

Participants Follow-Up Communication Templates

Phone Script and Email Templates for Recruitment Coordinators

I. Patient and Caregiver Vetting

Medicare.gov Webpage Feedback Session Patients and Caregivers Vetting and Scheduling Process

Purpose

The purpose of the Patient and Caregiver Vetting document is to provide an overview of the vetting and scheduling process for a feedback session.

Initial Outreach

Hello [Participant's Name],

This is [Name] from Rainmakers Strategic Solutions. I hope you're doing well. I'm following up on the interest form you filled out about taking part in a feedback session for the Medicare.gov webpage. The purpose of this call is to confirm you meet the criteria to participate and answer any questions you may have about the feedback session. If at any point you have a question, feel you aren't interested, or find that you don't meet the criteria to participate, please stop me at any time. To participate, you must have a laptop or desktop computer and be a Medicare beneficiary, or a caregiver for a Medicare beneficiary. You can't participate if you're a health care professional, have an immediate family member who is a health care professional, are a current or former federal employee of the Department of Health and Human Services, or have participated in health-related interviews or focus groups within the last 6 months.

Script for Eligible Participants

Thank you for reviewing that with me and confirming you're interested in participating. Let's go over some session details. The session will last around an hour and be held the week of [placeholder]. Participants who attend and give their opinion during the session will get a \$45 payment after the session. We offer payment by check, direct deposit, or PayPal. We can schedule this now if you're interested.

[If they meet the criteria and confirm interest:] Thank you for taking the time to schedule this. Please choose one of the following days and times for your feedback session:

[Example 1: Monday, December 11, time TBD]

[Example 2: Tuesday, December 12, time TBD]

[Example 3: Wednesday, December 13, time TBD]

[Example 4: Monday, December 16, time TBD]

[Example 5: Tuesday, December 17, time TBD]

[Example 5: Wednesday, December 18, time TBD]



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We use Zoom for our sessions because it's easy to use. Before your session, we'll send you a Zoom link, a Welcome Packet, orientation guide with Zoom tips, session questions, and a link to the Medicare.gov webpage. Please review the webpage and questions before your session.

If you have any questions, you can call us at 844-424-9377 or email the Rainmakers Outreach Support team at: RainmakersOutreach@rainmakersolutions.com
Thanks again for your interest in this important discussion.

Script for Participants Who Aren't Eligible

[If they don't meet the criteria:] Thank you for taking the time to speak with me today. We'll email you if we select you to take part in the session. If you have any questions, call us at 844-424-9377 or email the Rainmakers Outreach Support team at RainmakersOutreach@rainmakersolutions.com. Thanks again for your interest in this important discussion.

Eligible Participants:

Participants who aren't eligible will be sent the "Participants Who Aren't Eligible" email. Participants who are eligible but unable to schedule their session on the phone call will be sent the "Participants who are Eligible and Interested in the Feedback Session" email.

Participants Who Aren't Eligible

Thank you for taking the time to complete the interest form and share your background with us. We appreciate your willingness to participate in our feedback session and your interest in helping us improve Medicare.gov. Unfortunately, we're unable to select you for this particular session. However, we may have future opportunities for feedback, and we'll keep your information on file for consideration in upcoming sessions. Thank you again for your time, and we hope to have the opportunity to work with you in the future.

Participants who are Eligible and Interested in a Feedback Session

Thank you for discussing the criteria and logistics of the session today. We're excited to schedule your 1-on-1 feedback session to share your insights on Medicare.gov. This session will take place on Zoom and last about one hour.

Below are some available time slots for the feedback session for you to choose from:

- [Date, Time Slot]
- [Date, Time Slot]
- [Date, Time Slot]

Please reply with the dates and times which work best for you, and we'll send you a Zoom link and calendar invitation. If none of these times work, let us know, and we'll be happy to find an alternative.

Thank you once again for your interest in helping shape the future of Medicare.gov.

If you have any questions, please contact us at RainmakersOutreach@rainmakersolutions.com or call 844-424-9377. We look forward to hearing your valuable insights!

Advanced Notice of Contact Email

Dear [Recipient's Name],

We're reaching out in regard to your interest in a feedback session. You'll receive a phone call this afternoon between [insert time] from a Rainmakers recruitment coordinator to confirm your eligibility to participate. Participants will be provided with 2 business days to respond and confirm eligibility. After 2 business days, participants will no longer be considered for participation in a feedback session.

Thank you for your time and willingness to participate.

Sincerely,

Rainmakers Strategic Solutions Outreach Team

II. Doctors and Clinicians Vetting

Medicare.gov Webpage Feedback Session Doctors and Clinicians Vetting and Scheduling Process

Purpose

The purpose of this document is to provide an overview of the vetting and scheduling process for a feedback session with Doctors and Clinicians.

