



Umbrella Hub Arrangement Questionnaire for CDC-Recognized Organizations

Questionnaire Content

Opening Paragraphs

The Centers for Disease Control and Prevention (CDC) has developed an opportunity called an umbrella hub arrangement that is designed to connect community-based CDC-recognized organizations to health care reimbursement for the National Diabetes Prevention Program (National DPP) lifestyle change program.

In an umbrella hub arrangement, an organization agrees to serve as the sponsoring umbrella hub organization (UHO) for organizations (subsidiaries) that have pending, preliminary, full, or full plus recognition. Umbrella hub arrangements strive to alleviate the administrative burden from CDC-recognized organizations and allow organizations to focus on delivering the National DPP lifestyle change program while connecting to health care payment systems and reimbursement opportunities, including with commercial payers, self-insured employers, Medicaid, and Medicare. Some administrative support a UHO might provide include data management and billing and claims support; application support for the CDC recognition process and the MDPP supplier application; and business functions for subsidiaries such as contracting services, insurance verification, support with referrals, and regulatory compliance support.

This questionnaire should be completed by organizations who 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. Before filling out this questionnaire, please review the one-pager that describes the purpose of umbrella hub arrangements and the roles and responsibilities of the participants at <https://coveragetoolkit.org/umbrella-hub-arrangements/>.

Section 1: Organization Information

1. Organization name (Fill in the blank)
2. State where the organization is located (Fill in the blank)
3. Name of individual filling out this questionnaire (Fill in the blank)
4. Preferred email address for communications with your organization (Fill in the blank)

Section 2: Familiarity with Umbrella Hub Arrangements

5. Have you heard the term umbrella hub arrangement in the context of the National DPP lifestyle change program? (Sometimes referred to as an umbrella hub, umbrella arrangement, umbrella model, or similar name.) (Y/N)
6. Are you currently participating or exploring participation in an umbrella hub arrangement? (Y/N)
7. If Yes to the above, please explain if you are participating, or exploring participation as the umbrella hub organization (lead organization) or as a subsidiary organization. (Fill in the blank)

Section 3: Interest in Serving as an Umbrella Hub Organization

In an umbrella hub arrangement, an organization agrees to serve as the sponsoring umbrella hub organization (UHO) for organizations (subsidiaries) that have CDC pending, preliminary, full, or full plus recognition.

8. Are you interested in potentially serving as the umbrella hub organization (the lead organization) in an umbrella hub arrangement? (Y/N)
9. If Yes to Question 8 above, please describe your interest. (Fill in the blank)
10. If Yes to Question 8 above, would you be interested in receiving an umbrella hub organization capacity assessment to assess your organization's readiness to serve as an umbrella hub organization? (Y/N)

Section 4: Interest in Participating as a Subsidiary Organization

You are invited to complete this section even if you responded "Yes" to Question 8 indicating you were interested in serving as an umbrella hub organization. We acknowledge that you may be interested in learning more about each of these options before determining a potential path forward in participating in an umbrella hub arrangement.

11. Please describe your organization's current challenges with delivering the National DPP lifestyle change program. (Fill in the blank)
12. Would your organization be interested in potentially participating as a subsidiary organization in an umbrella hub arrangement? (Y/N)
13. Please describe which services your organization would be interested in receiving from participating in an umbrella hub arrangement (services may include support with billing and claims submission, support with maintaining DPRP recognition, etc.). (Fill in the blank)
14. Would your organization be willing to pay for these services? (Y/N/M)
15. Please explain your response to Question 14 above. (Fill in the blank)
16. If more support were available to increase participation in the National DPP lifestyle change program—for example, support with increased referrals, more training for lifestyle coaches, assistance with retention strategies—would your organization be able and interested in increasing the number of cohorts and participants you serve each year? (Y/N/M)
17. Please explain your response to Question 16 above. (Fill in the blank)

End of questionnaire