Collective Impact Through Interdepartmental Partnerships

Marshall University's Umbrella Hub Organization Spotlight

August 2022

AT A GLANCE:

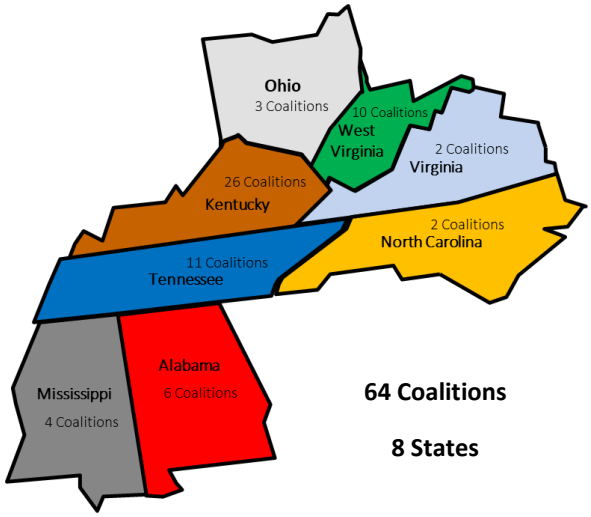
This program spotlight document describes the efforts of Marshall University to expand the National Diabetes Prevention Program (National DPP) lifestyle change program by operationalizing an umbrella hub arrangement (UHA). During their participation in the Umbrella Hub Demonstration, Marshall University has leveraged their partnerships in the Appalachian region to strengthen the public health infrastructure and provide pathways to improve the health of the population.

INTRODUCTION TO MARSHALL UNIVERSITY

Marshall University has served as an academic institution based in Huntington, West Virginia since 1837. In addition to their overall mission of educating students to strive toward a better future, they actively aim to "contribute to the quality of life of the community, region, and beyond through applied research, economic development, health care, and cultural enrichment." Marshall University receives support from Marshall University Research Corporation, a not-for-profit corporation which coordinates research grants on behalf of the Marshall University community. Collaboration between these two entities aids in advancing research efforts at the University and contributing to impactful change in the Appalachian Region.

Efforts to improve health outcomes in the Appalachian region led Marshall University's Division of Community Health to their participation in the Appalachian Diabetes Control and Translation Project (ADCTP), supported and funded by Centers for Disease Control and Prevention (CDC) and the Appalachian Regional Commission (ARC). The goal of the ADCTP was to address type 2 diabetes health disparities of adults living in the Appalachian region, whose prevalence of type 2 diabetes is 11.7% compared to rates of of 8.5% outside the Appalachian region. With funding and support from the ADCTP, Marshall University developed a diabetes infrastructure known as the Appalachia Diabetes Network, originally consisting of coalitions across 70 rural, low-income counties in nine states. Marshall University and participating coalitions implemented projects to educate about and address type 2 diabetes rates within their communities. Project activities included social media outreach, physical activity and healthy eating initiatives, and efforts to recruit community members into the National DPP lifestyle change program. Through the Appalachian Diabetes Network, coalitions have shown success in improving physical activity levels and reducing HbA1c levels among Appalachian populations. Though ADCTP funding has concluded, Marshall University maintains processes to provide data sharing, technical assistance, and grant opportunities to the remaining Appalachian Diabetes Network members (64 coalitions across 8 states). This is accomplished in part through Marshall University's monthly newsletter. The newsletter is available to coalitions and partners and provides readers with relevant network news, strategies for improving health outcomes, and coalition success highlights. The newsletter also serves as a valuable resource for information sharing during the COVID-19 pandemic. More information about the Appalachian Diabetes Network newsletter is available here.

Appalachian Diabetes Network Coalitions



STRENGTHENING THE NETWORK: APPALACHIAN DIABETES COALITION AND THE UHA

The Marshall University Division of Community Health's role with the ADCTP, long-standing relationships with the participating coalitions, and mission alignment to reduce type 2 diabetes prevalence, placed them in an optimal position to participate in the Umbrella Hub Demonstration as an umbrella hub organization (UHO). The Umbrella Hub Demonstration is funded by CDC to assist three organizations in operationalizing an umbrella hub arrangement (UHA). The UHA connects CDC-recognized community-based organizations (CBOs) with health care payment systems to pursue sustainable reimbursement for the National DPP lifestyle change program. In a UHA, the 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 within their community. More information on UHAs can be found on the National DPP Coverage Toolkit UHA pages.

Tradition and trust are foundational values of communities in the Appalachian region, and Marshall University has worked to understand how to meet the needs of those communities. Marshall University's success as a UHO was rooted in its ability to cultivate a reputation as a dependable and trustworthy organization over the last several decades. This allowed Marshall University to quickly identify and recruit potential partners in the UHA work, including subsidiary organizations, payers, state health department, and public health partners.

