



Health Care Homes Tier Assignment Tool Training

<https://www.health.state.mn.us/facilities/hchomes/index.html>

Learning Objectives

- Gain a better understanding of how to use the Health Care Homes (HCH) Care Coordination Tier Assignment Tool for population management and billing.
- Learn to apply the Care Coordination Tier Assignment Tool to a care coordination population.
- Describe implementation examples for an effective tiering workflow process.

Commonly Used Screening Tools

Health Care Homes risk stratify their population to provide the right level of care through population health management strategies. The clinic/organization determines which patients would receive the greatest benefit from care coordination services supported by a care coordinator. While all patients receive some level of care coordination such as preventive care and appointment reminders, the risk assessment process helps to identify the patients with higher complexity.

Commonly used screening tools to identify patients needing care coordination:

- Population Based Registries (Immunizations, Chronic Disease, Preventive etc.)
- HCH [Care Coordination Tier Assignment Tool](#)
- Payer claims data reports
- Electronic Medical Record produced risk reports
- Discharge / Emergency Department Reports

Systematic Assessment of Clinic Population

The HCH [Care Coordination Tier Assignment Tool](#) may be used to systematically assess a clinic's population for care coordination including:

- New Patients
- Current Patients with ongoing changes
- Established Patient with Chronic Conditions
- Patients identified and declined care coordination services
- Determine patient risk score

When is Tiering Required?

Tiering using the [Care Coordination Tier Assignment Tool](#) is only required for care coordinated patients in which you plan to submit claims for care coordination services to MN Health Care Programs. (e.g. Medical Assistance, MinnesotaCare)

Some commercial insurance may also require tiering of their patients in order to bill for care coordination.

Billing for Care Coordination

To receive reimbursement for HCH care coordination services from MHCP, providers must:

- Receive HCH certification from MDH and notify MHCP of HCH certification including providers certified. Remember to notify the MHCP when new providers join the clinic.
- Determine eligible HCH recipients and their tier level using the Tier Assignment Tool.
- Provide HCH care coordination services.
- Claim HCH reimbursement once a month for each eligible recipient.

Who can complete the tiering tool?

Any staff with a clinical background and an understanding of the patient's medical and social conditions may complete the Care Coordination Tier Assignment Tool.

Many organizations have the care coordinator complete the tiering tool for their assigned patients as they may have a better understanding of underlying medical and social issues.

Benefits of Tier Assignment Tool

The Tier Assignment Tool is one way to stratify your patient population for care coordination services.

- Tier 0 – Healthy Patients / Preventive Services
- Tier 1 -One to three chronic conditions that requires at least a minimal level of care coordination
- Tier 2 – Four to six chronic conditions that requires a moderate level of care coordination
- Tier 3 & 4 – Patients with multiple conditions with complexity that may benefit from more intense care coordination

The Tier Assignment Tool provides the framework and documentation needed to bill MN Health Care Programs for care coordination services.

Drawbacks of the Tier Assignment Tool

The Tier Assignment Tool remains a subjective assessment and does not fully reflect the time and resources that may be required to support the patient.

Overall tiers 0-4 represent a patient's health status and needs, but it is not a perfect tool and not all patient complexity and nuances are able to be captured. Organizations may find that, due to individual circumstances and unique situations, some patients may actually require more intervention and support, regardless of their tier assignments.

This is especially true for patients, particularly pediatric, who may have multiple diagnosis and problems that fall under just one condition category.

Many organizations tier their patients too conservatively and subsequently miss out on appropriate reimbursement.

Care Coordination Tier Assignment Tool, Version 1.0 Health Care Home Initiative

Patient ID: _____

Date: ____/____/____
month / day / year

Does this patient present with these conditions.....

Condition Is Chronic

Condition Is Severe

Condition Requires A Care Team

SCORE

<input type="checkbox"/> Allergy, Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ear, Nose, and Throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Endocrine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Eye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Female Reproductive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Gastrointestinal/Hepatic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Genetic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Genito-urinary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hematologic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Infections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Malignancies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mental Health/Psychosocial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Neurologic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Renal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Rheumatologic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Toxic Effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check either of the boxes below if they apply

(These factors are not added to the sum count):

The patient or caregiver of a dependent patient must use a non-English primary language to communicate about their health care.

The patient or caregiver of a dependent patient has a serious and persistent mental illness.

SUM COUNT TIER

Derive patient Tier assignments using the table shown below:

SUM COUNT	TIER
0	0
1-3	1
4-6	2
7-9	3
10 or more	4

Tier Assignment Tool

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.

All three columns should be checked (chronic, severe, require a care team) in order to total a "one point" score for that condition category.

