

## Executive Summary

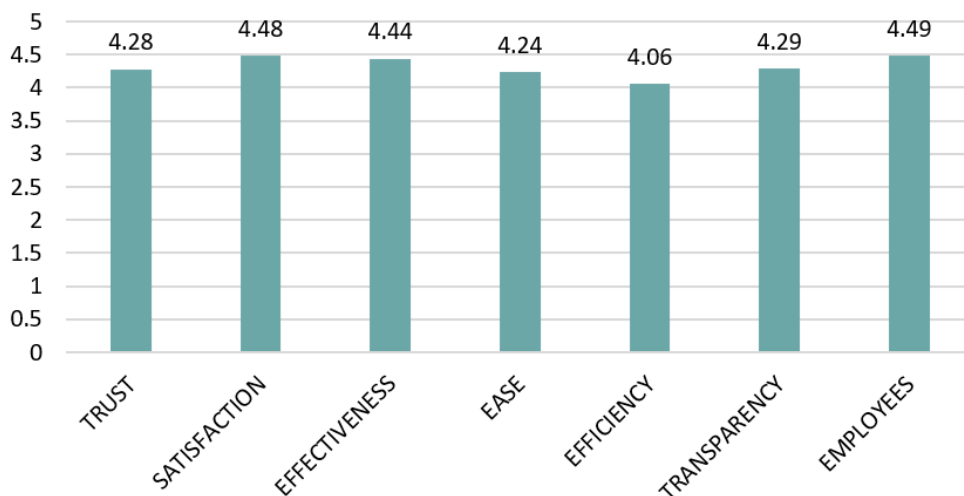
### Purpose

The Division of Energy Employees Occupational Illness Compensation (DEEOIC) Outreach and Customer Experience Unit (OXCU) deployed a new customer experience survey that was sent out to 2,000 stakeholders who applied for home health care between May 2022 and October 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 665 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). No question received an average score under 4. The question that received the highest average score, 4.49 out of 5, was related to employees (Q: The employees I interacted with were helpful.) The lowest average score by question, 4.06 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 home health care claim).

Average Score by Question



Open response comment analysis aligned with the results from the driver questions. Over half of the written comments expressed a positive experience with the program. The most negative comment theme was related to efficiency/timeliness. Approximately 13% of the written comments expressed concern over how long the process took.

### Recommendations

The responses from the survey did not signal areas of significant concern in the home health care filing process. In fact, this survey received the overall highest scores of any paper survey since the inception of the DEEOIC customer experience program. Based on the responses, it seems that our claimants easily manage the filing process – with some frustration expressed over how long it takes to obtain a response. The OXCU recommends that DEEOIC consider developing new educational materials that clearly outline the necessary steps and documentation required to achieve a favorable decision related to their home health care claim.

## DEEOIC Outreach and Customer Experience Unit

# November 2022 CX Survey Results and Recommendations

### Purpose

To present the analysis of the November 2022 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 for home health care. 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 Information

The Home Health Care Survey and optional Equity Assessment was sent out in November 2022 to 2,000 stakeholders who applied for home health care authorization between May 2022 and October 2022.

<b>2000</b> Total Surveys Sent	<b>665</b> Survey Responses	<b>33%</b> Response Rate
<b>128</b> Comments Regarding Home Health Care	<b>29</b> Comments on Equity Assessment	<b>12</b> Follow-up Claimant Interviews by Phone

# Survey Instrument

## 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
The process leading up to receiving a decision on my initial home health care claim increased my trust in the Division of Energy Employees Occupational Illness Compensation (DEEOIC).	5	4	3	2	1	n/a
I am satisfied with the service I received from DEEOIC related to my home health care claim.	5	4	3	2	1	n/a
My questions about home health care have been answered throughout the process.	5	4	3	2	1	n/a
It was easy to complete what I needed to do to receive a decision on my home health care claim.	5	4	3	2	1	n/a
It took a reasonable amount of time to receive a decision on my home health care 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

**Do you have additional feedback related to your experience filing for home health care?**

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**Would you like to speak with our Customer Experience Team regarding your experience filing your initial home health care authorization?**

Yes  No

If yes, please provide your name and telephone number:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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-3321, Washington, D.C. 20210 and reference OMB Control Number 1225-0093.

**Note: Please do not return the completed form to this address.**

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-3321  
Washington, D.C. 20210



## EQUITY ASSESSMENT

Creating 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.

"Equity data" describes aspects of your personal identity. DEEOIC does not collect this type of data, however we want to know if you feel like your own personal circumstances have made it difficult for you to navigate this program.

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. 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. We want to improve program accessibility and inclusion.

