

Nevada Diabetes Dental Waiver

Whole Body Whole Mouth Connection for Adults with Diabetes

Quarterly Monitoring Report

Demonstration Year: 1 (July 1, 2024 – June 30, 2025)

Demonstration Quarter: 1 (July 1, 2024 – September 30, 2024)

Federal law requires state Medicaid programs to provide dental benefits to children covered by Medicaid and the Children's Health Insurance Program (CHIP), but states can choose whether to provide dental benefits for adults. In Nevada, the state covers a comprehensive dental benefit in its Medicaid program for children, pregnant women, and those residing on the HCBS ID waiver. Nevada also covers emergency extractions, palliative care, and prosthetics for non-pregnant adults with limitations.

Nevada Assembly Bill 223 (2019) required the Nevada Department of Health and Human Services (DHHS) to seek an 1115 demonstration waiver to pilot the expansion of dental services for Medicaid-enrolled non-pregnant adults who have diabetes (i.e., type 1 or 2 diabetes). The goal of this waiver is to test the impact of improved access to dental benefits on the health outcomes for ***the adult diabetic population who are enrolled in the state's Medicaid program***. The state is proposing that this initiative will be budget neutral to the federal government, as required by federal regulation, by utilizing the hypothetical methodology for determining budget neutrality.

Below are goals, steps and milestones regarding the

State of Nevada's

"Whole Body Whole Mouth Connection for Adults with Diabetes"

Goal 1:

Improve access to dental services for eligible adults and parents/caretakers with diabetes who are enrolled in Medicaid and served by participating FQHC's and participating Tribal Health Centers.

Goal 2:

Improve health outcomes for participating enrollees (Adult enrollees with diabetes).

Steps taken to design and implement Nevada's Whole Body Whole Mouth Connection for Adults with Diabetes:

- ✓ 80th NV Legislative Session assembly bill 223 was passed in 2019, 10/07/2022 State application for whole Body Whole Mouth Connection for Adults with Diabetes received by CMS, 10/20/2022 CMS Completeness Letter, June 21st, 2024, waiver approval, Effective period 07/01/2024-06/30/2029.
- ✓ 02/21/2024 DHCFP met with Gainwell (NV's QIO Vendor) to discuss shadow billing as it related to FQHCs and Tribal Health Centers in general and for the 1115 waiver.
- ✓ 04/24/2024 Gainwell started research for shadow billing regarding FQHC's billing in general for all services, this research was not focused on the 1115 waiver system just what is applicable to the shadow billing requirement.
- ✓ 07/03/2024 meeting with the Dental Director for NV Health Centers and the Dental Director of Community Health Alliance (CHA). Received feedback from CHA that they have a provider capacity limitation and opening additional days in the clinic could be difficult for adults with diabetes. Both clinics reported that if their sister FQHC medical

only clinics or partner Managed Care Organizations (MCO) directed diabetic patients to their clinics they do not have the providers to care for them. Discussed with the FQHC's that we pulled the eligibles from only those clinics that had a dental service. As we are not interested in overwhelming their clinics as dental services will best serve patients if they are able to take advantage of all five encounters per year. Discussed reporting and comprehensive exams and that periodontal charting should be completed to satisfy that coding and reimbursement. They discussed the administrative burden of the WRAP reporting to DHCFP.

- ✓ 07/03/2024- **Milestone: Independent Evaluator for 1115.** Engaged with the Office of Analytics at DHHS about their ability to support the 1115 waiver as a third-party evaluator. Discussed personnel that will be working on this project.
- ✓ 07/29/2024- Meeting with participating tribes DHCFP's QIO vendor Gainwell (FFS biller) to discuss billing mechanisms and potential reporting metrics for the 1115 waiver. They were very enthusiastic and excited about starting and reported that quarterly A1c reporting would not be overly burdensome.
- ✓ 08/28/2024- Meeting with Owyhee tribe to discuss the 1115 waiver as they were not able to attend the July 29th meeting with other participating tribes. Discussed billing and reporting for the 1115 waiver. The clinical manager reported that many members seek care in Idaho and that they have difficulty getting dentists reliably to their clinic to provide care.
- ✓ Engaged CMS regarding our ability to eliminate the WRAP payments for the FQHCs and instruct the PAHP Liberty to pay the PPS rate to the FQHC dental clinics. It was determined that timing would not work in this initial year for capitation rate and SPA changes, but it is still a priority for leadership and moving forward for calendar year 2026.
- ✓ Early October, weekly meetings began with the federal waiver team, dental officer, Managed Care Quality Assurance, and Office of Analytics to support 1115 project deliverables.

- ✓ 11/5/2024- State Dental Officer met with a Gainwell (state fiscal agent) representative and reviewed many system questions about the implementation of the Fee for service build. The Gainwell representative provided July of 2025 as a forecast for when the system would go live. The possibility of allowing interested clinics in providing services before implementation and back dating claims was sent to CMS for discussion as reporting metrics may be complicated.

Milestones

| COMPLETED | WORK IN PROGRESS |
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| Engagement with the Office of Analytics to provide independent assessment and ongoing evaluation | |
| | Submission of first quarterly report (narrative) |
| | Amendment to Liberty contract completed for the 1115 waiver |
| | Submission of evaluation draft |
| | Implementation of the billing system and go live |
| | A1c reporting and claims data collection incorporated into following quarterly reports |
| | Interim Evaluation Report |
| | Summative Evaluation Report |