

Procedure #: 282-14		Title: Delta Dental of Michigan (DDMI) Utilization Management Committee Procedure	
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## 1.0 Purpose of the Utilization Management Committee

- 1.1. The Utilization Management Committee (UM Committee) oversees the DDMI utilization management program (UM program) through continuous, structured monitoring and improvement of the program to ensure effective utilization review, establish efficient management of dental plan resources and promote high quality care.

## 2.0 Purpose of the UM Committee Procedure

- 2.1. The purpose of this procedure is to detail the structure and functions of the DDMI UM Committee.

## 3.0 Definition of Terms

- 3.1. *Adverse Benefit Determination* - A decision made by Delta Dental involving a denial, reduction, or termination of a benefit for which a dental claim was filed, or a failure to provide or to make payment (in whole or in part) for a requested benefit.
- 3.2. *Adverse Utilization Review Determination* - An adverse utilization review determination rendered by a licensed professional peer reviewer that a dental care service was not medically necessary, appropriate, was not of adequate quality or was investigational/experimental treatment.
- 3.3. *Adverse Utilization Review Determination Appeal* - A formal appeal of an adverse dental utilization review determination received from an enrollee or authorized enrollee's representative.
- 3.4. *Adverse Utilization Review Determination Appeal Decision* - A final determination made by Delta Dental that arises from an adverse dental utilization review determination appeal filed by, or on behalf of, an enrollee.
- 3.5. *Appropriateness of Care* - A dental procedure is considered appropriate when, based on generally accepted standards of dental practice, the procedure selected by the treating provider to treat or care for the enrollee's disease or condition (1) is medically necessary, (2) is not contraindicated based on the condition of the patient, (3) is of acceptable quality, (4) is expected to provide health benefit(s) for a given disease or condition that outweigh the expected negative effects of the procedure to such an extent that the treatment is worth carrying out and (5) is not investigational/experimental.
- 3.6. *Case* - A set of circumstances relating to the filing of a claim involving utilization review that requires investigation and action by Delta Dental.

- 3.7. *Claim* - A request for payment under a dental benefit plan; a statement listing services rendered with the dates of services and itemization of costs. The completed request serves as the basis for payment of benefits.
- 3.8. *Delta Dental* - Delta Dental Plan of Michigan, Inc., a nonprofit dental care corporation providing dental services benefits.
- 3.9. *Dental Director* - A licensed dentist who is an employee of Delta Dental. The Dental Director serves as a member of the UM Committee.
- 3.10. *Dentist (also referred to as a "provider")* - Any person duly licensed as a doctor of dental medicine (DMD) or doctor of dental surgery (DDS) practicing within the authority of his/her license. The term "dentist" includes both general practitioner dentists and dental specialists.
- 3.11. *Diagnosis* - The identification of the nature of a disease or other condition by examination of a patient's history, signs and symptoms.
- 3.12. *Director of Quality Improvement, Utilization Management and Population Management* - A licensed dentist who is an employee of Delta Dental. The Director serves as the chairperson of the UM Committee.
- 3.13. *Generally Accepted Standards of Dental Practice* - Refers to rules or requirements for clinical practice that are commonly accepted as correct, i.e., they are regarded by the dental profession as generally accepted principles of patient management that establish norms for the reasonable and prudent dental health care practitioner. Standards of dental practice provide a guide to the knowledge, skills, judgment and attitudes that are needed for a dental health care provider to practice effectively and safely. Standards of practice must be based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community taking into account professional organization recommendations, expert opinions of health care providers practicing in the relevant clinical areas and any other relevant factors.
- 3.14. *Inter-Rater Reliability* - The level of agreement between conclusions, observations, assessments, etc., drawn by different persons on the same data or information.
- 3.15. *Licensed Professional Peer Reviewer* - A licensed general dentist or dental specialist who meet the qualifications under the "Licensed Professional Peer Reviewer (Dental Consultant) Qualifications" section of Delta Dental Utilization Management Plan. Peer reviewers provide retrospective post-service dental utilization review determinations and clinical/scientific information as necessary.
- 3.16. *Medical Necessity* - A dental service is considered medically necessary if it satisfies all the following criteria:
  - 3.16.1. It directly relates to diagnostic, preventive, curative, palliative, rehabilitative or ameliorative treatment or an illness, injury, disability or health condition.
  - 3.16.2. It is consistent with currently accepted standards of good dental practice, including our defined criteria.
  - 3.16.3. It is the most cost-efficient service that can be provided without sacrificing effectiveness or access to care.
  - 3.16.4. It is not primarily for the convenience of the patient, family or dental service provider.

