

# Learnings from the Umbrella Hub Demonstration



Considerations for  
Operationalizing  
an Umbrella Hub  
Arrangement

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# Executive Summary

**U**mbrella hub arrangements (UHAs) connect community-based organizations (CBOs) with healthcare payment systems to pursue sustainable reimbursement for the National Diabetes Prevention Program (National DPP) lifestyle change program. In a UHA, an umbrella hub organization (UHO) serves as the sponsoring organization for a group of CBOs, known as subsidiary organizations, that deliver the lifestyle change program and are recognized by the Centers for Disease Control and Prevention (CDC).

## Benefits of an Umbrella Hub Arrangement

UHAs allow the UHO and the subsidiary organizations to share CDC recognition status; operate as one Medicare Diabetes Prevention Program (MDPP) supplier; receive reporting, claims, and administrative support; and pursue sustainability to achieve scale. Healthcare payers benefit by gaining access to a network of CDC-recognized organizations through a single contract with the UHO, rather than having to execute discrete contracts with multiple CDC-recognized organizations.

## The Umbrella Hub Demonstration

Beginning in March 2020, CDC funded three organizations to operationalize UHAs through the Umbrella Hub Demonstration (the Demonstration). This document captures what has been learned through the Demonstration and serves as a reference for organizations interested in becoming an umbrella hub organization (UHO) or supporting the operation of a UHA.

## Functions of an Umbrella Hub Organization

The UHO performs a wide variety of administrative functions in a UHA and is critical to the success of the UHA. Demonstration UHOs have shared insights for potential UHOs in seven areas of responsibility. To learn more about each recommendation, see the [Functions of an Umbrella Hub Organization](#) section in the body of this document.

Align the Core Mission and Vision of the UHA		
Develop and focus on the UHA mission		
Formalize a Workplan to Operationalize the UHA		
Understand the time commitments required to operationalize the UHA		Develop a work plan
Develop or Contract with a Billing and Claims Platform		
Build and maintain a strong relationship with the billing vendor	Schedule training sessions with subsidiary organizations	Define and communicate the roles, responsibilities, and timelines for the UHO, the subsidiary organizations, and the billing platform
Evaluate Business Acumen Required to Operate a UHA		
Determine if the UHO has infrastructure to track and disperse reimbursements to subsidiaries	Develop a business model	Inventory data management capabilities

<b>Create a Financial Sustainability Plan</b>			
Evaluate the organization’s ability to operate as an MDPP supplier		Consider additional revenue sources	
<b>Establish UHA Communication and Coordination Protocols</b>			
Educate partners, such as commercial healthcare payers, the state Medicaid agency, and state health departments, on the basics and purpose of a UHA			
<b>Identify and Recruit Subsidiary Organizations</b>			
Use the UHO’s network as a starting point to recruit subsidiary organizations	Maintain consistent outreach and recruitment efforts	Engage in ongoing communication with the subsidiary organizations and the billing and claims submission vendor	Understand the reasons a potential subsidiary organization may not want to join the UHA

**Business Model for Umbrella Hub Arrangements**

Considering the business model for the UHA can help the UHO create an arrangement that: (a) meets the needs of the partners it wants to serve (subsidiary organizations) and the partners to which it wants to appeal (healthcare payers), and (b) is financially possible and sustainable for both the UHO and the subsidiary organizations. A sample UHA business model could be divided into the market offering (which includes the key assets and processes and the value proposition of the UHA) and the financial strategy (which includes the cost structure and the revenue model of the UHA).

Many factors can influence a UHA’s financial strategy, including the UHO type and structure, the subsidiary organization makeup, and the local and regional payer landscape. UHO costs include (but are not limited to): (a) costs associated with starting a UHA and (b) costs associated with ongoing operation of the UHA. To become sustainable, UHAs may consider using a multi-year financial strategy. For example, the UHA could use grant funding or other funding sources to operationalize the UHA and a combination of grant funding and payer reimbursement in subsequent years, eventually reaching the goal of the UHA operating primarily on payer reimbursement from a diverse payer mix.

**Contractual Agreements**

The UHA is a contractual entity that is bound together by a series of agreements, which may include contracts between the UHO and the billing vendor, Business Associate Agreements (BAA) between subsidiary organizations and the billing vendor, and contracts and/or a charter between the UHO and subsidiary organizations. Demonstration UHOs found that the contracting process took more time than originally anticipated, and legal assistance was utilized by several UHOs in developing their contracts. Allow around a year to fully operationalize a UHA.

