



CORE Standards, Version 3.0

Required as part of Dental Plan Accreditation Guide, Version 7.3

Organizational Structure

CORE 1 - Organizational Structure

CORE 2 - Organization Documents

Policies and Procedures

CORE 3 - Policy and Procedure Maintenance, Review and Approval

Regulatory Compliance

CORE 4 - Regulatory Compliance

Inter-Departmental Coordination

CORE 5 - Inter-Departmental Coordination

Oversight of Delegated Functions

CORE 6 - Delegation Review Criteria

CORE 7 - Delegation Review

CORE 8 - Delegation Contracts

CORE 9 - Delegation Oversight

Marketing and Sales Communications

CORE 10 - Review of Marketing and Sales Materials

Business Relationships

CORE 11 - Written Business Agreements

CORE 12 - Client Satisfaction

Information Management

CORE 13 - Information Management

CORE 14 - Business Continuity

CORE 15 - Information Confidentiality and Security

CORE 16 - Confidentiality of Individually-Identifiable Health Information

Quality Management

CORE 17 - Quality Management Program

CORE 18 - Quality Management Program Resources

CORE 19 - Quality Management Program Requirements

CORE 20 - Quality Management Committee

CORE 21 - Quality Management Documentation

CORE 22 - Quality Improvement Projects

CORE 23 - Quality Improvement Project Requirements

CORE 24 - Quality Improvement Projects: Consumer Organizations

Staff Qualifications

CORE 25 - Job Descriptions

CORE 26 - Staff Qualifications

Staff Management

CORE 27 - Staff Training Program

CORE 28 - Staff Operational Tools and Support

CORE 29 - Staff Assessment Program

Clinical Staff Credentialing and Oversight Role

CORE 30 - Clinical Staff Credentialing

CORE 31 - Senior Clinical Staff Requirements

CORE 32 - Senior Clinical Staff Responsibilities

CORE 33 - Financial Incentive Policy

CORE 34 - Access to Services

CORE 35 - Consumer Complaint Process

Health Care System Coordination

CORE 36 - Coordination with External Entities

Consumer Protection and Empowerment

CORE 37 - Consumer Rights and Responsibilities

CORE 38 - Consumer Safety Mechanism

CORE 39 - Consumer Satisfaction

CORE 40 - Health Literacy



Network Management

- DP-NM 1 - Scope of Services
- DP-NM 2 - Provider Network Access and Availability
- DP-NM 3 - Provider Selection Criteria
- DP-NM 4 - Out of Network and Emergency Services
- DP-NM 5 - Participating Provider Representation
- DP-NM 6 - Participating Provider Relations Program
- DP-NM 7 - Participating Provider Written Agreements
- DP-NM 8 - Participating Provider Written Agreement Exclusions
- DP-NM 9 - Written Agreement Inclusions
- DP-NM 10 - Written Agreement Subcontracting
- DP-NM 11 - Other Participating Provider Agreement Documentation
- DP-NM 12 - Provider Network Disclosures
- DP-NM 13 - Participating Provider Violation Mechanism
- DP-NM 14 - General Requirements for Provider Dispute Resolution Mechanisms
- DP-NM 15 - Disputes Concerning Professional Competence or Conduct
- DP-NM 16 - Disputes Involving Administrative Matters
- DP-NM 17 - Participating Provider Suspension Mechanism for Consumer Safety

Credentialing

- DP-CR 1 - Practitioner and Facility Credentialing
- DP-CR 2 - Credentialing Program Oversight
- DP-CR 3 - Credentialing Committee
- DP-CR 4 - Credentialing Program Plan
- DP-CR 5 - Credentialing Application
- DP-CR 6 - Credentialing Confidentiality
- DP-CR 7 - Review of Credentialing Information
- DP-CR 8 - Credentialing Communication Mechanisms
- DP-CR 9 - Primary Source Verification
- DP-CR 10 - Consumer Safety Credentialing Investigation
- DP-CR 11 - Credentialing Application Review
- DP-CR 12 - Credentialing Time Frame

- DP-CR 13 - Credentialing Determination Notification
- DP-CR 14 - Participating Provider Credentials Monitoring
- DP-CR 15 - Recredentialing
- DP-CR 16 - Recredentialing and Participating Provider Quality Monitoring
- DP-CR 17 - Credentialing Delegation

