One Utah Health Collaborative

Preventing Diabetes in Utah:

A Report on Medicaid Funding for the National Diabetes Prevention Program

August 2025

In partnership with the One Utah Health Collaborative, this report was developed by Get Healthy Utah:

GET HEALTHY UTAH

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One Utah Health Collaborative

GET HEALTHY UTAH

Introduction

The One Utah Health Collaborative was created to help lower healthcare costs, improve quality, and increase trust in Utah's healthcare system. To guide this effort, stakeholders developed the Utah Model of Care (UMOC), which outlines seven attributes of an ideal future healthcare system—one of which is prevention. In May 2024, the Collaborative's Stakeholder Community Board selected diabetes prevention as a focus area aligned with the UMOC. The board chose to examine the National Diabetes Prevention Program (National DPP), a proven intervention that prevents or delays the onset of type 2 diabetes and became a Medicaid-covered benefit in Utah in 2022. Despite this coverage, uptake among Medicaid members remained low, prompting interest in understanding and addressing the barriers. The Collaborative partnered with Get Healthy Utah to evaluate the current state of DPP in Medicaid, identify obstacles, co-design solutions, and produce a report to inform future improvements.

This report seeks to:

- Summarize the outcomes of Utah's three-year Medicaid coverage for the National DPP, including enrollment, completion rates, and key implementation findings.
- Analyze the benefits and challenges encountered in delivering the National DPP through Medicaid, highlighting factors that supported or hindered program participation and delivery.
- Present evidence-based, actionable recommendations to enhance the reach, effectiveness, and sustainability of the National DPP for Medicaid populations in Utah.

Project Partners

One Utah Health Collaborative and Get Healthy Utah would like to thank the many partners who contributed to this project, including representatives from managed care organizations, National DPP sites, state agencies, and community organizations. A full list of contributors is included in the appendix.

Background and Rationale

Diabetes and Prediabetes in Utah

Type 2 diabetes is a chronic, life-threatening disease that occurs when the body cannot properly regulate blood sugar levels. In Utah, an estimated 214,700 adults—8.9% of the population—have been diagnosed with diabetes, incurring over $2.5 billion in annual costs due to direct medical expenses and lost productivity (American Diabetes Association, 2025). Furthermore, approximately 30% of adults—652,000 people—have prediabetes, a condition that can progress to type 2 diabetes if left unaddressed (Southwest Utah Public Health Department, n.d.).

Low-income individuals, such as Medicaid beneficiaries, are at particular risk for diabetes. Data shows that Utahns with an annual income lower than $25,000 are almost three times as likely to have diabetes than individuals with an annual income over $75,000 (17.7% vs. 6.6%) (Utah Department of Health and Human Services, 2024). The estimated yearly diabetes-attributable medical costs incurred by the Utah State Medicaid Program in 2021 were $224.1 million (Centers for Disease Control and Prevention, 2024b). Furthermore, four out of five Medicaid beneficiaries also have a physical comorbidity, driving up medical expenditures (Kaiser Commission on Medicaid and the Uninsured, 2012).

Given these disparities, preventing diabetes in the Medicaid population is both a health and economic imperative.

The National Diabetes Prevention Program

The National Diabetes Prevention Program (National DPP) was developed by the Centers for Disease Control and Prevention (CDC) in 2010 to address rising rates of type 2 diabetes. It is an evidence-based, year-long lifestyle change program designed to reduce the risk of developing type 2 diabetes through weight loss, physical activity, and improved nutrition. During the first 6 months of the program, participants meet together with a certified lifestyle coach about once a week. During the second 6 months (considered the maintenance phase) they meet together once or twice a month. The program is offered through healthcare systems and community-based organizations.

NATIONAL DIABETES PREVENTION PROGRAM

It can be delivered through in-person sessions, online platforms, live virtual (distance learning), or a hybrid combination of these modalities. It can be delivered synchronously (following a fixed schedule) or asynchronously (self-paced). Regardless of the delivery method, the CDC has formalized the curriculum and established delivery standards that must be met in order for the program to receive CDC recognition and be eligible for insurance reimbursements.

In research conducted by the CDC, National DPP participants who lost 5-7% of their weight and participated in 150 minutes of physical activity demonstrated a 58% lower risk of developing type 2 diabetes. In a ten-year follow-up study, participants were still one-third less likely to develop type 2 diabetes a decade later than individuals in placebo groups. Those who developed type 2 diabetes delayed the onset of the disease by about 4 years (Centers for Disease Control and Prevention, 2024).

