HEALTH EQUITY PLAN

Guidance Document for 2025 submission

April 1, 2025

Purpose of a Health Equity Plan

The Health Equity Plan (HEP) gives CCOs, and their community partners a clear roadmap for becoming organizations that prioritize and value health equity. This roadmap includes an action plan outlining objectives, methods, and milestones to measure progress.

A successful HEP begins with a thorough analysis of the CCO's structure, governance, workforce, services, community partnerships, and resources—financial, human, technical, and material. This analysis identifies which components need change to achieve health equity goals.

OHA requires every CCO to develop a HEP that:

- **Catalyzes** the deep organizational changes necessary to embed equity, inclusion, and diversity in service planning and delivery throughout the organization, community, and provider network.
- **Establishes** a foundation for integrating equity into accountability, resource allocation, and performance management across OHA, the CCO, and provider networks.
- **Creates** a visible, concrete context for broad discussions on health equity—within individual organizations, across sectors, and in the wider community.
- **Supports the implementation of** OHA's health equity definition and OHA's strategic goal of eliminating health inequities by 2030.

Definitions

Health Equity

The Health Equity Committee (HEC), a subcommittee of the Oregon Health Policy Board (OHPB), believes that a common definition of health equity helps foster dialogue and bridge divides. Lack of clarity on the meaning of health equity can pose a barrier for active engagement and action. In October 2019, the HEC definition of Health Equity was adopted by OHPB and OHA. The HEC defines health equity as follows:

Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

- *Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:*
- *The equitable distribution or redistribution of resources and power; and*
- *Recognizing, reconciling, and rectifying historical and contemporary injustices.*

Health Equity Infrastructure

The term *"health equity infrastructure"* refers to the meaningful adoption and use of culturally and linguistically responsive models, policies, and practices. These include but are not limited to: Health Equity Plan and Health Equity Administrator; community and member engagement; provision of quality language access; workforce diversity; ADA compliance and accessibility of CCO and provider network; ACA 1557 compliance; CCO and provider network organizational training and development; implementation of the CLAS Standards; and non- discrimination policies.

Cultural Competence

Cultural Competence" has the meaning provided for in OAR 950-040-0010. Operationally defined, Cultural Competence is the integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of services, thereby producing better outcomes.

Health Equity Plan Process

Health Equity Plan Reporting Framework
OHA has updated Health Equity Plan reporting requirements to continue the efforts on reducing CCO reporting burden. Please review the following instructions to ensure all reporting requirements are met.

Section 1: Focus Area Updates (formerly Health Equity Plan Update)

- This section has been kept the same from the previous year (CY 2024) and continues to be streamlined to comply with Exh. K, Sec. 10 to include:
    - Updates on Health Equity Administrator name and contact information.
    - Strategies, Goals, Objectives, Activities, Metrics Updates, and Progress Updates for each Focus Area.

Section 2: Annual Training and Education Report

- Reporting for this section has not changed. Completion of this section complies with Exh. K, Sec. 10, Para. c Sub.Para 7&8 and includes reporting on CY 2024 training activities as well as current year (2025) planned training activities. Narrative of the Education and Training strategies and goals can be reported on Section 1 of the HEP template.
- CCOs should complete the separate Excel reporting template called "**2024 and 2025 Organizational and Provider Network DEI Training and Plan Template**" and include it with the CCO's Focus Area (FA) Updates submission described in Section 1 above.

- While not required, if CCOs provided any trainings to their provider network, CCOs are encouraged to report on it. Additionally, if CCOs have any additional updates or changes to CCO Organizational and Provider Network Cultural Responsiveness, Implicit Bias, and Education Plan, they are encouraged to complete the narrative. This section has a 3-page maximum, not counting referenced supporting documentation or required Excel templates.

