Chronic Condition Health Home Program
Patient Tier Assignment Tool (PTAT) Guide

Introduction

This tool is intended to assess the overall complexity of patients by grouping them into "complexity tiers" based on the number of major chronic condition categories that apply to them. By relying on practices to assess complexity, a more complete picture of complexity is obtained because we are not limited by diagnosis codes that have been billed on a claim in the past. This understanding of your own practice population will not only ensure more accurate payment through the use of complexity to approximate the time and work of care coordination, but can also help to shape your programs and care coordination agendas.

Once familiarity is gained with this tool, it is estimated that eligibility can be established and the tiering tool completed in about one to five minutes on most familiar patients.

Each patient must be assessed and updated at least annually on the IMPA portal. (See member enrollment process) This can be easily monitored by reviewing the "Members Coming Due" list on the portal.

Directions for Completing the PTAT

You may use conditions contained in the patient's problem list, diagnoses in the treatment plan or obtained during a patient history, and past medical history.

1. Identify those conditions that are likely to be "chronic". Chronic disease has been defined as illness that is prolonged in duration, does not often resolve spontaneously, and is rarely cured completely. Chronic diseases are complex and varied in terms of their nature, how they are caused and the extent of their impact on the community. While some chronic diseases make large contributions to premature death, others contribute more to disability.

2. If only one chronic condition is identified then identify those conditions that the patient is at risk for developing. "At risk" can be defined by a family history of a heritable condition, a diagnosed condition with an established co-morbidity or a verified exposure to something known to cause a condition in the health home qualifying categories. An at-risk condition must be documented in the patient's medical record at the time the member is enrolled in the program. Below are some examples of a few conditions as a guide:
   - Asthma
     - Family History
     - Atopy
     - Second hand or primary smoking exposure
   - Diabetes
     - Family History
     - Other diseases of the pancreas
     - Diet high in fat, salt and cholesterol/ low physical activity
   - Heart Disease/ HTN
     - Family History

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o Diet high in fat, salt and cholesterol/ low physical activity
o High Stress

Step 1: Eligibility Identification

Check the chronic condition box if the patient has any of the qualifying chronic conditions. Check the at risk box if the patient has conditions that make them at risk for any of the qualifying conditions.

QUALIFYING CONDITIONS	CHRONIC CONDITION	AT RISK of CHRONIC CONDITION
Mental Health	☐	☐
Substance Use Disorder	☐	☐
Asthma	☐	☐
Diabetes	☐	☐
Heart Disease	☐	☐
Overweight (BMI >25 or 85 percentile)	☐	☐
Hypertension	☐	☐
Chronic Back Pain	☐	☐
Chronic Obstructive Pulmonary Disease	☐	☐
TOTAL		
ELIGIBLE	☐ YES	☐ NO
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.		

Step 2: Definitions:

- **Expanded Diagnostic Cluster (EDC) -** is defined as a broad grouping of diagnosis codes that remove differences in coding behavior between practitioners. ICD codes within an EDC share similar clinical characteristics and evoke similar types of diagnostic and therapeutic responses. The main criterion used for the ICD-to-EDC assignment is diagnostic similarity. EDC groups are generated by mapping ICD codes that refer to the same disease or condition to a single EDC. EDCs that are associated with the same organ system are rolled up into condition groups that are summed and mapped to a HCH tier level. EDC condition groups that do not indicate a need for sustained care coordination do not meet HCH tier eligibility criteria. These include: ADM (administrative). GSU (general surgery), GSI (general signs and symptoms), NEW (neonatal), and REC (reconstructive) classes. EDCs are generated by the MHCP risk adjustment software, the ACG® System. Refer to the EDC Code and Description list for a complete description.
- **Chronic Condition -** is defined as those conditions that have lasted at least six months; can reasonably be expected to continue for at least six months; or are likely to recur.
- **Severe Conditions -** is defined as major and potentially unstable conditions that without additional care services are likely to worsen and lead to more serious problems that may result in severe illness, impairment or death.

Step 2: Patient Tier Assignment (cont.)
- 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.
- Check the box in the chronic condition category for any category that has an identified diagnosis code entered.
- Check the box in the "condition is severe" column if the identified chronic condition is likely to become worse without additional intervention.

Condition Categories	Diagnosis Codes	Chronic Condition	Condition is Severe
Allergy, Asthma		☐	☐
Cardiovascular		☐	☐
Dental		☐	☐
Ear, Nose, Throat		☐	☐
Endocrine		☐	☐
Eye		☐	☐
Female Reproductive		☐	☐
Gastrointestinal/Hepatic		☐	☐
Genetic		☐	☐
Genito-Urinary		☐	☐
Hematologic		☐	☐
Infections		☐	☐
Malignancies		☐	☐
Psychosocial/Mental Health		☐	☐
Musculoskeletal		☐	☐
Neurologic		☐	☐
Nutrition		☐	☐
Renal		☐	☐
Respiratory		☐	☐
Rheumatologic		☐	☐
Skin		☐	☐
Toxic Effects		☐	☐

Tier Assignment:	Total Severe Conditions:
1-3 Tier 1 4-6 Tier 2 7-9 Tier 3 10 or More Tier 4	

Step 3: Enroll Member in IMPA
1. Request enrollment of patient in IMPA.

2. Ensure this part of the patient's medical record.
3. Create a care alert in the EMR for re-assessment at least annually.

For questions contact the Health Home email healthhomes@dhs.state.ia.us

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