Clinical Resources

HEDIS® Hints
Hone up on HEDIS 2012 first year performance measures:

• Human Papillomavirus Vaccine for Female Adolescents: This measure assesses the percentage of 13-year-old females who had three doses of the HPV vaccine by their thirteenth birthday. The measure evaluates compliance with Centers for Disease Control and Prevention (CDC) and Advisory Committee on Immunization Practices immunization guidelines.

• Medication Management for People with Asthma: This measure assesses the percentage of people five to 64 years of age who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period (earliest prescription date through the end of the year)

Please familiarize yourself with these measures and, as appropriate, incorporate the care into your clinical practice.

Medical Record Review Results Indicate the Need for Focus on Documentation of Required TENNderCare Screening Components
An Annual Early Periodic Screening Diagnosis and Treatment (EPSDT) Medical Record Review (MRR) is conducted each year in order to confirm the documentation of comprehensive TENNderCare screens. In the spring of 2011, the statewide EPSDT MRR was conducted on records from office visits between Apr. 1,
2010 and Sept. 30, 2010 by nursing consultants from the Division of Quality Oversight, at the Bureau of TennCare.

The statewide overall weighted average for the documentation compliance rate for the 2010 data year was 92.2 percent.

The UnitedHealthcare Community Plan East region fell below the statewide average individual component compliance rates on immunizations with a percentage rate of 93.7 percent and a percentage rate of 88.4 percent on physical examination. This is greater than one standard deviation below the state average. Children aged 19-20 years had the lowest rating in documentation of the immunization component and 15-18 year olds had the lowest rating in the unclothed physical exam component.

The Centers for Disease Control and Prevention (CDC) recommends routine vaccination to prevent 17 vaccine-preventable diseases that occur in infants, children, adolescents, or adults. Discussion of the benefits of and risks from vaccination is sound medical practice and is required by law. Appropriate and timely vaccination documentation helps ensure not only persons in need of recommended vaccine doses receive them, but also that adequately vaccinated patients do not receive excess doses. Immunizations should be given in accordance with current American Academy of Pediatrics (AAP) recommendations. Current immunization schedules can be found at http://www.cdc.gov/vaccines/recs/schedules/default.htm.

In accordance with AAP periodicity schedule and the TNAAP guidelines, a fully unclothed physical exam should be performed on infants and young children at the required ages. For age appropriate physical exams, older children should also be unclothed or suitably draped. Whether unclothed or suitably draped, please document that the exam was performed in this manner. As a reminder, TNAAP continues to offer courses on coding and medical documentation.

The UnitedHealthcare Community Plan West Region fell below the statewide average individual component compliance rates on health history with a percentage rate of 87.9% and a percentage rate of 89.2% on health education. This is greater than one standard deviation below the state average. Children aged 19-20 years had the lowest rating on documentation of the health history component and children aged 15 – 18 years had the lowest rating on the health education component.

Health history documentation will include initial, family, and interval history. It also includes behavioral and developmental assessments. Anticipatory guidance is also an integral part of the screening. Age appropriate topics/information must be presented during each screen. Specific topics discussed or written information distributed must be documented in the medical record. Completion of the health history and health education components is required under the Medical Record Review.

It is important that providers are educated on the significance of documentation of all of the seven required components and we provide you the following information so that you can help us improve those rates. Success of the medical record review is dependent upon compliance and documentation of all seven screening components.

TennCare requires that an EPSDT screen (also called TENNderCare) include the following seven EPSDT screening components:

- Comprehensive health history (including past, family, and interval history) and developmental/behavioral assessment
- Comprehensive unclothed physical examination
An important message to health care professionals and facilities

- Appropriate laboratory tests according to age and health history
- Health education
- Vision screening
- Hearing screening
- Immunizations in accordance with current American Academy of Pediatrics (AAP) recommendations

As a reminder, all of these components must be completed and documented in the member’s record at each and every EPSDT screening. Please partner with us in helping our members’ live healthier lives and by giving them the access to the care they need and deserve.

