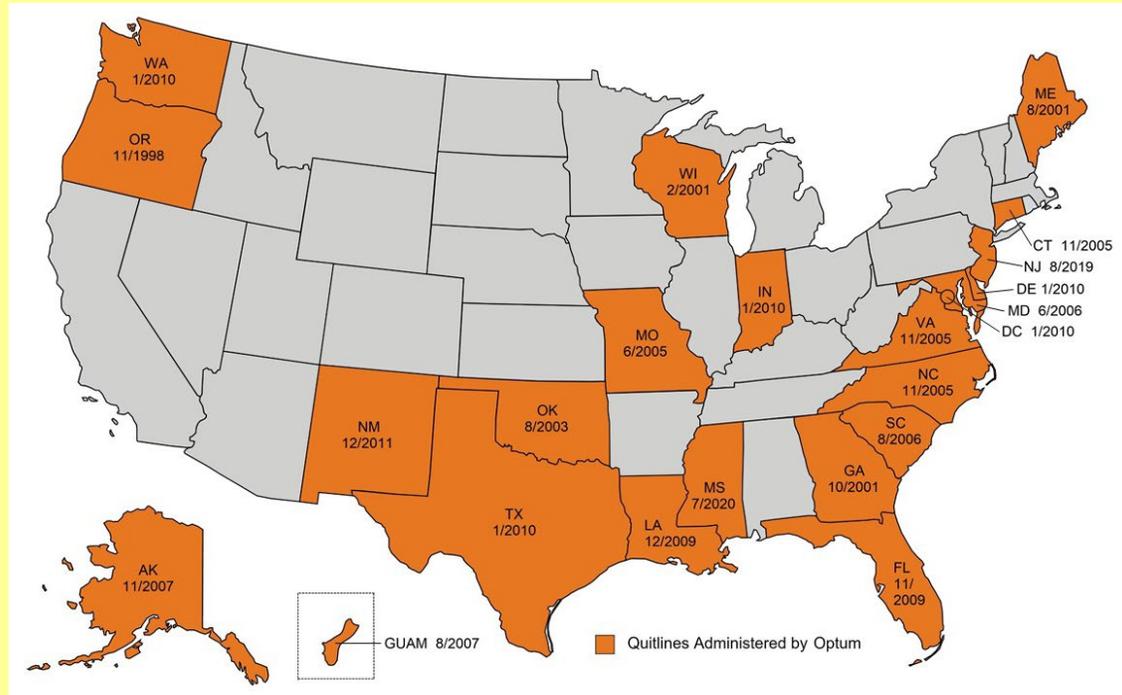
Antivirus software is installed on all user computing devices. Optum has deployed endpoint antivirus (AV) protection on all devices, which monitors for compliance on a routine basis. AV deployment adheres to the enterprise standard and assures a centralized management tied to formal access control. End-user management is disabled. The antivirus software is both heuristic and signature based. The AV program is incorporated into Optum's formal incident response process.

2.3.12 Experience Serving State Governments

Please provide a brief description of your company's experience in serving state governments and/or quasi-governmental accounts.

Optum has been providing state Quitline services since 1998 and currently administers 23 separate and diverse Quitlines, more than any other Quitline vendor.

We provide in the map below a depiction of our current state Quitline clients, together with the date we began providing Quitline services in each:



Of the 23 Quitlines depicted in the above map, we have administered Quitlines in 20 of those venues since 2010 or earlier, all the way back to 1998. We believe in the quality of our services, the depth of our reporting capability, and our commitment to give each state's residents their best chance at quitting tobacco for good.

While each state Quitline is different, we provide a core set of services to the majority of our state clients, including:

- Proactive and reactive, evidence-based telephonic tobacco cessation counseling services
- Direct mail order of patch, gum, or lozenge with configurable shipment amounts in 2, 4, two-4 week shipments, 8 week, 12 week or combination therapy
- Interactive text messaging
- Online content that includes video-based online courses, articles and trackers.
- Educational and/or self-help materials on tobacco cessation, tailored to specific populations
- Specially designed programs that meet the needs of pregnant individuals, those with mental health concerns, American Indians* (we need to add in a footer? that we respect the cultures use of ceremonial tobacco and we support

Indigenous communities in quitting commercial tobacco use), youth who smoke, teens who vape and parents concerned about teen vaping, and African Americans.

- Referrals to other tobacco cessation benefits for which participants may be eligible
- Program for referring individuals to the Quitline, either by telephone, fax, our online portal, or eReferral through an electronic medical record system

In some states, such as Indiana, we also track and report on usage of Quitline services by Medicaid participants, and we are actively working on the capability to bill Medicaid plans directly for services and NRT for Medicaid members, which we expect to roll out in 2022.

In Indiana, we have also launched Live Vape Free, our dynamic, informative, and appealing program for both youth and their parents to address the vaping (e-cigarette) epidemic.

We provide a current list of all of our state Quitline clients, including the services we provide in each locale, as **Appendix E-2.3.12 – Optum Quitline Clients**.

2.3.13 Experience Serving Similar Clients

Each Respondent is asked to please describe your company's experience in serving clients of a similar size to the State that also had a similar scope. Please provide specific clients and detailed examples.

Each of our 23 state Quitlines is unique, differentiated by size of the state, the amount of funding each state allocates toward Quitline services, and the scope of services outlined by each. In terms of geographical size comparable to Indiana, we have served as the Quitline provider for Maine and Wisconsin since 2001, and South Carolina since 2006.

In terms of funding levels and scope of services similar to the Indiana Quitline, we have served Delaware since 2010, Georgia since 2001, and New Mexico since 2011. The service package for Indiana and these three states includes: Reactive and proactive counseling services for all adults, direct mail order NRT, a multi-call program; integrated Web Coach; web-only product; printed materials; referrals to community resources; referral program with fax and online referrals.

2.3.14 Indiana Preferences

Pursuant to IC 5-22-15-7, Respondent may claim only one (1) preference. For the purposes of this RFP, this limitation to claiming one (1) preference applies to Respondent's ability to claim eligibility for Buy Indiana points. Respondent must clearly indicate which preference(s) they intend to claim. Additionally, the Respondent's Buy Indiana status must be finalized when the RFP response is submitted to the State.

Approval will be system generated and sent to the point of contact email address provided within the Bidder Registration profile. This is to be attached as a screen shot (copied/pasted) for response evaluation.

Buy Indiana

Refer to Section 2.7 for additional information.

Optum does not claim any Indiana Preferences related to this section.

2.3.15 Payment – Not Applicable

Appendix E-2.3.2.(1): Certificate of Authority

Business Details

Business Name: **CONSUMER WELLNESS SOLUTIONS, INC.** Business ID: **2008072201429**
Entity Type: **Domestic For-Profit Corporation** Business Status: **Active**
Creation Date: **07/22/2008** Inactive Date:
Principal Office Address: **15325 SE 30th Place, #200, Bellevue, WA, 98007, USA** Expiration Date: **Perpetual**
Jurisdiction of Formation: **Indiana** Business Entity Report Due Date: **07/31/2022**
Years Due:

Principal Information

Title	Name	Address
Secretary	Jeanne Louise Shingleton	15325 SE 30th Place, 200, Bellevue, WA, 98007, USA
Director	Shawna Marie Gisch	11000 Optum Circle, Eden Prairie, MN, 55344, USA
President	Shawna Marie Gisch	11000 Optum Circle, Eden Prairie, MN, 55344, USA
Treasurer	Peter Marshall Gill	9900 Bren Road East, Minnetonka, MN, 55343, USA

