Attachment 7a

Contac	ct protocol - participants		
E	iligible potential participant information		
D II P C	lame: DOB: D: Phone: Other information Phase: [Phase I or Phase II] Contact attempt number: Scheduled call (yes/no):		
N	lotes (pre-call)	Optional	Expand
	Date and time of call must provide value	Click "today" when you start the call Now Click "now" when you start the call	

No Answer

Did anyone answer the phone? * must provide value	
quality improvement study for Medica	e] I'm calling on behalf of Virginia Medicaid about a id and [name of member's Medicaid Care organization] out it. Could you call me at [Linkage Coordinator's phone
number]? I'm available [Linkage Coord	dinator's working hours]. Thanks!
End time of call * must provide value official	Click "now" when you end the call
Notes (post-call)	
	Expand

Wrong Number

Did anyone answer the phone?	
* must provide value	
max provide raide	O No
Hello, this is [Linkage Coordinator's name]. I'm	
calling on behalf of Virginia Medicaid about a	No: not available, number correct
quality improvement study for Medicaid and [name of member's Medicaid Care Organization]	No: suspected wrong number
members. May I speak with [potential	
participant's name]?	
* must provide value	
Phone # confirme	ed
Can you confirm that this is [potential	Confirmed
participant's phone number] ?	○ Not confirmed
* must provide value	O Not commind
Var assert I mount have the surran whom a surrate of	Thank was
I'm sorry, I must have the wrong phone number. T	папк уои.
End call.	
Phone # not confir	med
Can you confirm that this is [potential	○ Confirmed
participant's phone number]?	Not confirmed
* must provide value	
I'm sorry, I must have the wrong phone number. T	Thank you
This sorry, I must have the wrong phone number. I	maiik you.
End call. Re-attempt with correct phone number. Reset the call start ti	me.
End call	
End time of call	□ Now
* must provide value	Click "now" when you end the call
mas provide raide	•
Notes (post-call)	
	Expand

Not Reach / Not Available	
Did anyone answer the phone?	Yes
* must provide value	O No
Hello, this is [Linkage Coordinator's name]. I'm calling on behalf of Virginia Medicaid about a quality improvement study for Medicaid and [name of member's Medicaid Care Organization] members. May I speak with [potential	YesNo: not available, number correctNo: suspected wrong number
participant's first name]? * must provide value	
Thank you. It's [Linkage Coordinator's name] calling. I'll call back another time.	
End call.	
End time of call * must provide value	Click "now" when you end the call
Notes (post-call)	
	Expand

Did

Incorrect Name and/or DOB

Did anyone answer the phone?	Yes
* must provide value	O No
Hello, this is [Linkage Coordinator's name]. I'm calling on behalf of Virginia Medicaid about a	Yes
[name of member's Medicaid about a quality improvement study for Medicaid and [name of member's Medicaid Care Organization] members. May I speak with [potential	No: not available, number correct No: suspected wrong number
participant's first name]? * must provide value	
Thank you. I'm calling to talk to you about a new p Virginia Medicaid members. Virginia Medicaid striv quality of care by evaluating its programs and serv you should have received information about the st new program in the mail.	es to improve your vices. In the past week,
The study is about something that may be confiden	ntial.
I want to make sure that I am talking to the right p confirming your identity. I want to do this to prote	
The letter that we sent you has an ID number on it confirm your identity is using this ID number.	. One way that I can
	•
confirm your identity is using this ID number.	r? ng me your first and
confirm your identity is using this ID number. Do you mind telling me the ID number on the letter • Participant has correct ID number: Great. Do you mind tellin last name and date of birth? This is all I will need t	r? ng me your first and o confirm your ing me your first and
confirm your identity is using this ID number. Do you mind telling me the ID number on the letter • Participant has correct ID number: Great. Do you mind telling last name and date of birth? This is all I will need to identity. • Participant has incorrect ID number: Great. Do you mind telling last name and date of birth? This is all I will need to least name and date of birth? This is all I will need to the same and date of birth? This is all I will need to the same and date of birth? This is all I will need to the same and date of birth?	r? ng me your first and o confirm your ing me your first and o confirm your c. We can use different
confirm your identity is using this ID number. Do you mind telling me the ID number on the letter *Participant has correct ID number: Great. Do you mind tellin last name and date of birth? This is all I will need to identity. *Participant has incorrect ID number: Great. Do you mind telling last name and date of birth? This is all I will need to identity. *Participant does not have any ID number (e.g., no letter): That's obtainformation. Do you mind telling me your first and	r? ng me your first and o confirm your ing me your first and o confirm your c. We can use different
confirm your identity is using this ID number. Do you mind telling me the ID number on the letter *Participant has correct ID number: Great. Do you mind tellin last name and date of birth? This is all I will need to identity. *Participant has incorrect ID number: Great. Do you mind telling last name and date of birth? This is all I will need to identity. *Participant does not have any ID number (e.g., no letter): That's obtainformation. Do you mind telling me your first and birth? Expected ID number: Expected ID number: Expected ID number:	r? ng me your first and o confirm your ing me your first and o confirm your c. We can use different

