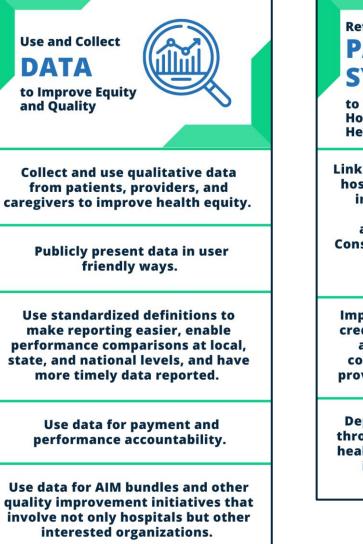
## MAP TO ACTION THEMES







to Drive High Quality Holistic Maternal Infant Health Care

Link reimbursement to health plans, hospital systems, and clinicians to improved maternal and infant health outcomes through alternative payment models. Consider dyadic models that include parent/child coverage and reimbursement structure.

Improve and simplify the Medicaid credentialing system (Gainwell FFS and MCOs) to address delays, complexity, and support greater provider participation in Medicaid.

Deploy care and payment models throughout the entire reproductive health period that lead to care that is based on the principles of Reproductive Justice.



Publicly share evaluations and impact of Title V MIH programs, and how these programs can be accessed and expanded as needed.

Improve Connecting NJ and other Social Service Provider Org and Public/Consumer Awareness of Programs/Resources for Perinatal Individuals and families and how to access; Expand Medical-Legal Partnerships to address legal barriers to access of care and services.

Improve usability of the Perinatal Risk Assessment tool for providers, health plans, and community-based organizations for referrals and follow-ups for patients who need various services.

## GLOSSARY

AIM: Alliance for Innovation on Maternal Health
Anti-racism training: Tools and education to fight against racism
APMs: Alternative payment models
DEIB: Diversity, equity, inclusion and belonging
Dyadic: birthing person and baby
EOC: Episode of care
FFS: Fee for service
MCOs: Managed Care Organizations
MIH: Maternal-Infant Health
OBs: Obstetricians
PRA: Perinatal Risk Assessment
Reproductive Justice: the human right to maintain personal bodily autonomy
Title V: Maternal and Child Health Block Grant
VBP: Value-based payment/purchasing