

Attachment 6.e. Survey Telephone Follow-Up Script (English)

**MIPCD CATI SCRIPT
DRAFT INTRO SCREENS ONLY**

dial1:

INTERVIEWER PLEASE DIAL.....

DID A PERSON ANSWER THE PHONE (NOT OPERATOR)?

- 1 YES
- 2 NO

Intro1: May I please speak with {FILL SAMPLE MEMBER NAME}?

- 1 YES→(GO TO LTR_S)
- 2 NOT AVAILABLE RIGHT NOW
- 3 NO, DOES NOT LIVE HERE ANYMORE
- 4 NO→ REF
- 5 LANGUAGE BARRIER
- 6 SAMPLE MEMBER INCAPABLE (PHYSICALLY/MENTALLY INCAPABLE)—GO TO LTR_A
- 9 MORE CODES

INTERVIEWER NOTE: IF ASKED WHY CALLING SAY:-

I'm calling to speak to {FILL SAMPLE MEMBER NAME} about a survey that the U.S. Centers for Medicare and Medicaid Services is doing with people who participated in the (FILL STATEWIDE NAME) program to find out about their experiences with that program. Is {FILL SAMPLE MEMBER NAME} available?

LTR_A Is there somebody there who is familiar with {FILL SAMPLE MEMBER NAME}'s experiences with {FILL STATEWIDE NAME} program?

PROBE TO FIND OUT IF PERSON IS AVAILABLE IN HOUSEHOLD TO DO INTERVIEW NOW.

- 1 YES (SOMEONE WILL DO INTERVIEW NOW) GO TO LTR_B
- 2 YES (NEED TO GET NAME/NUMBER FOR CB)
- 3 NO (CODE AS INCAPABLE) GO TO END SCREEN #3

PROXY_INTRO The Centers for Medicare & Medicaid Services is doing a survey to find out about {FILL SAMPLE MEMBER}'s experience with {FILL STATEWIDE NAME} program. This is a research study **only**. About a month ago {FILL SAMPLE MEMBER NAME} should have received a letter about this survey and a

survey questionnaire. The letter said that the survey will be used to help improve programs for people with Medicaid.

Everything you tell us about {FILL SAMPLE MEMBER NAME} will be kept confidential and is protected by the Privacy Act. Your decision to do this survey will not affect any benefits {FILL SAMPLE MEMBER NAME} now gets or expects to get in the future. The survey should take about 20 minutes, depending how quickly we can move through the questions.

NEED TO RESCHEDULE OR THE RESPONDENT REFUSES, USE ESC KEY FOR BREAKOFF

1 = CONTINUE...GO TO Q1

F10 FOR QxQ

LTR_S: (Hello, this is _____). I'm calling on behalf of the Centers for Medicare & Medicaid Services, which is doing a survey to find out about your experience with the {FILL STATEWIDE NAME} program. This is a research study **only**. About a month ago, you should have received a letter about this survey and a survey questionnaire. Do you remember getting the survey?

INTERVIEWER NOTE: IF THEY DO NOT RECOGNIZE THE PROGRAM NAME:-

You may also know the name of the program as: FILL SPECIFIC NAMES

- 1 YES→(GOTLTR)
- 2 NO→(NOLET)
- 3 ALREADY **MAILED IN** QUESTIONNAIRE→(GO TO END SCREEN #2)
CATI: CHECK THE CASE IN 7 DAYS. IF CASE HAS NOT BEEN CODED OUT IN THE CONTROL SYSTEM, CASE SHOULD COME UP FOR FOLLOW-UP CALL AGAIN.
- F3 DK→(NOLET)

GOTLTR:

Good. As the letter said, everything you tell us will be kept confidential and is protected by the Privacy Act. It is your choice whether or not to do the survey. Your decision will not affect your Medicaid benefits. The survey should take about 20 minutes, depending how quickly we can move through the questions.

NEED TO RESCHEDULE OR THE RESPONDENT REFUSES, USE ESC KEY FOR BREAKOFF

1 = CONTINUE

F10 FOR QxQ

Put the following in a Help screen: If you have any questions about the survey or would like more information, please feel free to call Anne Kenyon, the RTI survey director, toll-free at 1-800-334-8571, extension 26574. If you have any questions about your rights as a study participant, you can call RTI's Office of Research Protection at 1-866-214-2043 (a toll-free number).

NOLET:

I'm sorry you didn't get the survey. It said that the Centers for Medicare & Medicaid Services is doing an important study to learn about your experiences with the [FILL STATEWIDE NAME] program. You were chosen at random from a list of people who are in the (STATEWIDE NAME) program or were in the program before. Your answers will help improve programs for people with Medicaid.

Everything you tell us will be kept confidential and is protected by the Privacy Act. It is your choice whether or not to do the survey. Your decision will not affect your Medicaid benefits. The survey should take about 20 minutes, depending how quickly we can move through the questions.

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START INTERVIEW.