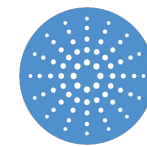


Practical Tips to Improve Data Exchange with the DSF-E Quality Measure

April 01, 2026



Connecting for Better Health

Advancing data sharing to improve the health of all Californians

This work is sponsored by Covered California's Population Health Investment initiative.

Welcome

While we're waiting, please: *Rename yourself*



1

Click the
Participants icon



2

Hover over your name
& click **Rename**



3

Add your name and
organization's name
**Please no acronyms*



4

Click **OK**

If you connected to the audio using your phone

- Find your participant ID; it should be in the top left of your Zoom window
- Once you find your participant ID, press: #number# (e.g., #24321#) to connect your audio and video
- The following message should briefly appear: "You are now using your audio for your meeting"

Housekeeping Reminders



Mute

We will mute lines during the presentation to prevent background noise



Questions

Submit questions using the chat feature or use the raise hand feature



Slides + Recording

Slides and recording will be shared following the meeting



Tech Issues

Private chat
Monica Dedhia for assistance

Speakers



Monica Dedhia
Senior Manager
Population Health
Learning Center



Charles Raya
Equity and Quality Specialist
Covered California



Lizzie Horevitz
Principal Consultant,
Psychotherapist,
EM Consulting



Toria Thompson
Advisor
Connecting for Better
Health



Fabiola Del Aguila
Clinical Psychologist
Imperial Beach
Community Clinic

Agenda

Topic	Speaker
Introduction and Background	Monica Dedhia, Population Health Learning Center
Importance of the DSF-E Measure	Charles Raya, Covered California
DSF-E Design Studio Overview and Findings	Toria Thompson, Connecting for Better Health
Balancing Coding with Care	Lizzie Horevitz, EM Consulting
Participant Perspective	Fabiola Del Aguila, Imperial Beach Community Clinic
Questions and Discussion	All
Evaluation and Closing	Monica Dedhia, Population Health Learning Center

About PopHealth Learning Center

We are a team of population health experts working with 20+ health plans, 250+ providers, and purchasers to deliver:



Improved access to primary care



Streamlined processes to enhance quality and efficiency



Innovative payment models that work for practices and patients



Equity-focused tools that support care teams, patients and outcomes



Real-time data to inform decision making



Sustained population health management *at-scale*



To date, more than 2 million Californians have been served through our programs.



Importance of the DSF-E Measure

Charles Raya
Equity and Quality Specialist,
Covered California

DSF-E Measure Requirements

Depression Screening and Follow-Up for Adolescents and Adults (DSF-E) Scoring

Quality Rating System and Qualified Health Plan Enrollee Experience Survey: Technical Guidance for 2026

Measure Name: Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)

Measure Steward: NCQA

CBE Endorsement ID: 0418 (Not Endorsed)

Description: The percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care.

- *Depression Screening.* The percentage of members who were screened for clinical depression using a standardized instrument.
- *Follow-Up on Positive Screen.* The percentage of members who received follow-up care within 30 days of a positive depression screen finding.

Reporting Method(s): ECDS

DSF-E Screening Performance Snapshot

Component 1: The national exchange 66th percentile for DSF-E Screening Component is only **4.3%**. Due to poor national performance, most CCA issuers outperform benchmark despite very low screening rates - [CMS Public Use Files](#)

Component 2: Follow-up percentages appear high across plans, but this is misleading because plans only have to follow-up on those who screened positive. For example, plans with a screening rate of ~1–2% achieve follow-up rates above 70%, but this represents very few members overall.

Component	66 th National Percentile	CCA QHP Issuers (MY2024)	Impact
Screening	4.3%	3 plans are below the national benchmark 6 plans are below CA state benchmark 9 Issuers are above the national benchmark	The statewide average is ~9.6%, higher than national benchmarks, but far below what is needed to support early intervention and detection
Follow-Up	81.4%	2 plans are above the national benchmark	High performance is misleading as plans with a screening rate of ~1–2% can achieve follow-up rates above 70%, due to very few members in the denominator
Combined	48.1%	1 plan is above the national benchmark	Combined score averages screening and follow-up but 66th percentile can be reached by “lower hanging fruit” improvement on follow-up component only



Design Studio Overview and Findings

Toria Thompson
Advisor,
Connecting for Better Health

Connecting for Better Health



Founded in 2021, C4BH is a coalition of providers, caregivers, health plans, patient advocates, innovators, and community based organizations working to improve the state's data sharing infrastructure with a goal of transforming health and social outcomes for all Californians.

Our Vision

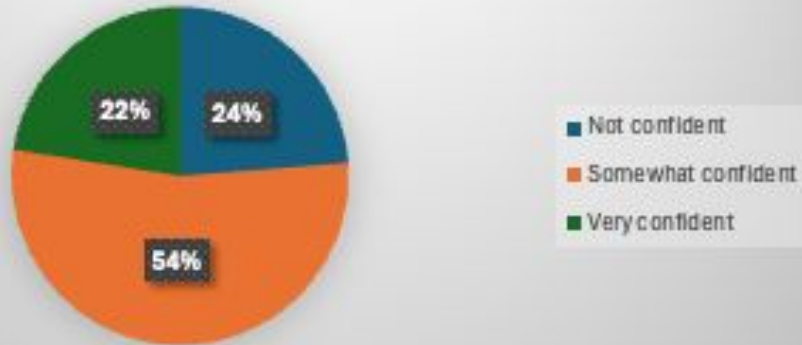
Every Californian and their care teams have the information and insights they need to make care seamless, high quality and affordable.