Tier Assignment Tool – Determine Patient Complexity

Complexity includes medical, mental health and psycho-social issues

- Identify patients and assess how complex they are by identifying:
 - Medical / Mental health conditions linked to care coordination
 - Whether the patient or caregiver:
 - Has a non-English primary language or
 - A serious and persistent mental illness

Review medical documentation

Look beyond the problem list for more information

You may use conditions contained in the patient's problem list or diagnoses in the treatment plan or obtained during a patient interview, past medical history, care plan, documented elsewhere in the medical record or in a guideline or protocol such as anticipatory guidance.

Significant signs and symptoms that are documented and are severe, chronic, and require a care team can be included.

Completing the Tier Tool

Sort the patient's diagnoses and problems into condition groups outlined on the form, such as:

Congestive Heart Failure = Cardiovascular

Glaucoma or low vision affecting functioning = Eye

Adverse effect from medication = Toxic Effects

Obesity = Nutrition

Tobacco Use = Mental Health/Psychosocial

Gout = Rheumatologic

Drug Addiction = Toxic Effects

Help to Determine Condition Category

Helpful resources assist to determine condition category:

[Expanded Diagnosis Cluster \(EDC's\)](#)

ICD -10 Manual

These resources are meant to be used as a reference to assist in the tiering process. They may not always align with the Tier Tool categories. The Tiering Tool is designed to be flexible, use your best judgement. Attempt to use using the condition categories consistently and appropriately for the patient's diagnosis and problems.

Step 1 – Check the Condition(s)

Care Coordination Tier Assignment Tool, Version 1.0 Health Care Home Initiative

Patient ID: _____

Date: ____/____/____
month day year

Does this patient present with these conditions.....	Condition Is Chronic	Condition Is Severe	Condition Requires A Care Team	SCORE
<input type="checkbox"/> Allergy, Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ear, Nose, and Throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Endocrine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Eye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Female Reproductive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Gastrointestinal/Hepatic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Genetic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Genito-urinary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Completing the Tier Tool – Condition Chronic?

Identify those conditions that are likely to be “chronic.”

Chronic conditions are those that:

- have lasted at least six months *or*
- can reasonably be expected to continue for at least six months *or*
- are likely to recur

Please note that there may be several diagnoses listed in one condition group. Conditions are counted by condition group and not by individual diagnoses. The box is checked for the entire group if there is one condition that meets the definition of chronic.

Step 2 – Check if Condition is Chronic

Care Coordination Tier Assignment Tool, Version 1.0 Health Care Home Initiative

Patient ID: _____

Date: ____/____/____
month / day / year

Does this patient present with these conditions.....	Condition Is Chronic	Condition Is Severe	Condition Requires A Care Team	SCORE
<input type="checkbox"/> Allergy, Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ear, Nose, and Throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Endocrine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Eye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Female Reproductive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Gastrointestinal/Hepatic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Genetic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Genito-urinary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Completing the Tier Tool – Condition Severe?

Condition Severe?

- Major or potentially unstable
- Needs optimal care or will worsen
- May result in severe illness, impairment or death if not managed

Severe conditions are defined as major and potentially unstable conditions that without optimal care are likely to worsen and lead to more serious problems.

For example, if a patient has untreated gastric reflux, this could potentially lead to more severe problems if not managed so could count as severe.

Step 3 – Check if Condition is Severe

Care Coordination Tier Assignment Tool, Version 1.0 Health Care Home Initiative

Patient ID: _____

Date: ____/____/____
 month day year

Does this patient present with these conditions.....	Condition Is Chronic	Condition Is Severe	Condition Requires A Care Team	SCORE
<input type="checkbox"/> Allergy, Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ear, Nose, and Throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Endocrine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Eye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Female Reproductive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Gastrointestinal/Hepatic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Genetic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Genito-urinary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Completing the Tier Tool – Requires a Care Team?

Requires a care team to coordinate services?

- To attain or maintain patient stability and /or reach optimal goals
- Monitoring patient using ongoing registry or other tools

This would include coordination of preventive care services or disease management to prevent the patient's condition from becoming worse, deteriorating or resulting in gaps in care for the patient. Think what might occur if a care team was not monitoring the patient. Most conditions could benefit from care team interventions.

Step 4 – Require a Care Team?

