

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