**Healthcare Reimbursement**

Having multiple healthcare payers for the National DPP lifestyle change program is essential for the sustainability of the UHA. Demonstration UHOs were encouraged to enroll in Medicare and Medicaid (if applicable) and contract with Medicaid managed care organizations (MCOs), Medicare Advantage (MA) plans, commercial health plans, and self-insured employers. The Demonstration focused first on the UHOs becoming MDPP suppliers, and the Demonstration UHOs found it took significant time and resources to assemble, submit, and get approval for their MDPP supplier applications. In general, it may take around 90 days to submit and gain approval for a MDPP application.

## Sustainability

Demonstration UHOs have considered various ways to support the long-term sustainability of the UHA, in addition to contracting with multiple healthcare payers. Sustainability can be supported by retaining and increasing participants in the National DPP lifestyle change program, identifying partner organizations to assist in UHA efforts, retaining and increasing the number of subsidiary organizations that are a part of the UHA, adding other evidence-based programs to the UHA to increase revenue streams, and engaging in continuous quality improvements (CQI).

While UHAs are a new type of arrangement, the learnings from the Umbrella Hub Demonstration and other considerations in this document can give organizations valuable direction and insight to help them successfully operationalize a UHA. However, experiences and learnings may differ for other emerging UHAs.



# Umbrella Hub Arrangements

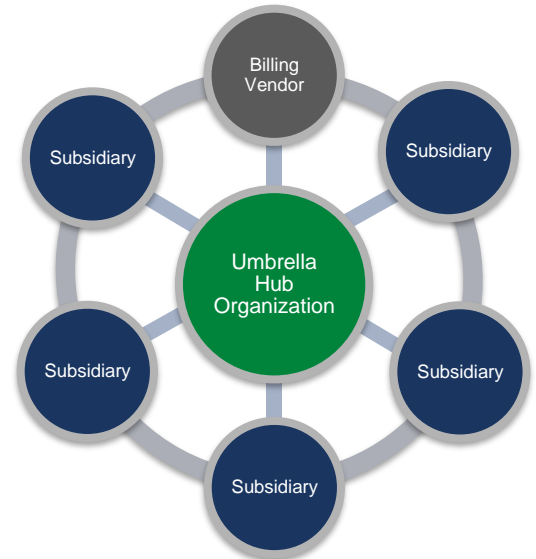
## What is an Umbrella Hub Arrangement?

**U**mbrella hub arrangements (UHAs) are a new business approach to connect community-based organizations (CBOs) with healthcare payment systems to pursue sustainable reimbursement for the National Diabetes Prevention Program (National DPP) lifestyle change program, a year-long, evidence-based program to prevent type 2 diabetes. CBO is a broad term for community-based organizations delivering the National DPP lifestyle change program and could include Federally Qualified Health Centers (FQHCs), Area Agencies on Aging (AAA), pharmacies, tribes, local health departments, faith-based organizations, extension programs, small social service agencies, and/or other small healthcare providers.

In a UHA, an umbrella hub organization (UHO) serves as the sponsoring organization for a group of CBOs, referred to as “subsidiary organizations.” These CDC-recognized subsidiary organizations are organizations that deliver the National DPP lifestyle change program and have met the quality standards set by CDC’s Diabetes Prevention Recognition Program (DPRP). Just as a hub connects all the tire components in a wheel to the rest of the vehicle, the UHO connects a group of CDC-recognized organizations to healthcare payment systems (see Figure 1). This document provides guidance for organizations interested in becoming a UHO or supporting the operation of a UHA.

For more information about UHAs, including a UHA one-pager, please see the [Umbrella Hub Arrangements](#) page of the National DPP Coverage Toolkit website.

Figure 1. Umbrella Hub Arrangements



## Why Create an Umbrella Hub Arrangement?

UHAs support CBOs with accessing healthcare reimbursement, which is the primary benefit of participating in this arrangement and the key factor in achieving program sustainability. Additional benefits of UHAs include the following (also referred to as the “value propositions” and “key assets and processes” of the UHA in the [Business Model for Umbrella Hub Arrangements](#) section of this document):

- **Operate as one Medicare Diabetes Prevention Program (MDPP) supplier:** In a UHA, the UHO is the MDPP enrolled supplier and subsidiary organizations do not separately enroll as MDPP suppliers. The subsidiary organizations participating in the UHA access Medicare reimbursement through the UHO’s MDPP supplier status.
- **Pursue sustainability and achieve economies of scale:** Participation in a UHA can help the subsidiary organizations work together to pursue sustainability and achieve economies of scale. In the context of a UHA, sustainability refers to subsidiary organizations receiving long-term reliable reimbursement from public and private payers rather than short-term funding from sources such as federal grants. Benefits of scale and network adequacy occur as more subsidiary organizations join the UHA. This collective impact makes the network more attractive to healthcare payers.

