CalOptima Health – Supplemental Data Quick Reference Guide

For Providers Submitting Data for the Depression Screening and Follow-Up (DSF-E) Measure

Purpose & Use Case

This quick reference guide summarizes the process for providers submitting supplemental observation data to CalOptima Health for HEDIS quality reporting. It focuses on LOINC-coded clinical data relevant to the Depression Screening and Follow-Up (DSF-E) measure, submitted through the HEDIS Supplemental Observation (OBSV) file.

Setup & Onboarding Protocol

Providers should coordinate setup with CalOptima Health by first reaching out to Irma Munoz at imunoz@caloptima.org. Each data source must complete Section 5 of the HEDIS Record of Administration, Data Management and Processes (ROADMAP), which is appended at the end of this document. The onboarding process includes:

- Initial file testing and mapping to CalOptima's HEDIS data system
- Approval of ROADMAP documentation for each data source
- Validation to confirm successful data ingestion prior to ongoing submissions

Submission Channel & Security

All supplemental observation files are submitted via CalOptima's secure SFTP site. Files must be uploaded to the provider's designated 'Incoming' folder only. After successful submission, an automated email confirmation is sent to registered contacts.

File Naming Convention Example:

- `HSD_<OrganizationName>_<TypeOfData>_<System>_<LayoutType>_<YYYYMMDD>.txt`
- Example: `HSD_SunriseMedical_Standard_Epic_OBSV_20251027.txt`

Submission Cadence & Deadlines

CalOptima encourages ongoing (typically monthly) submissions to maintain current HEDIS data. Non-standard sources may require Primary Source Verification (PSV) each year, and new sources must pass PSV prior to inclusion in rate calculations.

File Format & Layout

CalOptima uses a standardized tab-delimited text (.txt) format for HEDIS Supplemental Observation (OBSV) files. All fields must be present in the correct order with a header row.

Required fields include:

Field Name	Format	Validation Notes	Common Errors / Rejection Reasons
MemberID	Text (up to 30 characters)	**Required.** Member's CIN number. Must exactly match CalOptima's eligibility file.	Missing CIN; invalid length; extra spaces; leading zeros dropped.

MemberLastName	Text (100)	**Optional.** Used only for *Non-Standard* (NS) data sources.	Populated when not required; mismatched with eligibility record.
MemberFirstName	Text (50)	**Optional.** Used only for *Non-Standard* (NS) data sources.	Populated when not required; incorrect capitalization.
DateOfBirth	Date (`YYYY-MM-DD`)	**Optional.** Used for *Non-Standard* data sources only.	Incorrect format; invalid date; unnecessary population for standard sources.
ProviderID	Text (25)	**Required.** Rendering provider's **NPI**. Ensure Excel does not auto-format as scientific notation.	NPI invalid or missing; incorrect length; converted to exponential format.
PatientObservationNumericID	Text (20)	**Required.** Unique numeric ID identifying each observation record.	Duplicate or missing ID; exceeds character limit.
ObservationCodeType	Text (10)	**Required.** Must be "LOINC" for lab and screening observations.	Incorrect code type (e.g., "CPT"); blank field.
ObservationCode	Text (30)	**Required.** The **LOINC code** corresponding to the screening or lab (e.g., `44261-6`, `55758-7`).	Missing or invalid format; non-LOINC code entered.
ObservationCodeDescription	Text (255)	**Optional.** Description of the observation (e.g., "PHQ-9 total score").	Free text errors; spelling or formatting inconsistencies.
ObservationDate	Date (`YYYY-MM-DD`)	**Required.** Date of the screening or test. Must fall within the measurement year.	Invalid or missing date; wrong format; outside measurement period.
ObservationValueNumeric	Numeric (integer or decimal)	**Required.** The numeric result or	Non-numeric entries ("Positive"/"Negative"

		score for the observation.	); blank when required.
ObservationValueText	Text (255)	**Optional.** Used only if the observation result is textual.	Populated when numeric value is required; inconsistent entry.
ObservationValueUnits	Text (25)	**Optional.** Unit of measure or scoring (e.g., “points”).	Inconsistent or invalid units; unnecessary population.
ObservationValueCodeSystem	Text (20)	**Optional.** Identifies the system used (e.g., “LOINC”).	Incorrect or nonstandard value.
ObservationValueCode	Text (30)	**Optional.** Code value for categorical observations.	Populated when numeric result is required.
ObservationSourceSystem	Text (255)	**Required.** Name of the system from which data originates (e.g., “Epic”, “Athena”).	Missing source system; inconsistent naming between submissions.
ObservationSourceType	Text (25)	**Required.** Identifies the data type or extraction method (e.g., “EHR”, “Lab Interface”, “Registry”).	Invalid or missing type; free-text inconsistencies.
ObservationSourceName	Text (255)	**Required.** The submitting organization or provider group name.	Mismatch with registered submitter name; blank field.
ObservationStatus	Text (25)	**Required.** Must be “Final” for valid supplemental observations.	Incorrect value (“Active”, “Pending”); blank.
ObservationComment	Text (255)	**Optional.** Free-text notes about the observation.	Sensitive or extraneous information; use discouraged.

