

DECEMBER 1, 2022

# UMBRELLA HUB ARRANGEMENT: RESOURCE GUIDE



# Umbrella Hub Arrangement: Resource Guide

## Change Log

Date	Description of Updates*	Version
11/28/2022	First draft for Coverage Toolkit	Draft 1.0

*\*In addition to a description of updates in the change log, updates to the latest version will be made in **red text** throughout the Resource Guide to better identify where new additions have been made. Please send any questions to [nacdd.diabetes@chronicdisease.org](mailto:nacdd.diabetes@chronicdisease.org) with the subject line: UHA Resource Guide Question.*

## Umbrella Hub Arrangement Background and History

Umbrella hub arrangements (UHAs) are a new business approach to connect community-based organizations (CBOs) with health care payment systems for delivery of the National DPP lifestyle change program. In a UHA, an umbrella hub organization (UHO) serves as the sponsoring organization for a group of CBOs, referred to as “subsidiary organizations” or “affiliates”. Over the past several years, the Centers for Disease Control and Prevention (CDC) has provided funding support for three organizations to operationalize UHAs and assess the feasibility of this new business approach through the Umbrella Hub Demonstration. The National Association of Chronic Disease Directors (NACDD) partners closely with these demonstration organizations to provide support as they operationalize their UHA. NACDD also educates and provides technical assistance to states, national organizations, and tribal organizations about UHAs through the Medicaid Beneficiary Enrollment Project Communities of Practice and the UHA LEAP Learning Lab. NACDD also partners closely with Leavitt Partners, an HMA Company, to provide subject matter support and develop UHA material and resources to help organizations navigate UHAs.

## About the Resource Guide

The UHA Resource Guide (Resource Guide) is intended for use by those interested in or in the process of operationalizing a UHA, whether participating directly or supporting the arrangement. The Resource Guide includes a comprehensive listing of all components and topics related to UHAs and directs readers to the latest available resources, tools, and materials. It also links to frequently asked questions (FAQs) and the most updated responses based on the latest UHA learnings. The Resource Guide links will be updated periodically, and any changes will be detailed in the Version Update table above. The latest changes will be included in red text throughout the Resource Guide for the convenience of readers. Additionally, the resources featured in the Resource Guide will also be updated periodically. For more information on various UHA terms used in the Resource Guide, please refer to the UHA Terminology Guide [here](#).

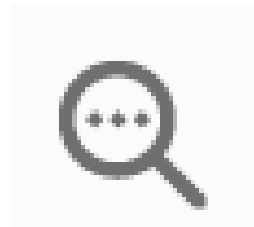
There are 9 sections of the Resource Guide as described in the table below.

Section	Sections are designed to:
1	<ul style="list-style-type: none"><li>introduce UHAs,</li></ul>
2	<ul style="list-style-type: none"><li>detail current UHA projects funded by CDC and supported by NACDD and Leavitt Partners,</li></ul>
3	<ul style="list-style-type: none"><li>describe the structure of UHAs including roles for participants and partners,</li></ul>
4	<ul style="list-style-type: none"><li>explain the UHA business model,</li></ul>
5	<ul style="list-style-type: none"><li>review the legal documents and charters required to formalize a UHA,</li></ul>
6	<ul style="list-style-type: none"><li>review options for reimbursement,</li></ul>
7	<ul style="list-style-type: none"><li>outline considerations for sustaining a UHA</li></ul>
8	<ul style="list-style-type: none"><li>provide CMS and CDC guidance on UHAs, and</li></ul>
9	<ul style="list-style-type: none"><li>detail resources on developing a UHA.</li></ul>

Each section of the Resource Guide includes a list of relevant UHA resources to which readers can refer to find additional details. Readers may also choose to send the resources to individuals, organizations, or partners that may benefit from the material. The final section includes a comprehensive list of all UHA material and resources referenced in the other sections, including a detailed description of the resource and recommendations for using each resource.

## How to Use the Resource Guide

There are many ways the Resource Guide may be used but we recommend readers search for keywords of interest to identify where in the Resource Guide to visit. You may access the search function in this PDF by pressing the Control and “F” keys together or by clicking on the search icon in the PDF page menu at the top of the screen. An example of the search icon is pictured to the right. As you search for keywords, keep in mind that there may be multiple UHA terms used interchangeably (e.g., subsidiary and affiliate). For those interested in finding resources to send to partner organizations or individuals, we recommend visiting the Coverage Toolkit [Umbrella Hub Arrangement Pages](#) where all UHA materials and resources are located. On the Coverage Toolkit, we recommend using the search function and type in keywords to find UHA topics of interest. Alternatively, scroll to particular sections of the Resource Guide to find a list of topically related resources.



## Umbrella Hub Arrangement Frequently Asked Questions (FAQs)

It is important to note that the umbrella hub arrangement model is a novel approach to promote sustainability of the National Diabetes Prevention Program (National DPP) lifestyle change program by connecting community-based organizations (CBOs) to health care reimbursements. The UHA concept is being tested by a select group of organizations since early 2020. Therefore, we are continuously learning about successes, barriers, challenges, and potential solutions and adjustments to UHAs. As such, new and emerging questions arise that may not have immediate answers available. If this occurs, we hope you will highlight your experiences as much of this work is a collaborative learning process and best practices continue to emerge. Please send any comments, questions, or recommendations to the following email [nacdd.diabetes@chronicdisease.org](mailto:nacdd.diabetes@chronicdisease.org) with the subject line: UHA Resource Guide Question. As best practices are developed, they will be included in updated versions of this Resource Guide (please refer to the change log on the first page for a summary of the most recent updates).

In the meantime, we encourage you to explore the [UHA Basics Webinar FAQ](#) for a list of many common questions from interested organizations. We also encourage you to watch the [UHA Basics webinar](#), which is viewable on the Coverage Toolkit.

## Key Terms Related to UHAs

Term	Definition
Umbrella Hub Arrangement (UHA)	A novel business strategy designed by CDC to support expansion of the National DPP lifestyle change program by connecting CDC-recognized organizations to sustainable reimbursement. A UHA is comprised of an umbrella hub organization and several subsidiary organizations.
Umbrella Hub Organization (UHO)	In a UHA, this organization agrees to serve as the sponsoring hub for a group of organizations (subsidiaries) that have CDC pending, preliminary, full, or full plus recognition. The UHO provides administrative support and technical assistance to subsidiary organizations so subsidiary organizations can focus on delivering the National DPP lifestyle change program.

Subsidiary Organization	An organization participating in the UHA that delivers the National DPP lifestyle change program and receives administrative support from the UHO. Subsidiary organizations may also be referred to as affiliates. Health care organizations may also be subsidiaries.
Billing and Claims Platform	An electronic platform able to bill and receive payments from the Centers for Medicare and Medicaid Services (CMS) and other payers. 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 can be contracted through a third-party billing and claims vendor.

Learn more through the [UHA Terminology Guide](#).

## 1 – Introduction to Umbrella Hub Arrangements

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### 1.1 – What are Umbrella Hub Arrangements

The concept of UHAs was developed in 2019 after convening a meeting of key industry and public health stakeholders to identify solutions and strategies to enable CBOs to sustainably deliver the National DPP lifestyle change program and secure reimbursement from health care payers. As a result of the convening discussions, the concept of a UHA emerged along with efforts to test the feasibility of such a model. UHAs connect CBOs with health care payment systems to pursue sustainable reimbursement for the National DPP lifestyle change program. Learn more about UHAs through the:

- [UHA Overview page of the Coverage Toolkit website \(under the Sustainability section\)](#)
- [UHA One-Pager](#)
- [UHA Terminology Guide](#)
- [UHO Learnings Document](#)

### 1.2 – UHA Purpose

UHAs create administrative efficiencies and support CBOs in the billing and claims process. This can increase and improve the impact of CBOs through both scale and sustainability. Learn more through the:

- [UHO Learnings Document](#)
- [UHA Basics Webinar](#) – Please view the webinar under the “Umbrella Hub Arrangements Basics Webinar” section of the link provided
- [UHA Overview page of the Coverage Toolkit website](#)
- [UHA One-Pager](#)

### 1.3 – Benefits of a UHA

Benefits of UHAs include aggregating Diabetes Prevention Recognition Program (DPRP) data and sharing CDC recognition status, streamlining business and administrative support (including successfully billing Medicare and other payers), pursuing sustainability, and achieving scale. There may be a value proposition (benefit) for each party involved in or served by a UHA. Learn more through the:

- [UHA pages of the Coverage Toolkit website](#)
- [UHA One-Pager](#)

- [UHA Basics Webinar](#) – Please view the webinar under the “Umbrella Hub Arrangements Basics Webinar” section of the link provided
- [Modifiable Slide Deck](#)
- [Value Proposition Resource](#)

## 1.4 – UHA Requirements

Organizations interested in joining a UHA should become familiar with the requirements and review CDC’s application and latest guidance on UHAs. The most recent CDC UHA Guidance highlights requirements for organizations to become the lead umbrella hub organization (UHO) or to participate as a subsidiary.

