

Executive Summary: January 2023 CX Survey Results and Recommendations

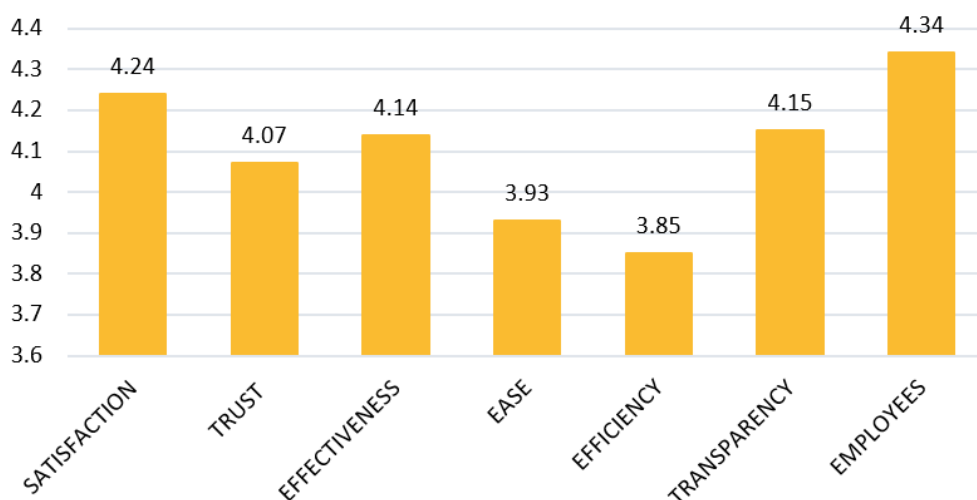
Purpose

The Division of Energy Employees Occupational Illness Compensation (DEEOIC) Outreach and Customer Experience Unit (OCXU) deployed a new customer experience survey that was sent out to 2,000 stakeholders who submitted a Part E wage loss or impairment claim under the Energy Employees Occupational Illness Compensation Program Act (EEOICPA) between February 2022 and November 2022. Questions were designed to align with the customer experience (CX) drivers outlined in OMB Circular A-11 Section 280 (Managing Customer Service and Improving Service Delivery). This survey package included an optional Equity Assessment. This report details the scores and analysis obtained from this survey and any associated recommendations from the team's analysis of the results.

Results

The Team received 648 responses (approximately 33% response rate) to this survey. The survey included seven questions that related to the OMB Circular A-11 Section 280 customer experience drivers. The questions were scored from 1 (strongly disagree) to 5 (strongly agree). Two questions received an average score under 4. The question that received the highest average score, 4.34 out of 5, was related to employees (Q: The employees I interacted with were helpful.) The lowest average score by question, 3.85 out of 5, was received on the question related to efficiency (Q: It took a reasonable amount of time to receive a decision on my wage loss/impairment claim).

AVERAGE SCORE BY QUESTION



Open response comment analysis aligned with the results from the driver questions. 31% of bright spots identified by claimants related to a positive experience with DEEOIC staff and/or Resource Centers. The most negative comment theme was related to efficiency/timeliness with 32% of pain points expressing dissatisfaction with how long the process took and/or not knowing where they were in the process or how much time it would take.

Recommendations

The responses from the survey did not signal areas of significant concern in the Part E Wage Loss/Impairment process. The OCXU recommends that DEEOIC consider developing a new Claims Adjudication Timeframes infographic specific to impairment claims. The OCXU also recommends a review of letters/correspondence sent to customers during this process and revisions to include more understandable language to increase transparency and give claimants a better idea of timeframes and where they are in the process. Expectation setting may mitigate concerns with timeliness and confusion.

DEEOIC Outreach and Customer Experience Unit

January 2023 CX Survey Results and Recommendations

Purpose

To present the analysis of the January 2023 Customer Experience (CX) Survey, discuss results, and propose recommendations for programmatic improvement.

Background

In Fiscal Year 2019, the Office of Workers' Compensation Programs (OWCP) designated the Division of Energy Employees Occupational Illness Compensation (DEEOIC) to report on OWCP's behalf as a High Impact Service Provider (HISP) due to the importance of the services that DEEOIC provides. HISPs are required to adhere to OMB Circular A-11 Section 280, "Managing Customer Experience and Service Delivery," incorporating the principles of customer experience into their organizations and ensuring that customer experience practices are integrated into program delivery.

