



FLORIDA HEALTH
JUSTICE PROJECT

Inadequate Access to Midwifery Services: Results of a Secret Shopper Survey

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Background: The Maternal Health Crisis in Florida and Miami-Dade County

Maternal health indicators reveal that the risk of poor outcomes for pregnant and birthing people, particularly Black people, is steadily rising in Florida and nationwide. Nationwide, the maternal mortality rate has increased more than twofold since 1987.¹ The United States has the highest maternal mortality rate of any developed nation and is currently the only industrialized nation where maternal mortality rates are rising.² The state's overall maternal mortality rate hovers close to the national average at 28.1 deaths per 100,000 live births.³ Having been shown to improve maternal health outcomes, midwives are an invaluable component of any effort to address this ongoing crisis.⁴

The current maternal health crisis is indelibly marked by stark racial disparities. Birthing people of color bear the disproportionate impact of the crisis, facing poorer outcomes across a variety of measures. In 2016, 41.4% of Floridians who died due to pregnancy related complications were Black, despite Black people comprising only 16.9% of the state's population.^{5,6} More recent data is further reflective of the stark inequalities, with Black Floridians in 2019 experiencing a maternal mortality rate of 47.8 per 100,000 live births compared to a rate of 23.1 per 100,000 live births among White residents.⁷ In 2019, the maternal mortality rate in Miami-Dade county was 28.6 for every 100,000 live births.⁸ A closer look at the data reveals that Black residents were nearly three times as likely to die from pregnancy-related complications, with Black individuals experiencing a rate of 36.3 mortalities per 100,000 live births, in comparison to a rate of 12.7 among White residents.⁹ Similar disparities can be found in the county's infant mortality rate data. In Miami-Dade County, the mortality rate among Black infants is 6.2 for every 1,000 live births compared with a rate of 2.5 among White infants.¹⁰

In addition to facing a greater risk of death due to pregnancy related causes, parents and infants of color face an increased risk of serious complications. According to a study conducted by the American Diabetes Association, Black people are more than twice as likely to experience a severe maternal morbidity event (SMM) at the time of delivery.¹¹ Infants of color are also at an increased risk: 13.8% of Black infants and 11.8% of American Indian infants are born preterm as compared to 9.1% among White newborns.¹² Similarly, 13.7% of Black infants are born underweight compared to 7% of White infants.¹³ Both preterm birth and low birthweight are associated with a variety of neonatal health conditions such as respiratory distress syndrome, brain bleeding, and intestinal disorders, as well as with higher rates of chronic health conditions like vision loss, cerebral palsy, and learning and behavioral difficulties¹⁴.

Risk factors such as poverty, lack of education, and preexisting health conditions fall short of fully explaining the alarming discrepancies in maternal and neonatal health outcomes.¹⁵ Research suggests that Black individuals face unique risks, even when controlling for variables such as income level and maternal age.¹⁶ With this in mind, many researchers cite institutional and individual bias as factors that exacerbate racial disparities. In addition to receiving lower quality healthcare in general, a recent investigation conducted by NPR and ProPublica found that Black mothers often felt devalued and disrespected by their healthcare providers.¹⁷ In other words, for Black parents, the combined impact of inadequate access to quality healthcare and limited interactions with biased or inattentive healthcare professionals can prove to be fatal.

The Role of Midwives:

Expansion of access to high quality and culturally sensitive midwifery care is a key tool in addressing the national maternal health crisis and its disproportionate impact on Black people. Midwives cultivate one-on-one relationships with their patients and are often able to see patients for longer than physicians, allowing them to be more attentive to individual concerns.¹⁸ Midwives are an invaluable resource, providing community-based care with a focus on wellness both before and after birth.¹⁹ The midwife's expansive approach to prenatal and perinatal care has already proven effective in many states' efforts to address poor maternal health outcomes.²⁰ Researchers have found that states in which midwives are both widely accessible and deeply integrated into communities tend to see better perinatal and postpartum outcomes.²² In Washington, where midwives are both integrated in their communities and accessible to patients, rates of low birth weight, neonatal mortality, and induction are lower than national averages while positive outcomes such as breastfeeding and spontaneous vaginal birth exceed national averages.²¹