Care Coordination Tier Assignment Tool, Version 1.0 Health Care Home Initiative

Patient ID: _____

Date: ____/____/____
 month day year

Does this patient present with these conditions.....	Condition Is Chronic	Condition Is Severe	Condition Requires A Care Team	SCORE
<input type="checkbox"/> Allergy, Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ear, Nose, and Throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Endocrine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Eye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Female Reproductive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Gastrointestinal/Hepatic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Genetic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Genito-urinary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sum of Condition Points = Score

Condition is Chronic

Condition is Severe Condition

Requires A Care Team



All 3 boxes must be checked to equal 1 point

Final Steps:

- Total the score boxes
- Write number is sum count
- Write in corresponding tier

Step 5 – Sum Count of Conditions / Tier Level

<input type="checkbox"/> Mental Health / Psychosocial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Neurologic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Renal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Rheumatologic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Toxic Effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check either of the boxes below if they apply
(These factors are not added to the sum count):

- The patient or caregiver of a dependent patient must use a non-English primary language to communicate about their health care.

- The patient or caregiver of a dependent patient has a serious and persistent mental illness.

SUM COUNT TIER

Derive patient Tier assignments using the table shown below:

SUM COUNT	TIER
0	0
1-3	1
4-6	2
7-9	3
10 or more	4

Two Supplemental Factors

1. Need to communicate about their health care in a non-English primary language (patient or family)

- Is language a barrier? (English skill levels are not sufficient to discuss and create complicated care plans, complex care choices and options. Hearing loss could qualify for language issue if it is severe and impacts the visit.)
- Interpreter Services needed? (Includes sign language, aphasia or other language barriers)

2. Serious and Persistent Mental Illness (patient or family)

- Bipolar disorder, Major depression, Borderline personality disorder, Schizophrenia
- Some level of functional impairment

Step 6 – Assess for Supplemental Factors

<input type="checkbox"/>	Mental Health/Sychosocial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Neurologic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Renal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Rheumatologic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Toxic Effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check either of the boxes below if they apply
(These factors are not added to the sum count):

- The patient or caregiver of a dependent patient must use a non-English primary language to communicate about their health care.

- The patient or caregiver of a dependent patient has a serious and persistent mental illness.

SUM COUNT **TIER**

Derive patient Tier assignments using the table shown below:

SUM COUNT	TIER
0	0
1-3	1
4-6	2
7-9	3
10 or more	4

66 year old adult

Problem list / medical record:

- Allergy / Asthma - Allergy/Asthma
- Hypercholesterolemia - Cardiovascular
- Iridocyclitis - Eye
- GERD – Gastrointestinal / Hepatic
- Bipolar Disorder – Mental Health/Psychosocial
- Synovitis - Musculoskeletal
- Parkinson’s - Neurologic
- Adult Failure to Thrive - Nutrition
- Rheumatoid Arthritis - Rheumatologic
- Skin Eruptions - Skin
- Upper Respiratory Infection – Respiratory
- Sore Throat / Possible Strep – Ear/Nose/Throat



Patient ID: Gary

Date: 04 / 02 / 2020
month day year

Does this patient present with these conditions.....	Condition Is Chronic	Condition Is Severe	Condition Requires A Care Team	SCORE
<input checked="" type="checkbox"/> Allergy, Asthma	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text" value="1"/>
<input checked="" type="checkbox"/> Cardiovascular	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text" value="1"/>
<input type="checkbox"/> Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/>
<input checked="" type="checkbox"/> Ear, Nose, and Throat	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/>
<input type="checkbox"/> Endocrine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/>
<input checked="" type="checkbox"/> Eye	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text" value="1"/>
<input type="checkbox"/> Female Reproductive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/>
<input checked="" type="checkbox"/> Gastrointestinal/Hepatic	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text" value="1"/>
<input type="checkbox"/> Genetic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/>
<input type="checkbox"/> Genito-urinary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/>
<input type="checkbox"/> Hematologic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/>
<input type="checkbox"/> Infections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/>
<input type="checkbox"/> Malignancies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/>
<input checked="" type="checkbox"/> Mental Health/Psychosocial	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text" value="1"/>
<input checked="" type="checkbox"/> Musculoskeletal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text" value="1"/>
<input checked="" type="checkbox"/> Neurologic	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text" value="1"/>
<input checked="" type="checkbox"/> Nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text" value="1"/>
<input type="checkbox"/> Renal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/>
<input checked="" type="checkbox"/> Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/>
<input checked="" type="checkbox"/> Rheumatologic	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text" value="1"/>
<input checked="" type="checkbox"/> Skin	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text" value="1"/>
<input type="checkbox"/> Toxic Effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/>

Applying the Tier Tool

Check either of the boxes below if they apply

(These factors are not added to the sum count):

- The patient or caregiver of a dependent patient must use a non-English primary language to communicate about their health care.
- The patient or caregiver of a dependent patient has a serious and persistent mental illness.

