

**Request for Approval under the "Generic Clearance for Improving  
Customer Experience: OMB Circular A-11, Section 280  
Implementation"  
(OMB Control Number:1225-0093)**

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**TITLE OF INFORMATION COLLECTION:**OWCP Claimant Access to Care Survey

**PURPOSE OF COLLECTION:**

*What are you hoping to learn / improve? How do you plan to use what you learn? Are there artifacts (user personas, journey maps, digital roadmaps, summary of customer insights to inform service improvements, performance dashboards) the data from this collection will feed?*

Electronic survey designed to gather feedback from claimants under the FECA program. This survey will tell us how claimants have felt about their experience finding medical care for an OWCP eligible injury or illness. The data gathered will inform a summary of customer insights that will inform improvements to service, provider outreach/engagement campaigns, and experience design prioritization.

Demographic data, including race/ethnicity, gender, sexual orientation, zip code and age is being collected to inform insights within these demographic groups. We are curious to learn if respondents who report access to care challenges or negative experiences finding care have any demographic/regional commonalities. As the survey is anonymous, we will not be able to map responses to individuals using any other identifier. Therefore, respondents must self-report this demographic detail to us. The demographic insights, along with overall insights around respondent experiences of finding care, will inform our understanding of barriers to access. This will help us target enrollment of providers that may support claimants within particular regions/demographic groups, as well as provider specialty/clinical need.

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

- ☐ 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

- ☒ No  
☐ Not a survey

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

- ☒ Web-based or other forms of Social Media  
☐ Telephone  
☐ In-person  
☐ Mail  
☐ Other, Explain

3. Who will you collect the information from?

*Explain who will be interviewed and why the group is appropriate for the Federal program / service to connect with. Please provide a description of how you plan to identify your potential group of respondents and if only a sample will be solicited for feedback, how you will select them(e.g., anyone who provided an email address to a call center rep, a representative sample of Veterans who received outpatient services in May 2019, do you have a list of customers to reach out to (e.g., a CRM database that has the contact information, intercept interviews at a particular field office?)*

Survey will be distributed to approximately 3600 FECA program claimants with newly filed cases with date of injury/illness within the last 12 months where medical care was initiated/provided beyond administration. For this initial outreach, we will only survey claimants residing in Southeastern states. We are hoping for a completion rate of about 18% of the full distribution list (658 responses).

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

*(e.g., after an application is submitted online, the final screen will present the opportunity to provide feedback by presenting a link to a feedback form / an actual feedback form)*

We will distribute an email to claimants providing a link to the web-based survey

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?*

Claimants will be directed to click or copy-paste the Qualtrics link into their browser. The experience survey includes 4 questions, 1 yes/no, 1 multiple choice, and 2 that are write-in

(optional). The demographic questionnaire includes 8 questions, 7 multiple choice and 1 write in with data validation (zip code).

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.*

*Survey language and email correspondence language attached to submission.*

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

7. When will the activity happen?

*Describe the time frame or number of events that will occur (e.g., We will conduct focus groups on May 13,14,15, We plan to conduct customer intercept interviews over the course of the Summer at the field offices identified in response to #2 based on scheduling logistics concluding by Sept. 10<sup>th</sup>, or "This survey will remain on our website in alignment with the timing of the overall clearance.")*

Survey to be sent to claimants December 4<sup>th</sup>.

Survey will field for approximately 2 weeks, with a reminder email to be distributed to claimants via email December 11<sup>th</sup>.

Survey will be closed December 20<sup>th</sup>, with analysis beginning December 30<sup>th</sup>. After the survey is closed, respondents will no longer be able to access the survey.

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

☐ Yes ☒ No

If Yes, describe:

## BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden Hours
1. Individuals or Households	653	5 minutes	54.42
<b>Totals</b>			<b>54.42</b>

## 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. The agency will follow the procedures specified in OMB Circular A-11 Section 280 for the required quarterly reporting to OMB of trust data and experience driver data from surveys.
8. Outside of the quarterly reporting mentioned in the bullet immediately above, if the agency intends to release journey maps, user personas, reports, or other data-related summaries stemming from this collection, the agency must include appropriate caveats around those summaries, noting that conclusions should not be generalized beyond the sample, considering the sample size and response rates. The agency must submit the data summary itself (e.g., the report) and the caveat language mentioned above to OMB before it releases them outside the agency. OMB will engage in a passback process with the agency.

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

**Name: Rachel Gallagher**

**Email address: gallagher.rachel.s@dol.gov**

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

**OMB Control No. 1225-0093**

**Expiration Date: 1/31/2027**

**HELP SHEET**  
**(OMB Control Number:1225-0093)**

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**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...)

**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.