

II. Responsibilities of the Peer Review Staff

The role of peer review staff is to oversee the opening of the case and to monitor the review to assure that it is completed in a timely fashion. This section of the manual provides the appropriate steps to be taken in processing a peer review case. Within the given parameters, a component and specialty organization must use one committee, which consists of an uneven number of dentists (minimum of three) to conduct the entire review (review the case material, conduct a clinical examination, complete the clinical worksheets, interview the dentist if appropriate, deliberate their findings, and draft the Resolution Addendum (Form #63), and the Resolution Letter (Form #59).

It is essential to the peer review system that all aspects of a case be documented and the procedures followed in order to best serve the patient, carrier, and dentist. The procedures must be consistent for all cases, thus assuring that all parties concerned with a review are treated fairly.

Receipt of Inquiry from Initiating Party

No case will be accepted until all the proper forms have been completed by the party initiating the review and received by the California Dental Association (CDA). All forms must be unaltered, legible, and capable of being reproduced clearly.

Patient-Initiated Requests

All patient-initiated requests for peer review **must** be made on a “Request for Review Form”. Patients utilizing the system **must** sign an “Authorization for Use and Disclosure of Health Information” and a “Patient Agreement Form” before peer review may be initiated. Additionally, a patient must sign a Release of All Claims Form prior to any distributions of refund. A sample of a Release of All Claims must be mailed to the patient with the initial forms. **Cases that do not include these completed forms are not acceptable for peer review and will**

not be processed. The following steps must be taken when a **patient** initiates a request for review:

1. Telephone Requests

When any inquiry regarding peer review is received over the telephone, staff must explain the peer review system, policies, procedures, and parameters. If requested, send the following forms to the patient, which must be dated and mailed the same day the telephone inquiry was received:

- a. Initial Patient Response Letter (Form #1)
- b. Request for Review Form (Form #3)
- c. Patient Agreement Form (Form #4)
- d. Authorization for Use and Disclosure of Health Information (Form #5)
- e. **(Sample)** Release of All Claims (Form #72)
- f. Patient Request for Interview Form (Form #90). Note: If the patient resides in another state send Patient Will/Will Not Attend Clinical Examination (Form #85)

2. Written Requests

Upon receipt of a written request for review, determine if all items listed in item number 1 are included. If they are not, forward the appropriate forms to the patient.

If all forms are received but are incomplete in some manner, or not all forms are returned, or the forms have been altered, or the forms are illegible, the case cannot be processed. The following steps must be taken:

- a. Copies of the documents submitted by the patient must be returned to the patient with the Patient Notification of Incomplete Forms (Form #6).

- b. Recall the file in 15 working days. If no response is received, close the case file.

Dentist-Initiated Requests

Dentist-initiated requests for peer review will involve the benefits predetermined or paid by a carrier for dental services rendered. Per this line of reasoning, a dentist may submit a request for review on behalf of a patient. A dentist cannot initiate a review concerning the quality of his or her own treatment or that of another dentist. Those cases must ultimately be patient initiated. There is one exception to this policy. A dentist may initiate a quality review if the purpose of the review is to appeal a carrier decision against his or her treatment.

The following procedures must be undertaken when a **dentist** initiates a request for review:

1. Telephone Request

When a dentist contacts peer review staff for information about the peer review system, he or she must be advised of the system's policies, procedures, and parameters. If the dentist wishes to pursue a peer review request, send the following forms to the dentist:

Dentist's Forms

- a. Initial Response To Dentist Letter (Form #7)
- b. Dentist Request for Review Information (Form #8)
- c. Dentist Will/Will Not Attend Meeting Form (Form #16)

Upon receipt of the completed forms from the dentist, send the patient the following forms:

Patient's Forms

- a. Patient Notification Letter (Form #20) or Carrier Appeal by Dentist (Form #74)
- b. Patient Agreement Form (Form #4)

- c. Authorization for Use and Disclosure of Health Information (Form #5)
- d. Patient Request for Interview Form (Form #90). Note: If the patient resides in another state send Patient Will/Will Not Attend Clinical Examination (Form #85)

2. **Written Request**

Upon receipt of a written request for review, send all items listed in item number 1 above.

3. **Receipt of Incomplete and/or Altered Forms**

If all forms are received but are incomplete in some manner, or not all forms are returned, or the forms have been altered, or the forms are illegible, the case cannot be processed. The following steps must be taken:

- a. Copies of the documents submitted by the dentist must be returned to the dentist with the Dentist Notification of Incomplete Forms (Form #9).
- b. Incomplete forms from the patient must be returned to the patient for completion (Form #6).
- c. Recall the file in 15 working days. If no response is received, close the case file.

Carrier-Initiated Over-Utilization Cases. Refer to Section V.

Receipt of Completed Forms

The Notification of New Case (Form #10) must be completed for each request for review whether or not the request is deemed appropriate. Upon receipt of the completed Request for Review Form (Form #3), Patient Agreement Form (Form #4), Authorization for Use and Disclosure of Health Information (Form #5), and the Patient Request for Interview Form (Form #90) the case information must be entered in the computer system. The open

date is the date that all the completed forms are received from the initiating party. A copy of the Notification of New Case (Form #10) must also be sent to the component and/or specialty peer review committee chair notifying him or her that a case is forthcoming.

Screening Procedures

The purpose of screening a peer review inquiry, including inquiries involving specialists, is to determine whether a case is appropriate or inappropriate for the peer review system. Once all materials have been received from the initiating party and the Notification of New Case (Form #10) has been forwarded to the component and/or specialty chair, the request must be screened before initiating any action. The Peer Review Checklist (Form #12) must be completed and attached to each case file.

It is also important to note that, even if the case meets all initial screening criteria, a case may become inappropriate at a later time in the review process, due to the discovery of new information, etc.

If more than one “no” answer appears to the following questions, determine appropriate handling. If any “no” answer renders the case inappropriate for review, follow the guidelines for that item before proceeding with the screening.

Questions to consider when opening a case.

1. Does this case fall within at least one of these types of complaints?

1. Quality of treatment
2. Utilization
3. Appropriateness of treatment
4. Billing irregularity

YES. If the complaint fits **at least one type or one area** as defined in the manual, continue with the screening.