- 3.17. *Member* - A person who is insured or otherwise provided dental benefits coverage through a dental plan administered by Delta Dental.
- 3.18. *Notice of an Adverse Utilization Review Determination* - May also be referred to as a "notice of adverse decision" or "notice of an adverse determination." A communication from Delta Dental to an enrollee, an enrollee's provider or an enrollee's authorized representative providing notice of an adverse dental utilization review determination and, as appropriate, the factual basis of the determination, the process to appeal the determination and other required information.
- 3.19. *Notice of an Adverse Utilization Review Determination Appeal Decision* - May also be referred to as a "notice of grievance decision" or "notice of appeal determination." A communication from Delta Dental to an enrollee, an enrollee's dental provider or an enrollee's authorized representative providing notice of a final adverse dental utilization determination appeal decision and, as appropriate, the factual basis of the decision, the process to appeal the decision, and other required information.
- 3.20. *Peer Review* - Evaluation or review of the performance of colleagues by professionals with similar types and degrees of expertise.
- 3.21. *Professional Determination* - A favorable or adverse utilization review determination rendered by a licensed professional peer reviewer.
- 3.22. *Post-Service Claim* - A dental claim that has been submitted by an enrollee or provider for treatment that has been completed. Delta Dental reviews only post-service claims.
- 3.23. *Provider* - A dentist licensed to provide dental care (also referred to as a dentist, dental office or provider). A "participating dentist" or "participating provider" is a licensed dentist who has signed a participating agreement with Delta Dental and agrees to submit claims and accept Delta Dental's payment, which is calculated based on the program in which the dentist participates. A non-participating provider is a licensed dentist who has not signed a participating agreement with Delta Dental.
- 3.24. *Quality of Care* - Quality of care refers to the extent to which health care services provided to Delta Dental members improve desired health outcomes and are consistent with current professional/scientific knowledge. For care to be considered to be of appropriate quality, it must be based on applicable strong scientific evidence and professionally recognized standards of health care, and be provided in a clinically, technically, socially and culturally competent manner with good provider-patient communication and shared decision making.
- 3.25. *Retrospective Review* - Review following dental care service provision to assess the necessity, appropriateness, quality, and reasonableness of the services provided. Delta Dental carries out only retrospective review.
- 3.26. *Standards* - Authoritative statements of minimum levels of acceptable performance or results, excellent levels of performance or results or the range of acceptable performance or results.
- 3.27. *Treatment* - The provision of dental items or services based on the recommendation of a treating health care provider practicing within the scope of his or her license.
- 3.28. *Utilization Management* - The management of policies, processes and procedures governing the determination of the medical necessity, appropriateness, quality and

efficiency of the use of health care services, procedures and facilities under the provisions of the applicable health benefits plan.

- 3.29. *Utilization Review* - Utilization review refers to professional peer review for the purpose of formally evaluating the coverage, medical necessity, efficiency or appropriateness of health care services and treatment plans.
- 3.30. *Utilization Review Determination* - The rendering of a decision by Delta Dental for the purpose of determining benefits payment which is based on dental utilization review that affirms or rejects the coverage, medical necessity, efficiency or appropriateness of health care services and treatment plans.
- 3.31. *Utilization Management Plan* - The written plan that sets forth Delta Dental's utilization review program, policies and procedures, and a description of the utilization review process.
- 3.32. *Utilization Management (UM) Program* - The UM Program encompasses the functions of developing, implementing, managing, updating and evaluating the policies, processes and procedures governing the determination of the medical necessity, appropriateness, quality and efficiency of the use of health care services, procedures and facilities under the provisions of the applicable health benefits plan.

#### **4.0 Authority of the UM Committee**

- 4.1. The DDMI UM Plan has delegated oversight authority and responsibility of administering the UM program to the UM Committee.

#### **5.0 Composition of the UM Committee**

- 5.1. The UM Committee contains the following standing committee members (voting):
  - 5.1.1. Director, Quality Improvement, Utilization Management and Population Health Management (committee chairperson)
  - 5.1.2. Dental Director
  - 5.1.3. Manager, Professional Services, Focused Review
  - 5.1.4. Manager, Professional Services, Professional Review
  - 5.1.5. Supervisor, Professional Services, Focused Review
  - 5.1.6. 2 licensed general practice dentists
  - 5.1.7. Senior Licensed Professional Peer Reviewer
- 5.2. The UM Committee contains the following consultants to the committee (non-voting):
  - 5.2.1. Endodontist
  - 5.2.2. Oral Surgeon
  - 5.2.3. Orthodontist
  - 5.2.4. Pediatric Dentist
  - 5.2.5. Periodontist

- 5.2.6. Statistician
- 5.2.7. Policy and Process Consultant
- 5.2.8. Secretary (a person designated by the chairperson to be responsible for maintenance of the agenda and keeping of minutes)
- 5.3. Appointment and removal of committee members: The members and any committee consultants shall be appointed by the committee chairperson and may be removed and/or replaced by the chairperson at his/her sole discretion. In addition, a member or consultant of the committee may resign at any time upon a 10-day written notice to the committee chairperson. A member of the committee shall be deemed to have resigned upon termination of employment or consultancy with the company.

