This checklist is intended to help umbrella hub organizations (UHOs) develop a work plan for completion of the administrative activities that are needed before subsidiary organizations can begin to bill and submit claims for reimbursement. It is also intended to help UHOs develop a plan for the long-term sustainability of the umbrella hub arrangement (UHA).

This checklist is intended to be a guide and may not be inclusive of all possible activities and steps. It also may include activities or steps that do not apply to some UHOs.

- **Establish Meeting Cadence**
  - Schedule recurring meetings with subsidiaries
  - Schedule recurring internal meetings

- **Develop a Charter**
  - Develop purpose, goals, and objectives of UHA
  - Develop structure of UHA
  - Determine UHO and subsidiary responsibilities
  - Determine other charter elements
  - Draft charter
  - Send charter to subsidiaries
  - Finalize charter with subsidiaries

- **Submit Umbrella Hub Application to CDC**
  - Gather UHO location and contact information
  - Gather subsidiary information
  - Prepare Statement of Intent
  - Submit application to CDC

- **Submit Medicare Diabetes Prevention Program (MDPP) Supplier Application to Centers for Medicare and Medicaid Services (CMS) or Modify Existing MDPP Application to Include Subsidiaries**
  - Review CMS checklist
  - Gather CDC recognition documentation
  - Understand MDPP application requirements, including application fee, criminal background checks, and site visits
  - Create a Provider Enrollment, Chain, and Ownership System (PECOS) account
Use the National Plan & Provider Enumeration System (NPPES) to create an Identity and Access (I&A) account
Log in to NPPES with I&A user credentials to obtain a National Provider Identifier (NPI)
Activate or validate Tax Identification Number (TIN)
Determine whether subsidiaries will be classified as administrative locations or community settings
Gather all needed administrative information
Gather information on subsidiaries’ lifestyle coaches
Submit application to CMS

Determine Business Structure
- Understand approaches to establish a business structure for the UHA
- Determine the UHO costs of operating the UHA
- Understand subsidiaries’ typical operations (e.g., average number of cohorts each year, average number of participants per cohort, average retention and weight loss among participants) and organizational capacity for volume
- Analyze business scenarios using Medicare’s reimbursement schedule, billing platform payment schedule, subsidiary volume, and UHO costs
- If applicable, determine subsidiary charges for services provided by UHO

Establish Contract (Master Services Agreement) with Billing Platform (if Contracting with a Third-Party Billing Platform)
- Determine expectations for both parties regarding claims submission and other types of data submission including timelines and responsibility for data accuracy and completeness
- Determine expectations for the payment amount and timing of payment the UHO will make to the vendor
- Determine expectations for how the subsidiaries’ data can and/or will be used
- Sign contract and collect signature from billing platform

Establish Contract and/or Business Associate Agreement (BAA) with Subsidiaries
- Delineate expectations and roles and responsibilities for UHO and subsidiaries
- Determine expectations for subsidiary payment to the UHO for administrative services and/or vendor fees
- Determine expectations if an subsidiary experiences a change in their recognition status
- Sign contracts and collect signatures from subsidiaries

Facilitate Contracts and/or BAAs between Billing Platform and Subsidiaries
- Determine expectations for private health information and compliance to Health Insurance Portability and Accountability Act (HIPAA) standards
- Determine expectations for payment amount and timing of payment the UHO and/or the subsidiaries will make to the vendor
- Collect signed contracts
Test Claims and Submission Processes
- Participate in billing platform training
- Work with billing platform to establish a test claims submission process
- Communicate to subsidiaries the test claims submission process
- Have each subsidiary submit test claims

Build a Sustainability Plan
In the context of a UHA, sustainability represents the UHA’s ability to operate as exclusively as possible on reliable reimbursement dollars, in lieu of grant funding, and this can be maintained over a protracted period of time.
- Establish objectives of sustainability plan
- Establish goals and strategies for achieving sustainability
- Consider establishing a plan to increase the number of subsidiaries in the UHA
- Consider establishing a plan to increase the number of cohorts each subsidiary organization operates each year
- Consider establishing a plan to increase program referrals to subsidiary organizations
- Consider establishing a plan to help subsidiaries increase the retention of participants in their programs

Contract with Commercial Payers (Including Medicaid MCOs, MA Plans, and Other Commercial Payers)
For additional resources on appealing to commercial payers and employers, see the Case for Coverage for Commercial Plans and Employers and Coverage in Practice pages of the Coverage Toolkit. Additionally, see the Prospective Contract Components Document for Contracts between a CDC-Recognized Organization and a Commercial Payer for considerations on what to include in the contract.
- Identify payers in the UHA’s region with which the UHO might contract (see Participating Payers of the Coverage Toolkit for assistance)
- Articulate the UHA’s value proposition and how it can help advance the goals of the payer; consider highlighting participant success stories to communicate positive outcomes to the payer
- Review the payer’s website to become familiar with the payer
- Identify a point of contact within the payer organization
- Request a meeting with the payer to present the UHA and the opportunities it presents for the payer
- Begin the contracting process with the payer
- Finalize the contract