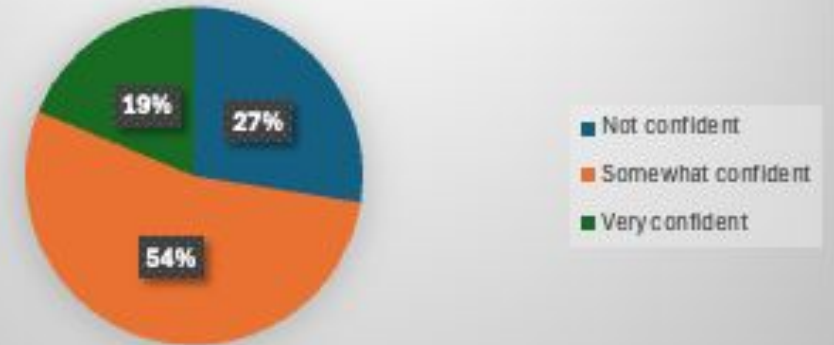
 C4BH Website

Registration Survey Results:

How confident are you that the DSF screenings you are performing are being counted by your health plan(s)



How confident are you that follow up care after a positive screening is being counted by your health plan(s)



Top Reasons for Low Confidence Rating:

- **Need Clarity on Process & Coding:** clarification from health plans on what counts; better training / guides for staff;
- **Data & Technology:** LOINC codes not able to be added to claims; more structured data capture; improved interfaces; external data sources not available; better EHR configuration / reporting
- **Submission & Reconciliation:** setting up supplemental data submission; better data reconciliation with health plan;
- **Resource constraints:** funding for pop health platforms, capacity to followup

EPT HEDIS-Like Measure: DSF-E

Depression Screenings Completed

Denominator (reported by age group)

People 12 years of age and older at the start of the measurement period

Numerator (reported by age group)

Those in the denominator who had a depression screening result using a standard screening tool for depression:

- Patient Health Questionnaire (PHQ-9, PHQ9M, PHQ-2)
 - DHCS recommended screening tool
- Beck Depression Inventory (BDI-II) adults only
- Beck Depression Inventory-Fast Screen (BDI-FS)
- Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)
- Edinburgh Postnatal Depression Scale (EPDS)
- PROMIS Depression
- Duke Anxiety-Depression Scale (DUKE-AD) adults only
- Geriatric Depression Scale-Short Form & Long Form (GDS) adults only
- My Mood Monitor (M-3) adults only
- Clinically Useful Depression Outcome Scale (CUDOS) adults only.

Follow up After Positive Screen

Denominator

All patients from the Depression Screening Numerator (previous slide) with a positive depression result.

Numerator

Those in the denominator who had one of the following within 30 days:

- Outpatient, telephone or e-visit for follow-up for depression/behavioral health
- Depression case management encounter
- Behavioral health encounter (assessment, therapy, collaborative care, medication management)
- A diagnosis of encounter for exercise counseling
- Dispensed antidepressant medication
- Documentation of a negative full-length depression screening on the same day as a positive screen on a brief screening tool (i.e., a negative PHQ-9 as a follow-up to a positive PHQ-2).

This Design Studio focused on submission of data per California's Equity Practice Transformation (EPT) and Medi-Cal Managed Care Accountability Set (MCAS) programs and may not be applicable to other agencies or programs.

Overview of DSF Design Studio

Summary

The six-week Design Studio brought together practices managed care plans to clarify and strengthen data submission and compliance for the Depression Screening and Follow-Up (DSF-E) measure.

Key findings and activities included:

- Streamlined manual processes to increase automation of supplemental data submission
- Established consistent EPT/HEDIS reporting requirements across health plans
- Strengthened systems for tracking and closing follow-up after a positive screening

Participants

Practices:

- Talat Saifee MD
- Cedars Family Medicine
- Imperial Beach Community Clinic
- Serve the People

Managed Care Plans:

- CalOptima
- Health Net

DSF-E Design Studio Feedback

- ✓ The Design Studio enabled me to learn relevant and actionable information from other participants.
- ✓ The use cases and other outputs developed in this Design Studio are applicable and relevant and will be useful to my organization.

Participants said . . .

"We have already started implementing changes with our informatic manager to capture depression screenings in behavioral health care management"

Participant



"The staff were excellent in sharing information that was easy to understand. The process was easy and we achieved the goals we set"

MCP participant

"These artifacts are extremely valuable because, for the first time, we have documents that integrate workflow, technology, and patient-level perspectives."

Participant

"I never though population health was a topic I was interested in. I actually loved it and even think about growing more in this field. Thank you for all the guidance!"

Participant

Participant Crafted Vision Statement

1. How might we move from a fragmented system that requires manual intervention to submit data to a system where that is done automatically in the back end?
2. How might we move from a system where patients fall through the cracks and don't all get assessed to one where assessments are a seamless part of the care journey, where every patient is screened, and compliance is possible?

DSF-E Design Studio Learnings

- ✓ **Clarify Reporting Requirements:** Data submission of depression screenings cannot be accomplished via claims or encounter data because results are not part of these transactions.*
- ✓ **Improve Automation of Data Submission:** Practices can utilize the Standard Supplemental Data Submission processes for their MCP to automate submissions. Moving from manual to automated data submission can save \$35,000/year per 1,000 patients.
- ✓ **Improve Tracking and Closure After Positive Screening:** Current follow up practices that practices are already performing can be used to close this measure if coded correctly.
- ✓ **Strengthen Data Sharing:** County behavioral health, where many patients receive follow up Depression care, typically do not share claims with MCPs (BH Carve Out). Orange County shares BH claims with CalOptima. Health Information Exchanges (HIEs) are another source for claims, including pharmacy claims to validate that patient picked up their medications.

* This Design Studio focused on submission of data per California's Equity Practice Transformation (EPT) and Medi-Cal Managed Care Accountability Set (MCAS) programs and may not be applicable to other agencies or programs.

Design Studio Personas & Their Care Journeys



Jordan Gomez is 16 years old and uses pronouns they/them. They live with their mother and two younger siblings and has minimal physical health concerns. They score positive when completing the PHQ-2 for Adolescents. The physician's assistant administers the longer PHQ-9 for adolescents and, with that more detailed assessment, they score negative for depression.



