



### Midwifery payment models

Midwifery services are covered by the British Columbia (BC) Medical Services Plan (MSP).

Most registered midwives in BC, bill MSP directly yet alternative payment models exist or are in development (see Table 1).

Payment model	Status
1. BC Medical Services Plan (MSP) direct billing	In use
2. Rural Midwifery Locum Program	In use
3. Indigenous Midwifery Stipend	In use
4. Midwifery Service Contracts	In use
5. Midwifery Funding model compatible with Longitudinal Family Physician model	In development

Table 1: Midwifery Payment Models

#### 1. BC Medical Services Plan (MSP) direct billing

The Midwifery Payment Schedule can be found here:

<https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/midwifery-payment-schedule-preamble.pdf>

This Payment Schedule is based on a payment model that provides payment for all Midwifery Services rendered to a client in each of the five phases of a Full Course of Care from conception up to and including six weeks postpartum.<sup>1</sup>

Midwifery is commonly a shared practice so that more than one Midwife can deliver services to a client. Only one Midwife, however, may bill MSP for the service in accordance with the Payment Schedule. A Midwife must submit a claim to MSP to be paid for a Phase of a Full Course of Care. The claim must be submitted in the format approved for electronic submission, usually through Teleplan.<sup>1</sup>

Phase of care	Funding amount (as of April 1, 2023)
Phase 1 (first trimester)	\$296.43
Phase 2 (second trimester)	\$296.43
Phase 3 (third trimester)	\$592.97
Phase 4 (attendance at labour and delivery)	\$1185.75
Phase 5 (postpartum care)	\$1185.75

Table 2: Five phases of a full course of care

The above provides a high-level summary of the five phases of care but there are also addition fee codes associated with the following:

- Partial care through the above phases (transfer in or out)
- Home birth
- Home birth Additional Attendant
- Consultative care and assessment between Practitioners



- e) Surgical assistance – caesarean section.

## 2. Rural Midwifery Locum Program

This program, administered through the MABC, provides incentives for Locums to support Midwives in rural and remote communities in British Columbia with the objective of creating a pool of available Locums for short term leave coverage in rural areas.

Each Midwife working in a rural or remote area is eligible for 15 days of paid locum coverage each fiscal year. The Locum Midwife receives daily compensation in addition to a per diem to cover travel and accommodation (see Table 3).

Funding available	Compensation (as of December 2023)
Daily rate for rural locums	\$645
Daily rate for remote locums	\$695
Per diem rate for rural locums	\$200/ day
Per diem rate for remote locums	\$250/ day

Table 3: Rural Midwifery Locum Program funding

## 3. Indigenous Midwifery Stipend

Government provides the MABC with \$150,000 per Fiscal Year to compensate Indigenous Midwives to offset the increased time commitment of participating in additional cultural activities in relation to providing Midwifery Services to Indigenous clients. This funding is administered through the MABC.<sup>2</sup>

## 4. Midwifery Service Contracts

The Government, either directly or through an Agency, may contract with a Midwife to provide Midwifery services on an alternative payment basis. The Midwife's services are contracted according to terms set out in a Midwife Service Contract.

Midwifery Service contracts currently support Midwives working in the following communities:

- Haida Gwaii (Haida Land)
- Hazelton (Gitksan land)
- Invermere (Ktunaxa Nation)
- Port Hardy (Kwakwaka'wakw Land)
- Salt Spring Island (Coast Salish Peoples Land)
- Seabird Island First Nation (Halkomelem: Sq'ewqel)

## 5. Midwifery Funding model compatible with Longitudinal Family Physician model

As per the 2022-2025 Executed Midwifery Tentative Agreement, Government and MABC will establish a working group to plan and develop an alternative funding model for Midwives that is modeled after the Longitudinal Family Physician payment model with a target



implementation of September 2024 (and no later than December 31, 2024).<sup>2</sup> This model will service as an alternative payment program and is aimed at recognizing the complexity of care, valuing the time spent with clients, and acknowledging the value of indirect care and clinical administrative services, for example.<sup>3</sup>

## References

1. Midwifery Payment Schedule:  
<https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/midwifery-payment-schedule-preamble.pdf>
2. Executed Tentative Agreement 2022-2025  
[https://www.bcmidwives.com/\\_Library/governance/2023\\_Midwifery\\_Tentative\\_Agreement.pdf](https://www.bcmidwives.com/_Library/governance/2023_Midwifery_Tentative_Agreement.pdf)
3. Longitudinal Family Physician (LFP) Payment Model:  
<https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/msp/physicians/longitudinal-family-physician-lfp-payment-model>