**Keeping the above information in mind, please indicate if you've experienced challenges with our program because of your:**

- Ability or disability status
- Racial or ethnic identity
- Age
- Sex/Gender identity
- Sexual orientation
- Veteran status
- Religion
- Social class
- Geographic location (rural/remote)
- Other

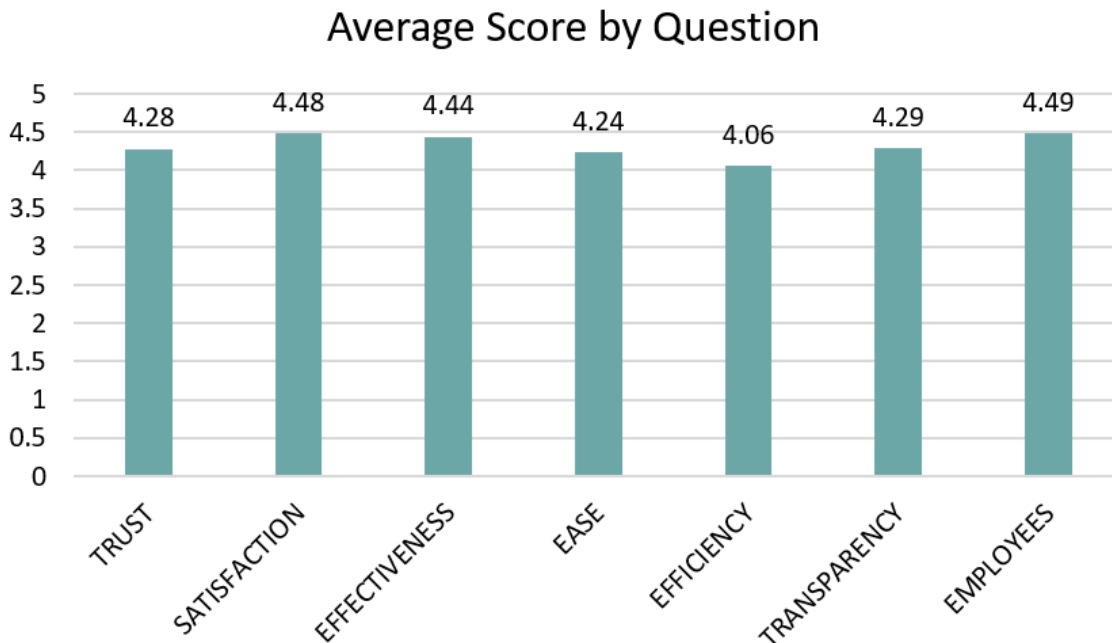
**Based on your selection(s) to the left, how can DEEOIC better address your specific needs?**

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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

## 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.



The question that received the **highest average score**, 4.49 out of 5, was related to **employees** (Q: The employees I interacted with were helpful). The question that received the second highest average score, 4.48 out of 5, was related to overall **satisfaction** (Q: I am satisfied with the service I received from DEEOIC related to my home health care claim).

## Comment Analysis

The first page of this survey provided space for additional feedback on the customer’s experience with filing an initial claim for home health care. 128 customers provided written comments for this question. The CX Team read each comment and tagged and grouped all comments by theme. Some comments were categorized into more than one theme if they mentioned several different topics.

Comment Tag Theme	Count	% Commenters
Gratitude/generally positive/no issues	68	53%
HHC Company Positive Feedback	27	21%
Timeliness/long process	16	13%
Unhappy with benefits	9	7%
Request for better/more communication	9	7%
Program comprehension/complaints about program being too complicated	7	5%
Issues with white card/finding providers	3	2%
Issues with HHC company or quality of care	3	2%
Bad experience with DOL employee or contractor	3	2%
Too much paperwork/requests for documentation	2	2%
Issues with portal	2	2%
Issues with being located in a rural area	2	2%
Specific commendation	1	1%

## Comment Analysis (cont'd)

### 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. Over half (53%) of the comments received this comment tag.

The second most positive comment theme was **positive feedback for HHC Companies**. These comments focused on thanking or praising the HHC companies that the customer works with. It is important to note that the intention of the question was to solicit feedback about the DEEOIC process of filing a claim for home health care approval and not the experience with the home health care provider, but many customers misinterpreted the question or indicated confusion about the relationship between DEEOIC and home health care companies.

### Negative Themes:

The most common negative comment theme was related to **timeliness/long process**. 13% 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 home health care claim) received the lowest overall score.

Other negative themes included being **unhappy with program benefits** (7%) and requests for **better/more communication** (7%).

## Phone Interview Analysis

As part of the survey, claimants had the opportunity to provide their name and telephone number if they wanted to share additional feedback on the home health care claims process and their personal experience with the CX staff. The CX staff called 32 survey respondents and connected with 12 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 on the table to the right.