To reinforce its commitment to its stakeholders, DEEOIC employs an Outreach and Customer Experience Unit (OCXU) within the Branch of Outreach and Technical Assistance (BOTA). This team has dedicated customer experience staff that work to solicit feedback from stakeholders, conduct analyses of data, and make data-driven recommendations for programmatic and procedural improvements. The CX staff regularly develops surveys and methodologies for collecting relevant customer feedback at different points in time ("touchpoints") throughout the customer's journey with DEEOIC. As part of its paper survey initiative, the current survey was developed to gather feedback on claimant's experience when filing a claim under Part E of the Energy Employees Occupational Illness Compensation Program Act (EEOICPA) for wage loss or impairment. Similar to the previous collections, this survey package included an optional Equity Assessment in response to the January 2021 "Executive Order on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government." The data gathered from the Equity Assessment helps identify potential areas for improvement and better understand the unique challenges that DEEOIC stakeholders may face.

Survey Population

The survey was mailed to 2,000 claimants who filed a claim under Part E of the Energy Employees Occupational Illness Compensation Program Act (EEOICPA) for wage loss and/or impairment. The 2,000 claimants received 2,008 final decisions on claims between February and November of 2022. The types of claims and types of decisions are detailed in the table below.

TYPE OF CLAIM	COUNT OF DECISIONS	% CLAIMS	ACCEPTED	DENIED	PARTIAL A/D
Impairment	1965	97.9%	88.9%	11.1%	0
Wage Loss	43	2.1%	65.1%	20.9%	14.0%

Survey Instrument

U.S. Department of Labor

Office of Workers' Compensation Programs
Division of Energy Employees Occupational Illness Compensation
200 Constitution Ave, NW, Room C-3510
Washington, D.C. 20210



Over

CUSTOMER EXPERIENCE SURVEY

Please agree or disagree with the following statements by circling a numerical response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
I am satisfied with the service I received from Division of Energy Employees Occupational Illness Compensation (DEEOIC).	5	4	3	2	1	n/a
The process leading up to receiving a final decision on my Wage Loss/Impairment claim increased my trust in the DEEOIC.	5	4	3	2	1	n/a
I have been able to get my questions answered.	5	4	3	2	1	n/a
It was easy to complete what I needed to do to receive a final decision on my Wage Loss/Impairment claim.	5	4	3	2	1	n/a
It took a reasonable amount of time to receive a final decision on my Wage Loss/Impairment claim.	5	4	3	2	1	n/a
I understood what was being asked of me throughout the process.	5	4	3	2	1	n/a
The employees I interacted with were helpful.	5	4	3	2	1	n/a

<p>When considering your claim experience from start to finish, please list or describe the "pain points" and "bright spots" of your experience.</p> <p>Pain Point: <i>An interaction or step in the process that caused a problem, frustration, or resulted in a negative experience.</i></p> <p>Bright Spot: <i>An interaction or step in the process that went smoothly, or resulted in a positive experience.</i></p> <p>Pain Points:</p> <p>Bright Spots:</p>	<p>Do you have additional feedback related to your experience filing a Wage Loss/Impairment claim?</p> <p>Would you like to speak on the telephone with our Customer Experience Team regarding your experience filing your Wage Loss/Impairment claim? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please provide your name and telephone number:</p> <p>Name: _____</p> <p>Phone: _____</p>
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OMB Control Number: 1225-0093
Expiration Date: 02/29/2024

U.S. Department of Labor

Office of Workers' Compensation Programs
Division of Energy Employees Occupational Illness Compensation
200 Constitution Ave, NW, Room C-3510
Washington, D.C. 20210



EQUITY ASSESSMENT

We strive to best serve all our customers, including racial and ethnic minorities, persons with disabilities, the LGBTQ+ community, rural communities, and other underserved populations. Thus, OWCP/DEEOIC is committed to finding ways to focus on equity for all, including people who have been historically marginalized or adversely affected by inequality.