- **Streamline billing, claims, and administrative support:** Many CDC-recognized organizations face challenges in successfully billing Medicare and other healthcare payers to receive reimbursement. A key element of a UHA is a single billing and claims submission platform used by all subsidiary organizations. For example, the billing and claims platform can either be an existing in-house platform used by the UHO that all subsidiary organizations can access, or it can be a contracted third-party platform.
- **Share CDC recognition status:** To join a UHA, each subsidiary organization must have pending, preliminary, or full recognition; however, while participating in the arrangement, all subsidiary organizations assume the recognition status of the UHO. This shared recognition status has several benefits, including enabling subsidiary organizations that entered the UHA with pending recognition to access Medicare reimbursement through the UHO’s collective recognition status.



**Reasons to Become an Umbrella Hub Organization**

- Serve as a critical partner to support CBOs in the region
- Elevate the organization’s profile and involvement in the effort to prevent type 2 diabetes
- Advance health equity by increasing access to the National DPP lifestyle change program



**Reasons for Subsidiary Organizations to Participate in the UHA**

- Join other mission-aligned organizations
- Share CDC recognition status and operate as a single MDPP supplier with the UHA
- Receive reporting, claims, and administrative support
- Obtain administrative support to allow subsidiary organizations to focus on delivering the National DPP lifestyle change program
- Pursue sustainable reimbursement and achieve economies of scale



**Reason for a Healthcare Payer to Contract with an Umbrella Hub Arrangement**

- Gain access to a network of CDC-recognized organizations through a single contract with the UHO, rather than discrete contracts with each CDC-recognized organization
- Experience a smoother and more efficient billing process

# The Umbrella Hub Demonstration

**T**his document captures learnings from the Umbrella Hub Demonstration and general guidance for operationalizing an umbrella hub arrangement (UHA). The document will be updated as new learnings become available. The three organizations participating in the Demonstration are some of the first organizations to become umbrella hub organizations (UHOs) and test the feasibility of a UHA. As of December 2021, eight umbrella hub arrangements have been approved by the CDC and several additional applications are being considered.

The purpose of the Umbrella Hub Demonstration is to operationalize sustainable UHAs, with UHOs that can submit claims and receive reimbursement from the Centers for Medicare and Medicaid Services (CMS) on behalf of subsidiary organizations delivering the Medicare Diabetes Prevention Program (MDPP).

Year one of the Demonstration spanned August 2019 through July 2020 and included Health Promotion Council of Southeastern Pennsylvania (HPC) and Hawaii Primary Care Association (Hawaii PCA) as UHOs. Year 2 of the Demonstration occurred from August 2020 through July 2021. During year two, Marshall University was added as the third UHO in the Demonstration. Additionally, a technology vendor, Welld Health, was selected as the billing and claims vendor to support the UHOs in data aggregation and claims submission for reimbursement. The Demonstration organizations are currently in year three and one of the organizations has been approved as both a MDPP Supplier and a Medicaid enrolled provider in Pennsylvania.

Another intent of the Demonstration was to assess the feasibility of a non-delivery organization to serve as a UHO. Therefore, the organizations that were selected to participate in the Demonstration were originally non-delivery organizations. CDC awarded Diabetes Prevention Recognition Program (DPRP) recognition to the organizations as UHOs. CDC updated their guidance to extend recognition to other non-delivery organizations serving as UHOs. Please see the [CDC National Diabetes Prevention Program Umbrella Hub Arrangements Guidance](#) for the most up to date guidance on the operationalization of UHAs.

Insights from the Demonstration UHOs are indicated throughout this document using the following formatting:



Demonstration Insights

## Umbrella Hub Demonstration Organizations



### Hawaii Primary Care Association (Hawaii PCA)

Hawaii PCA is a statewide network of 15 community health centers (CHCs) that provides technical assistance and advocacy support to improve the health of communities in need. Hawaii PCA supports its health centers that provide the National DPP lifestyle change program in many ways, including training to support lifestyle coaches, direct technical assistance, data support, educational materials, quality improvement projects, and reimbursement support.