Albert Hughes is a 65-year-old African American male who was recently widowed and lives in public housing in San Diego county. He would like to find a grief counselor but is having trouble doing so due to his health issues. He visits his PCP for help and scores high on the PHQ-9 depression screening assessment. His PCP prescribes medication and refers him for several supportive services.

Jordan Gomez's User Journey



- Jordan goes to the Doctor's office for a sports physical and complete the PHQ 2 and PHQ 9 assessments
- PA enters the results into the EHR (positive screening for PHQ 2, negative screening for PHQ 9)

Scene 1

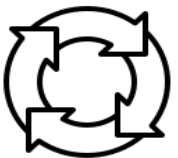


- Quality manager extracts last month's depression screening data from EHR and uploads it to the MCP
- MCP's HEDIS engine processes file and updates gap results across Pop Health tools and provider portal

Scene 2A

Closing the Gap

- The MCP's HEDIS engine flags Jordan for follow-up after a positive PHQ-2 (≥ 3)
- The Population Health tool identifies a same-day PHQ-9M score < 10
- Jordan is removed from follow-up tracking, and credits the practice for closing the measure.



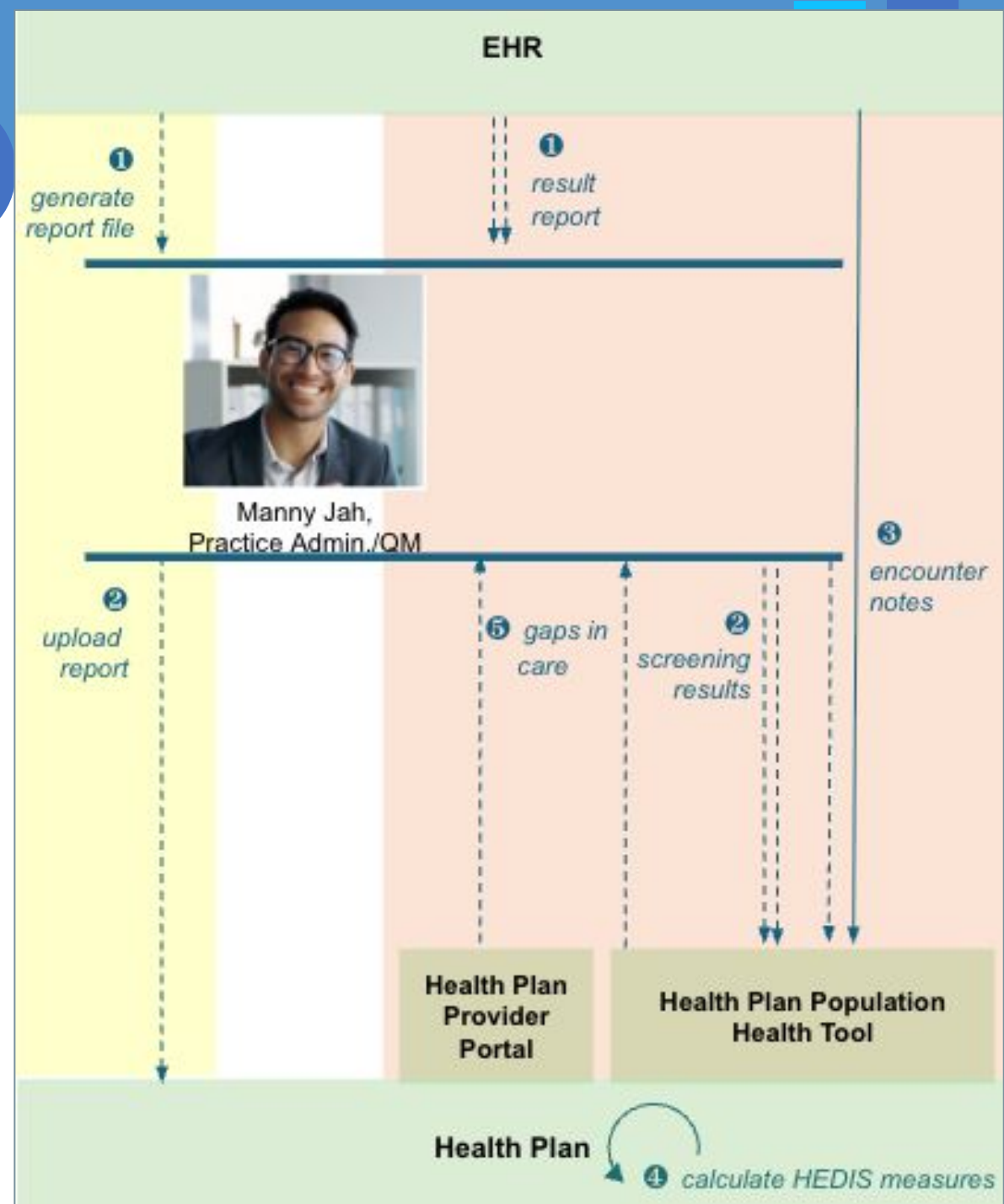
Scene 2B

Screening Data Submission:

Moving from Manual to automated data submission can save \$35,000/year per 1,000 patients:

Current workflow: Practices manually upload completed screening and total score for each patient into Population Health Management Tool (ie. Cozeva) as non-standard supplemental data; this can be very time consuming.

New proposed workflow: practices can use each health plans' standard supplemental data file submission process to upload depression screening results for all patients on a monthly basis. This report can be automatically generated in most EHRs using standard reporting tools.



Moving to Automated Submission

One practice's journey:

1. Contact your Health Plan
2. Confirm that EHR can generate the needed report
3. Generate sample report and submit to Health Plan for approval
4. Complete Section 5 of the HEDIS ROADMAP (Health Plan will provide)
5. Begin submitting monthly files to health plan



Investing in automated submission improved timeliness and data completeness, which will lead to better measure performance including higher incentive payments, and improved patient outcomes.

Guidance for California Health Plans:



C4BH Sandbox

Health Plan Guidance for the DSF-E Measure



This work is sponsored by Covered California's Population Health Investment initiative.