## **6.0 Functions of the UM Committee**

- 6.1. The UM Committee chairperson will work with the Dental Director, and any other person(s) designated by the chairperson or director, to set and maintain committee functions to efficiently carry out the committee's purpose, and comply with any applicable UM standards, statutes, regulations or other compliance requirements. This includes determining the data and information needed by the committee to monitor and improve the DDMI UM program, including the performance assessment measures of the DDMI Program for UM Quality Improvement. The activities listed in this section were selected as initial baseline committee functions to meet the committee's purpose and responsibilities.
- 6.2. On an as-required basis:
  - 6.2.1. As necessary, review cases involving undecided dental utilization review questions that are pended to the committee by a licensed professional peer reviewer or staff due to conditions that complicate the routine utilization review determination process.
  - 6.2.2. As necessary, review any issues reported by the committee chairperson or Dental Director involving irregularities in the credentialing/recredentialing of a current or prospective Delta Dental licensed professional peer reviewer.
- 6.3. On a quarterly basis:
  - 6.3.1. Review quarterly utilization review performance assessment measures. Data may be stratified by state, program or client, as required by contract or other requirement, and may include:
    - 6.3.1.1. The total number of dental utilization review determinations;
    - 6.3.1.2. The percentage of dental utilization review determinations where the involved procedure(s) were approved;
    - 6.3.1.3. The percentage of dental utilization review determinations where the involved procedure(s) were not approved;
    - 6.3.1.4. The percentage of dental utilization review determinations performed in a timely manner;
    - 6.3.1.5. The percentage of audited dental utilization review determinations accurately performed according to DDMI clinical review criteria;

- 6.3.1.6. The total number of appeals of an adverse dental utilization review determination;
  - 6.3.1.7. The percentage of appeals of an adverse dental utilization review determination where the original determination was upheld upon review;
  - 6.3.1.8. The percentage of appeals of an adverse dental utilization review determination where the original determination was overturned upon review;
  - 6.3.1.9. The percentage of appeals involving a dental utilization review determination processed in a timely manner.
- 6.3.2. Review any issues reported by the committee chairperson or Dental Director from inter-rater reliability education and calibration sessions with DDMI licensed professional peer reviewers.
- 6.3.3. Review quarterly data on provider utilization of dental services (may include review of utilization trends, trend causation and provision of recommendations on corrective actions, if warranted, e.g., educating providers, further data collection and analysis, updating clinical review criteria, changes in utilization monitoring).
- 6.4. On an annual basis:
  - 6.4.1. Review the results of monthly audits of DDMI licensed professional peer reviewer for adequacy of reviewer utilization review determinations and documentation and provide recommendations for improvement, if appropriate.
  - 6.4.2. Review the DDMI UM Plan on an annual basis and revise the plan, if appropriate.
  - 6.4.3. Review the DDMI clinical review criteria on an annual basis and revise the criteria, if appropriate.
  - 6.4.4. Review any available reports on member and provider experience with DDMI's UM program and provide recommendations for improvement, if appropriate.
  - 6.4.5. Review the DDMI Program for Quality Improvement and provide recommendations for program improvement, if appropriate.
  - 6.4.6. Review the DDMI UM Program's overall effectiveness and provide recommendations for improvement, if appropriate. In carrying out this function, the committee will address, as applicable and appropriate, opportunities for improvement, barriers to improvement, professional peer reviewer performance and assessment of member and provider satisfaction with the utilization review process.
  - 6.4.7. Review this procedure and facilitate any required revisions.

## **7.0 Policies for UM Committee Meetings**

- 7.1. To ensure that DDMI UM program goals are met and/or performance improvement project action plans are implemented, the UM Committee will meet at least quarterly, with the option for the chairperson to add ad hoc additional meetings if needed.
- 7.2. UM Committee meetings are private and will include only committee members, consultants and guests that are invited at the discretion of the chairperson. Persons not listed as committee members, consultants or staff may be invited to specific meetings if their knowledge is required by the committee for its deliberations. In such cases, guests will be excused from meetings when the agenda item with which they are involved is completed and committee member questions have been answered.
- 7.3. Committee members are expected to attend each meeting, in person or via telephone or video-conference, unless prior notice is given to the chairperson or a person designated by the chairperson. At the beginning of each year, the chairperson or a person designated by the chairperson will distribute meeting dates and times for the year to committee members.
- 7.4. A quorum of any meeting of the UM Committee will consist of a majority of its voting members. All members of the committee shall have one vote each.
- 7.5. Minutes will be kept at every committee meeting. The minutes will contain clear and accurate documentation of decisions and other actions taken by the committee. Any reference used by the committee during discussions and decision-making will be referenced in the minutes and attached to the document. Committee minutes will promote continuity from meeting to meeting and accountability to follow through on the decisions, actions and recommendations in a timely manner.

