

Chapter 4 Demographic Data Set

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Revision History

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- ◆ Page 4-1: Inserted Financial Rule language about who is required to submit demographic records
- ◆ Page 4-1 to 4-3: Much of the language was updated to be consistent with current practices
- ◆ The demographic data collection form was revised to reflect the data element order on the input screen and to cross reference the page number containing the data definition

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- ◆ Updated document footer

Version 10.3 September 2013

- ◆ Revision History moved to beginning of chapter
- ◆ Language throughout chapter updated for clarification
- ◆ Data Collection Form revised for clarification
- ◆ File layout revised to include Long Field Name, End Position and Field Description
- ◆ Footer updated to new version and effective date
- ◆ Created Table of Contents

I. General Policies and Considerations

A. Providers Required to Submit Demographic Data

1. Providers who are contracted with the District Substance Abuse and Mental Health (SAMH) office to provide client specific services, either community mental health or substance abuse services are required to submit demographic data.

B. General Policies Related to Demographic Data

1. A demographic record is prepared when a client is admitted into a provider agency for services. Data is reported at initial collection and updated whenever this information changes.
2. The SSN is a client's unique identifier. Consequently, the SSN cannot be duplicated within any given combination of contractor/provider. A separate demographic record is required for each unique combination of contractor ID and provider ID.
3. Records that fail edits, validations or that have no provider ID and/or contractor ID will be rejected.
4. Client demographic data must be submitted for all people receiving substance abuse and/or mental health services whose cost of care is funded, in whole or in part, by one of the following appropriate funding sources: the providers' SAMH contract or local match.

C. When to Update a Demographic Record

Whenever the information contained in a client's demographic record changes, the demographic record must be updated. See Section I.F. of this chapter for detailed instructions on how to update demographic records.

D. Documentation Requirements

Demographic information must be available for all clients whose care is being paid for, in whole or in part, by the department's SAMH contract or local match. If the agency maintains electronic client documentation, a paper copy of the demographic form is not required to be in the client's medical record, but the provider must furnish the information when requested for monitoring or audit purposes.

E. Relationship of Records in the Demographic Data Set to Records in the State Data Warehouse

1. "Parent" Record

The provider ID and the contractor ID reported within the Demographic data set must be present in the master provider data set maintained by the State. Refer to Chapter 3 for information about making changes to the Provider data set.

2. "Children" Records

All client-specific (client identifiable) data reported by a provider is a child of the demographic record, (i.e., client-specific service event, SA/MH performance outcome records, etc.)

3. "Orphan" Record

The warehouse will reject a demographic record that does not have associated contractor and/or provider records.

F. Updating Demographic Records

1. If the SSN on a demographic needs to be corrected, a file (SSNU.txt) must be uploaded to the database. The SSN cannot be updated via online data entry (i.e., from the demographic data entry screen.) The SSNU.TXT file must be formatted as follows:

Field	Start	Length	Type
CONTRACTOR ID	1	10	CHAR
OLDSSN	11	9	CHAR
NEWSSN	20	9	CHAR
PROVID	29	10	CHAR

Note: The change will fail if there is already another demographic record with the new SSN. Refer to the section “Merging two demographic records” below for instructions on what to do if you discover that there are two (or more) demographic entries for the same client.

2. Updating a Field Other than SSN, Contractor ID or Provider ID

Any field in the demographic record (other than the key fields - SSN, Contractor ID or the Provider ID) can be changed directly from the data entry screen by simply replacing the old information with the new value and clicking the “Update Demographics Information” button.

The record can also be updated by uploading a demographic file containing the updated record.

3. Merging Two Demographic Records

Data liaisons have the ability to merge two sets of records for the same client. Providers should direct their requests in writing to the data liaison. When the merge is completed, the system will move records from the old SSN to the new SSN. The records under the old SSN will be deleted. If the merge results in multiple open records within any given data set, then the records under the old SSN will be deleted. All records that do not have a conflict will be moved to the new SSN. The provider can delete any unwanted records before requesting the merge.

G. Deleting Undesired Demographic records

1. When a client’s demographic information needs to be deleted from the Substance Abuse and Mental Health Information System (SAMHIS), providers should contact their local data liaison. The provider may either submit a written request to have the demographic record(s) deleted or phone the information to the data liaison. If the information is sent in a document via e-mail, the document must be encrypted to a minimum standard of 128 byte.
2. This process requires the provider to delete all children records associated with the demographic record before submitting the request to the data liaison.

