## Request for Approval under the “Generic Clearance for Improving Customer Experience: OMB Circular A-11, Section 280 Implementation”

## (OMB Control Number: 1225-0093)

**TITLE OF INFORMATION COLLECTION:** Customer Experience Survey for feedback on claimants who recently received a denied decision.

**PURPOSE OF COLLECTION:** Paper survey designed to identify pain and positive points of our customers experienced in the claim process. And to determine if Black Lung claimants are utilizing the C.O.A.L. (Claimant Online Access Link. We will use this information to improve our claimant experience.

**TYPE OF ACTIVITY:** (Check one)

[ X ] Customer Research (Interview, Focus Groups)

[ ] Customer Feedback Survey

[ ] User Testing

**ACTIVITY DETAILS**

1. How will you collect the information? (Check all that apply)

[ ] Web-based or other forms of Social Media

[ ] Telephone

[ ] In-person

[ X ] Mail

[ X ] Other, Explain If customer request a call they will receive a call back and their concerns and/or comments will be documented.

1. Who will you collect the information from?

The Black Lung Program will collect information from 500 claimants who recently received a denied decision.

1. How will you ask a respondent to provide this information?

The respondent will be asked to complete the paper survey form and mail it back in the business return envelope provided within 30 days.

1. What will the activity look like?

The mailed package will include a cover letter explaining the purpose of the collection.

* The Survey will consist of **5 customer experience questions** in which the claimant will have the option to select from Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree, or N/A. Claimants also have space to provide additional information on the questions.

* **One Question about the C.O.A.L Portal** (Claimant Online Access Link) will give the Black Lung Program a better understanding of the percentage of claimants that use the portal and if not why. This question gives respondents multiple options to select from.
* **One Question in the Barriers to Access Survey section.** One question asking if in their interactions with the Federal Black Lung program, have they experienced difficulties due to different factors. If the respondent responds yes to this question, they are prompted to check options provided or space is provided if the option is not listed. They will be asked to explain how the check areas contributed to the difficulties in the application process in an explanation box.
* **Yes or no question** asking if they would like to talk to a Federal Black Lung Representative.
* **Space for Other General Comments or Suggestions** for improving our Service.
1. Please provide your question list.

See attachment.

**Please make sure that all instruments, instructions, and scripts are submitted with the request.**

1. When will the activity happen?

The survey will be mailed as soon as possible after approval. An email will be sent to Black Lung staff letting them know the survey is being sent out to customers in case they receive calls about the survey. A post regarding the survey will be made on the DCMWC website.

1. Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants?

[ ] Yes [ X ] No

**BURDEN HOURS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of Respondent**  | **No. of Respondents** | **Participation Time** | **Burden****Hours** |
| Individuals or Households | 500 | 5 Minutes | 42 |
|  |  |  |  |
| **Totals** | **500** | 5 Minutes | **42** |

**CERTIFICATION:**

I certify the following to be true:

1. The collections are voluntary;
2. The collections are low-burden for respondents (based on considerations of total burden hours or burden-hours per respondent) and are low-cost for both the respondents and the Federal Government;
3. The collections are non-controversial and do not raise issues of concern to other Federal agencies;
4. Any collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the near future;
5. Personally identifiable information (PII) is collected only to the extent necessary and is not retained;
6. Information gathered is intended to be used for general service improvement and program management purposes
7. Upon agreement between OMB and the agency aggregated data may be released as part of A-11, Section 280 requirements only on performance.gov. Summaries of customer research and user testing activities may be included in public-facing customer journey maps.
8. Additional release of data will be coordinated with OMB.

**Name: Kenny Lowe, Equity Coordinator**

**All instruments used to collect information must include:**

**OMB Control No. 1225-0093**

**Expiration Date: 02/29/2024**