South Dakota Medicaid Care Connect (formerly known as Health Home) Outcome Measures

Updated 04.2026

Introduction

The South Dakota Medicaid **Care Connect Program** (formerly known as Health Home), administered by the Department of Social Services (DSS), is a person-centered system of care designed to improve outcomes for high-cost, high-need Medicaid members. The program focuses on increasing access to preventive and primary care services, enhancing patient experience, and managing overall costs to South Dakota's Medicaid program. Care Connect providers deliver "*core services*" to Medicaid recipients who have two or more chronic conditions or one chronic condition and are at risk for developing another.

To support program evaluation, Care Connect Clinics collect and report data on key outcome measures, including depression follow-up plans, active care plans, BMI control, up-to-date mammogram and colonoscopy screenings, blood pressure control, and missed face-to-face visits. These measures help DSS assess progress in improving preventive care and clinical outcomes.

DSS developed the Care Connect Measures Instructions as a companion guide for completing the required data elements associated with these outcome measures. Care Connect Clinics are required to submit this data to support DSS in evaluating the effectiveness of the Care Connect Program within South Dakota's Medicaid program. Aggregated data will be shared with participating clinics through summary reports and will also be submitted to the Centers for Medicare & Medicaid Services (CMS) as required.

Instructions

Care Connect Clinics are required to submit data every six months using the data file template provided by Health Management Associates (HMA). The **reporting period** is defined as the most recent six-month period specified within the template. The template includes a list of Medicaid recipients who received at least one core service during the reporting period. For each listed recipient, Care Connect Clinics must report applicable outcome measures if they were documented within the same reporting period.

All required data must be submitted through a secure file transfer system (Kiteworks) to ensure the protection of sensitive information. Care Connect Clinics will download the data file template from Kiteworks, complete the required fields, and submit the finalized file by replying to the secure Kiteworks email and attaching the completed template.

Item 1 Care Connect ID

Description **Field completed by Vendor in the template**	The Care Connect ID is a four-digit clinic number ending in "1" that is assigned to the clinic location. If you do not know your clinic ID, please contact the state office for assistance.
Format/Input options	Alpha Numeric
Field Length	4

Item 2 Provider Billing NPI

Description **Field completed by Vendor in the template**	The Billing NPI is a 10-digit number assigned to the clinic location for billing purposes. If you do not know the clinic's Billing NPI, please contact your billing office for assistance.
Format/Input options	Alpha Numeric
Field Length	10

Item 3 Provider Servicing NPI

Description **Field completed by Vendor in the template**	The Servicing NPI is a unique 10-digit number associated with the designated provider. If you do not know the Servicing NPI for the clinic, please contact your enrollment office for assistance.
Format/Input options	Alpha Numeric
Field Length	10

Item 4 Recipient ID

Description **Field completed by Vendor in the template**	The Recipient ID is a 9-digit Medicaid number associated with the recipient. This number can be found on the caseload report provided at the beginning of each month.
Format/Input options	Alpha Numeric
Field Length	9

*Item 5 Depression Screening Measure – Screen Completed

Description	The percentage of recipients aged 12 and older who were screened for clinical depression using a standardized screening tool and, if the result was positive, had a follow-up plan documented on the date of the positive screen during the reporting period (see Appendix C for criteria defining a positive depression screen for each tool). Adolescent Screening Tools (ages 12–17) may include, but are not limited to: • Patient Health Questionnaire for Adolescents (PHQ-A), • Beck Depression Inventory-Primary Care Version (BDI-PC), • Mood Feeling Questionnaire, • Center for Epidemiologic Studies Depression Scale (CES-D) • PRIME MD-PHQ2 Adult Screening Tools (age 18 and older) may include, but are not limited to: • Patient Health Questionnaire (PHQ9), • Beck Depression Inventory (BDI or BDI-II), • Center for Epidemiologic Studies Depression Scale (CES-D), • Depression Scale (DEPS), • Duke Anxiety-Depression Scale (DADS), • Geriatric Depression Scale (SDS), • Cornell Scale Screening and • PRIME MD-PHQ2
Measurement Period	Defined reporting period
Numerator	Select an input option for each recipient in the denominator who during the reporting period was screened for clinical depression on the date of the encounter.
Denominator	All recipients aged 12 and older who had an outpatient visit during the reporting period (see Appendix B for CMS-specified depression encounter codes).
Format/Input options	Alphabetic/ Y=Yes, N=No, A = Not Applicable, R=Refused
Allowable Exclusions	Exclusions include patients who refuse to participate; recipients under the age of 12; patients in urgent or emergent situations where time is critical and delaying treatment would jeopardize their health status; situations in which the patient's functional capacity or motivation may impact the accuracy of results from nationally recognized, standardized depression assessment tools (e.g., certain court-appointed cases or cases involving delirium); and patients with an active diagnosis of depression or bipolar disorder.
Field Length	1

