



## **Checklist for Submission of 2018 Utilization Review Plan Documentation**

**Please be sure to include your Provider Medicaid ID#**

- A complete copy of 2018 Hospital UR Plan (if your 2017 UR plan had recommendations, incorporate these changes into your 2018 plan at the time of submission).
- A copy of JCAHO Accreditation with effective and expiration dates (this must be sent yearly with your UR plan, if you do not have a JCAHO accreditation, please indicate that in your submission).
- The Physician Attestation Statement, signed by all physician members of the UR committee attesting to the fact he/she has no financial interest in any hospital.

**\*\*\*Please submit information by June 15th, 2018, any plans received after this date are considered late and will not be reviewed\*\*\***

Submit UR Plan information the following ways:

Email: [urplans@eqhs.org](mailto:urplans@eqhs.org)

Fax: 855-440-3747

Mail: eQHealth Solutions

5802 Benjamin Center Drive, Suite 105

Tampa, FL 33634

Attention: Provider Outreach and Education