



Umbrella Hub Organization Medicare Diabetes Prevention Program Supplier Enrollment Guide



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Introduction

This Guide for Umbrella Hub Organizations about Medicare Diabetes Prevention Program Supplier Enrollment was developed by the National Association of Chronic Disease Directors (NACDD) based on learnings from the CDC funded Umbrella Hub Organization (UHO) Demonstration.

The UHO Demonstration consists of three umbrella hub organizations (UHO) and their subsidiaries. The primary goal of the UHO Demonstration is to connect subsidiaries to Medicare and other payers to achieve sustainable reimbursement for delivery of the National Diabetes Prevention Program (National DPP) lifestyle change program. For more information about the UHO Demonstration, please visit NACDD's Coverage Toolkit on [Umbrella Hub Arrangements](#).

A UHO is the lead organization with capacity to provide billing services and administrative support. Subsidiaries are community-based organizations (e.g., Federally Qualified Health Centers, pharmacies, faith-based organizations) delivering the National DPP lifestyle change program. The unique partnership and business entity created when subsidiaries join with a UHO is the foundation of an Umbrella Hub Arrangement (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. It is not a comprehensive guide to all steps of the MDPP enrollment process. For a detailed explanation of the enrollment process and related billing and claims procedures, please view the two-part MDPP Supplier Learning Series Billing Workshop:

1. [How Your MDPP Enrollment and PECOS Application Impacts MDPP Billing](#)
2. [The Process for Submitting a Successful MDPP Claim to CMS](#)

This document contains three sections:

1. **CDC Recognition for UHAs** – explains how a UHA can become CDC recognized prior to enrolling as an MDPP supplier.
2. **Creating a Business Entity** – explains how to establish the UHO as a business entity prior to enrolling as an MDPP supplier on behalf of the UHA.
3. **Enrolling as an MDPP Supplier** – reviews special considerations that pertain to a UHO when submitting an MDPP application to the Centers for Medicare and Medicaid Services (CMS) on behalf of the UHA with a link to a step-by-step tutorial.

A list of acronyms is provided at the end of the document to assist with abbreviations used throughout this document.



CDC Recognition for Umbrella Hub Arrangements

The primary goal of a UHA is to connect subsidiaries to reimbursement for sustainable delivery of the National DPP lifestyle change program. One source of reimbursement for the National DPP lifestyle change program is CMS, after an organization has enrolled as an MDPP supplier. Other healthcare payers may require UHAs to be CDC recognized before receiving reimbursement. This section explains how a UHA is eligible to enroll as an MDPP supplier and illustrates how CDC recognition can assure payers that the National DPP lifestyle change program is delivered with fidelity when the Diabetes Prevention Recognition Program (DPRP) Standards are met.

CDC Recognition for the Umbrella Hub Arrangement

Organizations that deliver the National DPP lifestyle change program must meet CDC recognition requirements outlined in the 2021 DPRP Standards. These requirements include: using trained lifestyle coaches to deliver an approved curriculum, submitting participant data to the DPRP, and meeting risk reduction outcomes including weight loss, physical activity minutes, and/or a reduction in A1C. The DPRP can award CDC recognition to the UHO acting on behalf of the UHA. If all of the DPRP Standards are met, all organizations in the UHA will benefit from the recognition status of the UHO. For details, please see the [National DPP Umbrella Hub Arrangements Guidance](#).

CDC-recognized UHOs are eligible to enroll with CMS as an MDPP supplier. Due to the shared recognition status of a UHO and its subsidiaries, the UHO will enroll as an MDPP supplier on behalf of the UHA. The UHA, as a novel business entity, effectively connects subsidiaries with Medicare reimbursement. Organizations interested in forming a UHA and enrolling as an MDPP supplier will first need to submit a UHA application to the CDC.

Umbrella Hub Arrangement Application

A UHA application is submitted through the [National DPP Customer Service Center \(CSC\)](#) to the CDC. Visit CDC's National DPP CSC for more information and to access the National DPP Umbrella Hub Arrangements Guidance and Application.



Creating a Business Entity

For a UHO to submit claims, manage reimbursements, and transfer payments to subsidiaries, the UHO must be a legally established business entity. In some cases, it may be beneficial for the UHO to establish a new business entity that is solely for the work of the UHA. This section describes how to establish your UHO as a business prior to submitting an MDPP supplier application.

