INSTITUTE FOR MEDICAID INNOVATION

Case Study: California State-Based Team

National Medicaid and Midwifery Learning Collaborative

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Case Study | Institute for Medicaid Innovation

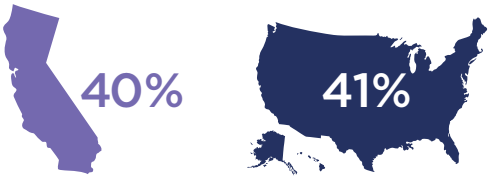
The national Medicaid and Midwifery Learning Collaborative was an intensive, 3-year initiative led by the Institute for Medicaid Innovation (IMI) and funded by the W. K. Kellogg Foundation. Five state-based teams (Arizona, California, Kentucky, Michigan, and Washington) were selected as part of a competitive application process. They received tools and resources grounded in implementation science theories and community power building to develop sustainable initiatives to advance midwifery-led models of care for those enrolled in Medicaid. Teams also received technical assistance, guidance, and support from IMI staff and a dedicated group of experts on the project national advisory committee. When IMI staff recognized that additional expertise might support the teams, IMI adapted, identified, and procured that expertise. Each team consisted of leaders and innovators representing four key groups: state Medicaid agencies, Medicaid health plans, community-based organizations, and provider groups, including midwives of all credentials. As part of the project funding from the W. K. Kellogg Foundation, IMI prioritized providing an annual honorarium to each state-based team for their participation and funds to support in-person site visits. Team members eligible for the honorarium included midwifery provider groups and community-based organizations. The goal of the learning collaborative was to leverage the underused high-value, evidence-based midwifery-led model of care to address disparities and improve birth equity.

At a Glance:

Maternal Health and Medicaid in California

California | United States

Births Covered by Medicaid[1]



Maternal Mortality Rate[*2, 3]

10.5

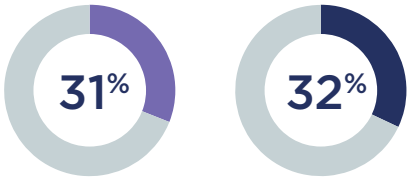
22.3

Type(s) of Midwives Covered by Medicaid[5, 6]

CA: Certified nurse-midwives and licensed midwives.

U.S.: Certified nurse-midwifery services are a mandatory Medicaid benefit under federal law.

Caesarean Section[1]

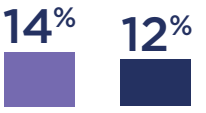


Births at Home (intended)[1]

Pre-term Birth[3, 4]

Births at a Freestanding Birth Center[1]

Births Attended by a Midwife[**1]



57,972 | 443,504

Licensed Freestanding Birth Centers[7, 8]

CA: 13[+] | U.S.: >400

When applicable, data is reported as an annual rate or percentage.

*Per 100,000 live births. **Births attended by a certified nurse-midwife, certified midwife, and other midwife.

[+]Team California members report that there are only 3 licensed and operating freestanding birth centers and 31 unlicensed birth centers in the state. At the time of publication, there is not a publicly accessible source to cite with that data. For consistency between case studies, the chart above includes the number of licensed birth centers as reported by the American Association of Birth Centers.

About Team California

California's state-based team was the Midwifery Learning Collaborative's largest team, launching with 30 members in 2021 and concluding the 3-year journey with 51. The California team is proud of their greater than 80% retention rate of original members. The team is composed of licensed midwives and certified nurse-midwives who practice in homes, birth centers, and hospital and ambulatory clinics as well as representatives from three Medicaid health plans, the public health department, the state Medicaid agency, and community and advocacy organizations. "All of us came to this work with the aim of centering the families and people served by midwives, especially those most impacted by social, economic, and geographic health inequities and racism-based disparities," a team lead shared, "and keeping our work oriented around this service has been really important in keeping our team together and focused."

Organizations Represented on Team California

Medicaid Health Plan

- Three large California-based Medi-Cal health plans

Midwifery Provider

- American Association of Birth Centers California Chapter
- Antelope Valley Birth Center
- Beloved Birth Black Centering
- Best Start Birth Center
- California Association of Licensed Midwives
- California Nurse-Midwife Foundation
- California Nurse-Midwives Association
- Espíritu Midwifery
- Inland Empire Midwifery and Lactation
- Global Communities Healthy Start
- Jessica Diggs Midwifery Corp.
- Kindred Space LA
- Malaya Midwifery
- Midtown Nurse Midwives
- Monterey Birth & Wellness Center
- Nubirth Midwifery
- Sacred Body Midwifery
- Santa Rosa Midwifery Center
- Tribe Midwifery
- Welcome Home Midwifery
- The Well-Being Alliance

Community-Based Organization

- African American Infant and Maternal Mortality Prevention Initiative
- Around-Birth Collective
- Black Maternal Health Center of Excellence at Charles R. Drew University
- Birth Center Equity
- California Coalition for Black Birth Justice
- Maternal and Child Health Access
- National Health Law Program
- Western Center on Law and Poverty