### Health Promotion Council (HPC)

HPC is a Pennsylvania-based non-profit whose mission is to promote health and prevent and manage chronic disease among vulnerable populations through community-based outreach, education, and advocacy. HPC fulfills this mission in three primary ways: direct services and programming; training, technical assistance, capacity building; and policy and systems change. In partnership with the Pennsylvania Department of Health, HPC has been building capacity of the National DPP in Pennsylvania since 2014.



### Marshall University

Marshall University is based in West Virginia and offers a variety of evidence-based programs across Appalachia and multiple states, including the Appalachian Diabetes Control and Translation project. Through this project, Marshall University aims to prevent and control diabetes through developing and providing direct technical assistance to coalitions delivering the National DPP lifestyle change program in under-resourced rural counties.

# Becoming an Umbrella Hub Organization

## *This section includes:*

- Summary of the types of organizations that can be a UHO
- Description of the activities a UHO performs for the UHA, including key learnings from the Demonstration

Organizations interested in serving as an umbrella hub organization (UHO) are encouraged to become familiar with the purpose and requirements for UHOs and to review the Centers for Disease Control and Prevention (CDC) [Diabetes Prevention Recognition Program \(DPRP\) Guidance Document: Umbrella Arrangements for CDC-Recognized Organizations](#).

Previously, organizations interested in becoming a UHO were required to be delivery organizations with full or preliminary CDC recognition. However, in updated [CDC National Diabetes Prevention Program Umbrella Hub Arrangements Guidance](#), eligibility was expanded to allow non-delivery organizations to serve as UHOs. For more information on obtaining CDC recognition and the different levels of recognition, refer to the [DPRP requirements](#).

Organizations that desire to serve as a UHO can request obtain the [UHA Application](#) through the CDC Customer Services Center.

## Functions of an Umbrella Hub Organization

The UHO performs a wide variety of functions that are critical to the UHA's success. Below are seven core functions of a UHO: (1) Align the Core Mission and Vision of the UHA, (2) Develop a Workplan to Operationalize the UHA, (3) Develop or Contract with a Billing and Claims Platform, (4) Evaluate Business Acumen Required to Operate a UHA, (5) Create a Financial Sustainability Plan, (6) Establish UHA Communication and Coordination Protocols, and (7) Identify and Recruit Subsidiaries. Each element is followed by related insights from the Demonstration UHOs.

UHOs are encouraged to assess their readiness to perform the various functions listed below. The National Association of Chronic Disease Directors (NACDD) and Leavitt Partners, in collaboration with state health departments, have developed a [UHO Capacity Assessment](#) which can be used to identify an interested UHO's areas of strength and potential areas for improvement.

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### Align the Core Mission and Vision of the UHA

The UHA aims to increase the capacity of organizations to deliver the National DPP lifestyle change program. Core mission alignment between the UHO and subsidiaries is essential to the foundation of the UHA and should be addressed prior to development of the UHA. Mission alignment can streamline development of the UHA, build trust between UHA partners, and strengthen the organizational capacity to provide a unified direction for all involved. For example, communicating a broader vision for the UHA—such as lowering the incidence of type 2 diabetes in a specific community—can help strengthen organizational commitment to operationalize the UHA.



## Demonstration Insights

- **Focus on the UHA's mission:** Keeping overall goals in mind (e.g., supporting subsidiary organizations in their efforts to deliver the National DPP lifestyle change program to prevent type 2 diabetes) helped the Demonstration UHOs navigate the challenges of starting a new business arrangement. Documenting goals and mission statements helped the organizations define shared objectives. To learn how Demonstration UHOs used charters to define the UHA's mission, see the [Charters](#) section of this document.

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## Develop a Workplan to Operationalize the UHA

Potential UHOs are encouraged to inventory their internal resources such as staffing, administrative capacity, and financial status, and compare those resources to the resources necessary to operationalize a UHA. Additionally, UHO staff should have a detailed understanding of the National DPP lifestyle change program. This will facilitate the UHO's ability to operationalize the UHA and provide support for subsidiary organizations. The [Modifiable Slide Deck](#) on the UHA Overview page of the National DPP Coverage Toolkit, can be utilized to assist organizations in developing their overall workplan.