Did the participant verify their name and DOB	?
* must provide value	

Yes: name and DOB verified
 No: incorrect name and/or DOB
 No: will not verify name and/or DOB

Phone # confirmed

	Can you confirm this is [potential participant's phone number}?	♠ Confirmed	
	* must provide value	○ Not confirmed	
	I'm sorry, I must have the wrong phone number. Thank you.		
	End call.		
	Phone # not confir	med	
	Can you confirm this is [potential participant's phone number}?	Confirmed	
	* must provide value	Not confirmed	
	I'm sorry, I must have the wrong phone number. Thank you.		
	End call. Re-attempt with correct phone number. Reset the call start ti	me.	
nd ca	ali		
	End time of call	Now	
	* must provide value	Click "now" when you end the call	
	Notes (post-call)		
			Expand

Will Not Verify Name and/or DOB

Did anyone answer the phone? * must provide value	YesNo
Hello, this is [Linkage Coordinator's name]. I'm calling on behalf of Virginia Medicaid about a quality improvement study for Medicaid and [name of member's Medicaid Care Organization] members. May I speak with [potential participant's first name]? * must provide value	YesNo: not available, number correctNo: suspected wrong number
Thank you. As I said before, I'm calling about a ne Virginia Medicaid members. Virginia Medicaid str quality of care by evaluating its programs and ser you should have received information about the s new program in the mail. The study is about something that may be confident of the right confirming your identity. I want to do this to protection.	rives to improve your rvices. In the past week, tudy evaluating this ential. person. I can do this by
The letter that we sent you has an ID number on i confirm your identity is using this ID number. Do you mind telling me the ID number on the letter	
 Participant states correct ID number: Great. Do you mind to last name and date of birth? This is all I will need identity. 	
 Participant states incorrect ID number: Great. Do you mind to last name and date of birth? This is all I will need identity. 	
 Participant does not have any ID number (e.g., no letter): That's cinformation. Do you mind telling me your first and birth? 	
Expected ID number: Expected name: Expected DOB:	
Did the participant verify their name and DOB? * must provide value	 ✓ Yes: name and DOB verified ✓ No: incorrect name and/or DOB ✓ No: will not verify name and/or DOB

Send certified letter

Sena Certinea lett	ei
I understand, and I appreciate your time today. You might like more information later. Could I send you a certified letter to describe the study? *must provide value	Yes: certified letterNo: no certified letter
Great. Do you mind providing your mailing address?	
	Optional Expan
Thank you. I appreciate that you're willing to learn more. I'll send a certified letter to [state mailing address].	
I'll call you back to follow-up within a week. In the meantime, you can call me at [Linkage Coordinator's phone number} with any questions. I look forward to talking again soon.	
End call.	
Do not send certified	letter
I understand, and I appreciate your time today. You might like more information later. Could I send you a certified letter to describe this study?	✓ Yes: Certified letter✓ No: No certified letter
* must provide value	
I understand. Thank you for your time. If you change your mind, you can call me at [Linkage Coordinator's phone number].	
End call.	
nd Call	
End time of call	Now Click "now" when you and the call
* must provide value	Click "now" when you end the call
Notes (post-call)	
	Expa

Personal Information Verified - Not Available to Talk Now

Did anyone answer the phone?	Yes
* must provide value	O No
Hello, this is [Linkage Coordinator's name]. I'm	Yes
calling on behalf of Virginia Medicaid about a quality improvement study for Medicaid and	No: not available, number correct
[name of member's Medicaid Care Organization] members. May I speak with [potential participant's first name]?	No: suspected wrong number
* must provide value	
Thank you. As I said before, I'm calling about a ne Virginia Medicaid members. Virginia Medicaid str quality of care by evaluating its programs and ser you should have received information about the sinew program in the mail. The study is about something that may be confide sure that I am talking to the right person. I can do your identity. I want to do this to protect your private in the said of t	ives to improve your vices. In the past week, tudy evaluating this ential. I want to make this by confirming
The letter that we sent you has an ID number on i confirm your identity is using this ID number.	t. One way that I can
Do you mind telling me the ID number on the lette	er?
 Participant has correct ID number: Great. Do you mind telli and last name and date of birth? This is all I will n identity. 	
 Participant has incorrect ID number: Great. Do you mind tel last name and date of birth? This is all I will need identity. 	
 Participant does not have any ID number (e.g., no letter): That's of information. Do you mind telling me your first and birth? 	
Expected ID number: Expected name: Expected DOB:	
Did the participant verify their name and DOB?	Yes: name and DOB verified
* must provide value	No: incorrect name and/or DOB
	No: will not verify name and/or DOB
	,