**Quality Improvement Program**

UnitedHealthcare Community Plan’s Quality Improvement Program works to give our members better care and services.

Each year UnitedHealthcare Community Plan reports how well they are providing health care services. Many of the things we report on are major public health issues. In 2010 we improved the number of screenings our members had for cervical cancer and appropriate treatment of children with upper respiratory infections. For 2011 we are trying to improve childhood immunization rates, well baby visits, breast and cervical cancer screenings, prenatal and postpartum visits, and asthma and diabetic treatment.

We also conduct member surveys so we can see how well we are meeting our member’s needs. Our 2010 surveys showed that most of our members rate the health care that they receive above national averages. We are listening to our members and in 2011 are working to improve our customer service center.

If you would like to know more about our Quality Improvement Program and our progress towards meeting goals please call 800-690-1606.

**Vision Vendor Change for Dual Complete HMO SNP**

Effective Jan. 1, 2012 the UnitedHealthcare Dual Complete HMO SNP vision vendor in Tennessee will change from Spectera to March Vision Care. March Vision Care manages vision and eye care benefits for more than 2.3 million members nationwide, assisting health plans in achieving better health outcomes through enhanced communication and outreach.

**Take Action**

**Provider Demographic Changes**

Beginning Oct. 10, 2011 demographic submissions to the JDHDPemo email box must include the new information as well as the information that is being replaced if applicable. The following verbiage will be sent back on any submissions that do not contain both.

"We are returning your provider update request because it requires additional information in order to accurately complete the update in our systems. We now require submissions for demographic updates to contain the new address update in addition to the old address information. Additionally, we need to know if the current is being replaced with the new address or if the intent is to add the new address to the provider record as an additional address."

This information is necessary because if replacing an address, we will need to terminate the old address.

Thank you for helping us ensure accuracy of our provider data by providing this additional information.
Take Note

ADHD Information

Attention-Deficit/Hyperactivity Disorder (ADHD) is one of the most commonly diagnosed childhood behavioral health disorders affecting an estimated three to nine percent of school-age children. HEDIS has also established a set of measures to monitor treatment adequacy for patients between the ages of six and twelve years old with ADHD.

These measures are based on established research and reflected in many treatment guidelines. Compliance is monitored for:

- The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who have at least three follow-up care visits within a 10-month period, one of which is within 30 days of when the first ADHD medication was dispensed.

Two rates are reported:

- The percentage with a new prescription dispensed for ADHD medication that had one follow-up visit with a practitioner with prescriptive authority within 30 days of the initiation of treatment (Initiation Phase).

- The percentage with a prescription dispensed for ADHD medication that remained on the medication for at least 210 days and had at least two additional follow-up visits with a practitioner within nine months after the Initiation Phase ends.

- The appropriate diagnosis of ADHD requires a comprehensive medical evaluation to rule out potential physical conditions. The reliability of diagnosing ADHD improves when appropriate guidelines are used, and when additional history is collected from both parents and teachers.

Treatment works best with a team approach when behavioral health clinicians, doctors, parents, family, the child, teachers and other health care professionals all work together. The treatment plan usually includes behavioral therapy, medication, parent training and education. This combination aids the child to focus his or her attention and to control any behavior issues. It is important to monitor the child’s progress. Visits with a behavioral health clinician are recommended at least monthly until optimal results are achieved.

Aging and Alcohol Abuse

Anyone at any age can have a drinking problem. The fact is that families, friends, and health care professionals often overlook their concerns about older people's drinking. Sometimes trouble with alcohol in older people is mistaken for other conditions that may occur as people age. But alcohol use deserves special attention and should be assessed during general medical examinations. Because the aging process affects how the body handles alcohol, the same amount of alcohol can have a greater effect as a person grows older. Over time, someone whose drinking habits haven't changed may find she or he has a problem. Patient education about aging and alcohol is important. Below are a few key points that you can share with your patients when indicated.

Facts about Alcohol and Aging

- Some research has shown that as people age they become more sensitive to alcohol's effects. In other words, the same amount of alcohol can have a greater effect on an older person than on someone who is younger.

