

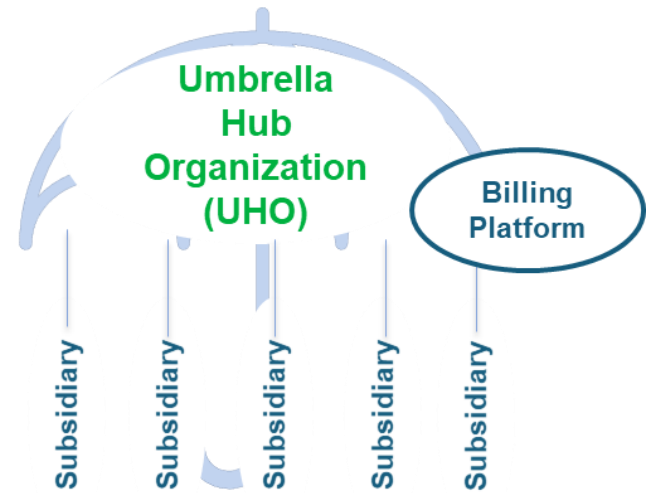


# Umbrella Hub Organization Capacity Assessment

## About Umbrella Hub Arrangements

In an umbrella hub arrangement (UHA), a lead umbrella hub organization (UHO) assists to connect delivery organizations (subsidiaries) that have CDC pending, preliminary, or full recognition to healthcare payment.

UHOs help to alleviate administrative burden (such as billing and claims submission, data management and reporting, management of CDC recognition, and stakeholder engagement) for subsidiary organizations. This allows subsidiaries to focus on delivering the National DPP lifestyle change program while connecting to sustainable health care payment systems. Prior to completing the Capacity Assessment, organizations are strongly encouraged to visit the [Umbrella Hub Arrangements](#) page of the Coverage Toolkit to watch the UHA Basics webinar and explore more material on UHAs.



## UHA Components

**UHO** – Organization with full or preliminary CDC recognition who agrees to serve as the sponsoring hub for a group of organizations (subsidiaries) that have CDC pending, preliminary, or full recognition. The UHO provides administrative services, coordinates stakeholders, and holds CDC recognition. They are mission driven organizations with reach and resources to convene Community Based Organizations (CBO) while assuming fiscal responsibility.

**Subsidiaries** – A CBO participating in the UHA that delivers the National DPP lifestyle change program and receives administrative support from the UHO.

**Billing and Claims Platform** – An electronic platform able to aggregate data, submit claims to the Centers for Medicare and Medicaid Services (CMS) and other payers, and facilitate reimbursements. In a UHA, the billing and claims platform can either be an in-house platform used by the UHO that all subsidiaries can access, or the UHO can contract with a third-party vendor for these services.

**Stakeholders** – may include state health departments, payers, and foundations.

**UHA** – Refers to the entire group, inclusive of the UHO, subsidiaries, and the billing platform. May also be referred to as the umbrella arrangement or hub arrangement.

## About This Assessment

This tool has been developed by the National Association of Chronic Disease Directors (NACDD) and Leavitt Partners, in collaboration with State Health Departments. The purpose of this tool is to gauge an organization's interest, capacity, ability, and willingness to serve as a UHO. This tool can be used to identify an interested UHO's areas of strength and potential areas in need of improvement or further examination.

This tool is a qualitative assessment to assist individual organizations, the State Health Department, and other partner organizations, and completing this assessment does not confer any commitment to becoming a UHO nor does it confer or deny any UHO status. Officially serving as a UHO requires completing a CDC application and receiving UHO status from CDC.

## Who Should Complete the Capacity Assessment?

The capacity assessment is intended to be completed by someone familiar with the various concepts of an umbrella hub arrangement (UHA), including its structure, participants, objectives, and terminology. Additionally, when considering who from your organization should complete this assessment, it is recommended an individual with in-depth understanding of the organization's capacity and resources, capabilities, mission and priorities, existing relationships and partnerships, and experience with the National Diabetes Prevention Program (National DPP) lifestyle change program. Please review the [Umbrella Hub Arrangements](#) page of the Coverage Toolkit to including [terminology](#) and UHA concepts before completing this assessment.