Incorporators Information

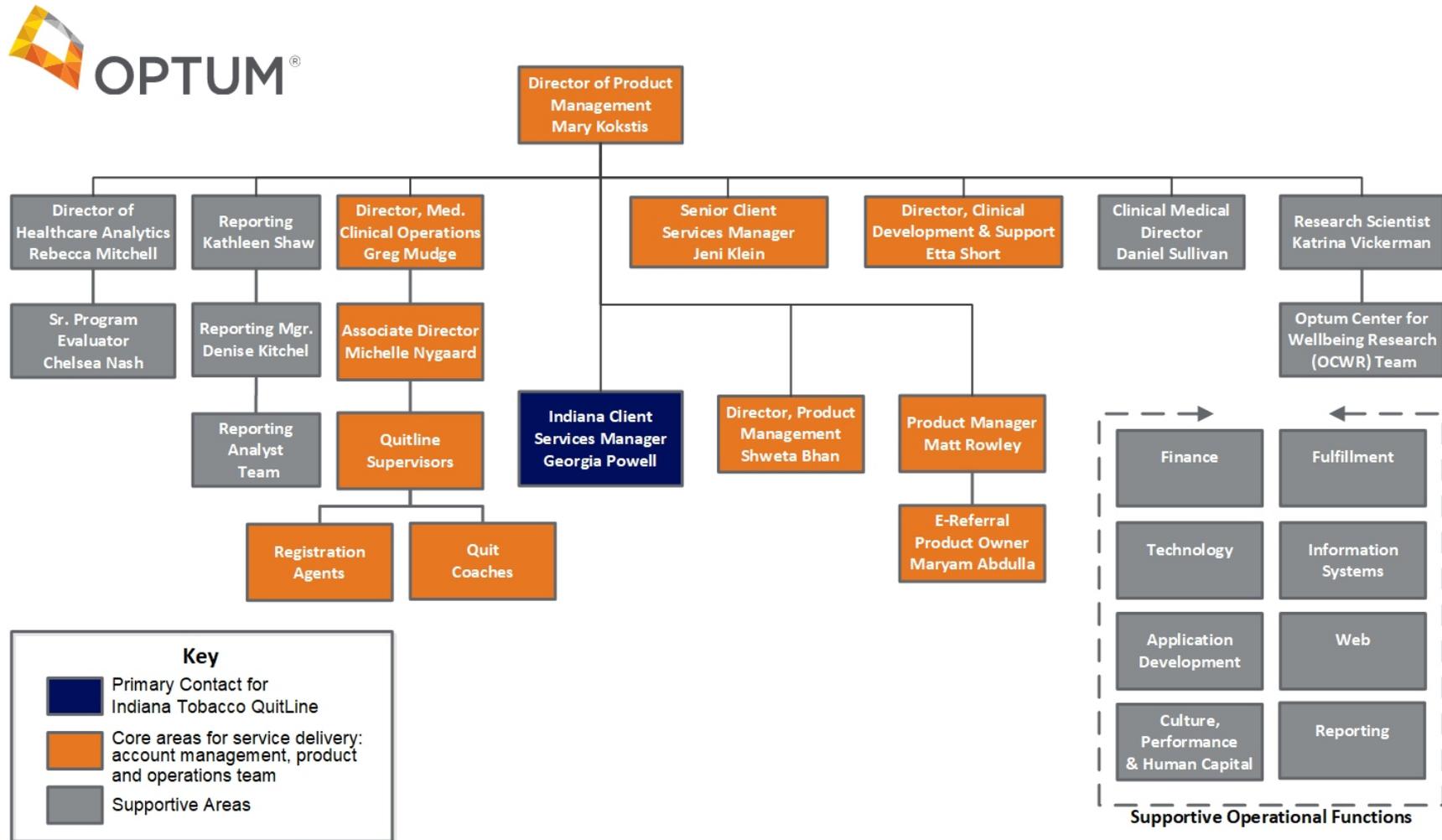
Name	Title	Address
Sanford Becker	Incorporator	999 Third Avenue, Suite 2100, Seattle, WA, 98104, USA

Registered Agent Information

Type: **Business Commercial Registered Agent**
Name: **C T CORPORATION SYSTEM**
Address: **334 North Senate Avenue, Indianapolis, IN, 46204, USA**

Appendix E-2.3.2.(2): Organizational Chart

Appendix E-2.3.2.(2) – Organizational Chart



Appendix E-2.3.11.a: UHG Disaster and Business Continuity Plan

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Section I – Enterprise Resiliency & Response Overview

Background

The purpose of this document is to demonstrate how the Enterprise Resiliency & Response Program, with the interrelated services of event management, site emergency planning, business continuity planning, IT disaster recovery planning, and response to events impacting public health and pandemics, are designed to ensure we can react quickly to all forms of disasters, minimizing potential negative impacts to our operations and vital services.

The recovery of Optum operations and technology falls under the Enterprise Resiliency & Response Program (the Program). The purpose of this Program is to help prevent and/or mitigate the impact of events that could disrupt our business operations by containing the impact within a predictable and predetermined period of time. Effective business continuity planning establishes the basis from which business processes and operations, including service to customers, are resumed.

We have business contingency planning preventative controls, contingency resources, and procedures administered by a formal internal management organization. In addition, we have developed a contingency process that minimizes customer impact from disrupted service during an event while aiding compliance to published regulatory guidelines.

Mission Statement

The mission of the Program is to:

- Provide for the safety of our employees in the event of a business disruption
- Demonstrate our consumer-focus and service excellence when our customers and members are vulnerable after an event
- Minimize service disruptions
- Meet customer and other stakeholder expectations
- Preserve customer information
- Protect and preserve organizational assets, including people, process, technology and information
- Comply with laws and regulations regarding the continuity of operations
- Enhance our competitive position, market share and reputation

This mission can only be achieved through management and control of business impact and risk; therefore, the program focuses on designated critical operations and sites. The level of business continuity safeguards are based on the business impact of the business segment's critical operations, sites, assets, and their inherent vulnerabilities.

Policy

We recognize and acknowledge that the protection of its assets and business operations is a major responsibility to its employees, shareholders, business associations, customers and other communities that it services. Therefore, it is Optum's policy that business continuity and IT disaster recovery plans must be developed, tested, and maintained in order to limit losses caused by disruptions to critical business operations and to enable efficient and effective recovery. The Program includes processes and controls to protect the business of Optum, the life and safety of

workforce members, as well as to protect the image, reputation, assets, and resources of the organization.

Objective

The objectives of the Program are to continue to serve customers, minimize financial loss to the organization, and minimize the negative effects disruptions can have on strategic plans, reputation, operations, liquidity, credit quality, market position and ability to remain in compliance with applicable laws and regulations. Changing business processes, internally to the organization and externally among interdependent vendors and partners, and new threat scenarios require us to maintain updated and viable business continuity plans.

In order to carry out the Program mission, we have adopted a business continuity strategy to address the key business interruption risks that stem from the deployment and use of our people, processes, technology and financial assets in carrying out the day-to-day business operations. This strategy focuses on our critical business functions and planning for the worst-case scenario so that we can react quickly and efficiently, adding value to our business and customers through effective risk reduction, compliance with industry, contractual or regulatory standards, and safeguarding of our operations and assets. This worst-case scenario covers all forms of events, both natural and man-made (e.g., hurricane, flood, fire, terrorism, public health emergencies, including pandemics, etc.).

Program Strategy

The Program strategy requires that the ownership, responsibility and accountability for business continuity planning reside at the segment business operations level while providing for governance, standardization, and oversight at the enterprise level. This program encompasses a “layered” approach to continuity planning, which recognizes that risks to our business operations are inherent individually and to the environment as a whole due to the interdependent nature of our operations. Therefore, the continuity strategy is an appropriate combination of safeguards within our operations that work together to address inter-segment dependencies and meet the business continuity requirements of the segments individually, as well as Optum as a whole. Risk assessment, organizational accountabilities, governance and metrics are the foundational components of the Program and layered approach.

The Program integrates the appropriate levels of skills and required activities across all business operations. The level of business continuity safeguards required is based on the business impact of the critical operations, sites, assets and their inherent vulnerabilities.

Internal and external factors continually change business processes as well as risks, so the Program also includes lifecycle maintenance, testing and third-party validation.

The Program strategy integrates core planning assumptions in plan development. They are:

- The event which prompted the recovery process affects only internal business function(s) and/or site(s). Certain other public services infrastructure (fire, ambulance, police, etc...) remain intact.
- Worst-case scenario is total disruption. If the event is not worse-case scenario, procedures will be modified within the appropriate strategies to only cover those critical business function(s) and processes affected by an event.