- Some medical conditions, such as high blood pressure, ulcers, and diabetes, can worsen with alcohol use.
• Many medicines—prescription, over-the-counter, or herbal remedies—can be dangerous or even deadly when mixed with alcohol. This is a special worry for older people because the average person over age 65 takes at least two medicines a day and may have more than one prescribing physician. Patients taking any medications should be encouraged to talk with you or their pharmacist about any risk associated with drinking alcohol. The following examples may help illustrate that risks include over-the-counter medication:

- Aspirin can cause bleeding in the stomach and intestines; the risk of bleeding is higher if you take aspirin while drinking alcohol.
- Cold and allergy medicines (antihistamines) often make people sleepy; when combined with alcohol this drowsiness can be worse.
- Alcohol used with large doses of the pain medicine acetaminophen can raise the risk of liver damage.
- Some medicines, such as cough syrups and laxatives, have high alcohol content.

**Effects of Alcohol**

Even drinking a small amount of alcohol can impair judgment, coordination, and reaction time. It can increase the risk of work and household accidents, including falls and hip fractures. It also adds to the risk of car accidents.

Heavy drinking over time also can cause certain cancers, liver cirrhosis, immune system disorders, and brain damage. Alcohol can make some medical concerns hard for doctors to find and treat. For example, alcohol causes changes in the heart and blood vessels. These changes can dull pain that might be a warning sign of a heart attack. Drinking also can make older people forgetful and confused. These symptoms could be mistaken for signs of Alzheimer’s disease. For people with diabetes, drinking affects blood sugar levels.

People who abuse alcohol also may be putting themselves at risk for serious conflicts with family, friends, and coworkers. The more heavily they drink, the greater the chance for trouble at home, at work, with friends, and even with strangers.

**How to Know if Someone Has a Drinking Problem**

Drinking problems may have an early or late onset. Some people have been heavy drinkers for many years. Over time the same amount of liquor has stronger effects. Other people develop a drinking problem later in life. Sometimes this is due to major life changes like shifts in employment, failing health, or the death of friends or loved ones. Often these life changes can bring loneliness, boredom, anxiety, and depression. In fact, depression in older adults often goes along with alcohol misuse. At first, a drink seems to bring relief from stressful situations. Later on, drinking can start to cause trouble.

Not everyone who drinks regularly has a drinking problem, and not all problem drinkers drink every day.

**Getting Help**

Studies show that older problem drinkers are as able to benefit from treatment as are younger alcohol abusers. There are many types of support and treatments available. Some, such as 12-step help programs, have been around a long time. Others include detoxification; taking prescription medicines to help prevent a return to drinking once the person has stopped; and individual or group counseling. Newer programs teach people with drinking problems to learn which situations
An important message to health care professionals and facilities

or feelings trigger the urge to drink as well as ways to cope without alcohol. Because the support of family members is important, many programs also counsel married couples and family members as part of the treatment process. Programs may also link individuals with important community resources.

Scientists continue to study alcohol's effects on people and to look for new ways to treat alcoholism. This research will increase the chance for recovery and improve the lives of problem drinkers.

For More Information:
National Institute on Alcohol Abuse and Alcoholism (NIAAA)
www.niaaa.nih.gov
Project Cork
www.projectcork.org


Comorbidity Information

Comorbidity can be broadly defined as “the co-occurrence of mental and physical disorders in the same person, regardless of the chronological order in which they occurred or the casual pathway linking them.” Studies have shown that more than 68 percent of adults with a mental health disorder reported having at least one general medical disorder and 29 percent of adults with a medical disorder had a comorbid mental health condition. Since there is a complex relationship between mental and physical health and there are many ways comorbid disorders can develop, coordination of care between professionals is extremely important.

Patients with mental illness are increasingly benefiting from coordination of medical and behavioral health care. People who experience both physical and mental health problems may not always receive care that is adequate and appropriate to meet all their needs. Primary Care Providers may attribute symptoms of depression or anxiety to physical illness, while mental health practitioners may overlook physical symptoms or consider them psychosomatic. Understanding the interaction between physical and mental health and providing care that recognizes the physical and mental health needs of individuals is essential.

