

Attachment 7.c. Scheduling Script

ID: _____
Date: _____
Time: _____

Call notes: _____
State: _____

Telephone Stakeholder Interview Scheduling Script

My name is <TEAM MEMBER'S NAME>. I work for RTI International, a non-profit research organization. We are conducting a study with the Centers for Medicare & Medicaid Services (CMS). <INSERT STATE> State program leadership recently identified you as an important stakeholder and recommended that we talk with you about our study.

We have been working closely with state leadership from <Program Name> to identify stakeholders who provide services and directly interact with Medicaid beneficiaries. Examples of stakeholders include individuals such as yourself as well as [READ ALL BUT THEIR CATEGORY] peer coaches, navigators, lifestyle coaches, health educators, certified diabetes educators, dieticians, program teachers, participant motivators, outreach coordinators, and community liaisons.

The purpose of my call is to tell you about the study, answer any questions you may have, and, if you are interested in participating, to schedule an interview with you.

The goal of the interview is to learn about your experiences providing services and directly interacting with Medicaid beneficiaries in <PROGRAM NAME>. By interviewing you and other stakeholders, we hope to gain a better understanding of the beneficiary experience and how the program addresses quality of care, accessibility, and beneficiary satisfaction.

If you choose to participate, your participation is voluntary and you can choose to end participation at any time. Your answers will remain confidential and will be reported in summary form, so that nothing you can say can identify you. Also, we are audio-recording the interviews in case we miss anything in the notes. The audio recordings are kept secure and are only available to project staff.

If you are interested, we would ask to call you for an interview that will last about an hour.

Does this sound like something you would be interested in participating in?

[If NO] Thank you for your time.

[If YES] Great. We just need to determine whether you meet the eligibility requirements of our study.

1. Do you spend 50% of your time providing services and directly interacting with Medicaid beneficiaries in <PROGRAM NAME>?

[If NO] Unfortunately, you are ineligible for the study. Thank you for your time.

[If YES] Great.

2. Have you been in your role one year or longer?

[If NO] Unfortunately, you are ineligible for the study. Thank you for your time.

[If YES] Great.

3. We are attempting to schedule an interview <INSERT "IN-PERSON AT <LOCATION>" or "VIA PHONE">. <INSERT "DOES THIS LOCATION WORK FOR YOU?" OR "IS THIS PHONE NUMBER THE BEST NUMBER TO REACH YOU AT FOR AN INTERVIEW?">

[If NO] Is there an alternative <INSERT "LOCATION" OR "PHONE"> that you would like us to <INSERT "MEET" OR "CALL"> you at?

Record alternate location or phone number: _____
[If YES] Great.

4. What day and time would be convenient for you?

Time: _____

Day: _____

5. [If needed] I'd like to send you a reminder or confirmation about the interview. Would you rather receive that reminder via telephone or email?

Prefers telephone reminder

Prefers email reminder

Record telephone number: _____

Record email address: _____