# Opportunities to Advance Midwifery-Led Models of Care: A Checklist for Medicaid Stakeholders

INSTITUTE FOR MEDICAID INNOVATION

*Advancing high-value, evidence-based perinatal models of care require each Medicaid stakeholder to conduct a self-assessment to identify their individual role before they can establish an action plan to support the collective effort. This checklist serves as an environmental scan to highlight the different types of stakeholders who are essential to that effort. It requires each stakeholder to look broadly outside of their space to identify opportunities and challenges to elevate the identified facilitators and mitigate barriers to achieve success.*

**KEY:**

✓ in place

📅 actively planning

🕐 future priority

## COMMUNITY MEMBERS

| | in place | actively planning | future priority |
|---|---|---|---|
| Participate in and lead community activities that support Medicaid access and coverage to midwifery-led care, including raising awareness by hosting or attending a "watch party" for maternal health related film/video screenings or local events to support maternal health (i.e., New York City's Miles for Midwives). | ☐ | ☐ | ☐ |
| Share experiences and expertise by participating in maternal health tasks forces, perinatal care quality collaboratives, satisfaction surveys, advisory committees, community forums, and advocacy groups. | ☐ | ☐ | ☐ |
| Create a local "story bank" to collect and share the pregnancy and childbirth experiences of people in your community. | ☐ | ☐ | ☐ |
| Start a Facebook page for local families to share information about experiences of care, resources, educational opportunities, and advocacy opportunities. | ☐ | ☐ | ☐ |
| Engage hospital and birth center leadership in discussion with community members to make sure local needs are being met and community voices are contributing to decision making. | ☐ | ☐ | ☐ |
| Plan a local town hall or small gathering to share childbirth experiences with peers and strategize to address local issues that arise. | ☐ | ☐ | ☐ |
| Engage in advocacy opportunities that align with the needs of the community to support midwifery-led models of care. | ☐ | ☐ | ☐ |
| Engage in participatory research study on community needs where participants have control over the research agenda, the process and resulting action steps. | ☐ | ☐ | ☐ |
| Seek opportunities to amplify the voice of the community by joining health care organization boards as a community representative. | ☐ | ☐ | ☐ |

## MIDWIFE

| | ✓ | 📅 | 🕐 |
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| Provide high-value, evidenced-based midwifery care with coordination of social services and supports. | ☐ | ☐ | ☐ |
| Advocate for the profession and the needs of those served from a birth equity lens that informs and educate the public and policymakers. | ☐ | ☐ | ☐ |
| Implement and participate in comprehensive and collective racial bias training, including implicit racial bias, to support birth equity. | ☐ | ☐ | ☐ |
| Invest in the development of collaborative relationships with maternal/newborn clinicians and social service resources. | ☐ | ☐ | ☐ |
| Obtain training and mentorship in business case development, operations management, and contracting. | ☐ | ☐ | ☐ |
| Engage communities to learn about their preferences for maternity care services through formal community needs assessments and the establishment of community advisory boards. | ☐ | ☐ | ☐ |
| Educate communities about the value of midwifery-led care through community-based events such as a community baby shower. | ☐ | ☐ | ☐ |

*Midwife, as defined by the International Confederation of Midwives, "is a person who has successfully completed a midwifery education programme that is based on the ICM Essential Competencies for Basic Midwifery Practice and the framework of the ICM Global Standards for Midwifery Education and is recognized in the country where it is located; who has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery and use the title 'midwife'; and who demonstrates competency in the practice of midwifery." In the U.S. midwives that meet minimal standards for the practice of midwifery and are licensed and regulated as such are identified by use of the certification titles of certified nurse-midwife (CNM), certified midwife (CM), licensed midwife (LM) and certified professional midwife (CPM).*

