



# Evaluation Themes

## Midwifery in Medicaid Business Case Learning Series

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October 2024

Issue Brief | Institute for Medicaid Innovation

*While almost half of births in the U.S. are covered by Medicaid with some states as high as 61%,<sup>1</sup> less than 10% of Medicaid-covered births are attended by midwives.<sup>2</sup> Improving access to midwifery for Medicaid enrollees ensures that more birthing families can benefit from the high-quality care and improved health outcomes associated with this model, including reductions in cesarean births, as well as decreased preterm and low birthweight rates, among others.*

*In March 2023, with support from the Skyline Foundation, the Institute for Medicaid Innovation launched the Midwifery in Medicaid Business Case Learning Series. The 15-session, closed cohort, salon-style series—through tailored presentations and discussions with subject matter experts—helped equip participants with the skills and knowledge necessary to make a compelling business case to advance the midwifery model of care, while negotiating the tension between advancing equitable access for individuals enrolled in Medicaid and the need to sustain financially sound business operations.*

*Through surveys and interviews, the Institute for Medicaid Innovation collected feedback and data from participants, which highlighted a common desire for continued learning opportunities to further bolster their capacity to more sustainably serve a diverse patient mix that includes Medicaid enrollees. The evaluation themes identified key opportunities and recommendations for the field, which can serve as a foundation for future collaborations in support of the midwifery workforce, to help advance more equitable access to midwifery care.*

The Midwifery in Medicaid Business Case Learning Series was developed to provide midwives of all credentials with information and tools to build a Medicaid-focused business case to support an initiative that advances the midwifery model of care. Session topics included the collection and use of state and local data, a review of the essential components of a business case, Medicaid policies on midwifery reimbursement, and value-based payment. Participants were selected via an application process that prioritized midwives who identified as Black, Indigenous, or a person of color (BIPOC), practices led by a BIPOC midwife, or those serving a predominantly BIPOC community. The selected cohort of 50 participants represented 35 states and the District of Columbia.

Throughout the series, the project team collected data to refine curriculum content, assess the impact of the series, and identify opportunities to provide additional support to midwives. Participants completed feedback surveys after each session and participated in interviews conducted at the midpoint and end of the series. The project team analyzed aggregated survey data and anonymized interview transcripts to identify barriers and facilitators in applying series content and advancing initiatives. This document presents key themes emerging from this analysis and offers recommendations for future resources and support so that the system may be responsive to identified needs.

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Many of the themes identified in this report are closely aligned with the recommendations contained in the [National Strategic Medicaid Maternal Health Agenda](#), a 5-year plan to improve maternal and infant health, which emerged from a landmark Maternal Health Policy Equity Summit that the Institute for Medicaid Innovation convened to collaboratively identify actionable steps to fundamentally improve the nation's maternal and infant health outcomes.

## Evaluation Themes



### **Midwives want comprehensive Medicaid education, specifically tailored to their profession, to equip them with a foundation for furthering changes in payment models and policy**

Participants frequently reported a desire for additional time to cover foundational Medicaid topics such as regulations of Medicaid reimbursement, including state plan amendments and waivers; payment schedules, payer mix, and payment models; coding for medical services and billing; managed care organization contracts; and federal and state Medicaid data. This information is crucial for community-based midwives practicing outside of hospital settings.

Infusing Medicaid topics into midwifery education programs—particularly with case studies—and providing Medicaid-specific postgraduate training options will ensure that midwives receive the foundational knowledge needed to begin more advanced discussions about increasing midwifery access in Medicaid.

“**Being able to understand [administration] more, being able to advocate and approach the government, the state, the companies that administer Medicaid—that, I think, is a really important part of the education.**

—Participant, IMI Midwifery in Medicaid Business Case Learning Series

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## Recommendations & Opportunities

- **Develop and integrate comprehensive education about Medicaid** and other payment-related topics into midwifery education programs.
- **Offer continuing education options for practicing midwives** through learning series, learning collaboratives, workshops, and webinars to expand expertise in Medicaid policy and payment.



## Midwives want accessible resources to learn business skills to build a sustainable midwifery practice

Many midwives in the learning series indicated that they would like to operate in community settings, such as birth centers and homes. Without access to the shared services found in large institutions such as hospitals, health systems, or academic centers, community-based midwives need extra support to manage practices that can sustainably expand equitable access to Medicaid enrollees.

In addition to gaining clinical expertise, midwives should be equipped with health care administration knowledge that focuses on sustainability of the midwifery-led model of care. Administrative skills and clinical skills are separate domains for many midwives who do not own practices or serve in a leadership capacity within larger system.

“ I think a lot of people really need to understand the logistics of going from idea to implementation and to learn skills around business strategy. I think midwives need help just understanding more about health care as a business.