Midwives, and the midwifery model of care, are known to significantly reduce primary cesarean section rates.²³ A C-section birth increases the risk of hemorrhage, infection, uterine rupture, and other adverse outcomes.²⁴ Unsurprisingly, the Access and Integration Maternity care Mapping Study (AIMM) found that better integration of midwives was associated with significantly higher rates of physiologic birth, less obstetric interventions, and fewer adverse neonatal outcomes.²⁵ They further found that in most states where Black women give birth, they do not have access to midwives who are well integrated into the system.²⁶ These states also report the highest rates of neonatal mortality. The authors noted that improving access to and integration of midwives in these states could have powerful positive benefits for African American families.²⁷

Thus, expanding access to midwives for people covered by Medicaid in Florida has the potential to significantly improve maternal health outcomes and address the unacceptable disparities in outcomes.

The data also indicate high demand for midwifery care, particularly among Black women. According to a 2016 study, Medicaid patients in Florida accounted for nearly 60% of the clients of the state's midwives (CNMs and CMs).²⁸ At the same time, we know that 60.1% of births to Black parents in Miami-Dade County were covered by Medicaid, compared with 35.8% of births to White parents.²⁹ In a county where, in 2019, the maternal mortality rate among Black residents was nearly three times that of its White residents, the matter of access to midwifery care merits close attention.³⁰ What follows, accordingly, is our investigation into access to midwives for members of the Medicaid managed care networks serving Medicaid beneficiaries in the Miami-Dade region.

**ACCESS TO MIDWIFERY SERVICES
MEDICAID MANAGED CARE, MIAMI-DADE/REGION 11
SECRET SHOPPER SURVEY RESULTS**

Goals & Purpose

Data was collected to determine the network accuracy and adequacy of the Medicaid Managed Care Assistance Program (MMA) serving pregnant women seeking midwife care in the Miami-Dade/Region 11 area.

We were spurred to undertake this research after hearing from midwives about their challenges in meeting the needs of expectant mothers covered by Medicaid. We understand that access issues, and related reimbursement challenges, have been long standing. We believe that these access issues, which exacerbate racial health disparities, exist state-wide. However we focused on Miami-Dade County (MDC) for a variety of reasons, including the fact that the 2019 maternal mortality rate among Black residents was nearly three times that of its White residents. As described above, midwives play an important role in reversing these disparities.

Scope, Methodology, & Limitations of the Data

This data was collected from September 2019 to January 2020. The data collected was limited to entities who offer midwife services to the area's population enrolled in Medicaid. The midwives called consisted of those listed on each of the nine managed care plan provider directories serving Miami-Dade/Region 11; a total of 46 midwives and 6 facilities. From the nine online MMA directories, a "master call list" was compiled of midwives and facilities that offer midwife services and their phone numbers and addresses, noting which number and address came from which MMA's directory. Many providers were listed in more than one MMA's directory, and many were also associated with a provider network or facility/hospital system.

The results are strictly based upon the provider directory lists, as updated and accurate directories are elemental to the network adequacy tested here. Thus, if a midwife was not listed on a provider directory but did accept the provider policy, that midwife would not be included here. If a provider directory only provides a facility name and address, the facility was contacted.

We made three attempts to reach each provider listed. When a provider could not be reached, subsequent attempts were generally made on a different day, and at a different time of day. When telephonic contact was made, the following questions were asked in order: (1) Is the midwife located at the number called? (2) If yes, does the midwife accept the MMA insurance? (3) If yes, when is the next available appointment?

Findings

General Accuracy of Miami-Dade/Region 11 Medicaid MMA Physician Directories

Myriad challenges were encountered in reaching the listed midwives, and then in making an appointment. These obstacles are grouped thematically below.

- ***Directories listing inaccurate or unreachable phone numbers:***

We attempted to reach each listed provider three times, generally on different days and at different times. Of the 46 midwives and 6 facilities called, seven midwives/facilities could not be reached. Barriers to contact included: failure to return a voice message on voicemail or taken by a receptionist, wrong number, dropped call, no answer and full voicemail, or no call-back.