Reporting Requirements and Format Specifications:

- The CY 2025 HEP submission consists of the following:
  - Completed HEP Submission using OHA provided templates called "Final CY2025 HEP Update Template."
    - OHA requests that this document and all supporting documentation be submitted as a single PDF file.
  - Completed Excel reporting template called "Final HEP Training Report Plan Template 2024-2925."
- **The HEP submission must be submitted to CCO Contract Deliverables portal located at https://oha-cco.powerappsportals.us/ by June 30, 2025.** (The submitter must have an OHA account to access the portal.)
- CCOs are asked to submit their Health Equity Plans following these guidelines:
  - Use 12-point Arial font with single spacing for readability and accessibility.
  - Number all pages clearly.
  - Complete all applicable template sections in full.
  - Provide well-defined strategic goals and measures of success. Include a background narrative for each priority area, using Strategic, Measurable, Ambitious, Realistic, Time-bound, Inclusive, and Equitable (SMARTIE) goals.
  - Adhere to any specified page limits for certain sections. These limits exclude supporting documentation but include visual materials (charts, graphs, maps, photos, etc.). Aim for comprehensive yet concise responses.
  - Submit only relevant supporting documentation. Label each attachment clearly (e.g., CCOxyz_LEP_Policy), and include hyperlinks within the same document for quick reference. Documents not referenced in the narrative will not be reviewed.

Health Equity Plan Sections

Section 1- Focus Area Updates (formerly Health Equity Plan Update)

The Health Equity Plan (HEP) Focus Areas, as defined in contract, provide a roadmap of required areas a CCO needs to address to comply with state, federal and contractual requirements and reduce health inequities and disparities, provide healthcare access, and improve member health outcomes.

The HEP is not meant to function in isolation from the CCO's work in other areas of the organization. **CCOs are not expected to develop a separate set of projects to fulfill the requirements of the Health Equity Plan**. OHA expects the plan to complement other organization-wide efforts such as CCO strategic planning, Community Health Assessment/Community Health Improvement Plan, CCO work on Social Determinants of Health, Healthier Oregon Program, and 1115 Medicaid Waiver implementation and other initiatives. The HEP will provide evidence to OHA that health equity is integrated into all functions of the CCO as an organization.

Note: Focus Areas below include references to the contract. The references are not comprehensive and only point to high level sections or exhibits in the contract where the CCO can find some focus area elements required and only aim to illustrate the HEP should be embedded in the CCO structure and operations.

a) **Race, Ethnicity, Language, Disability and Sexual Orientation and Gender Identity (REALD & SOGI[1])**

Under this focus area, Contractor can document organizational efforts on organizational methods and processes for:

- The utilization of REALD and SOGI data to advance Health Equity.
- Assessing gaps in the current demographic data systems and processes (both Contractor's and Contractor's Provider Network).
- Identifying the challenges encountered in collecting demographic data (both Contractor's and Contractor's Provider Network); and
- Developing actionable plans for the collection, analysis, and reporting of demographic data to meet both federal and state reporting requirements and facilitate the analysis of the demographic data within the Communities of Contractor's Service Area to identify and address SDOHE disparities.

(Exh K, Sec. 10 para. (b) (2)(a); Sec. 12, Para. (a)(b))

OHA Expectations:

- The CCO utilizes demographic data collection and analysis to advance health equity

[1] "Race, ethnicity, preferred spoken and written languages and disability status standards" and "REALD" each means the standards under ORS 413.161. As of July 1, 2022, pursuant to Enrolled Oregon House Bill 3159 (2021) Section 5, sexual orientation and gender identity are added to the standards under ORS 413.161.

as a strategic priority as evidenced by:

- The CCO has the capability to identify gaps and challenges in its current data collection, analysis systems and process, and develops organization-wide actionable goals to address them.
- The CCO provides evidence and examples of how it uses REALD and SOGI data to eliminate health inequities by identifying population-specific health inequities and developing targeted programs and interventions informed by REALD / SOGI data.

Resources:

- Using REALD and SOGI to Identify and Address Health Inequities https://www.oregon.gov/oha/EI/Pages/Demographics.aspx

b) Using CLAS Standards[2] as an organizational framework to advance health equity.