CDC established the CDC Diabetes Prevention Recognition Program (DPRP) as part of the National DPP lifestyle change program. The recognition program assures the quality of recognized organizations and provides standardized reporting on their performance.

Learn more through the:

- [2021 UHA Guidance Document and UHA Application](#)
- [UHA Basics Webinar](#) – Please view the webinar under the “Umbrella Hub Arrangements Basics Webinar” section of the link provided
- [UHA Basics FAQ](#)
- [UHA pages of the Coverage Toolkit website](#)
- [National DPP Customer Service Center](#)
- [2021 DPRP Standards for web](#)
- [Registry of All Recognized Organizations](#) (*Note: Column on far right indicates Umbrella Organization*)

## 1.5 – Why are UHAs Innovative

UHAs may ease the administrative burden for subsidiary organizations and payers and allow delivery organizations to focus on providing the National DPP lifestyle change program. UHAs may expand the effort to prevent Type-2 diabetes and improve population health overall. Beyond clearinghouse or administrative services organizations, UHAs support innovation by sharing CDC recognition status and increasing revenue streams for CBOs that may not have the infrastructure to bill and submit claims. Learn more through the:

- [2021 National DPP UHA Guidance and Application](#)
- [UHA Basics Webinar](#) – Please view the webinar under the “Umbrella Hub Arrangements Basics Webinar” section of the link provided
- [UHA Overview page of the Coverage Toolkit website](#)

## 1.6 – Updates to Guidance on UHAs

The most recent version of the UHA guidance document was published on November 16, 2021 (updated from January 2020 guidance) to align with the new CDC DPRP Data Portal. Several updates were made, including:

- Expanding the eligibility of non-delivery organizations to serve as UHOs using option 1 (data aggregation)
- Adding a new option for an arrangement that does not require data aggregation (option 2)

- Allowing UHAs established with the support of a CDC-funded recipient to exceed the previous cap of 6 subsidiaries for the first year of the UHA's operation
- Clarifying that the UHO has delegated authority for all operational responsibilities for the UHA

Learn more through the:

- [2021 UHA Guidance Document](#)

## 2 – NACDD and CDC-Sponsored UHA Projects

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### 2.1 – Umbrella Hub Demonstration Project

Beginning in March 2020, CDC funded the Umbrella Hub Demonstration in which three organizations worked to operationalize a UHA. The three organizations are Hawaii Primary Care Association (Hawaii PCA) which operates in Hawaii, Health Promotion Council (HPC) which operates in Pennsylvania and Delaware, and Marshall University which works with diabetes prevention coalitions in West Virginia, Kentucky, Virginia, Mississippi, Ohio, Tennessee, Alabama, and North Carolina. Learn more through the:

- [UHA Basics Webinar](#) – Please view the webinar under the “Umbrella Hub Arrangements Basics Webinar” section of the link provided
- [UHO Learnings Document](#)
- [UHA Overview Page on the Coverage Toolkit](#)
- [Umbrella Hub Organization Checklist](#)
- [UHO MDPP Supplier Enrollment Guide](#)
- [Umbrella Hub Demonstration case studies](#)

### 2.2 – Learn, Explore, Activate, Problem-solve (LEAP) Series

Beginning in August 2020, CDC funded and worked collaboratively with NACDD and Leavitt Partners to help various state health departments and [1705 organizations](#) establish and operationalize a UHA. The goal of LEAP is to “To help states and 1705 recipients/affiliates understand their role in supporting the development of UHAs that access healthcare payments for sustainability. To work toward establishing at least one organization as a UHO, to bill Medicare and/or other payers (Medicaid, commercial payers)”. Criteria for participation includes: 1) having an organization identified to be a potential UHO, 2) a willingness to use the resources and tools provided to assess interest and readiness in forming a UHA, 3) previewing the recording of the UHA Basics Webinar, and 4) reviewing the [CDC Umbrella Hub Guidance](#).

Various tools were created to assist LEAP participants learn about and develop a UHA:

- [Landscape Analysis](#)
- [Modifiable Slide Deck](#)
- [Tips for Identifying Potential UHOs](#)
- [UHA Basics Webinar](#) – Please view the webinar under the “Umbrella Hub Arrangements Basics Webinar” section of the link provided
- [UHA Basics FAQ](#)
- [UHA Questionnaire](#)
- UHA Sketch Worksheet – Please email [nacdd.diabetes@chronicdisease.org](mailto:nacdd.diabetes@chronicdisease.org) for access
- [UHO Capacity Assessment](#)
- [UHO Terminology Guide](#)

## 2.3 – UHO Medicaid Beneficiary Enrollment Project Community of Practice

Beginning in October 2021, CDC funded the UHO Community of Practice (CoP) to help build state capacity to develop and expand existing UHAs to increase Medicaid beneficiary access to and enrollment in the National DPP lifestyle change program. The CoP series is comprised of virtual meetings focused on building state capacity to develop an Umbrella Hub Arrangement (UHA) to increase Medicaid beneficiary access to and enrollment in the National DPP lifestyle change program. The invitation-only CoP is an opportunity for states and partners to share best practices, discuss challenges, and learn from each other. This work is supported using the Centers for Disease Control and Prevention’s (CDC) [community of practice model](#), in which states and partners with similar goals can collaborate, share learnings, and problem solve. Participants of the CoP include state health departments and prospective UHOs.

## 3 – Participation and Roles in Umbrella Hub Arrangements

The tables below outline the key participants and partners involved in umbrella hub arrangements.

### 3.1 – Key Participants

	Benefits of Participating in a UHA	Role(s) in a UHA
<b>UHO</b> ( <a href="#">Click here</a> for definition)	<ul style="list-style-type: none"> <li>• Provide needed support and services to the organization’s service population that align with the mission and goals</li> <li>• Elevate the organization’s profile and involvement in the effort to prevent type 2 diabetes</li> <li>• Improve population health and advance health equity by increasing access to the National DPP lifestyle change program</li> </ul>	<ul style="list-style-type: none"> <li>• Serve as the lead organization in a UHA</li> <li>• Provide administrative, billing and data support (<i>e.g.</i>, payer contracting, claims submission, DPRP data management)</li> <li>• Build relationships with healthcare providers, payers, and potential subsidiaries</li> <li>• Complete MDPP supplier application on behalf of UHA participants</li> </ul>
<b>Subsidiary Organization</b> ( <a href="#">Click here</a> for definition)	<ul style="list-style-type: none"> <li>• Join other mission-aligned organizations in a collective impact approach to scaling the National DPP and keep primary focus on delivering the National DPP lifestyle change program</li> <li>• Receive reporting, claims, and administrative support from the UHO</li> <li>• Share the burden of administrative and billing infrastructure costs needed to pursue sustainable reimbursement</li> </ul>	<ul style="list-style-type: none"> <li>• Deliver the National DPP Lifestyle Change Program in their communities and meet DPRP required metrics</li> <li>• Meet regularly with the UHO</li> <li>• Adhere to responsibilities as outlined in the UHA Charter and/or BAAs, including submitting data on the UHA timeline and providing required billing information</li> </ul>
<b>Billing and Claims Platform</b>	<ul style="list-style-type: none"> <li>• Elevate business profile by bringing needed technologies to the UHO</li> </ul>	<ul style="list-style-type: none"> <li>• Provide an electronic billing platform to support a more streamlined process for those involved in the UHA (<i>e.g.</i>,</li> </ul>