NO. If the complaint does not fall within one of the case types defined in this manual, check no and after completing the Peer Review Checklist (Form #12), these steps must be followed:

- a. Determine what the request for review **does** involve.
- b. Refer to the Peer Review Manual Index and/or Table of Contents to determine the appropriate section and page for handling the complaint in question.
- c. If the complaint in question is **not** dealt with in this manual, send the complaint and all background material to the Council on Peer Review, along with a Non-Routine Case Memo (Form #39) indicating the problem.

2. Is the dentist a CDA member?

YES. If the dentist is a member or an applicant who qualifies for full membership privileges, check yes on the Peer Review Checklist Form (Form #12) and proceed with the screening.

NO. If the dentist is **not a member** of CDA these steps must be followed:

1. Send the patient the Notification of Non-Member Dentist (Form #34). Copy the dentist on the letter and include a copy of the complaint with the dentist copy. Close the case file.
2. If the dentist is a pending member of CDA or qualifies for review as an itinerant dentist, send the Request for Review (Form #3), Patient Agreement Form (Form #4), Authorization for Use and Disclosure of Health Information (Form #5), **(Sample)** Release of All Claims (Form #72) and Patient Request for Interview Form (Form #90).

If the dentist is an **applicant**, but falls under one of the following categories, he or she does not qualify for peer review:

- a. The applicant has previously been denied membership within the last five (5) years.
- b. The applicant previously withdrew his or her application prior to denial of membership due to alleged ethical violations.
- c. The applicant was a member expelled from CDA as a result of an ethical violation.
- d. The applicant was a member who resigned or did not renew his or her membership as a result of pending charges of ethical violations filed against him or her.
- e. The applicant was previously dropped from CDA membership for failure to pay membership dues. Close the case file.

If the dentist is a **provisional member**, he or she does not qualify for peer review. Close the case file.

3. **Is the dentist a general dentist?**

YES. If the dentist involved does not limit his or her practice to one of the ADA-recognized specialties, he or she is considered a general dentist, check yes and proceed with the screening.

NO. If the dentist is a specialist, check no, specify ADA-recognized specialty in the Peer Review Checklist (Form #12).

4. **Are there any subsequent or consulting treating dentist(s) involved?** If yes, list all the names of the subsequent/consulting treating dentist(s) and indicate if he or she is a member of CDA.
5. Verify that the dentist under review and subsequent/consulting dentist(s) are not peer review committee members.
6. **Was there a carrier involved?** If so, include the carrier's information.
7. **Was treatment completed within three years of the date the complaint was received?**
 - a. Enter the date the Request for Review (Form #4) is received in the Peer Review Checklist (Form #12).
 - b. What was the date the treatment in question was completed?
 - c. Was the treatment in question completed within the last 3 years?
 - YES.** If less than three years has passed since the treatment was completed, proceed with the screening.
 - NO.** If treatment was completed more than three years prior to the date the complaint is received, check no and conduct the following:
 1. Forward to the Council on Peer Review the following information:
 - i. Copy of the complaint and all case background information including the Treating Dentist Reply Form (Form #15) with patient records and consulting dentist(s) reply, if applicable.
 - ii. Draft of the Notification of Time Limitations (Form #38).

2. The Council on Peer Review will confirm that the case is outside the time limitation.
3. Send copies of the letter (Form #38) to the parties involved.
4. Close the case file.

8. Does it appear that the complainant became aware of the problem within the past year?

YES. A complainant must file the complaint within one year from the date he or she became aware of the problem. An exception in this instance would be if, upon recognition of the problem, the complainant returned to the dentist against whom the complaint is filed for correction of the problem. Then the longest amount of time that could transpire would be one year between the last date of treatment and receipt of the complaint at CDA.

NO. If a greater amount of time has transpired, check no and conduct the following:

a. Forward to the Council on Peer Review the following information:

1. Copy of the complaint and all case background information including the Treating Dentist Reply Form (Form #15) with patient records and consulting dentist(s) reply, if applicable.
2. Draft of the Notification of CDA's Time Limitations (Form #38).

b. The Council on Peer Review will confirm that the case is outside the time limitation.

- c. Send copies of the letter (Form #38) to the parties involved.
- d. Close the case file.

9. **Does it appear that this case has not been or is not in litigation/arbitration?**

YES. If no mention is made of any litigation/arbitration, i.e., small claims court, notice of intent to sue, or if any malpractice suit or arbitration has been filed, continue with the review.

NO. It must be noted that **the mention of contact with an attorney does not render a case inappropriate for review**; however, if litigation or arbitration has been initiated, peer review staff must verify that the litigation/arbitration is proceeding by contacting the respective party and requesting written verification.

If it is verified that litigation/arbitration is in process, these steps must be followed:

- a. Forward to the Council on Peer Review the following information:
 - 1. Copy of the complaint and all case background information.
 - 2. Notification of Litigation/Arbitration (Form #45).
- b. The Council on Peer Review will confirm that the case is in litigation/arbitration.
- c. Send copies of the Notification of Litigation/Arbitration (Form #45) to the parties involved.
- d. Close the case file.

10. Is the case “routine”, exhibiting nothing out of the ordinary?

YES. If, in the judgment of peer review staff screening the case, the inquiry is “routine”, forward the Notification of Complaint Being Processed (Form #65) to the initiating party.

NO. Some “non-routine” features may be evident and some may be less obvious. Therefore, it is important that this question be considered very carefully. If there is some feature of the complaint that deviates from the routine, indicate the reason on the line provided, and follow these steps:

- a. Determine what the request for review **does** involve.
- b. Refer to the Peer Review Manual Index and/or Table of Contents to determine the appropriate section and page for handling the complaint in question.
- c. If the complaint in question is **not** dealt with in this manual, send the complaint and all the background material to the Council on Peer Review, along with a Notification of Non-Routine Case Memo (Form #39) indicating what the problem is.

11. Does the carrier-initiated request include all necessary information?

Answer **only** if the request is initiated by a carrier.

YES. In order for a carrier-initiated case to be appropriate for peer review, it must include the following information listed in questions 1, 2, 3, and 4 of the Peer Review Checklist (Form #12) and the \$500.00 fee. If all information is included, continue to Notification of Review to Involved Parties.