## PHYSICIAN

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| Provide support and endorsement to midwives seeking hospital privileges, medical staff membership, and transfer arrangements. | ☐ | ☐ | ☐ |
| Implement comprehensive and collective racial bias training, including implicit racial bias. | ☐ | ☐ | ☐ |
| Recognize midwives as colleagues with expertise in providing comprehensive care to individuals with low-risk pregnancies. | ☐ | ☐ | ☐ |
| Establish and promote interprofessional team-based care models that increase access to midwifery care for prenatal, intrapartum, and postpartum care. | ☐ | ☐ | ☐ |
| Collaborate with midwives to improve clinical practice performance and outcomes. | ☐ | ☐ | ☐ |
| Identify opportunities to improve quality, cost, and value-based purchasing contract requirements through midwifery-led models of care. | ☐ | ☐ | ☐ |
| Support diversity and birth equity by hiring or collaborating with midwives who reflect the community's population. | ☐ | ☐ | ☐ |
| Provide for independent midwife practice, consultation, referral, and billing using the midwife's national provider identified (NPI) and practitioner specific outcome reporting. | ☐ | ☐ | ☐ |
| Engage communities to learn about their preferences for maternity care services through needs assessments and community advisory board. | ☐ | ☐ | ☐ |
| Normalize midwifery care as an important patient safety component of levels of maternity care across the community. Educate communities in partnership with midwives about the value of midwifery-led care. | ☐ | ☐ | ☐ |
| Seek opportunities to understand the financial impact of midwifery-led care on physician practice business models and sustainability. | ☐ | ☐ | ☐ |

## HOSPITAL FACILITY

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| Recognize the value of midwifery-led models of care and independent practice. | ☐ | ☐ | ☐ |
| Implement ongoing, comprehensive, and collective racial bias training, including implicit racial bias. | ☐ | ☐ | ☐ |
| Seek opportunities to collaborate with and support alongside and freestanding birth centers. | ☐ | ☐ | ☐ |
| Consider creating a CABC accredited alongside unit for low acuity patients to improve person-centered, effective care for families. | ☐ | ☐ | ☐ |
| Design a system of maternity care, based on acuity and unique need(s), that drives the right care, at the right place, at the right time, for the right person and allows maternity care providers to practice at the top of their training and license. | ☐ | ☐ | ☐ |
| Pass bylaws in support of midwife admitting and clinical privileges, medical staff membership, and independent practice. | ☐ | ☐ | ☐ |
| Establish transfer arrangements with freestanding birth centers to support timely access to higher levels of care. | ☐ | ☐ | ☐ |
| Engage in quality management activities with affiliated freestanding birth centers, including transport drills and regular joint review of cases. | ☐ | ☐ | ☐ |
| Support diversity and birth equity by hiring midwives and other clinicians who reflect the community's population(s). | ☐ | ☐ | ☐ |
| Engage communities to learn about their preferences and values relevant to maternity care services. | ☐ | ☐ | ☐ |
| Educate communities about the value of midwifery-led care, including high rates of patient satisfaction, respectful care, and low rates of cesarean delivery and preterm birth. | ☐ | ☐ | ☐ |
| Ensure correct attribution of midwives as prenatal care providers and as delivery attendants on birth certificates. | ☐ | ☐ | ☐ |

## FREESTANDING BIRTH CENTER

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| Achieve and maintain accreditation from the Commission for Accreditation of Birth Centers. | ☐ | ☐ | ☐ |
| Explore opportunities to contract with Medicaid managed care organizations and accept Medicaid. | ☐ | ☐ | ☐ |
| Support diversity and birth equity by hiring midwives who reflect the community's population. | ☐ | ☐ | ☐ |
| Implement comprehensive and collective racial bias training, including implicit racial bias. | ☐ | ☐ | ☐ |
| For envisioned new services, develop a comprehensive business plan including a community assessment and partnership, competitive analysis, estimating potential service volume, cash flow analysis, and review of practice setting options (i.e., partner vs. free standing vs. alongside vs. FQHC alignment, etc.). | ☐ | ☐ | ☐ |
| Engage with the community to promote and highlight the availability of the midwifery-led model of care, such as participation in public forums, community advisory boards, articles for local news outlets, and open house activities. | ☐ | ☐ | ☐ |
| Invest in the development of collaborative relationships with local OB/GYN and pediatric providers, hospital facilities, and emergency medical services. | ☐ | ☐ | ☐ |
| Use nationally endorsed clinical, cost, operational, and satisfaction metrics to drive continuous improvement. | ☐ | ☐ | ☐ |
| Invest in practice management expertise to facilitate medical billing (i.e., accurate coding, billing, reimbursement, and appeals), practice finance, and human resources. | ☐ | ☐ | ☐ |
| Seek out available grant funding to support practice innovation by leveraging the practice's contribution to the overall health of the community care across the community. | ☐ | ☐ | ☐ |
| Consider complementary health care technology vendors to support access to multiplatform wellness information, lactation support, dietary, and telehealth services. | ☐ | ☐ | ☐ |