Coverage for the National DPP

Since its creation in 2010, the National Diabetes Prevention Program has been made available throughout the United States, with many states providing some level of insurance coverage. Since 2012, 30 states have offered Medicaid coverage of the National DPP. In 2021, Medicare coverage of the program was offered nationally to all Medicare and Medicare Advantage plan members (National Diabetes Prevention Program Coverage Toolkit, 2025).

In 2022, The National Diabetes Prevention Program (National DPP) became a Utah Medicaid-covered benefit with the passage of House Bill 80. House Bill 80 established a three-year period with enough funding to provide the National DPP to approximately 500 Medicaid patients per year (Utah State Legislature, 2022). The funding covers in-person, live virtual, and hybrid programs, but not an asynchronous online program.

However, despite the new coverage, no Medicaid patients had been billed for the program as of Summer 2024.

Medicaid Funding of the National Diabetes Prevention Program

In an effort to understand the barriers preventing the successful enrollment and billing of Medicaid patients in the National DPP, the One Utah Health Collaborative partnered with Get Healthy Utah. Together, the organizations worked with Utah's four Medicaid Managed Care Organizations (MCOs) to identify Medicaid patients eligible for the National DPP and recruit them into the program. In addition, they worked with five National DPP sites and Utah Medicaid leadership to identify and address challenges with billing. Following the project, Get Healthy Utah conducted interviews with Medicaid MCOs and National DPP site managers to further understand challenges related to recruitment, enrollment, and billing.

This report will outline the results of these efforts and summarize the outcome of Utah's three-year funding period as established by House Bill 80. It will also outline the facilitators and barriers associated with providing the National DPP to Utah Medicaid patients, recommend solutions, and identify alternative strategies to the National DPP that could prevent diabetes among Medicaid beneficiaries.

Project Partners		
Project Leads	**Medicaid Partners**	**National DPP Partners**
One Utah Health Collaborative Get Healthy Utah	Molina Healthcare SelectHealth U of U Health Plans Health Choice Utah Utah Medicaid/DHHS	Intermountain Health Salt Lake County Health Department Smith's Pharmacy Utah Community Health Workers Association University of Utah Urban Indian Center of Salt Lake Utah Department of Health and Human Services (HEAL Department)

3-Year Medicaid Funding Overview

Timeline

House Bill 80 passed in March 2022, allowing three years of Medicaid coverage for the National DPP with an intended start date of July 2022. However, the actual rollout of coverage was delayed until May 2023. Under the initial Medicaid policy, certified health educators (who most often teach the National DPP classes) could not bill for Medicaid-covered services. This required Utah Medicaid to make changes to its provider definitions to allow health educators to be reimbursable providers. In addition, Utah Medicaid was implementing a new PRISM software, causing further delays. Thus, throughout the first year of the three-year funding period, it was not possible to bill Medicaid for coverage.

During the second year of the funding period, from May 2023 to June 2024, National DPP sites faced significant challenges enrolling and billing Medicaid patients. Zero sites enrolled in the billing system and zero National DPP claims were submitted for Medicaid patients.

During the third year of the funding period, beginning July 2024, Get Healthy Utah and the One Utah Health Collaborative partnered to understand and address the challenges related to enrollment and billing. They engaged four Medicaid MCOs and five National DPP sites to increase the identification and enrollment of Medicaid patients and to bill for provided services. State Medicaid and the Healthy Environments Active Living (HEAL) department of the Utah Department of Health and Human Services (DHHS) joined the collaboration, providing technical assistance with billing and recruitment. By the end of the third year, a total of two sites (University of Utah and Urban Indian Center of Salt Lake) were enrolled in the billing system and a total of 35 Medicaid claims were submitted.

Three-Year Funding Period Summary (July 2022 - July 2025)

	Number of Sites Enrolled and Authorized to Bill for Medicaid National DPP	Number of Medicaid National DPP Claims Submitted
Year One (July 2022 to June 2023)	0	0
Year Two (July 2023 to June 2024)	0	0
Year Three (July 2024 to June 2025)	2	35

Funding Period Outcomes

Since Medicaid billing for the National DPP became possible in 2023, 15 Medicaid participants have completed the program, with an additional 18 currently enrolled. The average age of the 33 total participants is 45 years old. Forty-seven percent are white, 32 percent are black, 12 percent are Hispanic, and 6 percent are American Indian/Alaska Native. Among program completers, the average attendance rate was 81%, and participants achieved an average weight loss of 5%—meeting the program's primary goal. Participants are also encouraged to engage in at least 150 minutes of physical activity per week; completers averaged 149 minutes weekly. Of the 10 individuals with both pre- and post-program A1C measurements, four experienced a reduction in A1C levels, and three maintained their baseline levels.