- NO.** If the answer to any or all of 1, 2, 3, or 4 is no, and if the \$500.00 was not received, these steps must be followed:
- a. Determine what information is necessary to proceed with the review.
 - b. Check the appropriate box and send the carrier the Initial Carrier Response Letter (Form #23).
 - c. Recall the file in twenty-one (21) working days.
 - d. If the requested response is received by the date specified, the case is appropriate for review, continue to Notification of Review to Involved Parties.
 - e. If the carrier fails to respond by the specified date, send a copy of the complaint along with all the case background information and a copy of the Initial Carrier Response Letter (Form #23) to the Council on Peer Review.
 - f. Close the case file.

The screening phase of peer review has now been completed and a determination has been made whether a case is appropriate for peer review.

Notification of Review to Involved Parties

Involved parties are notified at this time that a peer review has been initiated.

Patient - Initiated Requests

All parties mentioned in the patient's request for review are notified at the same time.

Send the patient Notification of Complaint Being Processed (Form #65).

1. **Contact the Treating Dentist:** In order to obtain the required information, the following forms must be sent to the dentist named in a patient-initiated case:
 - Dentist Notification and Response Request Letter (Patient Initiated) (Form #13)
(Use Form #14 for utilization cases).
 - Treating Dentist Reply Form (Form #15).
 - Dentist Will/Will Not Attend Meeting Form (Form #16).
 - Copy of the signed Request for Review Form (Form #3).
 - Copy of signed Authorization for Use and Disclosure of Health Information (Form #5).
 - Copy of signed Patient Agreement Form (Form #4).

2. **Treating Dentist Failure to Respond:** If a member fails to provide the information requested, these steps must be followed:
 - a. Send the dentist, **by certified mail, return receipt requested**, the Dentist Non-Compliance during Review Letter (Form #51).
 - b. Recall file in 10 working days.
 - c. If the dentist complies as requested, proceed with the review.

- d. If the dentist responds within the specified time, but cannot produce the records as requested for circumstances beyond his or her control, the case must be referred to the Council on Peer Review for direction.
 - e. If the dentist fails to comply within the specific time, staff must contact the dentist by telephone to confirm that the dentist has received the request for records.
 - f. If the dentist fails to respond within the specified time, send the Council on Peer Review a copy of the case file for direction on how to proceed with the case.
 - g. CDA will send the Dentist Non-Compliance with Records (Form #91) giving the dentist 15 working days to comply with the request for records. If the dentist fails to respond within the specified time, the Council on Peer Review will refer the dentist to the Judicial Council with Dentist Referral to Judicial Council (Form #93) and the case will be closed. Patient must be notified of the referral with the Notification to Patient of Dentist Referral to Judicial Council (Form #88A).
 - h. If the dentist complies within the specified time, proceed with the review.
3. **Contact Any Carrier Involved:** If a **carrier** is mentioned in the request for review, **whether or not** the request pertains to benefits, send the following forms:
- Carrier Notification Letter (Form #17).
 - Copy of signed Authorization for Use and Disclosure of Health Information (Form #5).
 - If the carrier does not respond within the 15 working days, re-send the Carrier

Notification Letter (Form #17) and a copy of the signed Authorization for Use and Disclosure of Health Information (Form #5) indicating “Second Request”.

4. **Carrier Does Not Cooperate with Peer Review:** If after **two written** requests for information a carrier does not cooperate with the request for information, these steps must be followed:
 - a. If the case **can be reviewed** without input from the carrier, continue with the review.
 - b. If the case **cannot be reviewed** without input from the carrier, send a copy of the case file and a Non-Routine Case Memo (Form #39) to the Council on Peer Review. Suspend the peer review until direction is received from the Council on Peer Review.
 - c. In cases involving a refund in which the carrier failed to provide the committee with requested information and/or confirm their willingness to reestablish patient's eligibility without affecting patient's current yearly benefit, the refund will go to the patient even if they are still covered by that carrier. In this instance, the carrier will no longer be considered a part of the peer review case and WILL NOT be copied on the final letter of resolution.

5. **Consulting or Subsequent Treating Dentist:** Send the following forms to **all** dentists mentioned as consultants or subsequent treating dentists:
 - Consulting/Subsequent Dentist Notification Letter (Form #18).
 - Copy of Signed Authorization for Use and Disclosure of Health Information (Form #5).

- Consulting/Subsequent Dentist Reply Form (Form #19).
6. **Consulting or Subsequent Treating Dentist's Failure to Respond:** If a consulting or subsequent treating member dentist fails to comply with the request for radiographs, records, etc. and the requested information is necessary for completion of review, the following procedures must be followed:
- a. Send the consulting/subsequent treating dentist, **by certified mail, return receipt requested**, Dentist Non-Compliance During Review Letter (Form #51).
 - b. Recall the file in ten (10) working days.
 - c. If the consulting/subsequent treating dentist complies as requested, proceed with the review.
 - d. If the consulting/subsequent treating dentist fails to comply within the specified time, staff must contact the dentist by telephone to confirm that the dentist has received the request for records.
 - e. If a consulting/subsequent treating dentist is a member of CDA, and fails to respond by the specified date, send the second notice Non-Compliance of Consulting/Subsequent Dentist Letter (Form #56).
 - f. Recall the file in ten (10) working days.
 - g. If the consulting/subsequent treating dentist complies as requested, proceed with the review.
 - h. If a consulting/subsequent treating dentist is a member of CDA, and fails to comply within the specified time, CDA Council on Peer Review will refer the

consulting/subsequent treating dentist to Judicial Council (Notification to Dentist Referral to Judicial Council Form #53A). If possible, simultaneously proceed with peer review based on the information available.

- i. If the consulting/subsequent treating dentist is uncooperative, instruct the patient to obtain copies of records (see Form #71).

Dentist - Initiated Requests

A dentist may initiate a quality review of his or her treatment if the purpose of the review is to appeal a carrier decision against his or her treatment.