- ***Directories list numbers for provider networks and larger healthcare entities:***

Many midwives were listed as part of a provider organization/system, which posed several challenges to accessing services. First, calls to systems generally resulted in longer hold times. Many calls began with a hold of several minutes and resulted in either being transferred and put on hold again or a dropped call. Many of the calls to larger organizations were fruitless; many calls never made it to the desired receptionist, and very few listed institutions had providers who were indeed in-network and available. Further, some midwives listed at larger healthcare entities provided only reproductive healthcare, and not prenatal care.

- ***Directories list numbers for providers who are not covered, not working at the listed addresses/numbers, and/or not midwives:***

Inaccuracies in network provider directories posed the most significant problem. Of 52 providers listed for midwife services, seven (13%) were not listed accurately. Problems with accuracy included: the provider directory was outdated; the listed midwife was not in fact part of the MMA network; the midwife was not with the listed practice; the midwife had left Region 11; and individual was incorrectly listed as a midwife.

- ***Midwives are Part of an OB Practice Group; Midwife coverage of birth is not guaranteed***

In some instances, the midwife was part of an OB practice group. Due to the nature of the practice and their coverage arrangements, care or delivery by the midwife could not be guaranteed.

- ***Midwives are not taking new member patients***

Of the 45 midwives/facilities that we reached, nearly a third (14 midwives) were not accepting new member patients.

- ***Directories were difficult to navigate***

Many provider directories were difficult to find and difficult to navigate. Issues experienced included but were not limited to: (1) the visual layout of directories made information gathering challenging; and (2) the provider directory listed midwives under multiple provider categories.

Individual Network Adequacy (including wait times) of Miami-Dade/Region 11 MMA plan midwives

The percentage of listed midwives accepting new member patients in each of the Medicaid MMA plans in Miami-Dade/Region 11 ranged widely, though for all but one MCO, 50% or fewer of the listed midwives were accepting new member patients. Only for Molina, which lists just one facility, were

100% of midwives accepting new member patients. While both Humana and Staywell listed midwives in their directories, none (0%) of the listed midwives were covered and accepting new member patients.

Conclusions

We found that the process of finding a midwife in-network proved difficult due to outdated network provider lists, long hold times, and the scarce number of midwives accepting new member patients. While we attempted to contact each of the 52 midwives and facilities in the county's 9 MCO networks, only 45 could be reached. Additionally, while the percentage of each MCO's listed midwives who were accepting new member patients varied widely. With the exception of a single MCO, 50% or fewer of each plan's listed midwives were accepting new member patients.

The findings suggest that all of the Medicaid MCOs serving Miami-Dade are, to various degrees, violating provisions of the AHCA contract, including that: (1) the MCO must maintain an accurate and complete online provider directory (*see* July 1, 2020 AHCA Model Contract, Attachment 2, p.53); and (2) the MCO must maintain a region-wide network of providers in sufficient numbers to meet the network capacity and geographic access standards for services (*see* Model Contract, Attachment 2, p.83). In addition to these contractual requirements, network adequacy is required under Florida state law and federal Medicaid regulation. (*See* Fla. Stat. sec 409.967(2) and 42 C.F.R. 438.68.)

Addressing these shortcomings will require a corrective action plan that addresses the underlying issues responsible for long-standing inadequacy of midwife networks, and implements strategies needed to create and maintain adequate midwife networks.

