CPE FILE LAYOUT

01. File Name
02. Company
03. Provider Name
04. UPID Number (left-padded with 0s)
05. Post Date
06. Certified
07. Grandfathered
08. Date Submitted To Auditor
09. Certification date (as yyyymmdd)
10. Certifier ID
11. Certifier Name
12. Claim Type
13. Total Number of Claims
14. Number of positive claims
15. Medicaid Payment Amount
16. Number of reversal claims
19. Medicaid Reversal Amount
20. Total Medicaid Amount
21. Number of zero-dollar claims

A Sample Records ...

(FILE NAME) N02B001057.28008~
(COMPANY) ALLEB~
(PROVIDER NAME) Community Counseling Services ~
(UPID) 000000001057~
(POST DATE) 20080929~
(CERTIFIED) 0~
(GRANDFATHERED) 1~
(DATE SUBMITTED TO AUDITOR) ~
(CERTIFICATION DATE) 20081006~
(CERTIFIER ID) cfb906c6-79dc-45eb-982e-feac1615af4d~
(CERTIFIER NAME) Kevin Feasel~
(CLAIM TYPE) MH~
(TOTAL NUMBER OF CLAIMS) 1~
(NUMBER OF POSITIVE CLAIMS) 1~
(MEDICAID PAYMENT AMOUNT) 200.66~
(NUMBER OF REVERSAL CLAIMS) 0~
(MEDICAID REVERSAL AMOUNT) 0~
(TOTAL MEDICAID AMOUNT) 200.66~
(NUMBER OF ZERO DOLLAR CLAIMS) 0