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Molina Healthcare – 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 Molina Healthcare to close HEDIS Depression Screening and Follow-Up (DSF-E) care gaps. It summarizes the setup, submission, file format, and validation requirements for the Supplemental Data Source (SDS) process, focusing on the use of LOINC-coded observations from EHR data to document depression screening results.

Setup & Onboarding Protocol

Providers establishing a new SDS feed must coordinate with their Molina Contract Manager. Setup involves the following steps:

- Obtain access credentials for Molina's secure file transfer protocol (SFTP) site
- Submit a test (condensed) file to ensure it meets data fields expected, data values required, data types expected and data type format before going to file level validation
- Once the above is complete, submit a full data file for impact analysis to verify that the expected data results are reflected in Molina's HEDIS data system
- Establish ongoing monthly submissions once the feed is approved → the first file must be submitted by the 5th of month
- Provide Policies & Procedures related to internal data collection and extraction procedures within one month of the feed being established

Submission Channel & Security

All SDS files are submitted via Molina's Secure File Transfer Protocol (SFTP) site. Providers must use the assigned credentials and follow strict naming conventions to ensure successful automation.

File Naming Convention Example:

- `<STATE>_<PROVIDER>_<LAB or CLAIM>_<UNIQUE ID>_<MMDDYYYY>`
- Example: `CA_SMILEMEDICAL_LAB_1_10252025`

File formats accepted:

- Tab-delimited text (.txt)
- Comma-separated (.csv)
- Excel (.xlsx)
- HL7 format

Note: Headers must be included and match Molina's SDS template exactly. No extra rows or columns are allowed.

Submission Cadence & Deadlines

- To set up the SDS file exchange and have data count towards your next measure year, set up must be complete by October 1st.
- Molina prefers monthly submissions for all SDS files:

- Upload no later than the 5th and 16th of each month
- New SDS feeds must be established by September 15 of the current calendar year in order for it to be applied to the current measurement year
- All supplemental data for the measurement year must be submitted by March 5 of the following year

Note: Files submitted after these deadlines may not be processed for the current reporting cycle.

File Format & Layout

Providers can submit two types of SDS files:

- one for claims and
- **one for lab/observation data (this is where the LOINC codes live)**

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
SubscriberKey / MemberKey	Text (alphanumeric)	**Optional.** Unique internal key for member record within the provider's system. Used for deduplication and traceability.	Mismatch with Policy/Medicaid ID; missing or truncated value.
Policy Number / Medicaid Number	Text (alphanumeric; up to 12–14 characters)	**Required.** Member's primary plan ID or Medicaid ID (CIN). Must match Molina eligibility files.	Incorrect ID; leading zeros dropped; member not on eligibility file.
Last Name	Text	**Required.** Must match member's name in Molina's eligibility system.	Name mismatch (e.g., "O'Connor" vs "O Connor"); extra spaces; special characters.
First Name	Text	**Required.** Must match Molina's eligibility record.	Nicknames, truncated names, or mismatched spelling.

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Middle Name	Text (optional)	**Optional.** Include if present for identity verification.	Invalid characters; blank is acceptable.
DOB (Date of Birth)	Date (`YYYY-MM-DD`)	**Required.** Must match eligibility record.	Invalid date; wrong format; member DOB mismatch.
Gender	Text (`M`, `F`, `X`, `U`)	**Required.** Must use standard codes.	Invalid code (e.g., "Male" instead of "M").
Race	Text	**Optional.** Use standard CMS codes if available.	Non-standard values or free text ("Caucasian" vs "White").
Ethnicity	Text	**Optional.** Use standard CMS or HL7 ethnicity codes.	Non-standard text values.
SSN	Numeric (9 digits)	**Optional.** If used, must be valid 9-digit number.	Formatting errors (e.g., with dashes or letters).
Provider NPI	10-digit numeric	**Required.** Must be a valid NPI (passes Luhn check).	Missing or invalid NPI; fails validation.
Claim Number	Text (alphanumeric)	**Optional.** Links supplemental record to a claim, if applicable.	Invalid claim number format; duplicates.
Date of Service	Date (`YYYY-MM-DD`)	**Required.** Must be within measurement year and correspond to screening or lab test.	Invalid date; future date; outside measurement year.

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CPT Code	Text (5 characters)	Conditionally required (if no LOINC Code). Identifies the procedure performed.	Invalid or missing CPT when no LOINC provided; code not valid for DSF-E.
LOINC Code	Text (6–7 characters, includes hyphen; e.g., `44261-6`)	**Required for DSF-E.** Identifies the clinical observation (e.g., PHQ-9). Must match valid LOINC structure.	Missing or invalid format; local code used (e.g., "PHQ9"); blank when CPT also missing.
Result	Numeric (integer or decimal)	**Required when LOINC present.** Represents the numeric score/result of the screening or lab test.	Non-numeric ("Positive"/"Negative"); blank; out-of-range value (e.g., PHQ-9 > 27).
Result Units	Text (optional)	Optional descriptor (e.g., "score" or "points"). **Not required for DSF-E (leave blank).**	Inconsistent unit labels; not cause for rejection.
PosNegResult	Text (`Positive`, `Negative`, or blank)	Optional. **Not used for DSF-E (leave blank).**	Populated when not applicable; inconsistent with numeric Result field.

LOINC Codes for Depression Screening (DSF-E)

The following LOINC codes are accepted for depression screening submissions across Molina health 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.

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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	Secure File Transfer Protocol (SFTP)
File Types Accepted	TXT, CSV, XLSX, HL7
Naming Convention	<STATE>_<PROVIDER>_<LAB/CLAIM>_<UNIQUE ID>_<DATE>
Submission Frequency	Monthly (5th and 16th of each month)
Key Fields	LOINC Code + Numeric Result
Validation Timeline	~10 weeks from initial test submission
Final Submission Deadline	March 5 (for prior measurement year)

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

SubscriberKey / MemberKey	Policy Number / Medicaid Number	Last Name	First Name	Middle Name	DOB	Gender	Race	Ethnicity	SSN	Provider NPI	Claim Number	Date of Service	CPT Code	LOINC Code	Result	Result Units	PosNegResult
WA0001234	000012345WA	JONES	BOB		1/1/2020	M			123456781	1234567891		1/1/2020		44261-6	18		
WA00001236	000065412WA	JAY	ROB	G	5/8/1960	M			654123897	1986549856		6/9/2020		55758-7	3		
WA00001237	000098563WA	SMITH	PABLO		2/28/2010				597852347			1/13/2020		89204-2	13		

Example .csv Format

SubscriberKey / MemberKey,Policy Number / Medicaid Number,Last Name,First Name,Middle Name,DOB,Gender,Race,Ethnicity,SSN,Provider NPI,Claim Number,Date of Service,CPT Code,LOINC Code,Result,Result Units,PosNegResult
WA0001234,000012345WA,JONES,BOB,,1/1/2020,M,,,123456781,1234567891,,1/1/2020,,44261-6,18,,
WA00001236,000065412WA,JAY,ROB,G,5/8/1960,M,,,654123897,1986549856,,6/9/2020,,55758-7,3,,
WA00001237,000098563WA,SMITH,PABLO,,2/28/2010,,,,597852347,,,1/13/2020,,89204-2,13,,