Under this focus area, Contractor can document its efforts developing organizational systems and processes to provide effective, equitable, understandable, and respectful quality health care and services by focusing on CLAS Standards related, but not limited, to "Governance, Leadership, and Workforce" and "Communication and Language Assistance" which in large have been areas where CCOs have focused efforts on the implementation of CLAS. (Exh K, Sec. 10 para (b) (2) (b))

OHA Expectations:

- The CCO has at least one strategy and related goal for each of the National CLAS standards categories:
  - ***Workforce, Governance, and Leadership***: Strategies/goals related to organizational governance, training, and policy incorporating CLAS standards and workforce diversity recruitment and retention.
    - Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
    - Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
    - Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.
  - ***Communication and Language Assistance****:* Strategies/goals related to CLAS-compliant language assistance and member accessibility of materials.
    - Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to

[2] "Culturally and Linguistically Appropriate Services" and "CLAS" each means the provision of effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. "Culturally and Linguistically Appropriate Services" includes meaningful language access as required by Title VI Guidance issued by the United States Department of Justice and the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care as issued by the United States Department of Health and Human Services.

facilitate timely access to all health care and services.
    - Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
    - Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
    - Provide easy-to-understand print and multimedia materials and signage in the CCO service area most prevalent languages.

- ***Engagement, Continuous Improvement, and Accountability:***
    - Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
    - Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
    - Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
    - Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
    - Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
    - Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
    - Communicate the organization's progress in implementing and sustaining CLAS to all partners, constituents and the public.

- The CCO has a review mechanism in place to track compliance and progress with CLAS standards, including collecting feedback from community members, CACs, and/or community-based organization partners.
- The CCO shares their annual progress on these goals with the broader community through a public facing report or presentation.

Resources:

- National CLAS Standards - National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care https://thinkculturalhealth.hhs.gov/clas

c) People with Disabilities and People who identify as LGBTQIA2S+[3]

Under this focus area, Contractor can document work on the following three (3) priority populations:

[3] "LGBTQIA2S+" is an acronym for Lesbian, Gay, Bisexual, Transgender, Queer and/or Questioning, Intersex, Asexual, Two-Spirit, and the countless affirmative ways in which people choose to self-identify on the gender expansive and sexual identity spectrums.

i) **People with disabilities and health services**.
Under this focus area, Contractor can document efforts developing organizational systems and processes to provide effective, equitable, understandable, and respectful quality care and services to individuals with disabilities by ensuring compliance with the Rehabilitation Act, Affordable Care Act, Americans with Disabilities Act, and the Web Content Accessibility Guideline (WCAG) requirements.
(Exh K, Sec. 10 para (b) (2) (c) (i))

OHA Expectations:

- The CCO provides an analysis of barriers to accessing care for people with disabilities and uses relevant research to inform continuous quality improvement efforts.
- CCO uses multiple quantitative and qualitative data sources to gain insight into health care utilization and needs of people with disabilities.
- CCO collects disability information consistently with REALD guidelines.
- CCO uses quantitative and qualitative data to shed light on the challenges individuals with disabilities in the CCO community and service area may face.
- CCO has policies and processes in place to ensure materials are developed in plain language and provided to members in alternate formats including different language, braille, large print, and audio materials in accordance with contractual, state, and federal guidelines.

Resources:

- Oregon Office on Disability and Health https://www.ohsu.edu/oregon-office-on-disability-and-health
- OHSU University Center for Excellence in Developmental Disabilities https://www.ohsu.edu/university-center-excellence-development-disability
- Oregon Council on Developmental Disabilities https://www.ocdd.org/

ii) **People who identify as transgender, nonbinary, or gender diverse and health services[4].** Under this focus area, Contractor can document its efforts developing organizational systems and processes to provide effective, equitable, understandable, and respectful quality care and services to individuals who identify as transgender, nonbinary, or gender diverse by ensuring compliance with the Oregon Equality Act of 2008, the Affordable Care Act, and Title VII of the Civil Rights Act.
(Exh K, Sec. 10 para (b) (2) (c) (i1))

OHA Expectations

- The CCO provides an analysis of barriers to accessing care for people who are transgender, nonbinary, or gender diverse and uses relevant research to inform continuous quality improvement efforts.
- CCO uses multiple quantitative and qualitative data to shed light on the barriers

[4] People with diverse sexual orientations refers to people who identify as lesbian, gay, bisexual, two-spirited, queer, questioning, asexual, or any other sexual orientation identity on the expansive identity spectrum.

and challenges transgender, nonbinary, or gender diverse people in the CCO community and service area may face.
- CCO has established channels and actively engages people who are transgender, nonbinary, or gender diverse to provide feedback and oversight directly to CCO quality assurance.
- CCO has policies and processes in place to assess and ensure that provider network is using state and nationwide best practices for providing healthcare services for people who are transgender, nonbinary, or gender diverse.
- CCO training plan includes staff education to understand and support transgender, nonbinary, and gender diverse individuals.

