

MEDICAL HOMES AND THE PATIENT PROTECTION AND AFFORDABLE CARE ACT

<p>Section 6860</p>	<p>Provisions</p>	<p>Community health teams to support the patient-centered medical home — Using the Vermont model, the U.S. Department of Health and Human Services (HHS) will contract with interdisciplinary, interprofessional teams to support the patient-centered medical home model — a model of care that includes a care plan for each patient to receive:</p> <ul style="list-style-type: none"> • round-the-clock care; • personal physician services; • service with a whole-person orientation; • coordinated, integrated care; • safe and high-quality care through evidence-based medicine; • expanded access to care; • services for which there is reimbursement recognizing added value for patient-centered care; • disease prevention; • chronic disease management services; • a liaison to community prevention and treatment programs; and • care integrated through the use of health information technology (HIT). <p>A primary care provider would contract with a team to include:</p> <ul style="list-style-type: none"> • specialists; • physician assistants; • nurses; • pharmacists; • nutritionists; • dieticians; • social workers; • behavioral and mental health care providers; • substance abuse disorder prevention and treatment providers; • chiropractors; and • licensed complementary and alternative medicine practitioners.
	<p>Who can apply?</p>	<ul style="list-style-type: none"> • States or state-designated entities; and • Indian tribes or tribal organizations.
	<p>Effective Date</p>	<p>Immediately.</p>

<p>Section 2703</p>	<p>Provisions</p>	<p>Medicaid "health home" demonstration projects — for individuals with:</p> <ul style="list-style-type: none"> • two chronic conditions OR one chronic condition plus risk of developing another chronic condition; or • one serious and persistent mental illness. <p>A "chronic condition" may be:</p> <ul style="list-style-type: none"> • a mental health condition; • a substance use disorder; • asthma; • diabetes; • heart disease; or • being overweight. <p>The "health home" is a designated provider or health team providing "comprehensive and timely high-quality services", including:</p> <ul style="list-style-type: none"> • comprehensive care management; • care coordination and health promotion; • comprehensive transitional care; • patient and family support; • referral to community and social support services; and • use of HIT to link services. <p>"Designated provider" may be a:</p> <ul style="list-style-type: none"> • physician; • clinical practice or group; • community health center; • community mental health center; • home health agency; or • any other provider or entity that the state designates and HHS approves, including pediatricians and OB/GYNs.

		<p>A team of providers may include physicians and:</p> <ul style="list-style-type: none"> • nurse care coordinators; • nutritionists; • social workers; • behavioral health professionals; and • any other providers the state designates.
	When would this begin?	January 1, 2011 (upon grant award).
	Who may apply, and how?	State Medicaid agency — would file a state plan amendment through a simplified system involving a letter to HHS. It does not require the usual rigorous waiver application claiming cost neutrality. The state must coordinate with the federal Substance Abuse and Mental Health Services Administration to address behavioral health needs.
	Types of grants	Planning grants — a total of \$25 million, matched by the state's share per Sec. 1905(b).
Sections 3021 and 10306	Provisions	Establishment of center for Medicare and Medicaid innovation within the Centers for Medicare and Medicaid Services (CMS) — to test payment and delivery models — including medical homes — in order to reduce expenditures while preserving or enhancing quality of care. No state action is required; this is a CMS project that may be limited to certain geographic areas.
	Effective Date	Immediately.
Section 5301	Provisions	<p>Training in family medicine, general internal medicine, general pediatrics and physician assistanceship — includes training in medical homes for primary care physicians. HHS grants to or contracts with:</p> <ul style="list-style-type: none"> • accredited public or nonprofit private hospital; • school of medicine or osteopathic medicine; • academically affiliated physician assistant training program; or • public or private nonprofit entity the secretary deems capable of carrying out a contract or grant's purposes.

	Effective Date	Immediately.
Sections 5405 and 10501	Provisions	Primary care extension program — grants to "state hubs", based on agricultural extensions, to promote best practices in primary care, including medical homes.
	Effective Date	Immediately.
Sections 1001, 10101 & 1004	Provisions	Reporting requirements for group health plans and insurers on quality of care — group or individual health insurance carriers will have to report, per HHS guidelines, on quality measures. These include the medical home model and care coordination, among others.