Marshall University has contracted with two subsidiary organizations within the Appalachian Diabetes Network, Lawrence County Health Department in Lawrence, Kentucky, and Healthier Communities Coalition of Southwest Virginia. While some of the coalitions still have concerns over the novelty of the UHA model, Marshall will continue to leverage their long-standing relationship to understand and address those concerns. Marshall University aims to recruit additional coalitions once the UHA processes have been fully operationalized.

Umbrella Hub Demonstration Project Team

The team responsible for work on developing the UHA includes:

- Deborah Koester, Director, Division of Community Health
- Regina Knox, Rural Health Coordinator, Div. of Community Health
- Shelia Plogger, Program Coordinator, Div. of Community Health
- Mary Glenn Rice, Grants Program Manager, Div. of Community Health
- Kevin Simpson, Technology Specialist, Div. of Community Health
- Heather Oliver, Enrollment Coordinator, Marshall Health
- Tim Allman, Director of Patient Accounting, Marshall Health
- Judy Watters, Department Administrator, Marshall Univ School of Medicine

Through the reach of the Appalachian Diabetes Network coalitions, Marshall's UHA has access to CBOs throughout multiple states, with the potential for widespread access to individuals at risk for developing type 2 diabetes and experiencing other social and economic disparities.

Marshall University UHA Value Proposition

Each UHA has a value proposition that states what makes the UHA attractive to the potential partners. For Marshall University's subsidiaries, the following value propositions was identified early on in conversation, and ultimately led to their willingness to participate in the UHA. The value proposition included:

- Trust in Marshall University built on previous collaborative work
- Mission alignment with Marshall University and a unified desire to address type 2 diabetes prevalence and other health and social needs of the community
- Desire to work with organizations, like Marshall University, that understand the characteristics of rural, low-income Appalachian communities
- Ability of an organization like Marshall University to provide sustainable funding streams for organizations with reduced access to program funding
- Access to Marshall University's extensive network of partners and resources

More information on the UHA value proposition is available on the National DPP Coverage Toolkit UHA Business Model page.

UHA INFRASTRUCTURE: BUILDING PARTNERSHIPS

Marshall University acknowledges that public health work cannot happen in a silo, but rather requires partnership and collaboration across community organizations. In addition to unique subsidiary partnerships, Marshall University has cultivated strong relationships with state officials, including the West Virginia Department of Health and Human Resources Bureau for Public Health Division of Health Promotion and Chronic Disease (HPCD). Marshall University and HPCD have collaborated on efforts to identify community needs and improve community-clinical linkages through diabetes coalitions, health care systems, and local partners. Together they work to increase access to type 2 diabetes and cardiovascular prevention and self-management programs. HPCD has supported the emerging UHA, by identifying opportunities to increase enrollment and retention among participants in National DPP lifestyle change program cohorts.

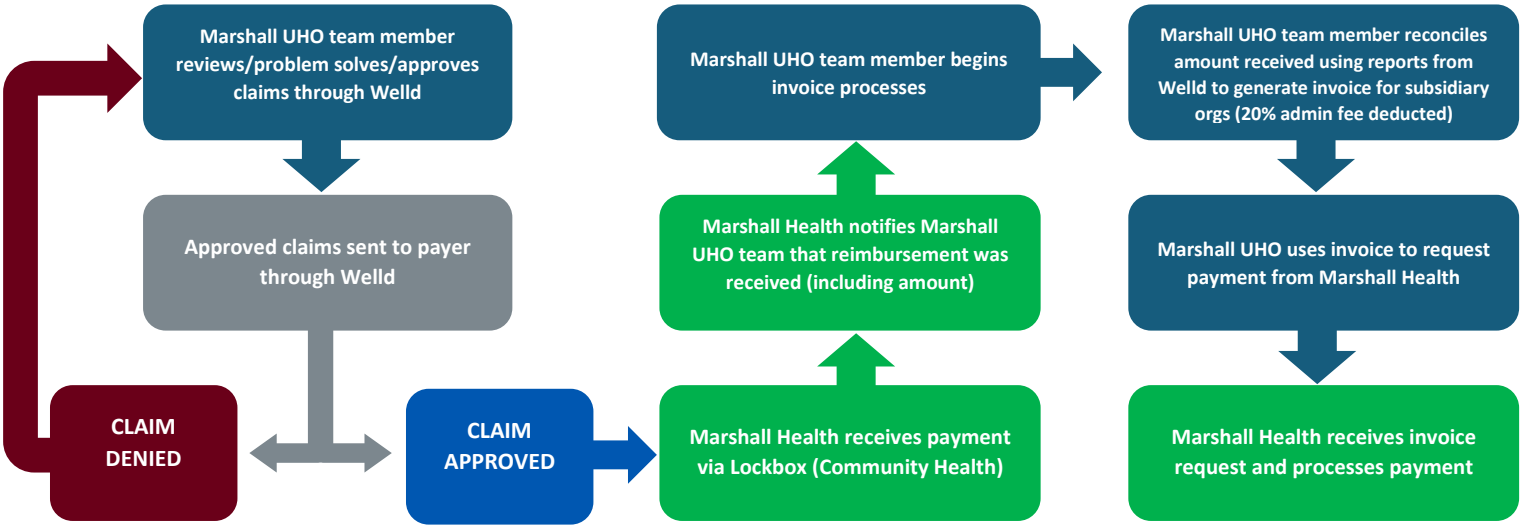
Marshall University's Community Health Worker Program has facilitated relationships with state Medicaid officials and local payers who are vital to the sustainability of the UHA. Although no formal contracts have been executed at this time, Marshall University expects that maintaining consistent communication and education efforts with payers will streamline the process to begin contracting.

