

SUGGESTED PROCESSES FOR RURAL PROVIDERS IN THE SELECTION OF CASES FOR PEER REVIEW

The selection of medical records for submission to peer review should include the following processes:

- Records should be easily selected from completed cases at or before the time of billing. Alternatively, cases may be selected retrospectively from the provider's computer system.
- Within each provider, agreement must be reached regarding the minimum and maximum number of records to be reviewed each month. The process of peer review must not overload any one provider or practitioner.
- Cases subject to peer review may include "all payers."
- Providers must be able to identify problem areas identified through previous peer review or other methodologies for focused (100 percent) review.
- All Critical Access Hospitals (CAHs) may initially review all cases where the patient length of stay exceeds 96 hours. (CAHs must maintain an annual average LOS of less than 96 hours.)
- Providers must agree to convene regular (monthly or quarterly) peer review meetings to review the results of the peer review process and to take appropriate action.
- Providers may agree to utilize the same screening criteria for the first level (non-physician) review. These criteria may be NDHCRI Criteria.