1. **Contact with Patient:** Since a dentist initiates a case concerning benefits on behalf of a **patient**, the following forms must be sent to the patient:
 - Patient Notification Letter (Dentist-Initiated) (Form #20) for Utilization review or Patient Notification Letter (Dentist's Appeal to a Carrier's Decision) (Form #74).
 - Patient Agreement Form (Form #4).
 - Authorization for Use and Disclosure of Health Information (Form #5).
 - Release of All Claims Sample Form (Form #72).
 - Patient Request for Interview Form (Form #90).
2. **Receipt of Incomplete Forms from Patient:** If forms are received but are not signed, or if they have been altered, the case cannot proceed in peer review. Copies of incomplete forms submitted by the patient must be returned with the Patient Notification of Incomplete Forms (Form #6).

3. **Contact with Any Carrier Involved:** The carrier must be contacted for its input. Send the following forms:
 - a. Carrier Notification Letter (Form #17).
 - b. Copy of Dentist Request for Review Information Form (Form #8).
 - c. Authorization for Use and Disclosure of Health Information (Form #5).
 - d. If the carrier does not respond within the specified time, re-send the Carrier Notification Letter (Form #17), a copy of the Dentist Request for Review Information Form (Form #8) and a copy of the signed Authorization for Use and Disclosure of Health Information (Form #5) indicating “Second Request”.
4. **Carrier Does Not Cooperate with Peer Review:** If after **two** requests for information a carrier does not cooperate with the request for information, suspend the peer review until direction is received from the Council on Peer Review.
5. **Receipt of all Completed Forms and Requested Responses:** When the case file is complete with all information necessary to properly conduct the review, the case is ready to be reviewed by the peer review committee. Proceed to Preparation and Contents of Case File.

Preparation and Contents of Case File

A file folder must be prepared for each case. It is suggested that the file label include the following information.

- Treating dentist's last name, first name.
- Patient's last name, first name.
- Carrier involved (if any).

- Case number.

Cases involving more than one dentist must be cross-referenced. The review of each dentist must be handled as a separate case. A Notification of New Case Form (Form #10) and the Peer Review Checklist (Form #12) for each dentist must be completed.

It is recommended that open cases be separated from closed cases.

Contents of the Case File

All information (originals and/or copies of letters) pertaining to a case must be stored in the case file. **It is essential to the peer review system that all aspects of a case be documented and the procedures followed in order to best serve the patient, carrier, and dentist. The procedures must be consistent for all cases, thus assuring that all parties concerned with a review are treated fairly.**

Items that **must** be included are listed below:

Notification of New Case	Dentist Notification and Response
Peer Review Checklist	Request Letter
Initial Patient Response Letter (Patient Initiated)	Treating Dentist Reply Form and Patient Records
Request for Review Form	Dentist Will/Will Not Attend Meeting Form
Patient Agreement Form	Dentist Notification of Incomplete Forms*
Authorization for Use and Disclosure of Health Information	Consulting/Subsequent Dentist Notification Letter
Patient Request for Interview Form	Consulting/Subsequent Treating Dentist Reply Forms and Patient Records
Sample of Release of all Claims	Carrier Notification Letter*
Patient Notification of Incomplete Forms	

Initial Patient Examination Letter*	Dentist Request for Review
Dentist Invitation Letter to Attend Review Committee Meeting*	Information Form (Utilization)*
Clinical Examination Worksheets	Dentist Notification Utilization Letter (Patient Initiated)*
Resolution Addendum (Form #63)*	Patient Notification Letter (Dentist Initiated)*
Resolution Letter (Form #59)*	Patient Notification Letter (Carrier Initiated)*
Refund Distribution Worksheet*	Dentist Notification Letter (Carrier Initiated)*
Inappropriate for Review Closing Letter*	Initial Carrier Response Letter*
Release of All Claims Form*	Carrier Initiated Review Fee Request*
Release of All Claims Letter*	Carrier Notification of Incomplete Forms
Copy of Check(s) Submitted by the Dentist*	
Initial Response to Dentist Letter (Utilization)*	

Please Note * If Applicable

Following is a list of items that may also be found in a case file:

- Examining Panel Notification Memo
- Appeal Criteria
- Appeal Criteria Statement (Over-Utilization Case Review)
- Other Supporting Records or Information Provided by the Patient
- Notification to Specialty Organization
- Notification of Review Committee For Specialty Case
- Notification of Non-Member Dentist
- Final Notification To Patient of Dentist Expulsion/Dropped Membership/No Further Action
- Dentist Practicing In Another Component Area Memo

- Notification of Deceased Dentist
- Notification of CDA's Time Limitation
- Non-Routine Case Memo
- Notification of CDA Policy Regarding Fee Review
- Notification of Benefit Exclusion
- Notification of Communication Problem
- Notification of Completed/Altered Treatment
- Notification of Litigation
- Notification of Settlement
- Notification To Patient of Dentist Dropping Membership
- Acknowledgement of Dropping Membership
- Patient Notification of Failure to Appear
- Non-Compliance During Review Letter
- Dentist Non-Compliance with Resolution Letter (Form #59)
- Dentist Non-Compliance with Resolution Letter (Form #59) (second notice)
- Non-Compliance Referral to CDA Memo
- Non-Compliance Referral to CDA Memo Pattern of Practice
- Non-Compliance of Consulting/Subsequent Dentist Letter
- Notification of Compliance Memo
- Notification To Committee of Additional Information Received
- Any other notes or correspondence related to the case

Each case is different; this list is not all-inclusive. For a list of all forms, refer to Section VII of this manual. Not for use as step-by-step administrative processing instructions detailed throughout this section.

Appropriate For Review

The following section of the manual outlines all steps that are to be followed by peer review staff after an inquiry has been screened and found to be appropriate, and a Notification of New Case (Form #10) has been completed.

Completion of Peer Review Checklist

The **Peer Review Checklist (Form #12)** must be completed for each case reviewed. It is designed to assure that all steps required in the peer review process are completed and recorded. It must be placed in the case file at the time the case is initiated, and updated as the case proceeds. It is extremely important to record actual dates of peer review procedures on the Peer Review Checklist (Form #12).

Assignment to Component/Specialty Peer Review Committee and Set-Up of Clinical Examination

When a case has been accepted as appropriate for review and all information has been received from involved parties:

1. Send the Notification of New Case to Component/Specialty Chair (Form #32) to the component/specialty peer review committee chair or committee member and component staff as designated by the peer review committee chair to establish a date, time, and location to hold the review meeting. If the case involves specialty review, the state specialty peer review chair must be notified.
2. When an examination of the patient is necessary to gain sufficient information for the peer review committee to reach a conclusion, or if the patient has indicated in the Patient Request for Interview Form (Form #90) that he or she wishes to be interviewed by the committee, a location convenient to the patient (such as a dental office of one of the members of the peer review committee, or the component society office) must be used for the peer review meeting.

