# Achieving Sustainability Through Payer Partnerships

Health Promotion Council's Umbrella Hub Organization Spotlight

October 2022



#### AT A GLANCE:

This program spotlight document describes the efforts of Health Promotion Council to expand the Diabetes Prevention program (National DPP) lifestyle change program by developing and operationalizing an umbrella hub arrangement (UHA). During its participation in the Umbrella Hub Demonstration, Health Promotion Council has made significant advancements developing financial models for the UHA and in creating payer reimbursement pathways.



### **Umbrella Hub Demonstration Project Team**

The project team responsible for work on developing the UHA includes:

- Ayana Bradshaw, Executive Director
- Pamela Clarke, Sr. Dir. Of Quality and Operations
- Gina Trignani, Dir. For Training and Capacity-Building
- Joani Schmeling, Program Manager
- Eric Bumbaca, Program Manager
- Amadi Essoka-Lasenberry, Program Coordinator
- Zachary Hershman, Program Coordinator
- Aayushi Adettiwar, AmeriCorps VISTA
- Hannah Bernstein, Outreach and Recruitment Intern
- Ananth Panchamukhi, Former AmeriCorps VISTA
- Kimberly Labno, Former Asst. Dir. for Training and Capacity Building

#### INTRODUCTION TO HEALTH PROMOTION COUNCIL

The Health Promotion Council (HPC) of Pennsylvania is a non-profit organization with over 40 years of experience dedicated to promoting health and preventing chronic disease among populations experiencing health-related disparities. HPC works to realize its mission through community-based outreach, education, and advocacy. In addition to reducing risk from injury and supporting the management of chronic conditions, HPC also works in chronic disease prevention focusing on conditions like asthma, type 2 diabetes, cancer, hypertension, nicotine addiction, and obesity. HPC provides nutrition and active living programs, training and capacity building, advocacy, tobacco prevention, and family services. HPC's work currently reaches over 20,000 individuals across Pennsylvania, including those underserved by the health care system, low-income individuals, and racial and ethnic populations.

HPC's success as an organization is also built on its relationships with partner organizations in Pennsylvania. Some of these partners, which are integral to the success of their public health work, include the Public Health Institute of Pennsylvania and Delaware, the US Health and Human Services Administration for Community Living, the National Nurse-Led Care Consortium, the Greater Philadelphia Business Coalition on Health, and the Public Health Management Corporation (of which HPC is a wholly owned affiliate).

To advance type 2 diabetes and associated chronic disease prevention efforts, particularly among populations experiencing more health-related complications from type 2 diabetes, such as the African American/Black and Hispanic/Latino's individuals, HPC joined the Umbrella Hub Demonstration in 2020. The Umbrella Hub Demonstration is funded by the Centers for Disease Control and Prevention (CDC) to assist three organizations in operationalizing an umbrella hub arrangement (UHA). The UHA connects CDC-recognized community-based organizations (CBOs) delivering the National DPP lifestyle change program with health care payment systems to pursue sustainable reimbursement. The umbrella hub organization (UHO) provides administrative support and oversees claims submission on behalf of participating CBOs (also known as subsidiary organizations) to expand access and availability to the National DPP. More information on UHAs can be found on the National DPP Coverage Toolkit <u>Umbrella Hub Arrangement</u> Overview page.





## PROJECT PLANNING: OPERATIONALIZATION WITH SUSTAINABILITY IN MIND

HPC began development of the UHA with the creation of a charter, which outlined the vision and scope of the project, as well as key personnel responsibilities. Coordination and development of the charter required extensive interdepartmental education among information systems, legal, fiscal, and executive leadership colleagues. The charter captured project objectives to (a) establish the operational capacity for the UHO, (b) develop and test a payment model that would sustain the subsidiary organizations' program delivery, and (c) implement the infrastructure for the UHO. HPC contracted with Welld Health, a technology vendor selected to assist with the Umbrella Hub Demonstration, to support data aggregation and claims submission efforts. The chart below illustrates HPC's UHA organizational workflow and the roles and responsibilities of each UHA participant. For more information on contracting within the UHA, as well as contract and charter examples, visit the National DPP Coverage Toolkit Business Model for Umbrella Hub Arrangements page.

With initial project plans in place, HPC dedicated significant staff time and internal resources to subsidiary recruitment efforts, which began with leveraging existing relationships within its network. After initial outreach to known organizations, HPC broadened recruitment efforts to include other CDC-recognized organizations within the area. HPC developed UHA educational and marketing materials for use in recruitment efforts and distributed materials virtually and at relevant community locations. The receptiveness of CBOs to become subsidiary organizations varied based on their needs, and HPC spent time learning and understanding these unique needs. This helped HPC to development their UHA value proposition, or what makes the UHA attractive to potential partners. For example, while some CBOs valued the ability to aggregate Diabetes Prevention Recognition Program (DPRP) data with other subsidiaries, others valued the support with administrative processes and claims submission the UHO was able to provide.

