

Chronic Disease Care Coordination

Trellis Umbrella Hub Arrangement Spotlight

April 2024



AT A GLANCE:

This organization spotlight describes the efforts by Minnesota to support partners in expanding the National Diabetes Prevention Program (National DPP) by planning, building, and launching an umbrella hub arrangement (UHA) through their partner organization, Trellis. In addition to providing the National DPP lifestyle change program, Trellis also improves health outcomes in their community by addressing unmet health-related social needs (HRSN) and serving as a community care hub (CCH).

MINNESOTA DIABETES PREVENTION

Over the last two decades, a group of organizations and agencies in Minnesota, led by the Minnesota Department of Health (MDH), have dedicated resources to reduce the burden of type 2 diabetes in the state. Highlights from Minnesota's pioneering work in the field are provided below.*

Laying the Foundation: Minnesota's Work on Type 2 Diabetes Prevention

- **Late 2000s:** Minnesota was one of a handful of states funded by CDC to test the feasibility of community-based implementation of the National Diabetes Prevention Program (National DPP) lifestyle change program. MDH partnered with researchers who developed a group-based model of the program, established infrastructure for training Lifestyle Coaches, and built capacity of community-based organizations (CBOs) to deliver the program. Their work greatly influenced the final design of the National DPP lifestyle change program.
- **2005:** The Minnesota Diabetes Program (MDP) published the "Minnesota Diabetes Plan 2010 Year 1 Progress Report," which cited the costs of diabetes and identified prevention of type 2 diabetes as one of eight key diabetes focus issues for the state. The report laid the framework for collaborative type 2 diabetes prevention work over the next several years.
- **2010 to 2016:** The Minnesota Department of Human Services (DHS) and MDH jointly received a federal grant through the Medicaid Incentives for Prevention of Chronic Disease (MIPCD) program for states to develop evidence-based prevention programs that provide incentives to Medicaid beneficiaries to participate in and complete programs. Minnesota used grant dollars to study how financial incentives affected Medicaid. In 2016, Minnesota began offering the National DPP lifestyle change program as a covered benefit for Medicaid beneficiaries.
- **In 2019:** MDH published "[Best Practices Guide for Recruiting, Enrolling, and Retaining Minnesotans with Greatest Need in the National Diabetes Prevention Program](#)" to share lessons learned from interviewing Minnesota National DPP lifestyle coaches and providers.

*For more information on Minnesota's history with the National DPP, visit the [National DPP Coverage Toolkit Minnesota State Story](#).

About Minnesota

Percent of Population that is:

- Obese: 32.4%
- Diagnosed with Diabetes: 9.0%
- Aged 65 or Higher: 22.5%
- Below the Poverty Line: 9.3%
- Median Household Income: \$77,706

Source: 2021 BRFSS and Census data



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ESTABLISHING NATIONAL DPP UMBRELLA HUB ARRANGEMENTS

Introduction to Trellis, Innovations for Aging (IFA), and the Juniper Network

Trellis provides services, information, and innovations to achieve the mission of assisting individuals to age well and develop the capacity of communities to care for an aging population. Trellis also maintains a wholly owned non-profit subsidiary, Innovations for Aging (IFA).

Juniper, a program of Trellis, is a network of more than 40 CBOs and health systems that makes evidence-based health promotion programs available to people throughout Minnesota.

While Minnesota was an early adopter of Medicaid coverage for the National DPP lifestyle change program, there were challenges with the uptake of the benefit in the state. MDH identified multiple barriers CBOs faced in delivering the National DPP lifestyle change program, including low enrollments impacting the ability to maintain CDC Diabetes Prevention Recognition Program (DPRP) status, low reimbursement rates, and high administrative burden and costs to recruit and enroll participants. CBOs also faced challenges contracting with MCOs who did not have the capacity to contract with multiple individual delivery organizations. The 2020 COVID-19 pandemic placed additional strain on the capacity of these organizations to meet the administrative requirements of the lifestyle change program delivery, contracting, and claims submission. As a result, MDH began exploring pathways to provide assistance to these CBOs. **With support from CDC and NACDD, MDH began to explore the possibility of operationalizing an umbrella hub arrangement (UHA) in Minnesota to address many of the challenges CBOs were facing in providing the National DPP lifestyle change program.**

