

Ensuring Access to High Value Providers

ACNM Survey of Marketplace Insurers Regarding

Coverage of Midwifery Services

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EXECUTIVE SUMMARY

Under the Affordable Care Act (ACA), insurers offering coverage through the health insurance marketplaces are required to cover a specified set of “essential health benefits” (EHB). The ACA requires that the EHB consist of coverage for 10 basic categories of items and services, among which is “maternity and newborn care.”

Certified nurse-midwives (CNMs) and certified midwives (CMs) attend 8% of births occurring in the United States. In several states they attend between 10 and 20% of births and in New Mexico they attend more than 27% of births. They are a significant provider of maternity and newborn care.

Standardized documents available from plans offering coverage through the health insurance marketplaces are not sufficiently detailed for potential or actual enrollees to know whether the plans include CNMs/CMs in their networks, or the extent to which the plans may cover the services of CNMs/CMs.

Based on a methodology from the National Nursing Centers Consortium, the American College of Nurse-Midwives (ACNM) conducted a survey of insurers offering coverage through the marketplaces to determine the inclusion of CNMs/CMs in their plan networks and the coverage of their services. ACNM identified 277 unique insurers, reached out to 232 of them, and was able to complete a survey with 85 insurers.

Key findings include:

- Twenty percent of plans do not contract with CNMs to include them in their provider networks, even though CNMs are licensed to practice in all 50 states and the District of Columbia.
- Seventeen percent of plans do not cover primary care services offered by CNMs, even though ACNM standards defining the scope of practice for these providers, often incorporated by reference by state law, include primary care services.
- Fourteen percent of plans indicated they impose restrictions on CNM practice that conflict with their scope of practice under state laws and regulations.
- Twenty-four percent of plans will not cover CNM professional services provided in a birth center and 56% will not reimburse CNMs for home birth services.

- Fifty percent of plans do not pay CNMs the same amount paid to a physician when they perform and bill for the same service.
- Ten percent of plans that contract with CNMs do not list them in their provider directories, making them invisible to potential and current enrollees. Forty percent of plans listing CNMs in their provider directories list them under the obstetrician-gynecologist category, which may make it difficult for women searching for “midwives” to find them.
- Forty-seven percent of plans do not contract with birth centers to cover facility costs associated with births in that setting, despite studies showing very good outcomes and low costs associated with these facilities.
- Among those contracting with birth centers, 18% do not make a payment to the birth center for their services that is distinct from the payment made to the professionals working therein.
- Eight percent of plans contracting with birth centers indicated they did not list them in their provider directory.

The survey also asked about inclusion of CMs in plan networks. Like CNMs, CMs obtain a master’s degree and go through specialized midwifery education. CNMs and CMs complete the same certifying examination administered by the American Midwifery Certification Board. The difference between CNMs and CMs is that the CMs enter their midwifery education with an undergraduate education other than nursing. Statutory and regulatory provisions authorize CNMs to practice in all 50 states and the District of Columbia and there are practicing CNMs in all of these jurisdictions. CMs are authorized to practice in 5 states, but are not currently present in all 5. Because of a small sample size, we were unable to draw significant conclusions about CMs.

Although ACNM does not represent certified professional midwives (CPMs), the survey asked insurers about their approach to these practitioners. CPMs are educated through a variety of mechanisms, some of which are accredited and some not. Many go through an apprenticeship model of training. They are required to have at least a high school education and they take a certifying examination administered by the North American Registry of Midwives (NARM). CPMs are currently authorized to practice in 28 states.

A number of significant studies in respected peer reviewed journals have demonstrated that CNMs/CMs, with their focus on normal physiologic birth, typically use fewer interventions during the birth process, have excellent outcomes and generally provide less costly care. Thus, CNMs/CMs provide exactly the kind of high value care insurers should be striving to make available to their enrollees. Insurers who fail to include CNMs/CMs in their provider networks, pay them inadequately, or do not advertise their availability to potential and current plan enrollees are losing the opportunity to experience the economic gains and increased customer satisfaction levels that midwifery care is proven to achieve.

Rigorous efforts by state and federal regulators are needed to address provider network shortcomings. Corrective action to adequately include coverage for one of the nation's most important providers of maternity and newborn care may need to be mandated. On the bright side, action taken by plans to avoid potential penalties by ensuring appropriate inclusion of CNMs/CMs in provider networks and coverage of their services will result in increased value of the products they provide and an improved bottom line.