—Participant, IMI Midwifery in Medicaid Business Case Learning Series

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## Recommendations & Opportunities

- **Develop a central repository for resources and courses on business operations specific to the midwifery audience**, covering topics such as standard operating procedures, compliance and quality, budgeting and forecasting, payor mix inclusive of Medicaid, grants management, human resources, recruitment, staffing and scheduling, and marketing.
- Develop postgraduate fellowships or practicums for new midwives, after completing their clinical training, to **acquire administrative experience in settings where Medicaid enrollees receive care.**



## Midwives want solutions to system-level barriers that prevent them from growing their businesses and practicing to their full ability

Midwives who participated in the series are interested in understanding the various levels of legislative and regulatory power to initiate engagement and necessary change. By the end of the series, the majority of respondents had identified goals or initiatives related to removing external barriers to practice imposed by unfavorable state Medicaid policies and the statewide regulatory environment. However, participants reported a lack of familiarity with the entities that have the authority and influence to address system-level issues key to advancing the case for midwifery and system change.

The health care system is shaped and influenced by multiple parties at both the state and national level, such as state Medicaid agencies, Medicaid health plans, health departments, federal agencies, and accreditation organizations. System-level decisions about reimbursement, licensure, and payment may impact the ability of midwives to maintain sustainable practices. Those interested in influencing system-level decisions must navigate a complex web of authorities and identify an appropriate sequence of strategic actionable steps.

“ I hear of people being upset with their leadership or upset with their hospital, but they’re upset at the wrong people. That’s not your manager or leadership [creating barriers]; those are the constraints that are put on us by other levels and systems. We need more conversations where we can really identify the issues with the system and talk about which places to put our attention that have the most impact.

—Participant, IMI Midwifery in Medicaid Business Case Learning Series



### *Recommendations & Opportunities*

- **Develop resources that map which agencies have the authority to effect change in the Medicaid programs within each state** to help midwives identify levers for system change. Resources should include federal, state, tribal, and local regulatory entities and include entities that regulate health professionals.
- Assist midwives in **building networks of power and influence within their state** to garner support for their proposals.
- Convene midwives and other Medicaid stakeholders to **identify and address root causes of system barriers**.



## Midwives want the support of collaborators and mentors to build capacity to balance advocacy work and the demands of the profession

Participants in the series are interested in working with mentors and others within as well as outside of their clinically based field to apply and implement information learned. Mentorship is essential to attract others into the profession, transfer knowledge, and drive clinical as well as administrative success. Engagement between states disseminates successes nationwide and accelerates adoption of proven strategies for Medicaid payment reform.

However, the clinical and administrative demands of midwifery practice leave little time and space for midwives to successfully and sustainably work with others to engage in systems change. In many states, Medicaid reimbursement rates for midwives are insufficient to allow midwives and birth centers to operate sustainably. Grant funding to offset or buy out midwives' time would allow for increased participation in a learning series, collaboratives, and continuing education opportunities without extending the workday or losing clinical revenue.

“ I’m trying to keep my business alive, trying to figure out who to work with at Medicaid to make any movement toward equitable pay, trying to build a coalition of stakeholders/community members—it’s more work than one person can do.

—Participant, IMI Midwifery in Medicaid Business Case Learning Series

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### *Recommendations & Opportunities*

- **Learning collaboratives** that pair midwives with advocates and partners with Medicaid and policy expertise **to navigate legislative and regulatory changes.**
- **Provide funding that buys-out the time of midwives and clinic staff to participate in educational activities,** collaboratives, administrative business development, and advocacy efforts during clinic hours.
- **Develop a multistate midwifery communication and learning network** focused on leading policy change, expanding midwifery access to Medicaid enrollees, developing payment models, and peer-to-peer engagement.
- **Develop a midwifery mentorship business network** for one-on-one support.



## Midwives want access to accurate state-based data and comprehensive analyses of the status of midwifery

Midwives participating in the learning series noted that they often lack access to quality data or comprehensive information about midwifery in their state to make the case for policy change, such as birth data stratified by provider and payer type to demonstrate the value of the midwifery model of care for the Medicaid population or accurate data on birth attendants by license type.

Participants aspired to conduct research, complete landscape analyses, and create comprehensive midwifery reports such as those produced by advocates in New Jersey and Massachusetts, to be able to communicate

the state of midwifery to key policymakers and others in their states. Without these kinds of analyses, midwives are challenged to build a compelling case to support their goal or initiative.

“ I used that New Jersey blueprint to share with [others], because I just think it does such a good job of succinctly laying out the issues and what that can mean for a state. Especially when I’m talking to people at the state level, I can show that this is what another state is doing. This is what we could do.

—Participant, IMI Midwifery in Medicaid Business Case Learning Series



### Recommendations & Opportunities

- **Standardize data collection across the continuum for pregnancy outcomes** inclusive of all licensed providers with differentiation for midwives by license type, birth setting, and payer type.
- Provide recurring funding to **conduct periodic analysis of state data and develop comprehensive analyses of the midwifery landscape** that advocates can use to make the case for midwifery in their respective geographies.

## References

<sup>1</sup> KFF. (2022). *Births Financed by Medicaid*. <https://www.kff.org/medicaid/state-indicator/births-financed-by-medicaid>

<sup>2</sup> Medicaid and CHIP Payment and Access Commission. (2023, May). *Access to maternity providers: Midwives and birth centers*. <https://www.macpac.gov/wp-content/uploads/2023/05/Access-to-Maternity-Providers-Midwives-and-Birth-Centers.pdf>

Support for this project is provided by the Skyline Foundation. The views expressed here do not necessarily reflect the views of the Foundation.