Item 6 Depression Screening Measure – Positive Screen

Description	The percentage of recipients aged 12 and older who were screened for clinical depression using a standardized screening tool and, if the result was positive, had a follow-up plan documented on the date of the positive screen during the reporting period (see Appendix C for criteria defining a positive depression screen for each tool). Adolescent Screening Tools (ages 12–17) may include, but are not limited to: • Patient Health Questionnaire for Adolescents (PHQ-A), • Beck Depression Inventory-Primary Care Version (BDI-PC), • Mood Feeling Questionnaire, • Center for Epidemiologic Studies Depression Scale (CES-D) • PRIME MD-PHQ2 Adult Screening Tools (age 18 and older) may include, but are not limited to: • Patient Health Questionnaire (PHQ9), • Beck Depression Inventory (BDI or BDI-II), • Center for Epidemiologic Studies Depression Scale (CES-D), • Depression Scale (DEPS), • Duke Anxiety-Depression Scale (DADS), • Geriatric Depression Scale (SDS), • Cornell Scale Screening and • PRIME MD-PHQ2
Measurement Period	Defined reporting period
Numerator	Select an input option for each recipient in the denominator who during the reporting period who had a positive depression screen.
Denominator	All recipients with a “Y” as found in Item 5.
Format/Input options	Alphabetic/ Y=Yes, N=No, A= Not Applicable
Allowable Exclusions	Exclusions include patients who refuse to participate; recipients under the age of 12; patients in urgent or emergent situations where time is critical and delaying treatment would jeopardize their health status; situations in which the patient’s functional capacity or motivation may impact the accuracy of results from nationally recognized, standardized depression assessment tools (e.g., certain court-appointed cases or cases involving delirium); and patients with an active diagnosis of depression or bipolar disorder.
Field Length	1

Item 7 Depression Screening Measure – Follow-up Plan Documented

Description	The percentage of recipients aged 12 and older who were screened for clinical depression using a standardized screening tool and, if the result was positive, had a follow-up plan documented on the date of the positive screen during the reporting period (see Appendix C for criteria defining a positive depression screen for each tool). Adolescent Screening Tools (ages 12–17) may include, but are not limited to: • Patient Health Questionnaire for Adolescents (PHQ-A), • Beck Depression Inventory-Primary Care Version (BDI-PC), • Mood Feeling Questionnaire, • Center for Epidemiologic Studies Depression Scale (CES-D) • PRIME MD-PHQ2 Adult Screening Tools (age 18 and older) may include, but are not limited to: • Patient Health Questionnaire (PHQ9), • Beck Depression Inventory (BDI or BDI-II), • Center for Epidemiologic Studies Depression Scale (CES-D), • Depression Scale (DEPS), • Duke Anxiety-Depression Scale (DADS), • Geriatric Depression Scale (SDS), • Cornell Scale Screening and • PRIME MD-PHQ2
Measurement Period	Defined reporting period
Numerator	Select an input option for each recipient in the denominator who during the reporting period had follow-plan documented on the date of the positive screen.
Denominator	All recipients with a “Y” as found in Item 6.
Format/Input options	Alphabetic/ Y=Yes, N=No, A= Not Applicable
Allowable Exclusions	Exclusions include patients who refuse to participate; recipients under the age of 12; patients in urgent or emergent situations where time is critical and delaying treatment would jeopardize their health status; situations in which the patient’s functional capacity or motivation may impact the accuracy of results from nationally recognized, standardized depression assessment tools (e.g., certain court-appointed cases or cases involving delirium); and patients with an active diagnosis of depression or bipolar disorder.
Field Length	1

