

Florida Workers Compensation Managed Care Arrangement

THE TRAVELERS WORKERS COMPENSATION MANAGED CARE ARRANGEMENT NETWORK SERVICES

Employee Satisfaction Survey

Our goal is for you to be satisfied with the medical treatment provided during participation in the Travelers Workers Compensation Managed Care Program. We are concerned about the quality of services received from network providers. The form on the following page is a feedback mechanism for expressing the results of medical treatment, both good and bad.

This feedback form is used by Travelers when a specific quality concern has been identified and/or in a random survey process to determine satisfaction with the providers in the workers compensation network.

For the Employee:

If you have been particularly pleased or frustrated by the treatment you received, we will forward a copy of your completed survey to our Managed Care Network, Coventry Integrated Network. Coventry will address the provider concerns you have expressed in your survey. If they have additional questions, a representative from Coventry may contact you directly.

For the Employer: You may want to use this form when an employee expresses:

- Exceptional satisfaction with care that was provided
- Dissatisfaction with care that was provided
- Concerns about the facility/office
- Positive experiences with the facility/office

When an employee is dissatisfied please encourage them to provide their address on the survey in case it is necessary to make contact for additional information.

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THE TRAVELERS WORKERS COMPENSATION MANAGED CARE ARRANGEMENT INDEPENDENT NETWORK SERVICES

We want you to be satisfied with the medical treatment you have received as a participant in the Travelers Workers Compensation Managed Care Program. We appreciate your input on the following:

(Name of Provider/Clinic)

(Please circle appropriate choice)

1. Was the clinic or office clean?
 - A. very clean
 - B. somewhat clean
 - C. dirty
 - D. very dirty

2. How long did you wait to be seen by the medical staff?
 - A. less than 20 min.
 - B. 30-45 min.
 - C. 45 min- 1 ½ hrs.
 - D. over 1 ½ hrs.

3. Were you treated with care and attention?
 - A. very much so
 - B. careful and attentive
 - C. not so careful or attentive
 - D. very inattentive

4. Did the medical staff explain your diagnosis and/or treatment plan?
 - A. very much so
 - B. explained somewhat
 - C. did not fully cover all issues
 - D. did not explain at all

5. Overall, were you satisfied with your visit?
 - A. very satisfied
 - B. somewhat satisfied
 - C. somewhat dissatisfied
 - D. very dissatisfied

ADDITIONAL COMMENTS: _____

NAME: _____ DATE: _____
ADDRESS: _____ PHONE NUMBER: _____

***** Please return this completed questionnaire to:
The Workers Compensation Managed Care Arrangement
Travelers
P.O. Box 715, Orlando, Florida 32802