## **8.0 Process for Scheduling and Preparing for a UM Committee Meeting**

- 8.1. The chairperson or a person designated by the chairperson will schedule a committee meeting each quarter and will notify committee members, staff and any invited guests by e-mail of the meeting date, time and location. The committee may be called into emergency session if deemed necessary by the chairperson due to an urgent issue that must be resolved. The frequency of meetings will be reassessed on an ongoing basis depending on the needs of the UM program.
- 8.2. If a UM Committee meeting must be scheduled in addition to the normal monthly meeting due to an urgent issue that must be resolved, the chairperson or a person designated by the chairperson will notify committee members, staff and any invited guests by e-mail of the meeting date, time and location of the meeting. If a committee meeting must be scheduled to discuss and resolve an urgent issue, every reasonable effort will be made to schedule the meeting within the shortest time period possible after determining the necessity for the meeting, including setting the meeting up as a conference call.
- 8.3. If a committee meeting is set up as a conference call, the chairperson or a person designated by the chairperson notifies prospective attendees of the call-in number and conference password. As available, the meeting agenda and any attachments will be sent to attendees via e-mail.
- 8.4. Prior to each UM Committee meeting, the chairperson or person designated by the chairperson will establish and draft the meeting agenda in consultation with committee

members and other resources as appropriate. The purpose of the UM Committee as defined in this document will be listed as a standing agenda item for committee review at every meeting. Additionally, any committee member may submit items to be included on the agenda. The agenda, along with any associated materials, will be sent to members of the committee prior to each meeting. Minutes of previous meeting actions and recommendations will be prepared and provided to all committee members for review and approval at a subsequent meeting of the committee.

## **9.0 Process for Conducting a UM Committee Meeting**

- 9.1. The UM Committee chairperson will call the committee meeting to order and proceed through the UM Committee agenda items in the following order:
  - 9.1.1. The UM Committee chairperson will determine if a quorum is present. If a quorum cannot be obtained, the chairperson will call the committee meeting to order, announce the absence of a quorum and facilitate a motion and majority vote to adjourn the meeting. When a UM Committee meeting is adjourned due to the absence of a quorum, the chairperson or person designated by the chairperson will reschedule the meeting as soon as possible. If the committee meeting was scheduled to make a determination on an urgent issue, then an effort will be made to reschedule the meeting within the shortest time period possible, including considering the option of rescheduling the meeting as a conference call.
  - 9.1.2. Roll call.
  - 9.1.3. Approval of the minutes from the previous committee meeting by general consent unless there is objection from one or more committee members, wherein a vote is taken.
  - 9.1.4. Discussion and decision-making on agenda items. The action of a majority of the members of the committee present at any meeting at which a quorum is present, or actions unanimously adopted in writing without the holding of a meeting, will be considered actions of the committee.
  - 9.1.5. Discussion and decision-making on other business, if any is presented to the committee.
  - 9.1.6. During the UM Committee meeting, a person designated by the chairperson will document the time of the meeting call to order, results of the roll call, approval of previous meeting minutes, a summary of discussion and action by the committee on agenda items, including documentation of the committee members making and seconding motions, the committee discussion and action on other committee business and the time of meeting adjournment.
  - 9.1.7. When there is no further business for the UM Committee, the chairperson will adjourn the committee meeting by general consent unless there is objection from one or more committee members, wherein a vote is taken.
  - 9.1.8. After each UM Committee meeting, a person designated by the chairperson will prepare the meeting minutes for distribution to the committee members at the next meeting. The committee will maintain electronic copies of all minutes,



reports, worksheets and other data in accordance with the applicable time period specified in DDMI's Record Retention Policy.

## **10.0 Processes for UM Committee Oversight of the DDMI Utilization Management Program**

### **10.1. Process for Review of Licensed Professional Peer Reviewer Inter-Rater Reliability Audits**

- 10.1.1. On an annual basis, the chairperson or person designated by the chairperson prepare a report on the results of monthly audits of DDMI licensed professional peer reviewer for adequacy of reviewer utilization review determinations and documentation. This report will be submitted to the UM Committee for review. Committee members will review the report and, as appropriate, provide recommendations based on the report findings. The report and any actions taken by the committee will be recorded in the committee minutes.

### **10.2. Process for Review of The DDMI Utilization Management Plan**

- 10.2.1. The UM Committee will review the DDMI UM Plan on an annual basis and revise the plan as appropriate to reflect the findings of DDMI's utilization review activities. All major aspects of the plan will be reviewed including the plan scope, policies and procedures and documents, as well as activities within the past year, including significant findings, recommendations, actions taken, and utilization issues forwarded to the committee. If the committee determines that a revision of the plan is required, the revision is deliberated then approved by a majority vote. Appropriate changes in organization, areas of responsibility, criteria, policies and procedures take place as soon possible after being approved by the committee.
- 10.2.2. A person designated by the chairperson will document any actions taken on the UM Plan by the committee in the committee minutes. If a revision of the UM Plan is required, the chairperson will work with the Dental Director, and any other persons designated by the chairperson and/or Dental Director, to make the revisions. The revised draft will be referred back to the UM Committee for final approval and implementation.

