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Part 1: High-Level Description of Possible Significant Change

The table below provides high-level information about the possible significant change, as submitted.

Tracking #	2027-047
Q6. Provide a short name for possible change	HEA Role Expansion
Q1. Which CCO Contract(s) will be impacted?	(a) All 3 contracts
Q2. High-level description of possible change	This change unlinks the role of the Health Equity Administrator (HEA) from the Health Equity Plan deliverable. Refocuses HEA role to embed health equity throughout CCO and subcontractor operations, clarifies accountability, and adds explicit language about maintaining health equity infrastructure and readiness for future health equity activities that may include any nationally recognize accreditation or future procurement requirements. Additionally, we plan to offer another inter-related change in future years.
Q3. Which prioritized restatement category applies?	(e) Other (this change does not fit into any of the prioritized categories)
Explain how change fits into "Other" category	This change is 'other' because it is eliminating a deliverable and instead requiring a role/position at CCOs for 2027.
Q4. Could entire change be deferred to later contract year?	No
Consequence(s) if not included in 2027 contract	The change needs to happen now and be linked since the Health Equity Plans are ending in 2026. We want to ensure that CCOs keep the health equity infrastructure they have built throughout the last 5 years, which is why HEA positions need to continue. CCOs are a key partner in OHA's work for ensuring Health Inequities are eliminated by 2030.
Q5. Could change be reduced to smaller components so it's phased in over multiple contract years?	No
Which component(s) could be in later contract year(s)?	
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Part 2: Information for Engagement

This should be completed by the responsible OHA unit. **Be specific yet clear and concise in your responses; use bullet points.**

Tracking #	2027-047
Short name	HEA Role Expansion

1. What is the specific issue that will be addressed by this change?

This should explain the current state and why it's an issue to be addressed.

The current contract language ties the Health Equity Administrator (HEA) role to completion of the Health Equity Plan (HEP) deliverable. Because HEPs end in 2026, that linkage creates a real risk that CCOs will scale back or eliminate health equity infrastructure (resources and staffing) once the deliverable sunsets. Without a clearly defined and contractually required role accountable for embedding health equity across CCO operations (and subcontractor operations), OHA could lose the sustained capacity and leadership needed to advance its 2030 goal of eliminating health inequities.

2. What is the preliminary suggestion for how to address the issue?

This should align with the high-level description submitted for the change. Refer to Part 1: High-Level Description of Possible Significant Change. The final proposed change may differ from the preliminary suggestion as a result of OHA and CCO engagement.

Unlink the HEA role from the HEP deliverable and refocus the HEA requirement on maintaining and strengthening health equity infrastructure across the CCO. Update contract language to:

- Clarify the HEA's accountability for embedding health equity throughout CCO and subcontractor operations (not just a specific deliverable).
- Add explicit expectations that CCOs maintain health equity infrastructure and remain ready for future health equity activities, which may include nationally recognized accreditation and/or future procurement requirements.
- Position this as an "other" change for 2027 because it eliminates a deliverable (HEP) while retaining and strengthening a key role/position requirement tied to sustained capacity.

3. What knowledge and/or skills should CCOs consider when deciding which staff to work with OHA on this issue?

CCOs should involve staff who understand both the operational reality of running the organization and the equity outcomes OHA is trying to achieve. Useful knowledge/skills include:

- The ability to speak to role placement, decision rights, resourcing, and how the HEA function connects to senior leadership and governance.
- Understanding of how equity is embedded across departments (quality, population health, provider networks, data/analytics, member services, quality and community engagement).
- Experience translating equity goals into operational practices, metrics, accountability loops, and continuous improvement.
- Working knowledge of nationally recognized frameworks (e.g., accreditation, standards, or future state requirements) and what it takes to demonstrate readiness.
- Ability to implement role clarity across teams and ensure the HEA role is actionable, sustainable, and not symbolic.

4. Is there an existing meeting where OHA and CCOs can work – or are already working – on this issue? If so, identify the meeting and its schedule.

This work may require regular OHA-CCO engagement over a few weeks, possibly up to a couple months. If there is not a suitable existing forum, then OHA will hold a dedicated work session/s specifically for this purpose.

There is not currently a specific existing meeting dedicated to this issue. OHA may convene a dedicated work session to discuss and refine the approach with CCOs and ensure the final proposed language is clear, feasible, and aligned with the intent of maintaining health equity capacity after HEPs end in 2026.