Due to challenges with billing, most of the participants accessed the program through a grant or scholarship. Of the 33 total participants, four are Medicaid beneficiaries for whom National DPP sites are processing and submitting claims for reimbursement.

While these outcomes fall short of the goal set by the Utah Department of Health and Human Services to enroll and bill 500 Medicaid patients each year, it nonetheless shows potential. Medicaid participants who engaged with the National DPP demonstrated a strong capacity to meet program requirements and achieve desired health benefits. While barriers exist to their identification, recruitment, engagement, and retention in the program, Medicaid beneficiaries are nonetheless capable of succeeding in the National DPP when the correct supports are available. The duration of this report will address these challenges, offer recommendations, and suggest future steps for moving forward.

Example of Success: Bear River Cohort

One of the Bear River Health Department's National DPP cohorts was started with Medicaid beneficiaries from the Somali Refugee Community. There was nearly 100% attendance for the first 14 sessions. In that short time, 8/10 participants reported weight loss with an average of 3.5% weight loss. The other 2 participants showed virtually stable weight.

Medicaid National DPP Outcomes	
Program Participation	
Medicaid beneficiaries who completed National DPP:	15
Medicaid beneficiaries who are currently enrolled National DPP:	18
Total:	33
Participant Demographics	
Average participant age:	45
Participant Ethnicity:	White (47%), Black (32%), Hispanic (12%), American Native (6%)
Program Outcomes of Program Completers	
Average attendance rate:	81%
Average weight loss (% of body weight):	5%
Average minutes of physical activity per week:	149

National DPP Project Summary

Get Healthy Utah and the One Utah Health Collaborative partnered with the four Medicaid MCOs and State Medicaid to implement a targeted initiative aimed at identifying, engaging, and enrolling Medicaid members in the National Diabetes Prevention Program (National DPP) from August 2024 through June 2025. Three of the four MCOs were able to identify lists of Medicaid members potentially eligible for the program and conducted outreach by phone to invite them to enroll.

State Medicaid likewise pulled a list of potentially eligible members and One Utah Health Collaborative contracted with a community health worker to conduct outreach. The chart below summarizes outreach efforts conducted by the health plans and community health workers. The following section highlights key successes and challenges identified during each phase of this project.

Medicaid National DPP Health Plan Outreach			
Organization			
	Molina	**University of Utah** (Health Choice Utah & Healthy U)	**FFS State Medicaid**
Medicaid members identified as potentially eligible for National DPP:	**4,715**	**261** (targeted prospect list derived from full eligibility list)	**259**
Medicaid members provided phone outreach:	**93**	**93**	**259**
Medicaid members enrolled in the National DPP	**11**	**20**	**0** (**11** sent registration link)
Medicaid members actively attending National DPP:	**0**	**3**	**0**
Grand Totals			
5,235 Medicaid members identified as potentially eligible for National DPP			
445 Medicaid members provided phone outreach:			
31 Medicaid members enrolled in the National DPP			
3 Medicaid members actively attending National DPP:			

Success and Challenges

Identification

Successes

The project provided a valuable opportunity for multi-sector partners to collaborate, including delivery sites, health plans, state Medicaid, and community partners. All Medicaid MCOs participated and were willing to provide outreach and enroll their members in the National DPP. Five of the ten National DPP delivery sites were involved in offering cohorts, recruiting, and billing for Medicaid National DPP. This level of participation was significant. As one participant said, "This is groundbreaking work—getting people who don't usually talk to sit at the same table." The National DPP offers an opportunity to bridge clinical care and community health. Navigating Medicaid coverage for the National DPP acts as a testing ground for providing coverage for further prevention programs.

Most MCOs successfully pulled lists of Medicaid beneficiaries most likely to be eligible for the National DPP. To participate in the program, participants must be 18 years or older, not currently pregnant, and either be diagnosed with prediabetes or be at risk for prediabetes due to elevated BMI and personal risk factors such as age, race and ethnicity, or medical history. Three of the four Medicaid MCOs were able to pull lists of Medicaid beneficiaries who were potentially eligible for the program. Two MCOs were able to create a targeted prospect list of potential members who were both potentially eligible and most likely to engage with the program.

