

# How to Submit a Letter of Interest (LOI) to **COMMUNITY FIRST** HEALTH PLANS

## A Simple Step-by-Step Guide for Providers

### Step 1: Access the LOI Submission Portal

Visit: <https://communityfirsthealthplans.com/providers/letter-of-interest/>

### Step 2: Complete the LOI Form

- If applying as a new Group/Facility, select “No” for the first question.
- Fill out all required fields.
- For sections that do not apply, enter “NA” (Not Applicable).

Required Information:

#### ✔ Group/Facility Details:

- Name
- Phone Number
- Email Address
- Languages Spoken

#### ✔ Service Information:

- Office Location(s)
- Office Hours
- Counties Served

#### ✔ Provider Credentials:

- Federal Tax ID #
- NPI #
- Panel Restrictions (if any)

#### ✔ Business Details:

- Products of Interest (Lines of Business)
- Contact Person for Submission

#### ✔ Attachments:

- W-9 Form (Required for processing)

### Step 3: Submit Your LOI

- Double-check all entered information.
- Ensure the W-9 is attached (if required).
- Submit the form.

### What Happens Next?

**Review Process:** Our Network Management team will evaluate your submission.

**Follow-Up:** If approved, you'll receive next steps for credentialing and contracting.

**Timeline:** Please allow up to 60 days for your application to be reviewed. *Why Submit an LOI with*

- ✔ Streamlined onboarding process
- ✔ Access to a broad patient network
- ✔ Supportive provider services team
- ✔ Competitive reimbursement opportunities



#### Need Help?

Provider Services Hotline: (210) 358-6294

Email: [NManagement@cfhp.com](mailto:NManagement@cfhp.com)