Tax Identification Number and Legal Business Name

To establish your UHO as a business entity, the organization will need a Tax Identification Number (TIN). A TIN is used to identify the entity by regulatory bodies. This number is also associated with the UHO's Legal Business Name (LBN). The UHO will need to use the LBN and the TIN of the organization to apply as an MDPP supplier. It is recommended the UHO obtain a **new** TIN for the UHA. Benefits of establishing a unique TIN for the UHA include:

- Taxation and risk mitigation for the lead UHO for separation of business assets
- Separation of UHA-related deposits when the unique TIN is used to set up a deposit account
- Ease-of-use when engaging with commercial payers (especially where the MDPP suppliers may have existing payer contracts for other services)
- Increased likelihood of approval during Electronic Remittance Advice (ERA) enrollment which is a method to receive electronic notification of remittance on claims

National Provider Identifiers

The other important number for UHOs to obtain is a National Provider Identifier (NPI). The NPI is a unique 10-digit number that reflects the Health Insurance Portability and Accountability Act (HIPAA) Administrative standard. It may be associated with an **individual** (Type 1 NPI) or an **organization** (Type 2 NPI) and is used in healthcare transactions such as claims, enrollment requests and other related transactions.

Type 1 NPIs are for **individual providers**, such as physicians, registered dietitians, and MDPP lifestyle coaches. Each lifestyle coach in a UHA is required to have a Type 1 NPI if they will provide services to Medicare Part B beneficiaries for reimbursement.

Type 2 NPIs are for **organizations**. The UHO will need a designated MDPP Type 2 NPI. This will be the NPI associated with the MDPP supplier application for all claims and reimbursement for the UHA. Established healthcare organizations likely already have a Type 2 NPI that is associated with an existing Medicare supplier application for services other than MDPP. The

same NPI may also already be associated with commercial, Medicaid or other payer contracts. To keep MDPP services and payer enrollments separate from existing lines of business, organizations that are planning to submit an MDPP supplier application should obtain a **new Type 2 NPI** that will be used for all National DPP lifestyle change program transactions.

Taxonomy Codes

Taxonomy codes are administrative codes that identify the practitioner type and specialty for health care practitioners. Each taxonomy is a unique ten-character alphanumeric code that enables practitioners to identify their specialty at the claim level. A taxonomy code, as it relates to your Type 1 or Type 2 NPI, describes in a general sense the type of provider or the type of organization on the application. While this is not a primary identifier, it is important and if not set correctly could impact successful claims processing.

All lifestyle coaches delivering MDPP services must have a Type 1 NPI, and a related taxonomy code. If a lifestyle coach already has an NPI and a taxonomy code that is reasonably associated with delivering the National DPP lifestyle change program (e.g., nurse practitioner) that taxonomy code may be included in the MDPP supplier application. If a lifestyle coach has an NPI with a taxonomy code not related to delivery of the National DPP lifestyle change program (e.g., orthopedic specialist) then that coach should obtain a secondary taxonomy code, “Health Educator” 174H00000X, and include that taxonomy code in the MDPP supplier application.

Apply and Manage NPIs & Taxonomy Codes

- Create your Identity & Access (I&A) Account Profile at the [CMS Portal](#). This I&A Profile is what will be used by individuals and organizations to access their individual or organizational NPI applications. It’s important to determine **who** will manage your organization’s I&A. It may be useful for a UHO’s administration to have more than one person who can securely access these credentials through the portal.
- Use your I&A credentials to initiate the request for a new NPI on the National Plan & Provider Enumeration System (NPPES). To learn more about NPIs visit the [National Plan & Provider Enumeration System \(NPPES\)](#). At NPPES you can:
 - Get new NPIs – UHOs and lifestyle change program coaches will use NPPES to obtain NPIs.
 - Manage information – make updates in NPPES so that your registration is always accurate. Information about an organization or individual that is different on a claim than in NPPES may cause remittance issues.
[Select and manage relative taxonomy codes](#) – An NPI must be associated with a health care practitioner type and identified by the corresponding taxonomy code.

Deposit Account

To keep reimbursements easily identified for your UHO line of business, it is prudent that all deposits be made to a single account for entities in the UHA. Establishing a separate banking deposit account can assist in keeping reimbursements separate and distinct from other lines of business. The UHO is responsible for reconciling and distributing payments to subsidiaries.



Enrolling as an MDPP Supplier

The relationship between the UHO and the subsidiaries offering the National DPP lifestyle change program must be defined in the MDPP supplier application. Clearly defining this relationship within the Provider Enrollment Chain and Ownership System (PECOS) will facilitate Medicare payment to the UHO on behalf of all its subsidiaries. This section describes what information is managed within PECOS and special considerations that pertain to a UHO when submitting an MDPP supplier application on behalf of the UHA.

It is a best practice to review the [CMS MDPP Enrollment Preparation Guide](#) to become familiar with requirements, documents, and additional details needed to enroll as an MDPP supplier. Maintaining a folder with required documents may assist in completing this multistep process prior to submitting your application.

Provider Enrollment Chain and Ownership System

CMS's Provider Enrollment Chain and Ownership System (PECOS) supports the MDPP supplier enrollment process by allowing registered users of PECOS to submit and manage Medicare enrollment information securely and electronically. To register for an account visit [PECOS Account](#).