State or Government Agency

- California Department of Health Care Services
- California Perinatal Equity Initiative
- Los Angeles Department of Public Health Maternal, Child, and Adolescent Health Division

Team California members at the at the June 21, 2024, convening meeting in Detroit, Michigan

Establishing the Framework for the Team

At the launch of the collaborative, several organizations represented on the team shared similar goals but were not yet coordinating efforts, such as the California Nurse-Midwives Association, California Association of Licensed Midwives, American Association of Birth Centers California Chapter, and California Maternity Quality Care Collaborative. The team emphasized that through the learning collaborative structure of ensuring representation from community-based and advocacy groups, Medicaid health plans, and state Medicaid agency representatives, their team was able to become the consolidated go-to group for midwifery integration with Medi-Cal, California's Medicaid program.

The team viewed IMI's credibility as a convener as vital to influencing several groups to join, knowing that they would be working from a strong foundation for participation. The framework of IMI's learning collaborative brought together critical Medicaid partners, allowing the team to "utilize the very best experts in California on midwifery integration—those doing the work that rarely get recognized" and to partner directly with health plans who joined the collaborative with an open mind and offered support. Also key in forming and sustaining the team was the financial support from the learning collaborative for in-person gatherings and compensation for midwives and community-based organization representatives in addition to supplemental funding secured by the team.

Team California's Story

Celebrating Successes

The co-leads of the team were both midwives, and their strong partnership was a source of inspiration to their team. They consistently encouraged the group to adopt a "dream big" mindset for their work. They applied this thinking to tackle one of the biggest issues in Medicaid: inadequate reimbursement. The team agreed to move beyond brainstorming fixes for the current system, which has long missed the mark for midwives in California. Instead, they created a completely unique **Midwifery Payment Model**. The team explained, "This model is not a traditional value-based payment model/alternative payment model. The payment rates, and timing of payments, are set to ensure access to high-quality care, including the required investment of the midwife's time and attention that has been shown repeatedly to improve outcomes."

Other dream big accomplishments from the team included: a report, **Best Practices in Contracting, Reimbursement, and Advancing Midwifery Care in Medi-Cal**; presentations at several conferences, including the Future of Maternal Care Summit; and the development of the **Midwifery Access California (MACa) website** for continued work after IMI's learning collaborative formally ends. They credit much of their progress to the team members' commitment and network as well as the team co-leads' dedication and organization. For example, the team engaged in regular dialogue with Department of Health Care Services (DHCS) leaders, which led directly to the team submitting formal **Recommendations to Improve Integration of Midwives in Medi-Cal** to the state. This document and the regular communication with DHCS, including DHCS leadership's involvement in the Team California monthly learning collaborative meetings, has resulted in a number of substantive changes that are critical to improving midwifery integration in the state, including: allowing certified professional midwives to become Comprehensive Perinatal Services Program Medi-Cal providers; greatly expanding the list of codes that certified professional midwives can be reimbursed for; removing all prescriptive codes for certified nurse-midwives that pose challenges to reimbursement; and addressing policy and regulatory barriers to reimbursement for certified nurse-midwives providing medication abortion.

Team California members at the at the June 21, 2024, convening meeting in Detroit, Michigan.

Overcoming Challenges

Due to the large size of the team—with many individuals from different backgrounds and professional settings—clear communication was a major focus. "Our team fosters a communication style that respects and appreciates the diverse perspectives of all the folks in the room and the unique role everyone has to play in developing sustainable solutions to the maternity care crisis." To ensure all team members received and understood the necessary information, they developed efficient ways to filter content to and from members and IMI through the team's co-leads, including by using a Google Group listserv.

Although the team's dream big approach produced major wins in the end, it presented challenges when the team initially sat down to set achievable goals. The team's aspirations, combined with their commitment to inclusivity—ensuring all voices were heard among a large team—meant that it took a long time to finalize team priorities and determine the scope of their goals and action plan. With such a large, diverse team and such ambitious plans, high expectations threatened to destabilize them at times along the journey. However, once the team articulated their vision, they had strong momentum that resulted in the deliverables described above. Other Midwifery Learning Collaborative teams recognized the California team for exemplifying a "bias to action" approach.

Meanwhile, setbacks on the frontline of providing midwifery care in California affected individual team members. Throughout the 3-year collaborative, five birth centers owned by California team members had to close permanently due to unsustainable reimbursement from Medicaid and private health plans as well as complex birth center licensing and reimbursement policies. These policies often result in birth centers being unable to charge for facility fees and to be reimbursed for providing Comprehensive Perinatal Services Program Medi-Cal services. Despite these challenges, team members stayed active in the learning collaborative and remained fervently committed to the work.

Team California members at the August 28, 2023, site visit meeting in Los Angeles, California.

What's Next?