*Item 8 Obesity Body Mass Index

Description	**BMI:** Percentage of recipients aged 6-74 years who had an outpatient visit and whom had their BMI documented during the reporting period.
Measurement Period	Defined reporting period
Numerator	**BMI:** Select an input option for all recipients in the denominator to answer the following question. Does the recipient have a documented BMI during the reporting period?
Denominator	**BMI:** PCP- recipients 6-74 years of age who had an outpatient visit (See Item 16).
Format/ Input options	Alphabetic/ Y = Yes, N = No or A = Not Applicable
Allowable Exclusions	Excludes recipients younger than 6 years or older than 74 years.
Field Length	1

Item 9 Body Mass Index

Description	Enter the most recent Body Mass Index (BMI) when a value of "Y" is entered for Item 8.
Measurement Period	Defined reporting period
Format/ Input options	Numeric (1 decimal place) or Alphabetic ("A"), e.g., 8.1, 8.0, 12.2 or A= Not Applicable.
Allowable Exclusions	Excludes recipients younger than 6 years or older than 74 years.
Field Length	4,1

Item 10 Breast Cancer Screening

Description	Percentage of women aged 50-75 who were up to date on their Breast Cancer Screening by use of a Mammogram or MRI.
Measurement Period	Defined reporting period
Numerator	Select an input option for all recipients in the denominator to answer the following question. Was the recipient up to date on their Breast Cancer Screening by use of Mammogram or MRI?
Denominator	Women aged 50-75.
Format/Input options	Alphabetic/ Y=Yes, N=No, A = Not Applicable, R = Refused
Allowable Exclusions	Exclusions include recipients outside the eligible age range and those with a history of bilateral mastectomy or two unilateral mastectomies.
Field Length	1

Item 11 Colorectal Screen

Description	Percentage of recipients who are up to date on appropriate screenings for colorectal cancer (colonoscopy – every 10 years or a FIT/ sDNA-FIT/ iFOBT test – every year, Cologuard - every 3 years).
Measurement Period	Defined reporting period
Numerator	Select an input option for all recipients in the denominator to answer the following question. Was the recipient up to date with their colorectal cancer screenings?
Denominator	Recipients between the ages of 45 and 75.
Format/Input options	Alphabetic/ Y=Yes, N=No, A= Not Applicable, R= Refused
Allowable Exclusions	Exclusions include recipients outside the eligible age range and those with colorectal cancer or a history of total colectomy.
Field Length	1

*Item 12 Hypertension

Description	Percentage of recipients ages 18 to 85 who had an encounter during the reporting period. (See Item 16) who have a diagnosis of Hypertension.
Measurement Period	Defined reporting period
Numerator	Select an input option for all recipients in the denominator to answer the following question. Did the recipient have a diagnosis of Hypertension? (Appendix A Item 29)
Denominator	Recipients aged 18-85 who had an encounter during the reporting period. (See Item 16)
Input options	Alphabetic/Y = Yes, N = No, A=Not Applicable
Allowable Exclusions	Exclusions include recipients outside the eligible age range and pregnant women.

Item 13 Hypertension BP Systolic Value

(Note: If multiple blood pressure measurements are taken at a single visit, use the most recent measurement taken at that visit. The following blood pressure should not be included for the measure: patient reported BP checks, BPs taken in the following settings: Inpatient Settings, ER, other surgical or diagnostic procedures.)

