

Attachment 7c

Contact protocol - control participants

Eligible potential participant information

Name:
DOB:
ID:
Phone:

Other information

Contact attempt number:
Scheduled call (yes/no):

Notes (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

<p>Did anyone answer the phone?</p> <p>* must provide value</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p><i>Leave a voicemail.</i></p> <p>Hello, it's [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. I'd like to tell you more about it. Could you call me at [Linkage Coordinator's phone number]? I'm available [Linkage Coordinator's working hours]. Thanks!</p>	
<p>End time of call</p> <p>* must provide value official</p>	<p><input type="text" value="Now"/> H:M</p> <p>Click "now" when you end the call</p>
<p>Notes (post-call)</p>	<div data-bbox="927 892 1390 1039" style="border: 1px solid #ccc; height: 70px;"></div> <p style="text-align: right;">Expand</p>

Wrong Number

Did anyone answer the phone? <i>* must provide value</i>	<input checked="" type="radio"/> Yes <input type="radio"/> 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 participant's name]? <i>* must provide value</i>	<input type="radio"/> Yes <input type="radio"/> No: not available, number correct <input checked="" type="radio"/> No: suspected wrong number

Phone # confirmed

Can you confirm that this is [potential participant's phone number]? <i>* must provide value</i>	<input checked="" type="radio"/> Confirmed <input type="radio"/> Not confirmed
I'm sorry, I must have the wrong phone number. Thank you. <i>End call.</i>	

Phone # not confirmed

Can you confirm that this is [potential participant's phone number]? <i>* must provide value</i>	<input type="radio"/> Confirmed <input checked="" type="radio"/> Not confirmed
I'm sorry, I must have the wrong phone number. Thank you. <i>End call. Re-attempt with correct phone number. Reset the call start time.</i>	

End call

End time of call <i>* must provide value</i>	 <input type="text" value="Now"/> H:M Click "now" when you end the call
Notes (post-call)	<div style="border: 1px solid #ccc; height: 60px; width: 100%;"></div> <p style="text-align: right;">Expand</p>

Did Not Reach / Not Available

<p>Did anyone answer the phone?</p> <p><i>* must provide value</i></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>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]?</p> <p><i>* must provide value</i></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No: not available, number correct</p> <p><input type="radio"/> No: suspected wrong number</p>
<p>Thank you. It's [Linkage Coordinator's name] calling. I'll call back another time.</p> <p><i>End call.</i></p>	
<p>End time of call</p> <p><i>* must provide value</i></p>	<p><input type="text" value="Now"/> H:M</p> <p>Click "now" when you end the call</p>
<p>Notes (post-call)</p>	<div style="border: 1px solid black; height: 60px;"></div> <p style="text-align: right;">Expand</p>

Incorrect Name and/or DOB

Did anyone answer the phone? <i>* must provide value</i>	<input checked="" type="radio"/> Yes <input type="radio"/> 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 participant's first name]? <i>* must provide value</i>	<input checked="" type="radio"/> Yes <input type="radio"/> No: not available, number correct <input type="radio"/> No: suspected wrong number
Thank you. I'm calling to talk to you about a study for eligible Virginia Medicaid members. Virginia Medicaid strives to improve your quality of care. This involves evaluating how to promote your health. In the past week, you should have received information about a study in the mail. The study is about something that may be confidential. I want to make sure that I am talking to the right person. I can do this by confirming your identity. I want to do this to protect your privacy.	
The letter that we sent you has an ID number on it. One way that I can confirm your identity is using this ID number. Do you mind telling me the ID number on the letter? <i>• Participant has correct ID number: Great. Do you mind telling me your first and last name and date of birth? This is all I will need to confirm your identity.</i> <i>• Participant has incorrect ID number: Great. Do you mind telling me your first and last name and date of birth? This is all I will need to confirm your identity.</i> <i>• Participant does not have any ID number (e.g., no letter): That's ok. We can use different information. Do you mind telling me your first and last name and date of birth?</i> 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

Phone # confirmed

Can you confirm this is [potential participant's phone number]?

* must provide value

- Confirmed
- Not confirmed

I'm sorry, I must have the wrong phone number. Thank you.

End call.

Phone # not confirmed

Can you confirm this is [potential participant's phone number]?

* must provide value

- Confirmed
- 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 time.

End call

End time of call

* must provide value

 Now H:M
Click "now" when you end the call

Notes (post-call)

Expand

Will Not Verify Name and/or DOB

<p>Did anyone answer the phone?</p> <p>* must provide value</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>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]?</p> <p>* must provide value</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No: not available, number correct</p> <p><input type="radio"/> No: suspected wrong number</p>
<p>Thank you. As I said before, I'm calling to talk to you about a study for eligible Virginia Medicaid members. Virginia Medicaid strives to improve your quality of care. This involves evaluating how to promote your health. In the past week, you should have received information about a study in the mail.</p> <p>The study is about something that may be confidential.</p> <p>I want to make sure that I am talking to the right person. I can do this by confirming your identity. I want to do this to protect your privacy.</p>	
<p>The letter that we sent you has an ID number on it. One way that I can confirm your identity is using this ID number.</p> <p>Do you mind telling me the ID number on the letter?</p> <p><i>* Participant states correct ID number:</i> Great. Do you mind telling me your first and last name and date of birth? This is all I will need to confirm your identity.</p> <p><i>* Participant states incorrect ID number:</i> Great. Do you mind telling me your first and last name and date of birth? This is all I will need to confirm your identity.</p> <p><i>* Participant does not have any ID number (e.g., no letter):</i> That's ok. We can use different information. Do you mind telling me your first and last name and date of birth?</p> <p>Expected ID number: Expected name: Expected DOB:</p>	
<p>Did the participant verify their name and DOB?</p> <p>* must provide value</p>	<p><input type="radio"/> Yes: name and DOB verified</p> <p><input type="radio"/> No: incorrect name and/or DOB</p> <p><input checked="" type="radio"/> No: will not verify name and/or DOB</p>

