May 10, 2021

PHARMACY BENEFIT PROVIDER SATISFACTION SURVEY
FOR PRESCRIBERS and PHARMACIES

The Department of Vermont Health Access (DVHA) contracts with Change Healthcare to support Vermont’s publicly funded pharmacy benefit programs. The Change Healthcare help desk supports all pharmacies and prescribers enrolled in Vermont’s pharmacy benefit programs. It is the first point of contact for pharmacy and medical providers for drug prior authorization requests, drug claims processing issues, and other drug-related questions, concerns, and complaints.

Change Healthcare is conducting a provider satisfaction survey of pharmacies and prescribers. This survey is required annually by DVHA to assure that enrolled providers are receiving the highest quality of service possible from its contracted vendors. Your participation in this survey is very important to DVHA as responses from this survey will be used for quality improvement efforts.

The entire survey should take less than 5 minutes to complete and can be found at the following link: https://changehealthcare.co1.qualtrics.com/jfe/form/SV_7QjutzmXVcbkOI5

The survey can also be accessed by using the following QR Code:
If you have any questions, please contact Nancy Miner at (802) 922-9612 or by email at nminer@changehealthcare.com.

If you are not able to access the internet from your location, you can manually fill out the attached survey and fax it back to the Department of Vermont Health Access at 802-241-0268, or mail it to Change Healthcare at 1 Green Tree Drive, Suite 2, South Burlington, VT 05403.

Thank you for your valuable time in completely this survey. Your input is important to us.

Are you a prescriber or do you represent a pharmacy?
- ☐ Prescriber
- ☐ Pharmacy

How would you describe the overall level of customer service provided by Change Healthcare?
- ☐ Outstanding
- ☐ Good
- ☐ Adequate
- ☐ Needs Improvement
- ☐ Poor

What does Change Healthcare do well?

What could Change Healthcare do to improve their services?
Please indicate the extent to which you agree or disagree with the following statements.

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Somewhat agree</th>
<th>Neither agree nor disagree</th>
<th>Somewhat disagree</th>
<th>Strongly disagree</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change Healthcare call center pharmacists and technicians answer the phone promptly</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>The call center pharmacists and technicians are knowledgeable and able to answer my questions</td>
<td>○</td>
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<td>My prior authorizations are processed within a timely manner</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>When calling after hours, the help desk staff responds promptly to my call</td>
<td>○</td>
<td>○</td>
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Have you utilized the DVHA Pharmacy Unit website located at

- ☐ Yes
- ☐ No

For what purpose(s) have you utilized the website?

(select all that apply)

- ☐ Bulletins & Advisories
- ☐ Preferred Drug list
- ☐ MAC List
- ☐ Provider Authorization Request and Order Forms
- ☐ Pharmacy Provider Manual
- ☐ Preferred Diabetic Supplies Listing
- ☐ FDA Alerts
Please indicate the extent to which you agree or disagree with the following statement.

<table>
<thead>
<tr>
<th>The Preferred Drug List (PDL) on the DVHA website is easy to find and use</th>
<th>Strongly agree</th>
<th>Somewhat agree</th>
<th>Neither agree nor disagree</th>
<th>Somewhat disagree</th>
<th>Strongly disagree</th>
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If you disagree, please explain why.

_____________________________________________________________________________________

Is there anything you would like to see on the DVHA website located at https://dvha.vermont.gov/providers/pharmacy?

(Please describe below)

_____________________________________________________________________________________

Would you be interested in enrolling with eWebs, the state's pharmacy provider portal, which enables electronic submissions of prior authorizations and provides look-up features for member benefits and drug history?

☐ Yes

☐ No

That’s great that you’d like to enroll with eWebs! Please provide your email address:

_____________________________________________________________________________________

Do you currently receive informational fax blast newsletters or emails from DVHA’s Pharmacy Unit and/or Change Healthcare on important changes?
Yes
No

If you would like to receive communications, please provide your phone or fax number.

Have you noticed a service level change in the Pharmacy or Prior Authorization Help Desk compared to service before the COVID 19 pandemic began in March 2020?

Service is better ☐
Service is not as good ☐
Service is about the same ☐

Please Explain