- Up to 50% of the function's staff at a particular site may be unavailable for work following an event. The event may affect multiple sites within a regional area.
- The off-site storage location is unaffected by the event since geographical proximity and accessibility were considered in site selection which minimizes the potential for the same event impacting both locations.
- Operating efficiency will be reduced during the recovery and stabilization periods. Processing will take longer and/or there may be greater instances of human error during survival-mode operation of the business function(s).

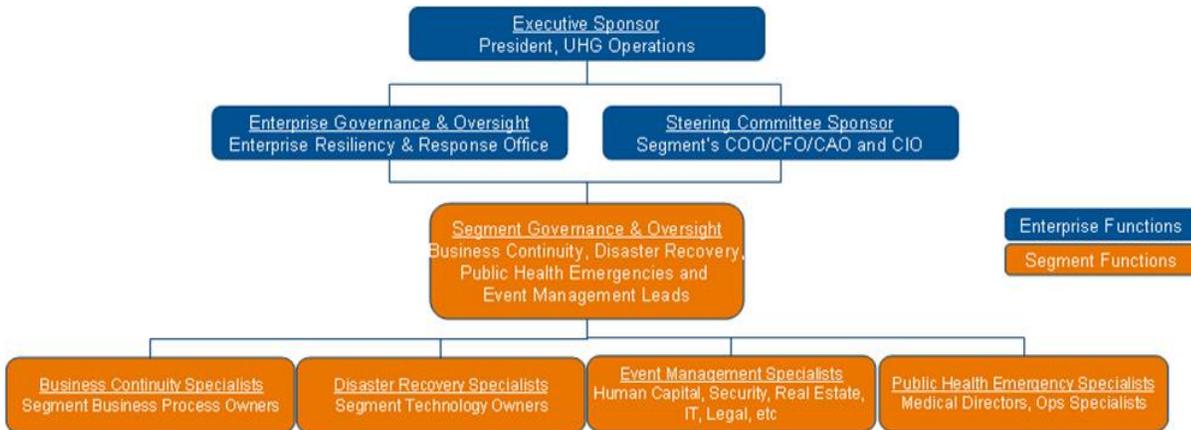
The Layered Program Model

The layered Program model is focused on ensuring consistency between the organization's event management, site emergency response, corporate security, business continuity, disaster recovery and public health emergency planning efforts. These layers are interrelated and work together to provide maximum protection and risk mitigation. The model is built upon the following key components:



Organizational Accountabilities and Governance

The Program is implemented through an organization structure that requires active participation among all business stakeholders; including technology and business operations. The Enterprise Resiliency & Response Office, together with the Enterprise Disaster Recovery organization and the Enterprise Resiliency & Response Steering Committee, comprised of corporate and segment executives, have the responsibility for defining the recovery project initiatives, oversight and support of the program which is in compliance with regulatory guidelines and customer expectations. Through the Program, the segments have responsibility and accountability to sustain the organization's capacity and readiness to manage an event through to resolution.



Section II - Event Management Plan

Event Management Strategy

Effectively managing a disruptive situation through to resolution in a large organization requires more rapid decision-making and communication process than is used for normal day-to-day business operations. As a result, the event management plan outlines the management organization (event management team) and communication process to be utilized to facilitate a timely response to events affecting our personnel, business operations, and site locations, with the goal of avoiding or minimizing damage to the organization's ability to serve patients, members, customers and key stakeholders.

This plan identifies the event management team and outlines their key roles and responsibilities. The event management team is collectively responsible for managing the situation and making the critical decisions that drive remediation and coordination with various internal and external stakeholders as determined by the nature of the event and the short- and long-term impact on the organization. The event management team also supports execution on the event management decisions and provides central coordination of communications, resources, personnel, issues, and other information through the notification and response phases of event management.

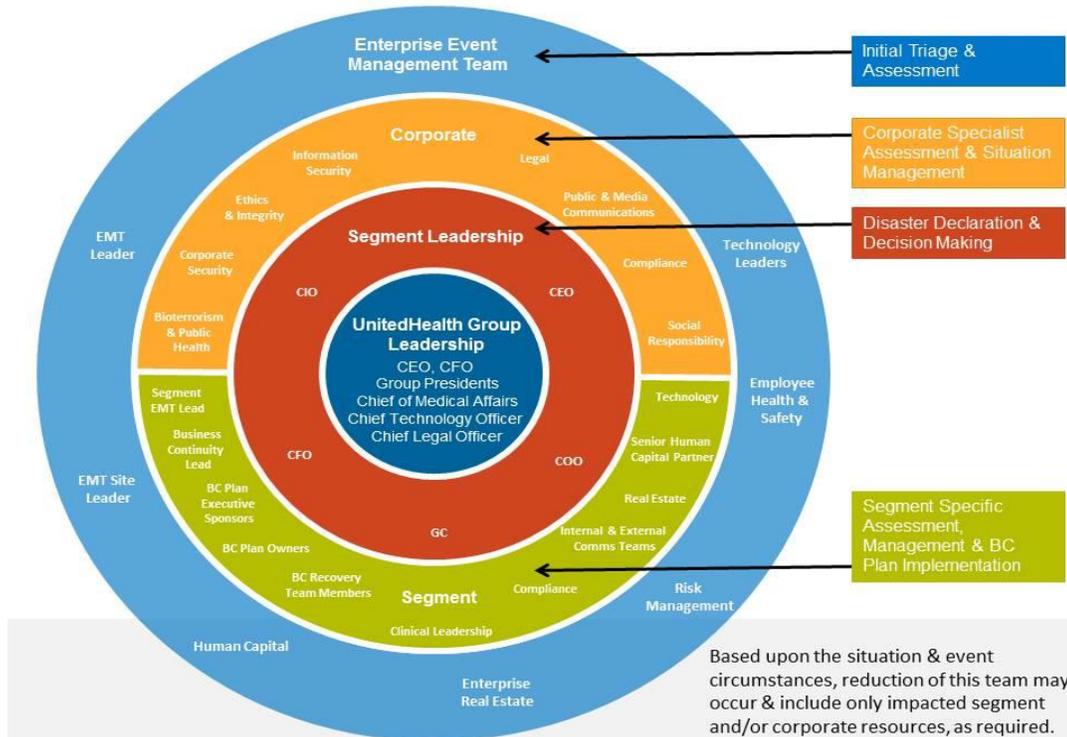
The event management plan has been established to provide a framework to facilitate the effective response to, and recovery from, an event. This plan provides the structure for:

- The event management team;
- Event management process, including identification, escalation, notification and response channels as well as roles and responsibilities of the event management team;
- Established standards and checklist for the event management team, including, but not limited to: command center activation; damage assessment of people, information and property; risk management and safety; technology impact and response; and, employee, media and customer communications; and
- Disaster declaration standards.

Event Management Team

The primary purpose of the event management team is to provide a consistent and reliable approach for communication and engagement between all required parties necessary to manage an event. Subject matter experts, both at the corporate and segment level, continue to manage actions within their functional teams, however, will leverage the event management team as a forum to more quickly and reliably engage, communicate and make decisions between teams. The event management team:

- Consists of corporate and segment leadership with responsibility for event communication and response execution.
- Engages required executive leadership necessary to respond to the event.
- Executes on the decisions made by executive leadership and provide central coordination of communications, resources, personnel, issues, and other information through the notification and response phases of event management.
- Determines the strategy for how an event will be managed effectively and efficiently through to resolution.
- Responsible for facilitating the critical decisions that drive the remediation and coordination efforts with various internal and external stakeholders as determined by the nature of the event and the short- and long-term impact on the organization.
- Comprised of the following functional leaders or appropriate alternatives, as required:



Section III – Site Emergency Response

Site Emergency Response Strategy

To support and facilitate a coordinated and controlled building occupant response in an emergency, Optum policy requires all offices with over 11 employees (over 10 employees in the State of California) have a site Emergency Action Plan (EAP). These plans focus on the immediate life safety during an emergency, such as employee evacuation and public services engagement. The company's emergency response team is often the first responder to a situation and help ensure that employees remain safe, sheltered and their basic life/safety needs are met.

Emergency Action Plans are used in conjunction with the Event Management process.

