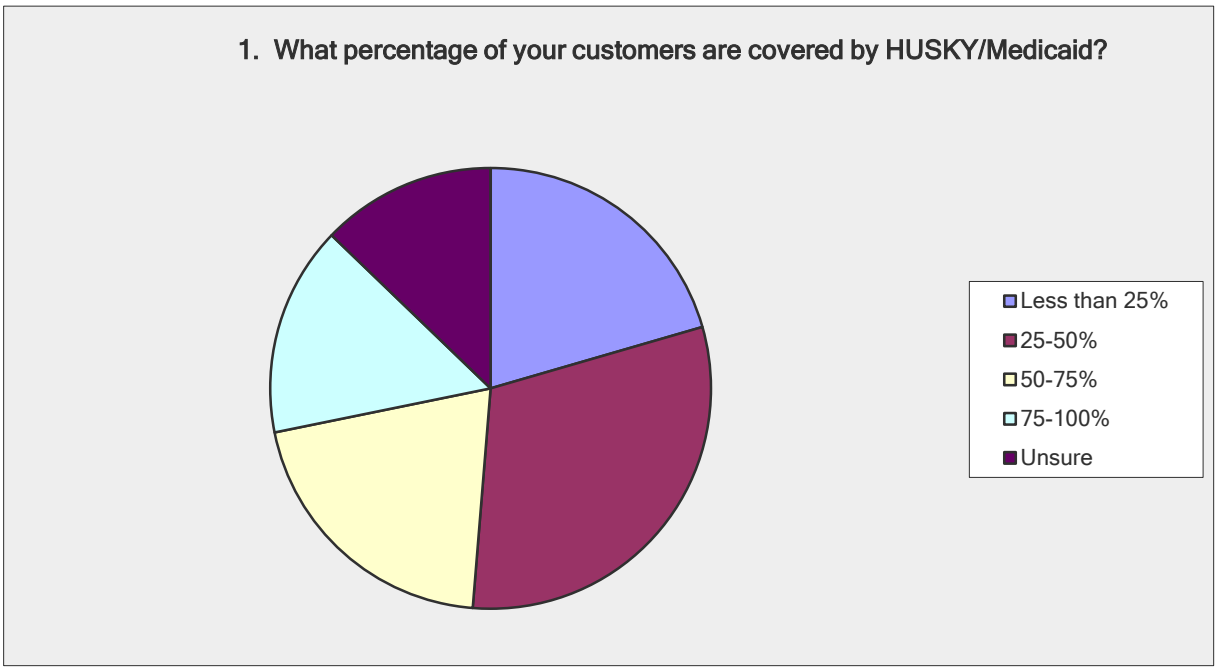
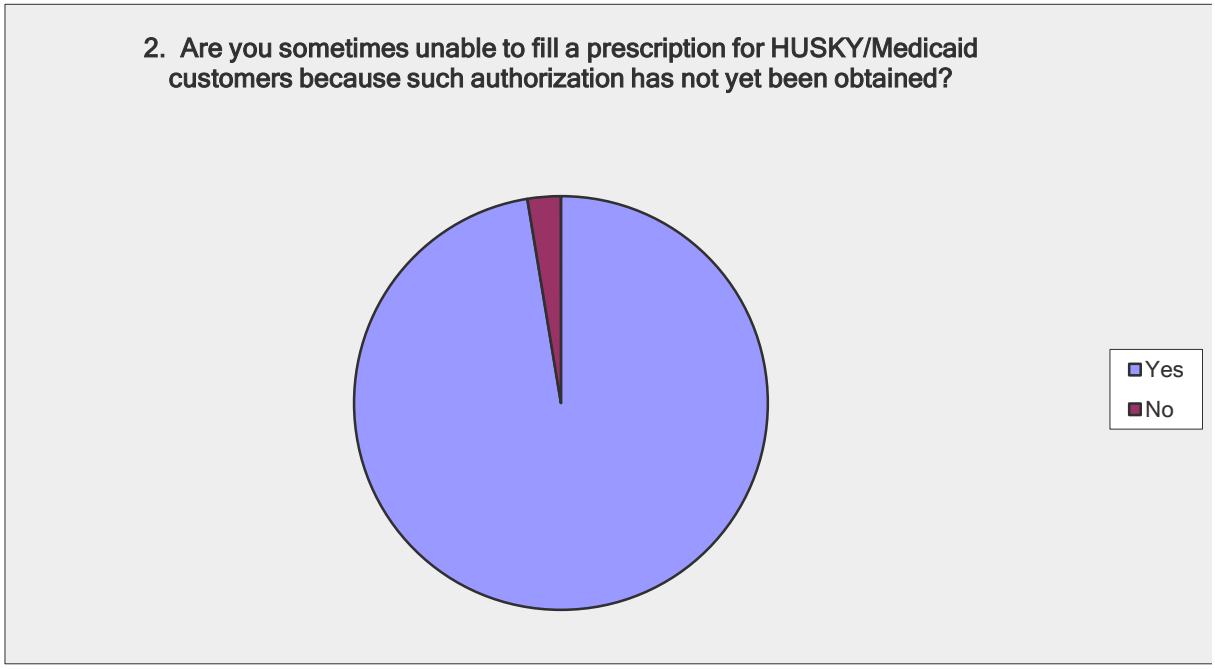
DSS Pharmacist Survey

1. What percentage of your customers are covered by HUSKY/Medicaid?		
Answer Options	**Response Percent**	**Response Count**
Less than 25%	20.5%	8
25-50%	30.8%	12
50-75%	20.5%	8
75-100%	15.4%	6
Unsure	12.8%	5
	answered question	**39**
	skipped question	**0**



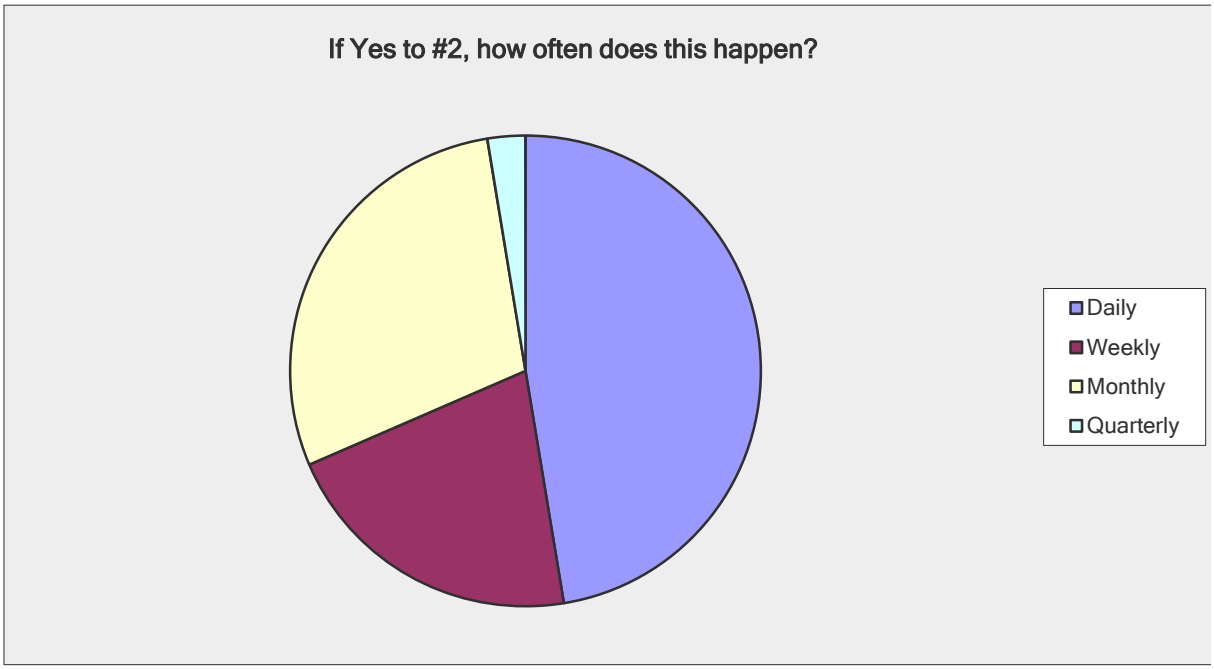
DSS Pharmacist Survey

2. Are you sometimes unable to fill a prescription for HUSKY/Medicaid customers because such authorization has not yet been obtained?		
Answer Options	Response Percent	Response Count
Yes	97.4%	38
No	2.6%	1
	answered question	39
	skipped question	0