Note: If a utilization review is being conducted, and the treatment is complete, no examination will be conducted unless further clarification is required by the committee chair.

3. If the dental condition demands immediate treatment that could affect the committee's determination for review, the peer review committee must make every effort to immediately conduct a patient examination prior to treatment.
4. Once the meeting date has been established, prepare the Examining Panel Notification Memo (Form #26) for each committee member.
5. Forward the Examining Panel Notification Memo (Form #26) to the component/specialty committee members and component peer review staff. Component staff will provide copies of the case file to the peer review committee members as requested. **Maintain original case file at CDA.** Provide a copy of the Resolution Letter Worksheet (Form #59), Resolution Addendum Form (Form #63), and appropriate examination worksheets.
6. Forward to the patient the Initial Patient Examination Letter (Form #27) and enter the date the letter was sent on the Peer Review Checklist. **Invitation by telephone is NOT acceptable.**
7. If the dentist under review has indicated on the Dentist Will/Will Not Attend Meeting Form (Form #16) that he or she wishes to attend the meeting, it is mandatory that the dentist be offered the opportunity **in writing**. Forward to the dentist by certified mail, return receipt requested the Dentist Invitation Letter to Attend the Review Committee Meeting (Form #28). **Invitation by telephone is NOT acceptable.** If the dentist stated, "possibly", "maybe", or "if the committee feels it is helpful," or "necessary", etc., on the Dentist Will/Will Not Attend Meeting Form (Form #16), the dentist must be invited in writing to attend the meeting. A treating dentist will be given no more than two (2) opportunities to meet with the committee.
8. The patient will receive no more than two (2) opportunities to be examined. If the patient fails to appear for an examination, these steps must be followed.
 - a. Send the Patient Notification of Failure to Appear (Form #50).

- b. Send the Council on Peer Review a copy of the inquiry and a copy of the Patient Notification of Failure to Appear letter.
 - c. Close the case file.
9. Should there not be a minimum of three (3) calibrated specialists to serve as the review committee, or if a drafted resolution is not submitted by the specialty committee within sixty (60) days (without explanation concerning the delay), then CDA has the right and authority to intervene and request that a component general committee conduct the review using specialty representation (a consultant) to examine the patient and render a resolution.

Distribution of Resolution Letter (Form #59)

1. Upon receipt of the draft Resolution Letter (Form #59), the Resolution Addendum (Form #63) and examination worksheets (minimum three) from the component or specialty peer review chair, CDA staff will make every effort to contact the component or specialty chair within thirty (30) working days should further clarifications or revisions be necessary. **Neither the component/specialty chairs nor the component staff must forward a resolution to the parties involved.**
2. When the Council on Peer Review has approved and finalized the letter of resolution, CDA will notify all parties involved in the review.
3. **Resolution Letter (Form #59) must be sent certified mail, return receipt requested.**

The letters to the parties are all mailed on the same date and are distributed as follows:

Dentist - Copy of Resolution Letter (Form #59)

Copy of Resolution Addendum (Form #63)

Copy of Appeal Criteria

Patient - Copy of Resolution Letter (Form #59)

Copy of Appeal Criteria

Carrier - Copy of Resolution Letter (Form #59)

Copy of Appeal Criteria

(Only if carrier has cooperated with peer review committee.)

4. CDA will forward a copy of the final dated copy (called an FDC) of the Resolution Letter (Form #59) and Resolution Addendum (Form #63), marked as such in the upper right corner to the component.
5. If an error is discovered in the Resolution Letter (Form #59) **after it has been mailed** to the parties involved (i.e., incorrect refund, patient no longer covered by insurance, insurance refund was erroneously omitted, etc.) CDA will draft an amended letter and will forward to the parties involved. The amended letter is **not to be mailed prior to the expiration of the original 30-day appeal period and prior to approval by the Council on Peer Review.**

Distribution of Refund Check(s)

Within ten (10) working days **after the expiration of the appeal period or the determination of an appeal decision**, the dentist is to have forwarded his or her refund check(s) to CDA. Upon receipt of the check, the following procedures must be followed:

1. If the carrier has cooperated with the committee, the check to the carrier is mailed immediately after the expiration of the appeal period or the determination of any appeal of the decision and upon receipt of the signed Release of All Claims Form (Form #72).

A carrier's refund check **cannot be held by the CDA** for any reason. The check must be recorded prior to mailing.

2. If the patient has submitted a signed Release of All Claims (Form #72), the

patient's check may also be released immediately following the appeal period or the determination of any appeal.

3. If the patient fails to comply with signing the Release of All Claims (Form #72), the check is recorded and returned to the dentist.

Non-Routine

This section of the manual deals with non-routine situations that may or may not be appropriate for review. Non-routine situations are as follows:

- Amicable Resolution
- Communication from Attorney
- Communication Problem
- Complaint Regarding Treatment Rendered by Dental Student in a University Setting
- Conflict of Interest
- Dentist against Whom Inquiry is Filed is No Longer Practicing
- Dentist Dies after Review is Initiated
- Dentist Drops CDA Membership During Review
- Dentist is Deceased at Time Request for Review is Received
- Dentist-to-Dentist Initiated Requests
- Dispute between Patient or Dentist and Peer Review Committee
- Financial Responsibility Statement
- Incomplete Treatment
- Inquiries Beyond the Expertise of Component
- Litigation and Arbitration
- Litigation and Arbitration is Initiated after Peer Review Has been Initiated
- Miscellaneous Non-Routine Inquiries
- Outside Agency Initiated Requests
- Patient Dies after Review is Initiated
- Patient in Pain

- Patient Residing in Different State
- Provisional/Temporary Treatment
- Request for Case to be Transferred to Neighboring Component
- Request for Review of Completed/Altered Treatment
- Request for Review when a Prosthesis or Crown has been Fabricated but not Delivered
- Review of Dentist's Fees
- Time Limitation Criteria
- Unclear Inquiry

Amicable Resolution

If settlement of a case occurs before review is completed, these steps must be followed:

1. Discontinue action on the case review. However, if the patient has been clinically examined, a Resolution Letter (Form #59) and Resolution Addendum (Form #63) must be written and held in the case file.
2. Send the involved parties the Notification of Settlement Letter (Form #47).
3. Recall the file in seven (7) working days.
4. If no response is received, close the case file.
5. If a response is received indicating the matter has **not** been settled, notify the parties involved that the case is still open, and proceed with the review. Proceed to Notification of Review to Involved Parties section of this manual.