## Capacity Assessment

### Leadership Support and Organizational Alignment

*This section assesses an organization's leadership priorities, mission, vision, and organizational alignment as it relates to the National DPP lifestyle change program and the umbrella hub arrangement.*

Capacity Topic	Yes	No	Unsure	N/A
Is your organization's leadership and management team familiar with the concept of an umbrella hub arrangement?				
Is your organization's leadership and management team potentially interested in exploring becoming an umbrella hub organization (UHO)?				
Please briefly describe your organization's mission and goals and explain how they align with the objectives of an umbrella hub arrangement (the purpose of an umbrella hub arrangement is to connect CBOs with healthcare payment systems to pursue sustainable reimbursement for the National Diabetes Prevention (National DPP) lifestyle change program:				
If your organization becomes a UHO, would it be able to serve as the UHO for a <u>minimum</u> of 2 years?				

### National DPP Lifestyle Change Program and Diabetes Prevention Experience

*This section assesses an organization's experience with the National DPP lifestyle change program and diabetes prevention more generally.*

Capacity Topic	Yes	No	Unsure	NA
Does your organization currently support partner organizations in providing the National DPP lifestyle change program?				
<p>If yes to the above, please describe the type of partner organization. Are they: Federally Qualified Health Centers (FQHCs), Area Agencies on Aging (AAA), pharmacies, tribes, local health departments, faith-based organizations, extension programs, small social service agencies, or other?</p> <p>Please also list and describe the type of support your organization is providing to the partner organization(s):</p>          				

--

Please briefly describe your organization’s experience with preventing diabetes (this may be through delivering the National DPP lifestyle change program, supporting diabetes prevention advocacy efforts, etc.):

Does your organization currently have pending, preliminary, or full CDC recognition for the National DPP lifestyle change program?				
--	--	--	--	--

If yes to the above, please note your CDC recognition status:

If yes to the above, for how long has your organization held this CDC recognition status?

If no, is your organization interested in becoming a UHO as a non-delivery organization?

Does your organization have experience with performance/outcomes tracking and quality improvement efforts for the National DPP lifestyle change program or any other program?				
---	--	--	--	--

If yes to the above, please briefly describe your experience:

## Medicare and Medicaid Enrollment

*This section assesses an organization’s experience with enrolling in Medicare and Medicaid.*

Capacity Topic	Yes	No	Unsure	N/A
Is your organization currently enrolled with the Centers for Medicare and Medicaid Services as a <u>Medicare</u> Diabetes Prevention Program (MDPP) supplier?				
If interested in becoming a UHO, and you answered no to the above, is your organization interested in applying for MDPP supplier status for the umbrella hub arrangement?				
If no to the above, is your organization a Medicare-enrolled provider or supplier for any service other than the MDPP?				

Is your organization currently enrolled with your state's Medicaid program as a <u>Medicaid</u> provider for the National DPP lifestyle change program? (Only applicable for states that have Medicaid coverage of the National DPP lifestyle change program.)				
If no to the above, is your organization a Medicaid-enrolled provider for any service other than the National DPP lifestyle change program?				

## Staff Support

*This section assesses an organization's staff capacity and ability to support the functions and responsibilities of a UHO.*

Capacity Topic	Yes	No	Unsure	N/A
Please list how many full or part-time staff members your organization would have available to potentially support the functions of a UHO:				
Please describe if your organization would have the staff to support the following functions of a UHO:				
Track and manage data for completeness and accuracy, report data to CDC DPRP, and monitor subsidiary organizations' claims?				
Assist in developing, reviewing, and executing contracts and business agreements related to reimbursement? (This could include access to legal or compliance support.)				
Assist in managing reimbursement distribution to subsidiaries? (This could be accounting support staff.)				
Provide the subsidiary organizations with technical assistance and/or best practices for recruiting, enrolling, and retaining participants into the National DPP lifestyle change program?				

## Subsidiary Relationships and Recruitment

*This section assesses an organization's relationship with existing or potential CDC-recognized organizations.*

Capacity Topic	Yes	No	Unsure	NA
Does your organization have existing relationships with CDC-recognized organizations that might be interested in participating as subsidiary organizations within your umbrella hub arrangement?				

If yes to the above, please describe these organizations and your relationship with them:

If yes to the above, please state roughly how many participants and/or cohorts they currently have per year (if known):

Does your organization have existing relationships with organizations that are <i>NOT</i> CDC recognized, but may be interested in participating as subsidiary organizations within your umbrella hub arrangement?				
--	--	--	--	--

If yes to the above, please describe these organizations and your relationship with them:

Please briefly describe your ability to form new relationships with organizations that might be interested in becoming subsidiaries in an umbrella hub arrangement:

Communicating the roles and responsibilities of each stakeholder involved in the umbrella hub arrangement is an important consideration. A charter can be a useful tool to develop and define these agreements. Does your organization have experience with developing charters in collaboration with partner organizations?				
--	--	--	--	--

If yes to the above, please describe your experience:

**Payer and Provider Relationships and Contracting**

*This section assesses an organization’s existing and potential relationships with other stakeholders such as payers and providers.*

Capacity Topic	Yes	No	Unsure	NA
Does your organization have contracts in place with any payers or employers for reimbursement for the National DPP lifestyle change program?				