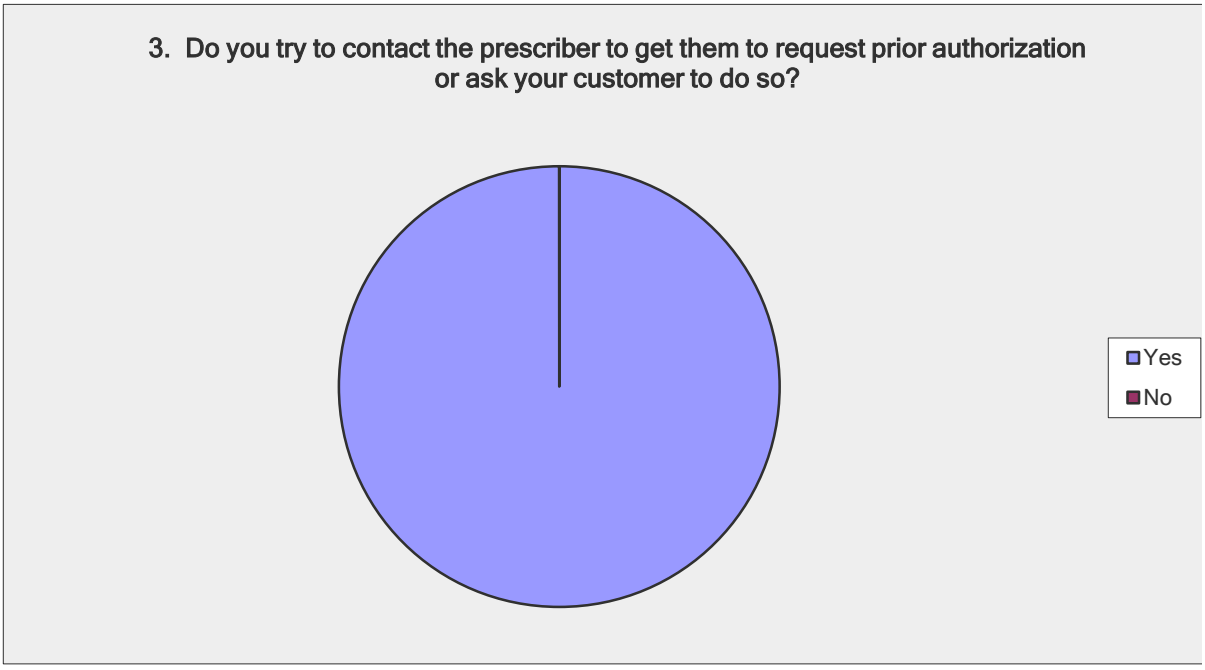
DSS Pharmacist Survey

If Yes to #2, how often does this happen?		
Answer Options	**Response Percent**	**Response Count**
Daily	47.4%	18
Weekly	21.1%	8
Monthly	28.9%	11
Quarterly	2.6%	1
	answered question	**38**
	skipped question	**1**



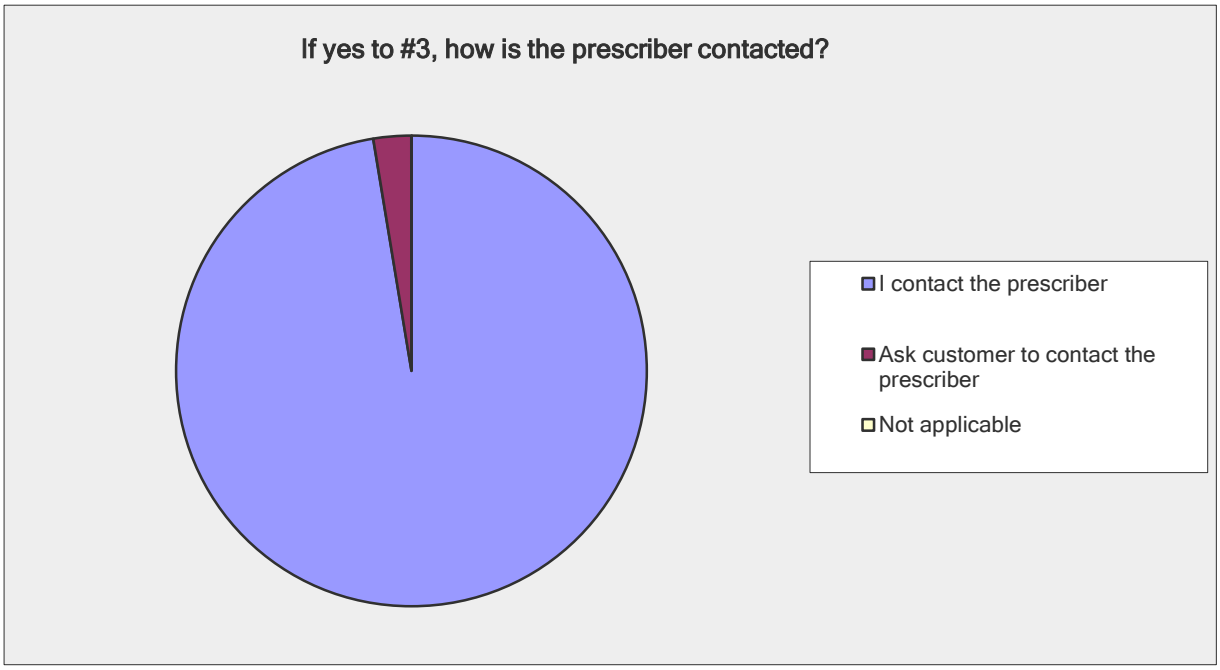
DSS Pharmacist Survey

3. Do you try to contact the prescriber to get them to request prior authorization or ask your customer to do so?		
Answer Options	Response Percent	Response Count
Yes	100.0%	39
No	0.0%	0
	answered question	39
	skipped question	0