Site Emergency Planning Standards

To help ensure consistency and effectiveness, the site EAP's are developed using standard tools and templates. The following provides a high-level description of each of the sections contained within the individual site plans:

- *Purpose* – The purpose of the Emergency Action Plan.
- *Location Information* – Information pertaining to the physical location including building address and primary contact phone numbers.
- *Emergency Contact Information* – A list of key phone numbers including emergency services, Facilities Management and Security, where applicable.
- *Site Emergency Response Team Roles and Responsibilities* – Specific roles and responsibilities as defined including Event Management Team Site Lead, Emergency Response Team Site Lead, Security Crisis Response Team Lead, Floor Marshals, and Facilities Management.
- *Evacuation Maps*: Information pertaining to evacuation routes, exits, emergency shelter areas, designated areas for employees that need assistance to evacuate, location of first aid kits, etc.
- *Emergencies that may Result in Business Interruption or Office Closing* – Procedures to engage the Event Management Team with communication procedures for domestic and international locations.
- *Reporting Procedures*:
 - Fire
 - One Breath Situations (Human Capital)
 - Workplace Fraud, Theft or Violence etc. (Corporate Security)
 - Utility Outages, Water leaks, Property Damage etc. (Facility Management/Portfolio Operations Center)
- General high level guidelines on hazard specific procedures such as medical emergencies, severe weather, fire, hazardous materials exposures or release etc.

Lifecycle Maintenance

Change Management and Update Process

In order to maintain an effective Program, Site Emergency Action Plans are updated annually by the Emergency Response Team (ERT) Site Lead and monitored for compliance by the Enterprise Occupational Health & Safety Department.

Testing

The site Emergency Action Plans are tested at a minimum annually through drill techniques including fire, severe weather and/or earthquake. Drills may include tabletop (practical or simulated exercise), structured walk-through (functional), and/or large or full-scale (live or real-life exercise).

Section IV - Business Continuity Planning

Risk Assessment & Management

Business continuity planning requirements are driven by a business impact analysis, supporting the company's Enterprise Risk Management discipline as an integral part of our culture, decision-making processes, and governance processes. The business impact analysis, combined with threat and risk assessments, helps assure that business continuity risks are appropriately prioritized and remediated by applying cost effective strategies and mechanisms to reduce risk to a tolerable level. The enterprise business impact analysis process:

- Identifies potential impact of uncontrolled, nonspecific events on our critical business processes and customers;
- Considers all business segment functions; and
- Provides an estimation of maximum allowable downtime and acceptable levels of data and operational loss.

Each critical function is required to perform a risk assessment utilizing the business impact analysis, threat and vulnerability assessment, and gap analysis of business continuity mechanisms currently in place. The end result of this risk assessment is a segment commitment to reduce risk to an acceptable level within reasonable resource and budgetary constraints.

This risk-based approach further optimizes business continuity planning by creating common definitions, defining standards and best practices and using common recovery strategies to meet the business requirements.

Business Continuity Plan Strategy

The business continuity plans are part of the overall program designed and structured to respond events, restore critical business function processes, and resume normal business function operations in a prioritized manner. The plans focus on critical business functions and planning for the worst-case scenarios so that we can react quickly and efficiently. These worst-case scenarios cover impacts from all types of events, both natural and man-made.

Lifecycle Maintenance

- Loss of Facility - Complete interruption of facilities without access to its equipment, local data and content. The interruption may impact a single site or multiple sites in a geographic region;
- Loss of Critical People - Complete interruption with 100% loss of personnel within the first 24 hours and 50% loss of personnel long-term. The interruption may impact a single site or multiple sites in a geographic area;
- Loss of Critical Systems - Complete interruption and/or access of critical systems and data located at our various datacenters until the DR Recovery Time Objective is met; and
- Loss of Critical Vendors - Complete interruption in a service or supply provided by a third-party vendor(s) for an extended period of time

Recovery from anything less than complete interruption will be achieved by using appropriate portions of the plan.

Having clearly defined the business recovery objectives, Optum developed recovery strategies needed to meet these objectives. These recovery strategies vary between Business Segment and the overall criticality rating of the business function or process, which in turn provides guidance on a minimum recovery time objective.

The objective is to have the business functions which are classified as critical generally provide for near immediate failover of core services by leveraging geographically dispersed redundant operations and maintain a recovery time objective of 72 hours or less. Optum's critical business functions include, but not limited to, healthcare delivery, customer and provider call services, claims processing services, clinical and pharmaceutical services, banking operations and core corporate functions.

A variety of business continuity strategies are deployed depending on the business function, criticality ranking and established recovery time objectives. These strategies include:

- Resilient operations - include dual site operations and continuous availability solutions. In the event of an interruption at one site the business function is transferred to one or more alternate locations at which staff and facilities are already prepared to handle it;
- Remote working - includes the concept of "working from home or telecommuting" and working from other non-corporate locations through secured connections;
- Multiple shifts – makes alternate space available to greater number of staff by dividing staff into two shifts (e.g., morning and evening);
- Buddy up - makes use of existing in-company accommodation such as a training facility or lunch rooms to provide recovery space or increasing the office density;
- Off-loading – consists of off-loading additional critical tasks to staff at available sites or staff cross-trained to perform that function;
- Displacement - involves displacing workspace used by staff performing less urgent business processes with staff performing a higher priority activity; and
- A "donothing" strategy may be acceptable for certain non-urgent functions identified in the business impact assessment.

Business Continuity Program Development Standards

To help ensure consistency and effectiveness, the business continuity plans are developed using standard tools and templates. The following provides a high-level description of each of the sections contained within the individual business continuity plans:

Plan Intro, Plan Overview and Plan Scenarios

- Standards for document use, intended audience, plan availability and distribution.
- Life-cycle maintenance, review and update procedures and budget guidelines.
- Plan Scenarios used in writing the plan and internal and external communication standards.

Business Recovery Overview

- Business overview, plan objectives, regulatory timeframes, performance guarantees, service level agreements.
- Defines the recovery checklist, chain of events, critical tasks and detailed steps that need to be taken to stabilize operations in survival-mode and restore the business function processes in order of their criticality.
- Establishes the process for plan evaluation and defines the detailed steps for evaluating the business continuity plan performance to learn from the experience and enhance our business function preparedness and capabilities to respond and recover more effectively and efficiently.

Remaining BC Plan Sections

- *Process Details* – Provides key impact metrics utilized during prioritization analysis.
- *Worst Case Scenario/Recovery Strategies* - Uses the results of the business impact analysis to define the business process criticality and prioritization, recovery time objectives, and overall business function recovery strategy. Defines the recovery analysis for loss of critical facility, loss of critical resources, loss of critical system and loss of critical vendor.
- *Interdependencies* – Defines the business function’s critical dependencies on other UnitedHealth Group business functions/processes.
- *Critical Applications* – Defines the business function’s critical dependencies on UnitedHealth Group systems/applications.
- *Recovery Teams* – Identifies team members with responsibility to execute and coordinate recovery activities defined in the BC Plan.
- *Employee Rosters* – Identifies additional team members outside of the recovery team who assist with recovery activities. Rosters also provide a list of individuals with emergency contact information to be notified of an event.
- *Locations* – Defines the main locations, alternate recovery and command center locations used by the business operations.
- *Critical Customers, Regulators and Other Third Parties* – Identifies the critical external stakeholders and/or communication process to be used at the time of the event.
- *Critical Vendors* – Identifies the critical vendors and/or suppliers the business requires to sustain operations.
- *Critical Resources* – Defines the business function’s minimum equipment configuration needed to sustain operations.
- *Essential Records* – Defines the specific essential records stored offsite, as well as their storage location and contact information to use to retrieve them during a disaster.

Lifecycle Maintenance

Change Management and Update Process

Change is inevitable in any organization. Applications, infrastructure, function alignments, customer, vendors, site and contacts must continually be monitored and updated. In order to maintain an effective Program, business continuity plans are updated a minimum of twice annually and monitored for compliance by the Program staff.

Metrics and Measurements

The Program metrics and reporting provide status and information necessary to manage current and future efforts. Key performance indicators are used to derive the “health” of the business continuity plans. Annually, each segment is required to provide executive sign-off on the certification of the plans. This reporting is delivered and reviewed by the Program Steering Committee and the Executive Sponsor to help ensure compliance with the Program strategy.