<p>(<a href="#">Click here</a> for definition)</p>	<p>and CBOs serving populations at high risk</p> <ul style="list-style-type: none"> <li>• Be a key contributor in making a positive change for the collective impact of the population being served</li> <li>• Advance the mission and goals that align with the goals of a UHA</li> <li>• Increased long-term sustainability</li> <li>• Achieve efficiencies for the billing and claims process</li> </ul>	<p>support data management and submission)</p> <ul style="list-style-type: none"> <li>• Support CBOs with less capacity to submit claims and receive reimbursements</li> <li>• Bill and receive payments from CMS and other payers</li> </ul>
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## 3.2 – Partners

	Benefits of supporting a UHA	Role(s) in a UHA
<p><b>Health care Payers</b></p>	<ul style="list-style-type: none"> <li>• Access to a “one-stop-shop” where payers can contract with one entity to access multiple delivery organizations and streamline reimbursement rates/processes</li> <li>• Elevate the payer’s profile and involvement in the effort to prevent type 2 diabetes</li> <li>• Achieve cost savings related to providing an intervention at the prediabetes stage</li> <li>• Obtain support in addressing the service needs of priority populations</li> </ul>	<ul style="list-style-type: none"> <li>• Provide coverage of the National DPP lifestyle change program</li> <li>• Facilitate access to contact information for at-risk beneficiaries</li> <li>• Provide guidance on how to access coverage</li> </ul> <p>Examples of payer organizations include Medicare Advantage (MA) plans, Medicaid managed care organizations (MCOs), self-insured employers, and other private/commercial insurers</p>
<p><b>Health care Providers or Referral Partners</b></p>	<ul style="list-style-type: none"> <li>• Elevate the organization’s profile and involvement in the effort to prevent type 2 diabetes and improve health and well-being of patients</li> <li>• Improved ease of referral to the National DPP lifestyle change program (and possibility of bi-directional referrals to receive updates on patient progress)</li> <li>• Reliance on the UHA to administer and support patients through the National DPP lifestyle change program</li> </ul>	<ul style="list-style-type: none"> <li>• Assist with identifying and referring eligible patients to the UHA to enroll in the National DPP lifestyle change program</li> <li>• Support enrolled beneficiaries as they participate in different evidence-based programs</li> <li>• Serve as champions of the lifestyle change program by sharing program outcomes with other referring providers</li> </ul> <p>Examples of health care providers include physicians, nurses, physician assistants, social workers, and other clinicians as well</p>

<ul style="list-style-type: none"> <li>• Support in addressing unmet health-related social and economic needs</li> </ul>	<p>as primary care practices, medical centers, health systems, and hospitals.</p>
<p><b>Conveners</b></p> <ul style="list-style-type: none"> <li>• The opportunity to serve as a critical partner to support CBOs in your region</li> <li>• Improve population health in the community(ies) of focus</li> <li>• Advance the organization’s mission and goals that align with the goals of a UHA</li> <li>• Support in leveraging the National DPP lifestyle change program to address unmet health-related social and economic needs</li> </ul>	<ul style="list-style-type: none"> <li>• Technical assistance and support services (e.g., MDPP supplier application, National DPP lifestyle coach trainings, marketing tools, payer contracting, participant referral and retention efforts)</li> <li>• Leverage existing relationships to encourage participation or support for UHAs (e.g., CDC-recognized organizations, payers, and providers)</li> </ul> <p>Examples of conveners include state and local health departments, local diabetes advocacy and prevention organizations, employers, private businesses, CBOs, etc.</p>

Learn more through the:

- [UHA Terminology Guide](#)
- [Umbrella Hub Organization Checklist](#)
- [Landscape Analysis](#)
- [Modifiable Slide Deck](#)
- [UHA Questionnaire](#)
- [UHO Capacity Assessment](#)
- [UHA Overview Page on the Coverage Toolkit](#)

## 4 – The Umbrella Hub Organization Business Model

A business model for the umbrella hub arrangement (UHA) can help the umbrella hub organization (UHO) create an arrangement that: (a) meets the needs of the partners it wants to serve (subsidiary organizations) and the partners to which it wants to appeal (health care payers), and (b) is financially possible and sustainable for both the UHO and the subsidiary organizations. Business model components include:

### 4.1 – Market Offering

The market offering of a UHA is what it is providing to the partners that it aims to serve (e.g., subsidiary organizations) and the partners to which it wants to appeal (e.g., health care payers). To create a market offering, the UHO will complete an assessment of its key assets and processes that can be used to generate a value proposition for partners.

Learn more through the:

- Puzzle Pieces of Sustainability Slides – Please email [nacdd.diabetes@chronicdisease.org](mailto:nacdd.diabetes@chronicdisease.org) for access
- [Modifiable Slide Deck](#)

- [UHA Basics Webinar](#) – Please view the webinar under the “Umbrella Hub Arrangements Basics Webinar” section of the link provided
- [UHA Business Model page on Coverage Toolkit](#)
- [Value Proposition Workshop](#)

## 4.2 – Financial Strategy

The financial strategy of a UHA includes a cost structure and a revenue model. Many factors can influence a UHA’s financial strategy, including the UHO type and structure, the subsidiary organization makeup, and the local and regional payer landscape.

UHAs may consider using a multi-year approach to achieve sustainability. For example, the UHA could use grant funding or other funding sources to operationalize the UHA and a combination of grant funding and payer reimbursement in subsequent years, eventually reaching the goal of the UHA operating primarily on payer reimbursement from a diverse payer mix.

Learn more through the:

- [UHO Learnings Document](#)
- [UHA Basics Webinar](#) – Please view the webinar under the “Umbrella Hub Arrangements Basics Webinar” section of the link provided
- [UHA Business Model page on Coverage Toolkit](#)

## 5 – Contractual Agreements for Umbrella Hub Arrangements

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Contracts bind a UHA together. Contracts can detail the expectations, roles, and responsibilities for each entity in the UHA. Contracts are used within a UHA between UHOs and a third-party billing vendor (Master Service Agreements (MSAs) and Business Associate Agreements (BAAs)); a third-party billing vendor and subsidiaries (BAAs); UHOs and subsidiaries; UHOs and payers; and subsidiaries and payers.

Learn more through the:

- [UHA Basics Webinar](#) – Please view the webinar under the “Umbrella Hub Arrangements Basics Webinar” section of the link provided
- [UHA Business Model page on Coverage Toolkit](#)
- Business Model Slides – Please email [nacdd.diabetes@chronicdisease.org](mailto:nacdd.diabetes@chronicdisease.org) for access
- Sample Business Associate Agreement for Umbrella Hub Organization, Subsidiary, and Billing Platform ([e.g., 1](#) and [e.g., 2](#))
- [Diagram of Contracting in the Umbrella Hub Demonstration](#)
- [Medicaid Managed Care Organizations → Contracting page of the Coverage Toolkit website](#) (*Note: this resource was not specifically built for UHAs; however, it may be used as a starting point or to provide background information.*)
- [Commercial Payers → Contracting page of the Coverage Toolkit website](#) (*Note: this resource was not specifically built for UHAs; however, it may be used as a starting point or to provide background information.*)

## 5.2 – Charters

Charters help to bind the UHA together. Charters can capture the UHA’s shared mission, objectives, and goals. Charters are used within a UHA between a UHO and its subsidiaries. Learn more through the:

- [UHA Basics Webinar](#) – Please view the webinar under the “Umbrella Hub Arrangements Basics Webinar” section of the link provided
- Business Model Slides – Please email [nacdd.diabetes@chronicdisease.org](mailto:nacdd.diabetes@chronicdisease.org) for access
- [UHA Business Model page on Coverage Toolkit](#)
- [Diagram of Contracting in the Umbrella Hub Demonstration](#)
- Sample Charters for Umbrella Hub Organization and Subsidiary ([e.g., 1](#) and [e.g., 2](#))

## 6 – Healthcare Reimbursement for Umbrella Hub Arrangements

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### 6.1 – Payers

Payers—such as Medicare Advantage (MA) plans, Medicare Part B, Medicaid managed care organizations (MCOs), self-insured employers, and other private insurers—provide coverage of and reimbursement for the National DPP lifestyle change program as well as guidance on how to access coverage. UHAs are encouraged to:

- enroll as a MDPP supplier. The MDPP expanded model provides Medicare beneficiaries access to evidence-based diabetes prevention services. MDPP suppliers enroll in Medicare and build out MDPP services, billing Medicare for those services. In a UHA, the UHO is the MDPP supplier, and the subsidiary organizations access Medicare reimbursement through the UHO’s MDPP supplier status.
- enroll in state Medicaid programs (when applicable).
- contract with additional payers or self-insured employers.

