



Landscape Analysis for Umbrella Hub Arrangements

The Landscape Analysis for Umbrella Hub Arrangements (UHAs) tool is designed to help collect relevant information and generate ideas when planning a UHA. Use this tool to assess the rates of prediabetes and the National DPP context in your state, regional, or national service area. It can assist you 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 your priority populations, resources, and goals.

This tool is intended to serve as a guide and may not be inclusive of all considerations. Some items may not apply to some UHAs.

Part 1: Assess the health data

Health data can be used to raise awareness about the level of need for diabetes prevention and engage leaders and partners.

Use public health data sources to identify rates of prediabetes, diabetes, and risk factors for type 2 diabetes.

The CDC's [Interactive Diabetes Data Atlas](#), provided by the United States Diabetes Surveillance System, allows you to explore national, state, and county-level diabetes data and trends. Use this database to identify prediabetes prevalence, obesity, physical inactivity, and diabetes prevalence and incidence in geographic areas that are relevant to your organization.

Prediabetes prevalence (%): _____

Diabetes prevalence (%): _____

Geographic areas with highest prevalence of diabetes: _____

Dig deeper – considerations and opportunities:

- Who are your priority populations and where are they located?*
- Where are there higher rates of Medicare-eligible adults?*
- What percentage of your Medicare-eligible population has prediabetes and/or risk factors for type 2 diabetes?*

Umbrella Hub Arrangements:

- An umbrella hub arrangement (UHA) is designed to connect community-based organizations (CBO) with health care payment systems to achieve sustainable reimbursement.

Umbrella Hub Organizations (UHOs) and Subsidiaries:

- Umbrella hub organizations (UHOs) can help subsidiaries with administrative, billing, and reimbursement functions. The November 2021 [CDC guidance document](#) expanded the eligibility of non-delivery organizations to serve as UHOs.
- Subsidiaries are CBOs such as Federally Qualified Health Centers, Area Agencies on Aging, pharmacies, tribal organizations, local health departments, faith-based organizations, extension programs, small social service agencies, and/or other small health care providers.
- Subsidiaries may participate in a UHA and benefit from administration, billing, recognition status, and receiving program referrals.

Tools and Resources:

- Visit the Coverage Toolkit at: <https://coveragetoolkit.org/umbrella-hub-arrangements/>

- What other data sources could you access for insights into the health trends, risk factors, and priority populations to serve as it relates to the prevention of type 2 diabetes?*

Part 2: Identify CDC-Recognized Organizations

Understanding the level of saturation of CDC-recognized organizations and MDPP suppliers along with the areas of highest need from Part 1 will support strategic thinking around where there are gaps in services and may support synergies rather than program competition.

- Locate existing CDC-recognized organizations.**

Use the [CDC's Find a Program search tool and map](#) and the [National Registry of Recognized Diabetes Prevention Programs](#) to locate and download a list of CDC-recognized organizations.

Number of CDC-recognized organizations with preliminary, full or full plus CDC recognition (UHO-eligible): _____

Number of CDC-recognized organizations with pending, preliminary, full, or full plus CDC recognition (subsidiary-eligible): _____

- Locate existing MDPP Suppliers.**

Use the [CMS map of MDPP Suppliers furnishing MDPP services](#) and [list of all current MDPP Suppliers](#) to locate and download a list of MDPP Suppliers.

- Dig deeper – considerations and opportunities:*

- Create a list or map of National DPP locations and MDPP Suppliers in your state/area.*

- Are there existing UHAs in your state/area?*

- Where is there potential for a new UHA?*

- Which organizations could operate as a UHO?*

- Which CDC-recognized organizations could participate as a subsidiary?*

Part 3: Payers and payment mechanisms: Public and private insurance coverage of the National DPP

Understanding the key public and private payers in your area, their needs, and their alignment with the National DPP lifestyle change program is an essential step to establishing sustainable UHAs.

Does Medicaid cover the National DPP in your state/area? Yes/No

Do the CDC-recognized organizations in your state/area serve Medicare fee-for-service? Yes/No

Does your state/area have Medicare Advantage Plans? Yes/No

If yes, what are they?

Dig deeper – considerations and opportunities:

What states, localities, and commercial health plans cover the National DPP lifestyle change program in your state/area? Consult the Coverage Toolkit for a list of participating payers at <https://coveragetoolkit.org/participating-payers/>.

What questions do you have about billing and reimbursement?

Part 4: Referral policies and practices within the healthcare system to identify and connect people with prediabetes to the National DPP

Understanding the sources of regular program referrals or lack thereof will support thinking on how much effort will be needed to meet enrollment and attendance goals.

Do the major health systems in your state/area refer to the National DPP? Yes/No

Do community-based organizations in your state/area refer to the National DPP? Yes/No

Does your state/area have a referral network or system for the National DPP? Yes/No

Dig deeper – considerations and opportunities:

How have screening, testing, and referral systems and practices been utilized specifically for the Medicare population?

Part 5: Awareness, capacity, and willingness of people with diabetes to participate in the National DPP

Understanding the level of participation in the National DPP lifestyle change program and comparing that to the level of need from Part 1 will help highlight outreach, education, and other needs that may be required to improve program participation.

Use CDC recognition data to identify participation rates in the National DPP.

Number of participants in the CDC-recognized National DPP in your state/area (cumulative, annually, or by other time period): _____

Dig deeper – considerations and opportunities:

What campaigns are reaching Medicare-eligible adults to raise awareness about prediabetes and the National DPP?

Can these campaigns be tapped into to support UHA referrals?

Part 6: Understand state and local diabetes prevention priorities

Understanding the diabetes goals and priorities of key leaders and local stakeholders will support the building of meaningful partnerships.

Consult CDC’s list of national, state, and local diabetes programs for information about their goals and priorities.

Consult the Association of State and Territorial Health Officials for reference to diabetes prevention strategies in your area.

Consult your state governor’s or peer agencies’ websites for strategic priorities related to diabetes prevention.