During the initial phase of UHA development, Marshall University acknowledged a need to develop processes and identify personnel to complete claims reimbursement on behalf of the UHA. Marshall University contracted with Welld Health, a technology vendor selected to assist with the Umbrella Hub Demonstration, to serve as their billing and data submission platform. Marshall University also realized additional subject matter expertise was required to redistribute funds accurately and efficiently after they are received from Welld. Through internal collaboration and project discussions, Marshall University identified that Marshall Health, the comprehensive health care provider group associated with Marshall University's Joan C. Edwards School of Medicine, possessed relevant experience processing payer claims. Marshall University's Division of Community Health, which is a branch of the Family Medicine Department in the School of Medicine, had a history of collaboration with the Marshall Health team. By partnering with Marshall Health, Marshall University eliminated the requirement to develop complex reimbursement processes and rounded out the UHO's ability to handle administrative responsibilities.

The Marshall University and Marshall Health partnership overcame challenges associated with billing and claims. The pathway to their collaboration involved significant investments in staffing resources. At the commencement of their partnership, Marshall University spent staff time educating Marshall Health on the goals of the UHA, ensuring mission alignment, and advocating the model's utility. This included discussion with finance, legal, and leadership teams that had not been involved during the early stages of Marshall University's participation in the Umbrella Hub Demonstration. Additionally, due to Marshall Health's designation as a separate entity from the University, all contracts and agreements require review and approval by legal departments at both institutions before execution. This included contracts between the UHO and subsidiary organizations, Welld Health, and/or payers, as applicable. While separate contract reviews maintained consistent workflows and mission alignment, they created bottlenecks in the operationalization of the UHA. Takeaways from the partnership between Marshall University and Marshall Health include:

- **Begin interdepartmental collaboration early in UHA development** – Include legal, information technology, privacy, and financial teams, that can set time and effort expectations during workplan development
- **Determine who needs to be at the table** – Identify team structures and department hierarchies to identify individuals with subject matter expertise required to advance operationalization
- **Acknowledge that adaptation is necessary** – Timeline and workplan development are needed to identify key tasks and personnel; however, these are meant to be used as guidelines, and teams should acknowledge that the UHA is a novel model, which will require planning alterations along the way

Below is a flow chart demonstrating Marshall University and Marshall Health's claims submission workflow.



After identifying a workplan to address UHO administrative responsibilities, Marshall University's UHA is now focused on creating pathways to sustainable funding, starting with submission of the Medicare Diabetes Prevention Program (MDPP) supplier application. MDPP supplier approval will allow the UHA to submit claims on behalf of all Medicare beneficiaries participating in the MDPP. Marshall University's experience with the MDPP supplier application submission is unique, as it is the first UHA with subsidiary locations in different states. This will require working with different Medicare Administrative Contractor (MAC) jurisdictions. Each MAC requires a separate MDPP supplier application. Though this has presented obstacles, primarily due to an increase in staff time to complete multiple applications, Marshall University has persisted in completing the applications to obtain sustainable reimbursement options for each of their subsidiary organizations. Marshall University was able to successfully complete submission of the MDPP supplier application in Kentucky on May 26, 2022, and in Virginia on June 23, 2022. They received approval to submit MDPP claims in Kentucky on August 16, 2022. As additional subsidiaries are added across the Appalachian region, Marshall University will use these learnings to complete other applications as needed to expand its administrative network and achieve UHA sustainability through economies of scale. For more information on MAC jurisdictions and tips for successfully submitting the MDPP supplier application as a UHO, please review the UHO MDPP Supplier Enrollment Guide.

Throughout its work, including operationalization of the UHA, Marshall University consistently ensures that the rural Appalachian population, traditionally underserved by health and economic systems, is at the forefront of each initiative. Marshall University has formed partnerships and created communities of trust to improve the lives of those across the region and continues to evaluate ways in which the UHA can help with this goal.

To learn more about the experience of the other participants in the Umbrella Hub Demonstration, see the UHO Spotlight on Health Promotion Council, focused on achieving sustainability by becoming an MDPP supplier, and the UHO Spotlight on Hawai'i Primary Care Association, focused on public health infrastructure and federally qualified health centers. For more information on UHAs and the Umbrella Hub Demonstration, visit the National Diabetes Prevention Program Coverage Toolkit Umbrella Hub Arrangements page.

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