

MIDWIFERY SERVICE CONTRACT TEMPLATES

QUESTIONS AND ANSWERS (Q&A)

This Q&A document is intended to provide an overview of key aspects of the recently negotiated Midwifery Service Contract Templates (the “**Templates**”) that were negotiated between the Government and the Midwives Association of BC (MABC) as part of the larger negotiation of the 2022-2025 Midwifery Main Agreement (MMA).

Contract Requests

Q: How to request a Midwifery Contract?

A: The Ministry of Health (the Ministry) is developing a Midwifery Alternative Payment Arrangement Application Form for Health Authorities (HAs) to submit where a new Registered Midwife (RM) individual or group contract is being requested. Further details to come. In the interim, requests can be submitted to Sarah Bryanton (Sarah.Bryanton@gov.bc.ca) and Fiona Hutchison (Fiona.Hutchison@gov.bc.ca). Requests should include the RM’s contact information and the contract proposal/business case details.

Contract Templates

Q: Can both the Individual and Group Templates be used for full scope services as well as a more defined scope of services?

A: The MMA contains two versions of the template service agreement:

- 1) An Individual Template Midwifery Services Contract
- 2) A Group Template Midwifery Services Contract

The Templates have been drafted to accommodate both full scope midwifery services and also more defined services (e.g., RMs who provide only post-partum services). The Templates include a suggested description for full scope clinical services; however, the parties are also welcome to include additional details for clarity where warranted. For more defined clinical services, the expectation is that the parties will specifically describe what clinical services are required.

Q: What is meant by Non-Clinical Services?

A: “Non-Clinical Services” are services which, while related to the overall service being contracted for, are not traceable to specific patients and do not fall within the definition of “Clinical Services”.

It is not mandatory to include Non-Clinical Services in the contract, as is noted in the Templates, they should be determined by the Agency and the RM(s) providing the Services and based on local needs (and can be limited to a specific % of total hours).

Q: What is the FTE?

A: The Templates are hours-based contracts and do not define an FTE, nor is one specified in the MMA.

Q: Is there a minimum number of hours required under the Templates?

A: No. There is no minimum hour requirement. This allows Agencies to contract with an RM on a part-time basis, if desired.

The evaluation of the (former) 1A contracts, which were based on a defined FTE with a minimum hour requirement of 1680 hours, led to approvals based on having at least 3.0 FTE in these 1A communities. The expectation is that this requirement will be upheld – i.e., there should be no reduction in hours due to the transition to the new Templates.

Q: What if 1950 hours are exceeded?

A: As part of contract management, the Agency and RM(s) should be in regular contact regarding utilization of hours, and all efforts should be made to manage and monitor within the cap of 1950 hours/year/RM. Hours provided in excess of 1950 are not explicitly funded under the contract.

Q: Can an RM bill fee-for-service while on a Service Contract?

A: In accordance with Article 5 of the individual contract template and Article 6 of the group contract template, unless specified otherwise, RMs must not retain fee-for-service billings, including third party billings, for the services provided under the terms of the contract. Midwives may bill fee-for-service for any and all services delivered outside the scope of the contract. Home births taking place within community are considered within the scope of this contract.

There is one specific exception noted whereby an RM can bill and retain FFS billings for services provided under the contract, which is fee item 36045, Phase 4 Home Birth

Additional Attendant fees. The RM can bill this fee item for a second attendant who is recognized by the College but is not an RM (and cannot bill the payment schedule) to compensate that second attendant.

Q: Are services provided while on-call covered by the contract?

A: Yes, "Services" as defined in the particular contract that are provided while on-call fall within the scope of the contract. However, the contract does not provide additional compensation for time spent on-call/available.

Compensation and Rates

Q: How was the Service Contract rate determined?

A: The contract rate is based on a formula that can be found at Section 38 of the MMA.

Reporting

Q: Are all contracted RMs required to hours report?

A: Yes, the Templates (at Appendix 4) require regular hours reporting (the frequency to be determined by the parties to the contract), which is to include the following information:

- Date(s) services provided.
- Number of Hours of Services provided each day, including start and stop times rounded to the nearest 15 minutes (separate start and stop times for blocks of Services separated by more than 30 minutes).
- Breakdown of hours for Clinical Services, Non-Clinical Services and Travel Time (this is needed due to the % caps for Non-Clinical Services and Travel Time).
- Total number of hours for the reporting period.

Q: Are all contracted RMs required to encounter report?

A: While the Templates reference "encounter reporting", initially RMs on existing rural service contracts (formerly "1A" contracts) are expected to continue to "Shadow Bill". RMs on new, full-scope standard course-of-care contracts will also Shadow Bill. RMs on new, defined scope non-standard course-of-care contracts will be required to Encounter Report.

In this context, "Shadow Billing" means submitting information through the Teleplan System for all services provided by an RM, using the fee codes in the Midwifery Payment Schedule, but with zero dollars (\$0) as a billed amount.

Encounter reporting involves submitting information through the Teleplan System for the services an RM provides. Encounter reporting will not mirror the Midwifery Payment Schedule and also has no associated dollar value. Revised midwifery encounter codes will be distributed for use in the coming weeks.

Transitioning to the New Contract Templates

Q: Are RMs on the Rural Midwifery Service Contracts (formerly "1A" Contracts) required to transition to the new Templates immediately?

A: No, RMs are not required to transition to the new Templates before their existing contract term expires, although they may do so if requested. Upon renewal, however, those contracts should be replaced by the new Templates. It may be appropriate in some circumstances to transition RMs on separate individual contracts in such communities to a group contract going forward.

Right of Representation

Q: Do RMs have the right to be represented by MABC in contract negotiations?

A: Yes, as part of the representation provisions of the MMA, MABC is recognized as the sole and exclusive representative for RMs where payment is in whole or in part provided by Government (Section 6 of the MMA). This is reflected at Article 7/8 of the Individual/Group Templates.