



LETTER OF INTEREST

Community First Health Plans (CFHP) continuously monitors and evaluates the availability and access to care services provided in our network. CFHP's ongoing assessment of its provider network against availability and access standards ensures adequate services throughout the network. If you are interested in joining CFHP, please complete the following information below.

Date Completed: _____

Are you currently contracted with Community First: Yes No

1) General Provider Information:

First Name: _____ Last Name: _____ Title: _____

Name of Group/Facility: _____

Other Providers in Group: Yes No

Office Address(s): _____

City: _____ State: _____ Zip: _____

Ph# _____ Fx# _____

Counties Serviced: Bexar Atascosa Bandera Comal Guadalupe Kendall

Medina Wilson Other County(s): _____

Federal Tax ID# _____ NPI# _____

TPI# _____ API# _____

THSteps# _____

Panel Restrictions (if any): _____

Products of Interest: Medicaid HMO CHIP STAR Kids

Contact Person: Name: _____ Phone# _____

Email: _____

2) Do you submit claims electronically? YES NO

EDI Clearinghouse: _____

3) Do you participate with Electronic Visit Verification (EVV)? YES NO

EVV Vendor: MEDsys Vesta

4) Please identify your organization's Federal status, if applicable:

- Rural Health Clinic (RHC)
- Significant Traditional Provider (STP)
- Historically Underutilized Business (HUB)
- Federally Qualified Health Center (FQHC)

5) Provider Type/Specialty:

Primary Care Provider: _____ Specialist: _____

Behavioral Health: _____ Ancillary: _____

- LTSS Provider:
- Personal Attendant Services (PAS)
 - Private Duty Nursing
 - Financial Management Services Agency
 - Home Delivered Meals
 - Respite Care – In-Home
 - Respite Care – Out-of-Home (select type):
 - Nursing Facility
 - Licensed Child Daycare
 - Hospital
 - Specialty Care Facility
 - Licensed/Accredited Camp
 - Day Activity & Health Services (DAHS)
 - Habilitation
 - Minor Home Modification
 - Vehicle Modification
 - Adaptive Aids
 - Emergency Response System
 - Transition Assistance Services
 - Supported Employment
 - Employment Assistance
 - HCSSA
 - Other: _____

- DME Provider:
- Wheelchairs
 - Sleep Equipment (CPAP and BiLevel)
 - Enteral Nutrition products and equipment
 - Incontinence and Urological Products
 - Hospital Equipment and Bathroom Aides
 - Disposable Diapers (Child and Adult)
 - Ostomy Supplies
 - Post Mastectomy Products
 - Nebulizer Compressor and Supplies
 - Other: _____
 - Bariatric Equipment
 - Rehab Equipment
 - Hospital Beds and Accessories
 - Nutritional Supplements
 - Diabetic Supplies
 - Custom Burn Garments
 - Suction Pump and Supplies
 - Catherization Supplies

- Home Health Provider:
- Skilled Nursing
 - Private Duty Nursing
 - FMSA
 - Personal Care Attendant
 - Nutrition
 - Respite Care
 - Physical Therapy
 - Occupational Therapy
 - Speech Therapy
 - Other: _____

Hospice Provider: _____

- Waiver Program Contract w/ DADS (check all that apply):
- Home and Community-based Services (HCS)
 - Community Living Assistance and Support Services (CLASS)
 - Deaf Blind with Multiple Disabilities (DBMD)
 - Texas Home Living (TxHmL)
 - YES
 - MDCP

6) Please include additional information or documentation (brochures, pamphlets) relevant to your request.

You may submit your request via:
Fax: 210-358-6199 **Email:** nmcfhp@cfhp.com.
Questions/Inquiries: **Phone:** 210-358-6294
Mail: Attention: Network Management
Community First Health Plans
12238 Silicon Drive, Suite 100
San Antonio, Texas 78249