SUM COUNT **TIER**

Derive patient Tier assignments using the table shown below:

SUM COUNT	TIER
0	0
1-3	1
4-6	2
7-9	3
10 or more	4

12 conditions map to 12 categories

10 conditions meet chronic, severe and condition requires a care team to coordinate services between members of the clinic team as well as other specialists, therapists, and partners outside the clinic

X + X + X in one condition line = 1 (X 10 conditions) is a Tier 4

+ Supplemental modifier for Mental Health (Bipolar)*

*Important for billing as adds 15% for each supplemental factor

All three requirements: chronic, severe, and requires a care team need to be checked for a point.

Does this patient present with these conditions.....	Condition Is Chronic	Condition Is Severe	Condition Requires A Care Team	SCORE
<input checked="" type="checkbox"/> Allergy, Asthma	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text" value="1"/>

The language and mental health modifiers provide additional payment to the tier level.

The next 2 slides will help you practice tiering patients

Check either of the boxes below if they apply

(These factors are not added to the sum count):

- The patient or caregiver of a dependent patient must use a non-English primary language to communicate about their health care.

- The patient or caregiver of a dependent patient has a serious and persistent mental illness.

Adult Tier Examples

Scenario	Problem List	Information from Chart	Results and Comments	Tier
<p>Young Adult Female Tammy Age 21</p>	<p>250.0 Type 2 Diabetes, new Dx 278.0 Obesity 300.4 Reactive depression 780.7 Malaise and fatigue 691 Atopic dermatitis 780.4 Dizziness 010 Tuberculosis</p>	<p>Spanish speaking Undocumented immigrant, new to U.S. Has traveled to the U.S. with her family. Patient's mother has bipolar disorder.</p>	<p>5 condition categories Endocrine, Nutrition, Mental Health/Psychosocial, Infections (Tuberculosis), Malaise/fatigue/ dizziness in Neurologic or Skin (atopic dermatitis) if this is severe / chronic/ requires a care team. What age defines a care giver? Age is not defined, depends on family relationship. Check box below for Spanish speaking care giver and mentally ill care giver.</p>	2
<p>Older Adult Male Frank Age 77</p>	<p>327.2, Sleep Apnea 331, Alzheimer's 143, Malignancy of the gums 338 Pain, chronic V60.4 Person living alone 332 Parkinson's disease 781.2 Abnormal gait 782.2 Weight loss 783.7 Adult failure to thrive 294.11 Dementia in conditions classified elsewhere with behavioral disturbance 525.9 Dental Pain, loose dentures</p>	<p>Severe eating problems, still lives at home with wife caretaker who is 88 and can't really help him, does not want to go to a nursing home or hospice, no family.</p>	<p>7 condition categories Neurological (Alzheimer's, Parkinson's, Abnormal gait), Malignancies, Mental Health/Psychosocial, (live alone/wife care taker) Nutrition (failure to thrive), Respiratory (Sleep Apnea), Gastrointestinal (for swallowing), Dental.</p>	3

Pediatric Tier Examples

Scenario	Problem List	Information from Chart	Results and Comments	Tier
Child Susan Age 6	381.1 Chronic serious otitis media 299.0 Autistic disorder 651 Bells Palsy V71.02 Antisocial behavior 823 Fracture of tibia and fibula	Needs to have PE tubes, supportive family environment and goes to school in the first grade. Has communication and behavior problems.	3 condition categories Neurologic, Mental Health/Psychosocial, ENT Autism does not meet definition for mental health in the supplemental box at the bottom.	1
Adolescent Mary Age 15	346 Chronic migraine headaches 326.2 Excessive menstruation 300 Anxiety 314 ADHD 783 Anorexia V69.2 High-risk sexual behavior	Having severe problems in school per parents report, is on meds for ADHD, family in counseling, social worker involved	4 condition categories Mental Health/Psychosocial (ADHD, Anxiety, School Problems), Nutrition, Female Reproductive, Neurological (only if migraines are severe /chronic /requires a care team). ADHD and Anxiety do not meet definition for mental health in the supplemental box at the bottom.	2

Tiering workflow

1. Review records/documentation of the care coordinated patient.
2. Complete the [Tier Assignment Tool](#) – Provides a complexity level for care coordination and provides billing/payment level for care coordination.
3. Communicate the tiering level and supplemental factors to billing staff.
4. Re-tier when a patient's condition changes.
5. Review a patient's tiering level at least annually.

It is important for the HCH care team to maintain an accurate list/roster/registry of patients receiving care coordination. This patient list should be validated on a monthly basis to ensure the patient is still working with the designated provider, continues to receive care coordination through the organization, and is not deceased.

Thank you.

If you have any questions please contact

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