Advancing equity in our program means recognizing that different people have different circumstances. Some people face conditions and circumstances that make it more difficult to achieve the same goals. We want to know if you feel like your own personal circumstances have made it difficult for you to navigate this program.

By completing this equity assessment, you will help us to identify and remove barriers in accessing benefits available from OWCP/DEEOIC, so that we can ensure equitable access to program services and benefits.

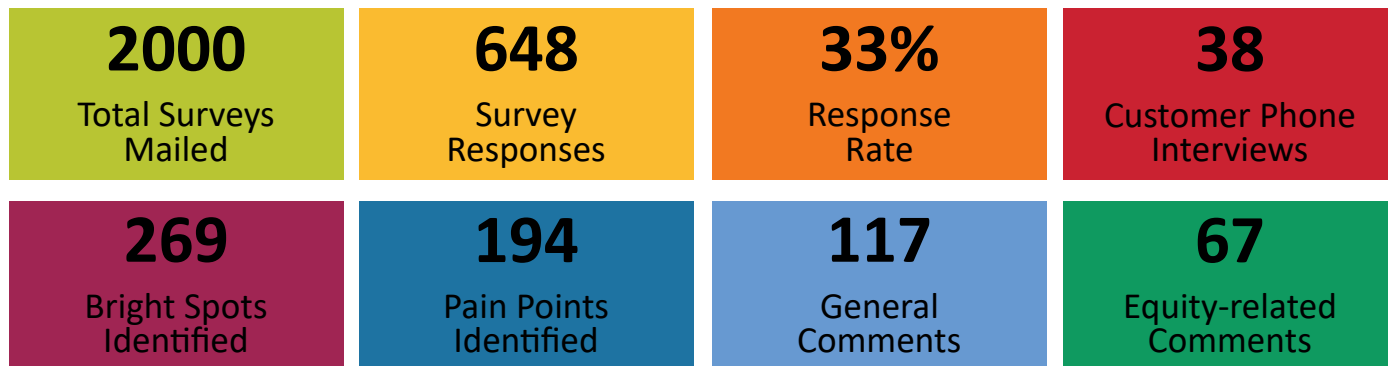
<p>Keeping the above information in mind, please indicate if you've experienced challenges with our program because of your:</p> <p>Ability or disability status <input type="checkbox"/></p> <p>Racial or ethnic identity <input type="checkbox"/></p> <p>Age <input type="checkbox"/></p> <p>Sex/Gender identity <input type="checkbox"/></p> <p>Sexual orientation <input type="checkbox"/></p> <p>Veteran status <input type="checkbox"/></p> <p>Religion <input type="checkbox"/></p> <p>Social class <input type="checkbox"/></p> <p>Geographic location (rural/remote) <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p>	<p>Based on your selection(s) to the left, how can DEEOIC better address your specific needs?</p>
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Please agree or disagree with the following statements by circling a numerical response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
I feel comfortable talking with DEEOIC representatives about the unique issues I face.	5	4	3	2	1	n/a
I am treated fairly by DEEOIC representatives.	5	4	3	2	1	n/a
I am able to find and access the correct information and tools from DEEOIC to achieve my goals.	5	4	3	2	1	n/a

The OMB control number for this collection is 1225-0093 and expires on 02/29/2024. 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. The obligation to respond to this collection is voluntary. We estimate it takes about 5 minutes to complete this collection of information, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing the collection of information. Please send comments regarding the burden estimate or any other aspect of this collection of information to the U.S. Department of Labor, DEEOIC, 200 Constitution Ave., NW, Room C-3510, Washington, D.C. 20210 and reference OMB Control Number 1225-0093. Note: Please do not return the completed form to this address.

