Table of Contents

[Readme 2](#_Toc527970365)

[Usability Test 3](#_Toc527970366)

[Voicemail 7](#_Toc527970367)

|  |  |
| --- | --- |
| Readme | |
| Welcome message | |
| Members will receive a greeting that will let them know the health plan is calling with a survey on a specific topic. | |
| The member will be asked to confirm their identity, and if appropriate, confirm that they have experience relevant to the survey topic. If it is a sensitive topic, the member may be asked to confirm year of birth. The member will have 2 chances to enter the YOB correctly. If it’s incorrect on the second try, they will be sent to member services for further assistance. | |
| Main Message | |
| After the verification process, members receive any introductory text and subsequent survey questions. If members do not verify relevant experience necessary for completing questions, they may be given the choice to transfer to member services for assistance or they may be notified that they have been reached in error and the call is ended. | |
| If the WRONG person is reached, the call is ended. Unrecognized responses are included in ELSE skip instructions unless specified. | |
| Condition Column | |
| The condition column details the subject of the message and provides instructions to HC’s technical writers as to the next step in the IVR branch. These instructions are written in red. | |
| Custom Key Legend | |
| The custom key legend shows all of the custom values used throughout the campaign. These values will be populated with the appropriate information at the time of the campaign. **Please fill these in upon review of the campaign script.** | |
| *Custom Key* | *Definition* |
| {HealthPlan} | **Commonwealth Care Alliance** |
| {HealthPlanAbbr} | **CCA** |
| {PlanName} | **Senior Care Options**  **OneCare** |
| {MbrNameFirst}, {HoHNameFirst} | Member’s first name, parent/guardian’s first name |
| {MemberServicesNum} | The plan’s Member Services phone number: **866-534-9540**  [This will route through HealthCrowd’s tracking number] |
| {MemberServicesHrsDays} | **8 a.m. to 8 p.m. Monday through Friday and 8:00am to 6:00pm Saturday and Sunday.** |
| {IvrSourceNumber} | Phone number shared in voicemail for member to call Member Services.  [This will route through CCA’s tracking number] |
| {PastMonth} | MONTH 1st, 2018 -- INSERT MONTH THAT IS 6 MONTHS AGO |
| {LanguageSwitch} | {Para continuar en Español, habla ESPAÑOL} – English message  {To continue in English, say English} – Spanish message |

