



In an effort to have consistent and accurate data entry across the provider network, the Division has developed a series of Data Integrity Reports addressing identified Quality Assurance, Validation, and TEDS submission issues. On the 17th of each month, providers will receive the Data Integrity Reports containing identified Quality Assurance Issues. By the 20th of each month, providers will receive the Data Integrity Reports with identified Validation Issues and TEDS Submission errors. Corrections are expected to be completed by the Sunday before the 2nd Monday of the next month.

Below is a brief explanation of Quality Assurance and Validation Data Integrity reports. For more information, please contact Elizabeth Schaller, Data Coordinator, at elizabeth.schaller@idph.iowa.gov or 515.281.4643.

Quality Assurance - Identifies client data that is missing or is a possible data entry error.

Report Title	Report Description
ADMISSION RECORD MISSING MATCHING ENCOUNTER	A report will be generated for each Admission Type (Placement Screening, Crisis Intervention, and Admission) containing a listing of clients who have a completed ADMISSION record (Placement Screening, Crisis, Admission) and does not have a matching SERVICE/ENCOUNTER.
ADMISSIONS WITHOUT ENCOUNTERS FOR 60 DAYS AND NO DISCHARGE	This report contains a listing of clients who have a completed ADMISSION record and do not have a SERVICE/ENCOUNTER submitted/entered for 60 days from the last service date AND do not have a DISCHARGE module/record completed/submitted.

ACTION REQUESTED:

- If the report show “0” records, then no corrections are necessary.
- For I-SMART users, the course of correction is to look up the Client ID# in I-SMART and enter the correct/missing data, or in the case of no activity in 60 days, complete the discharge module (as applicable).
- For providers submitting directly to the Central Data Repository, update the client record as appropriate in your clinical system and resubmit with your next file submissions.

Validation- Identifies client records that have a missing, incomplete, or an incorrect value. An ERROR CODE is listed which identifies the field that has missing data or contains an invalid value.

Record Type	Concern Description
Client Profile	This is a client with a CLIENT PROFILE record that has a field(s) within the record that is missing data or contains an invalid value.
Admission	This is a client with an ADMISSION record that has a field(s) within the record that is missing data or contains an invalid value.
Service	This is a client with a SERVICE/ENCOUNTER record that has a field(s) within the record that is missing data or contains an invalid value.
Discharge	This is a client with a DISCHARGE record that has a field(s) within the record that is missing data or contains an invalid value.
Follow-up	This is a client with a FOLLOW-UP record that has a field(s) within the record that is missing data or contains an invalid value.
TEDS Admission	This is a client with a TEDS ADMISSION record that has a field(s) within the record that is missing data or contains an invalid value.
TEDS Discharge	This is a client with a TEDS DISCHARGE record that has a field(s) within the record that is missing data or contains an invalid value.

ACTION REQUESTED:

- For I-SMART users, the course of correction is to look up the Client ID# in I-SMART and update/correct the field(s) with an error.
- For providers submitting client data to the Central Data Repository, correct the identified field with the error in your agency’s clinical system and resubmit with your agency’s next file submissions.



Quarterly Data Integrity Report

This report has been developed to assist providers in identifying possible concerns regarding timeliness of data entry, data entry errors, missing and unfinished client activities. This report will be sent each quarter with your Monthly Data Integrity Report.

Client Record Issue	Description
<p>Possible Data Entry Errors</p> <ul style="list-style-type: none"> • ADMISSION RECORDS • ENCOUNTER RECORDS • DISCHARGE RECORDS 	<p>There are 3 Possible Date Entry Errors reports, one for Admission records, one for Encounter Records, and one for Discharge Records.</p> <p><i>ACTION:</i> Each report contains a listing of clients where the day differential between the activity date/start date and create date is less than <0 or >89 days, or was before 7/1/2009.</p> <ul style="list-style-type: none"> ○ Providers are to investigate the identified record and as appropriate correct the activity date as follows: <ul style="list-style-type: none"> • I-SMART users, enter the correct activity/start date • Providers submitting directly to the CDR please correct the start date in your system and resubmit the corrected record.
<p>Data Lag</p> <ul style="list-style-type: none"> • ADMISSION RECORDS • ENCOUNTER RECORDS • DISCHARGE RECORDS <p><i>FOR INFORMATION ONLY</i></p>	<p>There are 3 Data Lag reports, one for Admission records, one for Encounter Records, and one for Discharge Records.</p> <p>Each report lists by facility the unduplicated client count (number of clients served) for each facility. Included is the average, minimum and maximum “Data Lag” (the difference between the ACTIVITY DATE/START DATE and CREATED DATE).</p>
<p>Missing Client Data</p> <ul style="list-style-type: none"> • ADMISSIONS • CLIENT PROFILES 	<p>MISSING ADMISSIONS: This report contains a listing of clients who have a completed ENCOUNTER record (Crisis Intervention/Placement Screening/Admission) and there is not a corresponding ADMISSION RECORD (Crisis Intervention/Placement Screening/Admission).</p> <p><i>ACTION REQUESTED:</i></p> <ul style="list-style-type: none"> ○ For I-SMART users, the course of correction is to look up the Client ID# in I-SMART and verify or complete the missing ADMISSION RECORD (as applicable) for the ENCOUNTER Service Date listed. ○ For providers submitting directly to the Central Data Repository complete the missing ADMISSION RECORD (as applicable) for the ENCOUNTER Service Date listed. <p>MISSING CLIENT PROFILES: This report contains a listing of clients who have a completed ENCOUNTER, ADMISSION, and/or DISCHARGE record and there is not a corresponding CLIENT RECORD completed/submitted.</p> <p><i>ACTION REQUESTED:</i></p> <ul style="list-style-type: none"> ○ For I-SMART users, the course of correction is to look up the Client ID# in I-SMART and verify or complete the missing CLIENT profile. ○ For providers submitting directly to the Central Data Repository complete the missing CLIENT PROFILE information and resubmit the client record.
<p>Unfinished Client Activities (<i>not included in spreadsheet</i>)</p>	<p>For I-SMART users only. This is a QA/QC report in I-SMART that lists unfinished client activities.</p> <p><i>ACTION: Providers are to run this report and complete listed activities as applicable. In cases where information was not collected or is unknown, leave the record incomplete (contact Elizabeth Schaller if there are questions).</i></p>

For I-SMART users, once the correction is made, ISMART will update the CDR the following Monday. For providers submitting directly to the Central Data Repository, please resubmit the corrected records with your agency’s next file submissions.