### **10.3. Process For Review of DDMI Clinical Review Criteria**

- 10.3.1. The UM Committee will review the DDMI clinical review criteria on an annual basis and revise the criteria as appropriate to reflect the findings of DDMI's utilization review activities. The purpose of the review is to determine changes in the criteria, science or technology that could have a material impact on dental utilization review.
- 10.3.2. All clinical review criteria developed or adopted for use by licensed professional peer reviewers in conducting post-service utilization review are based on current scientific and clinical evidence including:
  - 10.3.2.1. Dental evidence-based guidelines and other pronouncements and publications of leading nationally-recognized dental public health organizations, health research agencies and professional organizations;
  - 10.3.2.2. Credible scientific evidence published in peer-reviewed medical and dental literature, including journals and textbooks generally recognized by the relevant medical and dental communities;
  - 10.3.2.3. Resources from accredited dental schools;

- 10.3.2.4. The regulatory status of relevant dental technologies; and
- 10.3.2.5. Appropriate cumulative professional dental expertise and experience.
- 10.3.3. The chairperson will work in consultation with the Dental Director to form a subcommittee of appropriate healthcare professionals who will review the nationally recognized external dental standards/criteria utilized by DDMI, including clinical guidelines published by the American Academy of Pediatric Dentistry, clinical guidelines, parameters, positions and statements published by the American Academy of Periodontology, clinical guidelines and positions published by the American Association of Endodontists, parameters of care published by the American Association of Oral and Maxillofacial Surgeons and clinical guidelines published by the American Association of Orthodontists. A review will also be made of relevant clinical literature, clinical textbooks maintained for reference by DDMI licensed professional peer reviewers, and any other materials which may be referenced by the reviewers.
- 10.3.4. Based on the findings of the review, the chairperson or a person designated by the chairperson will prepare a report to the UM Committee documenting any identified scientific or clinical changes that warrant a recommendation to update the clinical review criteria, including new treatments, applications and technologies that have been adopted as generally accepted professional dental practice that must be considered in dental utilization review decisions, as well as required updates in the clinical textbook library. The UM Committee will deliberate any recommended updates and approve them based on a majority vote. The process to incorporate changes, such as updates for professional peer reviewers and updating of references, takes place under the supervision of the chairperson or person designated by the chairperson as soon as possible after committee approval.
- 10.3.5. A person designated by the chairperson will document any actions taken on the clinical review criteria by the UM Committee in the committee minutes.
- 10.3.6. If there is a change in scientific or clinical evidence that is significant enough to warrant consideration of updating the DDMI clinical review criteria in between the annual reviews, the chairperson will arrange to add an item on a regular committee meeting agenda, or schedule an ad hoc meeting in the case of an urgent issue.
- 10.4. Process for Review of the DDMI UM Program's Effectiveness
  - 10.4.1. On an annual basis, the chairperson or person designated by the chairperson will conduct an evaluation of the effectiveness of DDMI's UM program activities and prepare a report to the UM Committee. The evaluation will address the overall effectiveness of the utilization management program and include an analysis of performance in each required function. Data analyzed may include data on utilization review determinations by professional peer reviewers, data from appeals of utilization review determinations, provider feedback regarding the DDMI UM program and data from Focused Review provider investigations and audits of provider under- and over-utilization. The evaluation will also report the results of any audits of professional peer reviewer determinations relative to

assessing (1) the degree of compliance with the DDMI policies and procedures, (2) peer reviewer conformity with the commonly accepted standards of dentistry, (3) restriction of utilization review determinations to dental professionals who have appropriate clinical expertise regarding the services under review and (4) that utilization management policies and procedures are not being arbitrarily applied to avoid providing medically necessary services within the covered services established under a client dental plan. The report will detail any significant problem(s) discovered during the evaluation year related to UM program activities and any remediation implemented to resolve the problem(s).

10.4.2. The UM Committee will review the UM program effectiveness report and will determine if any committee actions to revise the UM program are required. If the UM Committee determines that a revision required, the revision will be deliberated then approved by a majority vote. If any expertise outside of committee members and consultants is required for committee deliberations and decision-making, the chairperson or person designated by the chairperson will arrange for it. The process to incorporate changes in UM program organization, areas of responsibility, criteria and/or methodology will take place under the supervision of the committee chairperson and the Dental Director as soon as possible after committee approval.

10.4.3. A person designated by the chairperson will document any actions taken by the committee in the UM Committee minutes.

