

Request for Approval under the “Department of Labor Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery” (OMB Control Number: 1225-0088)

TITLE OF INFORMATION COLLECTION: Office of Workers' Compensation Programs Customer Service Stakeholder Survey

PURPOSE:

The Office of Workers' Compensation Programs (OWCP) administers four disability compensation programs that provide wage replacement benefits, medical treatment, vocational rehabilitation, and other benefits to certain workers or their dependents who experience work-related injury or occupational disease. The Workers' Compensation Medical Bill Processing (WCMBP) contractor processes medical bills for the compensation programs.

These programs, the Energy Employees Occupational Illness Compensation Act Program, the Federal Employees' Compensation Program, the Longshore and Harbor Workers' Compensation Program, and the Coal Mine Workers' Compensation Program, serve the specific employee groups who are covered under the relevant statutes and regulations by mitigating the financial burden resulting from workplace injury or illness.

In administering the programs, OWCP seeks to protect the interests of eligible workers, employers, and the Federal Government by ensuring timely and accurate claims adjudication and provision of benefits, by responsibly administering the funds authorized for this purpose, and by restoring injured workers to gainful work when permitted. In its commitment to continuous improvement of our services with the ultimate goal of achieving total customer satisfaction and providing an interaction that increases trust in the Federal government, OWCP seeks feedback from known stakeholders to ascertain the quality of recent services provided by the Agency using a customer satisfaction survey. OWCP has used survey information to improve customer service/program delivery for these programs.

OWCP will solicit feedback from “known” stakeholders by offering the option to participate in a short, eight to nine-question survey after they complete a telephone call to the national office, their district office or to the WCMBP contractor. When the stakeholder calls the national office, district office or the WCMBP contractor, stakeholders will be asked if they would like to take part in a survey after the completion of their call. The call will then proceed into normal call flow. For national or district office calls, at the end of the call, if the caller chose to take the survey, OWCP will route the call to where the survey will reside. At the end of the call, if the caller chose NOT to take the survey, it will just hang up. For WCMBP calls, at the end of the call, stakeholders will be asked if they would like to take a survey. Callers are then directed to a web link where the survey will reside. If the caller declines to take the survey, the call is ended.

DESCRIPTION OF RESPONDENTS:

Known stakeholders include claimants, employing agencies, insurance companies, rehabilitation nurses, providers, etc. All survey responses will be anonymous in that no names or email addresses will be submitted or captured as part of the survey.

TYPE OF COLLECTION: (Check one)

- Customer Comment Card/Complaint Form Customer Satisfaction Survey
 Usability Testing (e.g., Website or Software) Small Discussion Group
 Focus Group Other: _____

CERTIFICATION:

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
6. The 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 future.

Name: Tamara Webster and Amy Su

To assist review, please provide answers to the following question:

Personally Identifiable Information:

1. Is personally identifiable information (PII) collected? Yes No
2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? Yes No
3. If Applicable, has a System or Records Notice been published? Yes No

Gifts or Payments:

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? Yes No

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden Hours
Individual or Households	7,755	4 minutes	517
Total	7,755	4 minutes	517

OWCP has collected and analyzed data on the current phone survey for fiscal years (FYs) 2020, 2021, and 2022. Based on this data, OWCP knows that the survey takes four minutes on average to complete. In FY 2020, 4,316 individuals completed the survey, 6,315 individuals completed the survey in FY 2021, and 8,133 individuals completed the survey in FY 2022. The WCMBP contractor projects 1,500 individuals will complete the survey annually. Using this data, OWCP predicts that approximately 7,755 individuals will complete the survey per year.

Respondents can come from any number of occupations; therefore, the U.S. Department of Labor (DOL) identified the average hourly rate for all non-supervisory employees on private nonfarm payrolls for June 2023, as \$33.58. OWCP will use this to estimate the monetized value

of respondent time. See *The Employment Situation, July 2023* Table B-3, DOL, Bureau of Labor Statistics, <https://www.bls.gov/news.release/empsit.t19.htm>. 517 hours x \$33.58 = \$17,360.86.

FEDERAL COST: The estimated annual cost to the Federal government is \$2,890.92. Because the survey is voluntary, it is impossible to know exactly how many responses OWCP will receive. From October 2021 through September 2022, OWCP received a total of 14,448 responses from the current phone-based survey.

The phone survey administered by CallFire, Inc., costs \$199 per month and the phone number rental from CallFire, Inc. costs \$11.25 per month.

The WCMBP survey is administered by a web link on the WCMBP contractor web portal and services are provided as part of the contract.

The Department estimates a Program Analyst in Washington, D.C. will spend two hours each quarter reviewing responses to this information collection. Using the hourly rate for a GS-14, Step 1 stationed in Washington, D.C. (\$45.99), the following is an estimate for the burden time for Federal staff who reviews the survey responses each quarter.

\$199 for survey administration x 12 months = \$2,388.

\$11.25 for phone number rental x 12 months = \$135.

\$45.99 for Federal staff analysis x 8 hours a year = \$367.92.

The total Federal cost estimate is \$2,890.92 (\$2,388 + \$135 + \$367.92 = \$2,890.92).

If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:

The selection of your targeted respondents

1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe?
[] Yes [X] No

If the answer is yes, please provide a description of both below (or attach the sampling plan)? If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?

The survey will be offered to every caller who contacts an OWCP national or district office and the WCMBP contractor. While we do not have an actual customer list, we do know who may be taking the survey, but there is no way to say exactly which callers will decide to participate. The process will involve self-selection.

Administration of the Instrument

1. How will you collect the information? (Check all that apply)
[X] Web-based or other forms of Social Media
[X] Telephone
[] In-person
[] Mail
[] Other, Explain

2. Will interviewers or facilitators be used? [] Yes [X] No

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

Instructions for completing Request for Approval under the “Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery”

TITLE OF INFORMATION COLLECTION: Provide the name of the collection that is the subject of the request. (e.g., Comment card for soliciting feedback on xxxx)

PURPOSE: Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

DESCRIPTION OF RESPONDENTS: Provide a brief description of the targeted group or groups for this collection of information. These groups must have experience with the program.

TYPE OF COLLECTION: Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

CERTIFICATION: Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

Personally Identifiable Information: Provide answers to the questions.

Gifts or Payments: If you answer yes to the question, please describe the incentive and provide a justification for the amount.

BURDEN HOURS:

Category of Respondents: Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households; (2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected.

No. of Respondents: Provide an estimate of the Number of respondents.

Participation Time: Provide an estimate of the amount of time required for a respondent to participate (e.g. fill out a survey or participate in a focus group)

Burden: Provide the Annual burden hours: Multiply the Number of responses and the participation time and divide by 60.

FEDERAL COST: Provide an estimate of the annual cost to the Federal government.

If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:

The selection of your targeted respondents. Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If the answer is yes, to the first question, you may provide the sampling plan in an attachment.

Administration of the Instrument: Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g., for surveys) or facilitators (e.g., for focus groups) used.

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