

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-25-26  
Baltimore, Maryland 21244-1850



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## State Demonstrations Group

June 18, 2025

Stacie Weeks  
Medicaid Administrator  
Division of Health Care Financing and Policy  
4070 Silver Sage Drive  
Carson City, NV 89701

Dear Administrator Weeks:

The Centers for Medicare & Medicaid Services (CMS) completed its review of the state's Evaluation Design, which is required by the Special Terms and Conditions (STCs), specifically, STC #11.3 "Draft Evaluation Design" of the state's section 1115 demonstration, "Whole Mouth Whole Body Connection for Adults with Diabetes" (Project Number 11-W-00428/9), effective through June 30, 2029. CMS has determined that the Evaluation Design, which was submitted on December 5, 2024 and revised on April 18 and June 9, 2025, meets the requirements set forth in the STCs and our evaluation design guidance, and therefore approves the state's Evaluation Design.

CMS has added the approved Evaluation Design to the demonstration's STCs as Attachment C. A copy of the STCs, which includes the new attachment, is enclosed with this letter. In accordance with 42 CFR 431.424, the approved Evaluation Design may now be posted to the state's Medicaid website within 30 days. CMS will also post the approved Evaluation Design as a standalone document, separate from the STCs, on Medicaid.gov.

Please note that an Interim Evaluation Report, consistent with the approved Evaluation Design, is due to CMS one year prior to the expiration of the demonstration, or at the time of the extension application, if the state chooses to extend the demonstration. Likewise, a Summative Evaluation Report, consistent with this approved design, is due to CMS within 18 months of the end of the demonstration period. In accordance with 42 CFR 431.428 and the STCs, we look forward to receiving updates on evaluation activities in the demonstration monitoring reports.

We appreciate our continued partnership with Nevada on the Whole Mouth Whole Body Connection for Adults with Diabetes section 1115 demonstration. If you have any questions, please contact your CMS demonstration team.

Sincerely,

**DANIELLE  
DALY -S**

Digitally signed by  
DANIELLE DALY -S  
Date: 2025.06.18  
10:55:57 -04'00'

Danielle Daly  
Director  
Division of Demonstration Monitoring and Evaluation

cc: Cecilia Williams, State Monitoring Lead, CMS Medicaid and CHIP Operations Group

**Nevada's Section 1115 Demonstration**

***Whole Mouth Whole Body Connection for Adults with  
Diabetes***

**(Project Number: 11-W-00428/9)**



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Division of Health Care Financing & Policy  
Department of Health and Human Services*

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## SECTION A: GENERAL BACKGROUND INFORMATION

### Demonstration Information

The purpose of the Nevada Medicaid Section 1115 Whole Mouth Whole Body Connection for Adults with Diabetes Demonstration is to provide expenditure authority for the state to offer a limited dental benefit to a subset of the Medicaid-eligible adult population enrolled in Nevada Medicaid, specifically nonpregnant diabetic adults (21 through 64 years of age). The Nevada Department of Health Care Financing and Policy (DHCFP) received authority for a Medicaid Section 1115 Demonstration Project from the Centers for Medicare & Medicaid Services (CMS) on June 21, 2024, to implement a new section 1115 demonstration to offer a limited dental benefit to non-pregnant diabetic adults (21 through 64 years of age). The authorities granted to operate this demonstration will be effective through June 30, 2029, unless extended or otherwise amended.

This demonstration limits eligible enrollees' freedom of choice in dental providers to participating federally qualified health centers (FQHCs) and participating Tribal Health Centers with dental clinics. This demonstration's limited dental benefit package includes diagnostic and preventative, restorative, endodontic, and periodontic dental services.

The state is proposing no changes in eligibility procedures for populations eligible for Nevada Medicaid under the demonstration. The state will continue to use the same standards and methodologies to determine Medicaid eligibility for all populations in the demonstration as used in the State Plan. The state expects that all enrollees eligible to participate in the demonstration to be otherwise eligible for Nevada Medicaid, and that any eligible adults who are enrolled in Medicaid seeking or receiving services from a participating FQHC provider would be included in this demonstration's population as described in more detail below. No enrollment limits will apply for this demonstration including the expansion adult populations under this demonstration.

### Demonstration Goals

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 proposed demonstration will further the objectives of Title XIX of the Social Security Act by improving access to dental services in Nevada for certain Medicaid-enrolled adults. Through these efforts, the state will be able to demonstrate the value of improved access to oral health care on enrollee health outcomes and in controlling expenditures for a subset of the state's eligible nonpregnant, adult and parent population, specifically high-risk adult population with a diagnosis of type 1 or 2 diabetes

## Brief Description and History of Implementation

Currently, Nevada does not offer diagnostic, preventive, periodontal, and restorative dental benefits for its Medicaid-enrolled, non-pregnant adult population as permitted by federal law. Nevada ranks among the bottom half of states with respect to overall oral health and dental care and below the national average for the percentage of adults who receive annual dental visits. The state also ranks 43<sup>rd</sup> among the states with the highest percentage of adults who have poor-to-fair oral health conditions. A lack of dental coverage coupled with chronic provider shortages may explain Nevada's low rankings in oral health when compared to other states.

