



## Closing Gaps in Maternal Mental Health

www.PolicyCenterMMH.org

### *Insurer/Plan Whole Mom™ Survey*

Please note that this assessment is to be completed by medical plans/insurers by the quality management department. There are questions related to behavioral health services that may require coordination with the behavioral health plan if behavioral health is carved out.

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Date

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Legal Entity Name of Insurer/Plan (complete one survey per plan type, i.e. commercial HMO, commercial PPO, Medicaid HMO, etc.)

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Name of individual completing survey

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Title of individual completing survey (this survey must be completed by a leader of the quality management department)

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Email address and telephone number of individual completing survey

Please add an x next to 'YES,' 'NO,' 'N/A' or 'IN PROGRESS' to the following services your insurance company/plan currently offers. Programs/policies/processes must be in place and benefiting women/families as of the date noted above.

#### **Standard Key**

Basic = white    Advanced = light blue

|   | Staff Training / Champion                                                                                                                                                                                                                                                                                                    | YES | NO | N/A | IN PROGRESS |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|-------------|
| 1 | All nurses, MDs, and other clinicians who interact with perinatal women have received a <b>minimum of 1.5 hours</b> of training from a recognized MMH training organization. Such training is offered through the Policy Center for Maternal Mental Health, Postpartum Support International (PSI), or other local programs. |     |    |     |             |
| 2 | Insurer/plan has a designated Maternal Mental Health champion who facilitates staff training and program oversight and supports measurement of MMH program outcomes and quality improvement initiatives.                                                                                                                     |     |    |     |             |

| Resources, Policies, Procedures, and Practices |                                                                                                                                                                                                                                                                                                                                                                                              | YES | NO | N/A | IN PROGRESS |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|-------------|
| 3                                              | Insurer/plan has contracted with an independent psychiatrist trained in reproductive mental health disorders to be available/on-call to consult with PCPs/Obs/midwives during standard business hours, or the insurer/plan publishes a consult service available in the state in PCP/Ob/midwife contract addendums and newsletters, etc.                                                     |     |    |     |             |
| 4                                              | Insurer/plan has a coverage policy that addresses PCP/Ob/midwife billing codes for screening and treatment (including UM requirements for outpatient care when a patient requires authorization be submitted by a psychiatrist) as well as coverage of maternal mental health-specific drug(s) and FDA approved maternal mental health digital therapeutics.                                 |     |    |     |             |
| 5                                              | Insurer/plan has developed a maternal mental health-specific case management program for PCPs, Obs, and midwives to refer to, as well as patients to self-enroll in. Such a program provides patients with support accessing in-network providers in a timely manner and tracks patient progress, reporting the patient's progress and treatment engagement back to the PCP, Ob, or midwife. |     |    |     |             |
| Credentialing / Contracting                    |                                                                                                                                                                                                                                                                                                                                                                                              | YES | NO | N/A | IN PROGRESS |
| 6                                              | The medical or behavioral health plan (whichever credentials behavioral health providers) lists which providers are Perinatal Mental Health Certified (PMH-C) in provider directories and staff search engines.                                                                                                                                                                              |     |    |     |             |
| 7                                              | The medical or behavioral health plan (whichever contracts with outpatient behavioral health programs) has contracted with all available perinatal mental health outpatient programs (or, if there are programs serving the same geographic location, has contracted with at least one such program).                                                                                        |     |    |     |             |
| 8                                              | The medical or behavioral health plan (whichever contracts with inpatient behavioral health programs) has contracted with all available perinatal mental health inpatient programs (or, if there are programs serving the same geographic location, has contracted with at least one such program).                                                                                          |     |    |     |             |
| 9                                              | Insurer/plan publishes a listing of clinician-led support groups for maternal mental health in provider directories.                                                                                                                                                                                                                                                                         |     |    |     |             |
| 10                                             | Insurer/plan includes licensed or state-certified midwives in medical provider networks, provider directories, and staff search engines.                                                                                                                                                                                                                                                     |     |    |     |             |
| 11                                             | The medical or behavioral health plan (whichever credentials behavioral health providers) includes state-certified peer support specialists in mental health provider networks, provider directories, and staff search engines. Instructions are provided to contracted licensed mental health providers and hospitals about approved billing codes for certified peer services.             |     |    |     |             |

|           |                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| <b>12</b> | Insurer/plan includes state-certified doulas for pregnancy, labor & delivery, and postpartum care in medical provider networks and provider directories. Instructions are provided to Obs, midwives, family practice MDs who provide maternity care, hospitals, and other interested network providers about approved billing codes for doula services. |  |  |  |  |
| <b>13</b> | Insurer/plan includes state-licensed or certified birth centers in medical provider networks and provider directories.                                                                                                                                                                                                                                  |  |  |  |  |