Challenges

Physicians infrequently screen for and diagnose prediabetes, underutilizing diagnostic codes in electronic health systems. This became a barrier during the identification process, as MCOs were unable to pull a clean list of eligible Medicaid beneficiaries using a diagnostic code for prediabetes. Rather, MCO's had to pull best approximation lists based on prediabetes risk factors, such as elevated Body Mass Index (BMI). This process was time-consuming and subject to inaccuracies.

Limited data and incentives hinder MCO focus on prediabetes. Prevention efforts often compete with other organizational priorities that are more closely tied to quality ratings, star scores, and financial incentives. Managed care organizations (MCOs) emphasized that while disease prevention is a core value, the lack of standardized, actionable data on prediabetes makes it difficult to target and measure the impact of specific interventions like the National DPP.

Success and Challenges

Recruitment

Successes

Outreach efforts were most effective when initiated by someone the Medicaid beneficiary knew and trusted. This resulted in more answered phone calls, longer conversations, and greater interest in the program and likelihood of signing up. Medicaid MCOs utilized case managers to conduct outreach, who often had established relationships with the Medicaid beneficiaries. It was also recommended that Community Health Workers (CHWs) and providers would make ideal candidates for promoting the program.

Incentives increased the likelihood of enrollment in the program. Medicaid beneficiaries were more motivated to enroll in the National DPP when offered incentives, such as gift cards, for doing so. One Medicaid MCO also provided incentives to their case managers, turning it into a fun competition among team members to contact and enroll the most Medicaid members.

Informational "session zeros" could be used to generate greater interest in the National DPP. The National DPP is a year-long program, and many Medicaid beneficiaries were interested in learning more about the program before committing to it. Informational session zeros were leveraged as a low-commitment way to educate Medicaid members about the benefits of the National DPP and encourage them to enroll.

Individuals responded differently to a variety of outreach methods. MCOs contacted Medicaid members in a variety of ways, including mailers, emails, texts, calls, and voicemail. It was determined that no single outreach method was most effective for Medicaid beneficiaries, as individuals responded differently and had different preferences. Therefore, a variety of outreach methods is recommended, while avoiding excess and following legal requirements regarding opting in and opting out of messages.

Challenges

The limited number and availability of National DPP cohorts posed scheduling challenges for Medicaid members. The number of cohorts available is limited by the program's length and the capacity constraints of delivery sites. Smaller sites typically offer one to two classes per year, while larger sites may begin new cohorts every one to two months. During the project, Medicaid MCOs had short timelines in which to identify and engage Medicaid members. Many cohorts launched early in the year, before MCOs had fully developed their outreach and member identification processes. In the spring, the project prioritized specific cohorts for Medicaid members. However, some MCOs were still not fully prepared, or their outreach occurred too close to enrollment deadlines. Some Medicaid beneficiaries expressed that they could not enroll in the program with too little notice.

Success and Challenges

Engagement & Retention

Successes

Medicaid members were more likely to come to class when transportation was offered. Many Medicaid beneficiaries face challenges with transportation due to limited income or mobility. The University of Utah Health offered Uber rides for their Medicaid members to get to and from National DPP classes, which solved transportation barriers and was reported to increase motivation for members to continue to attend.

Medicaid members respond positively to incentives. During the project, one MCO offered Medicaid members gift cards for enrolling and attending the first National DPP class. In a participant survey, two out of three respondents cited the gift cards as a main motivator for why they chose to attend.

Socially similar cohorts can increase a sense of belonging and support. Grouping similar participants together in the same cohort, such as creating a Medicaid-only cohort, has been shown to facilitate social connection due to similarities. Feeling a sense of belonging and support is an indicator of better retention in the National DPP.

Challenges

A majority of the Medicaid members who enrolled did not show up for class. Enrolling Medicaid members in the National DPP was not a strong indicator that they would attend and participate. Through their outreach efforts, the U Health Plans enrolled 25 Medicaid beneficiaries in the National DPP but only 3 attended. Molina enrolled 11 but 0 attended. There was significant drop off between enrollment and engagement.

One year felt like too long of a commitment. Even when interested in learning healthy habits and preventing type 2 diabetes, Medicaid members were reluctant to commit to a year-long program. Both Medicaid members and MCOs expressed interest in a shorter program.