## STATE MEDICAID AGENCY

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| Establish standards for equitable compensation of midwifery-led models of care that recognize the intensity of services provided and overall value of the outcome while leveraging the agency's purchasing power to drive women's health innovation and health equity. | ☐ | ☐ | ☐ |
| Follow Medicare guidelines for APRN reimbursement at 100% of the state Medicaid rate. | ☐ | ☐ | ☐ |
| Eliminate incident to billing (i.e., when an advanced practice registered nurse bills for services provided using a physician's national provider identifier (NPI). | ☐ | ☐ | ☐ |
| Implement comprehensive and collective racial bias training, including implicit racial bias. | ☐ | ☐ | ☐ |
| Consider evaluating network adequacy specific to midwifery-led care and freestanding birth center facilities. | ☐ | ☐ | ☐ |
| Adopt clear guidance for the use of reimbursement codes specific to Midwifery-led practice, freestanding birth center facilities and supporting services (e.g., dietary, behavioral health, and smoking. assessment/referral), community health workers, doulas, lactation consultants, and telehealth. | ☐ | ☐ | ☐ |
| Establish a fee schedule for freestanding birth center facility services for the parent and newborn that is cost based, accommodates for medically necessary intrapartum transfer to an acute care facility, and includes newborn exams, management, medications, and other costs associated with care. | ☐ | ☐ | ☐ |
| If the state does not license freestanding birth centers, consider amending the state plan amendment to allow national accreditation in lieu of licensure for the purposes of facility payment. | ☐ | ☐ | ☐ |
| Adopt national standards for freestanding birth center facility coding. | ☐ | ☐ | ☐ |
| As part of the Medicaid health plan procurement process, include requirements in the request for proposal (RFP) responses and value-based purchasing (VBP) arrangements that address access and coverage to midwifery services and freestanding birth centers. | ☐ | ☐ | ☐ |
| Require statewide reporting and access to verifiable and publicly reported patient, provider, and insurer measures of maternal and newborn care quality and satisfaction. | ☐ | ☐ | ☐ |
| Support the creation of a perinatal morbidity and mortality review board with midwifery representation. | ☐ | ☐ | ☐ |
| Support the creation of a perinatal quality improvement collaborative and/or maternal health task force with midwifery representation. | ☐ | ☐ | ☐ |
| In states where Medicaid covers doula support, perinatal community health workers, and/or home visiting programs, work collaboratively with community-based organizations to identify and remedy barriers that are limiting access to doula support or reimbursement of doula services. | ☐ | ☐ | ☐ |
| In states where Medicaid coverage of doula support, perinatal community health workers, and/or home visiting programs is in the process of being implemented, ensure equitable reimbursement rates that reflect the time spent with clients. | ☐ | ☐ | ☐ |

## STATE LEGISLATURE

| | ✓ | 📅 | 🕐 |
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| Prioritize a legislative agenda that harnesses available resources such as Medicaid coverage and reimbursement to address overall health, birth equity, and funding to expand midwifery-led models of care. | ☐ | ☐ | ☐ |
| Support full practice authority with support for autonomous midwifery practice independent of physicians. | ☐ | ☐ | ☐ |
| Support national accreditation for freestanding birth centers as an equivalent to state licensure. | ☐ | ☐ | ☐ |
| Identify opportunities to improve health equity and birth outcomes through midwifery-led models of care. | ☐ | ☐ | ☐ |
| Explore the development of public reporting metrics describing utilization of the midwifery model, including the percentage of midwife-attended births in all birth settings. | ☐ | ☐ | ☐ |
| Support the creation of a perinatal morbidity and mortality review board with midwifery representation. | ☐ | ☐ | ☐ |
| Support the creation of a perinatal quality improvement collaborative with midwifery representation. | ☐ | ☐ | ☐ |
| Develop statewide policies that increase access to and support the sustainability of freestanding birth centers led by and serve people of color. | ☐ | ☐ | ☐ |

