



## Claimant Survey – Identifying Provider Access Challenges

**Introduction:** Thank you for sharing your thoughts with us. The survey should take approximately 5 minutes to complete. Your participation is voluntary, and responses are anonymous. Please do not include any personal information on this survey, including your name, date of birth, email address, SSN, etc.

The Office of Management and Budget has approved this survey under control number 1225-0093 for use through 01/31/2027. A Federal agency cannot conduct a survey without such approval. According to the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless such collection displays a valid OMB control number. All responses to this survey are voluntary. If you have any feedback about this survey, please send it to [Feedback-OWCP-Surveys@dol.gov](mailto:Feedback-OWCP-Surveys@dol.gov), referencing survey number 1011 in the subject line.

**Q1** Based on my experience seeking care for a workers' compensation claim, I trust that the Office of Workers' Compensation Program/Federal Employees' Compensation Act Program (OWCP/FECA) is providing sufficient access to medical care for claimants' work-related injuries/illnesses.

- Yes
- No

**If Yes: Q2A** What about your experience seeking care made the biggest difference to you? Select all that apply.

Driver	Statement
Effectiveness	I was able to find a medical provider by using the OWCP Medical Bill Processing website provider search tool or toll-free phone line
Ease	It was easy to find a medical provider who would submit medical bills to OWCP
Efficiency	I was able to receive medical care for my work-related injury/illness within a reasonable amount of time
Employee Interaction	The OWCP staff was committed to helping me find a treating physician for my workplace injury or illness
Transparency	I understood what I needed to do to find a treating physician for my workplace injury or illness
Other	Something else: (write in)



**If No: Q2B** What could have been better? Select all that apply.

Driver	Statement
Effectiveness	I was not able to find a medical provider by using the OWCP Medical Bill Processing website provider search tool or toll-free phone line
Ease	It was difficult to find a medical provider who would submit medical bills to OWCP
Efficiency	I was not able to receive medical care for my work-related injury/illness within a reasonable amount of time
Employee Interaction	The OWCP staff was not committed to helping me find a treating physician for my workplace injury or illness
Transparency	I didn't understand what I needed to do to find a treating physician for my workplace injury or illness
Other	Something else: (write in)

3. Is there anything else you'd like us to know about your experience using the Office of Workers' Compensation Program benefits to receive treatment for your injury/illness? Please do not include any personal information on this survey, including your name, date of birth, email address, SSN, etc.

- Free Text

4. Is there a particular provider or medical group you would have liked to receive care from that does not currently accept or work with OWCP? Please provide the provider's name, practice/hospital address (city/state) and phone number. Please do not include any personal information on this survey, including your name, date of birth, email address, SSN, etc.

- Free Text

## Demographic Questionnaire

1. What is your age?

- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65-74
- ☐ 75+

2. What is your zip code?



- ☐ Free text with validation
3. What is your race and/or ethnicity? Select any that apply, you may select more than one response.
- ☐ American Indian or Alaskan Native
  - ☐ Asian
  - ☐ Black or African American
  - ☐ Hispanic or Latino
  - ☐ Middle Eastern or North African
  - ☐ Native Hawaiian or Pacific Islander
  - ☐ White
  - ☐ I prefer not to answer
4. What sex were you assigned at birth, on your original birth certificate?
- ☐ Female
  - ☐ Male
  - ☐ I prefer not to answer
5. How do you currently describe yourself (mark all that apply)?
- ☐ Woman
  - ☐ Man
  - ☐ Transgender
  - ☐ I use a different term {free text}
  - ☐ I prefer not to answer
6. Which of the following best represents how you think of yourself?
- ☐ Straight/heterosexual
  - ☐ Gay
  - ☐ Lesbian
  - ☐ Bisexual
  - ☐ Other/self-identify
  - ☐ I prefer not to answer
7. What is your preferred spoken language when communicating with healthcare providers?
- ☐ English
  - ☐ Spanish
  - ☐ Navajo
  - ☐ Chinese
  - ☐ French (Including Patois, Cajun, Creole, Haitian)
  - ☐ Tagalog
  - ☐ Vietnamese



- ☐ Arabic
- ☐ Korean
- ☐ Russian
- ☐ German
- ☐ Hindi
- ☐ Portuguese
- ☐ Other Language Not Listed: \_\_\_\_\_
- ☐ I prefer not to answer

8. In which language do you prefer to read health-related resources or information?

- ☐ English
- ☐ Spanish
- ☐ Navajo
- ☐ Chinese
- ☐ French (Including Patois, Cajun, Creole, Haitian)
- ☐ Tagalog
- ☐ Vietnamese
- ☐ Arabic
- ☐ Korean
- ☐ Russian
- ☐ German
- ☐ Hindi
- ☐ Portuguese
- ☐ Other Language Not Listed: \_\_\_\_\_
- ☐ I prefer not to answer

### **Thank You Page**

Thank you for taking the time to complete our survey. Your response has been recorded.