Send certified letter

<p>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?</p> <p><i>* must provide value</i></p>	<p><input checked="" type="radio"/> Yes: certified letter <input type="radio"/> No: no certified letter</p>
<p>Great. Do you mind providing your mailing address?</p>	<div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div> <p style="text-align: center;">Optional Expand</p>
<p>Thank you. I appreciate that you're willing to learn more. I'll send a certified letter to [state mailing address].</p> <p>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.</p> <p><i>End call.</i></p>	

Do not send certified letter

<p>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?</p> <p><i>* must provide value</i></p>	<p><input type="radio"/> Yes: Certified letter <input checked="" type="radio"/> No: No certified letter</p>
<p>I understand. Thank you for your time. If you change your mind, you can call me at [Linkage Coordinator's phone number}.</p> <p><i>End call.</i></p>	

End Call

<p>End time of call</p> <p><i>* must provide value</i></p>	<div style="border: 1px solid #ccc; padding: 5px;"><input type="text" value="Now"/> H:M Click "now" when you end the call</div>
<p>Notes (post-call)</p>	<div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div> <p style="text-align: right;">Expand</p>

Personal Information Verified - Not Available to Talk Now

<p>Did anyone answer the phone?</p> <p>* must provide value</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>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]?</p> <p>* must provide value</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No: not available, number correct</p> <p><input type="radio"/> No: suspected wrong number</p>
<p>Thank you. As I said before, I'm calling about a study for eligible Virginia Medicaid members. Virginia Medicaid strives to improve your quality of care. This involves evaluating how to promote your health. In the past week, you should have received information about a study in the mail.</p> <p>The study is about something that may be confidential. I want to make sure that I am talking to the right person. I can do this by confirming your identity. I want to do this to protect your privacy.</p>	
<p>The letter that we sent you has an ID number on it. One way that I can confirm your identity is using this ID number.</p> <p>Do you mind telling me the ID number on the letter?</p> <p><i>• Participant has correct ID number: Great. Do you mind telling me your first and last name and date of birth? This is all I will need to confirm your identity.</i></p> <p><i>• Participant has incorrect ID number: Great. Do you mind telling me your first and last name and date of birth? This is all I will need to confirm your identity.</i></p> <p><i>• Participant does not have any ID number (e.g., no letter): That's ok. We can use different information. Do you mind telling me your first and last name and date of birth?</i></p> <p>Expected ID number: Expected name: Expected DOB:</p>	
<p>Did the participant verify their name and DOB?</p> <p>* must provide value</p>	<p><input checked="" type="radio"/> Yes: name and DOB verified</p> <p><input type="radio"/> No: incorrect name and/or DOB</p> <p><input type="radio"/> No: will not verify name and/or DOB</p>

Thank you. Do you prefer [potential participant's first name] or do you go by another name?

** must provide value*

Prefer [potential participant's first name]
 Prefer another name

Preferred name

Thanks, [potential participant's preferred first 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*

Yes
 No

Alternative call time identified

I understand. It would be great to talk with you more about this study. Could we talk about the study a different time?


** must provide value*

Yes
 No

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.

Alternative call time not identified

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 hours], if you have questions. Thank you. I look forward to talking to you a different time.

End call.

End Call

End time of call

H:M

* must provide value

Click "now" when you end the call

Notes (post-call)

Expand

Personal Information Verified - Available to Talk

<p>Did anyone answer the phone?</p> <p><i>* must provide value</i></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>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 name]?</p> <p><i>* must provide value</i></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No: not available, number correct</p> <p><input type="radio"/> No: suspected wrong number</p>
<p>Thank you. As I said, I'm calling to talk to you about a study for eligible Virginia Medicaid members. Virginia Medicaid strives to improve your quality of care. This involves evaluating how to promote your health. In the past week, you should have received information about a study in the mail.</p> <p>The study is about something that may be confidential.</p> <p>I want to make sure that I am talking to the right person. I can do this by confirming your identity. I want to do this to protect your privacy.</p>	
<p>The letter that we sent you has an ID number on it. One way that I can confirm your identity is using this ID number.</p> <p>Do you mind telling me the ID number on the letter?</p> <p><i>* Participant has correct ID number: Great. Do you mind telling tell me your first and last name and date of birth? This is all I will need to confirm your identity.</i></p> <p><i>* Participant has incorrect ID number: Great. Do you mind telling me your first and last name and date of birth? This is all I will need to confirm your identity.</i></p> <p><i>* Participant does not have any ID number (e.g., no letter): That's ok. We can use different information. Do you mind telling me your first and last name and date of birth?</i></p> <p>Expected ID number: Expected name: Expected DOB:</p>	
<p>Did the participant verify their name and DOB?</p> <p><i>* must provide value</i></p>	<p><input checked="" type="radio"/> Yes: name and DOB verified</p> <p><input type="radio"/> No: incorrect name and/or DOB</p> <p><input type="radio"/> No: refusal to verify name and/or DOB</p>

Did the participant verify their name and DOB?

* must provide value

- Yes: name and DOB verified
- No: incorrect name and/or DOB
- No: refusal to verify name and/or DOB

Thank you. Do you prefer [potential participant's first name] or do you go by another name?

* must provide value

- 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

- Yes
- No

Go to Verbal consent – control participants form

Notes (post-call)

Expand