

Improving Postpartum Care Learning Collaborative (LC) Affinity Group Expression of Interest (EOI) Form

The Center for Medicaid and CHIP Services (CMCS) is pleased to announce the **Improving Postpartum Care LC Affinity Group**, focused on improving the use and quality of postpartum care for Medicaid and Children’s Health Insurance Program (CHIP) beneficiaries who are high risk, including women with chronic medical conditions. 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 QI teams through individualized and group meetings, using QI tools to identify, implement, and test postpartum care quality improvement change ideas. Participating state teams will meet monthly from April 2021 through April 2022 (with additional technical assistance available until October 2022). For more information on the affinity group, please see the fact sheet, available [here](#).

To participate in the affinity group, please complete and submit this Expression of Interest (EOI) form found [here](#) by **8 p.m. eastern time March 12, 2021**. In addition to the relevant state Medicaid and CHIP staff, states are encouraged to include representatives from managed care plans, state health departments, other public entities, providers, and other relevant partners as part of the affinity group team. Upon receipt of the EOI form, CMCS and the TA team will contact the proposed state QI team leader to discuss the state’s postpartum care improvement goals.

Criteria for affinity group participation include:

- Well-articulated goals for improving postpartum care for high risk women
- An understanding of the state’s challenges and opportunities related to postpartum care improvement
- Access to maternal health data, including the ability to report the Core Set measure Prenatal and Postpartum Care: Postpartum Care (PPC-AD)
- Identification of a well-rounded state team willing to work approximately 10-15 hours each month (depending on role, project, and team size) on the state QI project
- Commitment to action, with support from Medicaid and/or CHIP leadership

The information you will need to include is provided below.

| Contact Information | |
|---------------------|--------|
| Team leader 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 (for example, improve performance in attendance at postpartum care visits, improve the percent of women receiving recommended care, reduce disparities in postpartum complications)?

2. **State needs assessment:** CMCS would like to understand your state’s challenges and opportunities related to postpartum care and the postpartum care initiatives for Medicaid and CHIP beneficiaries that your state has undertaken.
 - a. What are the key challenges and opportunities related to quality postpartum care for high risk women in your state? If available, use data to describe the opportunities for improvement in your state.
 - b. Are you aware of any disparities in postpartum care in your state? If available, use data to describe the disparities.
 - c. Briefly describe the postpartum care related initiatives you have implemented or that are underway in your state.
 - d. What services related to postpartum care do you cover in your state (for example, transportation, midwifery-centered care, group appointments, doula support, home visits).
3. **Early project ideas:** Please describe any project ideas that you are considering to improve postpartum care among Medicaid and CHIP beneficiaries in your state. (Note: identifying an intervention or a strategy is not a requirement to participate in the affinity group. A state may begin to develop a Medicaid and CHIP postpartum QI project as part of the affinity group.)
4. **Access to maternal health data.** Indicate the available data you have related to identifying areas for improvement or monitoring progress on improving quality of postpartum care. Do you currently report the Prenatal and Postpartum Care: Postpartum Care (PPC-AD) measure?
5. **Your team:** In the table below, provide the names, titles, and affiliations of your proposed team members. Please include someone to help gather and understand your data. Add more rows if necessary.

| Name | Title | Organizational Affiliation | Email | Confirmed (Yes or No) |
|------|-------|----------------------------|-------|-----------------------|
| | | | | |
| | | | | |
| | | | | |

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

| State Medicaid or CHIP senior official |
|--|
| Name: |
| Title: |
| Email: |
| Phone: |

7. Is there any other information you would like to provide?

Thank you for your interest!

If you have questions please submit them to MACQualityImprovement@mathematica-mpr.com.