H. Exception Reports

None.

I. Range of Valid Values

SAMHIS will reject a demographic record as erroneous if any data element in this record fails the field validation edits for range of valid values as specified below in Section III (Instructions for Collecting and Reporting Demographic Data Elements) and in Section IV (File Layout and Validation Edits for the Demographic Record).

Fields marked “Mandatory?: Yes” cannot be left blank, unless the “YES” is conditional. Some of the mandatory fields are also “key fields” that are used to differentiate one demographic record from another.

II. Instructions for Collecting and Reporting Demographic Data Elements

Below are the definitions of the data elements included in the demographic data set. Section IV provides the input file layout, including field positions and validation edits for

entering data into SAMHIS either indirectly via the File Transfer Protocol batch process or directly via the data input screens.

1. **Contractor ID –Key field**

Field Name: PROVID
FTP Field Position: 1

Data type-Size: CHAR-10 (3rd position is a dash)
Mandatory?: Yes

The Contractor Identification number is the 10-digit (including the dash) Federal Tax Identification Number (example: 59-1234567) that identifies the entity that has the state contract to serve the consumer. It should be identical to the number provided to the department when the agency registered as a provider.

2. **Social Security Number –Key field**

Field Name: SSN
FTP Field Position: 11

Data type-Size: CHAR-9
Mandatory?: Yes

Enter the Social Security Number (SSN) of the client being served. This number must consist of 9 numeric digits without dashes between digits. It cannot start with 000 or 9. If the client's Social Security Number is unavailable or the client refuses to give his/her number, then use a pseudo-Social Security Number. The construct for the pseudo-social security number is as follows:

- Digit 1 Client First initial
- Digit 2 Client middle initial (use x if none or unknown)
- Digit 3 Client Last initial
- Digit 4-5 Month of Birth (use leading zeros for months 1- 9)
- Digit 6-7 Date of Birth (use leading zeros for days 1-31)
- Digit 8-9 Year of Birth (use leading zeros for where necessary)

If the pseudo ID is already in use by another client, then the Data Entry Operator will alter the two digits of the Birth Day to a number greater than 31. In all other cases, the DOB in the Pseudo-ID must match the DOB in the DOB field. The client's Social Security Number is also required to retrieve and update/change an existing record. If a pseudo SSN is created, it must match the number that the provider agency reports to the SAMH Central Office on client Demographics. As soon as the true SSN is acquired, the agency must correct the SAMH record.

3. **Client ID Number**

Field Name: CLIENTID
FTP Field Position: 20

Data type-Size: CHAR-10
Mandatory?: No

A ten-character field the Provider uses to identify the client or local info. This agency client ID is only used to provide agencies with an easy method of cross-walking submitted data back to their own data system.

4. **Last Name**

Field Name: LAST
FTP Field Position: 30

Data type-Size: CHAR-35
Mandatory?: Yes

Enter the client's last name.

5. **First Name**

Field Name: FIRST
FTP Field Position: 65

Data type-Size: CHAR-35
Mandatory?: Yes

Enter the client's first name.

6. Middle Name

Field Name: MIDDLE
FTP Field Position: 100

Data type-Size: CHAR-14
Mandatory?: Yes

Enter the client's middle name. If the client does not have a middle name use **NMN** (online) or **X** (file upload.)

7. Suffix

Field Name: SUFFIX
FTP Field Position: 114

Data type-Size: CHAR-10
Mandatory?: No

Enter the client's suffix (e.g. Jr, II, etc).

8. Date of Birth

Field Name: DOB
FTP Field Position: 124

Data type-Size: DATE-8
Mandatory?: Yes

Enter the client's birth date. If the exact date of birth is not known, determine the person's age as closely as possible, then enter the codes for January 1 of the year that would create the approximate age. Thus, if the person's age is about 50, and it is 2002, enter 01/01/1952 (MM/DD/YYYY) in the SAMH reporting software, and report this date to Tallahassee as 19520101 (YYYY/MM/DD.)