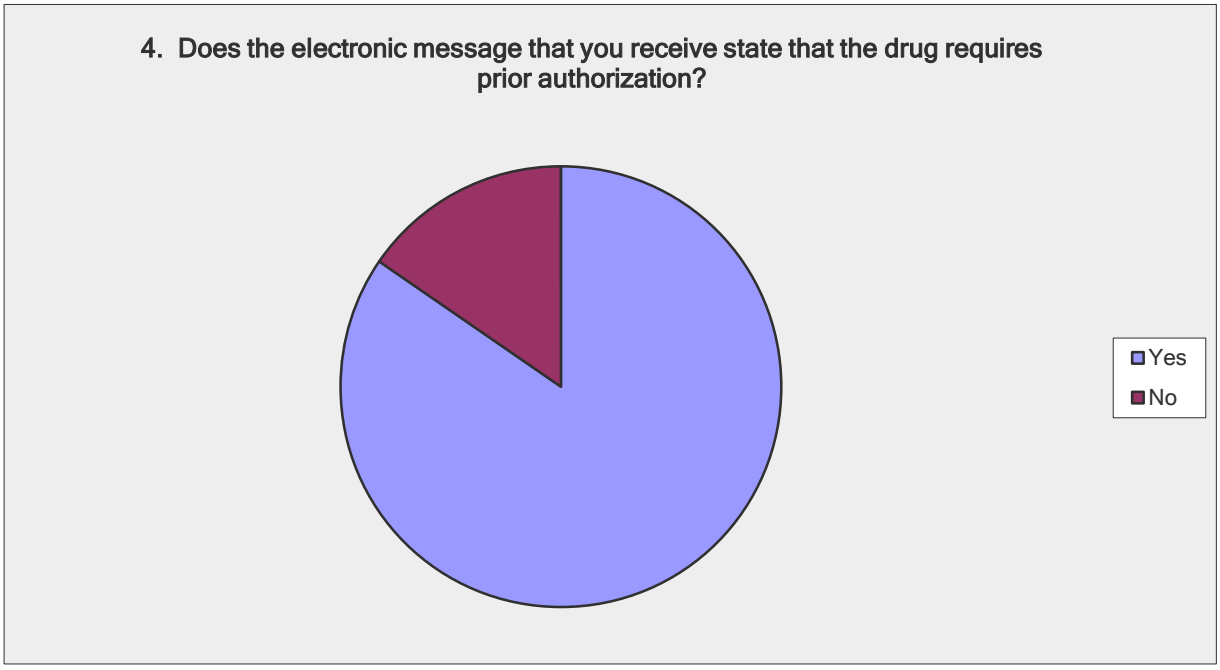
DSS Pharmacist Survey

If yes to #3, how is the prescriber contacted?		
Answer Options	**Response Percent**	**Response Count**
I contact the prescriber	97.4%	38
Ask customer to contact the prescriber	2.6%	1
Not applicable	0.0%	0
	answered question	**39**
	skipped question	**0**



DSS Pharmacist Survey

4. Does the electronic message that you receive state that the drug requires prior authorization?		
Answer Options	Response Percent	Response Count
Yes	84.6%	33
No	15.4%	6
	answered question	39
	skipped question	0

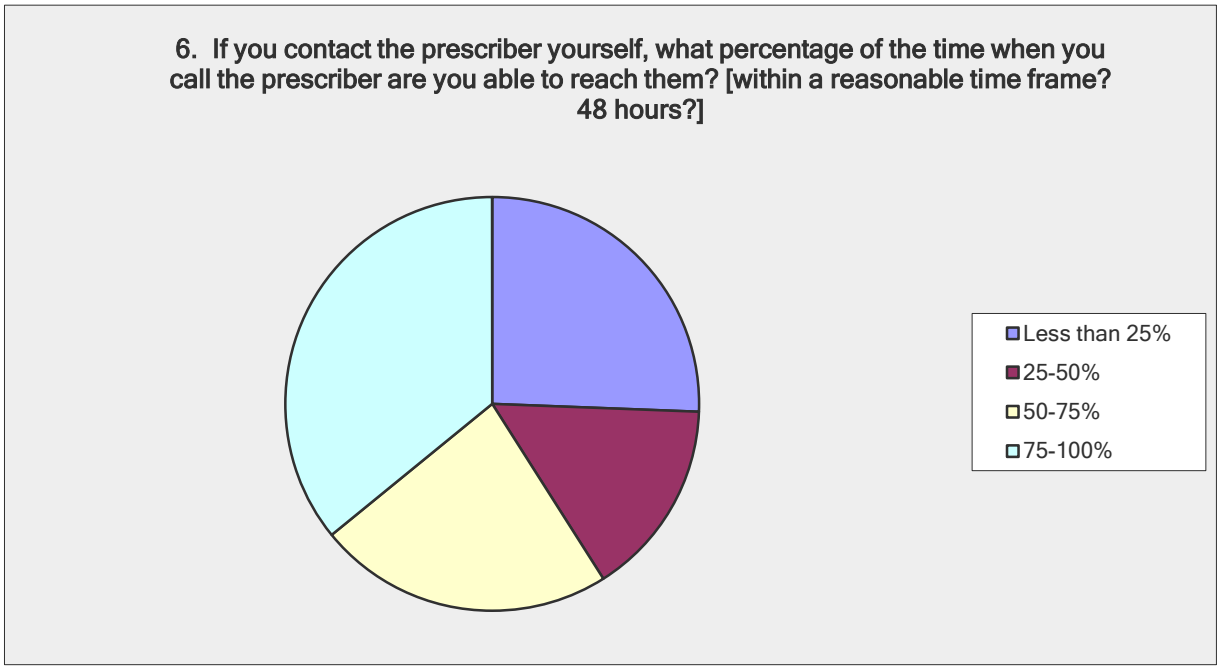


DSS Pharmacist Survey

5. Does the messaging clearly direct you to contact the prescriber?		
Answer Options	Response Percent	Response Count
Yes	73.7%	28
No	26.3%	10
	answered question	38
	skipped question	1

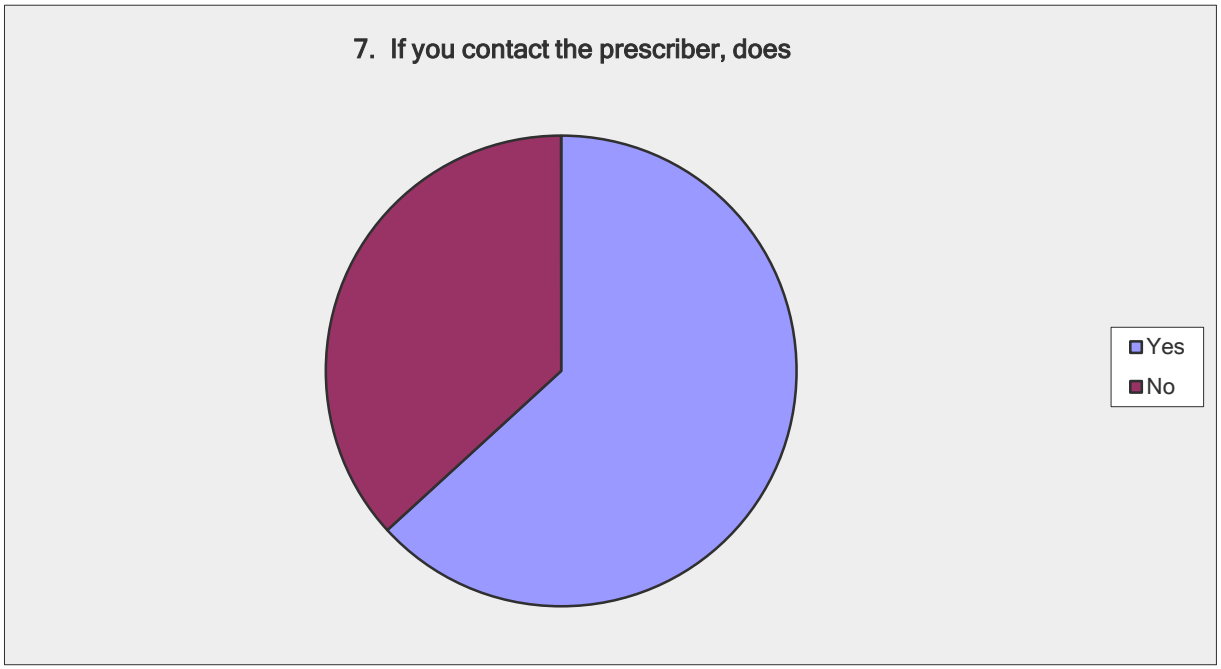
DSS Pharmacist Survey

6. If you contact the prescriber yourself, what percentage of the time when you call the prescriber are you able to reach them? [within a reasonable time frame? 48 hours?]		
Answer Options	**Response Percent**	**Response Count**
Less than 25%	25.6%	10
25-50%	15.4%	6
50-75%	23.1%	9
75-100%	35.9%	14
	answered question	**39**
	skipped question	**0**