If yes to the above, please describe the organizations with which your organization has contracts:

If no to the above, please describe your interest and ability in pursuing contracts with payers and employers for reimbursement of the National DPP lifestyle change program:

Does your organization have contracts with payers or employers for other programs or services?				
--	--	--	--	--

Does your organization have existing relationships with health care providers and health care systems that generate referrals of patients who are eligible for the National DPP lifestyle change program to your organization?				
--	--	--	--	--

If yes to the above, please describe these referral relationships:

Does your organization have existing relationships with health care providers and health care systems for services or programs other than the National DPP lifestyle change program?				
--	--	--	--	--

If yes to the above, please describe these relationships:

If your organization does not have existing relationships with health care providers, or health care systems, is your organization willing to pursue partnerships with health care providers and/or health care systems for referrals to the National DPP lifestyle change program offered by your subsidiaries?				
--	--	--	--	--

--	--	--	--	--

**Billing and Data Submission Platform Access**

*This section assesses an organization’s experience and capacity to manage claims submission and ability to manage, store, and transmit data in a Health Insurance Portability and Accountability Act (HIPAA)-compliant manner.*

Capacity Topic	Yes	No	Unsure	NA
----------------	-----	----	--------	----

Has your organization successfully submitted claims to Medicare or any other payer for the National DPP lifestyle change program or any other service?				
--	--	--	--	--

If yes to the above, please describe your organization's experience submitting claims:				
Does your organization currently have a billing platform that all subsidiary organizations could access and is capable of submitting claims to health care payers?				
If yes to the above, would this platform also enable subsidiary organizations to submit their data to the Diabetes Prevention Recognition Program (DPRP)?				
If no, would your organization be willing to contract with a third-party billing platform to perform these services or develop in-house billing capabilities?				
Is your organization currently able to securely transmit and store claims data in a HIPAA-compliant manner?				
Does your organization have experience handling personal health information (PHI) data in a HIPAA-compliant manner?				

**Marketing Experience**

*This section assesses an organization's ability to market the umbrella hub arrangement's National DPP lifestyle change programs.*

Capacity Topic	Yes	No	Unsure	N/A
Does your organization have experience marketing its National DPP lifestyle change program?				
If yes to the above, please describe how your organization has marketed your National DPP lifestyle change program:				
Does your organization have experience marketing other programs or services?				
If yes to the above, please describe these efforts:				
Would your organization be interested and able to market the National DPP lifestyle change program on behalf of the umbrella hub arrangement?				



If yes to the above, please describe your organization's ability to do so:

## Business Acumen

*This section assesses an organization's ability to develop a business plan and, if desired, ability to pursue a sustainable umbrella hub arrangement. Sustainability refers to the long-term goal of the umbrella hub arrangement operating on health care payer reimbursement with little or no grant funding support.*

Capacity Topic	Yes	No	Unsure	N/A
Does your organization have experience with creating business plans or business strategies?				
An important goal of the umbrella hub model is to create an arrangement that is sustainable for both the UHO and each subsidiary. Please describe your organizations interest and potential approach towards a business plan for an umbrella hub arrangement:				
Please describe how your organization might fund the potential formation of an umbrella hub arrangement (e.g., grant funding, existing revenue sources, revenue collected by payer reimbursement, etc.):				
Is your organization willing and able to collect funds and disperse reimbursements to subsidiary organizations for an umbrella hub arrangement?				

The “Diabetes Technical Assistance and Support for State Health Departments” project is supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$6,600,000 with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

The National Association of Chronic Disease Directors  
Promoting Health. Preventing Disease.

The National Association of Chronic Disease Directors (NACDD) and its more than 7,000 Members seek to strengthen state-based leadership and expertise for chronic disease prevention and control in states and nationally. Established in 1988, in partnership with the U.S. Centers for Disease Control and Prevention, NACDD is the only membership association of its kind to serve and represent every chronic disease division in all states and U.S. territories. For more information, visit [chronicdisease.org](http://chronicdisease.org).

If you require this document in an alternative format, such as large print or a colored background, please contact the Communications Department at [publications@chronicdisease.org](mailto:publications@chronicdisease.org). Alternate formats can be made available within two weeks of a request.