## Demonstration Insights

- **Understand the time commitments required to operationalize the UHA:** Demonstration UHOs found the start-up phase took between 6-12 months. This included gathering the necessary documents and requirements for the MDPP application, meeting with subsidiary organizations to explain the details of the UHA, determining and explaining how the UHO would distribute claims payments to subsidiary organizations, and meeting with senior leadership to discuss decisions about the UHA.
- **Develop a work plan:** Demonstration UHOs found that a work plan helped identify the key tasks, timeline, staff, and resources needed to operationalize the UHA. A detailed work plan can help UHOs stay on track with actions such as recruiting subsidiary organizations, completing CDC's UHA application, executing contracts with subsidiary organizations, enrolling in Medicare, adding subsidiary organizations to a Medicare enrollment, and establishing accounting processes for claims reimbursement distribution. The [UHO checklist](#) that was developed from Demonstration learnings can be used to create a work plan.

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## Develop or Contract with a Billing and Claims Platform

A function of a UHA is to submit claims to public (Medicare and Medicaid) and commercial healthcare payers on behalf of the subsidiary organizations. It is recommended that organizations seeking to serve as a UHO assess their willingness and capacity to work with a billing and claims vendor or determine whether they have an in-house platform to submit claims that all subsidiary organizations could easily access and use. The billing and claims vendor may be able to create multiple efficiencies for subsidiary organizations including streamlining the referral and enrollment process, simplifying participant data entry, recording attendance and weight loss milestones, and submitting data to CDC and claims to healthcare payers.

When selecting a billing vendor, UHOs are encouraged to consider their budget, personnel, resources, and the cost of the billing platform relative to the payer reimbursement rate and any administrative fees the UHO charges subsidiary organizations. [CDC National Diabetes Prevention Program Umbrella Hub Arrangements Guidance](#) notes that start-up costs and/or ongoing operational costs associated with the use of billing platform or vendor are handled between the UHO and the subsidiary organizations and CDC will not review these business arrangements. However, CDC has developed [guidance](#) on purchasing billing and delivery platforms.



## Demonstration Insights

- **Build a strong and lasting relationship with a billing vendor:** The UHOs that participated in the Demonstration contracted with a vendor to submit claims. Demonstration UHOs and their billing vendor, Welld Health, fostered a strong working relationship. Welld Health has provided technical assistance to the Demonstration UHOs as they operationalize and continues to provide ongoing trainings, maintenance, and payer updates for the Demonstration UHOs.
- **Schedule training sessions with subsidiary organizations:** Demonstration UHOs scheduled training sessions for subsidiary organizations to help them feel comfortable using the platform to submit claims and to understand the extent of its capabilities.
- **Define and communicate the roles, responsibilities, and timelines for the UHO, the subsidiary organizations, and the billing platform:** UHOs should clearly specify subsidiary roles and required timelines for data entry in the billing platform. Claims denied because of inaccuracies can be costly and time consuming, so it is incumbent on the UHO and subsidiary organizations to work together to ensure submitted claims are accurate and on time.

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## Evaluate Business Acumen Required to Operate a UHA

The UHA relies on the UHO to handle reimbursements, manage data, and make business related decisions for the UHA. It is recommended that potential UHOs assess their readiness to engage in all business and financial requirements associated with UHA participation. For additional resources to evaluate an organization's capacity to serve as a UHO, please reference the [UHO Capacity Assessment](#).



## Demonstration Insights

- **Determine if the UHO has sufficient infrastructure to handle reimbursements:** UHOs are tasked with receiving reimbursement payments from the Centers for Medicare and Medicaid Services (CMS) and other healthcare payers and distributing them to subsidiary organizations. Consider whether the UHO has the experience or adequate resources to handle reimbursement payments. For example, one Demonstration UHO had concerns with directly receiving claims reimbursements and then redistributing the reimbursements to their subsidiary organizations who provided the services. It took several conversations to resolve these concerns and to formulate a plan on how to accomplish these tasks.
- **Develop a business model:** Demonstration UHOs developed business models to support the UHO and the subsidiary organizations. To learn more about UHA business models, see the [Business Model for Umbrella Hub Arrangements](#) section of this document.

- **Inventory data management capabilities:** Demonstration UHOs developed data management and storage protocols and implemented security measures to meet Health Insurance Portability and Accountability Act (HIPAA) standards are in place.