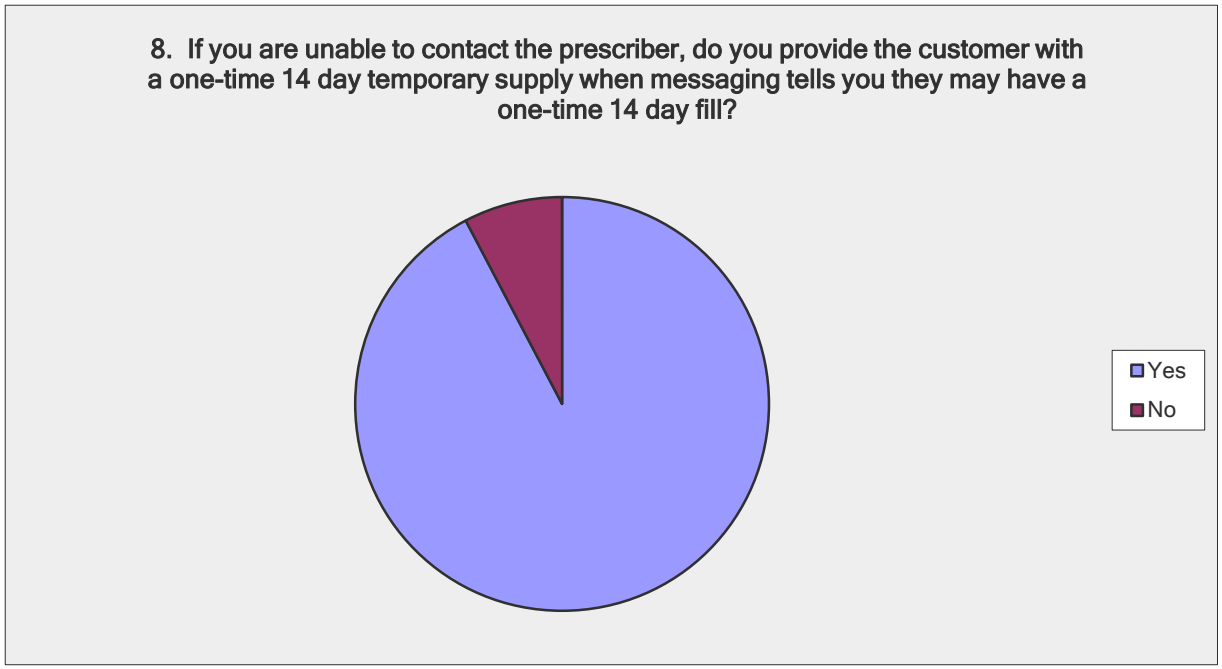
DSS Pharmacist Survey

7. If you contact the prescriber, does one of the following typically happen: 1) the prescriber changes the prescription to a different medication not requiring prior		
Answer Options	**Response Percent**	**Response Count**
Yes	63.2%	24
No	36.8%	14
	answered question	**38**
	skipped question	**1**



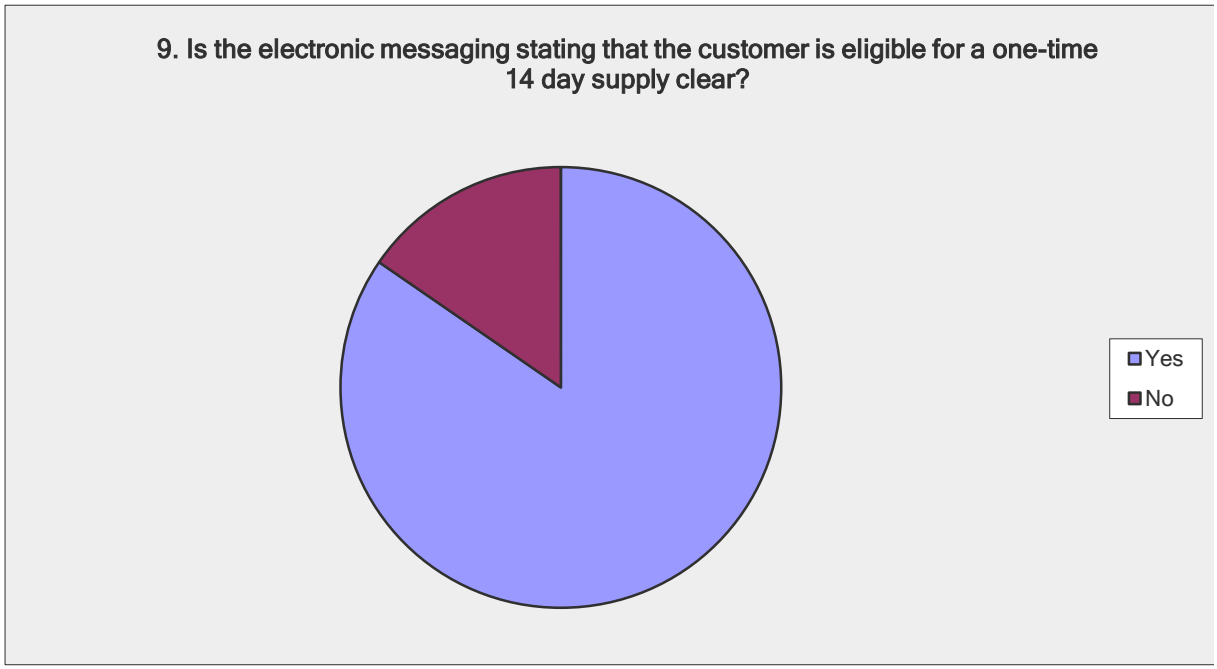
DSS Pharmacist Survey

8. If you are unable to contact the prescriber, do you provide the customer with a one-time 14 day temporary supply when messaging tells you they may have a one-time 14		
Answer Options	Response Percent	Response Count
Yes	92.3%	36
No	7.7%	3
	answered question	39
	skipped question	0