#### **UHO Subsidiary** HEALTH Receives claims COUNCIL Health Systems / Healthcare Practices reimbursement from payer **Government Agencies** and disperses payments to **Umbrella Hub Organization DPP Supplier Subsidiary** Community-based nonprofit (UHO) in PA and DE organizations **Pharmacies Private Employers** Roles and responsibilities: Roles and responsibilities: Recruits payers and DPP suppliers **Billing Vendor Payer** · CDC DPRP registered Pending, · Reviews Subsidiary's data for **Welld Health** Preliminary, or Full accuracy and quality to comply with CDC and claims object requirements. · Recruits participants through Processes claims and remits HIPAA-secure billing, community outreach, clinical referral, Coaches DPP Suppliers on quality payment to UHO data management, and and Plan member marketing. Reports enrollment data to PA **improvement** measures to increase claims platform DHS straight through processing · Conducts intake and consent protocols Establish and maintain for reimbursement. UHO contracts with payers, DPP technological Suppliers, and Welld. · Maintains Lifestyle Coach training, connectivity with payers. accreditation, and NPI information. Maintain DPRP status as UHO. Releases claims to • Delivers CDC-approved evidence-based Maintains Medicare and Medicaid pavers. provider status. lifestyle change program sessions to Submits data to CDC. enrolled participants. · Retains participants through reminder email, phone call, and texts.

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 Enters participant data into cloudbased billing vendor software (Welld).



HPC's commitment to education and consistent communication with CBOs provided them with a better understanding of CBOs' reasons for participating (or not participating) in the UHA. As a result of this work, HPC has contracted with five subsidiary organizations in Pennsylvania, Montgomery County Office of Senior Services, Visiting Nurses Association of Greater Philadelphia, Episcopal Community Services, Mi Salud Wellness Center, and YMCA of the Roses. HPC continues outreach efforts to local organizations.

Although each of the UHOs participating in the Umbrella Hub Demonstration began as non-delivery organizations, HPC has now become a delivery location for the National DPP lifestyle change program and is actively providing classes. HPC employs three lifestyle coaches who work closely with program participants. Additionally, through the partners (referenced above), HPC has access to a vast network of referral sources which includes over 1,000 physicians or practices. This network is being leveraged to obtain referrals to the National DPP lifestyle change program. The sustainability of the UHA is dependent on recruiting and retaining participants in the National DPP lifestyle change program. Connection to consistent referral sources helps move HPC and subsidiary organizations toward enrollment thresholds.

### RECRUITING PARTICIPANTS TO HPC UHA NATIONAL DPP COHORTS

HPC has partnered with Public Health Management Corporation Health Network to complete a population health initiative aimed at identifying over 6,000 patients with risk factors for prediabetes. The initiative, which began in May 2022, involves outreach specialists calling and screening those identified as high priority patients (~450) for enrollment eligibility into one of the HPC UHA's National DPP lifestyle change programs. As a result of the initiative, HPC was able to recruit a new National DPP lifestyle change program cohort, which began in June 2022. During enrollment, HPC asked cohort participants what barriers they have faced, or may face, to participating in the National DPP lifestyle change program. HPC continues to evaluate new and innovative methods for National DPP participant identification, referral, and recruitment strategies. They plan to use this information to assess patient needs and improve future patient recruitment strategies.

### ACHIEVING SUSTAINABILITY THROUGH PAYER REIMBURSEMENT

HPC included long-term sustainability strategies in their workplans early in the development of the UHA. HPC developed budget estimates to determine the program volumes needed to sustain claims reimbursement and required support for other administrative operations. Factors considered in the budget estimate included number of cohorts, number of participants, number of subsidiary organizations, payer mix, and Medicare Diabetes Prevention Program (MDPP) milestones needed to offset the costs. Costs included operating the technology platforms, managing DPRP data, staffing support, and overall fiscal operations. Of note, the budget estimates did not include cost estimates for outreach and promotion efforts of the UHO, which were significant and vital to the sustainability of the UHA. Comprehensive fiscal analyses may include these costs, as well as potential costs for referral platforms and marketing the National DPP lifestyle change program. Using medical billing service practices as a model, HPC determined the percentage of reimbursement needed to balance the cost of UHA operations. Though it is still adapting the fiscal model to meet the changing landscape of the UHA, HPC has ensured that open and early discussions around administrative costs are communicated to the subsidiary organizations.

After completing initial fiscal projections, HPC began creating pathways to achieve sustainable reimbursement from payers, starting with reimbursement for MDPP, the diabetes prevention program approved for payment by Medicare. HPC developed processes that would allow the UHO to serve as the MDPP billing entity for all subsidiary organizations in the UHA. Externally, this involved creating checklists outlining MDPP application information needed from subsidiary organizations, such as lifestyle coach National Provider Identification (NPI) numbers and delivery site addresses. Internally, this involved generating business processes to allow HPC to serve as the UHO, including establishing organizational NPIs, tax identification numbers, records retention processes, bank accounts, and electronic funds transfer protocols. The UHO MDPP Supplier Enrollment Guide contains more information on steps involved in completing the MDPP supplier application.