OPERATIONALIZATION OF THE TRELIS UHA

UHAs are led by an umbrella hub organization (UHO); an organization capable of successfully providing technical assistance, administrative support, and guidance to CBOs. [Trellis](#), an Area Agency for Aging (AAA) and non-profit, provides services, information, and connections that help people manage chronic disease. Trellis continues to innovate and continuously creates new products, services, and relationships to meet the changing needs of Minnesotans living with prediabetes. These qualities made Trellis a prime candidate to serve as a UHO* in Minnesota to scale the delivery of the National DPP lifestyle change

Engaging Partners to Achieve Success

The partnership between NACDD, MDH, CDC and Trellis was critical to the successful operationalization of the UHA. CDC/NACDD provided funding and technical assistance to both MDH and Trellis prior to and during operationalization of the UHA. MDH supported Trellis to connect with the Minnesota DHS Medicaid program, Medicaid Managed Care Organizations, potential National DPP UHA subsidiary organizations, and other partners who provided technical assistance and resources to the UHA. For example, during UHA startup MDH connected Trellis to Minnesota Medicaid to assist with Medicaid provider enrollment and reimbursement processes. MDH also introduced Trellis to potential subsidiary organizations that they regularly engage and support with technical assistance. MDH noted that when joining a UHA, subsidiary organizations may experience uncertainty with the newness of the model. **Promoting a strong relationship between the UHO and state agencies helped lessen concerns from potential subsidiary organizations.**

program. While various types of organizations can serve as a UHO, Trellis's business acumen, existing community partnerships, and internal data systems, coupled with funding support and technical assistance from MDH, provided a strong foundation for UHA development.

*For additional considerations when selecting a UHO, visit the [Tips for Identifying Potential UHOs](#) resource on the UHA Overview page of the [National DPP Coverage Toolkit](#).



UHOs support administrative functionalities for networks of subsidiary organizations. Trellis maintains a wholly owned non-profit subsidiary, Innovations for Aging (IFA), to support those administrative functionalities (though this is not required for all UHAs):

- IFA supports the parent organization through contracting with external organizations such as CBOs, technology vendors, and healthcare payers.
- IFA allows Trellis to innovate and experiment with different business strategies.
- IFA provides clear and distinct business pathways, which is important when navigating public and private funding sources.

Current and former Trellis and MDH staff, identified later in this **Trellis Spotlight**, dedicated significant efforts to operationalizing the UHA, formally approved by CDC on December 15, 2021. Details related to the Trellis UHA are provided below.

Description of the Trellis UHA

TOPIC	DETAILS
<p>Subsidiary Organizations</p>	<ul style="list-style-type: none"> • VINE Faith in Action • Duluth Area Family YMCA • Community Memorial Hospital • Nygard Fitness • CentraCare • Lake Region Healthcare • InControl • AfroCare Services
<p>Subsidiary Organization Technical Assistance</p>	<p>Trellis, in partnership with MDH, offers the following technical assistance to subsidiary organizations in the UHA*:</p> <ul style="list-style-type: none"> • Holds monthly check-ins to provide updated resources and solutions to potential barriers • Trains staff on data and claims submission platforms • Educates staff on National DPP lifestyle change program eligibility criteria, DPRP, and Medicare Diabetes Prevention Program (MDPP) requirements and ensures they are met • Provides information on available National DPP tools, resources, or best practices • Assists with creation of National DPP lifestyle change program marketing to priority populations and educating Lifestyle Coaches on how to assess readiness to change <p>*Trellis noted that subsidiary organizations new to the National DPP lifestyle change program or with less experience with healthcare operations and business strategies typically required more extensive technical assistance than those that have more experience providing the National DPP lifestyle change program.</p>