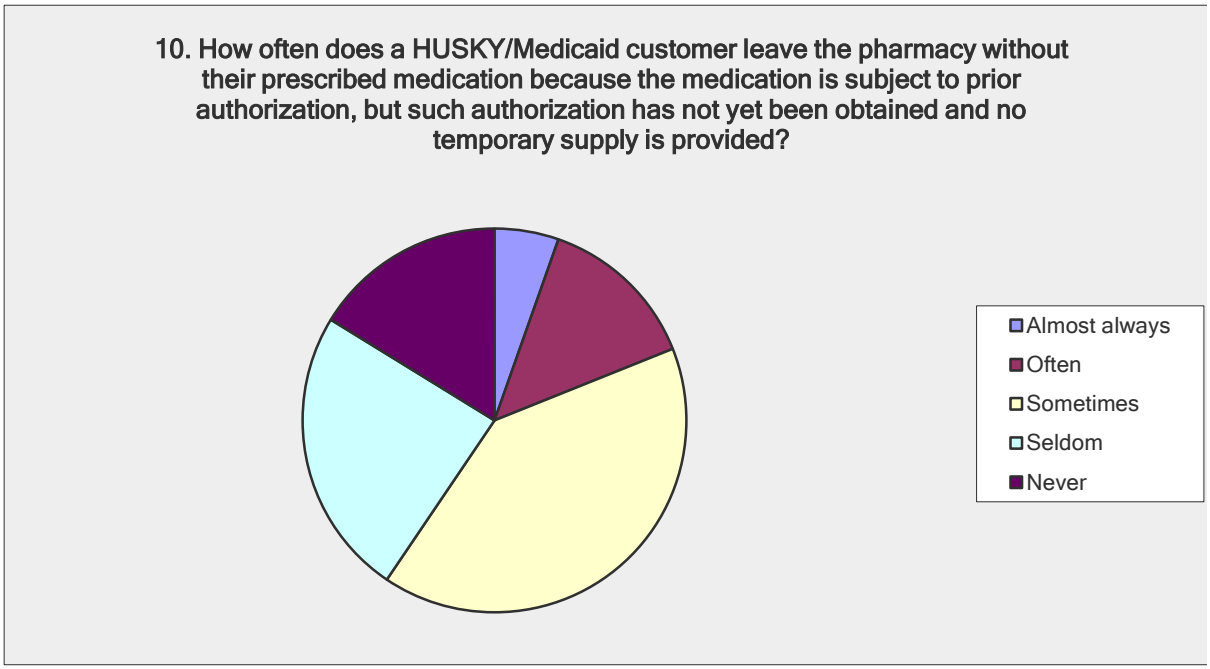
DSS Pharmacist Survey

9. Is the electronic messaging stating that the customer is eligible for a one-time 14 day supply clear?		
Answer Options	Response Percent	Response Count
Yes	84.6%	33
No	15.4%	6
	answered question	39
	skipped question	0



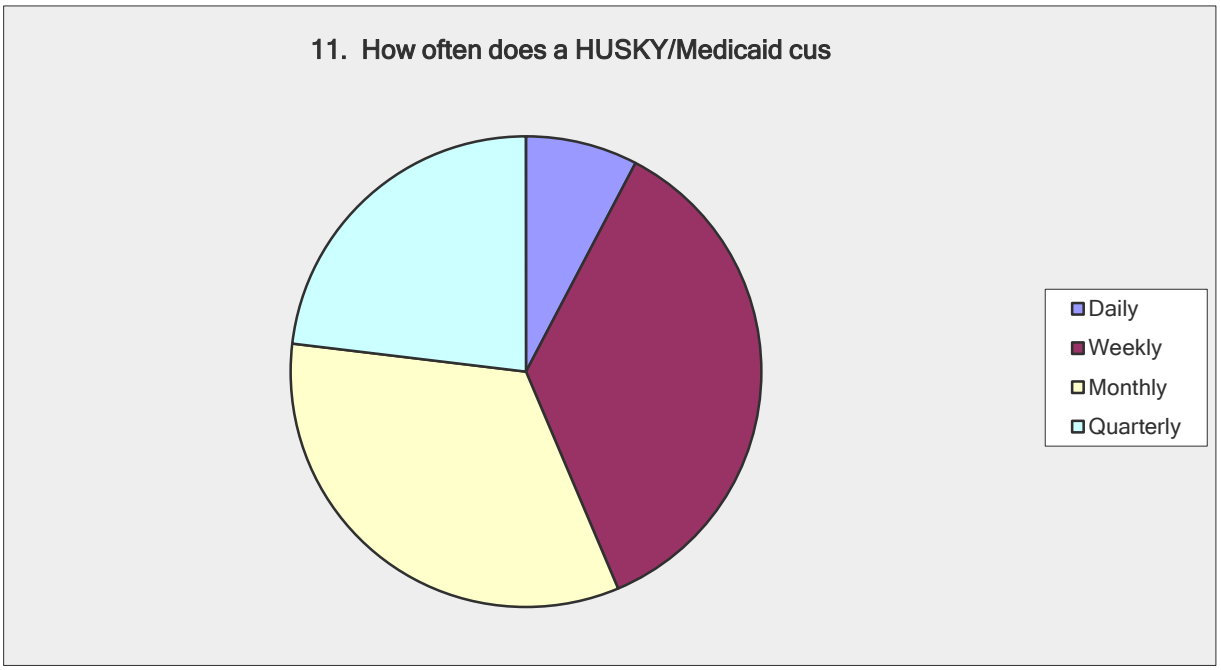
DSS Pharmacist Survey

10. How often does a HUSKY/Medicaid customer leave the pharmacy without their prescribed medication because the medication is subject to prior authorization, but such		
Answer Options	**Response Percent**	**Response Count**
Almost always	5.4%	2
Often	13.5%	5
Sometimes	40.5%	15
Seldom	24.3%	9
Never	16.2%	6
	answered question	**37**
	skipped question	**2**



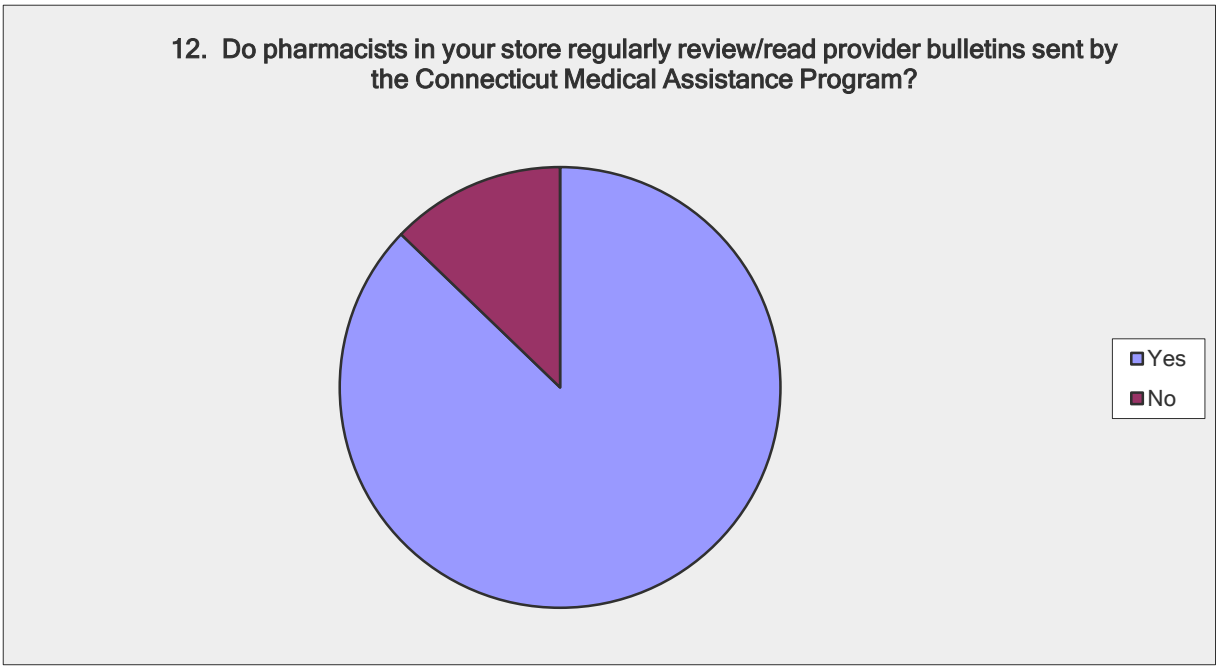
DSS Pharmacist Survey

11. How often does a HUSKY/Medicaid customer, who received a one-time 14 day temporary supply of a drug requiring prior authorization, return to the pharmacy, but		
Answer Options	**Response Percent**	**Response Count**
Daily	7.7%	3
Weekly	35.9%	14
Monthly	33.3%	13
Quarterly	23.1%	9
	answered question	**39**
	skipped question	**0**