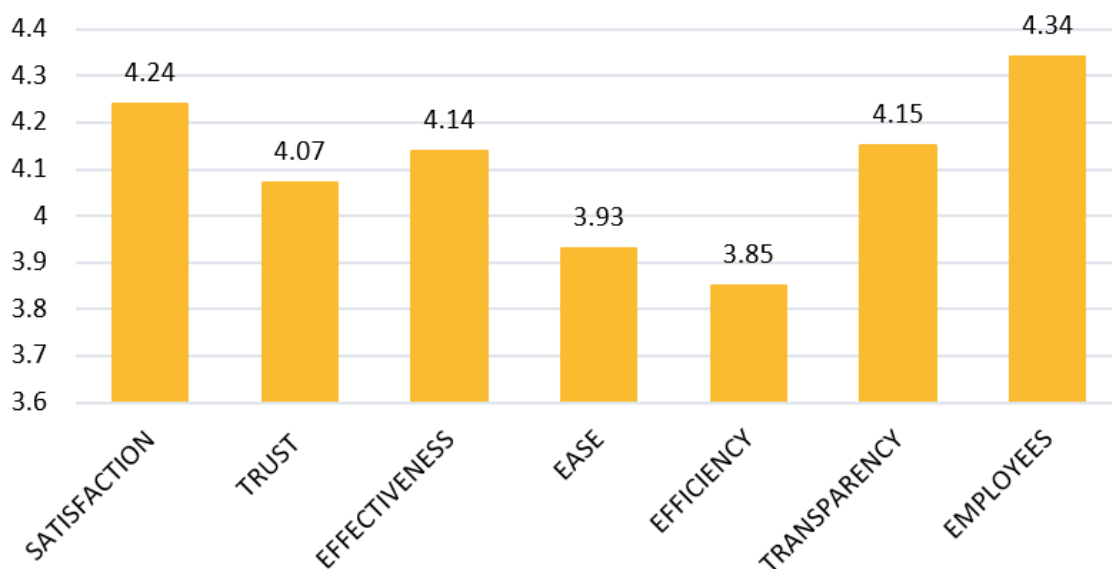
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Expiration Date: 02/29/2024

Survey Results



The survey included seven questions that related to the Customer Experience Drivers outlined in A-11 Section 280. The questions were scored from 1 (strongly disagree) to 5 (strongly agree). Scores were analyzed and averages are presented in the chart below.

AVERAGE SCORE BY QUESTION



The question that received the **highest average score**, 4.34 out of 5, was related to **employees** (Q: The employees I interacted with were helpful). The question that received the second highest average score, 4.24 out of 5, was related to overall **satisfaction** (Q: I am satisfied with the service I received from DEEOIC).

Two questions received an average score under 4. The **lowest average score** by question, 3.85 out of 5, was received on the question related to **efficiency** (Q: It took a reasonable amount of time to receive a final decision on my Wage Loss/Impairment claim). The second lowest average score, 3.93 out of 5, was received on the question related to **ease** (Q: It was easy to complete what I needed to do to receive a final decision on my Wage Loss/Impairment claim).

It is notable that the two highest scoring questions and two lowest scoring questions on the Wage Loss/Impairment are the same as the survey disseminated during the previous quarter related to Home Health Care.

Comment Analysis

The first page of this survey provided space for customers to list and/or describe “**pain points**” and “**bright spots**” related to their experience filing a claim for wage loss/impairment. This was a new feature of the paper survey initiative and will help inform the Part E Customer Journey Map which will be completed by the end of FY23. There was also space to provide **additional general feedback**. The CX Team read each pain point, bright spot, and comment and tagged and grouped all responses by theme. Some comments were categorized into more than one theme if the respondent mentioned several different topics.

Comment Analysis (cont'd)

BRIGHT SPOTS: 249 people provided bright spots, with 269 total bright spots mentioned. The table below shows the numbers of comments related to each category as well as the percentage of overall commenters. The most frequently mentioned bright spot was a positive experience with **DEEOIC employees and/or a DEEOIC Resource Center**. This category typically receives high scores on all customer experience surveys. Other popular bright spots included mention of a **timely and/or smooth process**, and **the expression of an overall positive experience with the program or expressions of general gratitude**.

BRIGHT SPOTS	COMMENT COUNT	% COMMENTERS
Positive experience w/ DEEOIC employees and/or Resource Center	82	30.5%
Timely and/or smooth process	48	17.8%
Overall positive experience or gratitude, non-specific	47	17.5%
Happy with benefits and/or Final Decision	43	16.0%
Help from Authorized Representative/Advocacy Group/Attorney	24	8.9%
Positive experience with providers	14	5.2%
Happy with communication	5	1.9%
Treated fairly	4	1.5%
Happy with online portal	1	0.4%
Obtaining records	1	0.4%

PAIN POINTS: 172 people provided bright pain points, with 194 total pain points mentioned. The table below shows the numbers of comments related to each category as well as the percentage of overall commenters. The most frequently mentioned pain point was related to **timeliness/slow/lengthy process**. This category typically receives lower scores on all customer experience surveys. Other common pain points included describing a **generally negative experience** without providing specifics, **difficulties with getting touch with staff/CEs or other issues with CEs/staff** and **difficulties finding and/or working with Providers**.