first name] or do you go by another name? * must provide value	 Prefer [potential participant's first na Prefer another name
Preferred name	
Thanks, [potential participant's preferred first name].	O V
nrst namej.	Yes No
As I said, my name is [Linkage Coordinator's name]. I'm calling on behalf of Virginia Medicaid about a quality improvement study for Medicaid and [name of member's Medicaid Care Organization] members. The study is about something that may be	
confidential. Can you talk about something that may be confidential right now?	
confidential. Can you talk about something	time identified
confidential. Can you talk about something that may be confidential right now? * must provide value Alternative call I understand. It would be great to talk with	_
confidential. Can you talk about something that may be confidential right now? * must provide value Alternative call	Yes
confidential. Can you talk about something that may be confidential right now? * must provide value Alternative call I understand. It would be great to talk with you more about this study. Could we talk	_

you more about this study. Could we talk about the study a different time? * must provide value Great! What is a good day and time for you to discuss? Schedule alternative call: date. * must provide value Click to identify day for alternative call. Schedule alternative call: time. * must provide value Click to schedule time for alternative call. Thank you. I appreciate your time and will call you back at [potential participant's phone number] on [scheduled date] at [scheduled time]. In the meantime, you can call me back at [Linkage Coordinator's phone number] if you have questions or need to reschedule. End call.

I understand. It would be great to talk with you more about this study. Could we talk about the study a different time?	○ Yes⊙ No
* must provide value	
I understand. I will try calling you again a different time. In the meantime, you can call me at [Linkage Coordinator's phone number] during [Linkage Coordinator's working	
different time. In the meantime, you can call me at [Linkage Coordinator's phone number]	

End Call

End time of call * must provide value	Click "now" when you end the call
Notes (post-call)	
	Expand

Personal Information Verified - Available to Talk

Did anyone answer the phone?	Yes
* must provide value	O No
Hello, this is [Linkage Coordinator's name]. I'm	Yes
calling on behalf of Virginia Medicaid about a quality improvement study for Medicaid and	No: not available, number correct
[name of member's Medicaid Care organization] members. May I speak with [potential participant's name]?	No: suspected wrong number
* must provide value	
Thank you. As I said, I'm calling to talk to you abo eligible Virginia Medicaid members. Virginia Medicaid members. Virginia Medicaid members with the programs and week, you should have received information about this new program in the mail. The study is about something that may be confided sure that I am talking to the right person. I can do your identity. I want to do this to protect your private with the said was a said to said the said th	caid strives to improve ad services. In the past t the study evaluating ential. I want to make t this by confirming
The letter that we sent you has an ID number on i confirm your identity is using this ID number.	t. One way that I can
Do you mind telling me the ID number on the lette	er?
 Participant has correct ID number: Great. Do you mind telli and last name and date of birth? This is all I will n identity. 	
 Participant has incorrect ID number: Great. Do you mind tel last name and date of birth? This is all I will need identity. 	lling me your first and to confirm your
 Participant does not have any ID number (e.g., no letter): That's of information. Do you mind telling me your first and birth? 	
Expected ID number: Expected name: Expected DOB:	
Did the participant verify their name and DOB?	Yes: name and DOB verified
* must provide value	No: incorrect name and/or DOB
	No: refusal to verify name and/or DOB

Did the participant verify their name and DOB? * must provide value Thank you. Do you prefer [potential participant's first name] or do you go by another name? * must provide value	 Yes: name and DOB verified No: incorrect name and/or DOB No: refusal to verify name and/or DOB Prefer [potential participant's first name] Prefer another name
Preferred name	
Thanks, [potential participant's preferred name]. As I said, my name is [Linkage Coordinator's name]. I'm calling on behalf of Virginia Medicaid about a quality improvement study for Medicaid and [name of member's Medicaid Care Organization] members. The study is about something that may be confidential. Can you talk about something that may be confidential right now? *must provide value	YesNo
Go to Verbal consent - participants	
Notes (post-call)	Expand