Social needs posed challenges to engagement and retention. In addition to transportation barriers, Medicaid beneficiaries face unique challenges to engaging in the National DPP. It can be difficult to afford changes to diet on a limited budget, and it can be challenging to commit to regular in-person meetings. Those who conducted outreach noted that it can be challenging to focus on long-term health improvements when focused on meeting day-to-day survival needs.

If incentives are delayed or not offered as promised, they can demotivate participants. One surveyed participant expressed frustration over not receiving her gift card for attending in a timely manner, and shared that she found the delay unprofessional and demotivating.

Success and Challenges

Billing

Successes

The billing system is in place. Two delivery sites were able to complete the organization application with State Medicaid to become a recognized National DPP site for Medicaid, and were successful in adding some of their coaches. The two delivery sites submitted 35 of claims.

Challenges

Claims submitted encountered processing challenges, including system recognition errors and the inappropriate application of copayments for Medicaid members.

The billing and eligibility requirements are too complex and restrictive for National DPP providers. Rather than work through the challenges associated with billing, many National DPP sites preferred to scholarship their Medicaid participants through grant funding. In addition, many community-based National DPP sites are not currently eligible to be Medicaid providers under existing definitions and requirements, making them ineligible for reimbursement. It is estimated that 29 out of 33 Medicaid beneficiaries who participated in the National DPP during the three-year funding period were not billed for their participation."

Barriers exist to using umbrella hubs to coordinate reimbursements from Medicaid. Umbrella hubs like the APhA Foundation link community-based organizations (CBOs) with healthcare payment systems to support National DPP reimbursement. However, both hubs and delivery sites have faced challenges. The APhA Foundation declined to bill Utah Medicaid due to application issues, and Smiths Pharmacy experienced firewall problems and service fees when using their hub. As a result, Smiths chose to offer their cohort for free rather than pursue Medicaid reimbursement.

Payment rates are too low to cover the cost of in-person service delivery. In Utah, Medicaid reimburses $26.45 per in-person session (22 sessions, $581.90 total) and $105.80 per month for virtual delivery (12 months, $1,269.60 total). While the CDC suggests program fees of about $500, that estimate excludes costs like recruitment, transportation, and other participation supports. One Medicaid-focused study reported implementation costs of $915 per participant, including incentives and enhanced services (Gilmer et al., 2018).

Medicaid churn complicates program reimbursement. The National DPP is a year-long program, and approximately 5-15% of full-benefit Medicaid and CHIP beneficiaries disenroll and re-enroll within a year. Going on and off of Medicaid poses challenges to billing for the program.

Recommendations

Medicaid enrollees are at elevated risk for developing type 2 diabetes, yet participation in the CDC-recognized National Diabetes Prevention Program (National DPP) remains low in Utah. In contrast, several other states have demonstrated success in enrolling Medicaid members into the National DPP, indicating that with targeted improvements and sustained effort, Utah can achieve similar outcomes. Insights from pilot initiatives, stakeholder interviews, and cross-state implementation efforts reveal clear, actionable strategies. Below are key recommendations to expand access, streamline implementation, and strengthen participant engagement.

Key Area	Recommendation
Expand Access	• **Authorize asynchronous (self-paced) online program delivery.** • Increase class availability, timing, and language options. • Expand coverage for a wider variety of diabetes prevention services.
Strengthen Billing Systems	• **Simplify billing for community-based organizations (CBOs).** • **Adopt flexible payment models (e.g., milestone-based reimbursement).** • Support standardization and infrastructure for billing, e.g., umbrella hubs
Engage Providers	• Incentivize providers to screen for and diagnose prediabetes. • Integrate referrals to the National DPP into EHR workflows. • Clarify coverage pathways for providers and patients.
Simplify Enrollment	• Streamline registration with simplified forms and centralized platforms like Compass. • Tailor outreach to participant preferences using trusted messengers. • **Authorize CHWs to assist with intake and conduct outreach.**
Address Participant Needs	• **Fund wraparound supports (e.g., transportation, childcare).** • Integrate National DPP into WIC, SNAP-Ed, and other programs. • Provide participant incentives and culturally tailored materials.