PAIN POINTS	COMMENT COUNT	% COMMENTERS
Timeliness/slow/lengthy process	62	32.0%
Generally unhappy with program/experience overall	21	10.8%
Hard to contact staff/issues with CE	17	8.8%
Finding and/or working with providers	16	8.2%
Too much or too complicated paperwork	15	7.7%
Unhappy with decision	11	5.7%
Gathering required documentation/proof/records	9	4.6%
Being ill	7	3.6%
Having to hire attorney to help	7	3.6%
Hard to navigate/understand program	6	3.1%
Wants more communication throughout process	6	3.1%
Lost paperwork/mistakes on claim	5	2.6%
Unhappy with benefits	4	2.1%
Too many doctors visits	3	1.5%
Unclear correspondence from DEEOIC	2	1.0%
Wants more educational resources	2	1.0%
Issues with online submission/portal	1	0.5%

Comment Analysis (cont'd)

In addition to the open response sections for pain points and bright spots, customers were provided the opportunity to provide any additional feedback related to their experience filing a claim. The comments from the current survey were categorized by theme and the results are shown on the table below.

GENERAL COMMENTS	COMMENT COUNT	% COMMENTERS
Gratitude/General expression of positive experience	27	23.1%
Mention of case-specific issue/issues with program	21	17.9%
Positive experience with employees and/or Resource Center	16	13.7%
Timeliness/slow/lengthy process	16	13.7%
Streamline/simplify process	7	6.0%
Unhappy to have required help from attorney and/or AR	6	5.1%
Specific commendation	5	4.3%
Negative experience with program	5	4.3%
Issues with paperwork and or/forms	4	3.4%
Negative experience with employees and/or Resource Center	4	3.4%
Positive experience with providers	3	2.6%
Issues with providers	2	1.7%
Wants more updates throughout process	1	0.9%

Positive Themes:

- The most common positive theme was related to **positive experience with the program**. Comments in this category included expressions of gratitude, generally positive comments, or indicated that the customer did not experience any negative issues during the process. 23% of the comments received this comment tag
- The second most positive comment theme was **positive experience with employees and/or Resource Center**. These comments focused on thanking or praising DEEOIC employees or indicating that they had a positive experience during a visit or interaction with Resource Centers and their staff.

Negative Themes:

- The most common negative comment theme was related to **issues with the program or a mention of a case specific issue**. 18% of commenters wrote about specific issues they encountered during the process, many of which were reflected in the pain points section.
- The second most common negative comment theme was related to **slow process/timeliness**. 14% of commenters mentioned issues with the length of time the process took to obtain a decision on the claim. This aligns with the results from 1-5 rated question section, as the question related to efficiency (Q: It took a reasonable amount of time to receive a decision on my Wage Loss/Impairment claim) received the lowest overall score.

It is important to call attention to the fact that the most common pain point and second most common bright spot identified is the efficiency, or lack thereof, of the claims process. Lack of efficiency of the claims process was also mentioned in the open response question by 14% of commenters. While it may seem unusual, this shows that the experience filing for wage loss or impairment can vary substantially from claimant to claimant (or the perception of the experience may vary from claimant to claimant).

Comment Analysis (cont'd)

During the analysis, the Team notice that the majority of respondents provided additional feedback reiterating what they had previously written in the bright spots and pain point section. Due to the repetitive nature of the comments, the OXCU team has determined that the general feedback question does not need to be included on future surveys that ask for pain points and bright spots. As the Customer Experience surveys are limited in the number of questions that may be asked due to the Paperwork Reduction Act guidance, eliminating this question on future surveys will allow the team to add another more specific question that will generate more useful feedback.

