Chapter 11 - Non-Client Specific Service Event Data Set (EVNT)

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I. Document Revision History

Table 1. Document Revision History

Document Revision History				
Version Number	**Effective Date**	**Revision Date**	**Description**	**Author**
11.0	07/01/2015	04/13/2015	♦ Completed Version 11.0	SAMH Data Unit
11.1	07/01/2015	04/30/2015	♦ Completed Version 11.1 revisions	SAMH Data Unit
11.1.1	07/01/2015	05/29/2015	♦ Completed Version 11.1.1 revisions	SAMH Data Unit
11.1.2	07/01/2015	06/22/2015	♦ Completed Version 11.1.2 revisions	SAMH Data Unit
11.1.2	07/01/2015	07/2015	♦ Added code 7 – FACT back to FACILITYP	SAMH Data Unit
11.1.2	07/01/2015	01/04/2016	♦ Changed Position number on SERVPAID	SAMH Data Unit
11.1.2	07/01/2015	04/06/2016	♦ Added CONTNUM2 to the End of File Layout	SAMH Data Unit
11.1.3	07/01/2016	08/20/2016	♦ Completed Version 11.1.3 revisions	SAMH Data Unit

II. General Policies and Considerations

II.A. Adding Non-Client-Specific Service Event Records

1. Contractors should submit a non-client-specific service event record for all non-client-specific events.

II.B. Updating Non-Client-Specific Service Event Records

1. A non-client-specific service event record can be updated by submitting a record with the same mandatory key fields. Refer to the mandatory key fields in Table 3 to identify the record to update. If the key fields match the record will be updated, otherwise it will be added.

II.C. Deleting-Non-Client-Specific Service Event Records

1. To delete a non-client-specific service event record, an EVNT Deletion file must be submitted according to the file layout in Table 2.

Table 2. EVNT Record Deletion File Layout

Field	Position	Length	Format
CONTRACTORID	1	10	XX-XXXXXXX
SITEID	11	2	XX
AGEGROUP	13	1	X
FACILITYP	14	1	X
PROGTYPE	15	1	X
COVRDSVCS	16	2	XX
PROCODE	18	5	XXXXX
SERVDATE	23	8	YYYYMMDD
STAFFID	31	12	99-XXXXXXXXX
PROVIDERID	43	10	XX-XXXXXXX

III. Non-Client-Specific Service Event Data File Layout (EVNT)

Table 3. EVNT Data File Layout

Field Name	Pos	Type / Size	Edits and Validations
CONTRACTORID **(Mandatory Key)**	1	CHAR(10)	• Format: XX-XXXXXXX • Contractor must be registered in SAMHIS. • Must match CONTRACTORID in DEMO record.
			Descriptions and Instructions: Contractor Identification Number - The contractor id is the Federal Employer Identification Number of the entity which holds a contract with DCF.
SITEID **(Mandatory Key)**	11	CHAR(2)	• Format XX; right justified/zero filled. • Must be registered in SAMHIS for the PROVIDERID.
			Descriptions and Instructions: Provider Site Identification Number - The physical location of the provider where services will be provided.
CNTYSERV **(Mandatory)**	13	CHAR(2)	• Must be between 01 and 67.
			Descriptions and Instructions: County of Service - Indicate the Florida county in which the client received services. Do not use 88 or 99. **Refer to Florida County Codes Table in Appendix 5 - Data Code Tables.**
AGEGROUP **(Mandatory Key)**	15	CHAR(1)	• Must be between 1 and 7.
			Descriptions and Instructions: **Age Group** - Indicate the appropriate age group. **[1]** Under 3 **[3]** 6 to 10 **[5]** 15 to 17 **[7]** 22 or older **[2]** 3 to 5 **[4]** 11 to 14 **[6]** 18 to 21
FACILITYP **(Mandatory Key)**	16	CHAR(1)	• Must be between 1 and 6.
			Descriptions and Instructions: Facility Type - Indicate the type of facility where the client is being served. **[1]** Drop In **[4]** Prevention **[2]** Information & Referral **[5]** Clubhouse **[3]** Outreach **[6]** Crisis Support/Emergency **[7]** FACT
FUND **(Mandatory)**	17	CHAR(1)	• Must be a valid fund code associated with CONTNUM.
			Descriptions and Instructions: **Fund Code -** Indicate the appropriate code for the current service the client is receiving through DCF Funds. **Refer to the Funding Codes Table in Appendix 5 – Data Code Tables.** **[2]** SAMH **[5]** Local Match Only **[3]** TANF **[B]** Title 21 **Note: Effective 07/01/2015, the following fund codes will no longer be accepted in SAMHIS:** **1** = Medicaid **4** = Private/SelfPay **7** = Other State Fund **8** = Other Federal Fund **A** = PTS **C** = Medicaid HMO **D** = Medicare **E** = Medicare HMO **F** = Private Pay Health Insurance **G** = Private Pay HMO **H** = Private Preferred Provider Organization **I** = Self-Pay **J** = Charity Care **K** = Other Third Party Payer
PROGTYPE **(Mandatory Key)**	18	CHAR(1)	• Must be 1 or 2.
			Descriptions and Instructions: Program Type - Indicate the primary program area, Mental Health or Substance Abuse, for the service. **[1]** Mental Health **[2]** Substance Abuse

