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## OWCP Medical Bill Processing Questionnaire

<https://forms.office.com/r/QETPjc43mu>

*Dear Provider,*

*Our records indicate you are successfully billing for services provided to Office of Workers' Compensation Programs (OWCP) injured and ill workers. Our interest is to capture your experience interacting with the Workers' Compensation Medical Bill Processing (WCMBP) system and services. We kindly request your time to answer a few questions. Your feedback will serve to benefit all OWCP providers.*

*Please be sure to click Submit at the end of the form to ensure we have received your responses. If you have any questions or need further assistance, please email [amy.harris@acentra.com](mailto:amy.harris@acentra.com) or call (240) 243-2782.*

*Thank you,*

*OWCP Medical Bill Processing Outreach Team*

### **1. Please select the OWCP Program(s) you provide services for:**

- ☐ DFEC (Division of Federal Employees' Compensation)
- ☐ DEEOIC (Division of Energy Employees Occupational Illness Compensation)
- ☐ DCMWC (Division of Coal Mine Workers' Compensation)

### **2. How long have you provided services for OWCP claimants?**

- ☐ 0-2 Years
- ☐ 3-5 Years
- ☐ 5+ Years

### **3. My interactions with WCMBP system and services this past year increased my trust in OWCP.**

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

4. What about your interactions made the difference? (Select all that apply).

- ☐ I found what I needed.
- ☐ It was easy to find what I needed.
- ☐ It took a reasonable amount of time to do what I needed to do.
- ☐ I understood what was being asked of me throughout the process.
- ☐ I was treated fairly.
- ☐ Employees I interacted with were helpful.
- ☐ Something else.

5. What could have been better? (Select all that apply)

- ☐ My need was not addressed.
- ☐ It was difficult to find what I needed.
- ☐ It took too long to do what I needed to do.
- ☐ I did not understand what was being asked of me throughout the process.
- ☐ I was not treated fairly.
- ☐ Employees I interacted with were not helpful.
- ☐ Something else.

6. Anything else you would like us to know about your experience?

Enter your answer

7. In the past 12 months, how often did you utilize WCMBP's web portal <https://owcpmed.dol.gov/> to obtain information? 

- ☒ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Yearly
- ☐ Never

8. If you use WCMBP web portal, which links do you use most frequently?

(Check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> <a href="#">Provider Home</a>           | <input type="checkbox"/> <a href="#">Forms &amp; References</a> |
| <input type="checkbox"/> <a href="#">News</a>                    | <input type="checkbox"/> <a href="#">Billing</a>                |
| <input type="checkbox"/> <a href="#">Provider Enrollment</a>     | <input type="checkbox"/> <a href="#">FAQs</a>                   |
| <input type="checkbox"/> <a href="#">Training &amp;Tutorials</a> | <input type="checkbox"/> <a href="#">Payments</a>               |
| <input type="checkbox"/> <a href="#">Authorizations</a>          | <input type="checkbox"/> Other                                  |

9. What features of the WCMBP system or services are helpful in scheduling appointments for OWCP claimants?

- ☐ Eligibility Inquiry
- ☐ Authorizations
- ☐ Call Center/IVR
- ☐ Other

Please provide any additional comments here.

10. What features of the WCMBP system or services are helpful in billing for services provided to OWCP claimants?

- ☐ Electronic Billing (EDI/HIPAA)
- ☐ On-line Billing via Portal
- ☐ Remittance Vouchers (RVs)
- ☐ Bill Inquiry
- ☐ Other

Please provide any additional comments here.

For the next few questions, consider your most recent experience with the WCMBP Call Center:

11. Did you contact at least one of the call center numbers below for assistance with bill processing and or prior authorizations within the last three (3) months?

Division of Federal Employees' Compensation (DFEC): 1-844-493-1966

Division of Energy Employees Occupational Illness Compensation (DEEOIC): 1-866-272-2682

Division of Coal Mine Workers' Compensation (DCMWC): 1-800-638-7072

☐ Yes ☐ No

**If Yes selected for #11, the following question appears:**

12. Was the call center able to resolve the issue that prompted your most recent call?

☐ Yes

☐ No

**If Yes selected for #12, the following question appears:**

13. When interacting with the call center, I am satisfied with the service I received.

☐ Strongly Agree

☐ Agree

☐ Neutral

☐ Disagree

☐ Strongly Disagree

☐ Other

14. When interacting with the call center, I am treated compassionately.

☐ Strongly Agree

☐ Agree

☐ Neutral

☐ Disagree

☐ Strongly Disagree

☐ Other

**If NO selected #12, the following question appears:**

13. Did you contact OWCP at another phone number for assistance?

☐ Yes

☐ No

**If Yes selected #13, the following question appears:**

14. Please list the OWCP phone number you contacted.

Enter your answer

**If No selected #13, the following question appears:**

14. When interacting with the call center, I am satisfied with the service I received.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ Other

15. When interacting with the call center, I am treated compassionately.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ Other

**If NO selected for #11, respondent skips #12-15 from above and proceeds to the following questions. The Question # will be dependent on previous responses:**

**12. or 16. To what extent do you agree that working with us on bills, authorizations, and enrollment is easier than it was 12 months ago?**

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

Please provide the reason for your response.

**13. or 17. Overall, I am satisfied with the systems and processes for billing and prior authorizations.**

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

Please provide the reason for your response.

**14. or 18. What is one helpful hint that you would suggest to other providers when using the WCMBP system or services?**

Please provide your response here.

**15. or 19. Are you aware of the provider manual that is now available at [insert link]?**

- ☐ Yes
- ☐ No

**If yes is selected, the following question appears:**

**20.**

**16. Would you like to share your feedback and your impression of the OWCP Provider Manual?**

Enter your answer

*Thank you for your time and feedback.*