

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

1. Agency/Business Name: _____
2. Address: _____
3. Phone Number: _____ Email: _____
4. Name of Primary Contact: _____ Title: _____
5. List all services provided: _____
6. **RMHS requires all agencies and independent contractors submit billing for services following the funding hierarchy including commercial insurance, with the exception of billing Denver Health Medicaid.**
 - a. Is the agency participating and able to bill CO Medicaid? ☐ YES, ID# _____
 - b. Is the agency able to bill Commercial insurance plans? ☐ YES
 - c. Is the agency contracted with Denver Health? ☐ YES ☐ NO
7. I have read and understand the RMHS EI Provider and Invoice Manual found on the RMHS Website ([RMHS | Denver | Rocky Mountain Human Services \(rmhumanservices.org\)](https://rmhumanservices.org))
Initials: _____
8. Agencies are required to have and maintain an EI Portal Account. Have you set up your EI portal account? ☐ YES
 - a. Are all insurance, licensure, certifications, and training documents uploaded and current? ☐ YES
9. Agencies can add additional employed practitioners under their group; Does your agency intend to add additional practitioners to the contract with RMHS? ☐ YES ☐ NO
 - a. RMHS must be notified prior to the addition of any employed practitioners.
10. Contracting with RMHS requires you have the following insurance types and minimum policy limit amounts. Please attach a copy of the Certificate of Insurance for your business type:
 - **For Independent Contractors/Sole Proprietors Only (business with no employees):** You are required to carry the following insurance types, at the minimum limits listed:
 - a. Professional Liability (\$1M occurrence/\$1M aggregate)
 - b. Protected Info/Privacy Liability (no less than \$50,000 aggregate)
 - c. Auto Liability (\$250,000/\$500,000, combined single limit)
 - **For Subcontractor Agencies (business with any employees):** You are required to carry the following insurance types, at the minimum limits listed:
 - a. Professional Liability (\$1M occurrence/\$1M aggregate)
 - b. Protected Info/Privacy Liability (\$1M occurrence/\$2M aggregate, no less than \$50,000 aggregate)

- c. Commercial General Liability (\$1M occurrence/\$1M aggregate)
- d. Auto Liability (\$250,000/\$500,000, combined single limit)
- e. Worker's Compensation
 - **Workers Compensation Coverage**
 - o Workers Compensation insurance is required in accordance with state guidelines, for all agencies with employees or workers that do not meet the qualifications to work as an independent contractor.
 - o RMHS requires that agencies contracting with independent contracts complete our workers comp carrier attestation form. This attestation form must be notarized prior to executing a contract.

*If an independent contract chooses to add employees or workers after signing the attestation, they must notify RMHS **immediately**.

11. Please provide the most appropriate contact email/phone:

- a. Primary Contact for Inquiries: _____
- b. Billing/Invoice Questions: _____
- c. Referrals Emails: _____
- d. Newsletters and EI/RMHS Updates: _____
- e. Contract Signor: _____

12. Person Completing Form: _____

Title: _____ Date: _____