10.5. Process for Review of Licensed Professional Peer Reviewer Credentialing/Recredentialing

10.5.1. If the Dental Director (1) identifies significant irregularities in the credentialing/recredentialing of a current or prospective DDMI licensed professional peer reviewer based on the criteria/situations/conditions listed in Appendix A and (2) the director believes that there is clear and convincing evidence that the current or prospective peer reviewer does not meet DDMI's requirements for peer reviewers, the director will forward the peer reviewer's credentialing/recredentialing case to the UM Committee for final review and determination on whether to disapprove/terminate the dentist as a peer reviewer. If the Dental Director believes that the irregularity warrants immediate action by the UM Committee, an emergency meeting will be scheduled as soon as possible.

10.5.2. The UM Committee members will review and discuss all relevant case documentation prior to making a determination whether to disapprove/terminate or approve/retain the peer reviewer based on clear and convincing evidence whether the dentist meets DDMI's requirements for peer reviewers. The committee members will discuss all the issues that have been raised by the case and the evidence presented. Conflicting evidence and extenuating circumstances will be evaluated and the UM Committee members will determine which facts have been proven and are pertinent to the committee's decision. The facts will then be applied to the case issues and the UM Committee members will deliberate what determination the UM Committee should make regarding the current or prospective peer reviewer. When a case involves clinical dental issues, such as whether a utilization review determination

was appropriate, if necessary the committee will seek the advice of a dental professional who is qualified by education, training, licensure and facility privileging (when applicable) and whose scope of practice covers the clinical areas under deliberation. If the UM Committee members do not have enough information on a case to make a determination, the chairperson will designate a person to obtain the required information, and the case determination will be pending to the next committee meeting.

- 10.5.3. When review and discussion on a case has concluded, UM Committee members will make a determination of whether to disapprove/terminate or approve/retain the peer reviewer based on a majority vote. Criteria to disapprove/terminate peer reviewer status that are considered by committee members will include, but are not limited to, clear and convincing evidence of any of the criteria, actions, behaviors or conditions listed in [Appendix A](#). The UM Committee does not make determinations on a dentist's network participation based on race, ethnicity/national identity, gender, gender identify, age, sexual orientation, religion, creed, national origin, ancestry, disability, handicap, place of residence, health status or the type of patients the dentist accepts (e.g., government dental programs).
- 10.5.4. A person designated by the chairperson will record the committee's vote to approve/retain the peer reviewer so that the action may be documented in the committee minutes.

## **11.0 Appendix A**

- 11.1. Criteria for the UM Committee to consider when making decisions on decisions to initiate or maintain a contract with a Delta Dental licensed professional peer reviewer, but are not limited to clear and convincing evidence of any of the following actions, behaviors or conditions:
  - 11.1.1. Consideration of any of the actions, behaviors or conditions listed in [Appendix B](#).
  - 11.1.2. A history of a trend of non-delivery of care or balance billing.
  - 11.1.3. Restriction on certification and/or licensure to practice as a general dentist or specialist dentist.
  - 11.1.4. Practiced general dentistry (if a general dentist consultant) or a dental specialty (if a dental specialty consultant) for less than ten years.
  - 11.1.5. Disciplinary action by an ethics committee, licensing board or professional association.
  - 11.1.6. Unable to perform the essential functions of a licensed professional peer reviewer.
  - 11.1.7. Unwillingness to discuss cases with dentists.
  - 11.1.8. Unwillingness to participate in clinical review development and maintenance.
  - 11.1.9. Unwillingness to participate in quality review activities.
  - 11.1.10. Trend of continuing errors identified on processed claims, inter-rater reliability audits or utilization review determination and documentation audits.
  - 11.1.11. Unprofessional behavior with dentists, dental offices, Delta Dental employees or Delta Dental licensed professional peer reviewers and other consultants.

## **12.0 Appendix B**

- 12.1. The following criteria are applied to Quality Assurance Committee decisions to deny or remove a dentist's Delta Dental network participation. UM Committee members will consider clear and convincing evidence of any of the following actions, behaviors or conditions when deciding to initiate or maintain a contract with a Delta Dental licensed professional peer reviewer:
  - 12.1.1. Network Eligibility Issues
    - 12.1.1.1. Credentialing/Recredentialing
      - 12.1.1.1.1. Failure to provide relevant credentialing/recredentialing information or the necessary release.
      - 12.1.1.1.2. Submission of inaccurate or misleading information on the credentialing/recredentialing application.
      - 12.1.1.1.3. No current business need to maintain the participating dentist in the network within the dentist's geographic area, subject to applicable state and federal law.