The team has taken steps to ensure that their group remains a crucial leader of midwifery integration in California. The new entity, **Midwifery Access California (MACa)**, evolved from IMI's Midwifery Learning Collaborative and continues the cross-disciplinary collaboration. MACa's immediate next endeavor is producing a **webinar series**, which began in June 2024, to educate policymakers, hospitals, professional organizations, physicians, legislative staff, and more on the state of midwifery in California. Other ensuing steps include continued discussions with state Medicaid officials to address day-to-day issues in midwifery care (e.g., updating code lists so midwives can bill for their full scope of services) and, ultimately, implementation of the team's Midwifery Payment Model.

Advice for Others on the Journey

The California team advises others who would like to pursue similar goals to "approach your work with a collaborative, collective framework and a community organizing perspective." They emphasized the importance of securing funding to support in-person gatherings and the engagement of midwives and community-based organizations. But they caution that even with funding, team members need to be willing and able to commit significant time. They encourage others to remain ambitious and realistic and to tackle the most achievable goal first.

The team further recommends leveraging the political context and momentum of other initiatives that may be happening in a state, citing examples like the California Department of Health Care Services' CalAIM and Birthing Care Pathway initiatives and California's Momnibus SB65, which added momentum and focus to maternal health improvement as a priority in California. Another example the team recognized is that the national and statewide focus on maternal mortality compounded with the Black Lives Matter movement "helped even those not as intimately involved with perinatal and maternal health to understand the impact of racism-based disparities and the critical role we all have in addressing them."

Opportunities for Policymakers and Champions

Team California/Midwifery Access California shared ways that policymakers can support their work:

- Ask the Department of Health Care Services to prioritize midwifery access and address barriers in an equivalent manner to the recent effort to launch California's Medicaid doula benefit.
- Support a Medicaid managed care organization to pilot the Midwifery Payment Model with community-based midwives and in collaboration with hospital-based providers.
- Encourage the Department of Health Care Services to apply for the CMS Transforming Maternal Health federal funding and use these funds to enact the recommendations of the coalition to further advance midwifery access in California.
- Increase reimbursement rates for maternity care generally and midwifery care specifically.
- Work to address the policy and regulatory barriers to licensure and facility fee reimbursement for birth centers.
- Ensure the state is collecting and reporting outcomes data on midwifery care and births in homes and birth centers.

Other interested parties can be supportive in the following ways:

- Support research about the midwifery model of care, such as collecting data and conducting analyses on:
  - community birth outcomes and midwifery outcomes in general in California
  - recent birth center closures in California
  - potential for freestanding birth centers and community midwives to fill the geographic access gap for reproductive health care
  - impact of midwives as abortion providers in the post-Roe landscape
  - pilot of a health plan using the **Midwifery Payment Model** with midwife providers in their county
- Design systems to easily track midwifery outcomes data in California.
- Advocate for and fund midwifery student clinical placements in California—lack of clinical placements is the biggest barrier to expanding the midwifery training pipeline.

[Opportunities, continued]

- Include midwives on the maternity care team in every birthing hospital (and California should allow medical staff membership of midwives), allow midwives to be independently credentialed to admit and discharge patients, and actively support and encourage strong hospital transfer relationships with midwives providing care in birth centers and homes.
- Convene a work group through the California Department of Public Health to identify the various barriers to midwifery care for pregnant and birthing people in California, inclusive of regulatory, credentialing and privileging, training, and policy and systems barriers at all levels.
- Increase the number of licensed midwives in quality improvement initiatives and maternal mortality reviews through the state perinatal quality collaborative.

Policymakers and others are encouraged to engage with **Midwifery Access California**, the coalition that is continuing the work of the Midwifery Learning Collaborative California team, by either signing up for their distribution list or joining their work.

Notes

The Institute for Medicaid Innovation (IMI) recognizes that transgender and nonbinary people become pregnant or seek perinatal health care services. In response, IMI is committed to creating resources that are gender inclusive and affirming, limiting gendered language, and only using such terms when specified in Medicaid requirements, statutes, policies, research publications, and database variable names. As such, IMI's resources use both gender inclusive and affirming terms but also gender-specific terms like "women/woman" and "maternal."

The IMI national Medicaid and Midwifery Learning Collaborative project team included Rebecca Johnson, MA, MPH; Andrea G. McGlynn, MSN, APN, CNM; ; Jennifer E. Moore, PhD, RN, FAAN; Karen Shea, MSN, RN; Yontii Wheeler, MPH; and Nana Nimako, MBE.

The views expressed here do not necessarily reflect the views of the W. K. Kellogg Foundation or any named organization participating on the California state-based team.

Before publication of the final case study, IMI sought input from independent clinical, scientific, and policy experts as peer reviewers who do not have conflicts of interest. However, the conclusions and synthesis of information presented in this case study do not necessarily represent the views of individual peer reviewers or their organizational affiliation(s). The peer reviewers were compensated for their time and expertise.

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