Primary Care Providers who recognize that a patient has a need for mental health care may refer that patient to a behavioral health provider. However, studies have repeatedly shown that there are high rates of unrecognized and untreated medical disorders in individuals with mental illness and many of these individuals are receiving psychiatric treatment yet do not have a primary care physician. Therefore, behavioral health professionals may be the first to identify a physical health issue. It is especially important for inpatient providers to be aware as many individuals with comorbid disorders report the last physical examination they had was during a psychiatric hospital admission.

UnitedHealthcare Community Plan annually reviews the number of inpatient hospitalizations and the number of Primary Care Providers referral/appointment outcomes for members. While the percentage of members attending appointments in each region is improving, there is still a very high percentage of members who are either not attending the follow-up appointment or are refusing the services entirely. It is imperative, with the high number of individuals affected by comorbid disorders, that providers take opportunities to educate members about the importance of follow-up medical care, as well as the benefits of sharing information and coordination of care.
An important message to health care professionals and facilities

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• Williams, D., Health Business Blog, March 11, 2011
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• Lunnay, B. & Bywood, P., Co-morbidity of mental and physical illness: Meeting unmet care needs, Research Roundup Issue 18, August 2011
• Hahn, H. & Segal, S., Failure to Seek Health Care Among the Mentally Ill. American Journal of Orthopsychiatry, 2005, Vol 75, No. 1, 54-62

Cultural Needs

UnitedHealthcare Community Plan believes that its members have a right to receive care that is culturally competent and respects their cultural and ethnic background and origins. Upon enrollment, information regarding primary language is obtained. UnitedHealthcare Community Plan provides access to a Language Line for translation of communication between UnitedHealthcare Community Plan staff and non-English speaking members. The language line use is tracked by the Customer Service Center and reported regularly to the health plan. Each health plan then assesses its practitioner availability to insure that the cultural, ethnic, racial, and linguistic needs of its members are being met.

The Provider Directory is available on the web at UHCCommunityPlan.com, and lists the languages spoken in the provider's office.

Early Periodic Screening, Diagnosis, and Treatment (EPSDT)/TENNderCare Screening Reminder

UnitedHealthcare Community Plan recognizes that preventive care is an essential component of a child's well being. The American Academy of Pediatrics (AAP) and Bright Futures™ publish Recommendations for Preventive Pediatric Health. Since each child and family is unique; these recommendations are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in satisfactory fashion. Additional TENNderCare visits are necessary if circumstances suggest variations from normal.

Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits.

These guidelines represent a consensus by the AAP and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care. United Healthcare Community Plan endorses the concept of the Medical Home as a model of care that greatly facilitates these concepts.

Providing all seven of the components of the TENNderCare visit including vaccines takes full advantage of the member's presence in the clinic and eliminates another visit being needed in the office.

These components include:

• Comprehensive health history
• Comprehensive unclothed physical examination
• Appropriate laboratory tests according to age and health history
• Health Education
• Vision Screening
• Hearing Screening
• Immunizations in accordance with The Center for Disease Controls' Advisory Committee on Immunization Practices (ACIP) at http://www.cdc.gov/vaccines/

As a best practice, all office staff including physicians, nurses, and front office personnel can ask members, with whom they have any contact, if they have had their well visit and vaccines. Please perform the EPSDT exam when the...
office workflow allows when members are already in the office for other reasons.

These AAP/Bright Future guidelines can be found at http://brightfutures.aap.org/pdfs/Guidelines_PDF/20-Appendices_PeriodicitySchedule.pdf

One Face, One Name

UnitedHealthcare

UnitedHealth Group’s health benefit businesses – Commercial, Medicare and Medicaid – are aligning to support a single brand that people can turn to for health care benefits at all stages of life. Through this brand transition, UnitedHealthcare, UnitedHealthcare Community Plan, UnitedHealthcare Medicare Solutions and UnitedHealthcare Military & Veterans Services are now sharing the UnitedHealthcare brand name.