Resources:
- OHSU Transgender Health Program https://www.ohsu.edu/transgender-health
- Basic Rights Oregon https://www.basicrights.org/
- The Marie Equi Center https://www.marieequi.center/

iii) People with diverse sexual orientations and health services. Under this focus area, Contractor can document its efforts developing organizational systems and processes to provide effective, equitable, understandable, and respectful quality care and services to individuals who do not identify as straight or heterosexual by ensuring compliance with the Oregon Equality Act of 2008, the Affordable Care Act, and Title VII of the Civil Rights Act. ((Exh K, Sec. 10 para (b) (2) (c) (iii))

OHA Expectations
- The CCO provides an analysis of barriers to accessing care for people who have diverse sexual orientations and uses relevant research to inform continuous quality improvement efforts.
- CCO collects sexual orientation information consistently with SOGI guidelines.
- CCO uses multiple quantitative and qualitative data sources to shed light on the health care utilization, needs, barriers, and challenges people with diverse sexual orientations in the CCO community and service area may face.
- CCO has established channels and actively engages people with diverse sexual orientations to provide feedback and oversight directly to CCO quality assurance.
- CCO has policies and processes in place to assess and ensure that provider network is using state- and nationwide best practices for providing healthcare services for people with diverse sexual orientations.
- CCO training plan includes staff education to understand and support people with diverse sexual orientations.

Resources:
- Basic Rights Oregon https://www.basicrights.org/
- Q Center's LGBTQ2SIA+ Resources https://www.pdxqcenter.org/findresources
- Gender Hive Resources https://genderhive.org/resources/
- Cascade Aids Project https://www.capnw.org/

d) CCO community engagement activities[5].

Under this focus area, Contractor can document its efforts developing systems and processes to increase organizational capacity to advance health equity by engaging CCO Members and communities in the CCO Service Area for:

- Development of systems and processes to involve community in the development of the Health Equity Plan and Health Equity Plan updates.
- Development of systems and processes that use transformational community engagement[6] methods to engage communities in CCO and CCO partner activities related to advancing health equity in the CCO Service Area; and
- Outreach[7] and engagement of Members using culturally and linguistically appropriate methods that may be identified by the above efforts or by the collaboration with culturally specific community-based organizations for the purpose of raising the awareness of the CCO and Subcontractors and CCO partners, available programs, and services such as Healthier Oregon Program (HOP).
  (Exh K, Sec. 10 para (b) (2) (d))

OHA Expectations

- CCO includes member and community voice in the development of the Health Equity Plan yearly updates through CAC or other advisory councils and community partners.
- CCO demonstrates regular, consistent, authentic, and transformational engagement of communities, including participation in review and feedback on any appropriate or applicable CCO policy and/or process, Health Equity Plan, and community engagement strategies.
- CCO integrates culturally and linguistically appropriate methods into their outreach strategies to members and community-based organizations (CBOs), based on feedback and guidance from existing partners / CACs.
- CCO uses a partnership and relationship-building approach to community engagement, developing systems and processes that allow for consistent, long-term, and mutually beneficial (non-extractive) relationships with members and CBOs[8].
- CCO utilizes available resources such as OHA Community Partner Outreach Program (CPOP), Regional Health Equity Coalitions (when available in the CCO service area) and other culture specific community-based organizations to support the development and implementation of strategies and goals that support transformational community engagement for the purpose of raising awareness of available programs and services.

Resources:

[5] "Community" has the meaning provided for in ORS 414.018(5)(a).

[6] Transformational Community Engagement to Advance Health Equity https://www.shvs.org/wp-content/uploads/2023/03/SHVS_Transformational-Community-Engagement-to-Advance-Health-Equity.pdf

[7] "Outreach" has the meaning provided for in OAR 410-141-3575.