Field Name	Pos	Type / Size	Edits and Validations
COVRDSVCS (Mandatory Key)	19	CHAR(2)	• Must be a valid two-digit code from the Covered Service Code Table in Appendix 5 – Data Code Tables where the Report Format value includes EVNT.
			Descriptions and Instructions: Covered Services. Indicate the two-digit code that indicates the general category of services provided to the client. **Refer to the Covered Services Codes and Units Table in Appendix 5 - Data Code Tables.**
PROCODE (Mandatory Key)	21	CHAR(5)	• Must be a valid CPT code.
			Descriptions and Instructions: Procedure Code - The Current Procedural Terminology (CPT) code that identifies the service. **Refer to Appendix 1 – Procedure Codes and Units Table.**
SERVDATE (Mandatory Key)	26	CHAR(8)	• Format: YYYYMMDD • Must be <= System Date. • Must be within the begin and end date of the contract in CONTNUM.
			Descriptions and Instructions: Service Date - The date the service was provided
UNIT (Mandatory)	34	CHAR(4)	• Format: 9999 • Total units must be < =1440 if service unit is minutes, in any given day for non-overlapping services. • Total units must be <= 1 if service unit is days, in any given day for non-overlapping services.
			Descriptions and Instructions: Unit Type - Indicate the number of units applied to the service.
PRIMSERV	38	CHAR(5)	• Format: XXXXX • Must be H0002, H0004, H0007, H0023 - H0028, H0029, H0030, H0045, H0047, H2027, H2030, H2035, T1016, H0039 if COVRDSVCS = 30 • **Mandatory** only if COVRDSVCS = 30 (Information and Referral).
			Descriptions and Instructions: Primary Service - Indicate the Current Procedural Terminology (CPT) code that best describes the primary services being requested by the client. This data element applies to Information and Referral only.
PARTICIP	43	NUMBER(4)	• Format: 9999, right justified/zero filled • Must be 0000 through 9999
			Descriptions and Instructions: Participants - Zero participants are allowed when Procedure code H0024 Information Dissemination is selected with Cost Center 30 Information and Referral. If more than 9999, enter 9999.
STAFFID (Mandatory Key)	47	CHAR(12)	• Format: 99-XXXXXXXXX
			Descriptions and Instructions: Staff Id - The ID of the staff rendering the services. **Refer to the Staff ID Education Codes Table in Appendix 5 – Data Code Tables.** • Positions 1 and 2 must be an educational level code of 01 through 07. • Position 3 must be a dash (-). • Positions 4 through 12 can be any alphanumeric character (left justified/space filled). • For non-Family Intervention Specialist, positions 4 and 5 must contain an employee id. • For Family Intervention Specialist (FIS), positions 4 through 6 must be FIS (e.g.: 01-FIS000000 or 02-FIS123456).
PROVINFO	59	CHAR(20)	• Left justified/space filled.
			Descriptions and Instructions: Provider Information - Local use only.