Phone Interview Analysis

As part of the survey, claimants had the opportunity to provide their name if they wanted to share additional feedback on the wage loss or impairment claims process with the CX staff. The CX staff called 75 survey respondents and connected with 38 of those, leaving voicemails or callback information for the rest.

The conversations were primarily focused on the claimant identifying bright spots or pain points throughout the claims process. The comments were grouped together by category which is shown in the table below.

PAIN POINTS	COMMENT COUNT	% COMMENTERS
Poor communication/hard to contact CE/Issues with CE	9	20.5%
Too much work/too much paperwork	8	18.2%
Timeliness/Slow process	7	15.9%
Confusing process and/or correspondence	5	11.4%
Felt mistakes were made by DEEOIC throughout process	5	11.4%
Overall negative experience	3	6.8%
Need help from outside group/AR	2	4.5%
Problems finding and/or working with providers	2	4.5%
Wants more benefits	2	4.5%
Unfair process	1	2.3%

BRIGHT SPOTS	COMMENT COUNT	% COMMENTERS
Positive experience with employees and/or Resource Center	15	41.7%
Satisfied with benefits	11	30.6%
Overall positive experience	9	25.0%
Grateful for Authorized Representative	1	2.8%

Pain Points:

- The most common pain point was the **poor communication/hard to contact CEs/issues with CEs**. During the interviews, 21% of the respondents expressed dissatisfaction with communication or expressed that it was hard to contact staff.

Bright Spots:

- The most common bright spot that was identified was **a positive experience with DEEOIC employees and/or DEEOIC Resource Centers**.

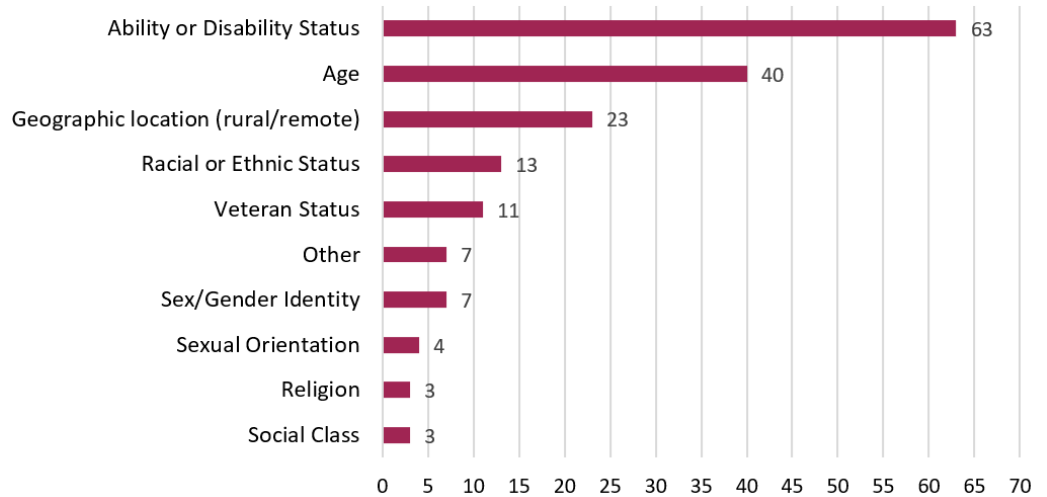
The results from the phone interviews are similar to results from open ended comment section of the survey as well as the 1-5 questions on the survey.

Equity Assessment Results

The Equity Assessment was comprised of three components. The first component asked the claimant to indicate whether they had experienced challenges in their interactions with DEEOIC because of their:

Ability or disability status, racial or ethnic identity, age, sex/gender identity, sexual orientation, veteran status, religion, social class, geographic location (remote/rural), or other.