The UHO may contract directly with a health plan, and subsequent contracts between the UHO and its subsidiaries allow for fund disbursement and subsidiary fee payment.

Learn more through the:

- [UHA Reimbursement page on the Coverage Toolkit](#)
- [UHO MDPP Supplier Enrollment Guide](#)
- Business Model Slides – Please email [nacdd.diabetes@chronicdisease.org](mailto:nacdd.diabetes@chronicdisease.org) for access
- [UHA Basics Webinar](#) – Please view the webinar under the “Umbrella Hub Arrangements Basics Webinar” section of the link provided
- [The National DPP → Participating Payers page of the Coverage Toolkit website](#)
- [Commercial Payers → Contracting with CDC-Recognized Organizations page of the Coverage Toolkit website](#)
- [Medicaid Managed Care Organizations → Contracting page of the Coverage Toolkit website](#)
- [Commercial Payers → Case for Coverage for Commercial Plans and Employers page of the Coverage Toolkit website](#)
- [Medicaid Agencies → Case for Coverage for the Medicaid page of the Coverage toolkit website](#)
- [Commercial Payers → Coverage in Practice page of the Coverage Toolkit website](#)
- [Medicaid Agencies → Medicaid Coverage page of the Coverage Toolkit website](#)
- [Medicaid Managed Care Organizations → Medicaid Managed Care Organizations Coverage page of the Coverage Toolkit website](#)
- [CMS Medicare Diabetes Prevention Program \(MDPP\) Expanded Model page](#)
- [CDC Medicare Diabetes Prevention Program Enrollment Preparation Guide](#)
- [MDPP Basics page of the Coverage Toolkit website](#)

## 6.2 -- Reimbursement Process

As outlined in the current UHA business model, the reimbursement process is made up of three main steps:

1. The UHO submits subsidiaries' claims to healthcare payers through the billing platform (either in-house or third-party).
2. Claims reimbursement is deposited into the UHO account.
3. The UHO distributes appropriate claims payments to subsidiary organizations.

The UHO may also retain a percentage of claims payments in exchange for the UHO's administrative services. This arrangement is negotiated between the UHO and subsidiary organizations and documented in the contract between them. Examples of payment models between the UHO and subsidiary organizations are described in detail in the [UHA financial strategy webinar](#).

Learn more through the:

- [UHA Basics Webinar](#) – Please view the webinar under the “Umbrella Hub Arrangements Basics Webinar” section of the link provided
- [UHA Reimbursement page on the Coverage Toolkit](#)
- Business Model Slides – Please email [nacdd.diabetes@chronicdisease.org](mailto:nacdd.diabetes@chronicdisease.org) for access
- Sample Business Associate Agreement for Umbrella Hub Organization, Subsidiary, and Billing Platform ([e.g., 1](#) and [e.g., 2](#))

## 7 – Sustaining an Umbrella Hub Arrangement

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### 7.1 – The Puzzle Pieces of Sustainability

A primary goal of a UHA is to create a sustainable arrangement for the UHO and each subsidiary organization. Sustainability for a UHA refers to when the subsidiary organizations are receiving reimbursement for delivering the National DPP lifestyle change program from a long-term source, rather than short-term funding. Organizations that are interested in applying to become a UHO should continue to revisit their sustainability plan with their subsidiaries. The “puzzle pieces” of sustainability include increasing the number and variety of payer contracts, participants, subsidiary organizations, and other evidence-based programs.

Learn more through the:

- [Modifiable Slide Deck](#)
- [UHA Sustainability page of the Coverage Toolkit website](#)
- [Participating Payers page of the Coverage Toolkit website](#)
- [Additional Initiatives page of the Coverage Toolkit website](#)
- [Medicaid Managed Care Organizations](#) → [Medicaid Managed Care Organizations Coverage page of the Coverage Toolkit website](#)
- [Medicaid Managed Care Organizations](#) → [Contracting page of the Coverage Toolkit website](#)
- [Commercial Payers](#) → [Contracting with CDC-Recognized Organizations page of the Coverage Toolkit website](#)
- [Commercial Payers](#) → [Case for Coverage for Commercial Plans and Employers page of the Coverage Toolkit website](#)
- [Medicaid Agencies](#) → [Case for Coverage for Medicaid page of the Coverage toolkit website](#)
- [Medicaid Agencies](#) → [Case for Coverage for Medicaid page of the Coverage toolkit website](#)

## 8 – CMS and CDC Guidance

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### 8.1 – 2022 Medicare Physician Fee Schedule

On November 2, 2021, CMS issued a final rule that included updates on policy changes for Medicare payments for the National DPP lifestyle change program under the Physician Fee Schedule (PFS), and other Medicare Part B issues. Changes were effective on or after January 1, 2022. This rule finalized changes to the MDPP expanded model intended to boost supplier enrollment, with a goal of increasing beneficiary participation and access to services that can help them develop and maintain healthy behaviors to prevent the onset of type 2 diabetes. While the revised fee schedule may not cover all costs associated with delivering the National DPP lifestyle change program, it is hoped the increased rates will be more attractive to organizations delivering the MDPP. MDPP suppliers may be reimbursed up to \$705 for all 22 sessions in one year, assuming weight loss goals are met.

In some states Medicaid reimbursement rates, including managed care plan fee schedules, are modeled after Medicare reimbursement rates. It is hoped that the increase in Medicare reimbursement rates will influence increased Medicaid rates. More information on Medicaid reimbursement rates can be found [here](#).

- 2022 PFS ([Fact Sheet](#) and [Final Rule](#))
- [MDPP Basics page of the Coverage Toolkit website](#) (includes new Physician Fee Schedule)
- [Reimbursement Models for Medicaid Agencies and MCOs](#)

### 8.2 – Submitting an Umbrella Hub Application to CDC

The UHA application is comprised of two parts (information about the applicant hub and information about the subsidiary organization) and will only be accepted from hub organizations with at least one subsidiary. The UHA application should be completed and submitted through the National DPP Customer Service Center. Learn more through the:

- [2021 National DPP UHA Guidance and Application](#)
- [National DPP Customer Service Center](#)
- [National DPP UHA Application for CDC-Recognized Organizations](#)
- [2021 UHA Guidance Document](#)

### 8.3 – Submitting an MDPP Supplier Application to CMS

Organizations with preliminary, full, or full plus CDC recognition may enroll as an MDPP supplier. Completion of the MDPP supplier application will require UHOs establish themselves as a business entity, which involves acquiring and understanding several business components. These include National Provider Identifiers (NPIs), Provider Transaction Access Numbers (PTANs), Legal Business Names (LBNs), and Tax Identification Numbers (TINs). The Provider Enrollment Chain and Ownership System (PECOS) is where organizations manage the details of their MDPP supplier application. Medicare Administrative Contractors (MACs) approve MDPP applications. Learn more through the:

- [CDC Medicare Diabetes Prevention Program Enrollment Preparation Guide](#)
- [MDPP Basics page of the Coverage Toolkit website](#)
- [UHA Reimbursement page of the Coverage Toolkit](#)
- [CMS What's a MAC Webpage](#)

- [UHO MDPP Supplier Enrollment Guide](#)
- [CMS Medicare Diabetes Prevention Program \(MDPP\) Expanded Model page](#)