The branding transition began in late 2010 and will continue into 2012. For additional information about a specific line of business, please click on one of the following links:

UnitedHealthcare Medicare Solutions
UnitedHealthcare Community Plan (select specific state plan)
UnitedHealthcare Commercial Businesses
UnitedHealthcare/Oxford
UnitedHealthcare WEST, formerly known as PacifiCare

Recent Activity
Medicare: Medicare Solutions
In September you received a notification letter along with a set of Frequently Asked Questions (FAQ’s) that helped explain how the brand transition will work. To find additional information available today on the Provider Portal, including a presentation on the rebranding transition and a comprehensive set of FAQ’s, Click Here.

Your UnitedHealthcare Medicare Advantage patients began being notified of the plan name and brand changes in August. Messaging will continue through the end of this year. Because any of these touch points could lead a patient to ask their provider about these health plan brand changes, here is a summary of all of these touch points and the general time frame:

September
• TV and Radio brand change advertising in some markets
• Letter to Evercare and SecureHorizons members
• Annual Notice of Change (ANOC) to all Medicare Advantage members
• Insert in ANOC mailing for AARP MedicareComplete members
• Customer Service hold messages for all Medicare Advantage members (continuing through 2011)

October
• Member Newsletter article for SecureHorizons and AARP MedicareComplete members
• Insert in Provider Directory mailing to all Medicare Advantage members
• Message on health plan website

November
• Brand change Reminder Mailer to Evercare Dual Eligible members

December
• Member ID Card mailing to all Medicare Advantage members - December
An important message to health care professionals and facilities

We will continue to keep you updated as we move through this process with a reminder notification letter. You may also be contacted by your physician or hospital advocate to present the information directly to you.

**Medicaid: Community Plan**

The brand transition for Arizona and Michigan will be complete on January 1, 2012. This is the second step of the transition as logos on the ID cards will now display “Community Plan” next to the UnitedHealthcare logo instead of “Arizona Physicians IPA” in Arizona and “Great Lakes Health Plan” in Michigan as they are shown on the current ID cards. Note that the only change you will see is the logos on the ID cards.

In addition we are soon transitioning from Evercare Long Term Care to UnitedHealthcare Community Plan in six states: AZ, FL, HI, MA, NM and TX. Providers in these states are receiving communications regarding the details of this transition. For additional details on the branding change, please see the grid below describing the details of the transition including the date of transition, product name change and logo change.

**TennCare Managed Care Organization Collaboration**

Over the last year, UnitedHealthcare Community Plan has been participating in two collaborative workgroups with the TennCare Bureau, and the two other TennCare Managed Care Organization (MCOs); AmeriGroup and Volunteer State Health Plan. The two workgroups have been focusing their efforts to address maternity care and diabetes management for TennCare members. The original goal of these groups was to bring the MCOs together for a common purpose; promote a substance abuse free pregnancy and provide education to TennCare members to help with diabetes management. Not only have the workgroups done this, but they have also found opportunities to combine the expertise of multiple internal departments within each MCO with resources from external organizations and support groups, helping to streamline efforts and programs available to members across the state of Tennessee.

Since the beginning of this partnership, the collaboration between the MCOs has exceeded all expectations. While working together, the workgroups have conducted lunch and learn sessions with OB/GYN physician offices, developed co-branded educational materials, participated in community outreach events and hosted clinical screening events all across Tennessee.

UnitedHealthcare Community Plan is leading the efforts for the TennCare collaborative groups and working to cultivate innovative outreach initiatives that could truly impact quality and improve the lives of those we serve. We hope to follow up with more information in the near future as we continue to work within this collaboration and collect data from pilot programs from across Tennessee.

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Together, Improving Health Care Quality

The excellent care you deliver to your patients is reflected in the quality of our health care plans. By taking a big picture view of quality and incorporating feedback from your patients’ health care experience and working with you, we can provide higher quality health care plans to your patients — and our members — and, together, help them live healthier lives.