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.)

Detailed Health Plan Specifications for DSF-E Measure

DSF-E HealthNet Lab Data CSV

Validation guidance for Depression Screening Form (DSF-E) LAB file submissions based on HealthNet data specifications and requirements.

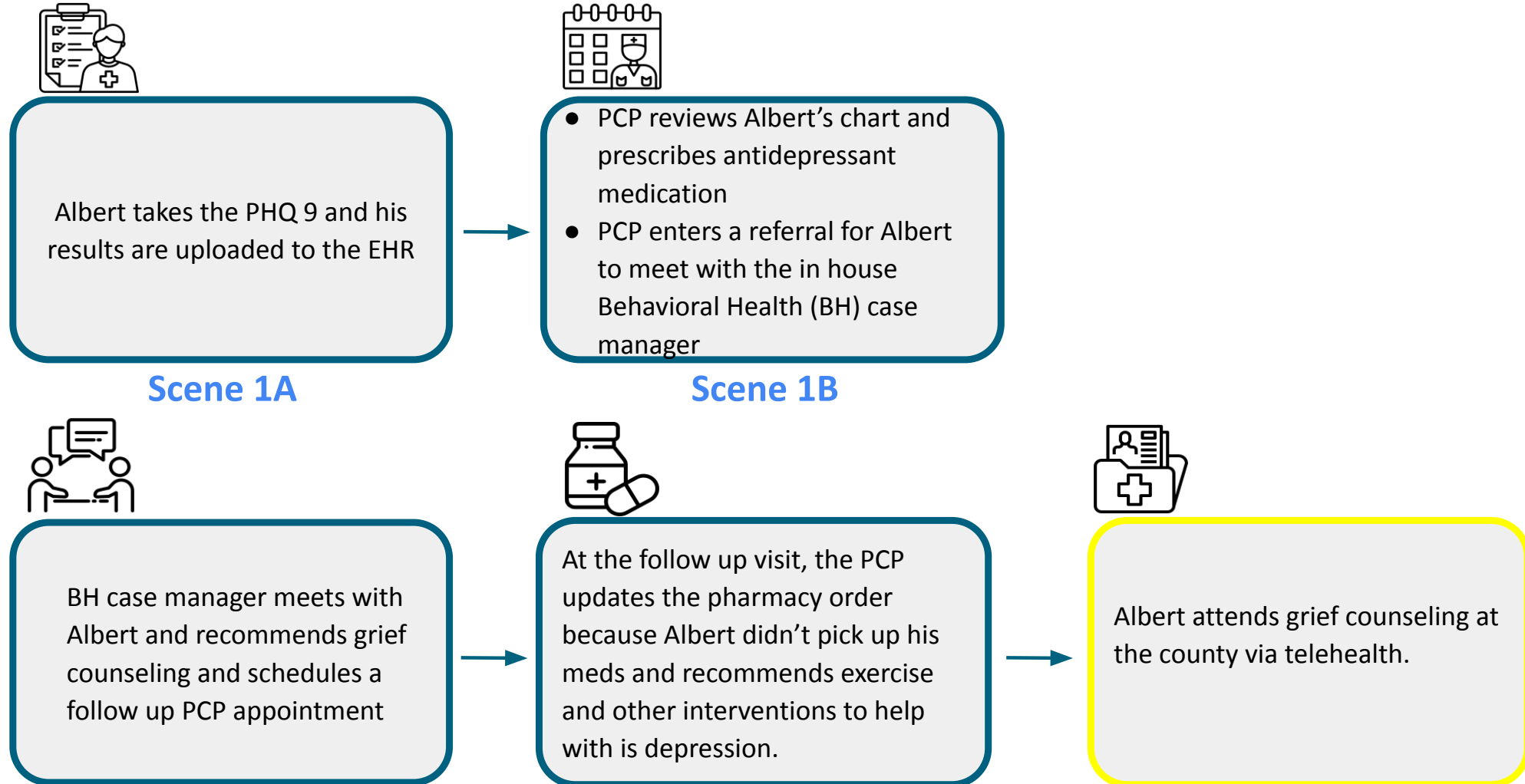
Rule Name	Category	Field Path	Description	Details
Claim Alternate ID 1	DSF-E	ClaimAltID1	Checks that ClaimAltID1 field exists in the CSV	Details →
Claim Alternate ID 2	DSF-E	ClaimAltID2	Checks that ClaimAltID2 field exists in the CSV	Details →
Claim Number	DSF-E	ClaimNumber	Checks that ClaimNumber field exists in the CSV	Details →
CMS Specialty Code	DSF-E	CmsSpecialtyCode	Checks that CmsSpecialtyCode field exists and is left empty	Details →
CNC Member ID	DSF-E	CNCMemberId	Checks that CNCMemberId contains a valid Centene-assigned member ID	Details →

