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

## Introduction

The PTAT tool has three basic steps to assist with identifying patients that qualify for health home services. Step one identifies an eligible patient. Step two identifies the complexity of a patient and tier. Step three is to enter an enrollment request in the Iowa Medicaid Portal Access (IMPA) system.

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

For questions contact Joyce Vance jvancer@dhs.state.ia.us 515-974-3050.

## 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** | ☐ | ☐ |
| **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: Patient Tier Assignment

**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. If it meets this criteria it is considered chronic and you can mark the conditions is chronic box.

**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. If it meets this criteria it is considered severe and you can mark the conditions is severe box and count it towards the tier.

## Step 2: Patient Tier Assignment (cont.)

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" column if the identified chronic condition is likely to become worse without additional intervention.

| Condition Categories | Diagnosis Codes | Chronic Condition | Condition is Severe |
|---|---|---|---|
| **Admin** | | ☐ | ☐ |
| **Allergy, Asthma** | | ☐ | ☐ |
| **Cardiovascular** | | ☐ | ☐ |
| **Dental** | | ☐ | ☐ |
| **Ear, Nose, Throat** | | ☐ | ☐ |
| **Endocrine** | | ☐ | ☐ |
| **Eye** | | ☐ | ☐ |
| **Female Reproductive** | | ☐ | ☐ |
| **Gastrointestinal/Hepatic** | | ☐ | ☐ |
| **General Signs and Symptoms** | | ☐ | ☐ |
| **General Surgery** | | ☐ | ☐ |
| **Genetic** | | ☐ | ☐ |
| **Genito-urinary** | | ☐ | ☐ |
| **Hematologic** | | ☐ | ☐ |
| **Infections** | | ☐ | ☐ |
| **Malignancies** | | ☐ | ☐ |
| **Musculoskeletal** | | ☐ | ☐ |
| **Neonatal** | | ☐ | ☐ |
| **Neurologic** | | ☐ | ☐ |
| **Nutrition** | | ☐ | ☐ |
| **Psychosocial/ Mental Health** | | ☐ | ☐ |
| **Reconstructive** | | ☐ | ☐ |
| **Renal** | | ☐ | ☐ |
| **Respiratory** | | ☐ | ☐ |
| **Rheumatologic** | | ☐ | ☐ |
| **Skin** | | ☐ | ☐ |
| **Toxic Effects and Adverse Events** | | ☐ | ☐ |

| 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. Scan tool into Electronic Medical Records (EMR) for records.
3. Create a care alert in the EMR for re-assessment at least annually.