Communication from Attorney

When communication is received from an attorney, these steps must be followed:

1. Requests from attorneys for information concerning the peer review system must be forwarded to the Council on Peer Review with a Non-Routine Case Memo

(Form #39) for response.

2. If litigation has **not** been initiated and an attorney wishes to initiate peer review on behalf of a patient, send a copy of the complaint to the Council on Peer Review with a Non-Routine Case Memo (Form #39). Proceed with the case as though it is a patient-initiated case. The forms may be sent to the lawyer if requested.
3. If there is an indication that a previous out-of-court settlement has been made, the case must be referred to the Council on Peer Review with a Non-Routine Case Memo (Form #39) for the appropriate response.
4. Unless litigation is initiated, proceed with peer review.
5. If litigation is initiated, refer to the Litigation section.
6. If a party to the review simply indicates that an attorney is involved, no action is necessary.
7. If a party to the review requests that an attorney be present for the review, the peer review committee and CDA **must** deny the request, since the peer review system is evaluative rather than judicial.

Communication Problem

If the complaint pertains to a communication problem between the dentist and the patient, these procedures must be followed:

1. Draft a response following the format of the Notification of Communication Problem (Form #43), that appropriately fits the situation.
2. Send a copy of the inquiry, all the background material and the draft response to the Council on Peer Review.

3. If no response is received from the Council on Peer Review, contact the appropriate council member to confirm receipt of the case.
4. CDA will send the Notification of Communication Problem to involved parties and close the case file.

Complaint Regarding Treatment Rendered by Dental Student in a University Setting

If a complaint is received concerning a dental student, these steps must be followed:

1. Refer the patient directly to the dental school.
2. Send a copy of the complaint along with the Non-Routine Case Memo (Form #39) and all background material to the Council on Peer Review.
3. Close the case file.

Conflict of Interest

Members must avoid placing themselves in a position where personal or professional interests may conflict with their duty to the component/specialty peer review committee. Members must also avoid using information learned through committee membership for personal gain or advantage. To that end, the chair of the Council on Peer Review must be notified in writing at the time the case is initiated if either of the following circumstances exist: 1) if any committee member has been engaged at any time by the patient, dentist or carrier who is a party to the dispute, or 2) if any committee member has served, or is serving, as an expert witness for the Dental Board of California on a case involving the patient or dentist who is a party to the peer review dispute. If this occurs, the review of the case should not proceed until direction is received by the council chair (see Section III. Responsibilities of Component/Specialty Peer Review Committee). In addition, a committee member shall not accept a patient in his or her practice for a minimum period of one year subsequent to final case closure (if applicable, this includes the termination of the appeals process.)

Additionally, a member of the general/specialty peer review committee shall be automatically disqualified from evaluation or decision making when a request for peer review involves (i) that member, as either the treating dentist or subsequent treating dentist; or (ii) a close friend, family member, or close business associate of that member.

To avoid any appearance of conflict of interest, no person serving on any of the following capacities may serve on a peer review committee:

1. Component officers (peer review chairs except when that position is an officer according to component bylaws), trustees or directors (with voting privileges) and ethics committee members.
2. CDA officers, trustees or members of the Judicial Council or Council on Peer Review.
3. Dental Board of California board members, or consultants; and
4. Consultants, employed dentist, fiduciary or members or any review committee of any insurance carrier or Knox-Keene plan.

Dentist Against Whom Inquiry is Filed is No Longer Practicing

If a complaint is filed against a dentist who is no longer practicing, these steps must be followed:

1. Determine the dentist's membership status.
2. If the dentist is a member, the case is appropriate for review.
3. If the dentist is no longer a member, or never was a member, forward a Notification Non-Member Letter Form (Form #34) and close case.

Dentist Dies after Review is Initiated

If a dentist dies after review is initiated, these steps must be followed:

1. If the dentist had an opportunity to present input to the committee, proceed with peer review.
2. If the dentist did not present input, and the estate does not wish to abide by the decision, send the involved parties the Notification of Deceased Dentist Letter (Form #37).
3. Send a copy of the file and a copy of the Notification of Deceased Dentist Letter to the Council on Peer Review and close the case file.

Dentist Drops CDA Membership During Review

If, during the peer review process, staff becomes aware that the dentist has dropped membership, these steps must be followed:

1. Contact the dentist to verify that he or she has dropped membership.
2. If it is verified that a dentist has dropped his or her membership, staff should promptly follow the procedures in Section VI – Dentist Drops Membership During Review.
3. If the dentist has dropped his or her membership but states in writing that he or she is still willing to cooperate, the peer review committee should proceed with the review.
4. If the dentist indicates an unwillingness to cooperate but all the necessary forms have been completed, the peer review committee should proceed with the review.
5. If and when the peer review is completed, advise the patient in the Resolution Letter (Form #59) that the dentist is no longer a member.
6. If the dentist fails to comply with the committee's decision within the delineated

time period, advise the patient that the dentist is not a member and has not cooperated with the peer review determination by following the procedures in Section VI – Dentist Non-Compliance with the Final Decision. Please note that it is imperative that the non-compliance referral be made in a timely manner. Should the dentist ever wish to re-instate his or her membership, CDA would be aware of his or her previous non-compliance with the peer review committee.

Dentist is Deceased at Time Request for Review is Received

Attempt to contact the estate of the deceased. Proceed with review if the estate is willing to abide by the decision. If the estate does not agree to the review, these steps must be followed:

1. Send the party initiating the review the Notification of Deceased Dentist Letter (Form #37).
2. Send a copy of the complaint and a copy of the notification letter to the Council on Peer Review. Close the case file.