Sample DSF-E Screening Data

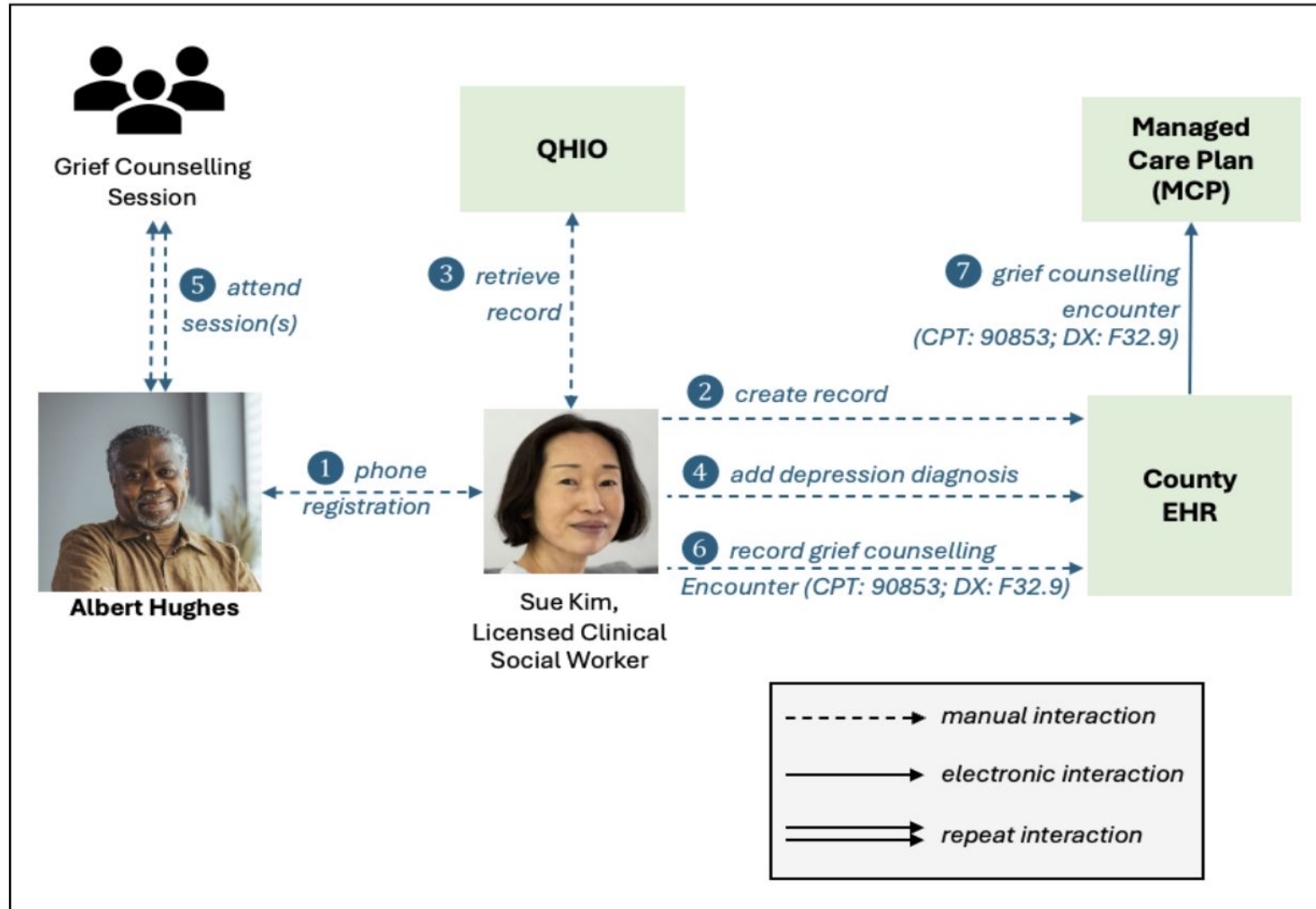
```
CNCMemberId|CNCPlanCode|MedicaidNbr|HICN|MBI|LastName|FirstName|MiddleName|DOB|ClaimNumber|DOS|CPTPx|LOINC|LOINCAnswer|SNOMED|Re
WA0001234|||JONES|BOB||04/26/1945||05/02/2025||44261-6|||18|||||||1234567891|||
R41143297EG3|||PERKINS|SHANNON||10/23/1951||02/10/2025||55758-7|||2|||||||4938372819|||
```