## 9 – Umbrella Hub Arrangement Resources

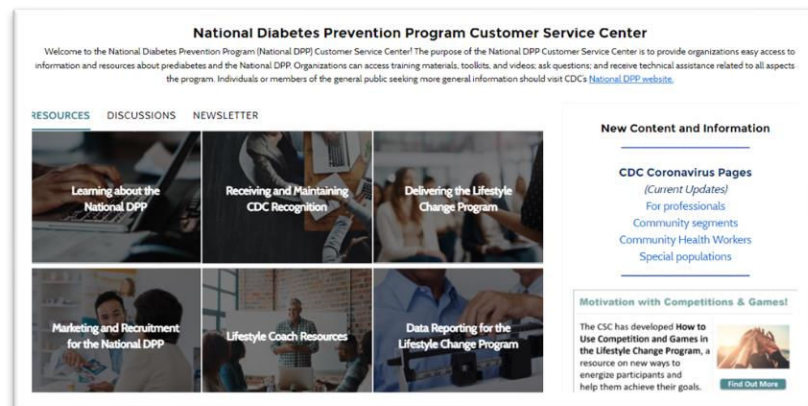
As part of the various CDC-sponsored umbrella hub arrangement projects previously or currently underway, many resources and tools have been developed to support organizations and stakeholders that are interested in learning more about UHAs, in taking the next step in participating in a UHA, or that are currently engaged in one. These tools are listed alphabetically and outlined in detail in this section, including recommendations for their use and where you might find these tools mentioned throughout the Resource Guide. Readers can use these tools to provide technical assistance to partner organizations or send these resources directly to interested stakeholders.

### 9.1 – UHA Exploration and Education

#### CDC’s National DPP Customer Service Center

**Description:** The [National DPP Customer Service Center](#) provides organizations with easy access to information and resources about prediabetes and the National DPP. It includes training materials, toolkits, and videos for any organization to access. Organizations can also ask questions and receive technical assistance related to the National DPP.

**Recommendation for Use:** Organizations interested in learning more about the National DPP are encouraged to visit the National DPP Customer Service Center. For those individuals or organizations looking to receive more individualized technical assistance related to the National DPP and UHAs may reach out to the Customer Service Center as well.



#### Section References in Resource Guide:

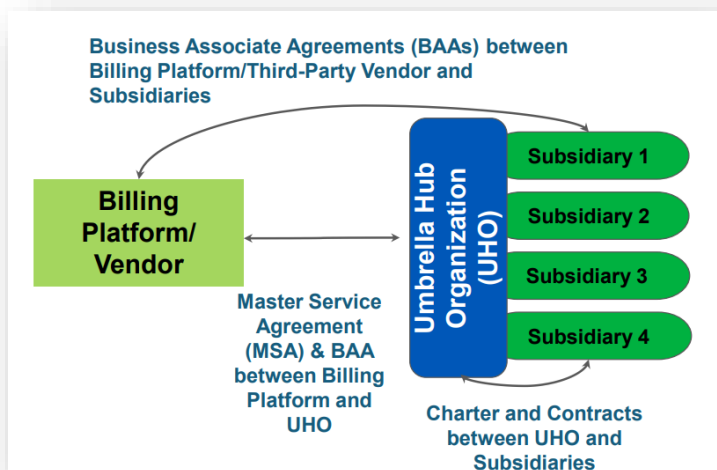
- Section 1.4 – UHA Requirements
- Section 8.2 – Submitting an Umbrella Hub Application to CDC



## Diagram of Contracting in the Umbrella Hub Demonstration

**Description:** The [diagram of contracting in the Umbrella Hub Demonstration](#) provides a graphic of how the different contracts and agreements connect the partners in an umbrella hub arrangement.

**Recommendation for Use:** Many organizations may have questions about the expectations, roles, and responsibilities for each entity in an umbrella hub arrangement. Contracts and agreements are developed to outline these details. We suggest organizations refer to the Diagram of Contracting in the Umbrella Hub Demonstration early in the process prior to stakeholder outreach and engagement to support thinking on the required contacts, charters and agreements.



### Section References in Resource Guide:

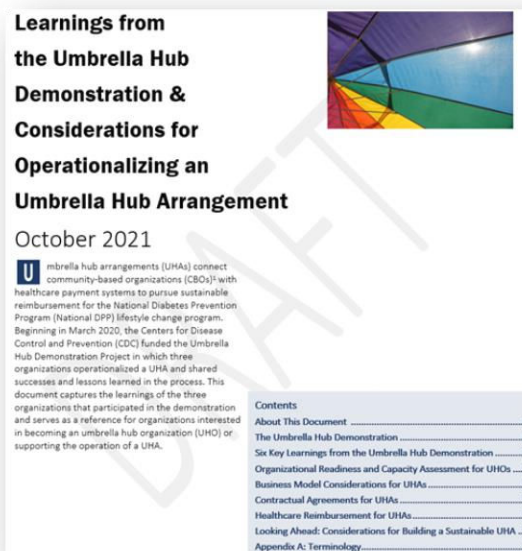
- Section 5.1 – Contracts
- Section 5.2 – Charters

## Learnings from the Umbrella Hub Demonstration

**Description:** The [Learnings from the Umbrella Hub Demonstration](#) captures learnings gained from the demonstration project where three organizations serve as UHOs in various states and regions across the country. It serves as a guidance document for organizations interested in becoming UHOs themselves. The document is designed to support organizations in further understanding the details of UHAs based on learnings from the three organizations participating in the Umbrella Hub Demonstration. The document provides a comprehensive overview of UHAs, with standalone sections readers can reference depending on their programmatic needs. It provides key considerations on how to operationalize a UHA, including:

- ✓ Key considerations obtained through demonstration learnings
- ✓ Organizational readiness and capacity assessments
- ✓ UHA business model application
- ✓ Contractual agreement considerations
- ✓ Healthcare payer reimbursement strategies
- ✓ Building a sustainable UHA

**Recommendation for Use:** Consider referring individuals and organizations at any stage of UHA participation to this document as it includes important learnings from organizations that have been actively working to operationalize a UHA since March 2020. As noted above, particular sections can be recommended to individuals or organizations depending on their current programmatic needs.





## Section References in Resource Guide:

- Section 1.1 – What are Umbrella Hub Arrangements
- Section 1.2 – UHA Purpose
- Section 2.1 – Umbrella Hub Demonstration Project
- Section 4.2 – Financial Strategy

## UHA Basics Webinar FAQs

**Description:** The [UHA Basics Webinar FAQ](#) captures questions submitted by participants during the August 19<sup>th</sup>, 2021, webinar and answers provided by webinar presenters who included subject matter experts from CDC, NACDD, and Leavitt Partners. The questions included in the FAQ were edited for clarity and anonymity and updates were made after CDC UHA Guidance document was published in November 2021. The FAQs include topics around what a UHA is, who is involved, how a UHA works, how a UHA can be implemented, what other resources are available, and how and who pays for a UHA.

**Recommendation for Use:** The UHA Basics Webinar FAQ may be shared along with the UHA Basics Webinar recording. We recommend sharing these resources with any individual or entity that is unfamiliar with the UHA concept but is actively interested in learning more. The FAQ could be sent for review by an individual or an organization in advance of meeting with them to discuss UHAs in more detail, as it may help answer many initial questions individuals or organizations may have at the outset. The UHA Basics Webinar FAQ is intended to answer initial and high-level UHA questions. For more in-depth questions, please refer to other UHA tools.

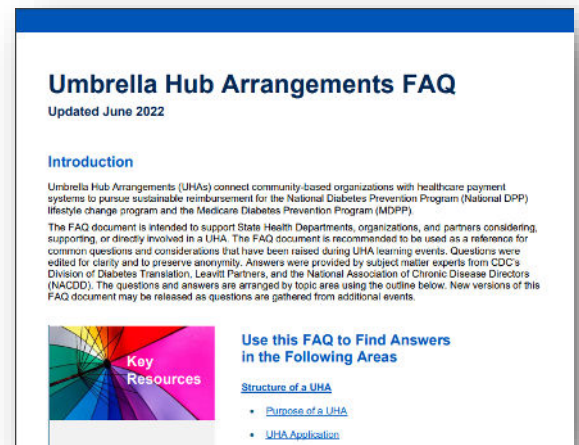
## Section References in Resource Guide:

- Relevant to all Resource Guide sections

## UHA Basics Webinar Recording

**Description:** The [UHA Basics Webinar](#) introduces organizations to umbrella hub arrangements (UHAs) and provides basic information about the who, what, and why of UHAs, how UHAs work and how they can be sustained. The webinar also highlights various UHA resources available for those interested in learning more about UHAs. The webinar was a collaboration between CDC, NACDD, and Leavitt Partners and was recorded on August 19, 2021.