#### 12.1.1.2. Professional Licensure and Standing

- 12.1.1.2.1. Loss of professional licensure, certification, registration and/or other authorization to practice (such a loss results in an automatic denial or termination of participation status).
- 12.1.1.2.2. Restriction to or sanctions on professional licensure, certification registration and/or other authorization to practice (including, but not limited to, probationary status, chaperone or related requirements such as monitoring and/or open door requirements).
- 12.1.1.2.3. Representing dental specialty status when no such status exists.
- 12.1.1.2.4. Loss of, or restrictions to, Drug Enforcement Administration (DEA) registration or state drug prescribing license.
- 12.1.1.2.5. Loss of, or restrictions to, hospital, clinic, facility, surgical center, network or other healthcare privileges.
- 12.1.1.2.6. Expulsion from state or national dental organization membership based on reasons relating to professional competence or conduct.
- 12.1.1.2.7. Sanctions (including censure or exclusion) by any government program, including, but not limited to, Medicare and Medicaid.
- 12.1.1.2.8. Insufficient/inadequate malpractice insurance coverage.
- 12.1.1.2.9. History of professional liability claims judged excessive based on a review of frequency, severity, patterns and trends (professional liability claims history is defined as cases that are settled and have resulted in an adverse judgement against the dentist).
- 12.1.1.2.10. Failure to comply with applicable local, state or national laws and/or regulations that are relevant to dental practice and/or the Delta Dental Participation Agreement.
- 12.1.1.2.11. Current or history of practice trends that raise concerns regarding the dentist's ethics, quality of care and/or practice standards.
- 12.1.1.2.12. Negative actions or findings by peer review organizations or private accreditation organizations
- 12.1.1.2.13. History of criminal convictions and civil judgments including, but not limited to, health care/insurance fraud, patient abuse/violence or the unlawful distribution, prescription or dispensing of a controlled substance (the

term conviction includes a plea or verdict of guilty or a conviction following a plea of nolo contendere).

12.1.1.3. Participation Agreement

12.1.1.3.1. Non-compliance with the terms and conditions of the Delta Dental Participation Agreement, including balance billing.

12.1.1.3.2. Failure to respond in a thorough and timely manner to Delta Dental communications, including requests for patient treatment records, radiographs and other documentation relevant to claims submitted for benefit payment for treatment of Delta Dental members.

12.1.2. Quality of Care Issues

12.1.2.1. Patient Care Quality: Diagnosis/Treatment Planning

12.1.2.1.1. Inadequate patient evaluation (including required radiographs and tests being inadequate or absent).

12.1.2.1.2. Unnecessary radiographs or tests.

12.1.2.1.3. Recommending unnecessary or wrong dental procedures.

12.1.2.1.4. Claiming that a dental procedure is effective in diagnosing, curing or preventing diseases or other conditions when the representation is not based on strong scientific evidence and professionally recognized standards of health care.

12.1.2.2. Patient Care Quality: Treatment

12.1.2.2.1. Treatment rendered was grossly and flagrantly unacceptable and presented a danger to the health, safety or well-being of a Delta Dental member or unnecessarily placed the member at high-risk of substantial and permanent harm.

12.1.2.2.2. Performance of the wrong treatment for the patient's condition (e.g., performing periodontal scaling and root planing to treat gingivitis with no loss of attachment).

12.1.2.2.3. Performance of medically unnecessary treatment (other than appropriate cosmetic treatment agreed upon by the patient).

12.1.2.2.4. Treatment rendered that is inconsistent with generally accepted standards of dental practice (e.g., the dentist committed technical errors), but did not present a danger to the health, safety or well-being of a Delta Dental member, although it resulted (or could have resulted) in a negative outcome that did not significantly degrade the member's functional status.



- 12.1.2.2.5. Removal of dental amalgam restorations from a non-allergic patient for the alleged purpose of removing toxic substances from the body.
- 12.1.2.2.6. Inadequate pain management.
- 12.1.2.2.7. Failure to provide emergency care to patients of record.
- 12.1.2.2.8. Lack or delay of scheduling additional required treatment or maintenance appointments.
- 12.1.2.3. Patient Care Quality: Recordkeeping
  - 12.1.2.3.1. Current or history of inadequate dental patient treatment record practices including, but not limited to, failure in recording (1) medical and dental history, (2) the patient's existing oral health care status and the results of any diagnostic aids used, (3) diagnosis and treatment plan, (4) dental procedures performed upon the patient, that specify the date the procedure was performed and the identity of the dentist or the dental auxiliary performing each procedure, (5) progress notes that include a chronology of the patient's progress throughout the course of all treatment, (6) the date, dosage, and amount of any medication or drug prescribed, dispensed, or administered to the patient and (7) radiographs taken in the course of treatment.
- 12.1.2.4. Patient Safety
  - 12.1.2.4.1. Erroneous, inaccurate, missed, delayed or contradictory diagnosis of patient disease/conditions
  - 12.1.2.4.2. Errors in prescribing/administering drugs and medications.
  - 12.1.2.4.3. Excessive force used in treatment procedures with resultant patient injury.
  - 12.1.2.4.4. Failure to explain possible or actual complications (e.g., fracture of endodontic file).
  - 12.1.2.4.5. Failure to comply with state and federal laws and regulations applicable to disease and infection control.
  - 12.1.2.4.6. Assigning unqualified auxiliaries to perform dental procedures on Delta Dental members that cannot be legally delegated to those auxiliaries.
  - 12.1.2.4.7. Unavailability of emergency equipment and supplies appropriate for the nature of diagnostic and treatment procedures rendered.
  - 12.1.2.4.8. Provision of patient care outside of the scope of license, registration, certification and/or other authorization to practice.