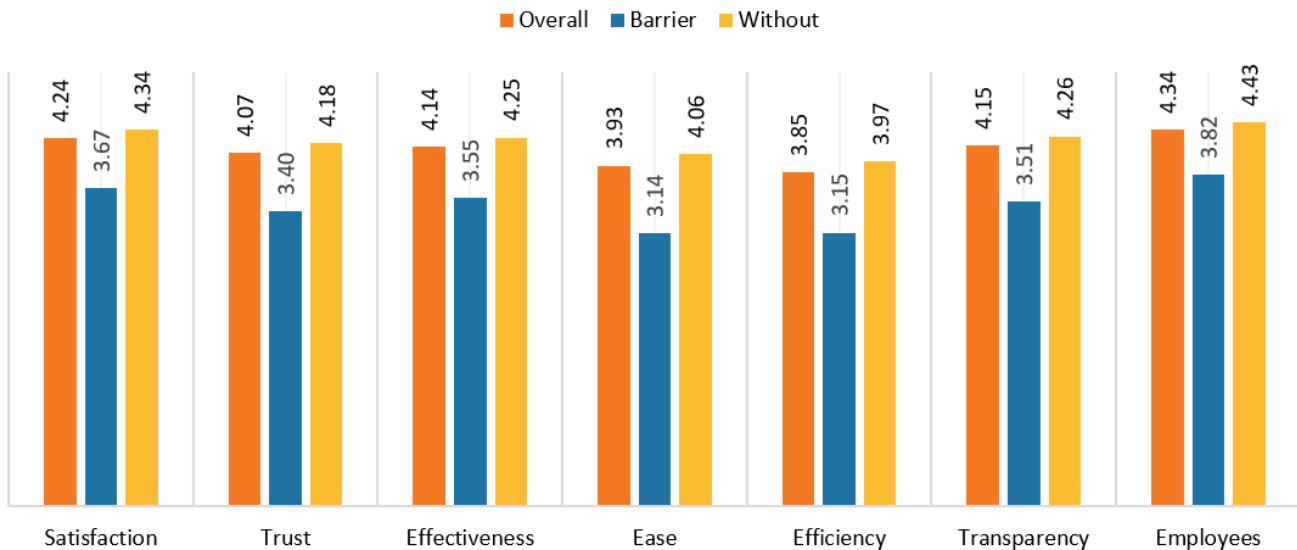
Challenges Faced By Claimants Personal Status



Of the 648 surveys received, 106 respondents (16%) checked one or more boxes in this section. The most commonly identified categories were **ability/disability status**, followed by **age**, and **geographic location**. Results are shown in upper right.

It is worth noting that when comparing the overall survey scores of respondents that marked at least one challenge checkbox versus respondents that did not feel that they encountered challenges due to any of these reasons, the scores were vastly different across the board. On average, the discrepancy between respondents that marked at least one challenge checkbox and respondents that did not feel that they encountered challenges due to any of these reasons, was 0.7. This resulted in scores for respondents experiencing challenges, on average, being 21.7% lower than those who did not face challenges. This is especially noteworthy compared to the previous DEEOIC survey that asked respondents if they have experienced similar challenges. In the Home Health Care survey, it showed a smaller discrepancy between the scores of challenged and unchallenged individuals. In addition, a larger percentage of

AVERAGE SCORE BY QUESTION (Challenges vs. No Challenges)



Equity Assessment Results

The second component of the equity assessment was an open-ended question that allowed survey respondents who identified challenges in the previous section to provide suggestions for how DEEOIC can better address their specific needs. 58 respondents provided relevant feedback for this question. It is important to note that 164 customers wrote comments in this section, but the large majority (106 of 164) indicated they were satisfied with their wage loss and impairment claim experience, they had no suggestions, or they made comments about their experience that were unrelated to equity.

The last component included the three questions shown on the table below. The average score for all of these questions was high, over 4.0.

COMMENT/SUGGESTION THEME	COUNT
Communication	16
Simplify the Process	13
Wants Expanded Benefits	10
Process is too long	9
Needs Help with Specific Condition	3
Issue with Personnel	2
Help with Paperwork	1
Issue with White Card	1
Location Issue	1
More Frequent Rural Visits	1
Needs more Inclusive Language	1

EQUITY ASSESSMENT QUESTIONS	AVG SCORE
I feel comfortable talking with DEEOIC representatives about the unique issues I face.	4.28
I am treated fairly by DEEOIC representatives.	4.29
I am able to find and access the correct information and tools from DEEOIC to achieve my goals.	4.01

Based on these results, particularly the discrepancy between average score by question of those who experienced barriers vs. those who did not, this population appears to be experiencing equity-related issues. The largest equity-related challenge selected by respondents was ability/disability status, with 10% of survey respondents stating this was a concern. Given the nature of DEEOIC claimants, this result is consistent with the population that we serve since employee claimants receive benefits because of injury or illness on the job. The Team will continue to include an equity assessment on future surveys, reviewing and redesigning the questions periodically to ensure useful information is being collected. Other methods of obtaining equity information are being discussed for future use.