Albert Hughes' User Journey



External Behavioral Health Provider



Closing the Gap After Positive Screen

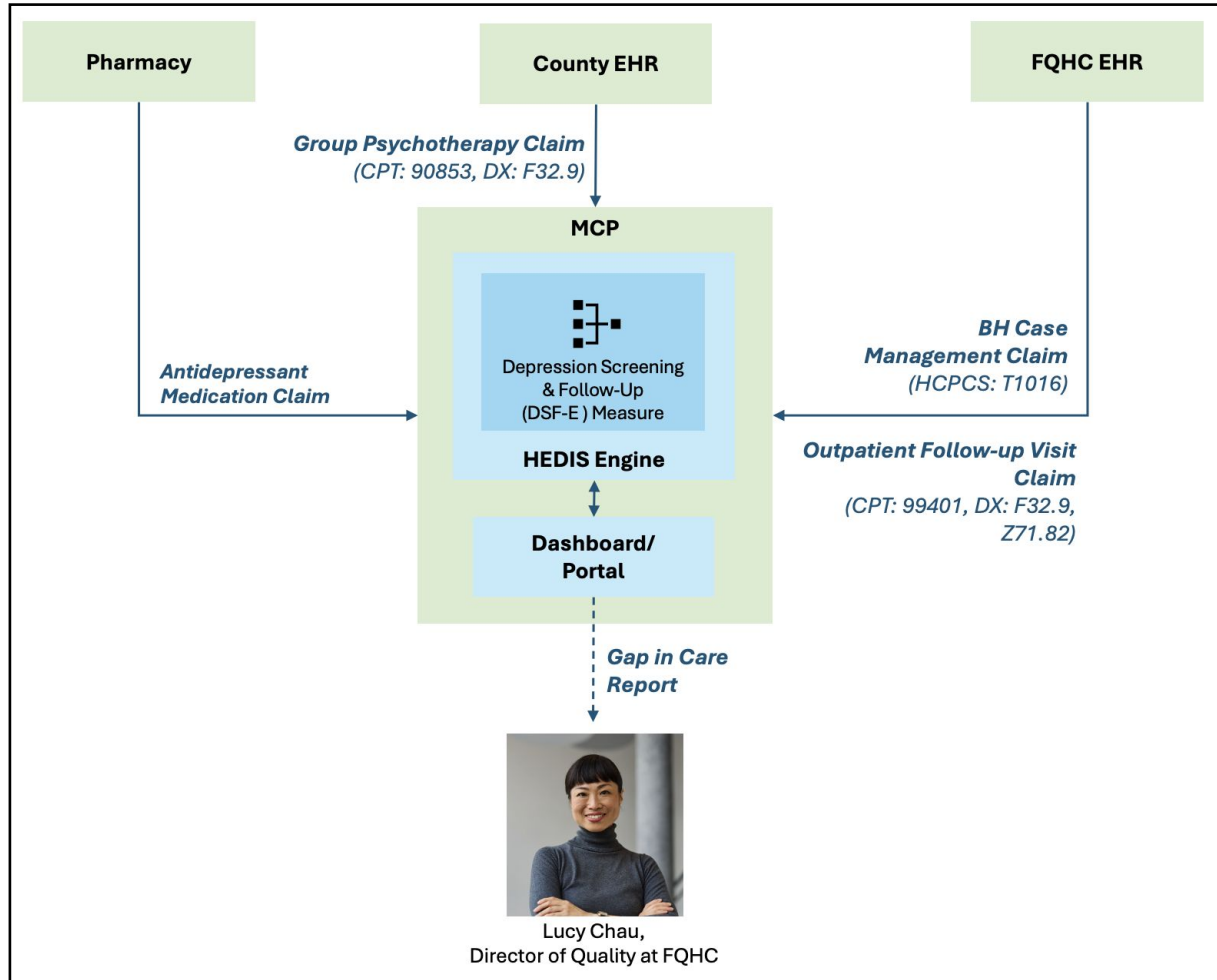


Director of Quality at FQHC reviews the Managed Care Plan report and sees improved depression follow-up rates.

Medication pickup, counseling, case management, and a PCP follow-up all qualify to close the open depression follow-up gap for Albert.

Scene 4

Closing the Gap After Positive Screen



Ensuring Appropriately Coded Claims Data to Close Follow Up Care Requirement:

Lucy Chau, Director of Quality for the FQHC, logs into the MCP's Provider Portal and downloads the most recent Gaps in Care report. In addition to showing that they have reached a new milestone for Depression Screening - 80% of patients \geq 12 years of age, she sees that the gap closure rating for those receiving a positive screening has also improved.

In the case of Albert Hughes, she sees that each of the interventions that Albert's clinical team recommended have resulted in closing the measure even though only one was needed.

DSF-E Design Studio Resources

Step 1: Scan the QR code to the right 

Step 2: Navigate to the Community Sandbox

Step 3: Select the Use Case Library icon on the left menu 

Step 3: Search for “DSF” and select the Orange County Use Case

Step 4: Scroll to the “Documents” section where you will find:

- **Use Case Overview:** Detailed workflows for improving data exchange for the Depression Screening and Follow Up measure
- **DSF-E Implementation Playbook:** How to implement these improvements within your workflow
- **Synthetic Data:** Health Plan Standard Supplemental Data Submission Guides specifically for submission of DSF-E data



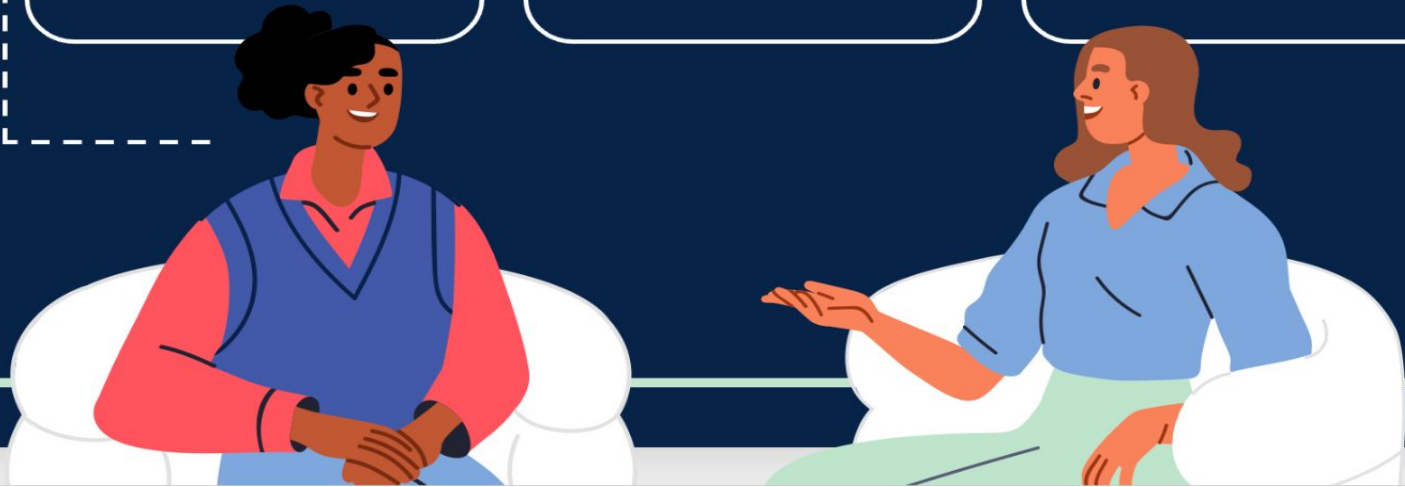
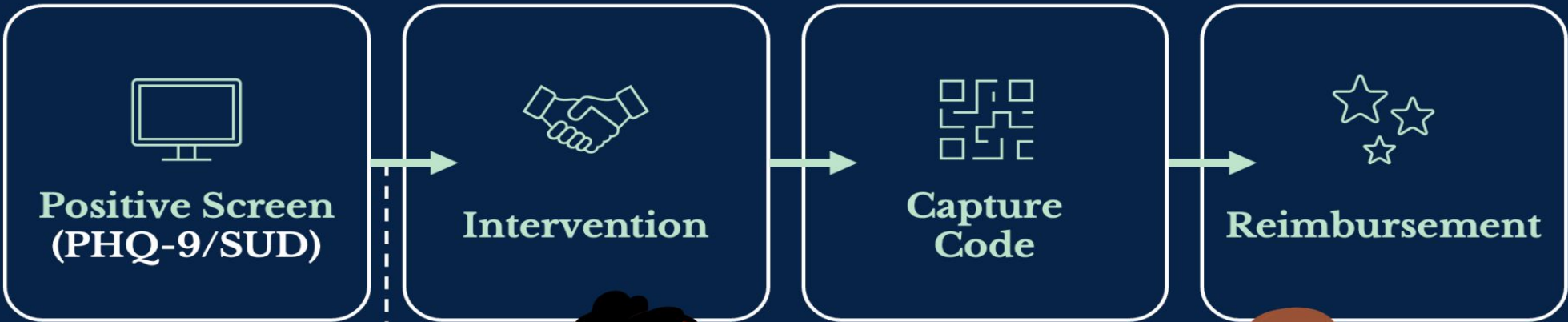
C4BH Sandbox