Dentist-to-Dentist Initiated Requests

A dentist cannot initiate a case against another dentist. If a second treating dentist initiates a case against a prior treating or another dentist, it must ultimately be opened as a patient initiated request.

Dispute Between Patient or Dentist and Peer Review Committee

During the review of a peer review complaint, if a dispute arises between the patient or dentist and the peer review committee or the Council on Peer Review regarding the processing, handling or disposition of the complaint, CDA legal counsel should review all further correspondence, including e-mail(s), before it is sent to the parties involved.

Financial Responsibility Statement

The treating dentist shall be financially responsible for any adverse peer review decisions regarding the quality and/or appropriateness of treatment rendered regardless of his or her employment status.

Incomplete Treatment

If a request for review is received involving incomplete treatment, for example:

1. Undelivered crowns or prosthesis
2. Delivered crowns or prosthesis which have not had completed adjustments (i.e. occlusion or sore spots, extensions, roughness, etc.)
3. Incomplete orthodontic treatment

The committee must evaluate available records, radiographs, images, models, etc., to determine if a conclusive determination regarding the quality and/or appropriateness of the incomplete treatment can be reached up to the point when the treatment was halted.

If a determination is possible, then the case is appropriate for review. Continue to Notification of Complaint Being Processed (Form #65).

1. If the committee determines that the incomplete treatment does not meet the guidelines in the CDA Quality Evaluation Manual, a full refund is in order. If additional harm has been caused, then the treating dentist is financially responsible for corrective treatment.
2. If the committee determines that the incomplete treatment meets the guidelines in the CDA Quality Evaluation Manual, the following steps must be followed:
 - a. The patient is financially responsible for the portion of the treatment that has been completed. This may include the cost of temporary/provisional restorations,

appliances, prosthesis, radiographs and other diagnostic procedures.

- b. The dentist is **not** financially responsible for the completion of treatment when:
 - i. The treatment has reached a particular phase as in Phase I of orthodontic treatment when Phase II will follow or in distinct phases pertaining to restorative treatment.
 - ii. The patient does not return for adjustments as in cases pertaining to fixed and removable appliances or in ortho cases, after banding of dentition or placement of retainers.
 - iii. The patient had erroneously determined that the treatment was unacceptable and refused to have treatment completed.
 - iv. After fabrication of prosthesis or appliance and the patient has elected not to return for placement or insertion.
 - v. The dentist is entitled to receive a reasonable fee in proportion to the degree in which the treatment has been completed as determined by the committee.
3. If a determination is not possible, a letter must be sent to the initiating party stating that a determination of the incomplete treatment cannot be made.
4. Other cases that do not fall under these guidelines shall be submitted to the Council on Peer Review, along with a Non-Routine Case Memo (Form #39) indicating the problem.
5. The Council on Peer Review will refer the case back to the component with suggested guidelines.

Inquiries Beyond the Expertise of Component Peer Review Committee

If a case is determined by the committee to fall outside its area of expertise, the case must be referred to the Council on Peer Review. Examples of cases which might fall in this category are: acupuncture, and any other new/controversial treatment modalities.

1. If the committee determines that a request requires knowledge beyond the expertise of the committee, refer the case to the Council on Peer Review using the Non-Routine Case Memo (Form #39).
2. The component will be notified of any action taken if the case is handled by the Council on Peer Review. Otherwise, the council will refer the case back to the component with suggested guidelines.

Litigation and Arbitration

The peer review system is a service to the public designed to be an alternative to civil litigation which might otherwise arise between the parties. Consequently, no inquiry will be accepted for peer review if either party has initiated litigation (including small claims court), and/or has initiated or has gone through an arbitration process concerning any aspects of the dental services which might otherwise be reviewed.

In addition, should legal action or arbitration be initiated by any party involved after the peer review process begins, including the appeal process, the peer review action will cease immediately. A 90-day notice of intent to file suit is to be construed as litigation. No matter that is or has been the subject of litigation or arbitration will be accepted into the peer review system. Additionally, any case that has been litigated to judgment regarding any aspect of the dental services in question is not eligible for peer review. Involvement of an attorney, i.e., correspondence from an attorney or initiation of peer review on behalf of a patient, does not necessarily mean litigation has been initiated.

Litigation or Arbitration is Initiated after Peer Review Has Been Initiated

If litigation or arbitration is initiated by either the patient or the dentist after the case has been initiated, these steps must be followed:

1. **If the patient initiates litigation or arbitration** after review process has been initiated:

- a. Obtain a copy of the summons, letter of intent, or notification that arbitration will be or has commenced from the dentist.
- b. Send the Council on Peer Review a copy of the inquiry, a copy of the summons, letter of intent, or notification that arbitration will be or has commenced; a copy of a draft response using the Notification of Litigation (Form #45) as a guideline.
- c. Mail the notification to involved parties and close the case file.

2. **If the dentist initiates litigation or arbitration** after review has been initiated:

- a. Obtain a copy of the summons, or notification that arbitration will be or has commenced if possible.
- b. Send the dentist a Request for Withdrawal of Litigation/Arbitration (Form #46).
- c. Recall the file after 21 days.
- d. If the dentist complies with the request, proceed with peer review.
- e. If the dentist fails to comply with the request by the specified date, discontinue review procedures, and
 - i. Send the Council on Peer Review a copy of the case file and a Non-Compliance Referral Memo (Form #54).
 - ii. No further action is required until requested by the Council on Peer Review.

Miscellaneous Non-Routine Inquiries

Should a non-routine situation occur that is not included in this listing, send a copy of the case and a Non-Routine Case Memo (Form #39) to the Council on Peer Review.

Outside Agency Initiated Requests

If an inquiry is received from someone other than a dentist, patient, or carrier, these steps must be followed:

1. Determine who initiated the inquiry, i.e., the Dental Board of California, a consumer group, legislator, etc.
2. Refer the case to the Council on Peer Review for determination **if special handling and/or response is necessary**. Include the Non-Routine Case Memo (Form #39).
3. The component peer review committee or specialty chair will be notified of any action taken if the case is handled by the Council on Peer Review. Otherwise, the Council will refer the case to the component peer review committee or specialty chair with instructions to review as a routine case.