TOPIC	DETAILS
<p>Partnered Payers</p>	<p>Medicaid and MCOs: Trellis enrolled as a Minnesota Medicaid supplier in May 2022 with Minnesota DHS. DHS conducted an internal assessment to determine which provider type a National DPP UHO would enroll under and selected Minnesota provider type 49 – Billing Entity for Physician Group. As part of the enrollment process, and to meet provider type 49 rules, Minnesota Medicaid required Trellis to identify and contract with two supervising clinicians. A nurse practitioner and an advanced practice registered nurse (APRN) oversee the National DPP lifestyle change program delivery by the Trellis UHA. The Medicaid enrollment process also required that the Trellis managerial staff and Board Members undergo background checks prior to approval.</p> <p>After enrolling in Medicaid, Trellis, with convening support from MDH, began outreach to Medicaid managed care organizations (MCOs) to initiate contracts. Trellis currently holds four contracts with Minnesota MCOs, and they are establishing a process to partner on participant identification and outreach to beneficiaries. Trellis reported the following learnings from the MCO outreach, communication, and contracting process.</p> <ul style="list-style-type: none"> • MCOs typically contract for clinical services. Contracting for National DPP lifestyle change program services does not align with existing provider contract templates. Trellis worked closely with the MCOs to review and edit contract language as needed to accommodate the National DPP lifestyle change program. • Trellis presented the value of the National DPP lifestyle change program, particularly the return on investment (ROI) of the program. For instance, by contracting with the UHA, payers were linked to a network of CDC-recognized organizations. MCOs found accessing a network of providers through a single contract appealing. • Support from the state health department, MDH, and Minnesota Medicaid program initiated and advanced conversations between Trellis and the MCOs. Additionally, jointly developed one-pagers answered questions MCOs had about the National DPP and the UHA. <p>Medicare: Trellis was likewise approved as an MDPP supplier in May 2022 and has secured Medicare Advantage contracts for MDPP services.</p>
<p>Referral Sources</p>	<p>The Trellis UHA obtains referrals via the YourJuniper online platform, where individuals or healthcare providers and their support staff can submit referrals to the National DPP lifestyle change program. Upon receiving referrals, Trellis Wellness Engagement Specialists contact referred individuals to discuss the National DPP lifestyle change program, as well as other Juniper evidence-based programs for which they may be eligible. Participants can also be referred through other Juniper programs if they are identified as eligible for the National DPP lifestyle change program.</p> <p>Two of the MCO partners provide referral lists and Trellis Wellness Engagement Specialists perform outreach to eligible participants identified by the MCO. When performing outreach, Wellness Engagement Specialists use motivational interviewing techniques to communicate with and recruit participants.</p>
<p>Data Collection and Claims Submission Platforms</p>	<p>The YourJuniper online platform is a HIPAA compliant management information system designed to collect participant registration and DPRP data, receive healthcare provider referrals, and to partner with third-party payers. Participants use the front-end website to find and register for programs and to track their outcomes in the participant portal. During UHA operationalization, Trellis used grant funding to enhance existing internal platforms for participant data collection and claims submissions.</p> <p>Trellis staff also conducted research to determine which billing clearinghouse options would work best to connect to Minnesota Medicaid and other health plans for claims submission, including analysis of costs for submitting claims individually and in batches. Trellis chose to use the Availity platform, which manages Medicare and Medicare Advantage and is also used by Minnesota Medicaid MCOs and other health plans.</p>