Balancing Coding and Care

Lizzie Horevitz
Principal Consultant, Psychotherapist
EM Consulting

Coding and Care





Participant Perspective

Fabiola Del Aguila
Clinical Psychologist, Imperial Beach
Community Clinic

DSF-E Design Studio Overview

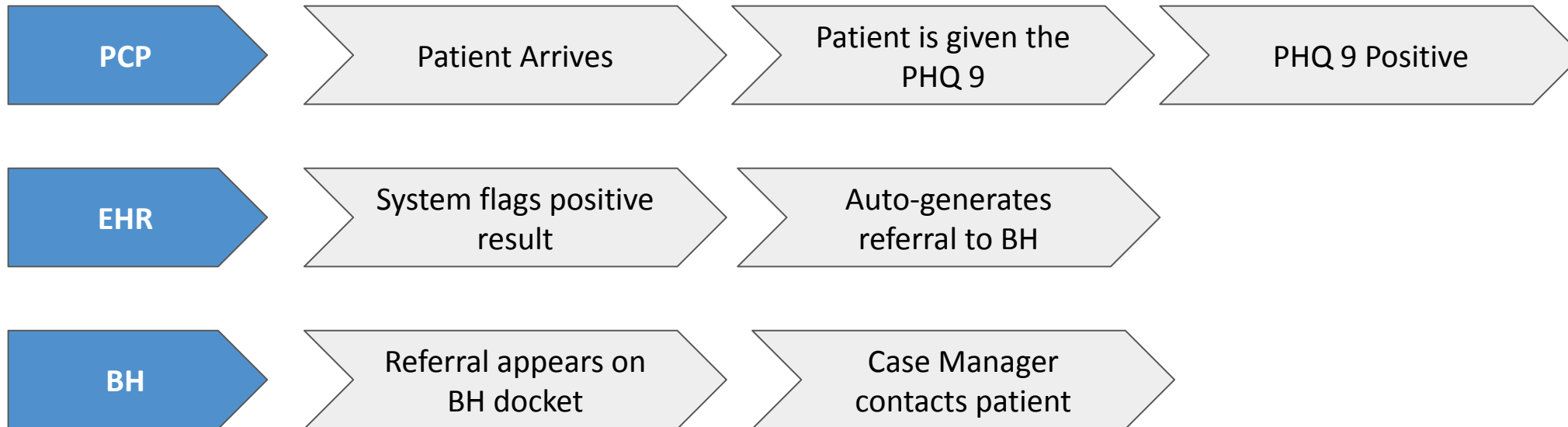
Why Engaging with the Design Studio Team Mattered

1. Enhanced communication with payers.
2. Increased data-driven collaboration with our analyst.
3. Expanded understanding of cross-department workflows
4. Enhanced visibility into IBCC's HEDIS compliance rates
5. Next steps and opportunities

The Design Studio's Impact

Catalyst for Proactive Change

- Sparked a more intentional, proactive approach.
- Reinforced a structured review of workflows.



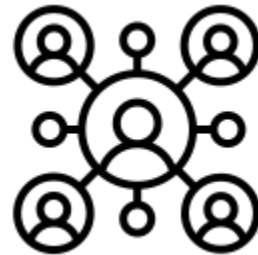
Communication with Payers

Strengthen External Alignment *Direct Outreach to Payers*

Verification on billing and documentation requirements

Reduced uncertainty on completed follow ups

If not closed at the care manager level, the loop may be closed by the BH provider within the **30-day window**