|  |  |  |
| --- | --- | --- |
| Usability Test | | |
| Greeting | | |
| Greeting  Else, move to “Member Confirmation” | Hello, we are calling Member Voices members to help us test a new survey about your care partner and care plan. Please follow instructions and answer the survey as best you can. We are trying out some different features and questions. Thank you for your help! {LanguageSwitch} | Usability\_1  EsSwitch |
| Member Confirmation 1  If no, move to “Wrong Person” | Before we start, is this {MbrNameFirst}? If yes, say YES or press 1. If no, say NO or press 2. | Usability\_2A  Usability\_2B |
| Wrong Person  If YES or Unrecognizable, move to “Wait”. If NO, move to “Call back”. If WRONG, move to End call. | Can {MbrNameFirst} come to the phone right now? If YES, say YES or press 1. If NO, say NO or press 2. If we called the wrong number, say WRONG or press 3. | Usability\_3A  Usability\_3B |
| Call Back  End Call | Thanks for letting us know. We will call back at a later time. Thank you for your time, good-bye! | Usability\_4 |
| Wait | Thank you. We’ll wait. Please press any key to continue when ready. | Usability\_5 |
| No  End call | We’re sorry, we seemed to have reached you in error. Thank you for your time. Good-bye! | Usability\_6 |
| Call-to-Action  *If there is no response after 30 seconds, repeat the question 1x time before moving on to the next question.* | | |
| Frame 1 and Question 1  YES=Move to Q2 ELSE Move to Frame 2 | Your Commonwealth Care Alliance CARE PARTNER works with you to make sure your care and services fit you as an individual person. Do you have a Commonwealth Care Alliance care partner? If yes, say YES or press 1. If no, say NO or press 2. If unsure, say UNSURE or press 3. | Usability\_7 |
| Question 2  Move to Q3 | Do you feel your care partner stays informed and up-to-date about your health? If yes, say YES or press 1. If no, say NO or press 2. If unsure, say UNSURE or press 3. | Usability\_8 |
| Question 3  Yes=Q4  Else=Q7 | Has your care partner contacted you since {PastMonth}? If yes, say YES or press 1. If no, say NO or press 2. If unsure, say UNSURE or press 3. | Usability\_9A  Usability\_9B |
| Question 4  Move to Q5 | Have you had the SAME care partner working with you since {PastMonth}? If yes, say YES or press 1. If no, say NO or press 2. If unsure, say UNSURE or press 3. | Usability\_10A  Usability\_10B |
| Question 5  Yes=Q6  Else=Q7 | Since {PastMonth}, have you tried to contact your health partner? If yes, say YES or press 1. If no, say NO or press 2. If unsure, say UNSURE or press 3. | Usability\_11A  Usability\_11B |
| Question 5  Move to Q6 | Did you have any difficulties or delays reaching your care partner? If yes, say YES or press 1. If no, say NO or press 2. If unsure, say UNSURE or press 3. | Usability\_12 |
| Question 7  Move to Frame 2 | When you last talked to your care partner, did you get the information or help you needed? If yes, say YES or press 1. If no, say NO or press 2. If unsure, say UNSURE or press 3. | Usability\_13 |
| Frame 2 and Question 8  YES=Pauser  Else=Q9 | These next questions ask about your care plan. Do you have a printed copy of your care plan? If yes, say YES or press 1. If no, say NO or press 2. If unsure, say UNSURE or press 3. | Usability\_14 |
| Pauser | We'll wait so you have time to go and get your care plan if you’d like. Please press any key when you are ready to go on to the next question. | Usability\_15 |
| Question 9  Move to Q10 | {PlanName} Did you sign and agree with the goals and services listed in your care plan? If yes, say YES or press 1. If no, say NO or press 2. If unsure, say UNSURE or press 3. | PlanName  Usability\_16 |
| Q10  Move to Frame 3 | Is your care plan easy to understand? If yes, say YES or press 1. If no, say NO or press 2. If unsure, say UNSURE or press 3. | Usability\_17 |
| Frame 3 and Question 10  Move to Q11 | The next few questions ask HOW OFTEN in the last 6 months this happened with the ONE care partner you worked with most recently. In the last 6 months, how often did you have difficulties or delays because your care partner did not follow-thru? If always say ALWAYS or press 1. If usually, say USUALLY or press 2. If sometimes, say SOMETIMES or press 3. If never, say NEVER or press 4. | Usability\_18 |
| Question 11  Move to Q12 | In the last 6 months, how often did you feel that the people providing your care and services were working together as a team? If always say ALWAYS or press 1. If usually, say USUALLY or press 2. If sometimes, say SOMETIMES or press 3. If never, say NEVER or press 4. | Usability\_19 |
| Question 12  Move to Q13 | In the last 6 months, how often did you have difficulties or delays because it was too hard to communicate among the providers involved with your care? If always say ALWAYS or press 1. If usually, say USUALLY or press 2. If sometimes, say SOMETIMES or press 3. If never, say NEVER or press 4. | Usability\_20 |
| Question 13  Never move to Transfer Message; Else to Concluding Message | Last Question! How often do you trust that your care partner will do what they can to support your goals and health care needs? If always say ALWAYS or press 1. If usually, say USUALLY or press 2. If sometimes, say SOMETIMES or press 3. If never, say NEVER or press 4. | Usability\_21 |
| Transfer Message  If one, move to transfer to member services. Else, move ot concluding message | We are sorry to hear that you may not be connecting with your care partner. Commonwealth Care Alliance care partners help make sure you get the best care possible. Our Member Services representatives can help you reach your care partner or get a new one. Please press or say ONE to be transferred to a member services representative, otherwise hang up to end this call. | Usability\_22 |
| Transfer to member services | Thank you! Please hold while we transfer you to a representative of our member services team. | Usability\_23 |
| Concluding Message | Thank you for participating! We value your feedback and will use it to improve how our care partners work with you and other members. If we can help you now or in future, please call Commonwealth Care Alliance at {MemberServicesNum}. We’re available {MemberServicesHrsDays}. Thank you for your time. Good-bye | Usability\_24A  MemberServicesNum  Usability\_24B  MemberServicesDaysHours  Usability\_24C |
| Repeat Message  If response isn’t clear, this message will be played and the question will be played again. | I’m sorry, I didn’t understand that. Please try again. | Usability\_25 |
| Repeat Message 2  If response still isn’t clear, this message will be played and the question will be played again. | I still can’t understand. To finish this survey, use your phone keypad to enter your answers. | Usability\_26 |

|  |  |  |
| --- | --- | --- |
| Voicemail | | |
| Voicemail | Messages | |
| If phone call is not answered (adult) | Hello! This is Commonwealth Care Alliance, your health plan. We are reaching out because we have a few questions regarding your care partner. Your feedback is important and will help us improve and ensure we are offering you the best services possible, please call us back at {IvrSourceNumber}. Again, that number is {IvrSourceNumber}. | Usability\_27A  UsabilityNum  Usability\_27B  UsabilityNum |