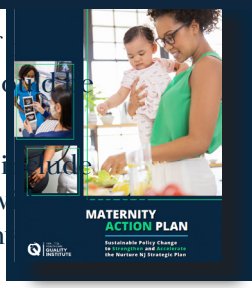
MATERNITY ACTION PLAN *OVERVIEW:*

REFORM PAYMENT SYSTEMS TO DRIVE HIGH QUALITY HOLISTIC MATERNAL INFANT HEALTH CARE



Payment reforms and incentives offer opportunity to drive higher-quality, holistic MIH care. An array of and projects in MIH have been launched or funded by specific health plans or foundations. This work sh identified, aligned, and if impactful, expanded at the state level to increase the pace of change.

To drive significant change, focus should be given to payment structures that expand integrated care to i physical and mental health during the perinatal period and during the early years of a child's life. This w and support early foundational relationships between young children and their caregivers to advance ph health and development, social well-being, and resilience.

Several successful proven evidence-based integrated care models can be incorporated into New Jersey's payment landscape through amendments to contracts, guidance, and policy. These include CenteringPregnancy, CenteringParenting, and HealthySteps. Cross-sector work groups should align on how to effectively scale up these models within the state and ensure adequate reimbursement.

PAYMENT REFORM POLICY RECOMMENDATION 1

Support and sustain existing MIH programs and as needed, launch and leverage payment reforms and pilots to further MIH quality and equity.

New programs that meet a gap in existing models should be launched and leveraged to test innovative payment models that deliver high-quality care and preserve resources. Existing models, including the Perinatal Episode of Care (EOC) for Medicaid beneficiaries, community doula benefit for Medicaid participants, should be built upon and expanded to provide integrated care beneficiaries and community doula benefit to further MIH quality and equity. It is essential to include evaluation plans to assess each model and build sustainability into payment systems beyond the pilot periods.

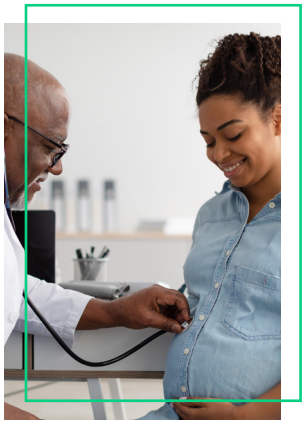
Private sector payers and stakeholders must consider whether new payment and care delivery models align with services already offered, so consumers, communities, and providers better understand the various models and how to access them.

Improvements are needed in the efficiency, accuracy, and usability of the PRA to provide necessary social and clinical services to pregnant people. These improvements can also lead to timely referrals for services during the prenatal period. State law mandates these forms be completed by the provider for all individuals who are uninsured or are Medicaid presumptively eligible, and pregnant individuals who are Medicaid eligible.

PAYMENT REFORM POLICY RECOMMENDATION 2

Improve the Perinatal Risk Assessment (PRA) form and use it to connect pregnant individuals to social and clinical services.

However, payment is not linked to any follow-up or referrals on the risk factors identified on the PRA.



Updating and simplifying the PRA and connecting it to electronic health records will increase usability, accuracy, and likelihood of completion during the patient's visits. This can reduce provider and practice burden and enable timely referrals to services. The PRA/SPECT (Single Point of Entry and Client Tracking System) database could also be enhanced to better communicate with, and track referrals made to Connecting NJ.

There is value in using the PRA for all pregnant people, not just those in Medicaid. Only mandating its use for Medicaid sets up different standards of care for patients based on their insurer, leading to inequity in practice and potential stigma for Medicaid participants.

PAYMENT REFORM POLICY RECOMMENDATION 3

Build upon and scale existing care models that focus on the continuum of integrated care across the full perinatal period.

Greater focus needs to be put on consistent, timely behavioral health screening throughout the perinatal period and early childhood, and increased referral to mental health support before and after birth.

State law requires postpartum depression screening before discharge from a hospital. Expanded screening during well-person and prenatal visits in addition to postpartum care is needed to better identify risk factors and concerns. Pediatricians should evaluate maternal health during infant visits to identify the need for behavioral health support.

Better communication and coordination of care is needed — including more co-location of services, regulatory and payment options for fully integrated practices, and expanded high-quality telehealth.

Additional training and education about mental health risks, indicators, and interventions should be offered to all providers who interact with and support birthing people. For example, the state or other funders could fund Mental Health First Aid training for all community-level and home-visiting practitioners or other workers caring for pregnant individuals.

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