## ACCREDITING ORGANIZATION

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| Provide quality and operational standards of care and infrastructure for all participants in health care system design and operations. | ☐ | ☐ | ☐ |
| Update the standards to meet evidenced-based improvements in care practices. | ☐ | ☐ | ☐ |
| Hold accredited institutions accountable to the established standards. | ☐ | ☐ | ☐ |
| Prioritize collaborative, team-based care that focuses on normal, physiologic birth. | ☐ | ☐ | ☐ |
| Require competency mastery in critical areas including team-based care, levels of maternity care, community health assessment and engagement, structural racism, implicit bias, health equity, business case development, and operations management. | ☐ | ☐ | ☐ |

## MEDICAID HEALTH PLAN

| Item | ✓ | 📅 | 🕐 |
|------|---|----|----|
| Establish a viable credentialling and value-based contracting process for midwives and freestanding birth centers that follows state-based regulatory requirements and accreditation standards. | ☐ | ☐ | ☐ |
| Establish a fee schedule for freestanding birth center facility services for birthing person and newborn that is cost based and accommodates for medically necessary intrapartum transfer to an acute care facility to ensure that birth center expenses/costs are appropriately covered when transfers occur to the hospital. | ☐ | ☐ | ☐ |
| Implement comprehensive and collective racial bias training, including implicit racial bias. | ☐ | ☐ | ☐ |
| Consider evaluating network adequacy specific to midwifery-led care and freestanding birth center facilities. | ☐ | ☐ | ☐ |
| Include midwives and freestanding birth centers in the provider directory, identify them as a provider type, and ensure that the online platform makes these options easy to find and readily accessible to enrollees. | ☐ | ☐ | ☐ |
| Support the contracting team to establish clear guidance on freestanding birth center preferred, acceptable, discouraged, and unacceptable contracting terms including state specific regulatory requirements for licensure accreditation, and transfer agreements. | ☐ | ☐ | ☐ |
| Establish equitable reimbursement for midwifery care, freestanding birth center facility fees, and support services at a minimum of 100% of the Medicaid fee schedule. | ☐ | ☐ | ☐ |
| Create accommodations for freestanding birth center participation in value-based payment models that recognize quality care, patient satisfaction, and improved outcomes at a lower cost. | ☐ | ☐ | ☐ |
| Endorse midwives and freestanding birth centers in communication with Medicaid enrollees as an available option for low-risk obstetrical care. | ☐ | ☐ | ☐ |
| Engage communities and members to learn about their preferences for maternity care services. | ☐ | ☐ | ☐ |
| Educate communities and members about the value of midwifery-led care and freestanding birth centers. | ☐ | ☐ | ☐ |

## STATE HEALTH DEPARTMENT

| | | | |
|---|---|---|---|
| Support full practice authority to ensure autonomous midwifery practice by eliminating written practice agreements and physician supervision requirements. | ☐ | ☐ | ☐ |
| Establish regulations for freestanding birth center licensure that remove Certificate of Need requirements and are aligned with national freestanding birth center accreditation standards established by national accreditation bodies or that deem accredited facilities to have met all requirements for licensure. | ☐ | ☐ | ☐ |
| Provide educational opportunities to train staff in freestanding birth center licensure practices to provide efficient and effective regulation). | ☐ | ☐ | ☐ |
| Implement comprehensive and collective racism and implicit bias training, including implicit, as a required component of continuing medical and nursing education and for all individuals working in health care settings. | ☐ | ☐ | ☐ |
| Endorse statewide utilization of quality outcome and person-centered well-being measures linked to midwifery-led practice, such as Nulliparous Term Singleton Vertex (NTSV) cesarean rate, episiotomy rate, and Exclusive Breast Milk Feeding, patient satisfaction, and respectful care measures. | ☐ | ☐ | ☐ |
| Support the creation of a maternal morbidity and mortality review board with midwifery representation. | ☐ | ☐ | ☐ |
| Support the creation of a perinatal quality improvement collaborative and/or maternal health task force with midwifery and freestanding birth center representation. | ☐ | ☐ | ☐ |