Testing and Certification

The business continuity plans must be exercised at a minimum annually through a variety of formats, using scenarios that vary annually. Exercises may include structured walk-throughs, call tree validation, tabletop event simulation, and large or full-scale simulations. The Program uses an exercise roadmap to track what scenarios have been exercised in the past to ensure each exercise introduces a new situation that challenges the recovery team. Exercises are created and facilitated by the Program staff using scenarios that are tailored to the individual operations being exercised.

A formal test exercise report, identifying any gaps, issues and/or enhancements identified through testing, is published and monitored for remediation. When the remediation plan is complete, the plan is certified by the appropriate Executive Leadership. This certification process is monitored by the Program Steering Committee.

Section V - Disaster Recovery Planning

Disaster Recovery Objectives

Optum relies on a diverse array of interconnected information systems to meet the needs of its clients. The goal of disaster recovery planning is to protect the organization in the event all or key aspects of our operations are rendered unusable. Preparedness is the key. The company has instituted an Enterprise Disaster Recovery Program to first eliminate or reduce disaster recovery risk in critical technology areas, and then plans for the facilitation and of timely and predictable restoration of key applications, data, and supporting critical infrastructure.

The mission of the Enterprise Disaster Recovery Program is to minimize the aggregate risk and impact to Optum from the occurrence of disaster recovery events.

Following are the objectives of the Enterprise Disaster Recovery Program that are in support of the mission:

- Provide a “systems solution” that accommodates the interdependencies between business processes and applications (i.e., recover the entire business transaction).
- Drive systemic and measurable improvements in DR capability (e.g., business process recovery time objective).
- Recognizing funding and time constraints, evolve and improve the disaster recovery capability in a manner that provides greatest good for greatest number.

- Establish disaster recovery requirements as part of Optum's systems architecture, delivery and operations as opposed to an after-thought once a new application goes into production.
- Develop and deploy a modular, adaptive set of capabilities rather than one size fits all.
- Deal with the most probable disaster recovery scenarios in addition to worst case "smoking hole".
- In addition to protecting Optum's on-going viability, make the disaster recovery capability a competitive strength that can be leveraged in the market.

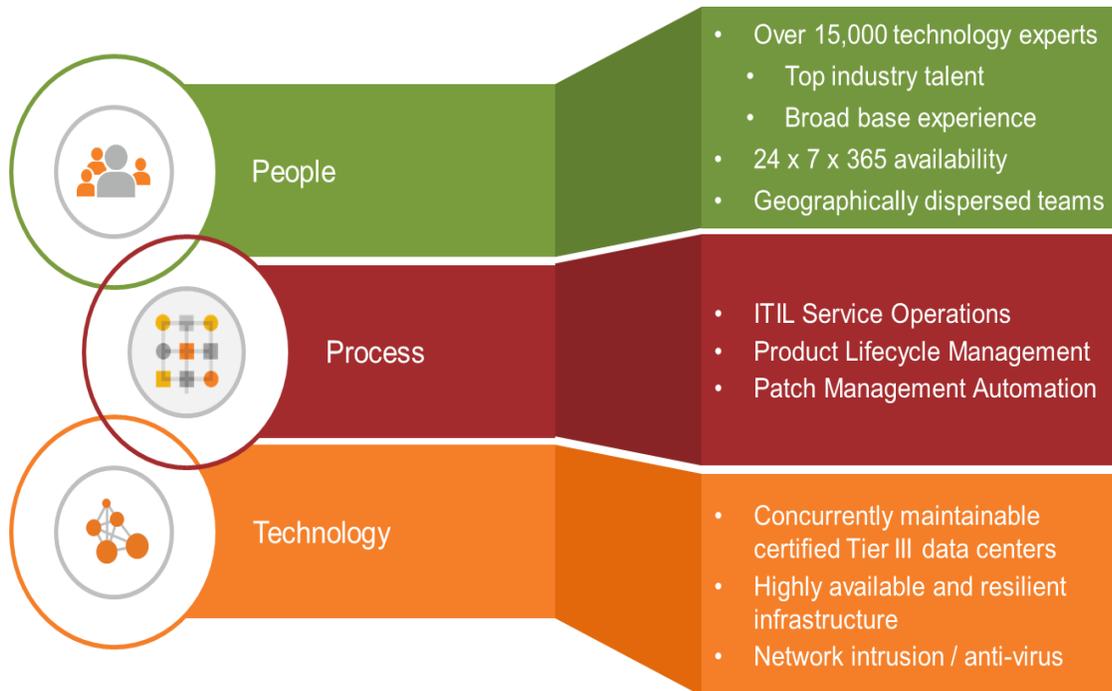
Disaster Recovery Strategies

Optum's approach to DR is based on the two fundamentals: prevention and protection. A focus on balancing the combination of disaster prevention and protection results in reducing both the probability and impact of a disaster. The Enterprise Disaster Recovery Program first eliminates or reduces disaster recovery risk in critical areas, and then plans for the most probable disaster scenarios.

Prevention

For many companies, disaster recovery means minimizing downtime as they try to restore systems and get them back online. Our strategy includes focusing on items that would assist in preventing a disaster from taking down systems in the first place. We have invested in creating an effective combination of people, process and technology that provides the fundamentals for a proven production method resulting in a stable, scalable environment for our applications to perform at operational excellence.

This investment creates the "prevention" which is fundamental to the Enterprise Disaster Recovery Program. Prevention is the proactive remediation of known technology exposures. Prevention includes removing the "accidents just waiting to happen".



Protection

Completely avoiding a technology disaster is impossible. However, the Enterprise Disaster Recovery Program is based on anticipating and planning for the common types of disasters and designing solutions to address them. Disaster protection addresses recovery from the most probable disaster scenarios and a worst case “smoking hole” scenario.

The EDR Program utilizes a variety of recovery strategies which align to the defined criticality of the application. Business critical applications, as defined by the Business Impact Analysis (BIA) and subsequent Business Continuity Plan (BCP), are given the highest priority and generally have a 72 hour or less Recovery Time Objective (RTO).

Highlights of the disaster recovery protection components include:

- Our data centers can operate in a “Lights out” mode for up to 3 days. If the Data Center continues to get fuel to run the generators, they are designed to run in this mode indefinitely.
- Operational backups are designed to use high performance disk-to-disk primary copy with physical offsite second copy to virtual tape libraries.
- DR Active and DR Standby recovery solutions employ Active-Active and/or Active-Standby components located in two geographically separate data centers where either site can fully support the production application in the event of a disaster with minimal manual intervention.
- Native Database replication technologies can be utilized depending on the related database technology in either an Active-Standby or Active-Active methodology.
- Mainframe SAN Replication recovery solution employs full asynchronous data replication between the production mainframe and a geographically dispersed hot standby DR mainframe.

- Distributed SAN Replication recovery solution employs full asynchronous data replication of production storage pools for distributed systems (UNIX and Wintel) and failover of production processing to geographically dispersed non-production systems for processing.
- Array Replicated storage in the Virtual server environment utilizes VMware Site Recovery Manager (SRM) to replicate entire Virtual Machine (VM) through full asynchronous SAN replication to an alternate data center with Virtual recovery to available capacity.
- Some distributed systems employ a recovery solution with failover of production to geographically separate non-production systems utilizing virtual tape or tape data restoration.
- Each critical application has a DR Plan that is refreshed at least once each year and tested annually.
- Metrics in the form of Key Risk Indicators (KRIs) are used to derive the “health” of the EDR program.

Our enterprise DR strategy involves identifying critical business processes and transitioning these critical applications, data, and supporting infrastructure to an alternate recovery location in a timely manner, thereby reducing the impact of a technology event to our critical business clients.

Lifecycle Maintenance

Existing DR plans follow standard lifecycle maintenance and are refreshed at least annually and as changes occur. It is the responsibility of Application Owners and the Enterprise DR Team to ensure Plans are reviewed to identify:

- Equipment updates.
- Employee changes (resignations and terminations).
- Changes in business requirements not reflected in specific plans.
- Third party preparedness to validate against contractual obligations.
- Inaccurate assumptions or oversights.