Field Name	Pos	Type / Size	Edits and Validations
CONTNUM **(Mandatory)**	79	CHAR(5)	• Must be a valid SAMH contract number that is in the Florida Accountability Contract Tracking System (FACTS).
			Descriptions and Instructions: Contract under which services were provided.
PROVIDERID **(Mandatory Key)**	84	CHAR(10)	• Format: XX-XXXXXXX • Provider must be registered in SAMHIS.
			Descriptions and Instructions: Provider Id - The provider id is the Federal Employer Identification Number of the entity which provides the service to the client.
MODIFIER1	94	CHAR(2)	• Left justified/space filled. • Must be a valid modifier as shown in Appendix 2, if entered.
			Descriptions and Instructions: Modifier 1 - Local use only
BLANK	96	CHAR(1)	• Space filled.
			Descriptions and Instructions: No longer used.
MODIFIER2	97	CHAR(2)	• Left justified/space filled. • Must be a valid modifier as shown in Appendix 2, if entered.
			Descriptions and Instructions: Modifier 2 - Local use only
BLANK	99	CHAR(1)	• Must be space filled.
			Descriptions and Instructions: No longer used.
MODIFIER3	100	CHAR(2)	• Left justified/space filled. • Must be a valid modifier as shown in Appendix 2, if entered.
			Descriptions and Instructions: Modifier 3 - Local use only
BLANK	102	CHAR(1)	• Must be space filled.
			Descriptions and Instructions: No longer used.
MODIFIER4 **(Mandatory)**	103	CHAR(2)	• Left justified/space filled. • Must be a valid Modifier code.
			Descriptions and Instructions: Modifier 4 - Indicate the appropriate two-digit Modifier code matching the correct OCA. **Refer to the OCA Codes and Descriptions for EVNT table in Appendix 5 – Data Code Tables.**
CONTNPI	105	CHAR(10)	• Format: 9999999999 or spaces
			Descriptions and Instructions: Contractor National Provider Identification – NPI number associated with the contractor.
PROVNPI	115	CHAR(10)	• Format: 9999999999 or spaces
			Descriptions and Instructions: Provider National Provider Identification – NPI number associated with the provider.
SERVBILLED	125	CHAR(8)	• Format: XXXXX.XX; Right justified/zero-filled. • **Mandatory** for non-bundled services
			Descriptions and Instructions: Service Billed Amount - Enter the dollar amount for the service that the provider billed the contractor based on the actual service units provided for the clients served. Enter zeroes for FACT covered service code 34 which is a "bundled" service.
			NOTE: ME's must submit an annual rate table for "bundled" services.
			This is a new field effective July 1, 2015.
SERVPAID	133	CHAR(8)	• Format: XXXXX.XX; Right justified/zero-filled. • **Mandatory** for non-bundled services
			Descriptions and Instructions: Services Paid Amount - Enter the dollar amount for the service that the contractor paid the provider based on actual service units billed and paid. Enter zeroes for FACT covered service code 34 which is a "bundled" service.
			NOTE: ME's must submit an annual rate table for "bundled" services.
			This is a new field effective July 1, 2015.

Field Name	Pos	Type / Size	Edits and Validations
CONTNUM2	141	CHAR(5)	• Format XXXXX; Space Filled.
	Descriptions and Instructions: Enter the contract number that the service provider has with the Managing Entity to provide services. **Note: This is a new field to be implemented by July 1, 2016.**		