COORDINATING CHRONIC DISEASE CARE AND ADDRESSING HEALTH-RELATED SOCIAL NEEDS

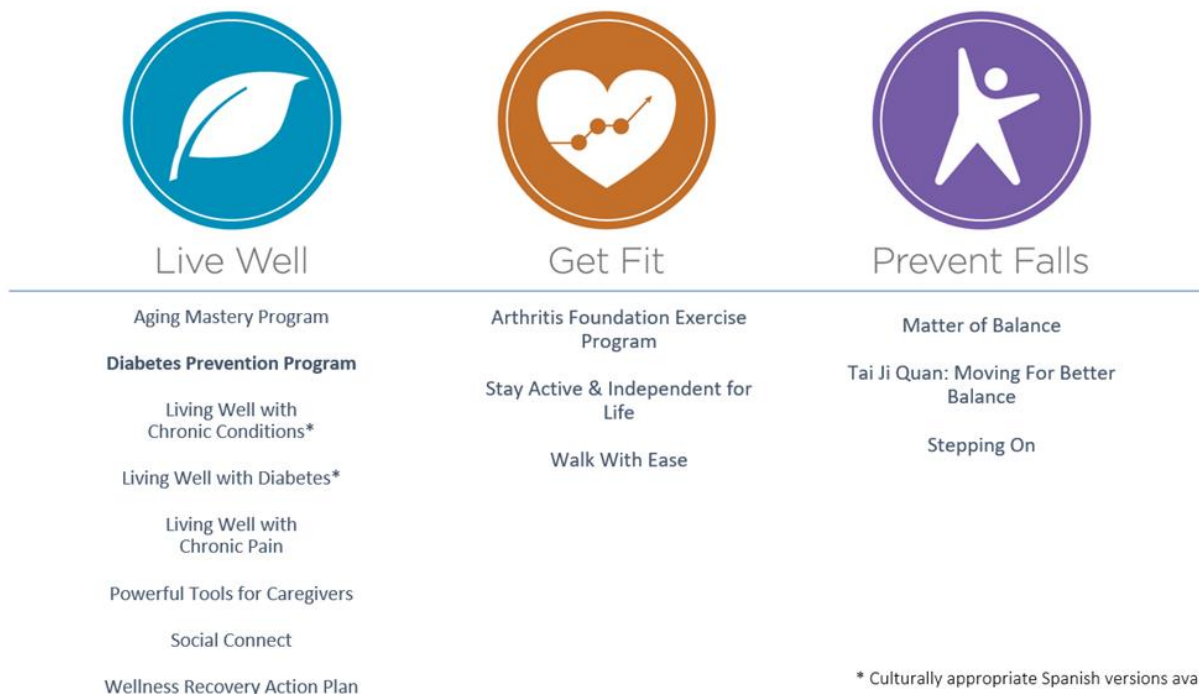
Trellis and MDH focus on improving health equity among Minnesotans and advance efforts through the UHA. They continually set goals to increase outreach to priority populations and improve population health in the community.

Evidence-Based Programs

In addition to the National DPP lifestyle change program, Juniper (a program of Trellis) currently offers 15 evidence-based programs, as outlined in **Figure 1**. During enrollment into each program with support from a Wellness Engagement Specialist, participants are evaluated to determine if they

are eligible for any of the additional programs offered through Juniper. Trellis works to increase access and retention in evidence-based programs, particularly for disproportionately affected communities. A broad set of the Juniper evidence-based health promotion programs within Trellis supports the sustainability of the program by increasing the number of possible referrals and by increasing the different types of payers.

Figure 1. Trellis Evidence-Based Program Offerings



Health Related Social Needs Screening and Program Supports

Trellis has incorporated the Accountable Health Communities HRSN Screening Tool, developed by the Centers for Medicare & Medicaid Services (CMS) Innovation Center (CMMI), into their online platform to allow for staff to conduct HRSN screenings on intake. Through their platform, UHA subsidiary organizations can either screen participants for health-related social needs (HRSN) or refer them to a Trellis community health worker or Trellis Wellness Engagement Specialist who will complete the screening.

Once HRSN screening is complete, participants are connected with resources available to address identified social needs. The state of Minnesota funds the minnesotahelp.info online portal, which lists HRSN resources available across the state. Trellis and their subsidiary organizations use minnesotahelp.info to link participants to those HRSN resources for which they are eligible. Trellis also utilizes grant funding to help subsidiary organizations provide program

supports to National DPP lifestyle change program participants to help improve retention and address HRSN.

