

Appendix 3: MEQC Pilot Planning Cover Sheet

| MEQC Pilot Planning document Cover Sheet | | | | |
|---|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Name of State & Date Submitted | | | | |
| Contact Person | | | | |
| Phone | | | | |
| E-Mail | | | | |
| MEQC Review Period | Jan. 1 – Dec. 31, 20 | | | |
| Active Cases (minimum of 400 & at least 200 Medicaid required) | | | | |
| | | | | |
| Universe Size (Indicate Medicaid, CHIP, and Grand Total) | | | | |
| Time Frame of Universe | | | | |
| Total Sample selected (Indicate Medicaid, CHIP, and Grand Total) | | | | |
| Active Case Areas of Focus—Medicaid | | | | |
| Indicate NO here if you have no Medicaid active case areas of focus & skip this section | | | | |
| Description Area of Focus 1 | Description Area of Focus 2 | Description Area of Focus 3 | Description Area of Focus 4 | Description Area of Focus 5 |
| | | | | |
| Universe 1 | Universe 2 | Universe 3 | Universe 4 | Universe 5 |
| | | | | |
| Sample Size 1 | Sample Size 2 | Sample Size 3 | Sample Size 4 | Sample Size 5 |
| | | | | |
| Active Case Areas of Focus—CHIP | | | | |
| Indicate NO here if you have no CHIP active case areas of focus & skip this section | | | | |
| Description Area of Focus 1 | Description Area of Focus 2 | Description Area of Focus 3 | Description Area of Focus 4 | Description Area of Focus 5 |
| | | | | |
| Universe 1 | Universe 2 | Universe 3 | Universe 4 | Universe 5 |
| | | | | |
| Sample Size 1 | Sample Size 2 | Sample Size 3 | Sample Size 4 | Sample Size 5 |
| | | | | |

| Negative Cases (minimum of 400 required [200 Medicaid, 200 CHIP]) | |
|--|--|
| Universe Size of Medicaid Negative Case Actions | |
| Time Frame of Negative Medicaid Universe | |
| Total Number of Medicaid Negative Case Actions to be Selected | |
| Planned Frequency of Sampling | |
| Universe Size of CHIP Negative Case Actions | |
| Time Frame of Negative CHIP Universe | |
| Total Number of CHIP Negative Case Actions to be Selected | |
| Planned Frequency of Sampling | |
| Total Universe Size of Medicaid and CHIP Negative Case Actions | |
| Grand Total of Medicaid and CHIP Negative Case Actions to be Selected | |
| | |