9. Gender

Field Name: GENDER
FTP Field Position: 132

Data type-Size: CHAR-1
Mandatory?: Yes

Enter the code to identify the client's gender.

1 = Male 2 = Female

10. Race

Field Name: RACE
FTP Field Position: 133

Data type-Size: CHAR-1
Mandatory?: Yes

Enter the code to identify the client's race.

1 = White	8 = Native Hawaiian or Other Pacific
2 = Black	Islander
3 = American Indian or Alaskan Native	9 = Multi-Racial
7 = Asian	

11. Ethnic

Field Name: ETHNIC
FTP Field Position: 134

Data type-Size: CHAR-1
Mandatory?: Yes

Enter the code to identify the client's ethnicity.

1 = Puerto Rican	5 = Haitian
2 = Mexican	6 = None of the above
3 = Cuban	7 = Mexican American
4 = Other Hispanic	8 = Spanish/Latino

12. Provider Local Information

Field Name: PROVINFO
FTP Field Position: 135

Data type-Size: CHAR-20
Mandatory?: No

Local information used by provider to identify or track client's other information for reporting purposes.

13. Provider ID – Key field

Field Name: SPROVID
FTP Field Position: 155

Data type-Size: CHAR-10 (3rd position is a dash)
Mandatory?: Yes

Enter the 10 digit Federal Tax ID of the subcontracted agency serving the consumer. Contractor agencies reenter the Contractor ID.

14. Contractor NPI

Field Name: CONTNPI
FTP Field Position: 165

Data type-Size: CHAR-10
Mandatory?: No

This is the National Provider Identifier (NPI) for the contracting agency. This number is assigned to an agency after application to the national registry. The number will be inserted automatically by SAMHIS. An agency should report the number to Sherry Catledge (850-717-4404.)

15. Service Provider NPI

Field Name: SERVNPI
FTP Field Position: 175

Data type-Size: CHAR-10
Mandatory?: No

This is the National Provider Identifier (NPI) for the agency providing the service. If the contractor is also providing the service, the contractor's NPI is inserted. This number will have been assigned to an agency after application to the national registry. The number will be inserted automatically by SAMHIS. An agency should report the number to Sherry Catledge.

III. Optional SAMH Demographic Data Collection Form

For those providers who use paper forms to collect and process demographic data, an optional form is provided below.

For those providers who use paper forms to collect and process demographic data, an optional form is provided below. **STATE OF FLORIDA**
SUBSTANCE ABUSE & MENTAL HEALTH
DEMOGRAPHIC FORM

(* **Mandatory Fields**)

(Reference: Chapter 4, DCF Pam 155-2)

1. *CLIENT SSN: _ _ _ - _ _ - _ _ _ Must be 9 digits w/o dashes. The SSN cannot start with 000 or 999. If unavailable use Pseudo-social. Instructions are located in the data element definition in Section III of this chapter.	Page 4-3
2. *CONTRACTOR ID: _ _ - _ _ _ _ _ _ _ Federal Tax Identification number ex. 59-1234567.	Page 4-3
3. *PROVIDER ID: _ _ - _ _ _ _ _ _ _	Page 4-3
4. CLIENT ID: _ _ _ _ _ _ _ _ _ _	Page 4-3
5. *CLIENT LAST NAME (Up to 35 characters): _____	Page 4-3
6. *CLIENT FIRST NAME (Up to 35 characters): _____	Page 4-4
7. *CLIENT MIDDLE NAME (Up to 14 characters) _____ If no middle name use NMN or X	Page 4-4
8. CLIENT SUFFIX (Up to 10 characters): _____ (e.g. Jr, Sr, etc.)	Page 4-4
9. *DATE OF BIRTH: _ _ / _ _ / _ _ _ _ _ _ M M D D Y Y Y Y If unknown, see pseudo instructions in data element definition in Section III of this chapter.	Page 4-4
10. *GENDER: _ _ 1- Male, 2 - Female	Page 4-4
11. *RACE: _ _ 1 – White 7 – Asian 2 – Black 8 – Native Hawaiian/Other 3 – American Indian/Alaskan Pacific Islander Native 9 – Multi-Racial	Page 4-4
12. *ETHNICITY: _ _ 1 - Puerto Rican 5 – Haitian 2 – Mexican 6 – None of the Above 3 - Cuban 7 - Mexican American 4 – Other Hispanic 8 – Spanish/Latino	Page 4-4
13. PROVIDER LOCAL INFORMATION: _____ _____ —	Page 4-4