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- ¹ “Pregnancy Mortality Surveillance System,” February 4, 2020. <https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm>.
- ² Ibid.
- ³ “Maternal Mortality ,” 2020. https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/maternal_mortality_a/state/ALL.
- ⁴ Midwife-led continuity models of care compared with other models of care for women during pregnancy, birth and early parenting. Accessed August 31, 2020. https://www.cochrane.org/CD004667/PREG_midwife-led-continuity-models-care-compared-other-models-care-women-during-pregnancy-birth-and-early.
- ⁵ Hernandez, Leticia, and Angela Thompson. Issue brief. *Florida’s Pregnancy-Associated Mortality Review 2016 Update*, May 2018. http://www.floridahealth.gov/statistics-and-data/PAMR/_documents/pamr-2016-update.pdf.
- ⁶ “U.S. Census Bureau QuickFacts: Florida.” Census Bureau QuickFacts. Accessed August 31, 2020. <https://www.census.gov/quickfacts/fact/table/FL/RHI225219>.
- ⁷ “Maternal Deaths .” FLHealthCHARTS Data Viewer. Accessed August 31, 2020. <http://www.flhealthcharts.com/charts/DataViewer/InfantDeathViewer/InfantDeathViewer.aspx?indNumber=0392>.
- ⁸ Ibid.
- ⁹ Ibid.
- ¹⁰ “Neonatal Infant Deaths.” FLHealthCHARTS Data Viewer. Accessed August 31, 2020. <http://www.flhealthcharts.com/charts/DataViewer/InfantDeathViewer/InfantDeathViewer.aspx?indNumber=0392>.
- ¹¹ “Racial Disparities Persist in Maternal Morbidity, Mortality and Infant Health.” AJMC. Accessed August 31, 2020. <https://www.ajmc.com/view/racial-disparities-persist-in-maternal-morbidity-mortality-and-infant-health>.
- ¹² “Preterm Birth,” n.d. https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/pretermbirth_MCH/state/ALL.
- ¹³ “Low Birthweight,” n.d. <https://www.americashealthrankings.org/explore/annual/measure/birthweight/state/ALL>.
- ¹⁴ Ibid.
- ¹⁵ Taylor, Cristina Novoa and Jamila. “Exploring African Americans’ High Maternal and Infant Death Rates.” Center for American Progress. Accessed August 31, 2020. <https://www.americanprogress.org/issues/early-childhood/reports/2018/02/01/445576/exploring-african-americans-high-maternal-infant-death-rates/>.
- ¹⁶ Ibid.
- ¹⁷ Ibid.
- ¹⁸ Heubeck, Elizabeth. “Midwives Could Be Key To Reversing Maternal Mortality Trends.” Connecticut Health Investigative Team, October 31, 2018. <http://c-hit.org/2018/10/30/midwives-could-be-key-to-reversing-maternal-mortality-trends/>.
- ¹⁹ Sehhatie, Fahimeh, Maryam Najjarzadeh, Vahid Zamanzadeh, and Alehe Seyyedrasooli. “The Effect of Midwifery Continuing Care on Childbirth Outcomes.” U.S. National Library of Medicine. Medknow Publications & Media Pvt Ltd, May 2014. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4061621/>.
- ²⁰ Ibid.
- ²¹ “Midwifery Integration State Scoring (MISS) System Report Card: Washington.” Birth Place Lab, <https://www.birthplacelab.org/wp-content/uploads/2018/02/Washington.pdf>.

²² Ibid.

²³ Vedam, Saraswathi, Kathrin Stoll, Marian Maccorman, Eugene Declercq, Renee Cramer, Melissa Cheyney, Timothy Fisher, Emma Butt, Y. Tony Yang, and Holly Powell Kennedy. "Mapping Integration of Midwives across the United States: Impact on Access, Equity, and Outcomes." *Plos One* 13, no. 2 (2018). <https://doi.org/10.1371/journal.pone.0192523>.

²⁴ "C-Section." Mayo Clinic. Mayo Foundation for Medical Education and Research, June 12, 2020. <https://www.mayoclinic.org/tests-procedures/c-section/about/pac-20393655>.

²⁵ Vedam, Saraswathi, Kathrin Stoll, Marian Maccorman, Eugene Declercq, Renee Cramer, Melissa Cheyney, Timothy Fisher, Emma Butt, Y. Tony Yang, and Holly Powell Kennedy. "Mapping Integration of Midwives across the United States: Impact on Access, Equity, and Outcomes." *Plos One* 13, no. 2 (2018). <https://doi.org/10.1371/journal.pone.0192523>.

²⁶ Ibid.

