

**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: OWCP Medical Bill Processing Questionnaire

PURPOSE OF COLLECTION:

Identify the pain and positive points that top billing medical providers experience in using the Workers' Compensation Medical Bill Processing (WCMBP) system. Feedback and information obtained will be used to improve the content and visibility of WCMBP system and services for all providers. Provider best practices will also aide in future outreach and training plans. This data will feed a summary of customer insights to inform service improvements.

TYPE OF ACTIVITY: (Check one)

- ☒ [X] Customer Research (Interview, Focus Groups, Surveys)
- ☐ [] Customer Feedback Survey
- ☐ [] Usability Testing of Products or Services

ACTIVITY DETAILS

1. If this is a survey, will the results of this survey be reported to Touchpoints as part of quarterly reporting obligations specified in OMB Circular A-11 Section 280?

- ☐ [] Yes
- ☒ [x] No
- ☐ [] Not a survey

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

- ☒ [X] Web-based or other forms of Social Media
- ☐ [] Telephone
- ☐ [] In-person
- ☐ [] Mail
- ☒ [X] Other, Explain: e-mail

3. Who will you collect the information from?

Information will be collected from medical providers who have successfully billed for services provided to Office of Workers' Compensation Programs (OWCP) injured and ill workers. This group of medical providers are effectively working with the WCMBP system and are not encountering a high number of bill denials.

Respondents are identified by reviewing the previous 12 months of billing history for medical providers with the highest volume of successful billing with fewest bill denials. A combination of 150 top billers from each program will be selected and solicited for feedback.

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

Respondents will receive an invitation by email with a link to access the feedback form. link: [OWCP Medical Bill Processing Best Practices Questionnaire](#).

5. What will the activity look like?

Describe the information collection activity – e.g. what happens when a person agrees to participate? Will facilitators or interviewers be used? What’s the format of the interview/focus group? If a survey, describe the overall survey layout/length/other details? If User Testing, what actions will you observe / how will you have respondents interact with a product you need feedback on?

The survey layout consists of:

- One open-ended question
- Two demographic information questions to identify respondent’s OWCP Program services provided and length of provided service for OWCP claimants, and
- 16-17 survey questions with links to products pertaining to the feedback needed.

6. Please provide your question list.

Paste here the questions or prompts presented to participants in your activity. If you have an interview / facilitator guide, that can be attached to the submission and referenced here.

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

Please refer to attachment:



7. When will the activity happen?

This survey will be sent to identified providers in alignment with the timing of the overall clearance. Respondents will be

encouraged to respond within three weeks, and a reminder message will be sent after two weeks.

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

☐ Yes ☒ No

If Yes, describe:

N/A

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden Hours
Private Sector	150	4 minutes	10
Totals	150	600 minutes	10

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;
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 and email address of person who developed this survey/focus group/interview:

Name: Amy Su and WCMBP Contractor

Email address: Su.Amy.T@dol.gov

All instruments used to collect information must include:

OMB Control No. 1225-0093

Expiration Date: 02/29/2024

HELP SHEET
(OMB Control Number: XXXX-XXXX)

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.

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: Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

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 per row.

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.