- 12.1.2.4.9. Physical or mental health condition which significantly impairs the dentist's ability to perform the full scope of licensure and qualifications or may impose a risk of harm to patients.
- 12.1.2.4.10. Chemical dependency/substance abuse which significantly impairs the dentist's ability to perform the full scope of licensure and qualifications or may impose a risk of harm to patients.
- 12.1.2.4.11. Notification from a confidential program for chemically impaired dentists documenting that the program can no longer provide advocacy for the dentist because of instability in his/her recovery and/or for non-compliance with the program/contract.
- 12.1.2.4.12. Physical, verbal, sexual or emotional abuse of patients.
- 12.1.2.5. Practice Operations: Access To Care
  - 12.1.2.5.1. Failure to refer a Delta Dental member to a dental specialist when the welfare of the member will be safeguarded or advanced by utilizing special skills, knowledge, and experience of that practitioner.
  - 12.1.2.5.2. Abandoning a course of treatment begun on a Delta Dental member without giving the member adequate notice and the opportunity to obtain the services of another dentist.
  - 12.1.2.5.3. Discrimination or differentiation in the (1) scheduling of, (2) treatment of, (3) charges to, or (4) the quality of service, to any Delta Dental member because of race, ethnicity/national identity, gender, gender identify, age, sexual orientation, religion, creed, national origin, ancestry, disability, handicap, place of residence, health status or source of payment (e.g., government dental programs).
  - 12.1.2.5.4. Inadequate access to a dental facility for patients with disabilities.
  - 12.1.2.5.5. Delta Dental members could not access services or dentist/staff when needed.
  - 12.1.2.5.6. Delay in appointing Delta Dental member or initiating needed treatment.
  - 12.1.2.5.7. Long waiting times for appointments.
  - 12.1.2.5.8. Frequent rescheduling of appointments.
  - 12.1.2.5.9. Dentist/staff not available at scheduled appointment which prevented or delayed diagnosis and/or treatment.



12.1.2.6. Practice Operations: Financial

- 12.1.2.6.1. Falsification of patient treatment records which support claims for benefit payment submitted to Delta Dental.
- 12.1.2.6.2. Submitting claims for benefit payment to Delta Dental for services that were not rendered.
- 12.1.2.6.3. Inappropriate billing practices such as upcoding, unbundling, lack of adequate chart documentation to support submitted claims or submission of erroneous, improper, or incomplete claims.
- 12.1.2.6.4. Charging dental care fees to Delta Dental members in a false or misleading manner.
- 12.1.2.6.5. Increasing fees to a Delta Dental member because the member is covered under a dental benefits plan.

12.1.2.7. Practice Operations: Compliance

- 12.1.2.7.1. Failure to maintain confidentiality of patient treatment records per the applicable local, state or national laws and/or regulations.
- 12.1.2.7.2. Refusal to provide copies or acceptable summaries of patient treatment records in accordance with applicable law when requested by Delta Dental members, including dental radiographs or copies of them .
- 12.1.2.7.3. Current or history of failure to cooperate fully with any state or local dental society peer review committee and/or consultant designated by Delta Dental to review dental services including, but not limited to, utilization review, provided by a participating dentist to a Delta Dental member.

12.1.2.8. Dentist/Staff Behaviors: Communication

- 12.1.2.8.1. Failure to adequately explain to Delta Dental members practice policies and procedure relevant to patient care and requirements for patients.
- 12.1.2.8.2. Failure to discuss treatment options with Delta Dental members, including approximate costs associated with each treatment, estimates of the amount Delta Dental may pay, and how much a Delta Dental member may be responsible to pay.
- 12.1.2.8.3. Communication of inaccurate, inadequate or conflicting information to Delta Dental members.
- 12.1.2.8.4. Failure to listen to the needs, expectations and concerns of Delta Dental members and/or no shared decision-making.

12.1.2.9. Dentist/Staff Behaviors: Doctor/Staff Attitude

- 12.1.2.9.1. Rude, disrespectful or insensitive behaviors towards Delta Dental members and/or their families/guardians.
- 12.1.2.9.2. Demonstrated poor attitude to Delta Dental members and/or their families/guardians.
- 12.1.2.9.3. Forcing/coercing Delta Dental member consent for treatment.