UHOs will use PECOS to manage MDPP information. It is important to be familiar with using PECOS and how to keep information current. Failure to maintain your application in PECOS can result in claim denials or loss of your MDPP supplier status. If there are any changes to your application you must update PECOS within 30 days to be compliant with CMS. To manage your enrollment, visit [CMS.gov](#)

In PECOS you can:

- **Enroll as a Medicare Supplier.** This is where the MDPP supplier application starts. You can choose to submit the application electronically or download the PDF to fill out and mail. Electronic applications are processed more quickly.
- **Review and update your information.** Organizations can perform administrative updates, including adding new designated account managers, community sites, billing agency, and lifestyle coaches, or updating your lifestyle coach roster.
- **Electronically sign and submit your information.** Through the PECOS portal, you can electronically complete and submit new and updated information to your MDPP supplier application.
- **Revalidate or renew your enrollment.** All Medicare suppliers are required to revalidate their enrollment. The revalidation request will be initiated by CMS. The

organization will need to complete the revalidation process before the designated deadline. Failure to do this can result in losing supplier enrollment status.

- **Withdraw from the Medicare program.** Notify CMS if your organization ceases providing services for Medicare beneficiaries.

There is one final consideration for UHAs before submitting the MDPP supplier application and that is to decide if subsidiaries will be designated as administrative locations or community settings. Prior to making this decision, it is important to understand the role of the Medicare Administrative Contractor (MAC) and their relation to the UHA's program delivery locations.

Medicare Administrative Contractor

The Medicare Administrative Contractors (MACs) are private healthcare insurers that have been contracted to process supplier applications, issue Provider Transaction Access Numbers (PTANs) and process all Medicare Part A & B and Medical Durable Equipment claims for Fee-For-Service (FFS) beneficiaries. Fee-For-Service is also referred to as traditional Medicare. The MACs do not handle Medicare Advantage claims which are commercial plans. However, your organization must be a recognized Medicare supplier to be able to provide services for Medicare Advantage plan members.

When a UHO submits an MDPP supplier application in PECOS, the MAC will process it and check to make sure the information on the application is complete and accurate. Once the information in the application is confirmed as correct and complete, the MAC will issue an Acceptance Letter that has an effective date for your new **Provider Transaction Access Number (PTAN)**. This number is required to enroll and submit claims for Medicare FFS, as well as many Medicare Advantage plans. No claims can be submitted for service dates that pre-date the effective date of your PTAN.

Working with Multiple MACs and their Jurisdictions

A MAC may serve multiple states or regions through the establishment of MAC jurisdictions. A UHA can have MDPP delivery locations within one or multiple states that are serviced through a single MAC that has multiple jurisdictions or multiple MACs. View this map to identify your UHA's region(s) of operation ([MAC Jurisdiction Map](#)).

If a UHA has subsidiaries in multiple states, an MDPP application is required for each state. The UHO (the lead organization of the UHA) will create and maintain a single PECOS account where the UHA's MDPP enrollment begins. PECOS is also where the UHO will initiate and manage the applications for all states where subsidiaries operate.

If a UHA submits a supplier application in multiple states and/or MAC jurisdictions, the UHO will receive a unique PTAN from each MAC jurisdiction. If a UHA operates in multiple states within the same MAC jurisdiction, the UHO will receive a unique PTAN for each state within that MAC jurisdiction. The UHO will use the relevant PTAN to manage the supplier application and enrollment requests, claims submissions, and claims payments or denials for each MAC jurisdiction enrollment.

Another consideration for UHOs working with multiple MACs is that the UHO will be required to request to enroll with each MAC or Medicare Advantage payer to submit electronic claims through Electronic Data Interchange (EDI). This step is necessary to connect your organization as a supplier to each payer for the submission of electronic claims.

“EDI is the automated transfer of data in a specific format following specific data content rules between a health care provider and Medicare, or between Medicare and another health care plan. In some cases, that transfer may take place with the assistance of a clearinghouse or billing service that represents a provider of health care or another payer. EDI transactions are transferred via computer either to or from Medicare. Through use of EDI, both Medicare and health care providers can process transactions faster and at a lower cost.” [Electronic Billing & EDI Transactions.- \(CMS\)](#)

Designating Administrative Locations and Community Settings

For a subsidiary to utilize the UHO’s billing services to submit claims to CMS, it will need to be listed on the UHO’s MDPP application in PECOS and designated as either an administrative location or a community setting. Following are some considerations for the UHO when determining subsidiary designations:

- An **administrative location** means a physical location associated with the MDPP supplier’s operations where they are the primary operator in the space, from where coaches are based, and where MDPP services may or may not be furnished. Coaches are not required to be based physically from or at the administrative location.
- A **community setting** means a location where MDPP services are furnished (not including the administrative location).
- The organization that serves as the UHO for the UHA is, by definition, an administrative location.
- If more than one administrative location is named on your UHA application that was submitted to CDC, those same locations should be listed as administrative locations on your MDPP supplier application in PECOS.
- If subsidiaries are designated as community settings, all the community settings (even if they are in multiple states) should be listed on the UHO’s MDPP application in PECOS.

