

## **Checklist for Submission of 2017 Utilization Review Plan Documentation**

| A complete copy of 2017 Hospital UR Plan (if your 2016 UR plan had recommendations, incorporate these changes into your 2017 plan at the time of submission).          |
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| A copy of JCAHO Accreditation with effective and expiration dates (this must be sent yearly with your UR plan).  |
| The Physician Attestation Statement, signed by all physician members of<br>the UR committee attesting to the fact he/she has no financial interest in<br>any hospital. |

\*\*\*Please submit information by May 31st' 2017\*\*\*

Submit UR Plan information the following ways:

Email: urplans@eqhs.org

Fax: 855-440-3747

Mail: eQHealth Solutions

5802 Benjamin Center Drive, Suite 105

Tampa, FL 33634

Attention: Provider Outreach and Education