Bold = Priority Recommendation for Utah Medicaid

Recommendations

1. Expand Access and Diversify Delivery Models

- **Authorize asynchronous online options.** Flexible, online delivery options are preferred by many Medicaid members due to caregiving, work obligations, or transportation challenges. Utah should revise reimbursement policies to support asynchronous programs. Currently, only synchronous options (whether in-person, virtual, or hybrid) are reimbursable through Utah Medicaid. (Click **HERE** for additional information).

- **Increase the availability and timing of classes.** Offering National DPP classes at various times of day, in multiple languages, and through multiple delivery channels can significantly improve accessibility.

- **Expand coverage for a wider variety of diabetes prevention services.** While the CDC requires the National DPP to be delivered over 12 months or longer to maintain recognition, this duration can be challenging for many Medicaid participants to complete. To better support diabetes prevention in this population, Medicaid should consider covering a broader range of evidence-based interventions, such as nutrition counseling, personal training, and other flexible, shorter-term options.

Major Digital Providers

Online delivery of the National Diabetes Prevention Program has become increasingly popular. These programs typically offer flexible, asynchronous options where participants engage with content, track their progress, and receive remote coaching through apps or online portals. For many participants, particularly in rural or underserved areas, this model provides convenience and accessibility that traditional in-person or live virtual classes may not. Online NDPP offerings have grown significantly, with many employers and insurers now partnering with digital providers. Studies show these programs are as effective as in-person options in promoting lifestyle changes and preventing type 2 diabetes.

- **Omada Health** – A fully digital National DPP program recognized by the CDC, recognized for its coaching, self-monitoring tools, and strong engagement rates.
- **Noom Health** – CDC-recognized and widely used, it delivers year-long coaching, behavioral modules, and app-based tracking. Users report substantial weight loss and A1c improvements in real-world settings.
- **DPS Health** – One of the three CDC-recognized digital platforms, it delivers the full NDPP curriculum online with coach interaction

Recommendations

2. Strengthen Billing Pathways and Payment Models

- **Enable community-based provider participation.** Modernize billing and credentialing policies to reduce barriers for CBOs by establishing a Medicaid provider type for CBOs, using flexible contracting options such as ancillary service agreements, and allowing billing under a single organizational NPI. (Click **HERE** and **HERE** for additional information).

- **Adopt flexible payment models.** Account for Medicaid churn by allowing upfront or milestone-based payments instead of per-session reimbursement. Explore value-based payment models tied to participant engagement and outcomes that align with MCO and provider incentives. (Click **HERE** for additional information)

- **Support infrastructure and standardization.** Invest in state or regional hubs to assist with claims processing, and promote standardized billing practices, such as the use of CMS-1500 forms, to expand equitable access to the National DPP. The state should be mindful of challenges that have prevented successful reimbursements from umbrella hubs in the past and work to overcome them. (Click **HERE** for additional information)

Example of Success: Maryland

Maryland's Medicaid NDPP pilot succeeded by creating a specific provider type for CDC-recognized organizations and allowing flexible billing through a CMS 1115 waiver. The state simplified billing processes, enabling NDPP providers to submit claims using standard forms and removing credentialing barriers for community-based organizations. This approach, combined with strong MCO engagement and referral infrastructure, led to high enrollment and an average of 27 sessions attended per participant.

3. Involve Providers as Key Referral Partners

- **Incentivize providers to screen for and diagnose prediabetes.** Clinicians are often the first point of contact with Medicaid beneficiaries at risk of type 2 diabetes, but they may not diagnose prediabetes or record it in electronic health records. Equip providers with the screening tools, workflows, and incentives necessary to identify and record patients with prediabetes. This data is vital to successful identification and outreach campaigns for the National DPP and other diabetes prevention services.

- **Streamline referral and data workflows.** Integrate referrals for the National DPP into Electronic Health Records (EHRs) and standardize communication back to providers about patient participation and outcomes.

- **Clarify coverage pathways.** Confusion around Medicaid coverage of the National DPP often causes drop-offs during enrollment. Provide clear guidance to clinic staff on what is covered and how to support enrollment.

Recommendations

4. Personalize Outreach and Enrollment

- **Simplify the enrollment process.** Long or complex online enrollment discouraged participation. Use simplified forms, phone-based registration, or CHW-assisted intake to reduce barriers. National DPP sites in Utah should consider listing their classes on a centralized system like Compass to consolidate options across health systems.

- **Tailor outreach methods.** Email, phone, and text campaigns had varying success. Customize based on member preference and use trusted messengers such as CHWs and case managers. (Click **HERE** for additional information).

