



EI Agency New Contract Add Form

This form and all content will be used solely for RMHS internal business requirements.

*Please complete and submit this form to add an agency to the RMHS provider network;
Email to: dcastle@rmhumanservices.org*

1. Agency Name: _____
 2. Address: _____
 3. Phone Number: _____ Email: _____
 4. Name of Primary Contact: _____ Title: _____
 5. List all services provided: _____
 6. Medicaid Participation: **All providers must be a Medicaid approved provider prior to receiving RMHS referrals.**
 - a. Do providers have individual Medicaid numbers? YES,
 - b. Does the company bill under an agency Medicaid ID? YES, ID# _____
 7. **RMHS requires agencies complete billing for Medicaid and commercial insurance plans, with the exception of Denver Health Medicaid, for services.**
 - a. Is the agency able to Medicaid and commercial insurance independently? YES
 - b. Is the agency contracted with Denver Health? YES NO
 8. Does the agency have an EI Portal Account? YES
 9. Contracting with RMHS requires you have the following insurance types and minimum policy limit amounts:
 - **For Independent Contractors/Sole Proprietors Only:** You are required to only carry insurance types b. and c. at the minimum limits listed.
 - **For Subcontractor Agencies (businesses with any staff/W2 employees):** You are required to carry **all** insurance types b. through h. at the minimum limits listed.
- Does the agency have the following documents/requirements:
- | | |
|---|--|
| a. Certificate of Insurance (i.e. an Acord form) | <input type="checkbox"/> YES |
| b. Professional Liability (\$1M occurrence/\$1M aggregate) | <input type="checkbox"/> YES |
| c. Protected Info/Privacy Liability (no less than \$50,000 aggregate) | <input type="checkbox"/> YES |
| d. Commercial General Liability (\$1M occurrence/\$1M aggregate) | <input type="checkbox"/> YES |
| e. Auto Liability (\$1M combined single limit) | <input type="checkbox"/> YES |
| f. Cyber/ Network Security Liability (\$1M occurrence/\$2M aggregate) | <input type="checkbox"/> YES |
| g. Crime (\$1M occurrence/\$1M aggregate) | <input type="checkbox"/> YES |
| h. Worker's Compensation (\$100,000/\$500,000 aggregate) | <input type="checkbox"/> YES <input type="checkbox"/> NO |



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i. If you answered "NO" to 9h, do you have any W-2 employees? YES
NO

10. Does the agency intend to add additional providers to the contract with RMHS?

YES NO

a. Agencies are only able to add employees on a W-2 basis; are agency employees W-
2 employees? YES NO

11. Are you requesting to use Telehealth as a service delivery modality? YES NO

12. Person Completing Form: _____

Title: _____ Date: _____