Description	Most recent blood pressure systolic value for recipients where a Y was indicated in Item 12.
Measurement Period	Defined reporting period
Format/Input options	3-digit numeric (no decimals)
Allowable Exclusions	Excludes pregnant women.
Field Length	3

Item 14 Hypertension BP Diastolic Value

(See Note in Item 13)

Description	Most recent blood pressure diastolic value for recipients where a Y was indicated in Item 12.
Measurement Period	Defined reporting period
Format/Input options	3-digit numeric (no decimals)
Allowable Exclusions	Excludes pregnant women.
Field Length	3

Item 15 Care Plan

Description	Percentage of recipients with an active care plan that has been updated at least once in the last year.
Measurement Period	Defined reporting period
Numerator	Select an input option to answer the question on all recipients in the denominator. Does the recipient have a written care plan present that meets the definition of the care plan?
Denominator	All recipients with at least one encounter during the reporting period (See Item 16).
Format/ Input options	Alphabetic/ Y=Yes, N=No
Allowable Exclusions	None
Field Length	1

Item 16 Face to Face Visit

In item 16, it is all face to face visits that had occurred (completed), including walk-in visits.

Description	How many face-to-face visits with a provider did the recipient have during the reporting period?
Measurement Period	Defined reporting period
Numerator	Select an input option to answer the following question for each of the recipients in the Denominator. (See Appendix B)
Denominator.	All recipients.
Format/ Input options	Numeric (no decimals); if none, enter 0; no blanks allowed.
Allowable Exclusions	None.
Field Length	4

Item 17 Face to Face Visits Scheduled

In item 17, it is asking for all scheduled face to face visits and are not cancelled on paper.

Description	How many face-to- face visits with a provider were scheduled during the reporting period?
Measurement Period	Defined reporting period
Numerator	The number of scheduled face-to-face visits with a Provider (**do not include cancelled appointments**).
Denominator	All recipients with ≥ 1 encounter. (See Item 16)
Format/ Input options	Numeric (no decimals); if none, enter 0; no blanks allowed.
Allowable Exclusions	None
Field Length	4

Item 18 Face to Face Visits Missed

Item 17 and item 18 go together to calculate part of item 16. Item 17 asks how many visits are scheduled and item 18 asks how many are missed. By subtracting item 17 with item 18, it tells us how many visits are completed in item 16. If a higher number is reported in item 16, that means the rest of the completed visits are walk-in visits.

Description	During the reporting period, how many scheduled face-to-face visits with a provider did the patient “no-show” (i.e. not cancelled)?
Measurement Period	Defined reporting period
Numerator	The number of scheduled face-to-face provider visits that resulted in a “no-show” (i.e. not cancelled)
Denominator	The number of scheduled face-to-face visits with a Provider (**do not include cancelled appointments**) (See Item 16)
Format/ Input options	Numeric (no decimals); if none, enter 0; no blanks allowed.
Allowable Exclusions	None
Field Length	4

Appendix A – Diagnosis codes

Item 12 – Hypertension

ICD-9-CM [for use 1/1/2015 – 9/30/2015]: 401.0, 401.10, 401.1, 401.9, 402.00, 402.01, 402.10, 402.11, 402.90, 402.91, 403.00, 403.01, 403.10, 403.11, 403.90, 403.91, 404.00, 404.01, 404.03, 404.10 404.11, 404.12, 404.13, 404.90, 404.91, 404.92, 404.93

ICD-10-CM [for use 10/1/2015 – 12/31/9999]: I10, I11.0, I11.9, I12.0, I12.9, I13.0, I13.10, I13.11, I13.2

Appendix B: patient encounter or office visit codes (use for everything but Depression)

99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, , , 99238, , 99239 , 99291, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99455, 99456, G0402, G0438, G0439

Item 5 - Depression Measure –patient encounter or office visit codes.

CPT: 90791, 90792, 90832, 90834, 90837, 90837, 90839, , 92625, , 96116, 96118, 96151, 97003, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215 or HCPCS: G0101, G0402, G0438, G0439, G0444

Appendix C: Depression Screen tool Severity Assessment Criteria

Adolescent Screening Tools (ages 12–17) may include, but are not limited to:

- **Patient Health Questionnaire for Adolescents (PHQ-A)**
  - For adolescents, depression severity is correlated with PHQ-A scores as follows:
    - 20–27: Severe major depression
    - 15–19: Moderately severe major depression
    - 10–14: Moderate major depression
    - 5–9: Indeterminate or mild depression (People with this score could have had major depression that is now improved, chronic mild depression [dysthymia], or transient mild depression. The PHQ-A cannot distinguish among these. Use clinical judgment to determine appropriate next steps.)