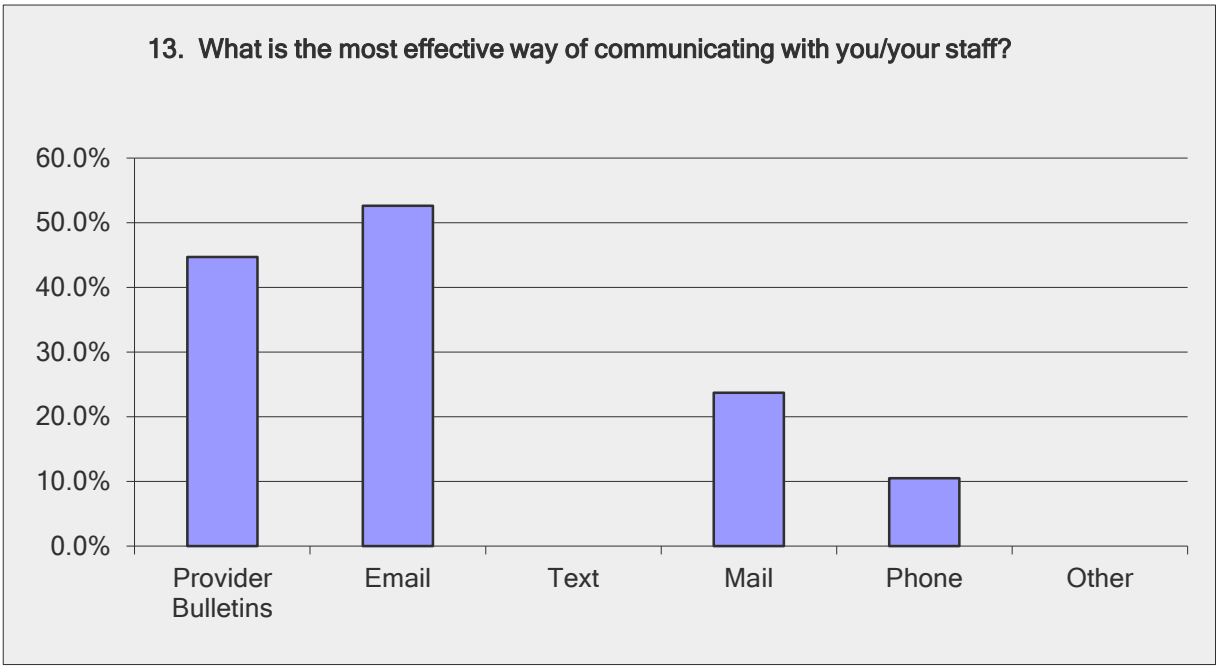
DSS Pharmacist Survey

12. Do pharmacists in your store regularly review/read provider bulletins sent by the Connecticut Medical Assistance Program?		
Answer Options	**Response Percent**	**Response Count**
Yes	87.2%	34
No	12.8%	5
	answered question	**39**
	skipped question	**0**



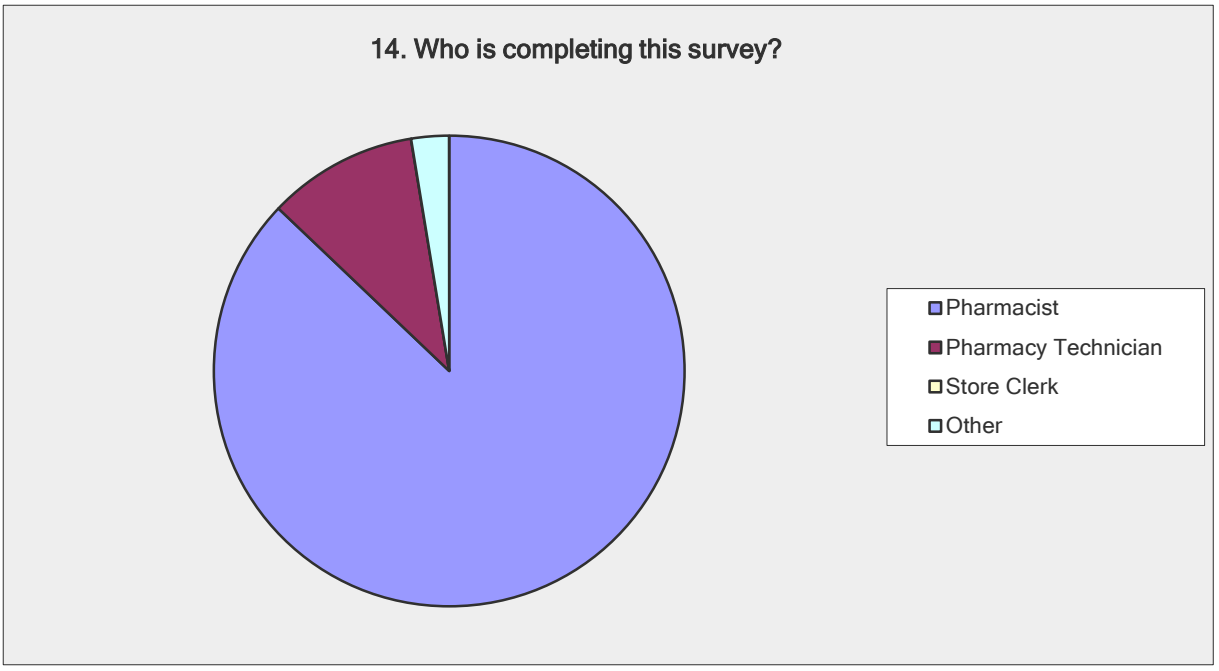
DSS Pharmacist Survey

13. What is the most effective way of communicating with you/your staff?		
Answer Options	**Response Percent**	**Response Count**
Provider Bulletins	44.7%	17
Email	52.6%	20
Text	0.0%	0
Mail	23.7%	9
Phone	10.5%	4
Other	0.0%	0
	answered question	38
	skipped question	1



DSS Pharmacist Survey

14. Who is completing this survey?		
Answer Options	**Response Percent**	**Response Count**
Pharmacist	87.2%	34
Pharmacy Technician	10.3%	4
Store Clerk	0.0%	0
Other	2.6%	1
	answered question	**39**
	skipped question	**0**



