

Care Coordination Tier Assignment Tool, Version 1.0

Health Care Home Initiative

PURPOSE OF THE 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. 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.

Please review the instructions below for the Tier Assignment Tool and review the patient’s problem list and the supporting information in the patient’s medical record.

DIRECTIONS FOR TIER ASSIGNMENT:

1. Sort the patient’s diagnoses and problems into condition groups outlined on the form, such as allergy, cardiovascular, mental health, etc. You may use conditions contained in the patient’s problem list or diagnoses in the treatment plan or obtained during a patient history, past medical history, care plan, or in a guideline or protocol such as anticipatory guidance.
2. First, identify those conditions that are likely to be “chronic.” **Chronic conditions** are those that:
 - have lasted at least six months;
 - can reasonably be expected to continue for at least six months; or
 - are likely to recur.

Check the box in the “condition is chronic” column for each condition group. 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.

3. Second, consider the severity of the conditions that you listed and identify those conditions that are “severe” for this patient. **Severe conditions** are defined as major and potentially unstable conditions that without optimal care are likely to worsen and lead to more serious problems that may result in severe illness, impairment or death. Check the box in the “condition is severe” column if the patient meets these criteria.
4. For those patients that have both boxes checked (a condition group is both chronic and severe), consider whether this **condition requires a care team** to coordinate services in order to attain or maintain the patient’s stability or to reach his or her optimal goals. 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.

Some points to consider when considering the care team requirement:

- While every patient will require some type of care team, “care team” here is defined as a group of health care professionals who plan and deliver patient care in a coordinated way through a health care home in collaboration with a patient. The care team includes at least a personal clinician and the care coordinator and may include other health professionals based on the patient’s needs.
- Some patients will have severe chronic conditions that are stable, such as a patient who has hypothyroidism or hypertension, is taking his or her medications, following his or her clinical plan and

may or may not be seeing a specialist. The patient is stable and does not need additional care coordination. In this case the box would not be checked.

- There may be patients who are only receiving referrals to a specialist and may not require additional coordination by the health care team and may not meet these criteria.

If the patient meets the criteria, check the box in the “condition requires a care team” column and continue with the next steps to add up the patient’s total number of condition groups.

5. Total the score for each patient and list in the column provided for sum count and tier. This is a simple conversion of SUM COUNT using the table shown below with one point for each condition group:

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

(For example, a patient with five condition categories meeting all three of the attributes {chronic, severe and requiring a care team} would have a **SUM COUNT of 5** and be placed in **TIER 2**)

Please note the patient’s score will only total “one” for each condition group if all three criteria are met: the patient’s condition is chronic, severe and requires a care team. As noted above, each condition group may have more than one chronic disease diagnosis in the group.

SUPPLEMENTAL FACTORS:

After totaling the sum count and tier, identify if either of the non-medical condition elements listed at the bottom of the tool apply (non-English speaking or active major mental illness).

If the patient’s primary language or mental health boxes are checked, they will be used to modify the basic tier structure to account for the increased care coordination efforts these situations represent. There will be a percentage increase in the rate for each tier for patients who:

1. **Need to communicate about their health care in a non-English primary language.** This means that the patient’s English skill levels are not sufficient to discuss and create complicated care plans, complex care choices and options, etc.
 - This also includes those patients who are hearing impaired and require a sign language interpreter. Please consider whether the language barrier is significant enough to prevent a discussion with a patient’s care team for care coordination services for patients with severe chronic conditions. If so, check the box.
 - This extra designation for non-English speaking patients is in addition to any billing that is done for interpreter services for interpretation. This designation is for the extra work of care coordination.
2. **Have a serious and persistent mental illness diagnosis.** This means the patient has an active diagnosis of schizophrenia, bipolar disorder, major depression or borderline personality disorder. This may apply to the patient or to a caregiver of a dependent patient. Checking this box implies that some level of functional impairment is observed. This definition was derived from *Minnesota Statute 245.462, subdivision 20*.

- This designation is in addition to the mental health diagnosis that is checked as part of a condition group. This designation is for those patients who are experiencing significant mental health conditions that impact the intensity of the care coordination by the health care team. This includes those defined mental health conditions for the dependent patient’s caregiver that are noted in the patient’s medical record.

CODING FOR CLAIMS SUBMISSION:

The billing process is based on existing claims systems. The health care home will use the procedure codes and modifiers recommended by the Administrative Uniformity Committee (AUC) as follows:

HCPCS Codes				
S0280	medical home program, comprehensive care coordination and planning, initial plan			
S0281	medical home program, comprehensive care coordination and planning, maintenance			
Modifiers				
Tier	Patient Complexity Level		Primary Language Non-English	Severe and Persistent Mental Illness
0	Low	(no modifier)	U3	U4
1	Basic	U1	U3	U4
2	Intermediate	TF	U3	U4
3	Extended	U2	U3	U4
4	Complex	TG	U3	U4

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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 TIER
COUNT

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