- **Enable CHW billing and outreach.** Allow community health workers (CHWs) and community-based organizations (CBOs) to contract with Medicaid and bill for outreach, navigation, and education. This increases workforce sustainability and enhances trust.

5. Center Social Determinants of Health

- **Offer and reimburse for wraparound supports.** Address participation barriers such as transportation, childcare, food access, and digital literacy. Incorporate supports like food demos or rides for patients with limited transportation. Costs for these additional supports should be considered in the reimbursement rates, value-added services, or through additional codes. For example, National DPP classes may be eligible for Medicaid Non-Emergency Medical Transportation service. (Click **HERE** for additional information).

- **Coordinate with other programs.** Integrate National DPP into existing touchpoints such as chronic disease management programs, WIC, SNAP-Ed, and wellness visits to provide a holistic support network.

- **Provide adaptations and incentives to improve retention.** Outcomes improve the longer an individual participates in the National DPP. Encourage Medicaid participants to remain in the program by offering incentives and providing accommodations for individual needs, such as using low-literacy materials. (Click **HERE** for additional information).

Conclusion

The passage of House Bill 80 in 2022 marked a meaningful advancement in Utah's chronic disease prevention efforts by extending Medicaid coverage to the National Diabetes Prevention Program (National DPP). While the initiative held great promise, the state encountered significant delays in implementation. Medicaid billing was not operational until May 2023, and additional challenges, including limited provider participation and administrative barriers, prevented the state from meeting its goal of enrolling 1,500 Medicaid beneficiaries in the National DPP over a three-year period. As of this report, two National DPP providers have successfully enrolled in the billing system, 35 claims have been filed, and approximately 33 Medicaid members have participated in the program.

Despite these setbacks, the National DPP remains a vital opportunity to reduce the long-term burden and cost of type 2 diabetes in Utah, particularly among the Medicaid population. It is currently the only evidence-based program designed to prevent diabetes through structured lifestyle changes and sustained healthy habits. Every managed care organization (MCO) interviewed during the course of this project emphasized that diabetes prevention is critical to improving population health and reducing healthcare expenditures.

Looking ahead, healthcare providers, MCOs, and the Utah Department of Health and Human Services have the opportunity to build stronger partnerships and implement targeted policy changes to increase Medicaid member participation in the National DPP. This report, created by the One Utah Health Collaborative and Get Healthy Utah, has identified key barriers and offers practical, data-informed recommendations to improve program delivery and access. These recommendations provide a clear path forward for strengthening implementation.

While the National DPP may not be the most efficient solution for every population, it remains a foundational component of chronic disease prevention. Successfully implementing and covering the National DPP through Medicaid lays critical groundwork for delivering future prevention, wellness, and lifestyle-change programs. The systems, partnerships, and processes developed through this effort will be applicable beyond this single program and can serve as a model for integrating similar interventions into public insurance. The work being done now is not just about one program—it is about building a foundation for long-term, sustainable approaches to chronic disease prevention in Utah.

A National DPP class taught in northern Utah to Medicaid beneficiaries from the Somali Refugee Community.

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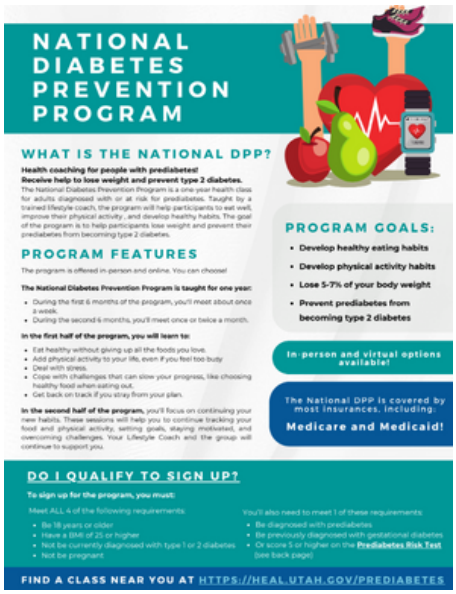
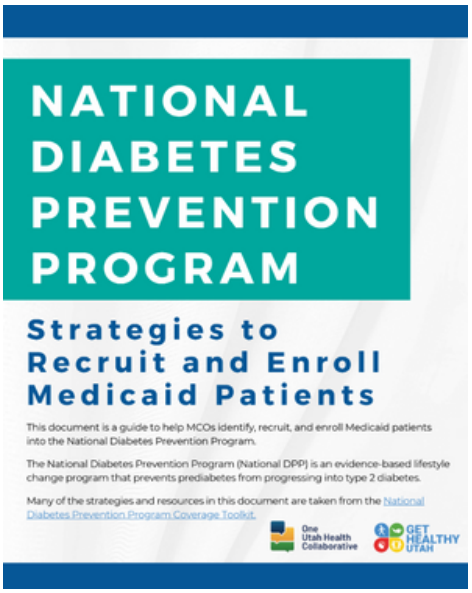
Appendix: Implementation Resources

