Questions for Employers to Ask Health Plans about Midwife-led Birth Centers

Background – Midwife-led Birth Centers

Midwife led, freestanding (not owned or part of a hospital), independent birth centers are often overlooked as alternatives to hospitals and doctors for women with low risk pregnancies. Research has shown that licensed, accredited, birth centers are a better value for women and payers because of reduced cesarean rates, fewer complications, higher rates of breast feeding, and higher patient satisfaction.

Health plans typically have not included birth centers in their provider networks unless members or clients ask for them and even then contracts typically pay birth centers much lower rates than hospitals and physicians, often one-third to one-half the amount paid, for comparable services and patients. These low rates limit birth centers' ability to invest in their business, grow, innovate, increase access, and capacity. This reduced access restricts high value choices for mothers.

Employers who want to add high value choices for pregnant women, can improve this situation by telling their health plans that they expect birth centers and midwives to be included in their provider networks and paid fair rates. In order to do this, employers need to know what is offered today and ask a few specific questions.

Employer population, provider network and benefits

Understand what is currently offered

- 1. Identify your key markets with the largest number of covered lives and females of child bearing age (if known)
- 2. Review health plan information:
 - a. Does your Summary Plan Description (SPD) explicitly include coverage of non-hospital based birth centers and midwives?
 - b. Does the provider directory include non-hospital based birth centers and midwives in markets where they exist? You can check the Commission for Accreditation of Birth Centers' website www.VerifyMyBirthCenter.org for a list of accredited birth centers by state.
 - c. Does their educational information on maternity care include information on how to pick a provider, options related to site of care, and include birth centers and midwives?
 - d. If cost transparency tools exist, do they include costs for midwives and birth centers?
- 3. What is your average amount paid in each key market for a normal, uncomplicated, vaginal delivery including facility and professional fees (you may want to check <u>Guroo</u> for its vaginal delivery bundle).
- 4. What is paid to birth centers and midwives if they are available.



Ask your health plan these questions

- 1. How many qualified birth centers exist in each key market?
- 2. Provide names, addresses, and short descriptions (years in operation, number of midwives) for each.²
- 3. Which of these birth centers and midwives are "in network" for our members?
- 4. For those that are "in network" how much are they paid, on average, for all charges for a normal vaginal delivery?
- 5. What is the average paid amount for all charges for a normal, uncomplicated, vaginal delivery to hospitals and physicians by market?
- 6. Is the rate comparable and fair?

Let your health plan know your expectations

- 1. Health plans will contract with all qualified (see above) birth centers and midwives in all key markets within a specified time period TBD (3-6 months) at a fair rate, compared to market rates for a normal delivery (all prenatal, labor, delivery, postpartum mom and baby charges).
- 2. All contracted birth centers and midwives will be listed in provider directories and displayed prominently on web sites when members search for maternity care providers and educational information.
- 3. Birth center prices will be included in a health plan's price transparency tool.
- 4. Health plans will develop a regional/national strategy to include all qualified birth centers in all markets where employer has members and execute contracts within a time frame TBD.

² Number and qualifications of staff, years in existence, physician and hospital transfer relationship



¹ CABC accredited, licensed, free-standing, midwife led, independent of hospitals