LOINC Codes for Depression Screening (DSF-E)

The following LOINC codes are accepted for DSF-E submissions across CalOptima and other plans:

LOINC Code	Instrument	Test Name
Adults		
44261-6	*Patient Health Questionnaire (PHQ-9)*	Numeric score 0–27; score ≥10 indicates moderate to severe depression.
55758-7	*Patient Health Questionnaire (PHQ-2)*	Numeric score 0–6; score ≥3 warrants further evaluation with PHQ-9.
89208-3	*Beck Depression Inventory – Fast Screen (BDI-FS)*	Numeric score 0–21; higher scores reflect greater depression severity.
89209-1	*Beck Depression Inventory – Second Edition (BDI-II)*	Numeric score 0–63; ≥14 indicates mild depression, ≥29 severe.
89205-9	*Center for Epidemiologic Studies Depression Scale – Revised (CESD-R)*	Numeric score 0–60; score ≥16 indicates clinical depression.
90853-3	*Duke Anxiety-Depression Scale (DUKE-AD)*	Numeric score 0–100; higher scores indicate greater anxiety/depression.
48545-8	*Geriatric Depression Scale – Short Form (GDS-SF)*	Numeric score 0–15; score ≥5 suggests depression.
48544-1	*Geriatric Depression Scale – Long Form (GDS-LF)*	Numeric score 0–30; score ≥11 suggests depression.
71354-5	*Edinburgh Postnatal Depression Scale (EPDS)*	Numeric score 0–30; score ≥13 suggests possible depression.
71777-7	*My Mood Monitor (M-3)*	Numeric risk score; elevated scores indicate depression/anxiety spectrum.
71965-8	*Patient Reported Outcomes Measurement Information System (PROMIS) – Depression*	T-score (mean = 50, SD = 10); higher T-score = greater depressive symptoms.
90221-3	*Clinically Useful Depression Outcome Scale (CUDOS)*	Numeric score 0–64; score ≥20 indicates clinically significant depression.

Adolescents		
44261-6	*Patient Health Questionnaire (PHQ-9)*	Numeric score 0–27; higher scores indicate greater depressive symptoms.
89204-2	*Patient Health Questionnaire Modified for Teens (PHQ-9M)*	Numeric score 0–27; score ≥10 suggests moderate to severe depression.
55758-7	*Patient Health Questionnaire (PHQ-2)*	Numeric score 0–6; score ≥3 indicates potential depression—follow up with PHQ-9.
89208-3	*Beck Depression Inventory – Fast Screen (BDI-FS)*	Numeric score 0–21; score ≥4 suggests possible depressive disorder.
89205-9	*Center for Epidemiologic Studies Depression Scale – Revised (CESD-R)*	Numeric score 0–60; score ≥16 indicates clinically significant depressive symptoms.
71354-5	*Edinburgh Postnatal Depression Scale (EPDS)*	Numeric score 0–30; score ≥13 indicates possible depression.
71965-8	*Patient Reported Outcomes Measurement Information System (PROMIS) – Depression*	*T-score scale (mean = 50, SD = 10); higher scores indicate more depressive symptoms.*

Common file rejection reasons include:

- Missing required fields (ObservationCode, NumericValue, or DateOfObservation)
- Invalid LOINC codes
- Incorrect file naming convention or layout order

Quick Reference Summary

Category	**Details**
Submission Method	Secure SFTP upload to CalOptima Incoming folder
File Type	Tab-delimited text file
Naming Convention	HSD_<OrganizationName>_<TypeOfData>_<System>_<LayoutType>_<YYYYMMDD>.txt
Key Fields	ObservationCode (LOINC), NumericValue, DateOfObservation
Accepted LOINC Codes	44261-6, 55758-7, 89204-2, 71354-5

Validation Type	Standard
Measure Field	‘DSF-E’ for Depression Screening and Follow-Up

Example File Layout

MemberID	MemberLastName	MemberFirstName	DateOfBirth	ProviderID	PatientObservationNumericID	ObservationCodeType	ObservationCode	ObservationCodeDescription	ObservationDate	ObservationValueNumeric	ObservationValueText	ObservationValueUnits	ObservationValueCodeSystem	ObservationValueCode	ObservationSourceSystem	ObservationSourceType	ObservationSourceName	ObservationStatus	ObservationComment
WA0001234				1.235E+09	OBSV0001	LOINC	44261-6		1/1/20	18					EHR	EHR	SUNRISE FAMILY HEALTH	final	
WA00001236				1.235E+09	OBSV0002	LOINC	55758-7		6/9/20	3					EHR	EHR	SUNRISE FAMILY HEALTH	final	
WA00001237				1.235E+09	OBSV0003	LOINC	89204-2		1/13/20	13					EHR	EHR	SUNRISE FAMILY HEALTH	final	

