MFP Vendor Import File - to CBAY FI

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	SEQ NO

MFP 3 Digit Service Codes

CMT Care Management - Transition
CME Care Management
SES Supported Employment Services
CTS Community Transition Services
YPS Youth Peer Support Services
CGS Customized Goods and Services
CCS Clinical Consultative Services
ECS Expressive Clinical Services
WTS Transportation Services
FPS Family Peer Support Services
RES Respite Services
BAS Behavioral Assistance Services
FSS Financial Support Services

MFP Field Personnel:
Phone Contact:
Email:

COS # Codes

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 **appropriate coordinating agency** via **FTP.**