Provider Response Checklist (Attach to Report Card)

Instructions: Please review your report card and indicate any actions you plan to take or have taken to address data quality and timeliness.

Action Item	Planned / Completed	Notes / Proof of Action
Reviewed and corrected incomplete or invalid fields (race, ethnicity, eligibility, funding source, lot number)	☐ Planned	☐ Completed
Updated EHR reference tables (CVX, NDC, MVX, Route, Body Site)	☐ Planned	☐ Completed
Conducted staff training on documentation & data entry workflows	☐ Planned	☐ Completed
Implemented EHR/system fixes or configuration changes	☐ Planned	☐ Completed
Submitted questions to IIS program or requested technical assistance	☐ Planned	☐ Completed
Set up internal monitoring of data quality (dashboard or reports)	☐ Planned	☐ Completed
Other (please specify):	☐ Planned	☐ Completed

Provider Data Quality Action Plan Template
(Providers can return this to the IIS Program)
Provider Name:
Contact Person:
Date:

Summary of Review
☐ We have reviewed the IIS Provider Report Card for our organization

Overall, we plan to focus on improving the following areas:
(check all that apply)
☐ Completeness
☐ Validity
☐ Timeliness
☐ Other:

Planned Actions

Action	Target Date	Person Responsible	How Proof Will Be Provided
Correct invalid or incomplete fields			
Update EHR code sets			
Conduct staff training			
Implement system fixes/configurations			
Request assistance from IIS program			
Set up internal monitoring reports			
Other			

Signature (Optional)
Signature:
Date: