**Data Quality Report Process**

Purpose: To ensure valid and reliable data is submitted into the Early Intervention Client System (EICS) by all early intervention service providers and programs in a timely manner; ensuring accurate and reliable data for state and federal reporting and the payment of claims.

Scope: The intended audience for this process is EI Division Staff, EIS programs and providers and EIBI programs and providers.

### Prerequisites:

* Data Quality report A and B master list for that month
* Program summary data report

### Procedure:

1. The Research and Analysis Unit will produce monthly data quality reports in the form of two reports, A and B. These reports will be produced on the 4th Monday of each month to identify missing or illogical data in the Early Intervention Client System (EICS).
   1. **Data report A** is a report of missing data for children who have an active open enrollment in EICS and the program providing services can fix the missing data in EICS.
   2. **Data report B** is a report of missing and illogical data in which the data fields that are missing are unable to be corrected by the providing program OR the enrollment for that child is closed in EICS.
2. Each Clinical Oversight and Support Specialist (COSS) sends a report via Secure mail to designated programs.
3. The EIS Program receives their report and corrects all data errors identified:
   1. For report A they enter the missing data into EICS within 15 business days
   2. For report B they enter the missing data or update the illogical date in their B report and return via secure mail to the COSS within 15 business days.
4. Data corrections are made in EICS.

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| **Examples of missing or illogical data:** |
| * The child is two months past their 3rd birthday and no discharge date has been entered into EICS. * The child was found eligible, 4 months have passed, and the child has not been discharged and IFSP Meeting data has not been entered into EICS. * The date of the child’s initial IFSP meeting is before the child’s date of referral to EI |

### Analysis: Data Quality Report Monitoring

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| **Data Error** | **COSS Follow up** |
| Programs that have 40 or more children with a data error and/or 5% of total enrollments have a data error for **2 consecutive months** | Required call by Clinical Oversight and Support Specialist to the program to discuss the data presented and offer support and TA. |
| Programs that have 40 or more children with errors and/or 5% of total enrollments have errors for **4 consecutive months** | Programs will be required to engage in technical assistance with the Clinical Oversight and Support Specialist to identify root causes as well as develop a plan for improving data timeliness and accuracy of data entry. A quality improvement plan could be used to support this. |
| Programs that have 40 or more children with errors and/or 5% of total enrollments have errors for **6 consecutive months** | Issue Corrective Action Plan (CAP), unless that program has shown a trend of improvement and is engaged in TA, you can give the program 1 more month if needed to drop under 40 and/or 5% before issuing a CAP. |
| Programs that have 40 or more children with errors and/or 5% of total enrollments **three of six months nonconsecutively** | Required call by Clinical Oversight and Support Specialist to the program to discuss the data presented and offer support and TA. |

A Corrective Action Plan (CAP) may be issued for any program that does not demonstrate improvement in its data quality report over time.