## EDUCATIONAL INSTITUTION

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| Recruit, educate, and train clinicians including midwives, physicians, and other health care professionals who represent diverse backgrounds, including Black, Latinx, Indigenous, and others, particularly those individuals who also have experience living and/or working in communities of color, in a variety of settings including hospitals and freestanding birth centers. | ☐ | ☐ | ☐ |
| Establish scholarships that support Black, Latinx, Indigenous, and other populations' pursuit of clinical, research, and policy careers in maternal health, women's health, newborn health, and/or primary care. | ☐ | ☐ | ☐ |
| Recruit, maintain, and support a faculty workforce that reflects the different types of communities who seek perinatal services. | ☐ | ☐ | ☐ |
| Educate and train clinicians to develop collaborative, team-based approaches to care and in practices that support normal, physiologic birth. | ☐ | ☐ | ☐ |
| Train clinicians in critical areas including levels of maternity care, community health assessment and engagement, structural racism, implicit bias, health equity, business case development, and operations management (e.g., billing and coding). | ☐ | ☐ | ☐ |
| Support students and faculty to conduct studies that prioritize assessment of value-based care models or that address return on investment, including specifically for the Medicaid population, for models of health care that include team-based approaches and person-centered outcome measures on well-being, respectful care, and equity. | ☐ | ☐ | ☐ |
| Prioritize and support research that promotes good health outcomes, a positive experience of care, and equity for women and childbearing individuals. | ☐ | ☐ | ☐ |

## ADVOCACY ORGANIZATIONS

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| Develop coalitions with state agencies, legislators, professional organizations, providers, researchers, and perinatal paraprofessionals (e.g., doulas, community health workers, patient navigators) to increase awareness of the opportunity to improve birth equity and the value of midwifery-led care. | ☐ | ☐ | ☐ |
| Elevate and enhance the voice of individuals, particularly those in communities with the worst birth outcomes, to promote birth equity by creating accessible and structured feedback loops that encourage individuals to share their authentic perspective, preferences, and challenges. | ☐ | ☐ | ☐ |
| Identify state and community-level barriers that inhibit Medicaid access and coverage to midwifery-led models of care including freestanding birth centers and develop a strategy to address them. | ☐ | ☐ | ☐ |
| Engage communities, particularly those with the worst birth outcomes, and learn about their preferences and values regarding maternity care services. | ☐ | ☐ | ☐ |
| Center the voices of Black, Latinx, Indigenous, and other birthing individuals who are less likely to have access and coverage to the benefits of midwifery-led models of care. | ☐ | ☐ | ☐ |
| Educate communities about the value of midwifery-led care. | ☐ | ☐ | ☐ |

## FEDERAL AGENCY

| | ✓ | 📅 | 🕐 |
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| Develop national evidence-based federal clinical and programmatic guidelines for standards of women's health and perinatal care. | ☐ | ☐ | ☐ |
| Expedite a reduction in maternal morbidity and mortality by extending Medicaid coverage through the first year of the postpartum period. | ☐ | ☐ | ☐ |
| Commission a multidisciplinary expert panel to assess Medicaid reimbursement, financial sustainability, and return-on-investment for midwifery-led models of care in all birth settings. | ☐ | ☐ | ☐ |
| Provide federal guidance to state Medicaid agencies on how to support birth equity and overcome common barriers to midwifery-led models of care access and coverage including freestanding birth centers as outlined in the Affordable Care Act. | ☐ | ☐ | ☐ |
| Provide financial stimulus for midwifery training sites to rapidly expand the midwifery workforce to meet access demands and eliminate workforce shortages in rural and underserved areas. | ☐ | ☐ | ☐ |
| Develop performance measures for endorsement that capture the value, outcomes, and satisfaction of perinatal care to drive improvement, inform patients, and support payment. | ☐ | ☐ | ☐ |
| Support the development of midwifery-led models of care alternative payment models including value-based payment arrangements that include freestanding birth centers and alongside-birth center models, co-located with a hospital. | ☐ | ☐ | ☐ |