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## Create a Financial Sustainability Plan

The UHO is responsible for the long-term financial sustainability of the UHA through grant funding and revenue from healthcare reimbursements. Per [CDC National Diabetes Prevention Program Umbrella Hub Arrangements Guidance](#), UHOs are required to activate an agreement with at least one payer within two years of submitting their UHA application. Because of this, UHOs are encouraged to enroll as a Medicare Diabetes Prevention Program (MDPP) supplier and in state Medicaid programs (where applicable), and to contract with Medicaid managed care organizations (MCOs), Medicare Advantage (MA) plans, commercial health plans, and self-insured employers. For more information about financial sustainability and potential healthcare payers, see the [Health Care Reimbursements for Umbrella Hub Arrangements](#) section below. Other factors that contribute to the overall sustainability of the UHA can be found in the [Building a Sustainable Umbrella Hub Arrangement](#) section of this document.



### Demonstration Insights

- **Evaluate the organization's ability to operate as an MDPP supplier:** The Demonstration UHOs were not MDPP suppliers prior to becoming UHOs. The process to become a MDPP supplier can take several months and involves dedicated staff time and persistence. Demonstration UHOs experienced some unexpected delays, particularly with their MDPP enrollment application, which contributed to extended timelines and added costs. For more information about becoming a MDPP supplier, see the [UHO MDPP Supplier Enrollment Guide](#). **Consider additional revenue sources:** Two Demonstration UHOs aspire to have Medicaid MCOs or other commercial healthcare payers help fund the UHA to minimize what subsidiary organizations must pay to participate in the UHA. These talks with commercial healthcare payers remain ongoing as of December 2021. To learn more about UHA revenue sources, see the [Additional Healthcare Payers](#) section of this document

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## Establish UHA Communication and Coordination Protocols

UHAs involve internal coordination with subsidiary organizations and external coordination with partners, including healthcare payers, and likely a billing and claims vendor. Potential UHOs are encouraged to assess their capacity for ongoing communication and coordination with UHA partners. Resources such as the [Modifiable Slide Deck](#) be used to assist UHOs in developing marketing and communication strategies for their UHA.



### Demonstration Insights

- **Educate partners:** As early adopters, Demonstration UHOs educated key partners—such as commercial healthcare payers, the state Medicaid agency, and their state health departments—on the basic components and purpose of a UHA. As UHAs become more prevalent the need for education should

decrease; however, new UHOs are wise to expect the need for some level of education for the key partners in their arrangement.

- **Engage in ongoing communication with subsidiary organizations:** Demonstration UHOs held regular meetings with the subsidiary organizations and the billing and claims vendor to maintain or establish strong relationships with all UHA participants. Open communication and transparent decision making helped UHA participants understand the goals of the arrangement.

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## Identify and Recruit Subsidiaries

When enough subsidiary organizations and participants are engaging in the UHA, benefits of economies of scale may be realized. UHAs are benefited by the UHO taking an active role in building a robust network of subsidiary organizations, as well as identifying opportunities to increase National DPP lifestyle change program participant recruitment and retention. UHOs may need to identify subsidiary organizations that serve priority populations. For more information, see the [Building a Sustainable Umbrella Hub Arrangement](#) section of this document.



### Demonstration Insights

- **Use the UHO's network as a starting point:** Demonstration UHOs had strong relationships with each of their original subsidiary organizations. These strong relationships allowed for trust between the UHOs and their subsidiary organizations, which was valuable given the newness of the UHA concept and the unknowns inherent in participating in a demonstration project.
  - **Maintain consistent outreach and recruitment efforts:** The sustainability of the model is increased as additional subsidiary organizations join the arrangement. Demonstration UHOs continually assess the need to discuss the benefits of UHA participation with potential subsidiary organizations. Demonstration sites also report engaging potential subsidiary organizations during other projects or meetings to maintain communication and build relationships.
  - **Understand the value proposition of the UHA and needs of individual subsidiary organizations:** While identifying and recruiting subsidiaries, Demonstration UHOs appealed to potential subsidiary organizations using the value propositions described above and adapted recruitment strategies to align with the individual organizational needs.
  - **Recognize the reasons a potential subsidiary organization may not want to join the UHA:** In addition to understanding and communicating the value proposition of the UHA, knowing the reasons a potential subsidiary organization chooses not to join the UHA can help the UHO target future outreach. For example, Demonstration UHOs found that some potential subsidiary organizations were concerned about the costs of participating in the UHA or already had billing and claims submission capabilities.
-