



Improving Asthma Control Affinity Group EXPRESSION OF INTEREST (EOI) FORM

The Center for Medicaid and CHIP Services (CMCS) is pleased to announce the **Improving Asthma Control Affinity Group** focused on improving asthma control for Medicaid and CHIP beneficiaries. As a part of this affinity group, quality improvement (QI) advisors and subject-matter experts (SMEs) will provide technical assistance to Medicaid- and CHIP-led state teams through individualized and group meetings, using QI tools to identify, implement, and test asthma initiatives. Participating state teams will meet monthly from April 2020 through December 2020 to design, prototype, and test data-driven interventions. For more information on the affinity group, please see the fact sheet, available at [Medicaid.gov](https://www.Medicaid.gov).

Please note: Once your state is ready to complete an EOI, please complete the form, available at this [link](#).

Please submit the EOI form by **8:00 pm EST on Wednesday, March 4, 2020**.

Contact Information	
Team Lead Name:	Title:
Agency Name:	
Mailing Address:	
Phone:	Email:

1. **Participation Goals:** Briefly share your goals for participating in the affinity group. What outcomes do you hope to improve by participating in the affinity group (e.g., improve performance on Asthma Medication Ratio (AMR) measures in the Core Sets, reduce asthma-related hospitalizations, reduce asthma-related emergency department (ED) visits, etc.)?
2. **State Needs Assessment:** CMCS would like to understand your state’s current initiatives or projected goals for improving asthma control for Medicaid and CHIP beneficiaries.
 - a. Briefly describe the asthma-related services that you cover in your state (e.g., home visits, asthma self-management, asthma medications, etc.) and any utilization management tools in place.
 - b. What are the key challenges and opportunities related to asthma control in your state? If available, use data to describe.



3. **Early Project Ideas:** Please tell us about any project ideas that you are considering to improve asthma control among Medicaid and CHIP beneficiaries in your state. Please also indicate your access to asthma-related data. (Note: identifying an intervention or a strategy is not a requirement to submit an EOI to participate in the affinity group. A state may develop a Medicaid and CHIP asthma QI project as part of the affinity group.)
4. **Your Team:** Please tell us who else will be a part of your state team. Add rows as needed.

Name	Title	Organizational Affiliation	Email	Confirmed? (Yes/No)

5. State teams are expected to have the support of the Medicaid Director, Medical Director or other senior leadership in the agency to demonstrate the state’s interest in achieving the project’s goals. Please indicate below the name of the senior Medicaid or CHIP official supporting your state’s participation.

Name:
Title:
Email:
Phone Number:

Questions? Email us at: MACQualityImprovement@mathematica-mpr.com