Recommendations

The overall responses from the survey did not highlight areas of significant concern in the process for filing a wage loss or impairment claim. Despite this, some equity related problems have been identified by respondents who identified challenges during the wage loss impairment claims process.

There are three Customer Experience Drivers outlined in OMB Circular A-11 Section 280, each of which have associated sub-drivers, shown below. The sub-driver in which DEEOIC received the lowest average rating was “Efficiency/Speed.” The Team has developed recommendations based on these ratings as well as the results of the comment and phone interview analysis.

CX Driver	Sub-drivers
Service Quality	<ul style="list-style-type: none"> • Service Effectiveness/Perception of Value
Process	<ul style="list-style-type: none"> • Ease/Simplicity • Efficiency/Speed • Equity/Transparency
People	<ul style="list-style-type: none"> • Employee Interaction/Warmth/Helpfulness/Competence

1. Review Existing Correspondence

We recommend that DEEOIC conduct a review of letters typically sent from DEEOIC to customers during the claims filing process for wage loss and/or impairment. We recommend revising letters (such as solicitation letters, letters accompanying claims form, authorization letters) to include more understandable language to customers about timeframes, status, and next steps. The claims process for wage loss/impairment is typically longer than other types of claims (Part B) and we are unable to control the length of the process due to external factors such as working with and obtaining documentation from medical providers. However, customers express that they would like more communication throughout the process and would like to have better expectations of timeframes, which may address perceptions that the process is too slow/lengthy.

2. Develop Claims Adjudication Timeframes Infographic

We recommend that DEEOIC develop a Claims Adjudication Timeframes Infographic specific to the impairment process that will be made available on the DEEOIC website and to be included with solicitation letters. This infographic will be similar to the [handout developed for Part B claims](#), with a focus on the impairment process, as 98% of the Part E claims in the past 6 months were for impairment and including wage loss on the infographic may create more confusion and become too complicated.

3. Develop/Review Diversity, Equity, Inclusion and Accessibility Training for Claims Examiners

We recommend that DEEOIC develop and/or review the DEIA training for claims examiners to identify any gaps that account for the discrepancy of scores between individuals who identified challenges and those who did not experience challenges. Several individuals identified specific problems they’ve experienced while completing the claims process including issues related to their disability, communication breakdowns with personnel, and geographic issues. A more effective DEIA training will alleviate a number of these concerns and reduce potential bottlenecks in the process.

Appendix A—Random Sample of Bright Spots and Pain Points Comments

Bright Spots:

- Thanks for all that DEEOIC is doing. Thanks for caring. I am appreciative and grateful.
- All of my questions have been answered and my interaction with the staff have been wonderful!
- I received a fair amount for my loss of earning ability.
- The employees were very supportive throughout the process and set my mind at ease with all assistance provided.
- I was treated fairly and have no issues.
- I was able to complete this for my dad. Process was easy.
- When my final decision came I was thankful to know my medical needs were going to be taken care of. It took a lot off my mind.
- My representative was very thorough and kept me well informed.
- My claim was settled quickly!

Pain Points:

- Getting approved is very slow and had to get an attorney to weather the storm to get approved.
- The time frame and the duplicate request for information that had already been submitted.
- Paperwork must be perfect to get a response. No one knew I talk to could tell me anything. Have an asthma report in since last year heard nothing.
- The medical physician examiner followed DOL questions, I felt they did not take in consideration my disability out in the real world in the day-to-day interactions with people.
- The ability to have face to face conversation about my case.
- Time I got final decision it took about a year to get it. Went down to the DOL office and they told me it had been approved was waiting to send out. They never told me or the lawyer it was there. By the time the decision was approved it took 6 to 8 months until I got it.
- Sometimes hard to navigate.
- A lot of red tape. Had to get someone to speak with. Always seems like you are looking for ways to take away my benefits, when the government is the reason I am dying this death.
- Length of time involved no notification and when I would get compensated.