

**State of Ohio**  
**Ohio Department of Medicaid**  
**Exception Review**  
**Facility Request for Review Cancellation**

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**Policy:** A scheduled Exception Review may be cancelled per facility request under a limited number of circumstances.

**Purpose:** RN Reviewers will consistently follow standard protocols and procedures for canceling all skilled nursing facility Exception reviews.

**Procedure:**

1. The facility Administrator or designee must submit the request for cancellation in writing to Myers and Stauffer.
  - Request may be emailed, AND
  - Request must be signed by either facility Administrator or designee, AND
  - Request must include reason for cancelation, AND
  - If request is due to State Surveyors in the facility, the name and contact number of Survey Team Lead must be included in request.
  
2. After receipt of the request, Myers and Stauffer will make a decision as to granting or denying the request for cancelation of the review and will notify the facility in writing by email. The reasons that a facility request for cancelation may be approved include but are not limited to:
  - State surveyors are in the facility prior to or in advance of the scheduled review,
  - Inclement weather/weather emergency,
  - State declared emergency.

**Note:** This list is not all inclusive; there may be additional circumstances that will be evaluated on a case-by-case basis.
  
3. In the event of a second consecutive request for cancellation, Myers and Stauffer will make a determination based on the circumstances surrounding the request and ODM may be notified. ODM may provide additional instruction as deemed necessary.

Effective: 8/1/21

**State of Ohio  
Ohio Department of Medicaid  
Exception Review  
Health Records Policy**

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- Policy:** It is the policy of the ODM to examine/review original medical record documentation to support resident assessment data (Minimum Data Set--MDS) for the Exception Review.
- Purpose:** RN Reviewers will consistently review resident original permanent legal medical records following standard protocols and procedures for all skilled nursing facilities.
- Procedure:** Health care providers using Health Information Technology (HIT), in particular, Electronic Health Records (EHRs) are required to comply with the following procedures:
- The facility must:
    - Designate a liaison who will access the system, AND
    - Retrieve electronic health record information as requested.
  - Undue delays in the production of original and or EHR medical records are unacceptable and could result in an additional review, and/or unsupported assessments. Please refer to the Excessive Wait Time for Medical Records Policy.
  - The provider is solely responsible for ensuring that all necessary back up of data and security measures are in place.

Electronic health records may not eliminate the need for printed/scanned copies of records or portions of the medical records. The RN Reviewer shall make reasonable efforts to request records for only those portions of the record deemed absolutely essential in performing the medical record review.

Existing requirements allow the RN Reviewer authorization by law to review medical records whether those records are paper or electronic record systems. The facility should ensure that electronic data is backed-up and secure, and does not impede the review process or provision of care and services to beneficiaries.

\*Health Records shall be defined as computer records, scanned records and/or any records otherwise maintained as legal medical documentation.

Effective: 8/1/21

**State of Ohio**  
**Ohio Department of Medicaid**  
**Exception Reviews**  
**Medical Record Correction Policy**

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- Policy:** Minor changes or corrections in the resident's status should be noted in the resident's record, in accordance with standards of clinical practice and documentation. Once documentation is recorded in the medical record, facilities may not "change" previously recorded documentation. Facilities may correct any inaccurate notations by following the CMS Correction Policy. This policy allows for a correction methodology in accordance with standards of clinical practice and documentation.
- Purpose:** RN Reviewers will consistently follow standard protocols and procedures for accepting medical record documentation corrections from all skilled nursing facilities.
- Procedure:** The resident's original permanent medical record is a legal record. Changes made to the electronic record or hard copy record maintained after data transmission are not recognized as proper corrections. Therefore, the ODM has made provisions to allow proper corrections for the electronic record or paper record maintained in the resident's original permanent medical record as follows:
- a) If an error is discovered in the medical record supporting documentation within 14 days of the MDS assessment reference date (ARD), but no later than the completion date of the MDS and before submission to the Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) system, the documentation may be corrected using standard editing procedures.
  - b) Any corrections made including but not limited to, the Activities of Daily Living (ADL) documentation must have an associated **note of explanation per correction**.
  - c) If a significant error is discovered in a record after submission to the QIES ASAP system, modification or inactivation procedures must be followed as directed in Chapter 5 of the RAI manual.
  - d) A quarterly or summary note will not substitute for an occurrence correction for the Exception Review unless there is date(s) specificity within the summary.
  - e) Improper or illegible corrections will not be accepted for the Exception Review.
  - f) All documentation, including corrections, must be part of the original legal medical record.
  - g) Any and all MDS coding and interpretation questions shall be referred to the State RAI Coordinator.

Effective: 8/1/21

**State of Ohio**  
**Ohio Department of Medicaid**  
**Exception Review**  
**Excessive Wait Time for Medical Records Policy**

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**Policy:** During an Exception Review, the facility must provide medical record documents as requested within established time limits. There are procedures the RN Reviewer(s) will follow if excessive wait time and/or undue delays occur. This applies to both original (paper) and electronic health records.

**Purpose:** RN Reviewers will consistently review resident original permanent legal medical records following standard protocols and procedures for all skilled nursing facilities.

**Procedure:**

1. Once the facility has been presented a list of medical records request:
  - a. A minimum of two records must be provided within 15 minutes of the completion of the entrance conference, and
  - b. The remainder of the requested records and/or electronic health records must be provided within 60 minutes of the completion of the entrance conference.
2. If two medical records are not provided within 15 minutes of the completion of the entrance conference, the facility liaison will be asked to bring the records or assist with providing the electronic health records to facilitate the review.
3. If the remaining medical records from the list are not provided within 60 minutes of the completion of the entrance conference, the Director of Nursing and/or facility Administrator will be notified of the excess wait time.
4. If all the records from the current list provided are not made available within 90 minutes of the completion of the entrance conference, the RN Reviewer will notify his/her supervisor.
5. The supervisor will then make a determination on how the RN Reviewer should proceed.
6. ODM will be notified of the situation and may provide additional instruction as deemed necessary.
7. This procedure applies to all types of medical record requests.
8. Excessive and/or undue delays in providing original and/or electronic health records are unacceptable and may result in an additional review and/or unsupported assessments as directed by ODM.

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