|  |  |  |
| --- | --- | --- |
| **Attachment 7b** | | |
| **Contact protocol – provider participants** | | |
| **Healthcare provider information**  Provider credential:  Provider name:  Provider specialty:  **Clinic information**  Provider’s clinic name:  Clinic phone number:  Clinic county:  Clinic health district:  **Contact attempt information**  Contact attempt number: | | |
| Notes (pre-call)  Expand | | |
| Date of call  \* must provide value | | |
| Start time of call  \* must provide value | | |
| Did anyone answer the phone?Yes  \* must provide value No | | |
| Hello, this is **[Linkage Coordinator name]. I’m calling on behalf of Virginia Medicaid about a quality improvement study for Medicaid members and their providers. [healthcare provider title and name]** recently received information about this study via fax.  I am calling to follow-up. I’d appreciate the opportunity to tell **[healthcare provider title and name] more about the study.**  How can I go about speaking with **[healthcare provider title and name]** or a member of the staff to talk further about the study?  \* must provide value No: not available, number is correct | Yes: connected to provider  Yes: connected to staff member  No: not available, number is correct  No: wrong number  No: decline to discuss further |

**Reached (provider)**

|  |  |
| --- | --- |
| Hello. Thank you for taking my call. My name is **[Linkage Coordinator name]** and **I’m calling on behalf of Virginia Medicaid about a quality improvement study for Medicaid members and their providers.**  I faxed you information about the study last week. I’d appreciate the opportunity to tell you more about it and answer questions.  Do you have a few minutes to talk? | Yes  No: not right now  No: not interested |

Yes, available to talk now

|  |
| --- |
| *Go to Verbal consent—provider participants form.* |
|  |

No, not available right now

|  |  |
| --- | --- |
| I understand. Is there a different time we could talk?  *Discuss scheduling with provider or staff member.* | Yes  No |

**Yes, will schedule a different time to talk**

|  |  |  |
| --- | --- | --- |
| *Schedule alternative date*  \* must provide value | | |
| *Schedule alternative time*  \* must provide value | | |
| Thank you. I appreciate your time and will call you back at [clinic phone number] on [scheduled date] at [scheduled time].  *End call.* | | |
| End time of call  \* must provide value |  |  |
| Final notes |  | Expand |
|  | | |

No, will not schedule a different time to talk

|  |  |  |
| --- | --- | --- |
| I understand. **If** you would like to hear more about the study, I can be reached at [Linkage Coordinator’s phone number**. Thank you for your time.**  *End call.* | | |
| End time of call  \* must provide value |  |  |
| Final notes |  | Expand |
|  | | |

**Reached (office staff)**

|  |  |
| --- | --- |
| Hello. Thank you for taking my call. My name is [Linkage Coordinator’s name] and **I’m calling on behalf of Virginia Medicaid about a quality improvement study for Medicaid members and their providers.**  I faxed [healthcare provider title and name] last week. I’d appreciate the opportunity to talk with [healthcare provider title and name]about it.  How can I schedule some time with [healthcare provider title and name]?  *Discuss scheduling with staff member.* | Yes, able to discuss scheduling time with provider  No, not able to discuss scheduling time with provider |

Yes, able to discuss scheduling with provider

|  |  |  |
| --- | --- | --- |
| *Schedule alternative date*  \* must provide value | | |
| *Schedule alternative time*  \* must provide value | | |
| Thank you. I’ll call [healthcare provider title and name] on [scheduled date] at [scheduled time].  *End call.* | | |
| End time of call  \* must provide value |  |  |
| Final notes |  | Expand |
|  | | |

No, not able to discuss scheduling with provider

|  |  |  |
| --- | --- | --- |
| I understand. If you or [healthcare provider title and name] would like to learn more about the study, you can call me at [Linkage Coordinator’s phone number]. Thank you again for your time.  *End call.* | | |
| End time of call  \* must provide value |  |  |
| Final notes |  | Expand |
|  | | |

**Did not reach provider or office staff (not available, phone number correct)**

|  |  |
| --- | --- |
| I’d appreciate the opportunity to schedule a 15-minute call with [healthcare provider title and name] or a member of the staff. Are you able to help me with this? | Yes  No |

Yes, able to schedule

|  |  |  |
| --- | --- | --- |
| *Schedule alternative date*  \* must provide value | | |
| *Schedule alternative time*  \* must provide value | | |
| Thank you. I’ll call [healthcare provider title and name] on [scheduled date] at [scheduled time].  *End call.* | | |
| End time of call  \* must provide value |  |  |
| Final notes |  | Expand |
|  | | |

No, not able to schedule

|  |  |  |
| --- | --- | --- |
| I understand. If you or [healthcare provider title and name] would like to learn more about the study, you can call me at [Linkage Coordinator’s name]. Thank you again for your time.  *End call.* | | |
| End time of call  \* must provide value |  |  |
| Final notes |  | Expand |
|  | | |

**Did not reach (wrong phone number)**

|  |  |
| --- | --- |
| Can you confirm this is [clinic phone number]? | Confirmed  Not confirmed |

**Provider phone number confirmed**

|  |  |  |
| --- | --- | --- |
| I’m sorry. I must have the wrong phone number. Do you know of a better phone number for [healthcare provider title and name]?  *If office staff can provide a better phone number (e.g., different clinic), record phone number here and try again. Re-start counter for contact attempts. If not, end call and record information and consider the call a complete contact attempt.*  Thank you very much. Have a great day! | Expand | |
| End time of call  \* must provide value |  |  |
| Final notes |  | Expand |
|  | | |

**Provider phone number not confirmed**

|  |  |  |
| --- | --- | --- |
| I’m sorry. I must have the wrong phone number.  Thank you. | | |
| End time of call  \* must provide value |  |  |
| Final notes |  | Expand |
|  | | |

**Not interested**

|  |  |  |
| --- | --- | --- |
| I understand. **If** [healthcare provider title and name] would like to hear more about the study, I can be reached at [Linkage Coordinator phone number]**. Thank you for your time.**  *End call* | | |
| End time of call  \* must provide value |  |  |
| Final notes |  | Expand |
|  | | |