### Pain Points:

The most common pain point was the **inefficiency** of the home health care claims process. During the interviews, 42% of the respondents expressed concern about what they perceived was a lengthy process to receive a decision on their home health care benefits.

As an extension of the previous pain point, claimants were frustrated by the **lack of communication** throughout the process. Two claimants noted that they experience extended delays during the process, stating there were months of silence between communications.

### Bright Spots:

The most common bright spot that was identified was the **efficiency** of the home health care claims process. Three of the twelve respondents believed the claims process was speedy and that they received their benefits in a timely manner.

Pain Points	Count	
Inefficient	5	42%
Need more benefits	3	25%
Staffing issues for HHC	2	17%
Lack of communication	2	17%
Lack of trust	2	17%
Bright Spots	Count	
Efficient	3	25%
Gratitude for benefits	2	17%
Resource Center staff	1	8%
Good communication	1	8%

## Phone Interview Analysis (cont'd)

It is important to call attention to the fact that the most common pain point and bright spot identified through the phone interviews is the efficiency, or lack thereof, of the claims process. While it may seem unusual, this shows that the experience filing for home health care can vary substantially from claimant to claimant (or the perception of the experience may vary from claimant to claimant) – especially when talking to such a small sample of respondents. When compared to the scores from the rest of the survey, 58 (9%) survey respondents scored the efficiency question as a 1 (strongly disagree) or a 2 (disagree) whereas 508 (76%) of survey respondents scored the efficiency question as a 4 (agree) or 5 (strongly agree). Additionally, it is important to note that the efficiency question did receive the highest number of 1 scores, 25, more than double the number of 1 scores for the transparency (11) and ease (10) measurements and approximately four times more 1 scores than the effectiveness measurement (6). Based on this, it does appear that efficiency, while scored highly by most, is one of the more common perceived pain points for claimants.

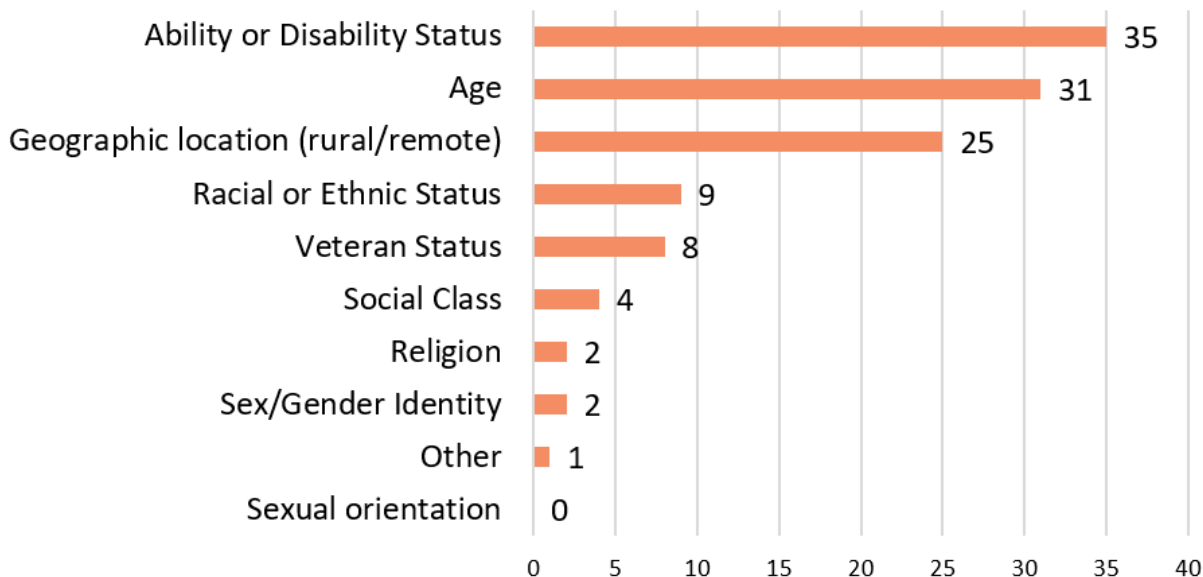
## Equity Assessment Results

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, or geographic location (remote/rural)**

Of the 665 surveys received, 79 respondents (12%) 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 below.

