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Health Net – 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 supports providers submitting supplemental data to Health Net (Wellcare) to close HEDIS Depression Screening and Follow-Up (DSF-E) care gaps. It summarizes the setup, submission, file format, and audit requirements for Health Net's Supplemental Data System (SuDS), which captures LOINC-coded data that may not appear in claims files.

Setup & Onboarding Protocol

Providers must initiate setup through their main point of contact or by reaching out to HEDIS_QIPM@healthnet.com.

The onboarding process involves the following steps:

- Submit a SDS data exchange request including key provider information
  - Source provider name
  - Source Provider TIN IPA
  - Source Provider TIN
  - Internal Source Sponsor
  - External Source Provider Lead: contact name, phone number, extension and email
  - External Source Provider Technical Lead: contact name, phone number, extension and email (if necessary)
  - Whether you're establishing a new FTP connection with Wellcare?
- Receive an email with username, password and details on how to access and navigate the SFTP site from Globalscape_SFTP@centene.com
- Confirm SFTP connectivity and end-to-end communications will be tested and confirmed before submitting data
- Complete file test transmission to ensure data fields, type, format, etc are accurate; the submitter should provide a screenshot confirming upload of the file to the proper secure FTP site location.
- Pass Primary Source Validation for a subset of members. PSV is a random sample of member records cross-checked against medical charts:
  - This includes up to 50 records selected for random measures/numerators being submitted on the file that are randomly selected
  - Medical records will be requested for the randomly selected members. This is to validate that services included on the file are documented in the member's chart
  - PSV can begin as early as January post measurement year but must conclude by March 31st and will need to pass for the data to be included for that HEDIS season
- Pass the internal Supplemental Data Clinical Audit (SDCA). The SDCA is an internal Centene audit to verify data accuracy prior to PSV
  - Medical records may be requested for up to 50 members per source
  - You may be asked to explain the program and process for data submission. (e.g. describe intent of the file, submitting codes that are current for the measurement year, date logic for performed services, etc.)

    - You may be asked to provide the proof-of-service documentation for this data source (e.g., Electronic Health Record or EHR) for randomly selected members from measures/numerators being submitted on the file
- Maintain current file specifications and communicate any data format changes before submission

Submission Channel & Security
All supplemental data files are uploaded using Centene's Globalscape SFTP server. Each provider receives unique user credentials. Testing must confirm connectivity and data integrity before live transmissions begin.

File Naming Convention:
- '[ProviderName]_[HealthPlan]_[StateCode]_LAB_*'
- Example: SMILEMED_HEALTHNET_CA_LAB_11052025.txt'

File formats accepted:
- Pipe delimited (.txt)

Connectivity & Transmission Requirements:
- Internet access to Wellcare's secure FTP site
- Must use an FTP client (preferred for large files)
- Email communication capability for configuration and testing
- PSV and SCDA file testing required prior to production uploads

Submission Cadence & Deadlines
Supplemental data files should be transmitted on a regular cadence to align with HEDIS measurement year reporting. Specific monthly deadlines may vary by region.

File Format & Layout
Health Net uses Centene's standardized SuDS file format. Each file must include complete header rows and follow the official field order as provided in the Centene Supplemental Data File Specification.

For the Depression Screening measure, LOINC codes are included in the LAB file. Providers must ensure LOINC and Result fields are formatted correctly and submitted together in the same record. The fields for this LAB file are below:

Field Name	Format	Validation Notes	Common Errors / Rejection Reasons
CNCMemberId	Text (alphanumeric)	**Required.** Unique Centene-assigned member ID for matching and deduplication.	Missing or invalid ID; not found in plan eligibility file.

