



Chronic Health Home Program Patient Tier Assignment Tool (PTAT) Version 2.0

| | |
|---|-------------------------------------|
| 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 | | |
| Substance Use Disorder | | |
| Asthma | | |
| Diabetes | | |
| Heart Disease | | |
| Overweight (BMI >25 or 85 percentile) | | |
| Hypertension | | |
| 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 | | |



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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 |
|--|-----------------|-------------------|--------------------------|
| Allergy, Asthma | | | |
| Cardiovascular | | | |
| Dental | | | |
| Ear, Nose, Throat | | | |
| Endocrine | | | |
| Eye | | | |
| Female Reproductive | | | |
| Gastrointestinal/Hepatic | | | |
| Genetic | | | |
| Genito-Urinary | | | |
| Hematologic | | | |
| Infections | | | |
| Malignancies | | | |
| Mental health | | | |
| Psychosocial | | | |
| Musculoskeletal | | | |
| Neurologic | | | |
| Nutrition | | | |
| Renal | | | |
| Respiratory | | | |
| Rheumatologic | | | |
| Skin | | | |
| 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 re-assessment at least annually.