

Attachment B: Recruitment Script

FOR USE WITH INDIVIDUALS

Hello. My name is [NAME] and I work for NORC at the University of Chicago. I'm calling about your interest in the Medicare Beneficiary Chronic Conditions Study. Is this a good time?

[IF YES] Let me tell you a little bit about what we are going to do and then you can let me know if you are still interested. First, are you 18 years or older?

[IF NO] I'm sorry, we are only interviewing people aged 18 or older.

[IF YES] Medicare is the federal health insurance program for people who are 65 or over, certain younger people with disabilities, and people with End-Stage Renal Disease. We are conducting this study to improve the way information is collected for the Medicare Current Beneficiary Survey (MCBS), which is a survey sponsored by the Centers for Medicare and Medicaid Services. The MCBS is a national survey of Medicare beneficiaries in the United States. It collects information on health status, sources of health care, satisfaction with care, and health care expenditures.

NORC is working on improving the survey by adding questions on the self-management of chronic conditions. If you agree to participate in this interview, we will ask you to complete a questionnaire with a NORC staff member. After you complete the questionnaire, the interviewer will ask you some questions about the survey that will help us improve the questionnaire. The interview will take no more than 60 minutes. You will receive \$40 for participating even if you skip questions or cannot complete the interview.

Would you like to participate?

- [IF YES] Great. I am going to ask you a few background questions to confirm your eligibility. Then we can schedule an appointment time for you. → GO TO ELIGIBILITY SCREENER
- [IF NO] That's okay. We appreciate your interest. But for research purposes, we would like to know why you choose not to participate. NOTE TO RECRUITER: IF POTENTIAL RESPONDENT DECIDES AFTER HEARING ABOUT THE STUDY THAT HE/SHE DOES NOT WANT TO PARTICIPATE, ASK WHY NOT AND OFFER TO ANSWER QUESTIONS HE/SHE MAY HAVE. RECORD THE RESPONDENT'S REASONS FOR NOT PARTICIPATING BELOW:

Thank you. Have a nice day.

FOR USE WITH INDEPENDENT LIVING FACILITIES, COMMUNITY CENTERS, LIBRARIES, AND OTHER PUBLIC LOCATIONS

USE THE FOLLOWING TALKING POINTS WHEN REQUESTING PERMISSION TO HOST AN ON-SITE EVENT AT AN INDEPENDENT LIVING FACILITY OR COMMUNITY CENTER

INTRODUCTION:

- IF IN-PERSON, ENSURE THAT YOUR NORC BADGE IS VISIBLE AT ALL TIMES
- INTRODUCE YOURSELF AND ASK FOR THE ADMINISTRATOR OR EVENTS COORDINATOR
- IF NEEDED, USE THE FREQUENTLY ASKED QUESTIONS AND THE SCRIPT BELOW TO ANSWER QUESTIONS ABOUT NORC, MCBS, AND THIS STUDY

USE THIS SCRIPT IF NEEDED

We are conducting a study to improve the way information is collected for the Medicare Current Beneficiary Survey (MCBS), which is a survey sponsored by the Centers for Medicare & Medicaid Services. It collects information on health status, sources of health care, satisfaction with care, and health care expenditures. The MCBS is the best source of information for policy-makers about the status and needs of Medicare beneficiaries.

NORC is working to improve the MCBS by testing some questions on the self-management of chronic conditions like diabetes and arthritis. Right now we are recruiting Medicare-eligible people with chronic health conditions to help us evaluate these questions by answering them and providing their feedback during an interview.

We would like to request permission to host an on-site recruitment, screening, and interviewing event at [NAME OF SITE], at a time convenient for you. During the event, NORC representatives will set up a table in a common area at your facility and post some information about the study. Interested people can approach us, and we will administer a screener to determine their eligibility for our study. If they are eligible, we will conduct the interview with them or set up an appointment for another time if they prefer.

This interview will take no more than 60 minutes. Participants will receive \$40 for participating even if they skip questions or cannot complete the interview.

IF FACILITY AGREES:

Is there a day and time that is best for you for us to visit? SELECT A DAY/TIME.

Do you have a bulletin board or other location where a NORC representative can post a flyer advertising that we will be on-site on DAY/TIME SELECTED?

If you have any questions, feel free to give us a call at XXX-XXX-XXXX.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1275 (expires 05/31/2021). The time required to complete this information collection is estimated to average 70 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. ****CMS Disclosure**** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact MCBS@cms.hhs.gov.