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CNCPlanCode	Text (3–5 characters)	**Required.** Identifies Centene plan (e.g., MHC, CAHP). Must match eligibility feed.	Invalid or unrecognized plan code.
MedicaidNbr	Text (up to 14 characters)	**Conditional.** Required for Medicaid lines of business.	Missing for Medicaid members; invalid format.
HICN	Text	**Optional.** Medicare Health Insurance Claim Number (for duals).	Incorrect format or populated for non-Medicare members.
MBI	Text	**Optional.** Medicare Beneficiary Identifier (for duals).	Wrong format or unnecessary for Medicaid members.
LastName	Text	**Required.** Member's last name; must match eligibility record.	Misspelled or mismatched against eligibility file.
FirstName	Text	**Required.** Member's first name; must match eligibility record.	Nicknames, punctuation, or casing mismatches.
MiddleName	Text	**Optional.** For member identification.	Non-alphabetic characters.
DOB	Date (`YYYY-MM-DD` or `MM/DD/YYYY`)	**Required.** Must be valid date of birth for member.	Invalid date; wrong format; mismatch with eligibility record.
ClaimNumber	Text (alphanumeric)	**Optional.** Links to the corresponding claim or encounter record.	Invalid claim ID or duplicates.
DOS	Date (`YYYY-MM-DD` or `MM/DD/YYYY`)	**Required.** Date of service must fall within the HEDIS measurement year.	Missing or invalid date; outside measurement year.

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CPTPx	Text (5 characters)	**Conditional.** Required if no LOINC is provided. CPT for the screening/test.	Invalid code; blank when LOINC also missing.
LOINC	Text (6–7 chars, includes hyphen; e.g., `44261-6`)	**Required for DSF-E.** Identifies the clinical observation. Must match official LOINC format.	Missing or malformed (no hyphen); local code used ("PHQ9").
LOINCAnswer	Text	**Not used. Leave blank for DSF-E.**	Populated with text (e.g., "positive/negative") → rejection.
SNOMED	Text	**Optional.** Used for clinical classification if provided. Not used for DSF-E.	Populated with invalid or local codes.
Result	Numeric (integer or decimal)	**Required when LOINC present.** Numeric total score for screening/test.	Non-numeric ("Positive/Negative"); blank; out-of-range values.
PosNegResult	Text (`Positive`, `Negative`, or blank)	**Not used for DSF-E. Leave blank.**	Populating this field triggers rejection for DSF-E.
ClaimAltID1	Text (alphanumeric)	**Optional.** Alternate claim reference ID for internal crosswalks.	Duplicates; invalid character format.
ClaimAltID2	Text (alphanumeric)	**Optional.** Secondary alternate claim ID.	Duplicates; invalid format.
ProviderName	Text	**Required.** Rendering provider's full name.	Missing or not matching NPI registry.
ProviderAddress1	Text	**Required.** Street address of rendering provider.	Missing address; exceeds character limit.
ProviderAddress2	Text	**Optional.** Secondary address line.	Typographical errors; excessive text length.

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ProviderCity	Text	**Required.** City of provider location.	Missing; invalid characters.
ProviderState	Text (2-letter abbreviation)	**Required.** Two-character state code.	Invalid or lowercase state code.
ProviderZipcode	Numeric (5 or 9 digits)	**Required.** Must be a valid ZIP or ZIP+4.	Wrong length; includes dashes; leading zeros dropped.
ProviderPhone	Numeric (10 digits)	**Optional.** Provider contact phone number.	Non-numeric characters or wrong length.
ProviderNPI	Numeric (10 digits)	**Required.** Rendering provider's NPI. Must pass NPI check.	Missing, wrong length, fails validation.
ProviderTIN	Numeric (9 digits)	**Optional.** Provider Tax ID.	Wrong length; includes hyphens.
TaxonomyCode	Text (10 characters)	**Optional.** Provider taxonomy code per NPI registry.	Invalid or nonstandard code.
CmsSpecialtyCode	Text (2–3 characters)	**Optional.** CMS specialty code if available.	Incorrect or outdated code.
IntakeType	Text	**Optional.** Source of data (e.g., EHR, Registry, Lab).	Invalid or unapproved value.