Reaching Priority Populations

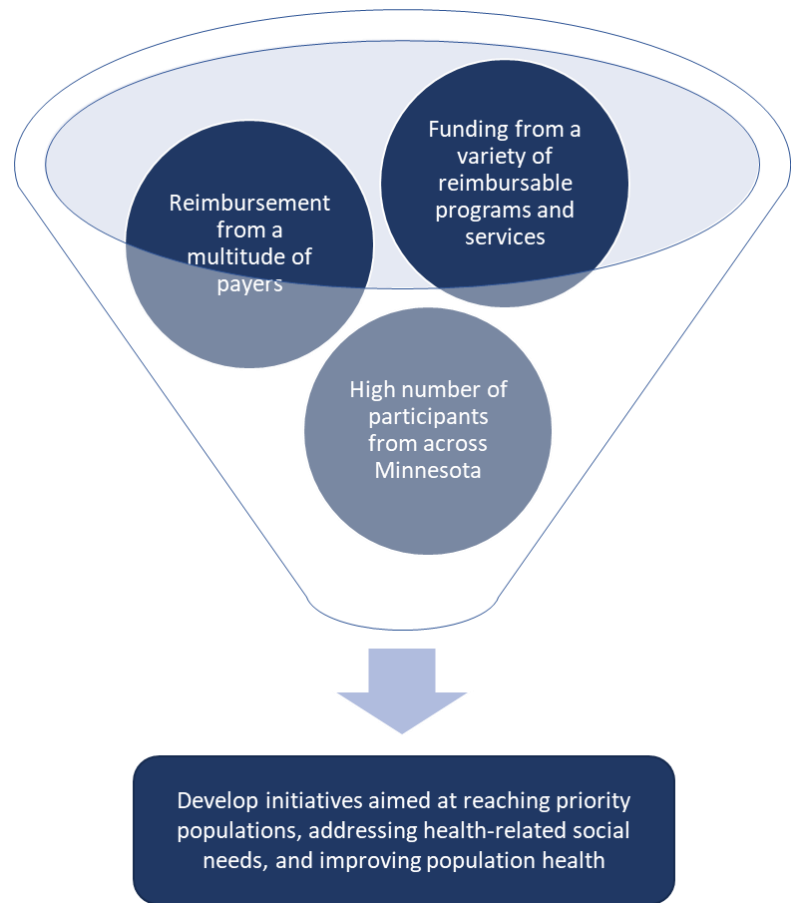
The Trellis UHO reaches priority populations through their network of subsidiary organizations, many of which focus on providing services to specific populations or groups. For example, Community Memorial Hospital serves Minnesota’s rural population, and they are currently onboarding a subsidiary organization which primarily serves refugee, immigrant, and minority populations. Trellis also has provider relationship managers who have longstanding partnerships with community-based organizations serving priority populations in Minnesota and assist in identifying innovative ways to reach these populations. MDH has also assisted Trellis in creating and updating marketing materials which appeal to priority populations. As Trellis expands their UHA, they aim to continually recruit subsidiary organizations which reflect populations in Minnesota and reach those disproportionately affected by diabetes and HRSN.

Figure 2. Financial Pathway to Improving Population Health

FUTURE PLANS AND CONSIDERATIONS FOR SUSTAINABILITY

Trellis evaluates business and financial pathways to achieve long-term sustainability. They incorporate sustainable funding streams to minimize reliance on grant funding. Trellis is still finalizing their financial strategy as it pertains to subsidiary organization payment for the services the UHO provides. Trellis acknowledges they will need to build a foundation that includes funding streams from multiple payers, a variety of reimbursable programs and services, and a high number of participants. These strategies will allow Trellis to focus resources toward reaching priority populations, addressing HRSNs, and improving population health, as demonstrated in Figure 2.

Trellis is also a recognized community care hub (CCH), which provides a package of evidence-based programs and HRSN supports, has contracts with payers across Minnesota, and can provide technology platforms, advertisements, marketing, and technical support to network partners. **Trellis is one of 58 organizations nationwide that has been selected to participate in the [Community Care Hub National Learning Community](#) by the Administration for Community Living (ACL) and the CDC and continues to grow and share learnings related to innovative population health strategies.**



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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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