14. CONTRACTOR NPI: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____	Page 4-5
15. SERVICE PROVIDER NPI: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____	Page 4-5
Signature: _____ Date: ____ / ____ / ____	

IV. Demographic Data File Layout with Validations, Descriptions and Instructions (DEMO)

Table Short Name: DEMO							
Table Long Name: Demographic Data Set							
Short Field Name	Long Field Name	Field Type	Field Length	Start Position	End Position	Field Description	Field Validation Edits
CONTRACTORID (PROVID) (KEY)	Contractor (Provider) Identification	CHAR	10	1	10	Federal Employer Identification Number (FEIN) of the agency (e.g., 59-1234567.)	Valid value = 10 characters, including dash in third position, as reported in statewide provider directory. (Mandatory Key).
SSN (KEY)	Social Security Number	CHAR	9	11	19	Social Security Number of the client being served. If the client's Social Security Number is unavailable or the client refuses to give his/her number, then use a pseudo-Social Security Number. The construct for the pseudo-social security number is explained in detail in the data element definition in Section III of this document.	Cannot be less than 9 digits and cannot start with 000 or 9. If a pseudo SSN is used, the following construct must be followed: Digit-1: First name initial Digit-2: Middle initial (X if no middle name) Digit-3: Last name initial Digit 4-5: 01 - 12 Digit 6-7: 01-31 unless it is used to differentiate a duplicate pseudo Digit 8-9: 00 - 99 (Mandatory Key)

Short Field Name	Long Field Name	Field Type	Field Length	Start Position	End Position	Field Description	Field Validation Edits
CLIENTID	Client ID Number	CHAR	10	20	29	A ten-character identifier, other than SSN, the provider assigns to a client to use as a cross-walk back to their own data system.	Valid values up to 10 characters or blank. (Optional)
LAST	Last Name	CHAR	35	30	64	Client's last name	Left justified up to 35 characters. (Mandatory)
FIRST	First Name	CHAR	35	65	99	Client's first name	Left justified up to 35 characters. (Mandatory)
MIDDLE	Middle Name	CHAR	14	100	113	Client's middle initial. If the client does not have a middle name use NMN (online) or X (file upload.)	Left justified up to 14 characters. If there is no middle name, then use "X". (Mandatory)
SUFFIX	Suffix	CHAR	10	114	123	Client's suffix (e.g. Jr, II, etc)	Left justified up to 10 characters. (Optional)
DOB	Date of Birth	DATE	8	124	131	Client's birth date.	Valid values = valid date that is < or = System Date (in the format YYYYMMDD). Else, reject. (Mandatory)
GENDER	Gender	CHAR	1	132	132	One digit code to identify the client's gender.	Valid values = 1 or 2. Else, reject. (Mandatory)
RACE	Race	CHAR	1	133	133	One digit code to identify the consumer's race.	Valid values = 1 through 3 and 7 through 9. Else, reject. (Mandatory)

Short Field Name	Long Field Name	Field Type	Field Length	Start Position	End Position	Field Description	Field Validation Edits
ETHNIC	Ethnic	CHAR	1	134	134	One digit code to determine the client's ethnicity.	Valid values = 1 through 8. Else, reject. (Mandatory)
PROVINFO	Provider Local Information	CHAR	20	135	154	Local information used by provider	Valid value = up to 20 characters or blank. (optional)
PROVID (SPROVID) (KEY)	Provider (Service Provider) ID	CHAR	10	155	164	Federal Employer Identification Number (FEIN) of the service provider. E.g., 59-1234567. Can be the same value as the PROVID, particularly for non-DCF contracted organizations.	Valid values = 10 characters for Provid that already exists in PROVIDER table. Else, reject. (Mandatory Key)
CONTNPI	Contractor NPI	CHAR	10	165	174	Enter the National Provider Identifier for the contractor.	Valid values = 0000000000 through 9999999999 Or Blank. (Optional)
SERVNPI	Service Provider NPI	CHAR	10	175	184	Enter the National Provider Identifier for the service provider.	Valid values = 0000000000 through 9999999999 Or Blank. (Optional)