- **Beck Depression Inventory-Primary Care Version (BDI-PC)**

Score	Range
0-9	No depression
10-18	Mild – Moderate Depression
19-29	Moderate – Severe Depression
30-63	Severe Depression

- **Mood Feeling Questionnaire**
  - Score of 12 or more indicates depressive disorder

- **Center for Epidemiologic Studies Depression Scale (CES-D)**
  - Do not score the tool if it is missing more than 4 responses.
  - For each item, look up your response and corresponding score (0-3).
  - Fill in the score for each item under the last column labeled Score.
  - Calculate the Total Score by adding up all 20 scores.
  - A total Score of 16 or higher is considered depressed.

- **PRIME MD-PHQ2.**
  - If the response is "yes" to either question, consider administering the PHQ-9 questionnaire or asking the patient more questions about possible depression.
  - If the response to both questions is "no", the screen is negative.

Adult Screening Tools (age 18 and older) may include, but are not limited to:

- **Patient Health Questionnaire (PHQ9)**
  - For adults age 18 and older, depression severity is correlated with PHQ9 scores as follows:
    - 20–27: Severe major depression
    - 15–19: Moderately severe major depression
    - 10–14: Moderate major depression
    - 5–9: Indeterminate or mild depression (People with this score could have had major depression that is now improved, chronic mild depression [dysthymia], or transient mild depression. The PHQ9 cannot distinguish among these. Use clinical judgment to determine appropriate next steps.)

- **Beck Depression Inventory (BDI or BDI-II)**

Beck Depression Inventory – BDI I

Score	Range
0-9	No depression
10-18	Mild – Moderate Depression
19-29	Moderate – Severe Depression
30-63	Severe Depression

Beck Depression Inventory – BDI II

Score	Range
0-13	Minimal
14-19	Mild
20-28	Moderate
29-63	Severe

- **Center for Epidemiologic Studies Depression Scale (CES-D)**
  - Do not score the tool if it is missing more than 4 responses. 1) For each item, look up your response and corresponding score (0-3). 2) Fill in the score for each item under the last column labeled Score. 3) Calculate the Total Score by adding up all 20 scores.
  - A total Score of 16 or higher is considered depressed.

- **Depression Scale (DEPS)**
  - Scores of 9-10 indicate a level of depressive syndrome
  - Scores of 11-12 indicate a level of clinical depression.

  - **Duke Anxiety-Depression Scale (DADS)**
  - Add the scores next to each of the blanks you checked.
  - If your total score is 5 or greater, then your symptoms of anxiety and/or depression may be excessive.
  - For exact scoring, multiply the total score by 7.143 to obtain the DUKE-AD score on a scale of 0 for lowest to 100 for highest symptom level.
  - A raw score of 5 or greater (out of a possible 14) indicates high risk for anxiety or depression.

The Duke Anxiety-Depression Scale (DUKE-AD) has been shown to be an effective brief screener for both clinical anxiety and depression as diagnosed by the psychiatric criteria of the Diagnostic and Statistical Manual of Mental Disorders, Revised Third Edition (DSM-III-R). The DUKE-AD can be administered as part of the 17-item Duke Health Profile (DUKE) or independently.

- **Geriatric Depression Scale (SDS)**
  - A score of > 5 suggests depression

- **Cornell Scale Screening**
  - Scoring System:
    - a = Unable to evaluate
    - 0 = Absent
    - 1 = Mild to Intermittent
    - 2 = Severe

  Scores above 10 indicate a probable major depression. Scores above 18 indicate a definite major depression. Scores below 6 as a rule are associated with absence of significant depressive symptoms.

- **PRIME MD-PHQ2**
  - If the response is "yes" to either question, consider administering the PHQ-9 questionnaire or asking the patient more questions about possible depression.
  - If the response to both questions is "no", the screen is negative.