It is the policy of the OMPP to examine/review original medical record documentation to support resident assessment data (Minimum Data Set–MDS) for the Case Mix Review.

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 grant access to any medical record, including access to EHRs when requested by the RN Reviewer.
- The facility must:
  - Provide the RN Reviewer with a tutorial on how to use its particular electronic system, and
  - Designate a liaison who will, when requested by the RN Reviewer, access the system, and
  - Respond to any questions or assist the RN Reviewer as needed in accessing electronic record information within 15 minutes of the request.
- Each RN Reviewer will determine the EHR access method that best meets the need for that review.
- During the entrance conference in a facility using EHRs the RN Reviewer must request that the facility provide a terminal(s) where the RN Reviewer may access records.
- If the facility is unable to provide direct print capability to the RN Reviewer, the provider must make available a printout of any record or part of a record within 15 minutes of the request.
- *Undue delays in the production of original and or EHR medical records are unacceptable and could result in an additional review, unsupported documentation, and/or unsupported assessments. Please refer to the Excessive Wait Time for Medical Records Policy.*
- Whenever possible, the facility must provide the RN Reviewer electronic access to the records in a read-only format or other secure format to avoid any inadvertent changes to the record.
- The provider is solely responsible for ensuring that all necessary back up of data and security measures are in place.

During the entrance conference the RN Reviewer will establish with the facility the process they will follow in order to have unrestricted access to electronic medical records. Electronic access may not eliminate the need for printed copies of portions of the medical records. The RN Reviewer shall make reasonable efforts to print 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 have access to facility records whether those records are paper or electronic record systems. The facility should ensure that data is backed-up and secure, and access does not impede the review process or the 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 July 1, 2015

This policy may be accessed at [http://in.mslc.com/Resources](http://in.mslc.com/Resources)