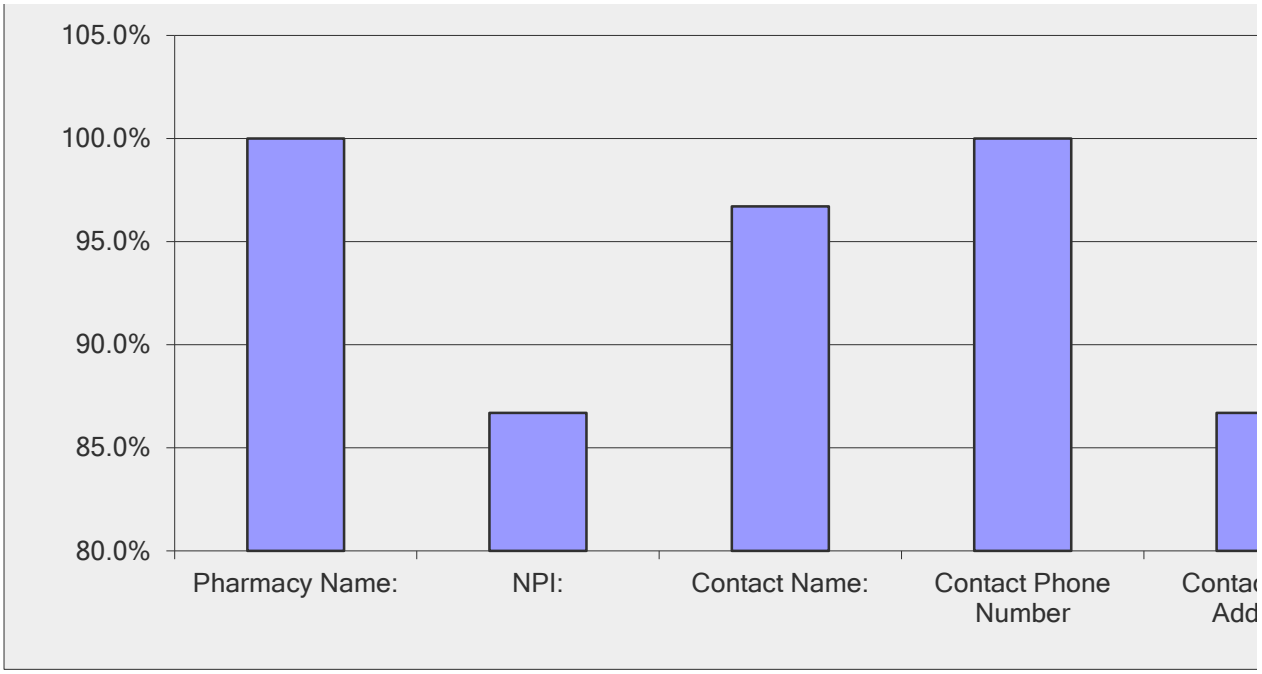
DSS Pharmacist Survey

Please tell us more about your pharmacy:

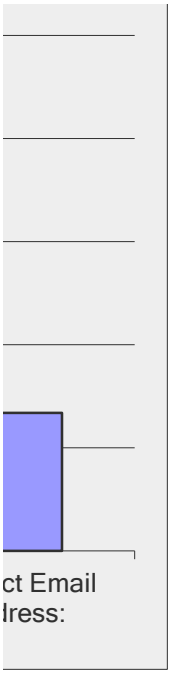
Answer Options	Response Percent	Response Count
Pharmacy Name:	100.0%	30
NPI:	86.7%	26
Contact Name:	96.7%	29
Contact Phone Number	100.0%	30
Contact Email Address:	86.7%	26
	answered question	30
	skipped question	9

Number	Response Date	Pharmacy Name:	Categories
1	Apr 13, 2012 2:07 PM	STOP & SHOP PHARMACY	
2	Apr 10, 2012 9:35 PM	The Medicine sHoppe	
3	Apr 6, 2012 12:39 PM	seybridge pharmacy	
4	Apr 3, 2012 11:13 PM	HANCOCK PHARMACY	
5	Apr 2, 2012 5:26 PM	HANCOCK PRARMACY	
6	Apr 1, 2012 9:24 PM	WalMart	
7	Mar 31, 2012 8:29 PM	Salisbury Pharmacy	
8	Mar 30, 2012 5:29 PM	Stolls Pharmacy	
9	Mar 29, 2012 11:27 PM	Price Chopper Pharmacy	
10	Mar 28, 2012 4:06 PM	Walgreens	
11	Mar 27, 2012 6:27 PM	LIFEMED PHARMACY	
12	Mar 27, 2012 12:45 AM	taprx llc d/b/a procareltc	
13	Mar 26, 2012 9:03 PM	HANCOCK PHARMACY 5	
14	Mar 26, 2012 5:21 PM	BIG Y PHARMACY #59	
15	Mar 26, 2012 3:52 PM	Price Chopper Pharmacy	
16	Mar 26, 2012 1:18 PM	price chopper 189	
17	Mar 25, 2012 5:32 PM	Price Chopper	
18	Mar 24, 2012 4:21 PM	HANCOCK PHARMACY 2	
19	Mar 24, 2012 3:00 PM	Price Chopper Pharmacy 209	
20	Mar 23, 2012 8:37 PM	swc pharmacy	
21	Mar 23, 2012 8:22 PM	Price Chopper 209	
22	Mar 23, 2012 7:08 PM	Price Chopper Pharmacy	
23	Mar 23, 2012 3:32 PM	Price Chopper Pharmacy	
24	Mar 23, 2012 2:16 PM	Apex Pharmacy	
25	Mar 23, 2012 1:22 PM	Rite Aid 1155	
26	Mar 23, 2012 11:33 AM	Hancock Pharmacy at Long Wharf	
27	Mar 23, 2012 3:10 AM	Walgreens #13969	
28	Mar 22, 2012 8:44 PM	Cornell-Scott Hill Health Center	
29	Mar 22, 2012 7:59 PM	SWC Pharmacy	
30	Mar 22, 2012 7:41 PM	rxhealth	

Please tell us more about your pharmacy:


105.0%
100.0%
95.0%
90.0%
85.0%
80.0%
Pharmacy Name:
NPI:
Contact Name:
Contact Phone Number
Contac
Add

NPI:	Categories	Contact Name:	Categories	Contact Phone Number
1255363115		SUE BOWDEN		203-468-1113
1073678496		Yehia Aryan		860-232-4595
199276382		Peter		203-888-0073
1619074010		VEERAIAH CHOWDARY BANDARUPALLI		203-367-4571
NONE		NONE		2037348900
1265459556		Rebecca Radcliffe		8609284199
1295783645		Claudia Callinan		8604359388
1710991047		Ed Schreiner		2035750199
1598878936		Melanie Fiddler		8608751211
1548275894		Alexander West		2037576010
1447440250		TIFFANY MARTINI		954-385-4998
1710005822		craig rhodes		631-843-0500
1457678468		SUDHEER GHANTA		860-346-9700
1457525545		Michael Muldoon		860-489-2970
1598878936		Carrie		860-872-8961
1225141682		David Reilly		860-928-1533
1225141682				860 928 1533
1154645356		KRISHNA KUMAR JAKKA		203-576-9000
1891809182		Dan Gallagher		860-667-7603
1124191366		Michael Grimaldi		2038990708
1891809182		Pharmacist		860-667-7603
		Bill Saltzgiver		(860)763-0662
1972708758		Leslie Hosking R.Ph Pharm.D		860-687-1910
		Richard Carbray		203-281-6571
1386756352		Andrew		860-649-9110
1689964272		Jacqui Murphy		203-787-9908
		Emmett Sullivan		203-777-7809
		Matt Hyde		(203) 577-8841
1124191366		Joseph Schuler, R.Ph.		2038990708
1013918662		John / Karla		(860) 727-4064


ct Email
lress:

Categories	Contact Email Address:	Categories
	1096@medicineshoppe.com	
	rxpeter@comcast.net	
	hancockrx@gmail.com	
	NONE	
	niango@yahoo.com	
	claudia@spgrx.com	
	stolls@sbcglobal.net	
	melaniefiddler@pricechopper.com	
	rxm.03192@walgreens.com	
	TMARTINI@LIFEMEDRX.CO,	
	crhodes@procareltc.com	
	HANCOCKPHARMACY5@GMAIL.COM	
	pharm59@bigy.com	
	davereilly@pricechopper.com	
	hancockpharmacy2@gmail.com	
	danielgallagher@pricechopper.com	
	michael.grimaldi@norwalkhealth.org	
	bucksalt@aol.com	
	leslie.hosking@pricechopper.com	
	rcarbray@apexpharm.com	
	rxpals@msn.com	
	jacqui@hancockpharmacy.com	
	emmett.sullivan@walgreens.com	
	ramsesllv@aol.com	
	joseph.schuler@norwalkhealth.org	
	pharmacy@rxhealthltc.com	

DSS Pharmacist Survey

15. We value your professional opinion and would like your input/suggestions for improving the prior authorization system. Please

Answer Options	Response Count
	21
answered question	21
skipped question	18

Number	Response Date	Response Text	Categories
1	Apr 6, 2012 12:39 PM	please inform md's of their role in this process you h	
2	Apr 2, 2012 5:26 PM	NEED BUT MEDICAL.	
3	Apr 1, 2012 9:24 PM	I find that the priorautho plus website is a great tool,	
4	Apr 1, 2012 12:11 AM	I feel the pa process is inadequate. The prescriber s	
5	Mar 31, 2012 8:29 PM	Frequently provide the prescribers updated formula	
6	Mar 30, 2012 5:29 PM	When a PA is approved, the pharmacy where the re	
7	Mar 29, 2012 11:27 PM	Need message to state Brand name drug preferred,	
8	Mar 27, 2012 6:27 PM	We are a long term care pharmacy and almost alwa	
9	Mar 27, 2012 12:45 AM	Prior authorization for medicaid in a Long Term Car	
10	Mar 26, 2012 5:21 PM	I actually think it works very well. I just wish the doc	
11	Mar 24, 2012 4:21 PM	WE SHOULD TRY AND MAKE PRIOR AUTHORIZ	
12	Mar 24, 2012 3:00 PM	Some packaging cannot be broken down to a 14 da	
13	Mar 23, 2012 8:22 PM	Some medications that require PA are only availabl	
14	Mar 23, 2012 8:20 PM	Medicaid is the easiest 3rd party to deal with. Nearl	
15	Mar 23, 2012 7:08 PM	If a medication needs prior authorization it would he	
16	Mar 23, 2012 3:32 PM	It would be helpful to list the alternative drug covere	
17	Mar 23, 2012 2:16 PM	System works very well	
18	Mar 23, 2012 1:22 PM	Pharmacist should have limited prescriptive authori	
19	Mar 23, 2012 11:33 AM	My biggest challenge is Subutex when prescribed fo	
20	Mar 22, 2012 7:59 PM	Enable requests via email Have DSS automatically a	
21	Mar 22, 2012 7:41 PM	Physicians do not respond quickly/or at all and we a	

have to explain everything to them or send them updated formularies so they will prescribe only from the

, because it allows us as the pharmacy to start the prior authorization paperwork for the doctors office.
seldom has to substantiate why a non-pdl drug is required. The check of box of medically appropriate sh
ries so they can be aided in choosing the medication they provide.
eject was processed should be notified by the system. We are always the last to know and typically, the
, for example. This is due to rebating program. Why does reject say Prior Auth required when it is, in fac
ays the dr is not available to complete prior auths the same day we send the form out. It would be a grea
e setting is extroadinarily difficult and slow. In attempts to cut costs by adding more prior authorizations
tors would fill out the forms faster.
ATION REQUESTS ALL ELECTRONIC
y supply. If you are going to permit a one-time fill it would be more appropriate to allow a one month sup
e in quantities greater than 14 days supply, (ie inhaler or eye drops) and therefore cannot be submitted
y everything is covered-policies are very liberal. The 14 day supply is a bad design (especially for unnec
elp if you would provide the name of alternatives that are covered. What is extremely confusing is when I
ed that is on the PDL on the electronic prior authorization rejection that we get instead of having to alway

ty to intervene and provide patients much needed medication in a timely manner when physician can no
or pregnant women.. there should be some sort of exception for this particular group of clients who are t
assign a "transaction number" (for each claim requiring PA) which refers to all pertinent information for t
are in the middle when the patient has no medication. we often have to take a loss on the next fill becaus

e list.

ıould be eliminated unless medicaid requires clinical notes to substantiate that pal drugs have failed. In

only way we find out is by trying to submit the claims again when the patient inquires.
ct, not covered because of a rebating agreement??
ıt if you would allow prior auth approvals to be backdated to the date of dispense once approved. Thank
etc. the quality of care plummets in the LTC setting. Doctors are hard to find, often find dealing with Me

ɔply so that pharmacies are not put in a position of having to enter an incorrect day supply to fill the pres
for a 14 days supply since the calculated days supply is greater than 14 days. This should be addresse
cessary medications like acne treatment); the switch to the perferred agent should happen on day 1. MD
Husky requires a generic medication to get prior authorization but Husky will pay for the Branded name
's refer back to the PDL online.

ɔt be reached.
rying to end drug addiction but cannot get ongoing medications because sometimes it takes too long to
he affected claim (client ID, NDC, Quantity, days supply, etc.). Pharmacy can then contact the physician
se the MD or the process is not working quick enough and we will not let the patient go with the med. Th

other words it is way too easy for prescribers to have a non-pdl drug approved with the current system. T

(you
dicaid difficult due to constantly changing formularies and oddities such as covering brands and not gen

cription. If a 30 days supply is not allowed then it should be clearly stated by medicaid how we are to pro
d. 1 minimum unit should be allowed in this case.
)s need to consult the preferred-non-preferred drug list before the patient leaves the office. It would seem
of said medication such as with Valcyclovir and Valtrex

get the p/a. Is there a way in the system we could enter due date or some documentation of pregnancy t
ı with a unique prior authorization incident number. The physician can then enter the number into a dedi
ere needs to be another override to allow these patients to get medication when the system is being inef

There could be greater cost savings if prescribers were required to submit clinical notes regarding their r

erics. Prior Authorizations that take an enormous amount of time also lead to more medicare A stays at

ocess such claims so that the patient is not unecessarily incovenienced.

n that is part of their job?

o override at our end? Suboxone (which Husky pays for) is contraindicated in these patients... otherwis
cated DSS PA website and add any information required for authorization. A system such as this would
fficient

reasoning.

facilities and hospitals as patietns are routinely shipped back and forth as their care slides with issues. A

e I usually find fast response to MD requests...
greatly facilitate authorization requests.

A constant culprit of this is the coverage procrit and aranesp and other various IV's. these types of drugs

; require immediate dispensing and use, and without them sometimes patients care deteriorates quickly.

. Medicaid needs to allow transitional fills or at least enable the LTC Pharmacy to do the PA with the app

ɔropriate information they can obtain from the Doctor or LTC Facility. Another issue at hand with the con

stantly changing formulari