

Comparison of NCQA and URAC Health Equity Approaches

Feature	NCQA Health Equity Accreditation	URAC Health Equity Accreditation
Approach to Health Equity	Focuses on systematic data collection, reporting, and the use of data to monitor disparities and improve CLAS services.	Emphasizes the role of policies and procedures in standardizing health equity practices.
Data Collection & Use	Strong focus on collecting and using Race, Ethnicity, Language, Sexual Orientation, and Gender Identity (REAL SOGI) data for quality improvement and monitoring disparities.	There is less emphasis on structured data collection and focuses more on ensuring policies address equity considerations.
Cultural & Linguistic Responsiveness	Organizations must establish CLAS programs, conduct annual evaluations, and ensure language access services.	Addresses language access as part of general operational policies but does not require structured program evaluations.
Delegation & Oversight	Detailed delegation policies requiring pre-delegation evaluations, performance reviews, and corrective actions.	There are fewer specific delegation requirements and more focus on ensuring that policies are in place and followed.
Scoring & Compliance	Uses a "Met, Partially Met, Not Met" scoring system with detailed look-back periods for compliance.	Policies must be reviewed and updated at least every 36 months but do not appear to have a structured scoring system.
Training Requirements	Requires annual training on cultural competence, reducing bias, and promoting inclusion.	Training is recommended but not explicitly structured as an accreditation requirement.
Standardization & Flexibility	Has a more rigid framework with specific benchmarks and metrics for health equity evaluation.	It allows for more flexibility, recognizing that different organizations may implement policies differently.

Pros and Cons

NCQA Health Equity Accreditation

Pros:

- Provides a **structured, data-driven approach** to advancing health equity.
- Establish **clear expectations** for organizations to reduce disparities.
- Encourages **accountability through measurable outcomes** and annual reviews.
- Aligns with national priorities in quality improvement and equity initiatives.

Cons:

- **Resource-intensive**—requires extensive data collection, reporting, and monitoring.
- **More prescriptive** in its approach, which may be challenging for organizations with fewer resources.
- **Less flexibility** in implementation, requiring organizations to follow strict guidelines.

URAC Health Equity Accreditation

Pros:

- Provides **greater flexibility** in how organizations implement health equity policies.
- Focuses on **integration into existing policies and workflows**, making compliance easier.
- **It is less resource-intensive** than NCQA, allowing for easier adoption by smaller organizations.

Cons:

- **There is less emphasis on structured data collection**, which may make it harder to track disparities.
- **Weaker accountability measures** compared to NCQA.
- **The lack of a transparent scoring system** may result in inconsistencies in implementation across organizations.

Which Is Better for Advancing Health Equity Systematically?

- **NCQA is stronger for organizations wanting a structured, measurable approach** with built-in accountability and benchmarking.
- **URAC is better suited for organizations looking for flexibility** and integration into existing operational policies without extensive data requirements.