[8] Transformational Community Engagement to Advance Health Equity https://www.shvs.org/wp-content/uploads/2023/03/SHVS_Transformational-Community-Engagement-to-Advance-Health-Equity.pdf

- Community Partner Outreach Program (CPOP) https://oregoncpop.org/
- Community Engagement Strategies Checklist: Oregon Health Authority https://www.oregon.gov/oha/EI/Documents/Community%20Engagement%20Strategies%20Checklist_vOHA_FINAL.pdf
- Transformational Community Engagement to Advance Health Equity – State Health and Value Strategies https://www.shvs.org/resource/transformational-community-engagement-to-advance-health-equity/
- CPOP Resources for Healthier Oregon Program (HOP) https://oregoncpop.org/healthier-oregon/

e) **Continued development of an organizational Health Equity infrastructure.**

Under this focus area, Contractor can document the continuation of its efforts developing systems and processes to ensure its organizational capacity to advance health equity, such as organizational commitment and allocation of resources to advance health equity and how CCO is developing organizational structures to support true community collaborations and partnerships. (Exh K, Sec. 10 para (b) (2) (d))

OHA Expectations

- CCO provides updates on strategies / goals related to organization-wide health equity infrastructure, such as:
  - Institutional commitment to advance health equity.
  - Allocation of resources, training, and FTE positions dedicated to advancing health equity.
  - Integration of health equity practices and values throughout the organization
  - Organizational structures to support true community collaborations.
  - Findings and actions taken from any organizational equity audits or organizational culture/employee satisfaction surveys.

Resources:

- National Association of County and City Health Officials (NACCHO) Health Equity and Social Justice https://www.naccho.org/programs/public-health-infrastructure/health-equity#our-work
- PolicyLink Health Equity Resources https://www.policylink.org/our-work/community/health-equity/health-equity-resources

Section 2 - Annual Training and Education Report

For this section, CCOs are required to report on their 2024 staff, leadership and governance and provider network (if applicable) training as outlined in their Organizational and Provider Network Cultural Responsiveness, Implicit Bias, and Education Plan. While not required, if CCOs provided any trainings to their provider network, CCOs are encouraged to report on it. Please complete the separate Excel reporting template called “Final HEP-Training-Report-Plan-

Template_2024_2025Training" and attach it with CCO's report submission.

OHA Expectations

- CCOs incorporate cultural responsiveness and implicit bias trainings into its existing organization-wide training plans and programs.
- CCOs create a culturally responsive organizational culture by providing and requiring all new employees to attend trainings and educational activities that address the fundamental areas of cultural responsiveness and implicit bias and the use of health care interpreters.
- CCOs have been asked since 2020 to provide and require all its employees (including directors, board members, and senior executives) to participate in trainings relating to health equity fundamentals in regular cadence. CCOs are not asked to provide all trainings on the same year, but a plan must be in place to include health equity training fundamentals in yearly offerings.
- CCOs may elect, but are not required, to offer Cultural Competence and implicit bias trainings to its Provider Network. CCO should be aware that for providers there are special requirements that must be followed for cultural competence training only. If "Cultural Competence" trainings (as defined in Oregon Administrative Rules for Cultural Competence Continuing Education for Health Care Professionals (OAR 950-040-0010) are offered by the CCO to its Provider Network must align with the components of a Cultural Competence curriculum set forth by OHA's Cultural Competency Continuing Education criteria listed on OHA's website.
- CCO may utilize OHA pre-approved cultural competence trainings to meet contractual obligations on cultural competence training for their CCO staff but are not required. However, if the CCO wants to provide a cultural competence training (OAR 950-040-0010) to their provider network they must ensure the trainings are those OHA pre-approved cultural competence trainings.
- CCOs should include in their organization training and education plan offerings that address training fundamentals areas identified by OHA. *(Exh. K, Sec. 10 – Heath Equity Plans).*
- CCOs develop agreements with their provider network that will ensure the provider network complies with each provider professional board requirements for licensing as they relate to cultural competency trainings.
- CCOs support and track the provider network efforts to comply with the provider professional board requirements for licensing as they relate to cultural competency training.
- OHA expects the CCOs to report on Section 2 using the provided template. OHA expects CCOs to provide high-quality workforce trainings and to develop review processes that enable both OHA and CCOs to monitor and measure each training's qualitative and quantitative impact and effectiveness. To support this monitoring, OHA requests that CCOs report on: Training subjects; Content outlines and materials; Training goals and objectives; Target audience(s); Delivery format; Summary of training evaluations; Training dates and duration; Attendance figures and trainer qualifications
- For the Health Equity Plan, OHA does not require a set number of training hours

or offerings. However, CCOs must ensure that trainings are provided or made available to staff and provider networks in various inclusive, accessible formats tailored to participants.

