



High Performing Providers (HPP) Inquiry Form

Instructions:

Please complete the information below for any HPP questions, scorecard requests, or HPP quality concerns. We would like to hear from you. Please email your completed form to: CQHPP@triwest.com.

Provider Information

First name: _____ Last name: _____

Address: _____ State: _____ ZIP: _____

Phone: _____ Email Address: _____

NPI: _____ TIN: _____

Specialty: _____

Describe your request or concern(s):

Thank you for submitting your request or concern(s) to CQHPP@triwest.com. One of our representatives will respond to you within two business days.