Application DR Plans are approved and certified annually by the appropriate Application Owner with the organization. Failure to complete a new DR Plan on time or complete an annual update of a DR Plan requires that a policy exception be submitted in Optum’s Enterprise Governance Risk Compliance system (EGRC) by the Application Owner.

Section VI – Public Health and Pandemic Planning

Objectives

As a health and well-being company, we believe it is critical to plan for events that impact public health including pandemics and the potential impact to our customers, members, providers and our own operations. Natural disasters such as hurricanes, wild fires and pandemics can expand very quickly and arrive with little or no warning; therefore companies need to be vigilant and prepared. We recognize the need to provide ongoing access to health care for our members and customers who may be impacted by these events. Pandemics can spread very quickly, so understanding what we need to address in advance, and being

prepared to readily implement these actions will help sustain our operations and minimize impact to our customers during a pandemic or other public health event .

Optum plans for such public health events within the Enterprise Resiliency & Response Program to ensure the availability of critical services for our customers. Individual business continuity plans require planning for a loss of 50% of personnel, loss of facilities, critical vendors and loss of or disruption to our technology. The event management plan provides the command and control structure to ensure effective monitoring, communication and decision making during the emergency. Information technology disaster recovery plans are in place to manage any impact to technology infrastructure and applications that could negatively affect our ability to serve customers, physicians, members, and others. As a national company with vast local resources, we have geographically dispersed computing, customer service facilities and health care networks that can support and supplement the work of compromised localities.

Where a pandemic involves a virulent strain, we may experience a surge in the need for our services, but may simultaneously see a reduction in our ability to provide these services. Therefore, pre-planning is critical to address any adverse impact to our services and systems from anticipated demands. During a pandemic, health services access will likely be altered from the services that are provided now. For example, demand for elective medical and surgical procedures will probably decrease; demand for acute care services in emergency departments and hospitals will likely increase. Public health officials will have the responsibility of triaging and prioritizing where, when and how health services will be provided.

We will work in collaboration with local and state health department officials to disseminate information on the availability of health services and will adhere to the public health direction on prioritization efforts for the provision of such services during public health emergencies. We will use our communication vehicles, including print and electronic media, to make information on provisions and availability of services widely accessible to our members, as well as members of the broader community where we operate.

We are committed to providing our customers, physicians who contract with us, members and others with timely clinical information. We will work to ensure that benefit designs and their interpretation will facilitate socially and medically appropriate access to clinical care, medical supplies, vaccines and pharmaceuticals. For example, we will assure that quantity limits for antiviral medications used to prevent and treat influenza are consistent with recommendations of the Centers for Disease Control and Prevention (CDC).

Clinical Resources

With over 85,000 physicians, nurses, and clinical practitioners directly on our staff, we have the national and local resources to respond quickly and effectively during a public health crisis. The event management team serves as the vehicle to provide our customers with timely clinical information based upon CDC guidance, expert health professionals' input, and our real-time experience in serving more than 141 million people globally. This team is also responsible for reviewing and providing any information that is relevant to changes in Optum policies and procedures that may affect customers, members and clinical partners.

We can support federal, state, and local health department disease surveillance activities to identify and track disease outbreaks through data on emergency room usage, visits to physicians for a particular illness, and the filling of prescriptions.

As we have seen during the H1N1 pandemic, and impact of major hurricanes, flooding and wild fires, health services access may be altered in a public health crisis from the services that are provided during normal times. Public health officials will have the responsibility of triaging and prioritizing where, when and how health services will be provided. Epidemiologically-based decisions will be made to provide critical services in appropriate places. For example, depending on the severity of the situation:

- Hospital care will probably be limited to those who are most critically ill from the pandemic and from other conditions. Services to those who are immunocompromised will not be provided in the same facilities as services for those who are critically ill with infection from a pandemic virus.
- Emergency medical services will be triaged by public health officials. We will work in collaboration with these agencies to ensure that our members, as well as all persons in the community, have access to appropriate health services. Non-pandemic-related medical care that is now delivered in the emergency room likely will be delivered in other settings.

Our locally-based Market Medical Directors have established relationships with local health care providers, local medical societies, state medical licensure boards and state and local health departments. Regardless of the cause of the public health emergency, our medical directors work in collaboration with public health agencies to help ensure access to care in the event of a public health emergency. Relationships are also well-established with regulators and other government agencies, our customers, members and local community groups. Our medical directors work in collaboration with public health agencies and non-governmental organizations, such as the American Red Cross, to help ensure access to care for our members in the event of a disaster.

Approach

Optum has established procedures for handling emergency management situations including: initial assessment of the severity of the situation; prioritization of actions needed to resolve the immediate care needs of our members; development of an action plan, which includes assigning resources for implementation; implementation of action plan, including continuous monitoring; documenting successful interventions; and validation of successful intervention.

Our Event Management Team monitors for impending disasters such as those caused by hurricanes and flooding and proactively mobilizes the appropriate planning and response resources to address the needs of our business, members and providers.

The Public Health Event Management Team assesses the risk and engages both enterprise-level executives and local Healthplan leadership to mobilize a complete response. Leaders engaged in the response may include Healthplan CEO's, Medical Directors, Provider Services, Member Services, Communication Specialists, Compliance Officers, and others as appropriate. The Public Health Event Management Team convenes to discuss the current situation and defines actions to be taken, resources to be deployed, and specific timeframes and touch points for monitoring to ensure continuous communication and care continuity for members and providers.

Each event is unique and our response is customized based on need and based on the services we provide in the impacted area. The following activities may be included as part of our overall efforts:

- Medical benefits may be temporarily modified to assist members preparing for, or responding to, the disaster in order to ease access to healthcare. These actions may include: removing prior authorization/notification requirements, allowing early refills of prescription medication, easing restrictions on use of out-of-network providers and providing early replacement of Durable Medical Equipment (DME).
- The Optum Crisis Counseling line may be made available to the community as a whole to provide mental health support to those who may need it. This service is free of charge and open to anyone impacted by the event.
- Our local clinical directors collaborate to identify members currently hospitalized or at long-term care facilities, evaluate the provider capacity within the geographic area, and where appropriate, identify reassignments and communicate this information to members and providers.
- Our Medical Directors review case management and disease management files to identify members at most risk due to disease severity or fragility. These members are a priority to contact to arrange for care continuity and determine if they need evacuation assistance.
- Post-acute Care patients are identified and our care managers ensure adequate supplies and prescriptions medication are available. In the event the member is to be evacuated, appropriate sites and resources are identified that will meet the transportation and ongoing needs of individual.
- We often provide financial support to aid both proactive and post-disaster community response.
- Our employees and local leaders often participate in community recovery and rebuilding efforts as part of our social responsibility efforts to support the communities in which we work.

Our compliance team proactively searches for any regulatory orders related to the event, such as state-level Executive Orders, Department of Insurance Orders or federal-level HHS or CMS orders, to ensure we are addressing all regulatory requirements.

Section VII - Conclusion

In support of Optum's mission to help people live healthier lives and help the healthcare system work better for everyone, we are committed to providing vital services to our members and community during times of calm as well as crisis. The Enterprise Resiliency & Response Program, with the interrelated services of event management, site emergency planning, business continuity planning, disaster recovery planning, and response to events impacting public health and pandemics, are designed to ensure we can react quickly to all forms of disasters, minimizing potential negative impacts to our operations and vital services.

If additional information is required regarding any component of this program, please direct questions to your account executive team, or regulatory officer.

