MFP Vendor Import File - to Fisical Intermediary

Vendor Tax ID, FEIN or SS#	Vendor Name	Vendor Phone	Vendor Address	Vendor City	Vendor State	Vendor Zip	Member Name	Member Medicaid #	Member DOB	COS#	MFP 3 digit Service Code	Service Date	Unit	Rate	Billed Amount	FI Check #	Date Check Issued by FI	Reference

MFP Field Personnel Name:
Phone Contact:
Email:

MFP 3 Digit Service Codes

PES	Peer Support	**SCD**	Security Deposit	**HCO**	Home Care Ombudsman
PSS	Trial Visits-PSS	**TSS**	Transition Supports	**EQS**	Equipment, Vision, Dental, Hearing Svs
HHF	Household Furnishings	**TRN**	Transportation	**SMS**	Specialized Medical Supplies
HGS	Household Goods Supplie	**LSC**	Life Skills Coaching	**VAD**	Vehicle Adaptations
MVE	Moving Expenses	**SOR**	Skilled Out of Home Respite	**EMD**	Environmental Modifications
UTD	Utility Deposit	**COE**	Caregiver Outreach & Educatio	**HIS**	Home Inspection
				SEE	Supported Employment Evaluation

COS # Codes

660	Independent Care Waiver Program (ICWP)
590	Community Care Services Program (CCSP)
930	SOURCE
680	New Options Waiver (NOW)
681	The Comprehensive Waiver (COMP)
990	Unknown

Notice: (Step 1) Send this completed Excel spreadsheet and supporting documentation to Fiscal Intermediary via **File Transfer Protocol (FTP).** (Step 2) Send this completed Excel spreadsheet and supporting documentation to the DCH MFP Office via **FTP.**