Ensuring compliance across different insurance guidelines

Molina vs Blue Shield vs CHG

Identified a HCPCS code that will overlap with our major payers. **HCPCS T1016**

Collaboration with Data Analyst

Building a Clearer Claim Structure

Ongoing meetings to **review data workflows**

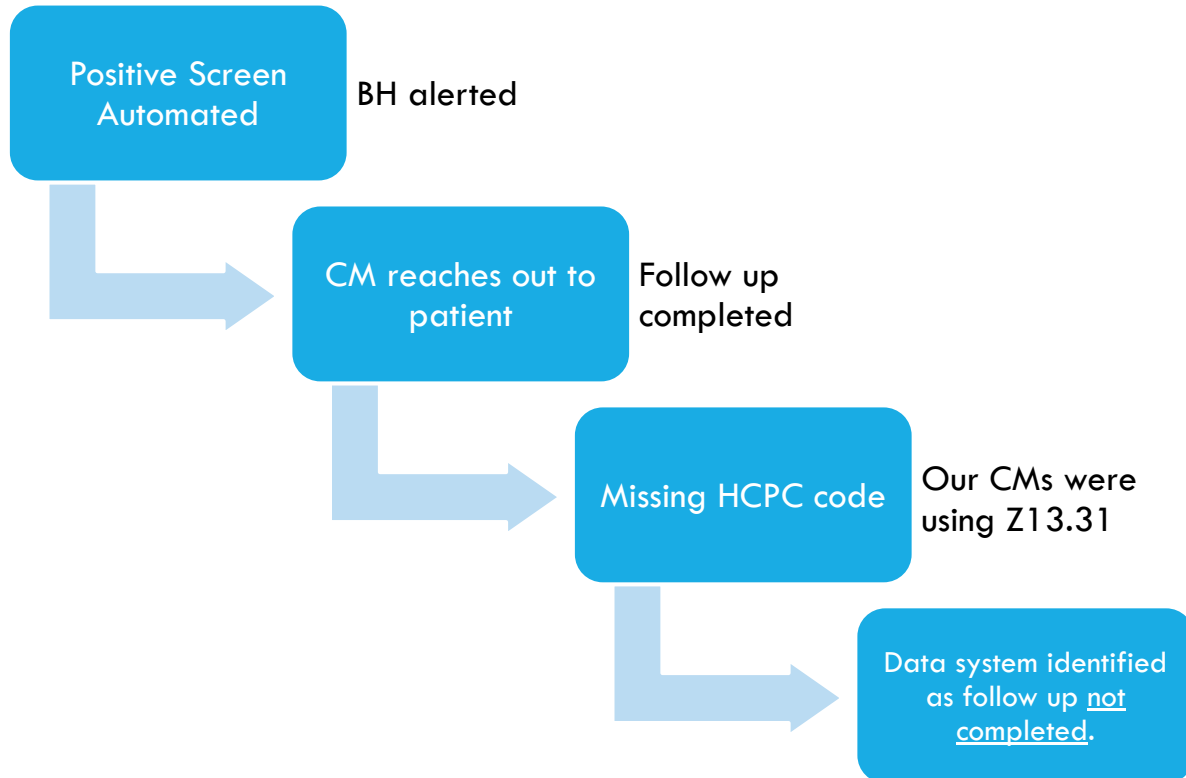
Identifying the **best claim structure** for BH care managers

Ensuring **proper codes** can be captured and counted.

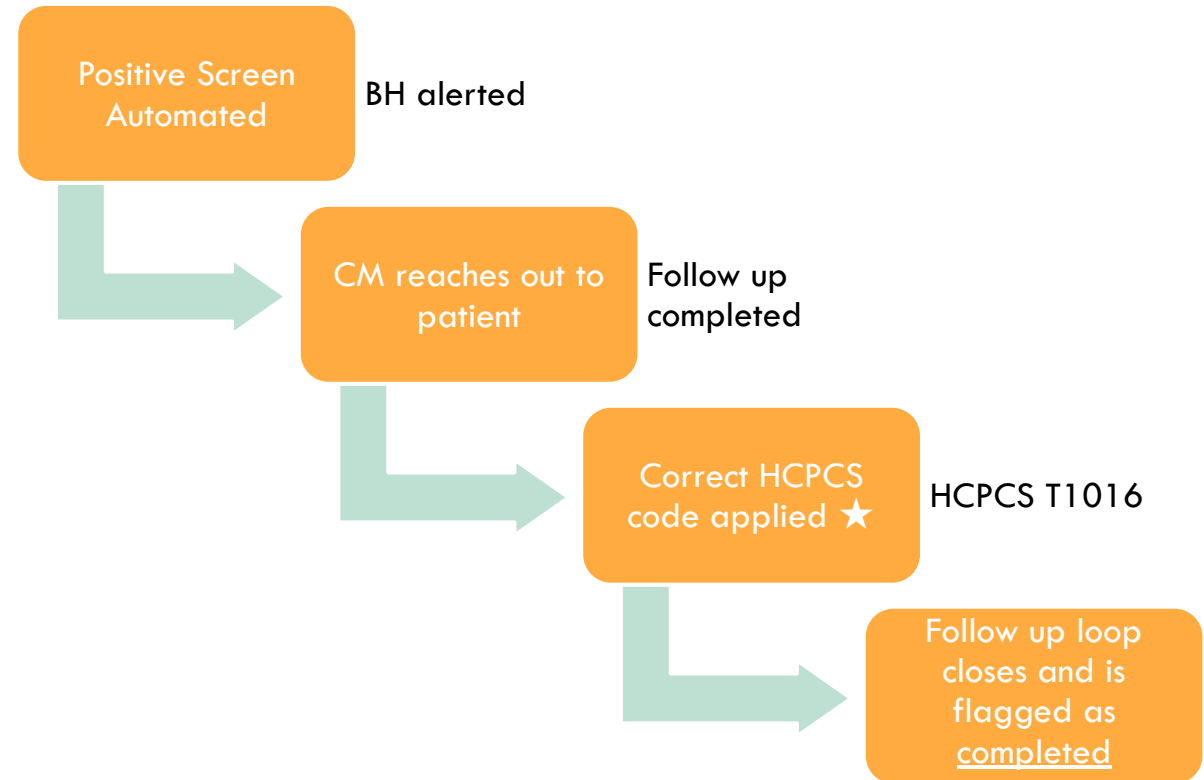
1. BH Case Management: **HCPCS T1016**
2. BH Provider Encounter: **CPT code, ICD 10 code, licensed provider**

Before & After Positive Screening Workflows for BH CM Encounters

Case Management Encounter did NOT include claim that carried a code included in the current HEDIS measure



A new claim structure that includes the HCPCS code T1016 is now attached to the CM encounter



Interdepartmental Communication



Improving Internal Coordination

Increased communication between **departments**: Primary Care, Quality/Compliance, Data Integration, PSRs, and BH



Reinforcement of PHQ 9 Protocols Across Teams

Education on **consistent workflows** for **positive screenings**

- Our standardized depression measures (PHQ9) are given at every patient new visit, annually thereafter, and at the provider's discretion



Ensure Consistent Expectations Across All Departments

All departments follow **standardized depression screening** protocols, workflows, documentation, and submission timelines to ensure **clear expectations** and **HEDIS compliance**.

Next Steps



Completed Steps and Successes

- A BH claim structure with an **eligible HCPCS code** has been created for the CM encounter



Continued Enhancements

- Ongoing oversight and monitoring of **coding guidelines** across departments.
- Make **trainings** on follow-up documentation accessible
- Strengthen feedback loops with payers
- Expand data monitoring for PHQ9 workflows

Questions and Discussions



Let Us Know How We Did!