| Coverage / Payment |                                                                                                                                                                                                                                                                              | YES | NO | N/A | IN PROGRESS |
|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|-------------|
| <b>14</b>          | Private insurers/plans: publish payment billing codes for PCPs/Obs/midwives to screen using CPT code 96127 at a minimum and, ideally, other applicable mental health screening codes.                                                                                        |     |    |     |             |
| <b>15</b>          | Medicaid plans: If the state Medicaid agency reimburses PCPs/Obs/midwives for depression screening, the plan publishes payment billing codes for PCPs/Obs/midwives to screen using CPT code 96127 at a minimum and, ideally, other applicable mental health screening codes. |     |    |     |             |
| <b>16</b>          | Private insurers/Plans: publish payment billing codes for PCPs/Obs/midwives for treatment and follow-up.                                                                                                                                                                     |     |    |     |             |
| <b>17</b>          | Medicaid plans: If the state Medicaid agency reimburses PCPs/Obs/midwives for follow-up and/or treatment, publishes billing codes for PCPs/Obs/midwives.                                                                                                                     |     |    |     |             |
| <b>18</b>          | Private insurers: Reimburse behavioral health and Perinatal Mental Health Certified (PMH-C) providers a rate for specialized services.                                                                                                                                       |     |    |     |             |

| Network Adequacy / Quality |                                                                                                                                                                                                                                                                                          | YES | NO | N/A | IN PROGRESS |
|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|-------------|
| <b>20</b>                  | Insurer/plan monitors network adequacy for the number and geo-location of Perinatal Mental Health-Certified (PMH-C) providers in the behavioral health network and ensures no providers are declined entry into the network when gaps exist.                                             |     |    |     |             |
| <b>21</b>                  | Insurer/plan emphasizes the role of the Ob, Family Practice MD providing maternity care, and midwife in screening and follow-up for maternal mental health disorders by tracking screening and follow-up HEDIS results rates disaggregated by Obs, midwives, and PCPs (family practice). |     |    |     |             |
| <b>23</b>                  | Insurer/plan monitors network adequacy for Obs, Family Practice MDs providing maternity care, and licensed or state-certified midwives.                                                                                                                                                  |     |    |     |             |
| <b>24</b>                  | Insurer/plan monitors network adequacy for state-certified peer support specialists.                                                                                                                                                                                                     |     |    |     |             |
| <b>25</b>                  | Insurer/plan monitors network adequacy of state-certified pregnancy doulas, labor and delivery doulas, and postpartum doulas.                                                                                                                                                            |     |    |     |             |

| 26               | Insurer/plan monitors network adequacy of birthing facilities, including certified birth centers.                                                                                                                                                                                                                                                                                                              |     |    |     |             |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|-------------|
| Covered Benefits |                                                                                                                                                                                                                                                                                                                                                                                                                | YES | NO | N/A | IN PROGRESS |
| 27               | Insurer/plan indicates coverage of maternity care benefits provided by licensed or state-certified midwives.                                                                                                                                                                                                                                                                                                   |     |    |     |             |
| 28               | Insurer/plan indicates coverage of mental health services provided by state-certified peer support specialists in their mental health benefit contracts for all patients (not on an employer buy-up basis).                                                                                                                                                                                                    |     |    |     |             |
| 29               | Insurer/plan indicates coverage of pregnancy, labor & delivery, and postpartum care provided by state-certified doulas in their medical benefit contract for all patients (not on an employer buy-up basis). Pregnancy and postpartum doula coverage may be provided in any setting, including the home. Prior authorization/visit limits should be no more restrictive than for the physical therapy benefit. |     |    |     |             |
| 30               | Insurer/plan indicates coverage of maternity services provided by state-licensed or certified birth centers in their mental health benefit contracts for all patients (not on an employer buy-up basis).                                                                                                                                                                                                       |     |    |     |             |

### Whole Mom Insurer Accreditation Scale

Recognition as a “Whole Mom” Insurer/Plan is based on the following scale:

Excellent Accreditation: Meets all 28 basic standards and at least one advanced standard

Accredited: Meets 23 of the basic standards

Preliminary Accreditation: Meets 14 of the 28 basic standards

### How to be Recognized as a Whole Mom Insurer

Submit this completed form along with a letter from requesting consideration as a “Whole Mom” Insurer/plan attesting to the accuracy of this form’s content to: [info@PolicyCenterMMH.org](mailto:info@PolicyCenterMMH.org) by June 30 or November 30 of each year.

Whole Mom Insurers may announce their designation through a press release and will receive an accreditation seal to display on their websites.

### Recommended Citation

Policy Center for Maternal Mental Health. (2027, July). Insurer/Plan Whole Mom Survey.  
<https://policycentermmh.org/insurer-whole-mom-standards/>

R005—07.26