



Medicaid Reimbursement for Diabetes Prevention Program

Sunset Overview

Purpose

The Medicaid Reimbursement for Diabetes Prevention Program (DPP) was established by [HB 80, Diabetes Prevention Program](#), in the 2022 General Session.

The Utah Department of Health and Human Services, through its Division of Integrated Healthcare, began reimbursing DPP claims in July 2022 and reported to the Health and Human Services Interim Committee on October 1, 2025, regarding program efficacy. [The full report is available here.](#)

The following excerpts from the October 1, 2025, report summarize the program's goals and observed outcomes over the three-year period:

Background

DPP was developed by the Centers for Disease Control and Prevention (CDC) in 2010. It is a year-long lifestyle change program that has been shown to reduce the incidence of type 2 diabetes by 58% among adults at high risk of the disease (The Diabetes Prevention Program Research Group, 2002). DPP organizations deliver lifestyle-change interventions taught by trained lifestyle coaches. Medicaid beneficiaries enrolled in DPP cohorts receive a standardized curriculum with emphasis on behavioral counseling and lifestyle change methods to improve nutrition, exercise, stress reduction, and weight management to reduce the risk of diabetes. Enrollment for DPP cohorts is not a rolling enrollment. The starting group of participants stay in the same cohort for 12 months until the program's conclusion.

Executive Summary

The legislative appropriation for National Diabetes Prevention Program (DPP) services for Medicaid members marked a significant stride towards enabling eligible Medicaid members to prevent type 2 diabetes and live healthier and productive lives. DPP is an evidence-based approach to help adults at high risk of diabetes reduce the incidence of diabetes by up to 58% through standardized methods that promote a healthy lifestyle.

Unfortunately, administrative hurdles like reimbursement and provider enrollment delays, coupled with limited DPP provider participation, hindered the Medicaid program within the Department of Health and Human Services (DHHS) from achieving its goal of enrolling 1,500 Medicaid beneficiaries in the DPP pilot.

Despite these challenges, opportunities remain to implement the report's recommendations using the remaining \$92,297.66 in House Bill 80 (2023), which expires on June 30, 2027. During the pilot, two DPP organizations successfully enrolled with Medicaid, and approximately 33 Medicaid members participated. Furthermore, new partnerships have emerged to streamline the program. Collaborations between Medicaid, Get Healthy Utah, One Utah Health Collaborative, and other organizations were instrumental in identifying barriers and proposing improvements for DPP participation among Medicaid members. Sustained commitment, funding, and judicious



use of resources and partnerships are crucial to empower high-risk Medicaid beneficiaries to remain free from diabetes and its associated complications. Medicaid will adopt recommendations to improve access to and use of available DPP services for Medicaid beneficiaries. For example, Medicaid will adopt a higher up front reimbursement rate by the end of CY 2025 to incentivize provider participation.

Current Committee/Program Funding*

FY 26 Funding Appropriated/Available under the purview of the program	FY 27 Funding Appropriated/Available under the purview of the program
General Fund - \$89,800.00 Expansion Fund - \$6,000.00 Federal Funds - \$214,300.00	\$0.00

* Committee/Program Funding information provided by the Department of Health and Human Services and the Office of the Legislative Fiscal Analyst.

Current Sunset Date

June 30, 2027 ([Utah Code Section 63I-1-226](#))

Sections of Code that Sunset

- [26B-3-137](#)

~~26B-3-137. Reimbursement for diabetes prevention program.~~

~~(1) As used in this section, "DPP" means the National Diabetes Prevention Program developed by the United States Centers for Disease Control and Prevention.~~

~~(2) Beginning July 1, 2022, the Medicaid program shall reimburse a provider for an enrollee's participation in the DPP if the enrollee:~~

~~(a) meets the DPP's eligibility requirements; and~~

~~(b) has not previously participated in the DPP after July 1, 2022, while enrolled in the Medicaid program.~~

~~(3) Subject to appropriation, the Medicaid program may set the rate for reimbursement.~~

~~(4) The department may apply for a state plan amendment if necessary to implement this section.~~

~~(5) —~~

~~(a) On or after July 1, 2025, but before October 1, 2025, the department shall provide a written report regarding the efficacy of the DPP and reimbursement under this section to the Health and Human Services Interim Committee.~~

~~(b) The report described in Subsection (5)(a) shall include:~~

~~(i) the total number of enrollees with a prediabetic condition as of July 1, 2022;~~



- ~~(ii) the total number of enrollees as of July 1, 2022, with a diagnosis of type-2 diabetes;~~
- ~~(iii) the total number of enrollees who participated in the DPP;~~
- ~~(iv) the total cost incurred by the state to implement this section; and~~
- ~~(v) any conclusions that can be drawn regarding the impact of the DPP on the rate of type-2 diabetes for enrollees.~~