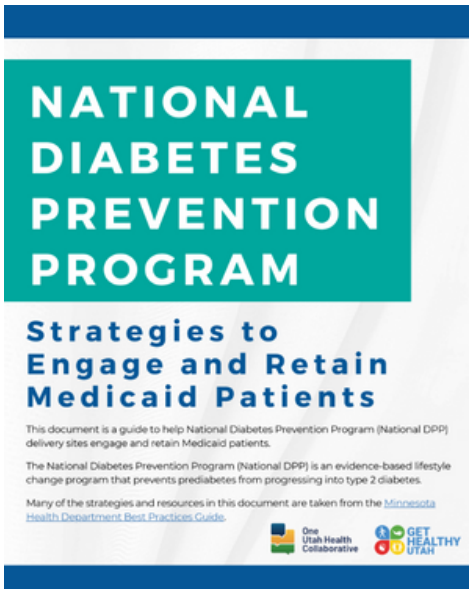
The following resources were developed by the One Utah Health Collaborative and Get Healthy Utah to help MCOs and other organizations promote the National DPP to Medicaid members and support their engagement and retention in the program.



[Medicaid Marketing Flyer]



[Recruit and Enroll Guidance Document]



[Participant Retention Guidance Document]

Additional Resource

The National Association of Chronic Disease Directors (NACDD), in partnership with Leavitt Partners, LLC and with funding from the Centers for Disease Control and Prevention (CDC), created the National Diabetes Prevention Program Coverage Toolkit in 2017. This website serves as a national resource for states that want to explore, move forward with, and sustain Medicaid coverage for the National DPP lifestyle change program. It also provides information and resources for employers and commercial health plans interested in covering the program.

[National Diabetes Prevention Program Coverage Toolkit (www.CoverageToolkit.org)]

Appendix: Partner List

Project Leads

Led coordination, policy strategy, communications, and technical assistance.

- **One Utah Health Collaborative:** John Poelman, Director of Innovation
- **Get Healthy Utah:** Alysia Ducuara, Executive Director; Morgan Hadden, Program Coordinator

Medicaid Partners

Provided clinical guidance, billing expertise, and strategic support for National DPP Medicaid project.

- **Molina Healthcare:** Mark Greenwood, Chief Medical Director; Brittany Siebenhaar, Quality Improvement Manager; Crystal Shipler, Care Management Manager; Erika Altamirano, Data Analyst
- **Select Health:** Krista Schonrock, Senior Medical Director; Todd Wood, Medicaid Director; Stacy Knudsvig, Healthy Connections Medicaid Director
- **U of U Health Plans / Health Choice Utah:** Richard Ferguson, Chief Medical Director; Geoff Harding, Quality Improvement Director
- **Utah Medicaid / DHHS:** Luis Moreno, Clinical Pharmacist; Debi Walker, Provider Enrollment

National DPP Partners

Delivered National DPP services, informed process improvements, and supported program implementation.

- **Intermountain Health:** Emily Lybbert, Clinical Nutrition Manager – Way to Wellness & National DPP Coordinator
- **Salt Lake County Health Department:** Sara Coats, Public Health Nurse & National DPP Coordinator
- **Smith's Pharmacy:** Christine Gundersen, Pharmacist & National DPP Coordinator; Allyson Harris, Pharmacist & National DPP Coach
- **Utah Community Health Workers Association:** Oreta Tupola, Executive Director
- **University of Utah:** Ellen Maxfield, Clinical Operations Associate Director at Osher Center for Integrative Health & National DPP Coordinator
- **Urban Indian Center of Salt Lake:** Kristie Hinton, Director of Public Health & National DPP Coordinator; Joseph Torres, Medical Billing Specialist
- **Utah Department of Health and Human Services, HEAL Program:** Pam Chapman, HEAL Diabetes Coordinator & National DPP State Quality Specialist