Member Relations

- DP-MR 1 - Marketing Safeguards
- DP-MR 2 - Consumer and Employer Purchaser Information Disclosure
- DP-MR 3 - Consumer Input and Surveys
- DP-MR 4 - Evaluation of Consumer Survey Data and Feedback
- DP-MR 5 - Online Access
- DP-MR 6 - Health Literacy Support for Consumers
- DP-MR 7 - Consumer Communications Plan
- DP-MR 8 - Covered Benefit Disclosure
- DP-MR 9 - Standard Not Applicable
- DP-MR 10 - Standard Not Applicable

Quality Management

- DP-QM 1 - Quality Management Program
- DP-QM 2 - Quality Management Program Resources
- DP-QM 3 - Quality Management Program Requirements
- DP-QM 4 - Quality Management Committee
- DP-QM 5 - Quality Improvement Process
- DP-QM 6 - Selection and Prioritization of Quality Improvement Projects
- DP-QM 7 - Three (3) Clinical Quality Improvement Projects for Dental Plans
- DP-QM 8 - Data Management
- DP-QM 9 - Quality Improvement Project Requirements



Dental Plan Operations

DP-OPS 1 - General Telephone Access to Customer Service
DP-OPS 2 - Urgent Telephone Access to Customer Service
DP-OPS 3 - One-on-One Customer Service
DP-OPS 4 - Scope of Customer Service
DP-OPS 5 - Provider Directory Updates
DP-OPS 6 - Consumer Notification Regarding PCP Status
DP-OPS 7 - Standard Not Applicable
DP-OPS 8 - Standard Not Applicable
DP-OPS 9 - Standard Not Applicable
DP-OPS 10 - Standard Not Applicable
DP-OPS 11 - Standard Not Applicable
DP-OPS 12 - Breach Notification and Management

Compliance Program

DP-CP 1 - Compliance Program: Internal Controls

Mental Health Parity

DP-MHP 1 - Standard Not Applicable
DP-MHP 2 - Standard Not Applicable
DP-MHP 3 - Standard Not Applicable

Health Utilization Management

DP-HUM 1 - Review Criteria Requirements
DP-HUM 2 - Access to Review Staff
DP-HUM 3 - Review Service Communication and Time Frames
DP-HUM 4 - Review Service Disclosures
DP-HUM 5 - Standard Not Applicable
DP-HUM 6 - N/A
DP-HUM 7 - Limitations in Use of Non-Clinical Staff
DP-HUM 8 - Pre-Review Screening Staff Oversight
DP-HUM 9 - Pre-Review Screening Non-Certifications
DP-HUM 10 - Initial Clinical Reviewer Qualifications
DP-HUM 11 - Initial Clinical Reviewer Resources
DP-HUM 12 - Initial Clinical Reviewer Non-Certifications
DP-HUM 13 - Peer Clinical Review Cases
DP-HUM 14 - Peer Clinical Reviewer Qualifications

DP-HUM 15 - Drug Utilization Management Reviewer Qualifications
DP-HUM 16 - Prospective, Concurrent and Retrospective Drug Utilization Management
DP-HUM 17 - Peer-to-Peer Conversation Availability
DP-HUM 18 - Peer-to-Peer Conversation Alternate
DP-HUM 19 - Prospective Review Time Frames
DP-HUM 20 - Retrospective Review Time Frames
DP-HUM 21 - Concurrent Review Time Frames
DP-HUM 22 - Certification Decision Notice and Tracking
DP-HUM 23 - Continued Certification Decision Requirements
DP-HUM 24 - Written Notice of Non-Certification Decisions and Rationale
DP-HUM 25 - Clinical Rationale for Non-Certification Requirements
DP-HUM 26 - Prospective Review Patient Safety
DP-HUM 27 - Reversal of Certification Determinations
DP-HUM 28 - Frequency of Continued Reviews
DP-HUM 29 - Scope of Review Information
DP-HUM 30 - Prospective and Concurrent Review Determinations
DP-HUM 31 - Retrospective Review Determinations
DP-HUM 32 - Lack of Information Policy and Procedures
DP-HUM 33 - Non-Certification Appeals Process
DP-HUM 34 - Appeals Process
DP-HUM 35 - Appeal Peer Reviewer Qualifications
DP-HUM 36 - Drug Utilization Management Appeals: Reviewer Qualifications
DP-HUM 37 - Reviewer Attestation Regarding Credentials and Knowledge
DP-HUM 38 - Expedited Appeal Process Time Frame
DP-HUM 39 - Standard Appeal Process Time Frame
DP-HUM 40 - Written Notice of Upheld Non-Certifications
DP-HUM 41 - Appeal Record Documentation
DP-HUM 42 - Independent (External) Review Process

Measures Reporting

DP-RPT 1 - Reporting Mandatory Performance Measures to URAC
DP-RPT 2 - Reporting Exploratory Performance Measures to URAC