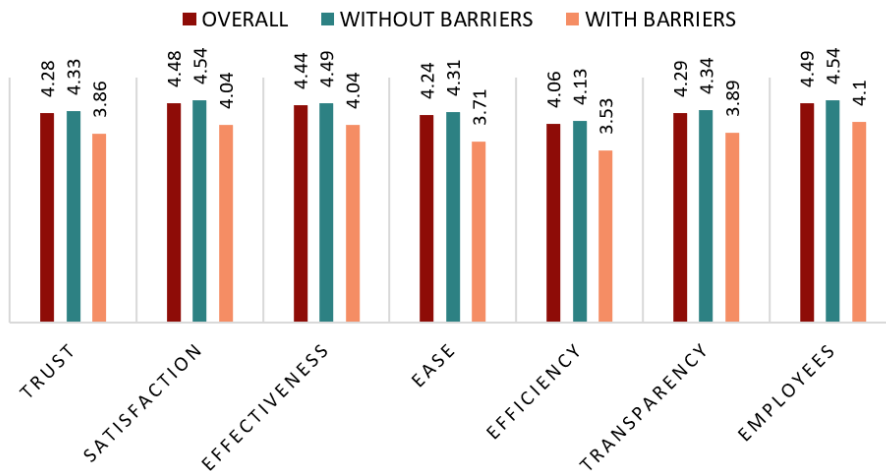
### CHALLENGES FACED BY CLAIMANTS PERSONAL STATUS



## Equity Assessment Results

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 lower across the board for those that indicated they had experienced challenges. The largest disparities were identified among the questions related to *ease* and *efficiency*, both with a .6 point difference.

**AVERAGE SCORE BY QUESTION  
(Challenges vs. No Challenges)**



The second component of the equity assessment was an open-ended question that allowed claimants who identified challenges in the previous section to provide suggestions for how DEEOIC can better address their specific needs. 29 customers provided relevant feedback for this question. It is important to note that 153 customers wrote comments in this section, but the large majority (124 of 153) indicated they were satisfied with their home health care, they had no suggestions, or they made comments about their experience that were unrelated to equity. The 29 comments were categorized by theme and are shown on the table to the right.

Comment/Suggestion Theme	Count
Issues with being located in a rural area	8
More communication	7
Shorten processing times	6
More assistance	1
Help with navigating website	1
Hire a more inclusive and equitable staff	1
Make program easier to understand	1
Make benefits easier to obtain	1
Be compassionate	1
More in-person assistance	1
More outreach	1

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

Equity Assessment Questions	Score
I feel comfortable talking with DEEOIC representatives about the unique issues I face.	4.37
I am treated fairly by DEEOIC representatives.	4.43
I am able to find and access the correct information and tools from DEEOIC to achieve my goals.	4.12

Based on these results, there appear to be no widespread equity issues facing DEEOIC claimants. The largest equity-related challenge selected by respondents was ability/disability status, with 5% 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 responses from the survey did not highlight areas of significant concern in the process for filing for home health care. In fact, this survey received the overall highest scores of any paper survey since the inception of the DEEOIC customer experience program. The survey reported the highest score for every driver except for transparency where it received the second highest score (tied with the medical travel reimbursement survey). Based on the responses, it seems that the process – while sometimes perceived as lengthy – is easily managed by our claimants.

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

### 1. Develop Educational Materials

We recommend that DEEOIC develop educational materials (journey map, infographic with standard timeline and required forms/documents/evidence) to help set claimants up for success when applying for home health care.

Given that claims adjudication efficiency is viewed by some as a pain point and others as a bright spot, providing better materials that establish what the processes, common timelines and expectations are, will likely improve perceptions of efficiency for those who feel that the process is too lengthy.

Overall, these proposed materials should help outline the necessary steps and documentation required to achieve a timely and favorable decision related to their home health care claim.



## Appendix A—Random Sample of Written Comments

- Your 700+ page manual is not user friendly. The acronyms are too extensive and should be spelled out completely everywhere. But I realize this would make a couple hundred more pages.
- The program and care has been great. I don't know where I would be without it.
- Overall, I am satisfied with the process that led to my gaining access to home care.
- I have been very satisfied with PCM and the employees with the DOL. They have treated me with respect and have been very knowledgeable when I asked questions.
- I have a wonderful nurse and home care help. My life has been better since they came into my life. At one point in my life I almost gave up but now I push forward each day.
- The process was very difficult and impossible until retaining an attorney. It was not easy to complete everything as there was always an ask for more and more and more. Definitely not a reasonable amount of time; however, it did move faster once an attorney was involved.
- Some of the information from the DOL is kind of hard to understand but the case managers are pretty good. Some of the determinations on the impairment ratings are totally ridiculous (how can your rating remain the same if you've had two or three more ailments added to your card).
- Needs to be faster service.
- Once I was approved everything went smoothly I felt the process before approval took long I would have appreciated more communication during the wait time. A short call or letter explaining steps would be helpful instead of no communication.
- Though we were new to this system, and didn't know what to expect, everyone was very responsive to our questions and needs.