



Chronic Health Home Program Patient Tier Assignment Tool (PTAT) Version 4.0

Patient Full Name	Primary Care Provider
Medicaid ID #	Date of Assessment
Date Enrollment Request Submitted to IMPA	Date Note Entered in Patients Chart

Step 1: Eligibility Identification

1. Check the chronic condition box if the patient has any of the qualifying chronic conditions. If the patient has two or more qualifying conditions, they are eligible.
2. If the patient has only one chronic condition, check the at risk box if the patient has conditions that make them at risk for any of the qualifying conditions. Use examples in the guide to assist.

QUALIFYING CONDITIONS	CHRONIC CONDITION	AT RISK of CHRONIC CONDITION
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>
Substance Use Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>
Overweight (BMI >25 or 85 percentile)	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Back Pain	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Obstructive Pulmonary Disease	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL		
ELIGIBLE	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>If there are at least two chronic conditions or if there is one chronic condition and at least one at risk condition, the patient is eligible for a health home.</p>		

Step 2: Tier Assignment

1. Enter the diagnosis codes for any chronic condition that applies to the condition category. Utilize the Expanded Diagnosis Clusters (EDCs) to assist you with the determination if a condition is appropriate. Do not enter EDC codes but the diagnosis code.
2. Check the box in the chronic condition category for any category that has an identified diagnosis code entered.
3. Check the box in the condition is severe if the identified chronic condition is likely to become worse without additional intervention.

Condition Categories	Diagnosis Codes	Chronic Condition	Condition is Severe
Admin		<input type="checkbox"/>	<input type="checkbox"/>
Allergy, Asthma		<input type="checkbox"/>	<input type="checkbox"/>
Cardiovascular		<input type="checkbox"/>	<input type="checkbox"/>
Dental		<input type="checkbox"/>	<input type="checkbox"/>
Ear, Nose, Throat		<input type="checkbox"/>	<input type="checkbox"/>
Endocrine		<input type="checkbox"/>	<input type="checkbox"/>
Eye		<input type="checkbox"/>	<input type="checkbox"/>
Female Reproductive		<input type="checkbox"/>	<input type="checkbox"/>
Gastrointestinal/Hepatic		<input type="checkbox"/>	<input type="checkbox"/>
General Signs and Symptoms		<input type="checkbox"/>	<input type="checkbox"/>
General Surgery		<input type="checkbox"/>	<input type="checkbox"/>
Genetic		<input type="checkbox"/>	<input type="checkbox"/>
Genito-urinary		<input type="checkbox"/>	<input type="checkbox"/>
Hematologic		<input type="checkbox"/>	<input type="checkbox"/>
Infections		<input type="checkbox"/>	<input type="checkbox"/>
Malignancies		<input type="checkbox"/>	<input type="checkbox"/>
Musculoskeletal		<input type="checkbox"/>	<input type="checkbox"/>
Neonatal		<input type="checkbox"/>	<input type="checkbox"/>
Neurologic		<input type="checkbox"/>	<input type="checkbox"/>
Nutrition		<input type="checkbox"/>	<input type="checkbox"/>
Psychosocial/Mental Health		<input type="checkbox"/>	<input type="checkbox"/>
Reconstructive		<input type="checkbox"/>	<input type="checkbox"/>
Renal		<input type="checkbox"/>	<input type="checkbox"/>
Respiratory		<input type="checkbox"/>	<input type="checkbox"/>
Rheumatologic		<input type="checkbox"/>	<input type="checkbox"/>
Skin		<input type="checkbox"/>	<input type="checkbox"/>
Toxic Effects and Adverse Events		<input type="checkbox"/>	<input type="checkbox"/>
		Tier Assignment: 1-3 Tier 1 4-6 Tier 2 7-9 Tier 3 10 or more Tier 4	Total Severe Conditions

Step 3: Enroll Member in Iowa Medicaid Portal Access (IMPA) System

1. Request enrollment of patient in IMPA.
2. Scan tool into Electronic Medical Records (EMR) for records.
3. Create a care alert in the EMR for reassessment at least annually.

If you have questions please contact the IME Health Home team at healthhomes@dhs.state.ia.us.