## PRIVATE INVESTORS

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| Prioritize investment in support of birth equity to fund promising (i.e., early stage) woman- and/or Black, Latinx, and Indigenous-owned companies with high-value health care practices demonstrating improved birth outcomes. | ☐ | ☐ | ☐ |
| Provide management support, professional development opportunities, and expertise to freestanding birth centers and community-based programs to maximize growth opportunities, service innovation, and value. | ☐ | ☐ | ☐ |

## PHILANTHROPY

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| Support the evaluation of underutilized community-based practices, by funding research focused on implementation and replication of promising models of care, services, accountability, and payment reform. | ☐ | ☐ | ☐ |
| Prioritize investment in advancing birth equity through financial support for promising non-profit organizations utilizing high-value health care practices demonstrated to improve birth outcomes, experiences of care, and equity. | ☐ | ☐ | ☐ |
| Fund infrastructure and professional development for community-based maternal health organizations to expand their capacity and sustainability. | ☐ | ☐ | ☐ |
| Invest in measure development and data infrastructure to evaluate impact of models. | ☐ | ☐ | ☐ |
| Support the creation of participatory research studies, knowledge translation, and action steps to increase awareness of and utilization of midwifery, and to inform Medicaid policies. | ☐ | ☐ | ☐ |
| Fund payment reform research, advocacy, and pilots. | ☐ | ☐ | ☐ |
| Provide funding for research and pilot programs focused on improving maternal health outcomes, experiences of care, equity, and accountability including innovative approaches such as building a workforce pipeline and advancement of community-based doulas. | ☐ | ☐ | ☐ |
| Engage with the communities to identify community-driven opportunities for investment that can address the regional and local needs and gaps in access to care, support, and services. | ☐ | ☐ | ☐ |
| Foster collaboration across stakeholder groups (e.g., state Medicaid agencies, Medicaid health plans, midwifery practices, consumer groups) to advance midwifery-led care statewide and nationally. | ☐ | ☐ | ☐ |
| Incentivize and support hospitals in developing data and communication linkages with community-based programs to ensure seamless communication and linkages with support services. | ☐ | ☐ | ☐ |
| Support the development of a national maternity data registry using application programming interface (APIs) to export key quality metrics from electronic health records to support evidence-based care in all birth settings. | ☐ | ☐ | ☐ |

## PROFESSIONAL ORGANIZATION

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|---|---|---|---|
| Provide the advocacy infrastructure, national voice, and collaboration to support the advancement of evidence based interprofessional models of care, birth equity, and improved birth outcomes. | ☐ | ☐ | ☐ |
| Implement comprehensive and collective racial bias training, including implicit bias. | ☐ | ☐ | ☐ |
| Support diversity and birth equity initiatives to increase the number of midwives who reflect the community's population they serve. | ☐ | ☐ | ☐ |
| Prioritize continuing education and mentorship opportunities for midwives who reflect the communities they serve in all birth settings including alongside and freestanding birth center. | ☐ | ☐ | ☐ |
| Capitalize on opportunities to advocate for the midwifery-led model of care in publications, position statements, news briefs, and practice bulletins. | ☐ | ☐ | ☐ |
| Provide support for local and national adoption of full practice authority and autonomous midwifery practice, removing restrictive requirements for collaborative agreements or physician supervision. | ☐ | ☐ | ☐ |
| Support the development of specific midwifery-led model of care and freestanding birth center reimbursement codes (ICD-10 and Uniform Billing Codes) and sustainable equitable reimbursement. | ☐ | ☐ | ☐ |
| Conduct periodic workforce analysis and reporting including salary, work hours, work climate, and likelihood to leave the profession. | ☐ | ☐ | ☐ |

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**Additional tools and resources
are available online as part of
IMI's National Medicaid Maternal Health Hub**

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