



Letter of Interest Instructions

Dear Provider:

Thank you for your interest in joining Community Care Plan's provider network. To join our network, you may submit a letter of interest by email to CCP.Provider@ccpcares.org. Please include the following information within the body of your email:

- Group name
- Tax ID
- Group NPI
- W-9
- List of practice providers, including:
 - Provider NPI
 - Specialty
 - Medicaid ID
 - Age Range
- Service Area (please list counties served)
- Lines of business you are interested in:
 - MMA (Medicaid)
 - Florida Healthy Kids
 - CCP Employee
 - PBHD

Once this information is received, you will be notified by CCP of next steps in the contracting process. You can expect a response within 30 days of your request.

Thank you again for your interest. Please know that we are here to assist in the process and answer any questions you may have. Should you have any questions or concerns, please call 1-855-819-9506 or email CCP.Provider@ccpcares.org.

Sincerely,

CCP Provider Operations