Resources:

- American Academy of Family Physicians -Implicit Bias Resources https://www.aafp.org/family-physician/patient-care/the-everyone-project/toolkit/implicit-bias.html
- OHSU Diversity, Equity, and Inclusion Resources https://www.ohsu.edu/postdoctoral-affairs/diversity-equity-and-inclusion
- OHA Cultural Competency Continuing Education (Equity and Inclusion Division) https://www.oregon.gov/oha/EI/Pages/CCCE.aspx

Health Equity Plan: REVIEW PROCESS AND FEEDBACK

When submitting materials, CCOs should ensure they are following template instructions and formatting guidelines. Supporting documentation is required and must be relevant to the item being addressed. Documents that are not referenced in the narrative but are submitted will not be reviewed. All supporting documentation attached and referenced in the narrative portion must be clearly labeled to reflect the content (e.g., CCOxyz_LEP_Policy). The inclusion of hyperlinks to another location within the same document is requested to facilitate quick access to the document referenced by OHA reviewers.

OHA Review Process

Each year, the HEP submissions are reviewed by a team of OHA subject matter experts. We are very mindful of the request from CCOs to ensure there is coordination between OHA teams that review CCO contract deliverables, including the health equity plan, to avoid duplication efforts and reduce CCO administrative burden.

After OHA subject matter experts review the HEP submissions, they will develop written feedback to CCOs that may include:

- Review of potential weaknesses (if found). If any considerable weakness and/or missing information are found that requires immediate attention from the CCO, feedback by OHA HEP staff will be shared with the CCO Health Equity Administrator upon initial subject matter cursory review that takes place within 30 days from the due date.
- A high-level analysis of the HEP's strengths and opportunities.
- Identification of potential technical assistance opportunities associated with any review findings, if needed.
- Suggestion of appropriate interventions to address incomplete or insufficient items with a description of the specific information or clarification required.

CCO/OHA Feedback Sessions

CCO HEP Evaluations results will be shared with each CCO using the CCO deliverables

portal. In addition, OHA will schedule a one-hour feedback check in with each CCO where OHA HEP leads will be able to answer any questions resulting from the evaluation. A member of the OHA HEP team will reach out to the CCO Health Equity Administrator (or designee) to schedule the feedback session.

NCQA Health Equity Accreditation

Under the CY 2025 contract, Coordinated Care Organizations (CCOs) may choose to pursue NCQA Health Equity Accreditation. Accreditation is not a requirement.

Potential Waiver of Health Equity Plan Requirements: If a CCO obtains NCQA Health Equity Accreditation, the Oregon Health Authority (OHA) may waive all or part of the required Health Equity Plan submission, including the Annual Training and Assessment Report.

Conditions for Waiver Consideration: - To be eligible for a full or partial waiver, a CCO must either:

- **Achieve Accreditation by May 1, 2025**
  - Notify OHA via administrative notice no later than May 1, 2025.
  - OHA may verify accreditation status directly with NCQA.
- **Be Under NCQA Survey During CY 2025**
  - Formally engage with NCQA so that the accreditation survey occurs in CY 2025.
  - Notify OHA via administrative notice no later than May 1, 2025, and include official documentation from NCQA confirming the survey date.

OHA Response to Waiver Requests: If a CCO meets one of the above conditions and notifies OHA by May 1, 2025, OHA will respond via administrative notice with:

- **Formal Acceptance of the CCO's Status**
  - Confirmation of whether the CCO is fully accredited or officially under survey.
- **Scope of the Waiver**
  - Which parts (if any) of the Health Equity Plan and the Training and Education Report are waived.
- **Waiver Details**
  - Whether the CCO's Health Equity Plan submission for CY 2025 is fully waived or partially waived.

Questions? Please contact the Health Equity Innovation and Implementation Team at CCO.HealthEquityPlans@dhsoha.state.or.us.

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