HPC served as a champion in identifying and overcoming barriers in the process of completing the MDPP supplier application as a UHO. Several of the challenges HPC faced, as well as the methods for resolving challenges, are included below.

MDPP SUPPLIER APPLICATION CHALLENGES	CHALLENGE RESOLUTIONS
Communication with HPC's Medicare Administrative Contractor (MAC) often relied on non-digital forms of communication, such as telephone calls or postal mail.	Processes were put in place to accommodate and digitize communications that were received for record keeping purposes.
Communications with the MAC are directed to the Authorized User on the MDPP supplier application, who is often an executive or leadership member at the UHO. Due to scheduling demands of this individual, HPC found that this caused significant delays in progress.	HPC learned that the Authorized User could join calls and delegate permission to handle the remainder of the call to an additional staff member. This freed the Authorized User to attend to other organizational responsibilities.
Because the MAC is not able to provide feedback or answer questions during the application drafting process, HPC had to wait until the MAC reviewed a completed application to address application feedback. This led to delays as HPC had to correct and resubmit the application.	After submitting the MDPP supplier application, HPC prioritized tasks to review and address application concerns received from the MAC to complete revisions during the required period.
HPC encountered early rejection notices on the application due to name discrepancies identified in their business systems (i.e., bank accounts and legal documents). Though name discrepancies were minor (Health Promotion Council vs. Health Promotion Council of Southeastern Pennsylvania), resolution was required to receive application approval.	HPC thoroughly reviewed application requirements to identify necessary components. After verifying that the document containing the discrepant information was not required, it was removed from the application and the issue was resolved. In lieu of this option, HPC would have been required to update all materials to ensure that the name in the MDPP application was consistent with required documents.
Subsidiaries, lifestyle coaches, leadership, and board members expressed concerns over the requirement to send personal information to HPC for completion of the MDPP supplier application, including social security numbers and birthdates.	HPC utilized secure networks to obtain sensitive information from leadership and board members to reduce cyber-security risks. Additionally, HPC developed a process to permit subsidiary organization staff/lifestyle coaches to provide personal information directly to the application at HPC's physical location to decrease the necessity to transmit sensitive information digitally.
After submitting the application, HPC was informed that an unannounced site visit would be conducted by a representative of CMS. Completion of the unannounced site visit is a required component of achieving MDPP supplier status. Due to the COVID-19 pandemic, employees were working from home, which presented challenges to completing the unannounced site visit. While HPC's MAC agreed to provide a brief notice to allow for their authorized official to travel to the office due to the circumstances of the pandemic, normally no advance notice is required to be given by the CMS representative or the MAC.	On July 26, 2021, HPC's Senior Director became the point person for the unannounced site visit and enacted internal and external communication processes that allowed for on-site coordination with the CMS representative conducting the site visit. This included consistent monitoring of communication lines listed on the MDPP supplier application (email, phone, etc.) and informing internal security personnel of the approved site visitor.

HPC was the first UHO in the Umbrella Hub Demonstration to successfully become an MDPP supplier. HPC submitted its application on July 14, 2021, and received approval on August 13, 2021. HPC is actively submitting and distributing Medicare claims on behalf of the UHA. Building on success with MDPP claims reimbursement, HPC is also exploring additional payer relationships, including discussions with Medicaid managed care organizations (MCOs). Although Pennsylvania has required statewide coverage of the National DPP lifestyle change program, each MCO is responsible for making decisions about reimbursement of the National DPP lifestyle change program. HPC and its partners have conducted interviews with local MCOs to better understand their pain points and how the UHA value proposition can





be leveraged to initiate MCO/UHA contracts. HPC is currently in contracting negotiations with one MCO, with hopes to partner with additional Pennsylvania MCOs in the future.

As an extension of the expertise HPC obtained during the Umbrella Hub Demonstration, HPC is now partnering with the Delaware Division of Public Health, where it has begun preliminary steps to participate as a UHO in Delaware, receive Medicaid funding, and expand its UHA expertise. HPC have contracted with two subsidiary organizations in Delaware, Willey Pharmacy and Focus Pharmacy. HPC actively contributes to learnings about development of a UHA and paves the way for future organizations to form UHAs.

### **Continued Support for Medicare Beneficiaries**

In addition to their partnership with the Montgomery County Office of Senior Services, HPC hopes to expand the UHA to include additional Area Agencies on Aging (AAA) as subsidiary organizations. This will expand HPC's reach among Medicare beneficiaries in the area and create sustainable access for older adults at risk of developing type 2 diabetes in Pennsylvania. HPC is also exploring expanding payer relationships to include Medicare Advantage plans, Medicare managed care plans, and Community Health Choices.

To learn more about the experience of the other participants in the Umbrella Hub Demonstration, see the UHO Spotlight on Hawai'i Primary Care Association, focused on public health infrastructure and federally qualified health centers, and the UHO Spotlight on Marshall University, focused on interdepartmental partnerships and the UHA. For more information on UHAs and the Umbrella Hub Demonstration, visit the National Diabetes Prevention Program Coverage Toolkit Umbrella Hub Arrangement pages.

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