UnitedHealthcare is committed to providing high quality health care products for your patients. From the time your patient enrolls in one of our plans, our quality initiatives touch every claim, phone call and physician visit. Our evidence-based wellness and care management programs help your patients achieve the best possible health, in coordination with physicians like you and with the support of our own clinicians. We’ve built a quality infrastructure to measure our performance and quality, and make health care simpler and more efficient.

Cooperation with quality improvement activities

All participating physicians and providers must cooperate with all quality improvement activities. These include, but are not limited to, the following:

- Timely provision of medical records upon request by us or our contracted business associates;
- Cooperation with quality of care investigations including timely response to queries and completion or improvement action plans;
- Participation in quality audits, including site visits and medical record standards reviews, and annual Health Care Effectiveness Data and Information Set (HEDIS®) record review;
- If we request medical records, provision of copies of such records free of charge during site visits or via email, secure email, or secure fax.

Medicare Advantage and Prescription Drug Plans

Several industry quality programs, including the Centers for Medicare & Medicaid Services (CMS) Star Ratings, provide external validation of our Medicare Advantage and Part D plan performance and quality progress. Quality scores are provided on a one to five star scale, with one star representing the lowest quality and five stars representing the highest quality. Star Ratings scores are derived from four sources:

1. Consumer Assessment of Healthcare Providers and Systems (CAHPS) or patient satisfaction data,
2. Health Care Effectiveness Data and Information Set (HEDIS) or medical record and claims data,
3. Health Outcomes Survey (HOS) or patient health outcomes data, and
4. CMS administrative data on plan quality and member satisfaction.

To learn more about Star Ratings and view current Star Ratings for Medicare Advantage and Part D plans, go to CMS’ consumer website at www.cms.gov.

e-Business Updates

Website Update

UnitedHealthcare Community Plan’s innovative online provider portal, UnitedHealthcare Community Plan Online (formerly AmeriChoiceOnline), has been updated with new features in 2011.
An important message to healthcare professionals and facilities

One new enhancement offers the provider the option to search by member for both the TENNderCare EPSDT Screening Measures and the Preventive Health Screening Measures Reports. Click on either the “TENNderCare EPSDT Report by Member” link, or “PHM Report by Member” link to view an individual report for a member enrolled in your panel. Providers can search for an individual member by UnitedHealthcare Community Plan Member ID number, member name, last name or date of birth. Searching by Member ID number is the fastest and most accurate search method.

Another enhancement allows the provider to contact the health plan through the online portal with questions regarding data on the TENNderCare EPSDT or Preventive Health Measures report, such as dates of screening. The goal is to facilitate communication, relating to reports that are available for providers. To submit a query or comment to the health plan, providers will only have to click the “notify plan” link, enter and submit form information/comment relating to the TENNderCare EPSDT Screening or Preventive Health Screening Measures Report. An email will be sent to the EPSDT/Preventive Health and Education Department and providers will receive a reply within three to five business days.


To access the non-secured portion of the website, go to UHCCommunityPlan.com > Health Professionals > Tennessee under Already Part of Our Network > Claims and Member Information > UnitedHealthcare Community Plan for Families. This page brings you to the former AmeriChoice Online webpage. Here you can access our policies, Provider Administration Manual, handouts, forms and recent newsletters and e-Alert notices sent to providers.

**Pharmacy**

**Pharmacy Updates**

Just a reminder: Pharmacy Updates are available at UHCCommunityPlan.com. The pharmacy hotline is 800-922-1557.

**UnitedHealthcare Community Plan Preferred Drug List Updates**

The UnitedHealthcare Community Plan Preferred Drug Lists (PDL) are available on each plan’s website at UHCCommunityPlan.com. For the most up-to-date information please visit our site, which also includes recent Pharmacy and Therapeutics Committee decisions related to PDL additions, PDL deletions and PDL modifications.

Complete PDL information is also accessible through the Epocrates Formulary tool at [www.epocrates.com](http://www.epocrates.com)
Practice Matters is a periodic publication for physicians and other health care professionals and facilities in the UnitedHealthcare network.