**Recommendation for Use:** Share the webinar with any individual or entity that is unfamiliar with the UHA but is actively interested in learning more. The webinar recording could be particularly helpful in situations where there may not be time to connect directly with an organization that is looking for more high-level technical assistance or as a precursor to connecting



with an organization to discuss UHAs. As the webinar was recorded in August 2021, it might also be helpful to send the latest CDC UHA Guidance document along with the webinar to ensure they also have access to the latest UHA requirements.

### Section References in Resource Guide:

- Section 1.2 – UHA Purpose
- Section 1.3 – Benefits of a UHA
- Section 1.4 – UHA Requirements
- Section 1.5 – Why are UHAs Innovative
- Section 2.1 – Umbrella Hub Demonstration Project
- Section 2.2 – Learn, Explore, Activate, Problem-solve (LEAP) Series
- Section 4.1 – Market Offering
- Section 4.2 – Financial Strategy
- Section 5.1 – Contracts
- Section 5.2 – Charters
- Section 6.1 – Payers
- Section 6.2 – Reimbursement Process

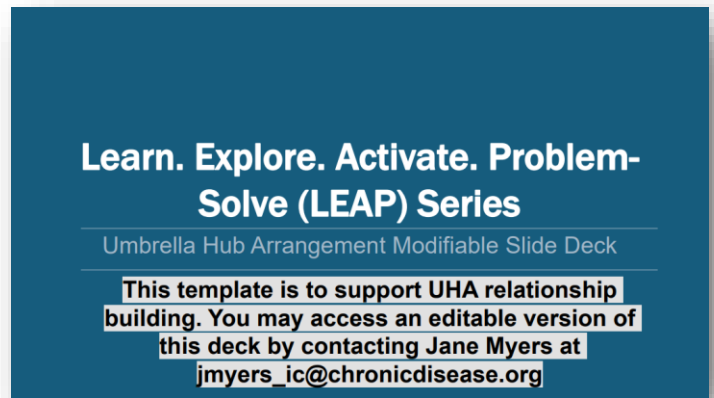
### UHA Modifiable Slide Deck

**Description:** The [UHA Modifiable Slide Deck](#) is designed to support relationship building efforts and is available to any organization that is in the process of planning for or implementing an umbrella hub arrangement. Specifically, it is recommended that organizations serving as the umbrella hub organization or participating in a convener role modify the deck as needed and use it in initial conversations with partners to educate them and/or to help make the case for participation in an umbrella hub arrangement.

**Recommendation for Use:** We recommend organizations use this deck for initial conversations with a new partner or stakeholder, including orienting new leadership within their own organization.

### Section References in Resource Guide:

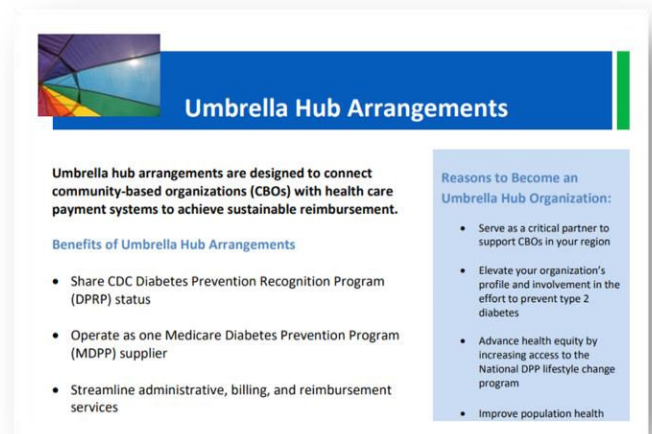
- Section 1.3 – Benefits of a UHA
- Section 2.2 – Learn, Explore, Activate, Problem-solve (LEAP) Series
- Section 3.2 – Partners
- Section 4.1 – Market Offering
- Section 7.1 – The Puzzle Pieces of Sustainability



## UHA One-Pager

**Description:** The [UHA One-Pager](#) includes a high-level overview of the objective, benefits, and participants of UHAs, and reasons for an organization to consider becoming a UHO or a subsidiary.

**Recommendation for Use:** Share the link to the one-pager with individuals, organizations, and partners that are just getting started on their journey to understand UHAs. Sending the one-pager for review in advance of more in-depth discussion on UHAs could be helpful for individuals or organizations that are just starting their journey to understand UHAs. Finally, the UHA One-Pager could be used in lieu of the UHA Basics Webinar for those interested parties with limited time.

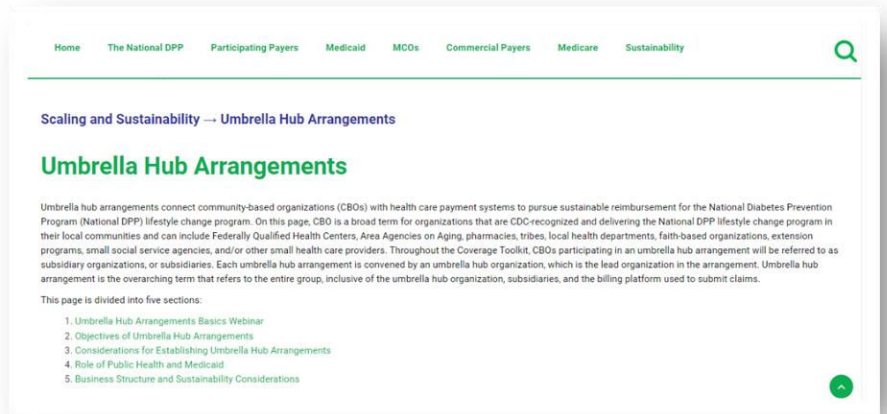


### Section References in Resource Guide:

- Section 1.1 – What are Umbrella Hub Arrangements
- Section 1.2 – UHA Purpose
- Section 1.3 – Benefits of a UHA

## UHA Pages of the Coverage Toolkit Website

**Description:** The [UHA pages of the Coverage Toolkit Website](#) includes details and additional tools on the basics and objectives of UHAs, considerations for establishing UHAs, the role of public health departments and Medicaid agencies, and the business structure and sustainability considerations of UHAs. This page is updated periodically, and we recommend checking back for new content often.



**Recommendation for Use:** Share the link to the UHA page of the Coverage Toolkit with any organizations and/or partners interested in learning more about UHAs. This is an ideal resource for those interested in understanding the overarching components of UHAs. It is also a great resource for those looking for tools to help them begin the operationalization of their own UHA. However, referring any organization to this resource, regardless of where they currently are in their UHA journey, is recommended.

### Section References in Resource Guide:

- Section 1.3 – Benefits of a UHA
- Section 1.4 – UHA Requirements
- Section 3 – Participation and Roles in Umbrella Hub Arrangements
- Section 5 – Contractual Agreements for Umbrella Hub Arrangements

- Section 6 – Healthcare Reimbursement for Umbrella Hub Arrangements
- Section 7 – Sustaining an Umbrella Hub Arrangement
- Section 8 – CMS and CDC Guidance

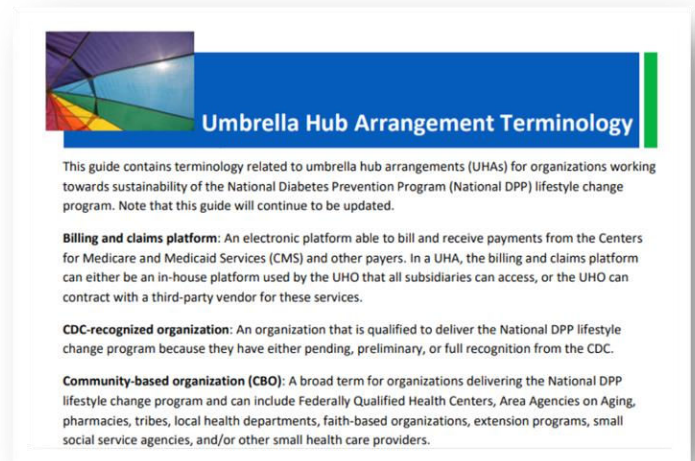
## UHA Terminology Guide

**Description:** The [UHA Terminology Guide](#) includes terminology related to UHAs for organizations interested in learning more about UHAs or for those seeking clarification on certain components of a UHA. It includes a nice overview of important and common terminology used among individuals and organizations working to develop, operationalize, or sustain a UHA.