MDPP Supplier Application

Once the UHA has established itself as a business entity and fully understands the unique considerations for a UHO to enroll as an MDPP supplier, it is time for the UHO to submit a single MDPP supplier application on behalf of all the subsidiaries in the UHA. For additional guidance, here is a step-by-step guide to filling out your MDPP supplier application in PECOS, [CMS Online MDPP Application Tutorial](#).

Summary

A UHA is a business entity resulting from the partnership between a UHO and its subsidiaries. Through shared CDC recognition and MDPP supplier status, subsidiaries can receive reimbursement from Medicare and connect to other payers through the support of the UHO.

This Umbrella Hub Organization MDPP Supplier Enrollment Guide will support an organization along its journey towards becoming an MDPP supplier. The information contained in this document is not an exhaustive resource on UHAs or payer reimbursement for the National DPP lifestyle change program. Please visit the following resources for an expanded explanation of the structure and benefits of a UHA.

Resources

CDC Diabetes Prevention Recognition Program Standards, 2021

<https://www.cdc.gov/diabetes/prevention/pdf/dprp-standards.pdf>

Medicare Diabetes Prevention Program (MDPP) Frequently Asked Questions

<https://innovation.cms.gov/innovation-models/medicare-diabetes-prevention-program/faq>

NACDD Coverage Toolkit – Umbrella Hub Arrangements

<https://coveragetoolkit.org/umbrella-hub-arrangements/>

NACDD Coverage Toolkit – The National DPP and Participating Payers

<https://coveragetoolkit.org/participating-payers/>

National DPP Customer Service Center

<https://nationaldppcsc.cdc.gov/s/>

National Diabetes Prevention Program Umbrella Hub Arrangements Guidance and Application

<https://nationaldppcsc.cdc.gov/s/article/National-Diabetes-Prevention-Program-Umbrella-Hub-Arrangements-Guidance-and-Application>

[Umbrella Hub Arrangement Basics Webinar](#)

Acronyms

CARC: Claim Adjusted Reason Code – Codes that describe why a claim or service line was paid differently than it was billed.

CMS: Centers for Medicare and Medicaid Services – A federal agency within the US Department of Health and Human Services that administers the Medicare program and works in partnership with state governments to administer Medicaid.

DPRP: Diabetes Prevention Recognition Program – Quality assurance arm of the National DPP.

EDI: Electronic Data Interchange – Transactions of data in a specific format following specific data content rules transferred via computer either to or from Medicare.

EFT: Electronic Funds Transfer – Electronic transfer of money.

EIN: Employer Identification Number – Also known as a Federal Tax Identification Number, is used to identify a business entity.

EOB: Explanation of Benefits – A written explanation from the payer providing details on payment of a claim.

ERA: Electronic Remittance Advice – An electronic data interchange version of an insurance payment explanation delivered in HIPAA-compliant files.

HIPAA: Health Insurance Portability and Accountability – A federal law that protects sensitive patient health information from being disclosed without patient consent.

LBN: Legal Business Name – The official name of the person or entity that owns the business.

MAC: Medicare Administrative Contractor – Private health care insurers that are awarded a geographic (multi-state) jurisdiction to process Medicare Part A and Part B medical claims. CMS relies on a network of MACs to serve as the primary operational contact between the Medicare Fee-For-Service program and health care providers enrolled in the program.

MDPP: Medicare Diabetes Prevention Program – An expanded model of the National DPP, is a structured behavior change intervention that aims to prevent the onset of type 2 diabetes among Medicare beneficiaries who have an indication of prediabetes.

NPI: National Provider Identifier – A unique identification number for covered health care providers.

PECOS: Provider Enrollment Chain and Ownership System – The online Medicare enrollment management system used to enroll as a Medicare provider or supplier and manage enrollment information securely and electronically.

PTAN: Provider Transaction Access Number – A Medicare-only number issued to providers through an approval/notification letter, by Medicare Administrative Contractors upon enrollment to Medicare.

RARC: Remittance Advice Remark Code – A code used to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a claim adjustment reason code.

TIN: Tax Identification Number – A tax processing number required by the Internal Revenue Service.

UHA: Umbrella Hub Arrangement – A business entity designed to connect community-based organizations with health care payment systems to achieve sustainable reimbursement.

UHO: Umbrella Hub Organization – The sponsoring organization with the reach and resources to provide administrative services and coordinate stakeholders.

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