

2025 UR Plan Submission Checklist and requirements

Coversheet

Contact Person	Phone #	Email Address

Hospital Name	Medicaid ID#	NPI #

- ☐ Include your 9-digit provider Medicaid ID# and NPI with your contact information including Name, Email and Phone#.
 - (If you have more than one hospital UR Plan, please send them in separately)
- ☐ A complete copy of 2025 Hospital UR Plan sent as a PDF document.
 - (If your last UR Plan submission had recommendations, incorporate these changes into your 2025 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 if the UR Committee attesting to the fact, he/she has no financial interest in any hospital.

The UR PLAN Submission deadline is June 16th, 2025. Any plans received after this date are considered late and will not be reviewed.

You can submit your UR Plan one of the following ways:

Email: Urplans@acentra.com

Fax: 855-440-3747

Mail: 5201 W. Kennedy Blvd #900, Tampa, FL. 33609