

## Attachment 7b

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### 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?

\* must provide value

Yes

No

<p>Hello, this is <b>[Linkage Coordinator name]</b>. <b>I'm calling on behalf of Virginia Medicaid about a quality improvement study for Medicaid members and their providers. [healthcare provider title and name]</b> recently received information about this study via fax.</p> <p>I am calling to follow-up. I'd appreciate the opportunity to tell <b>[healthcare provider title and name] more about the study.</b></p> <p>How can I go about speaking with <b>[healthcare provider title and name]</b> or a member of the staff to talk further about the study?</p> <p>No: not available, number is correct</p>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes: connected to provider</li> <li><input type="radio"/> Yes: connected to staff member</li> <li><input type="radio"/> No: not available, number is correct</li> <li><input type="radio"/> No: wrong number</li> <li><input type="radio"/> No: decline to discuss further</li> </ul>
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### Reached (provider)

<p>Hello. Thank you for taking my call. My name is <b>[Linkage Coordinator name]</b> and <b>I'm calling on behalf of Virginia Medicaid about a quality improvement study for Medicaid members and their providers.</b></p> <p>I faxed you information about the study last week. I'd appreciate the opportunity to tell you more about it and answer questions.</p> <p>Do you have a few minutes to talk?</p>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No: not right now</li> <li><input type="radio"/> No: not interested</li> </ul>
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Yes, available to talk now

<p><i>Go to Verbal consent—provider participants form.</i></p>
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No, not available right now

<p>I understand. Is there a different time we could talk?</p> <p><i>Discuss scheduling with provider or staff member.</i></p>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul>
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### Yes, will schedule a different time to talk

<p><i>Schedule alternative date</i></p> <p>* must provide value</p>	
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<i>Schedule alternative time</i>		
<i>* must provide value</i>		
Thank you. I appreciate your time and will call you back at [clinic phone number] on [scheduled date] at [scheduled time].		
<i>End call.</i>		
End time of call	<input type="text"/>	    -
<i>* must provide value</i>		
Final notes	<input type="text"/>	
		Expand

No, will not schedule a different time to talk

I understand. <b>If</b> you would like to hear more about the study, I can be reached at [Linkage Coordinator's phone number]. <b>Thank you for your time.</b>		
<i>End call.</i>		
End time of call	<input type="text"/>	    -
<i>* must provide value</i>		
Final notes	<input type="text"/>	
		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	<input type="text"/>     - -	
Final notes	<div style="border: 1px solid #ccc; height: 60px;"></div>	
		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	<input type="text"/>     - -
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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

<i>Schedule alternative date</i>  <i>* must provide value</i>	
<i>Schedule alternative time</i>  <i>* must provide value</i>	
<p>Thank you. I'll call [healthcare provider title and name] on [scheduled date] at [scheduled time].</p> <p><i>End call.</i></p>	
End time of call <i>* must provide value</i>	<input type="text"/>     - -
Final notes	<div style="border: 1px solid #ccc; height: 60px; width: 100%;"></div> <div style="text-align: right; font-size: small;">Expand</div>

No, not able to schedule

<p>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.</p> <p><i>End call.</i></p>	
End time of call <i>* must provide value</i>	<input type="text"/>     - -
Final notes	<div style="border: 1px solid #ccc; height: 60px; width: 100%;"></div> <div style="text-align: right; font-size: small;">Expand</div>

## Did not reach (wrong phone number)

Can you confirm this is [clinic phone number]?	<input type="radio"/> Confirmed
	<input type="radio"/> Not confirmed

### Provider phone number confirmed

<p>I'm sorry. I must have the wrong phone number. Do you know of a better phone number for [healthcare provider title and name]?</p> <p><i>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.</i></p> <p>Thank you very much. Have a great day!</p>	<div style="border: 1px solid #ccc; height: 60px; width: 100%;"></div> <p style="text-align: right; font-size: small;">Expand</p>
End time of call <span style="color: red; font-size: small;">* must provide value</span>	<input type="text"/>   
Final notes	<div style="border: 1px solid #ccc; height: 60px; width: 100%;"></div> <p style="text-align: right; font-size: small;">Expand</p>

### Provider phone number not confirmed

<p>I'm sorry. I must have the wrong phone number. Thank you.</p>	
End time of call <span style="color: red; font-size: small;">* must provide value</span>	<input type="text"/>   
Final notes	<div style="border: 1px solid #ccc; height: 60px; width: 100%;"></div> <p style="text-align: right; font-size: small;">Expand</p>

**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