**Recommendation for Use:** The terminology document may be sent to anyone looking for clarification on specific terminology used among those working to develop, operationalize, or sustain a UHA. It is particularly helpful for those who are just beginning to learn about UHAs. Consider sending the terminology document with the UHA one-pager. Note that not all terms are included in the UHA terminology guide. One important additional caveat to note on UHA terminology is that program participants may use terminology in different ways than listed in the terminology guide or other resources. For example, you might hear individuals refer to UHOs using the term ‘hub’. Additionally, some organizations commonly refer to subsidiaries as ‘affiliates.’

### Section References in Resource Guide:

- Section 1.1 – What are Umbrella Hub Arrangements
- Section 2.2 – Learn, Explore, Activate, Problem-solve (LEAP) Series
- Section 3.2 – Partners



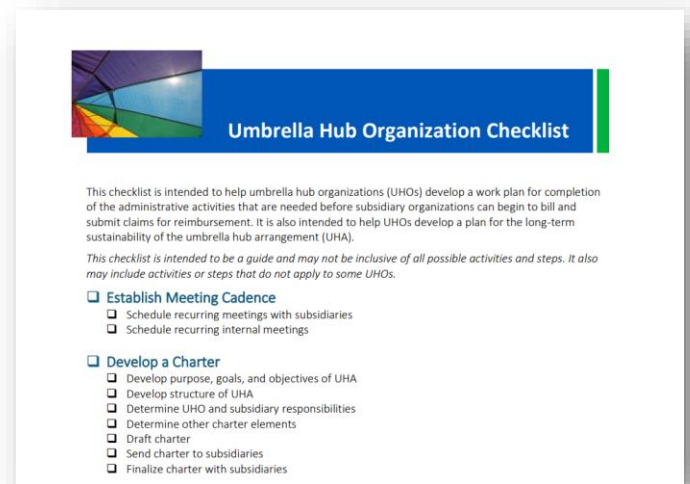
## Umbrella Hub Organization Checklist

**Description:** [The Umbrella Hub Organization Checklist](#) is intended to help UHOs develop a work plan for completion of the administrative activities that are needed before subsidiary organizations can begin to submit claims for reimbursement. It is also intended to help UHOs develop a plan for the long-term sustainability of the UHA.

**Recommendation for Use:** An organization considering becoming a UHO may use this checklist to confirm the steps they are taking to establish themselves as a UHO. The tool is meant to help with the establishment of and maintenance for a UHA.

### Section References in Resource Guide:

- Section 2.1 – Umbrella Hub Demonstration Project
- Section 3.2 – Partners



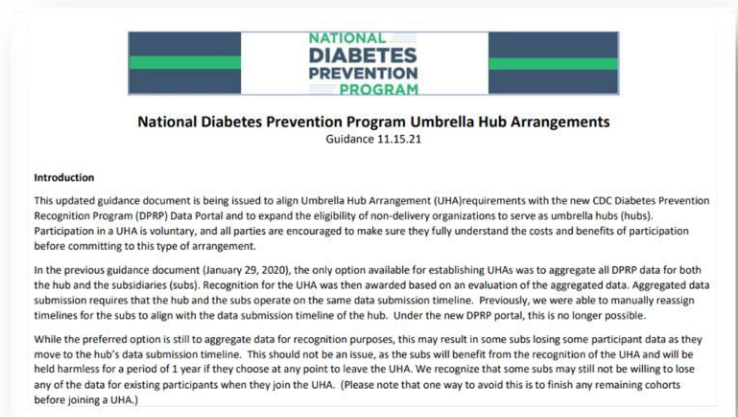
## 2021 UHA Guidance Document and UHA Application

**Description:** The [2021 UHA Guidance Document and updated UHA Application](#) was published in November 2021 and provides an overview of the UHA requirements and expands the eligibility of non-delivery organizations to serve as UHOs. The National DPP lifestyle change program UHA application includes two parts and must be completed in its entirety in order to be successfully submitted.

**Recommendation for Use:** These documents may be used by those organizations that have reviewed other UHA documents, understand the costs and benefits of participating in this type of arrangement, and have already identified and received a confirmed commitment by at least one subsidiary organization. Consider sending the 2021 UHA Guidance document to those organizations with significant interest in becoming involved in a UHA and that have done their due diligence to understand the “ins and outs” of UHAs.

### Section References in Resource Guide:

- Section 1.4 – UHA Requirements
- Section 1.6 – Updates to Guidance on UHAs
- Section 8.2 – Submitting an Umbrella Hub Application to CDC





## 9.2 – UHA Assessment

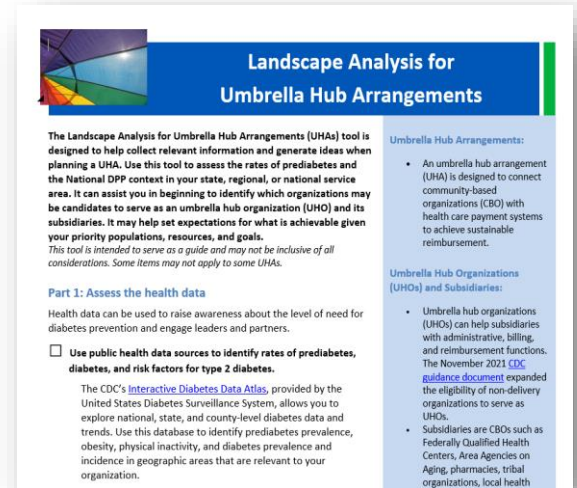
### Landscape Analysis for UHAs

**Description:** The [Landscape Analysis for Umbrella Hub Arrangements \(UHAs\)](#) tool is designed to help collect relevant information and generate ideas when planning a UHA. It can help organizations that are exploring the idea of establishing an umbrella hub arrangement and looking to begin by analyzing priority populations, resources, and goals in their area. This may include assessing regional rates and practices related to prediabetes, understanding payment mechanisms in your state, or identifying organizations in your area that currently offer the National DPP.

**Recommendation for Use:** An organization considering developing an umbrella hub arrangement can use this tool to assess the rates of prediabetes and the National DPP context in their state, region, or national service area. It can assist these organizations in beginning to identify which organizations may be candidates to serve as an umbrella hub organization (UHO) and its subsidiaries. It may help set expectations for what is achievable given the priority populations, resources, and goals. We recommend sending this tool to your partners to review and complete as they consider their interest in umbrella hub arrangements.

#### Section References in Resource Guide:

- Section 2.2 – Learn, Explore, Activate, Problem-sole (LEAP) Series
- Section 3.2 – Partners



### UHA Questionnaire for CDC-Recognized Organizations

**Description:** The [UHA Questionnaire for CDC-Recognized Organizations](#) was designed for organizations that are interested in an umbrella hub arrangement but are unsure of what role they might play or their capacity to participate in an umbrella hub arrangement.

**Recommendation for Use:** This tool can be used internally by an organization to determine which role within a UHA would best fit their organization. The UHA Questionnaire can also be distributed by a UHO or convening organization to gather information from those interested in participating in a UHA. We recommend that you send the UHA One-Pager or other UHA educational tools along with the UHA Questionnaire when using the tool to solicit interest in UHA participation from potential organizations.