Appendix E-2.3.12: Optum Quitline Clients

Appendix E-2.3.12 – Optum Quitline Clients

ALASKA	Alaska Tobacco Quitline	Providing Services 11/2007 - Present
Client: State of Alaska Tobacco Prevention and Control Program	Contact: Cheley Grigsby, Program Manager 3601 C Street, Suite 722 Anchorage, AK 99503 Phone: (907) 269-8895 Fax: (907) 269-5446 michele.grigsby@alaska.gov	Accomplishments/Services Provided: Reactive and proactive counseling services for adults and pregnant women, regardless of health insurance status; direct mail order Nicotine Replacement Therapy (including combination therapy); printed materials; referrals to community resources; fax referral program; Web enrollment; outcomes evaluation and online provider training; standalone services including text messaging, email messaging, materials, and direct mail order NRT starter kit support
CONNECTICUT	Connecticut Quitline	Providing Services 11/2005 - Present
Client: Connecticut Department of Public Health	Contact: Marian Storch Health Program Associate Tobacco Control Program 410 Capitol Avenue MS# 11HLS Hartford, CT 06134-0308 Phone: (860) 509-7791 Fax: (860) 509-7854 Marian.Storch@ct.gov	Accomplishments/Services Provided: Reactive and proactive counseling services for adults, youth, and pregnant women, regardless of health insurance status; direct mail order NRT (including combo NRT); printed materials; referrals to community resources; fax referral program; integrated Web-based services; Web enrollment; Web-only services including direct mail order NRT; text messaging; and participation in research studies
DELAWARE	Delaware Quitline	Providing Services 01/2010 - Present
Client: Tobacco Prevention and Control Program	Contact: Lisa M. Moore Director, Tobacco Prevention and Control Program Thomas Collins Building, Suite 9 540 S Dupont Highway Dover, DE 19901 Phone: (302) 744-1010 Fax: (302) 739-2547 lisa.m.moore@state.de.us	Accomplishments/Services Provided: Reactive and proactive counseling services for adults and pregnant women, regardless of health insurance status; coordination with third-party vendor for prescription medication and NRT distribution; integrated Web Coach; Web-only product; printed materials; referrals to community resources; management of face-to-face program and counselors; and fax referral program
FLORIDA	Florida Tobacco Quitline	Providing Services 11/2009 - Present
Client: Florida Department of Health	Contact: Sonja Bradwell, Tobacco Cessation Manager Bald Cypress Way, Bin C-23 Tallahassee, FL 32399 Phone: (850) 245-4444 x4281 Fax: (850) 414-6470 sonja_bradwell@flhealth.gov	Accomplishments/Services Provided: Reactive and proactive counseling services for adults, youth, and pregnant women, regardless of health insurance status; direct mail order NRT to adults; integrated Web-based services; Web-only product, Behavioral Health product, including direct mail order of NRT; printed materials; referrals to community resources; fax referral program; eReferral program, standalone services including text messaging, email messaging, materials, and direct mail order NRT starter kit support

GEORGIA	Georgia Tobacco Quit Line	Providing Services 10/2001 - Present
Client: Chronic Disease Prevention Section Georgia Department of Public Health	Contact: Colleen Commons Tobacco Cessation Coordinator Chronic Disease Prevention Section Georgia Department of Public Health 2 Peachtree Street, NW, 16th Floor Atlanta, GA Phone: (404) 657-2491 Fax: (404) 657-4338 colleen.commonson@dph.ga.gov	Accomplishments/Services Provided: Reactive and proactive counseling services to all residents 13+ years old; Text2Quit to all; direct mail order NRT to all adults; integrated Web Coach; printed materials; referrals to community resources; fax referral program
GUAM	Guam Tobacco Quitline	Providing Services 08/2007 - Present
Client: Tobacco Prevention & Control Program Bureau of Professional Support Services Department of Public Health & Social Services	Contact: Elizabeth Guerrero Program Coordinator Tobacco Prevention and Control Program Department of Public Health and Social Services 123 Chalan Kareta Mangilao, GU 96913-6304 Elizabeth.Guerrero@dphss.guam.gov	Accomplishments/Services Provided: Reactive and proactive counseling services to all adult residents; direct mail order NRT; Web-only product including direct mail order of NRT; printed materials; referrals to community resources; fax referral program; outcomes evaluation; youth support program
INDIANA	Indiana Tobacco Quitline	Providing Services 01/2010 - Present
Client: Indiana State Department of Health	Contact: Miranda Spitznagle Commission Director Two North Meridian Street, 2 T Indianapolis, IN 46204 Phone: (317) 234-1780 Fax: (317) 234-1786 mspitznagle@isdh.in.gov	Accomplishments/Services Provided: Reactive and proactive counseling services for all adults, Behavioral Health counseling program, direct mail order NRT for Uninsured, Medicaid, and Medicare adults in multi-call program; integrated Web Coach; Web-only product; printed materials; referrals to community resources; fax referral program; outcomes evaluation
LOUISIANA	Louisiana Tobacco Quitline	Providing Services 12/2009 - Present
Client: Louisiana Health Institute The Louisiana Campaign for Tobacco-Free Living (TFL)	Contact: Chrishelle Stipe, MPH, CTTS, NCTTP Cessation Manager, The Louisiana Campaign for Tobacco-Free Living 1515 Poydras Street, Suite 1200 New Orleans, LA 70112 Phone: (504) 872-0754 cstipe@lphi.org	Accomplishments/Services Provided: Reactive and proactive counseling services for adults, youth, and pregnant women; Text2Quit to all adults; direct mail order of NRT; Web enrollment; integrated Web Coach; Web-only product; printed materials; referrals to community resources; fax referral program; outcomes evaluation
MAINE	Maine Quitlink	Providing Services 08/2001 - Present
Client: Center for Tobacco Independence	Contact: Amy Giles, TTS-C Program Mgr.: Maine QuitLink Maine Health Center for Tobacco Independence Phone: (207) 662-5718 Fax: (207) 662-5102 gilesa@mainehealth.org	Accomplishments/Services Provided: Reactive and proactive counseling for adults and youth regardless of insurance coverage; NRT voucher program and mail order direct; printed materials; email messaging, text messaging; referrals to community resources; integrated Web-based services, Web-Only product, Individual Services

MARYLAND	Maryland Tobacco Quitline	Providing Services 06/2006 - Present
Client: Maryland Department of Health Center for Tobacco Prevention and Control	Contact: Sara Wolfe, MS, Chief, Cessation and Health Systems Initiatives Center for Tobacco Prevention & Control Prevention and Health Promotion Admin Maryland Department of Health 201 West Preston Street Baltimore, MD 21201 Phone: (410) 767-1364	Accomplishments/Services Provided: Reactive and proactive counseling services for adults regardless of health insurance status; services for priority populations, including behavioral health program; incentives for pregnant tobacco users; direct mail order NRT; fax and e-referral programs; Web-only product including direct mail order NRT; text messaging; printed materials; referrals to community resources; participation in reach studies; outcomes evaluation
MISSISSIPPI	Mississippi Tobacco Quitline	Providing Services 07/2020 - Present
Client: Mississippi State Department of Health	Contact: Reeshemah Allen, PhD Cessation Branch Director II Mississippi State Department of Health Office of Tobacco Control 805 S Wheatley St, Ste 400 A Ridgeland, MS 39157 Phone: (601) 991-6060 reeshemah.allen@msdh.ms.gov	Accomplishments/Services Provided: Reactive and proactive counseling services for adult, youth, pregnant women residents; Behavioral Health offering; direct mail order NRT, referrals to community resources; printed materials; fax and e-referral program; integrated Web-based services; Web-only product, including direct mail order NRT; text messaging; Individual Services; provider tobacco systems change outreach and training.
MISSOURI	Missouri Tobacco Quitline	Providing Services 06/2005 - Present
Client: Missouri Department of Health & Senior Services	Contact: Leslie Murphy, Tobacco Cessation and Quitline Specialist 930 Wildwood Drive Jefferson City, MO 65102 Phone: (573) 522-2865 Fax: (573) 522-2856 leslie.murphy@health.mo.gov	Accomplishments/Services Provided: Reactive and proactive counseling services for all adult residents and pregnant women; Web enrollment; integrated Web-based services; Web-only product; text-based services; printed materials; referrals to community resources; fax referral program; outcomes evaluation; Individual Services including direct mail order NRT starter kit and support
NEW JERSEY	New Jersey Quitline	Providing Services 08/2019 - Present
Client: New Jersey Department of Health, Division of Community Health Services, Community Health and Wellness Unit	Contact: Darren Clark Program Grants Management Officer New Jersey Department of Health Division of Community Health Services, Community Health and Wellness Unit Office of Tobacco Control, Nutrition and Fitness Phone: (609) 292-8540 Darren.Clark@doh.nj.gov	Accomplishments/Services Provided: Reactive and proactive counseling services to all adults; direct mail order NRT to all adults; integrated Web Coach; printed materials; referrals to community resources; fax referral program