²⁷ Ibid.

²⁸ "Midwifery Integration State Scoring (MISS) System Report Card: Florida." Birth Place Lab, <https://www.birthplacelab.org/wp-content/uploads/2019/03/Florida.pdf>.

²⁹ "Births Covered by Medicaid ." FLHealthCHARTS Data Viewer. Accessed August 31, 2020. <http://www.flhealthcharts.com/charts/DataViewer/BirthViewer/BirthViewer.aspx?cid=595>.

³⁰ "Maternal Deaths ." FLHealthCHARTS Data Viewer. Accessed August 31, 2020. <http://www.flhealthcharts.com/charts/DataViewer/InfantDeathViewer/InfantDeathViewer.aspx?indNumber=0392>.

Addendum 1

Network Survey Data Summary

Ability to Reach Midwives

	Total # of Provider Entities Called	Total # of Midwives Reached	# of midwives who could not be reached: [not on staff, no answer or call back (3 attempts), not accepting voicemail]
# of midwives	52	45	7
% of midwives (rounded)	100%	87%	13%

Midwives Accepting New Medicaid Patients

	Midwives Accepting New Patients with at least one of the Medicaid MMA/HMO Plans
Total #	13
% (out of 52)	25%

Midwives Accepting New Medicaid Patients (note: some midwives are in more than one MMA network)

Medicaid MMA plan	# of Midwives listed in directory	# of Midwives reached	# of Midwives participating in-network with the Plan	# of Midwives accepting new plan patients	% of Listed Midwives accepting new plan patients (rounded)
Aetna Better Health Comp	4	4	2	2	50%
Miami Children MMA	9	7	3	1	11%
Humana Medical Comp	4	4	1	0	0%
United Healthcare MMA	11	10	9	2	18%
Prestige MMA	14	13	5	1	7%

Sunshine Health Comp	10	9	8	5	50%
Simply Healthcare Comp	13	12	2	1	8%
Molina	1	1	1	1	100%
Staywell Comp	3	1	0	0	0%
AVERAGE (all plans)	7.67	6.78	3.44	1.44	27%

Addendum 2

Online Directories for each Medicaid MMA serving the Miami-Dade/Region 11 Area

- Aetna Better Health Comp
<https://www.aetnabetterhealth.com/florida/assets/pdf/member/36.01.069.202001.FL.MMA.Region-11.pdf>
- Humana Medical Comp
<https://www.humana.com/finder/medical/results?pageId=0beb6f5fff054f8fab9bc41fe29090a3>
- Miami Children MMA
https://www.miamichildrenshealthplan.com/MCHP/media/pdf/Miami-physician-directory-for-region-11-02012020_2.pdf
- United Healthcare MMA
https://www.uhcommunityplan.com/content/dam/uhccp/plandocuments/providerdirectory/FL_MMA_Provider_Directory_Region_11.pdf
- Prestige MMA
<https://www.prestigehealthchoice.com/pdf/provider/self-service-tools/printable-provider-directory-region-11.pdf>
- Sunshine Health Comp
<https://providersearch.sunshinehealth.com/search-results>
- Simply Healthcare Comp
<http://simplyhealthcareplans.prismisp.com/SearchResults>
- Molina
<https://www.molinahealthcare.com/members/fl/en-US/PDF/Medicaid/provider-directory-region-11.pdf>
- Staywell Comp
<https://www.wellcare.com/florida/members/medicaid-plans/staywell>

Addendum 3

Questions Asked During Calls to Midwives

The following general script was used for each of the calls, with slight variations depending on the responses received.

Script

QUESTION 1

Hello. I am calling to ask whether NAME is available for midwife services.

- Yes → Question 2
- No → Okay, is she/he/they not with the practice or not accepting new patients?

QUESTION 2:

Does NAME accept INSURANCE?

- Yes → Question 3
- No → Ask whether provider accepts other MMA plans.

QUESTION 3:

Is NAME accepting new patients?

- Yes → Question 4
- No → Is there a waitlist?

QUESTION 4:

When is the earliest available appointment to see NAME?