

Attachment 7.b. Reminder Text

<PARTICIPANT’S FIRST AND LAST NAME>
<PARTICIPANT’S ADDRESS>

<DATE>

Dear <PARTICIPANT’S FIRST NAME>,

You have been scheduled to participate in an interview on <DATE> at <TIME>. This interview will last approximately an hour.

The purpose of the interview is to learn about your experiences with providing services and directly interacting with Medicaid beneficiaries in <INSERT 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.

We will <MEET/CALL> you for the interview at [<LOCATION> or <TELEPHONE>].

If you have any questions, cannot participate, or need to change the schedule, please call us right away at <INTERVIEWER’S PHONE NUMBER> so we can invite a replacement. Thank you for your time and for agreeing to participate.

Sincerely,

<RTI INTERVIEWER’S FIRST AND LAST NAME>