



## Background

This application form is for registered midwives (RMs) who are compensated through the MSP billings model and seeking to move to compensation through an Alternative Payment Arrangement (APA) to deliver the same clinical services.

For the purposes of this application, APAs refer to midwifery service contracts. This application initiates an assessment process to determine the suitability and viability of the proposed compensation arrangement through an APA and a review of the current compensation paid to the applying RM(s) to deliver the existing clinical service.

The Ministry of Health (The Ministry) will only support APAs as an “all in” compensation method within a defined clinical service. Unless specified otherwise, the Midwife must not retain MSP-billings, including third party billings, for the Services provided under the terms of a given APA.

## Instructions and Information

1. Complete Sections 1 and 2 of the application.
  - Section 1B must identify all modes of compensation that RMs are currently receiving to determine the full scope of the existing clinical service
  - If you are applying to transition to an APA as a RM group, please provide a single consolidated application package with Section 1 information completed by each RM within the group.
  - When submitting Section 2 to your regional health authority, please refrain from including any potential sensitive information related to your clinical practice.
2. Submit Sections 1 and 2 of the application to your regional health authority's Medical Affairs department.
3. Section 3 of the form will be completed by health authority staff responsible for contract development.
4. If the health authority supports your application, Medical Affairs staff will submit Sections 1 and 3 to the Beneficiary and Diagnostic Services branch at the Ministry for final review. If the information in Section 2 is appropriate to share, it will also be submitted to the Ministry to include in their review.

All fields of the form are considered mandatory and must be filled in, or the application will not be reviewed.

*Health authorities will receive a decision or update on the status of an application within 4 weeks of submission.*

## Considerations when applying for a Midwifery Alternative Payment Arrangement Application

1. RMs delivering existing clinical services under the MSP billings model cannot be required to change compensation modalities. Agencies have the right to determine the form of compensation for RM services for any new service model they introduce.
2. Approval is at the discretion of the Ministry and subject to available funds. Your business case (Section 2) will be assessed by the health authority and will inform its recommendation to the Ministry.
3. Health authority staff may reach out to you for additional information to interpret your application and may submit your business case as part of the application if it is appropriate to do so.
4. Health authorities have operational discretion regarding the appropriateness of a proposed contracting arrangement. Applications will only be submitted to the Ministry for review if the health authority supports the contracting proposal.
5. Patient-level reporting through Teleplan (shadow billing or encounter reporting, as applicable to scope) that accounts for all clinical services delivered in exchange for contract payments is a requirement in all APAs.

### Collection Notice

The Ministry of Health and your regional Health Authority are collecting your personal information under s. 26(c) of the *Freedom of Information and Protection of Privacy Act* for the purpose of determining your eligibility for an alternative payment arrangement. Please submit your application to your local health authority's Medical Affairs Department (or equivalent) using the preferred contact method outlined on its website.

Your information will only be used for the purposes stated in this notice and may be shared with other health authorities' Medical Affairs staff and/or the Health Employers Association of BC in the review process to determine the suitability and details of an alternative payment arrangement.

Should you have any questions or concerns regarding the collection, use and disclosure of your personal information, please contact your health authorities' privacy office or the Ministry of Health Beneficiary and Diagnostic Services branch at [hlth.midwiferycomp@gov.bc.ca](mailto:hlth.midwiferycomp@gov.bc.ca).

SECTION 1A: REGISTERED MIDWIFE INFORMATION			
First Name	Last Name	Phone Number	MSP Practitioner Number
Email Address		Mailing Address	
Registration Status		Date of Registration	
Current Practice Location (s)			

**SECTION 1B: COMPENSATION INFORMATION**

Please identify below whether you are compensated through any contracts or other forms of non-MSP income for services (either clinical or administrative).

		Compensation Type
<input type="radio"/> Yes	<input type="radio"/> No	Service Contract
<input type="radio"/> Yes	<input type="radio"/> No	MOCAP
<input type="radio"/> Yes	<input type="radio"/> No	Academic and/or Leadership
<input type="radio"/> Yes	<input type="radio"/> No	Other (please identify):

**If applicable: If you are applying to transition to an APA as a Midwifery group, please provide a single consolidated application package with Section 1 information completed by each RM within the group.**

## SECTION 2 - PROPOSAL SUMMARY AND BUSINESS CASE

**To be completed by registered midwife applicants and submitted to their regional health authority with Section 1.**

Provide a summary of why you are applying to move to a Midwifery Alternative Payment Arrangement for your clinical services. This is an opportunity to identify a business case to your Health Authority for a transition to an APA. Topics your summary may include, but are not limited to, are:

- Improving patient outcomes and/or satisfaction
- Service stabilization, quality, access, and volume
- Evolving practice environment and/or patient population
- Registered Midwife retention and recruitment
- Value for money

## SECTION 2 continued

Please describe your practice in terms of the patient population served and the services delivered without including any specific patient information. Some potential areas that can be included but not limited to are:

- Target population, population/community needs, barriers to care
- Any trends or changes that have impacted access to/provision of services

In your current MSP billings model-funded practice, what is the typical weekly work schedule? What is your monthly caseload? Are on call services provided? Please describe days worked and total hours delivered providing services.

In your current MSP billings model-funded practice, approximately how many hours are provided on an annualised basis?

How many hours per week are you proposing to deliver services under a contract?

What is the proposed weekly schedule?

### SECTION 3: HEALTH AUTHORITY PROGRAM CONSIDERATIONS

**This section is to be completed by health authority staff.** Please add your organization's considerations on the feasibility and suitability of the proposed APA within your organization's strategic direction and program planning.

Does your Agency support establishing an APA with this midwife or midwife group to deliver their proposed clinical services?  
*(If no, do not submit to the Ministry and directly return to the RM applicants with rationale below)*

- Yes       No

Why or why not does the HA support this proposal?

How many contracted/salaried FTEs does the HA support for this clinical service?

What facility, community, or region would the contracted services be provided in?

Is there an existing program service delivering care through an APA where this RM could work?

- Yes       No

Please provide the service's current or potential contact information below:

Service Name

Location

If no, please provide the Practice Category, Range Placement, and FTE Definition fields for the proposed compensation arrangement:

Practice Category

Setting

FTE Definition

Full scope maternity

Primary Care Network

Defined services:

Private clinic

Antenatal only

Hospital-based

Intrapartum only

Other (specify) \_\_\_\_\_

Postpartum only

Antenatal/postpartum

Other (specify): \_\_\_\_\_

Are there any additional funding considerations such as available Global Operating contributions the Ministry should be made aware of when assessing this application?

Are there any specific service or general contracting considerations that should be considered alongside this application? These include, but are not limited to, service destabilisation, potential precedents, and projected changes to service model, quality, volume, and or access.

**Please submit this application in the .pdf template provided through the HA-Midwifery secure file transfer protocol (SFTP) directory.**