NEW MEXICO	New Mexico Free Tobacco Helpline	Providing Services 05/2005 - 06/2008; 12/2011 - Present
Client: New Mexico Department of Health; Tobacco Use Prevention and Control	Contact: Esther Hoang, MPH, Cessation Specialist Tobacco Use Prevention & Control Prg Population and Community Health Bureau, Public Health Division 5301 Central Avenue NE, Suite 800 Albuquerque, NM 87108 Phone: (505) 222-8616 Fax: (505) 841-5865 esther.hoang@state.nm.us	Accomplishments/Services Provided: Reactive and proactive counseling services for all adult residents; direct mail order NRT, referrals to community resources; printed materials; fax referral program; online provider training; integrated Web-based services; Web-only product, including direct mail order NRT; text messaging; Individual Services including direct mail order NRT starter kit and support; provider tobacco systems change outreach and training.
NORTH CAROLINA	Quitline NC	Providing Services 11/2005 - Present
Client: North Carolina Department of Health and Human Services, Tobacco Prevention and Control Branch, Division of Public Health	Contact: Joyce L. Swetlick, MPH Director of Tobacco Cessation Division of Public Health, Tobacco Prevention and Control Branch North Carolina Department of Health and Human Services Phone: (919) 707-5402 Fax: (919) 870-4844 joyce.swetlick@dhhs.nc.gov	Accomplishments/Services Provided: Reactive and proactive counseling services for all ages regardless of health insurance coverage; direct mail order NRT; integration with state employee health plan; integrated Web-based services; Web enrollment; Web-only product; text messaging, cost share management, printed materials; referrals to community resources; fax referral program; outcomes evaluation
OKLAHOMA	Oklahoma Tobacco Helpline	Providing Services 08/2003 - Present
Client: Oklahoma Tobacco Settlement Endowment Trust	Contact: Paola Klein, MHR, CTTS, NCTTP Coordinator, Oklahoma Tobacco Helpline Coordinator OK Tobacco Research Center Stephenson Cancer Research Center 655 Research Parkway Suite 400 Oklahoma City, OK 73104 Phone: (405) 271- 8001 Ext 50474 Fax: (405) 271-2080 Paola-klein@ouhsc.edu	Accomplishments/Services Provided: Reactive and proactive counseling services for adults, youth, and pregnant women, regardless of health insurance status; direct mail order NRT (including combination therapy); printed materials; referrals to community resources; fax referral program; integrated Web-based services; Web-only product, including direct mail order of NRT and participation in reach studies and randomized control trials; standalone services including text messaging, email messaging, Web-only support, materials and direct mail order NRT starter kit support
OREGON	Oregon Tobacco Quitline	Providing Services 11/1998 - Present
Client: Center for Prevention and Health Promotion, Oregon Public Health Division, Oregon Health Authority	Contact: J. Hildegard "Hilde" Hinkel, MPH Health Systems Policy Specialist Oregon Health Authority Public Health Division Office of Health Promotion and Chronic Disease Prevention Office: (971) 673-3182 Cell: (971) 212-1661 janet.h.hinkel@dhsosha.state.or.us	Accomplishments/Services Provided: Reactive and proactive counseling services for adults, youth, Medicaid; integration with chronic conditions program, direct mail order NRT; integrated Web-based services; Web-only product including direct mail order NRT; printed materials; referral to community resources; participation in reach studies and randomized control trials

SOUTH CAROLINA	South Carolina Tobacco Quitline	Providing Services 08/2006 - Present
<p>Client: South Carolina Department of Health and Environmental Control Division of Tobacco Prevention and Control</p>	<p>Contact: Katy L. Wynne, Ed.D., MSW SC Tobacco Quitline, Policy Coordinator, Tobacco Cessation Division of Tobacco Prevention & Control S.C. Department of Health & Environmental Control Mills/Jarrett Office N-128 2100 Bull Street Columbia, SC 29201 Phone: (803) 898-2285 wynnekl@dhec.sc.gov</p>	<p>Accomplishments/Services Provided: Reactive counseling services to all residents 13+ years old and proactive multi-call counseling services for adult uninsured, underinsured, Medicaid, pregnant women, and youth 13 to 17 years old regardless of insurance; provision of NRT by direct mail order for multi-call participants (excluding Medicaid and pregnant women) and starter kits for Individual Service participants; integrated Web-based services; printed materials; referrals to community resources; fax referral program; e-referrals outcomes evaluation; online provider training; text messaging; provider tobacco systems change outreach and training.</p>
TEXAS	Texas Tobacco Quitline	Providing Services 01/2010 - Present
<p>Client: Department of State Health Services</p>	<p>Claire Jamison Cessation Coordinator Tobacco Prevention & Control Branch Dept. of State Health Services (DSHS) 512-776-2031 1100 W. 49th Street Austin, TX 78714-9347 Claire.Jamison@dshs.texas.gov</p>	<p>Accomplishments/Services Provided: Reactive and proactive counseling services for adults, youth, and pregnant women based on adults, youth, and pregnant women based on location; direct mail order NRT for eligible participants; integrated Web-based services; Web enrollment; Web-only product; printed materials; referrals to community resources; fax referral program; e-referrals; text messaging; participation in reach studies; outcomes evaluation</p>
VIRGINIA	Virginia Tobacco Quitline	Providing Services 11/2005 - Present
<p>Client: Virginia Department of Health</p>	<p>Contact: Rita W. Miller, Cessation Services Coordinator Tobacco Use Control Program Division of Prevention and Health Promotion Virginia Department of Health 109 Governor Street, 9th Floor Richmond, VA 23219 Phone: (804) 864-7897 Fax: (804) 864-7205 Rita.Miller@vdh.virginia.gov</p>	<p>Accomplishments/Services Provided: Reactive counseling services for adults, youth, and pregnant women regardless of health insurance status; proactive counseling services for uninsured; printed materials; referrals to community resources; fax referral program; integrated Web-based services; Web-only product; participation in reach studies; evaluation services</p>
WASHINGTON	Washington Tobacco Quit Line	Providing Services 09/2000 – Present
<p>Client: Tobacco Prevention and Control Program Washington State Department of Health</p>	<p>Contact: Nick Fradkin Tobacco Cessation Consultant Prevention and Community Health Washington State Department of Health 310 Israel Road S.E. Tumwater, WA 98501-7848 Nick.fradkin@doh.wa.gov Phone: (360) 236-3518</p>	<p>Accomplishments/Services Provided: Reactive and proactive counseling services for Underinsured residents; Mental Health Program; Enhanced Mental Health Program for those in Addiction Treatment Facilities; Text2Quit to Underinsured residents; Youth Service Program (13-17) and Pregnancy programs offered to all residents; printed materials; referrals to community resources</p>

WASHINGTON DC	DC Quitline	Providing Services 01/2010 - Present
<p>Client: DC Department of Health</p>	<p>Contact: Kay Song, MPH, Data Analyst Community Health Administration Cancer and Chronic Disease Prevention Bureau 899 North Capitol Street NE, 3rd Floor Washington, D.C. 20002 Phone: (202) 576-9338 kay.song@dc.gov</p>	<p>Accomplishments/Services Provided: Reactive and proactive multi-call counseling services for all adults, youth, and pregnant women; Individual Services and Web Only to all adults; direct mail order NRT to adult participants; printed materials; referrals to community resources; fax referral program; participation in research studies</p>
WISCONSIN	Wisconsin Tobacco Quitline	Providing Services 02/2001 - Present
<p>Client: Center for Tobacco Research & Intervention</p>	<p>Contact: Kate Kobinsky, MPH Center for Tobacco Research & Intervention UW School of Medicine & Public Health 1930 Monroe St., Suite 200 Madison, WI 53711 Phone: (608) 265-5617 dks6@ctri.wisc.edu</p>	<p>Accomplishments/Services Provided: Reactive counseling services to all residents, including youth; proactive counseling services to eligible participants; direct mail order NRT to all; integration with private insurance plans for additional services and NRT; integrated Web-based services; printed materials; referrals to community resources; fax referral program; e-referral program; participation in research studies</p>