

EXECUTIVE SUMMARY

Preventing Diabetes in Utah:

Medicaid Coverage of the National Diabetes Prevention Program

In partnership with One Utah Health Collaborative, this report was developed by Get Healthy Utah | August 2025

Background

Diabetes poses a growing threat to the health and economic well-being of Utah's Medicaid population. Approximately 8.9% of Utah adults have diabetes, while an estimated 30% have prediabetes, disproportionately impacting low-income individuals. In 2021, Utah Medicaid incurred over \$224 million in diabetes-attributable medical costs. The National Diabetes Prevention Program (National DPP) is an evidence-based lifestyle change program that reduces the risk of type 2 diabetes by 58%. In 2022, Utah passed House Bill 80, making the National DPP a covered Medicaid benefit for a three-year period. Despite this policy advancement, program implementation faced significant barriers.

Key Findings

Implementation Timeline

- **Year 1 (2022–2023):** No Medicaid billing due to provider credentialing and software delays.
- **Year 2 (2023–2024):** No sites billed Medicaid despite program availability.
- **Year 3 (2024–2025):** 2 sites enrolled to bill Medicaid; 35 claims submitted.

Program Reach and Outcomes (Since 2023)

- **33 total Medicaid participants** engaged in the National DPP.
 - 15 completed the program; 18 actively enrolled.
- **Average age:** 45
 - 47% White, 32% Black, 12% Hispanic, 6% Native American.
- **Average weight loss:** 5%
- **Average physical activity:** 149 minutes/week.

Successes

- **Collaborative Engagement:** All four Medicaid MCOs participated in the project; multiple delivery sites actively supported enrollment efforts.
- **Strong Participant Outcomes:** Those who completed the program met CDC benchmarks for weight loss and activity levels, showing the model's viability.
- **Effective Outreach Models:** Outreach efforts led by trusted messengers (e.g., case managers and community health workers) improved engagement.

"This is groundbreaking work—getting people who don't usually talk to sit at the same table."

— Stakeholder comment

Barriers

- **Administrative and Billing Complexities:** Time-intensive credentialing and low reimbursement discouraged participation from National DPP delivery organizations.
- **Limited Referral Pathways:** Prediabetes is underdiagnosed and not well tracked in EHR systems.
- **Program Format Mismatch:** A one-year program commitment proved difficult for many Medicaid members to sustain.
- **Technology & Access Issues:** Online registration systems were often difficult to navigate; class schedules were inflexible.

Recommendations for Improvement

Key Area	Recommendation
Expand Access	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Simplify billing for community-based organizations (CBOs). • Create flexible payment models (e.g., milestone-based reimbursement). • Support standardization and infrastructure for billing, such as umbrella hubs
Engage Providers	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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

Conclusion

Despite early barriers, the launch of the Medicaid-covered National DPP in Utah demonstrated that with the right support, Medicaid members can successfully engage in chronic disease prevention. While the National DPP may not be the ideal intervention for every population, its implementation has laid essential groundwork for future prevention and wellness programs. The systems, partnerships, and lessons emerging from this effort offer scalable and sustainable solutions—not only for the National DPP but for integrating similar interventions into public insurance. These efforts mark an important step toward building a more prevention-focused Medicaid system in Utah.

Project Partners



Organizations

- Get Healthy Utah
- Molina Healthcare
- SelectHealth
- U of U Health Plans/ Health Choice Utah
- Utah Medicaid
- 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