Patient Dies After Review Is Initiated

If a patient dies after review is initiated, these steps must be followed:

1. If the patient has been examined, or a determination can be made without an examination, proceed with peer review.
2. If the review cannot be completed without a patient examination, send involved parties a letter modeled after the Notification of Deceased Dentist Letter (Form #37).
3. Send a copy of the closing letter to the Council on Peer Review for approval. Close the case.

Patient in Pain

If the inquiry indicates that the patient is in pain, these steps must be followed:

1. If the dental condition demands immediate treatment which could affect the committee's determination for review, the component or specialty peer review committee must make every effort to immediately conduct a patient examination prior to treatment.
2. If no written complaint has been received (telephone request) by the patient or all the necessary forms have not been completed, CDA, at its discretion, may request that a component or specialty peer review committee conduct a patient examination and then proceed with review once the written request forms are received.

Patient Residing in Different State

If the patient resides in another state, these steps must be followed:

Request that the patient travel back to the “home component” where the treatment was rendered for the patient examination. If it is impossible for the patient to travel to the “home component” for either medical reasons, financial hardship, etc., determine if a decision can be rendered based on the records, if not, close the case. If a decision can be made based on the records, proceed with the review.

Provisional/Temporary Treatment

Treatment involving temporary or provisional restorations may be evaluated. The entire treatment will be evaluated as it relates to records, diagnosis, and treatment planning. The temporary or provisional restorations will be clinically evaluated.

Since there are no written standards of care for temporary or provisional restorations, the consensus of the examination panel will determine if the temporary or provisional restoration is adequate given the nature and expected service life of the temporary/provisional restoration.

The provisional/temporary restoration shall maintain the dentition and shall not allow further harm.

If the provisional/temporary restoration is adequate and/or treatment plan meets the standards of care, then no refund is in order for the provisional/temporary treatment.

If the provisional/temporary restoration is inadequate and/or the treatment plan did not meet the standard of care, then a refund is in order.

If the provisional/temporary restorations are inadequate and/or the treatment plan did not meet the standard of care and there has been additional harm caused, then corrective treatment is in order.

Request for Case to be Transferred to Neighboring Component

A dentist or patient may request that the peer review case be transferred to a neighboring component if there is a valid conflict of interest or a perceived conflict of interest with one or more member(s) of the peer review committee. These steps must be followed:

1. Request that the dentist or patient forward to the Council on Peer Review a written description of the conflict of interest situation, as well as copies of all relevant documentation that will support his or her claim.
2. Once received, staff must discuss the dentist's or patient's claim(s) with the appropriate member(s) of the Council on Peer Review. If the dentist or patient demonstrates an actual or potential conflict of interest, send the complaint directly to the closest neighboring component dental society with the Transfer to Neighboring Component Memo (Form #97). Please note that, in any questionable

case, the CDA Council on Peer Review must rule in favor of finding that a valid conflict of interest exists and proceed accordingly.

3. If the dentist or patient does not demonstrate an actual or potential conflict of interest, send the Notification to Dentist/Patient that Case Will Remain at Component (Form #98), and continue the review at the original component.

Request for Review of Completed but Altered Treatment

When a patient questions the quality of treatment that has been replaced or altered, these steps must be followed:

1. The Council on Peer Review must evaluate available records, compare pre-operative and post-operative radiographs/images, models, etc., to see if an objective conclusive determination regarding treatment can be made.
2. The determination on an altered treatment case must be based on hard evidence specific to the nature of the patient's complaint. If the subsequent treating dentist's records indicate that the treatment in question is unacceptable, it must be supported by hard evidence, i.e., radiographs/images, models, etc.
3. If an objective conclusive determination is possible, then the case is appropriate for review and must be assigned to the component/specialty peer review committee for review.
4. If an objective conclusive determination is not possible, a letter must be sent to the initiating party advising that although the questions posed are valid, no determination can be made since it is not possible to evaluate treatment that has been redone or altered. Draft the Notification of Complete/Altered Treatment letter (Form #44). Then:
 - a. Send a copy of the inquiry and the draft response to the Council on Peer Review for review and approval.

- b. If no response is received from the Council on Peer Review that the case was received, call the Council on Peer Review to confirm receipt of the case.
- c. CDA will approve and send the Notification of Completed/Altered Treatment to the involved parties and close the case file.

Request for Review when a Prosthesis or Crown has been Fabricated but not Delivered

If a request for review is received involving an undelivered prosthesis or crown, these steps must be followed:

1. Send the inquiry and all background material to the Council on Peer Review, along with a Non-Routine Case Memo (Form #39) indicating the problem.
2. Postpone the review until direction is received from Council on Peer Review.

Review of Dentist's Fees

If the complaint involves fees, these steps must be followed:

1. Draft a response following the format of the Notification of CDA Policy Regarding Fee Review (Form #41).
2. Send a copy of the inquiry along with all the background material, and the draft response to the Council on Peer Review.
3. Following approval by the Council on Peer Review, send the Notification of CDA Policy Regarding Fee Review (Form #41) to involved parties. Close the case file.

Time Limitation Criteria

The time limitation for considering a case in the peer review system is as follows:

“The inquiry must be received within three (3) years from the date of completion, or within one year from the date the initiator of review became aware of the alleged problem, whichever occurs first.”

Since passage of time alters clinical conditions and makes recollection of details and procedures difficult, the following time limitations must be met in order for a case to be considered in the peer review system:

1. The inquiry must be received **within** three (3) years from the date of completion, **or within** one (1) year from the date the initiator of review became aware of the alleged problem, **whichever occurs first**.

An exception in this instance would be if, upon recognition of the problem, the complainant returned for correction of the problem to the dentist against whom the complaint is filed. Then the longest amount of time that could transpire would be one year between the last date of treatment and receipt of the complaint by CDA.

Unclear Inquiry

On occasion inquiries received do not clearly explain the patient's/dentist's concern. It is important, however, to assure that all persons have equal access to the peer review system.

These steps must be followed:

1. Send a letter along with the complaint to the initiator of the case explaining to them that the complaint is not specific enough and/or that their concern(s) is not clearly stated. Allow the initiator fifteen (15) working days to respond.

2. If the initiator does not respond within the time limit allowed send a copy of the drafted letter along with the complaint and background material to the Council on Peer Review. Close the case file.