Initial Outreach

Hello [Participant's Name], This is [Name] from Rainmakers Strategic Solutions. I hope you're doing well. I'm following up on the interest form you filled out about taking part in a feedback session for the Medicare.gov webpage. The purpose of this call is to confirm you meet the criteria to participate and answer any questions you may have about a feedback session. If at any point you have a question, feel you aren't interested, or find that you don't meet the criteria to participate, please stop me at any time. To participate, you must have a laptop or desktop computer and be one of the following:

Any healthcare provider that participates in Medicare, for example:

- Primary Care Provider
- Specialists (e.g., cardiologists, endocrinologists, oncologists)
- Nurse Practitioner (NP)

Doctors and Clinicians with experience in Electronic Health Records (EHR) and Health Information Exchange (HIE) are encouraged to participate

You can't participate if you're a current or former federal employee of the Department of Health and Human Services or have participated in health-related interviews or focus groups within the last 6 months.

Closing Script for Eligible and Ineligible Participants

The "Script for eligible participants" will be capped at 9 participants to ensure compliance with the Paperwork Reduction Act. The recruitment coordinators won't schedule more than 9 participants for a feedback session.

Script for Eligible Participants

Thank you for reviewing that with me and confirming you're interested in participating. Let's go over some session details. The session will last around an hour and be held the week of [placeholder]. Participants who attend and give their opinion during the session will get a \$45 payment after the session. We offer payment by check, direct deposit, or PayPal. Does this interest you? I'd be happy to share more details about the available feedback sessions specific to the public reporting of the services your doctor or clinician provides. Please let me know which session you would like to participate in and we can schedule this now, if that works for you.

[If they meet the criteria and confirm interest:] Thank you for taking the time to schedule this. Please choose one of the following days and times for your feedback session:

[Example 1: Monday, January 13, time TBD]

[Example 2: Tuesday, January 14, time TBD]

[Example 3: Wednesday, January 15, time TBD]

[Example 4: Monday, January 16, time TBD]

[Example 5: Tuesday, January 17, time TBD]

[Example 5: Wednesday, January 20, time TBD]

We use Zoom for our sessions because it's easy to use. Before your session, we'll send you a Zoom link, a Welcome Packet and orientation guide with Zoom tips and session questions, and a link to the Medicare.gov webpage. Please review the webpage and questions before your session.

If you have any questions, you can call us at 844-424-9377 or email the Rainmakers Outreach Support team at: RainmakersOutreach@rainmakersolutions.com

Thanks again for your interest in this important discussion.

Script for Participants Who Aren't Eligible

[If they don't meet the criteria:] Thank you for taking the time to speak with me today. We'll email you if we select you to take part in the session. If you have any questions, call us at 844-424-9377 or email the Rainmakers Outreach Support team at RainmakersOutreach@rainmakersolutions.com. Thanks again for your interest in this important discussion.



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Eligible Participants

Participants who aren't eligible will be sent the "Participants Who Aren't Eligible" email. Participants who are eligible but unable to schedule their session on the phone call will be sent the "Participants who are Eligible and Interested in the feedback Session" email.

Participants Who Aren't Eligible

Thank you for taking the time to complete the interest form and share your background with us. We appreciate your willingness to participate in our feedback session and your interest in helping us improve Medicare.gov.

Unfortunately, we're unable to select you for this particular session. However, we may have future opportunities for feedback, and we will keep your information on file for consideration in upcoming sessions.

Thank you again for your time, and we hope to have the opportunity to work with you in the future.

Participants who are Eligible and Interested in a Feedback Session

Thank you for discussing the criteria and logistics of the session today. We're excited to schedule your 1-on-1 feedback session to share your insights on Medicare.gov. This session will take place on Zoom and last about one hour.

Below are some available time slots for the feedback session for you to choose from:

[Date, Time Slot]

[Date, Time Slot]

[Date, Time Slot]

Please reply with the dates and times which work best for you, and we'll send you a Zoom link and calendar invitation. If none of these times work, let us know, and we'll be happy to find an alternative.

Thank you once again for your interest in helping shape the future of Medicare.gov.

If you have any questions, please contact us at RainmakersOutreach@rainmakersolutions.com or call 844-424-9377. We look forward to hearing your valuable insights!

Advanced Notice of Contact Email

Dear [Recipient's Name],

We're reaching out regarding your interest for the feedback session. You'll receive a phone call this afternoon between [insert time] from a Rainmakers recruitment coordinator to confirm your eligibility to participate. Participants will be provided with 2 business days to respond and confirm eligibility. After 2 business days, participants will no longer be considered for participation for the feedback session.

Thank you for your time and willingness to participate.

Sincerely,

Rainmakers Strategic Solutions Outreach Team



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