Example .txt Format

MemberID MemberLastName MemberFirstName DateOfBirth ProviderID PatientObservationNumericID ObservationCodeType ObservationCode ObservationCodeDescription ObservationDate ObservationValueNumeric ObservationValueText ObservationValueUnits ObservationValueCodeSystem ObservationValueCode ObservationSourceSystem ObservationSourceType ObservationSourceName ObservationStatus ObservationComment

WA0001234 1234567891 OBSV0001 LOINC 44261-6 2020-01-01 18 EHR EHR SUNRISE FAMILY HEALTH Final

WA00001236 1234567891 OBSV0002 LOINC 55758-7 2020-06-09 3 EHR EHR SUNRISE FAMILY HEALTH Final

WA00001237 1234567891 OBSV0003 LOINC 89204-2 2020-01-13 13 EHR EHR SUNRISE FAMILY HEALTH Final

Section 5: Supplemental Data *(IS C)*

Introduction

Clinical and care delivery supplemental data source used during the measurement year.

Complete this section for each supplemental data source. Data received from an organization validated through NCQA's Data Aggregator Validation program must be identified with a Roadmap Section 5 to address how the data are received and used for HEDIS reporting. Indicate "NA" if questions are not applicable. You are not required to get responses from the validated entity.

Vendor data described in the Administrative Data Inventory do not need to be added here.

Organization information	**Organization name:**
	Date of completion:
	Name of supplemental data source:

Name	
Title	
Company	
Telephone	
Email address	
Person responsible for the completeness and accuracy of this section	

Table 5.1 Data Capture and Transformation

5.1A	Describe the process for data collection, including what software or application is used.
5.1B	Describe how the data are requested from the source (e.g., information requested on all members, specific information requested to close identified care gaps).
5.1C	Explain any use of programming code or queries to request and extract the data.
5.1D	Explain any extraction of data from free-text fields (e.g., use of artificial intelligence technology such as natural language processing)
5.1E	Describe validations to ensure correct data elements are extracted (e.g., the service date, not the order date, is correctly identified; true diagnoses are extracted and not ruled out).
5.1F	Describe any processing or transformation of this data source to meet your organization's requirements for data management.
5.1G	Describe how you modify, normalize or map data to conform with industry standards or measure requirements.

5.1H	Describe validations to confirm that any processing, transformation, modifications, or mapping completed by your organization achieved the intended objective.

Table 5.2 Data Aggregator Validation. Complete only if you received data from an NCQA-validated entity. Responses to these questions should be specific to data received from a validated data aggregator.

5.2A	What is the name of the entity providing you with validated data?
5.2B	Explain how any non-validated data streams from the entity are identified and handled separately for auditing.
5.2C	Explain any format modifications or transformations of the data from the NCQA-validated format.

Table 5.3 Data Quality and Governance

5.3A	Describe your organization's expectations for the quality of data in this source.
5.3B	Describe the validations and verifications conducted to ensure the completeness, accuracy and conformance of the data in this source for measurement. Include any findings for this source that required investigation.
5.3C	Describe your process for identifying data quality issues prior to using the data in this source for measurement. Address continuous improvement efforts.

Required Documents Included: *Provide all required documents listed below, labeled as instructed in the table. Enter NA if the document is not applicable.*

		Name of Attachment or NA
5.1 Data file layout	A document or a sample of the file layout for every data file described. • Layouts used for the originating file by the originating organization. • Layouts used by your organization for integration of this data source.	
5.2 Data transformation	Documentation for all data modification, normalization, mapping used for incorporating this data source.	
5.3 Supplemental data impact report	A report that shows the impact of each supplemental data source on each measure rate to which the source contributes. This report does not need to be submitted as part of the Roadmap. **It should be provided to the auditor for preliminary rate review, when possible**, but must be provided prior to beginning final rate review. Refer to the Audit Timeline.	
5.4 Data Aggregator Validation PSV Detail Report (if applicable)	The final Data Aggregator Validation PSV detail report. *Auditors are not required to assess this list to ensure that failed ingestion sites are not loaded as part of the data stream, but it must be provided.*	
5.5 Data Aggregator Validation processing (if applicable)	Documentation showing mapping or ETL processes used to load files from a validated entity.	
5.6 Data Quality Reports (if applicable)	Documentation and results around validation and verification completed to monitor the quality of data in this source for conformance, completeness, and accuracy.	