LOINC Codes for Depression Screening (DSF-E)

The following LOINC codes are accepted for depression screening submissions across Health Net, Wellcare, and other Centene 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.

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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.*

Quick Reference Summary

Category	Details
Submission Method	Globalscape Secure File Transfer Protocol (SFTP)
File Types Accepted	Pipe delimited (.txt)
Naming Convention	[ProviderName]_[HealthPlan]_[StateCode]_LAB_*
Testing Requirement	End-to-end test and PSV/SDCA validation required
Key Fields	LOINC + Numeric Result
Accepted LOINC Codes	44261-6, 55758-7, 89204-2, 71354-5
PSV Deadline	March 31st post measurement year
Audit Types	IT Format Test, SDCA, PSV

Key Takeaways for LOINC codes:

- LOINC and Result must appear together in the same record (row)
- Each screening should have one date, one LOINC, and one numeric score
- Use only official LOINC codes — never local or custom identifiers
- Always validate files for LOINC syntax and numeric values before SFTP submission

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Example File Layout

CNCMemberId	CNCPlanCod	MedicaidNbr	HICN	MBI	LastName	FirstName	MiddleNam	DOB	ClaimNumber	DOS	CPTPx	LOINC	LOINCAnsw	SNOMED	Result	PosNegResul	ClaimAltID1	ClaimAltID2	ProviderName	ProviderAddress1	ProviderAddr	ProviderCity	ProviderState	ProviderZipcode	ProviderPhone	ProviderNPI	ProviderTIN	TaxonomyCo	CmsSpecialty	IntakeType
WA0001234	HEALTHNET	000012345WA			JONES	BOB		1/1/20		1/1/20		44261-6			18				SUNRISE FAMILY HEALTH	123 MAIN ST		LOS ANGELES	CA	90001		1.235E+09				
WA00001236	HEALTHNET	000065412WA			JAY	ROB	G	5/8/60		6/9/20		55758-7			3				SUNRISE FAMILY HEALTH	123 MAIN ST		LOS ANGELES	CA	90001		1.987E+09				
WA00001237	HEALTHNET	000098563WA			SMITH	PABLO		2/28/10		1/13/20		89204-2			13				SUNRISE FAMILY HEALTH	123 MAIN ST		LOS ANGELES	CA	90001						

Example .txt Format

CNCMemberId|CNCPlanCode|MedicaidNbr|HICN|MBI|LastName|FirstName|MiddleName|DOB|ClaimNumber|DOS|CPTPx|LOINC|LOINCAnswer|SNOMED|Result|PosNegResult|ClaimAltID1|ClaimAltID2|ProviderName|ProviderAddress1|ProviderAddress2|ProviderCity|ProviderState|ProviderZipcode|ProviderPhone|ProviderNPI|ProviderTIN|TaxonomyCode|CmsSpecialtyCode|IntakeType
WA0001234|HEALTHNET|000012345WA|||JONES|BOB||1/1/2020|1234567891|1/1/2020||44261-6|||18|||SUNRISE FAMILY HEALTH|123 MAIN ST||LOS ANGELES|CA|90001|3105551212|1234567891|987654321|207Q00000X|01|EHR
WA00001236|HEALTHNET|000065412WA|||JAY|ROB|G|5/8/1960|1986549856|6/9/2020||55758-7|||3|||SUNRISE FAMILY HEALTH|123 MAIN ST||LOS ANGELES|CA|90001|3105551212|1234567891|987654321|207Q00000X|01|EHR
WA00001237|HEALTHNET|000098563WA|||SMITH|PABLO||2/28/2010||1/13/2020||89204-2|||13|||SUNRISE FAMILY HEALTH|123 MAIN ST||LOS ANGELES|CA|90001|3105551212|1234567891|987654321|207Q00000X|01|EHR

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