#### Section References in Resource Guide:

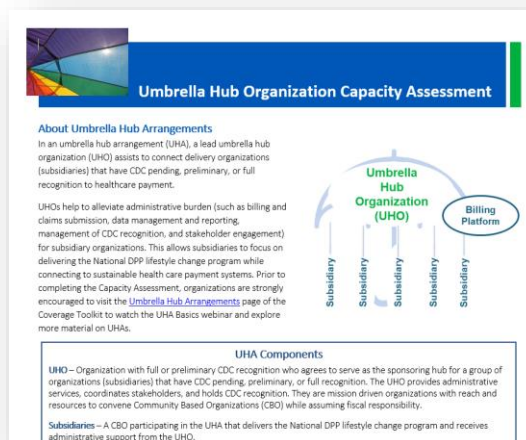
- Section 2.2 – Learn, Explore, Activate, Problem-sole (LEAP) Series
- Section 3.2 – Partners



## UHO Capacity Assessment

**Description:** The [UHO Capacity Assessment](#) can gauge an organization’s interest, capacity, ability, and willingness to serve as a UHO. This tool can be used to identify a potential UHO’s areas of strength in addition to potential areas in need of improvement or further examination.

**Recommendation for Use:** We recommend sending the UHO Capacity Assessment to organizations that are currently determining whether to participate as the lead umbrella hub organization. It is important that the organization’s representative who completes the capacity assessment is familiar with the various concepts of an umbrella hub arrangement (UHA), including its structure, participants, objectives, and terminology. Additionally, when considering who from the 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 DPP lifestyle change program complete the assessment. A convener with knowledge of UHAs can offer support to organizations completing the UHO Capacity Assessment.



### Section References in Resource Guide:

- Section 2.2 – Learn, Explore, Activate, Problem-sole (LEAP) Series
- Section 3.2 - Partners

## 9.3 – Planning for and Operationalizing a UHA

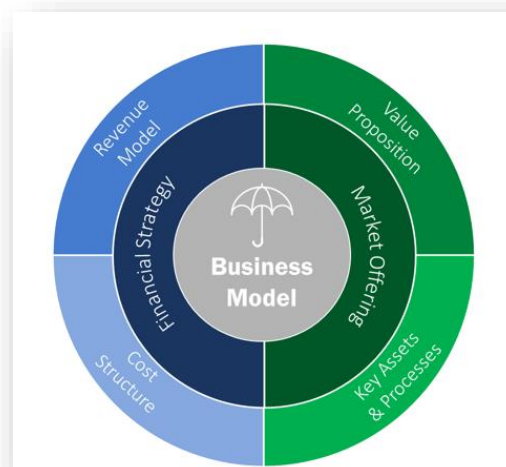
### Business Model for Umbrella Hub Arrangements

**Description:** A business model refers to the design and/or strategy for the successful operation of a business—or in this case, a UHA—and includes how to appeal to participants, how to identify revenue sources, and how to understand costs. Considering the business model can help the UHO create an arrangement that:

- ✓ Meets the needs of stakeholders it wants to serve (subsidiary organizations) and stakeholders to which it wants to appeal (healthcare payers), and
- ✓ Is financially possible and sustainable for both the UHO and the subsidiary organizations

More information on the [UHA business model](#) can be found on the Coverage Toolkit.

**Recommendation for Use:** Organizations that have a good understanding of UHA basics and existing plans underway to operationalize a UHA may find the business model information particularly helpful. Walking through the components of a business model at the beginning phases of



developing a UHA may better prepare organizations for designing a model that meets their unique needs and supports long-term sustainability strategies and efforts for all involved in the UHA.

## Section References in Resource Guide:

- Section 5.1 – Contracts
- Section 5.2 - Charters
- Section 6.1 – Payers
- Section 6.2 – Reimbursement Process

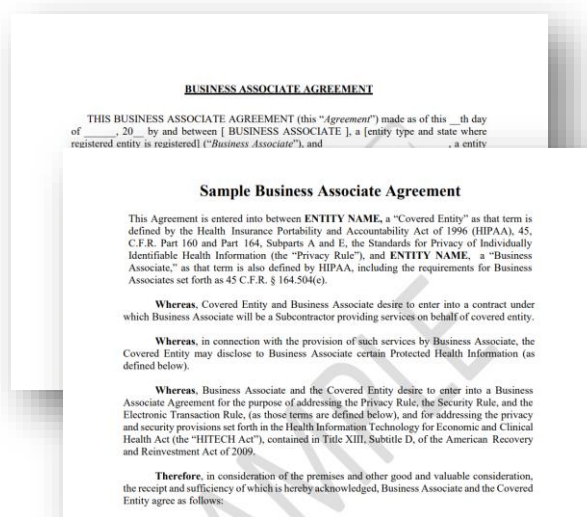
## Sample Business Associate Agreements

**Description:** An [example](#) of the legal contract between a healthcare provider and an individual or organization that handles or stores Protected Health Information (PHI) as part of its services for the provider. In a UHA, a [business associate agreement \(BAA\)](#) is needed between the billing platform and the UHO and the billing platform and each subsidiary.

**Recommendation for Use:** An organization serving as a UHO or a subsidiary in a UHA may use these examples to draft their own BAAs to cover the contract between the billing platform and the UHO or the billing platform and the subsidiaries.

## Section References in Resource Guide:

- Section 5.1 – Contracts
- Section 6.2 – Reimbursement Process



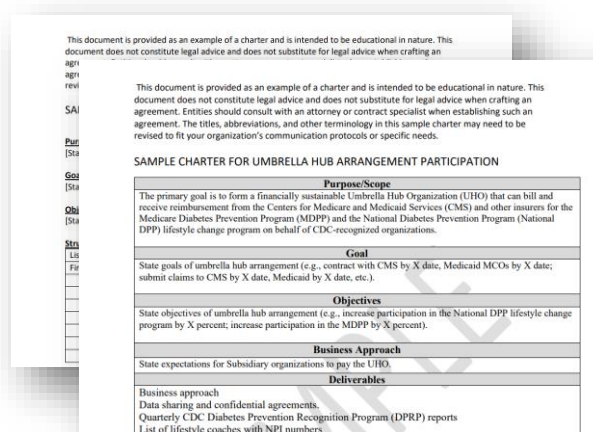
## Sample Charters

**Description:** The [sample charters](#) provide an example of a charter that is intended to be educational. A charter is a document that can be used to capture the umbrella hub arrangement’s shared mission, objectives, and goals.

**Recommendation for Use:** An organization serving as a UHO in a UHA may use these example charters to draft their own charters to establish a vision of the UHA that is shared between the UHO and its subsidiaries.

## Section References in Resource Guide:

- Section 5.2 – Charters





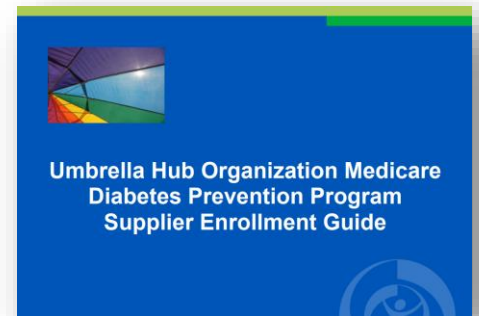
## UHO MDPP Supplier Enrollment Guide

**Description:** In an umbrella hub arrangement, the umbrella hub organization can serve as the MDPP supplier; subsidiary organizations do not separately enroll as MDPP suppliers. The [UHO MDPP Supplier Enrollment Guide](#) gives more information on the unique considerations of enrolling the UHO as an MDPP supplier, such as creating a business entity.

**Recommendation for Use:** We suggest sending the guidance document to any organization that has expressed interest in serving as an MDPP supplier on behalf of the UHA. This guide includes essential information to help UHOs understand the MDPP supplier requirements and to develop a plan to successfully enroll as an MDPP supplier on behalf of the UHA. However, it is important to note that this tool is not a comprehensive guide to all steps of the MDPP enrollment process.

### Section References in Resource Guide:

- 2.1 – Umbrella Hub Demonstration Project
- 6.1 – Payers
- 8.3 – Submitting and MDPP Supplier Application to CMS



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You may contact NACDD with questions about the National DPP Coverage Toolkit, including questions and suggestions about the site and its contents, in addition to success stories related to delivery of the National DPP. Please email [coveragetoolkit@chronicdisease.org](mailto:coveragetoolkit@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.