Oral health is integral to overall physical health and has been linked to several chronic diseases, including diabetes. Poor management of diabetes and other chronic diseases can also affect one's oral health. For example, periodontal disease has long been considered a complication of diabetes. The chronic hyperglycemia present in diabetics exaggerates the immune-inflammatory response in general, and to oral pathogens in specific. This "attack" leads to rapid and severe destruction of periodontal (gum) tissues which results in infections and tooth loss. Elevated A1c results (>7) correspond to stronger immune-inflammatory reactions. This impacts multiple systems and causes increased medical expenditures, poorer quality of life, and overall deterioration of the body.

Improving access to dental care for non-pregnant adults with diabetes who are enrolled in Nevada's Medicaid program will improve and address unmet oral health needs, thereby improving health outcomes and lowering overall costs. Offering new dental benefits for this population should result in a reduction in expenditure for hospital admissions and emergency room visits related to poor oral health. It is also reasonable to expect some savings with respect to chronic dental disease states for this population that result in emergency dental services (including fewer extractions and removable prostheses) that are covered today by Nevada's Medicaid program.

## Population Groups Impacted

To be eligible for the waiver demonstration, Nevada Medicaid enrollees who qualify as one of the two eligibility groups below (i.e., Medicaid-enrolled parents and/or adults without children) must also meet the following criteria

1. Have a medical diagnosis of type 1 or type 2 diabetes; and
2. Be a patient of record at the participating FQHC providing dental services.

The eligibility groups affected by this demonstration include those listed in the table below.

Eligibility Group Name	Social Security Act and CFR Citations	Income Level
Adults without children	Section 1902(a)(10)(A)(i)(VIII) 42 CFR 435.119	At or below 138% of FPL
Parents and caretakers	Section 902(a)(10)(A)(i)(I) and 1931 42 CFR 435.110	At or below 138% of FPL

## Section B: Evaluation Questions & Hypothesis

### Driver Diagram

The driver diagram depicts the relationship between the demonstration's goal/purpose/aim, identifying the primary drivers that contribute to realizing that purpose, and the secondary drivers that are necessary to achieve the primary drivers. The diagram beginning on the following page was developed using Nevada's goal (Aim) to test the impact of improved access to dental benefits on the health outcomes of specified waiver recipients in the adult diabetic population enrolled in the states Medicaid Program. The driver diagram serves as an informative framework, recognizing the interrelationships between goals, primary drivers, and secondary drivers and may at times be multidirectional.

Nevada 1115 Whole Mouth Whole Body Connection for Adults with Diabetes Demonstration

Aim	Primary Drivers	Secondary Drivers
<p>Test the impact of improved access to dental benefits on the health outcomes for the adult diabetic population enrolled in the state's Medicaid Program.</p>	<ul style="list-style-type: none"> <li>• Decrease hospital admissions for the eligible enrollees by receiving regular dental care.</li> <li>• Reduce emergency room visits related to non-management of diabetic conditions by providing regular preventive dental care.</li> <li>• Increased control of A1c</li> </ul>	<ul style="list-style-type: none"> <li>• Increase access to preventive dental services.</li> <li>• Reduce A1c lab results by allowing the participating enrollees to have regular dental care.</li> <li>• The demonstration will result in improvements in quality of life through regular/ preventive dental care for the intended demonstration population.</li> </ul>



## Nevada 1115 Whole Mouth Whole Body Connection for Adults with Diabetes Demonstration

In this section, the demonstration's core evaluation questions, hypotheses and recommended measures are presented. Nevada's Evaluation Design includes both outcome and process measures. Where possible, Medicaid specific metrics sets were given preference over other national sets and data. To increase the robustness of the design, multiple quantitative approaches were utilized, as well as both internal pre-post comparisons and, as appropriate, comparisons between demonstration populations and state and national data if available.

	Evaluation Questions (Q)		Hypothesis (H)
Q1	Will the demonstration increase access to preventive dental services for the specified waiver recipients?	H1	The demonstration will increase access to preventive dental services for the specified waiver recipients.
Q2	Will the demonstration decrease hospital admissions for the specified waiver recipients due to non-management of oral health needs?	H2	The demonstration will decrease hospital admissions for the specified waiver recipients by receiving regular/ preventive dental care.
Q3	Will the demonstration reduce emergency room visits related to non-management of diabetic conditions among the specified waiver recipients?	H3	The demonstration will reduce emergency room visits related to non-management of diabetic conditions by providing regular/ preventive dental care and check-ups
Q4	Will the demonstration result in reduced A1c lab results for the specified waiver recipients?	H4	The demonstration will reduce A1c lab results by allowing the specified waiver recipients to have regular dental care and dental cleanings which will help lower overall A1c levels.
Q5	Will the demonstration result in improvements in quality of life for the specified waiver recipients?	H5	The demonstration will result in improvements in quality of life through regular/ preventive dental care for the specified waiver recipients.

## Evaluation Questions and Measures

Evaluation Question #1: Will the demonstration increase access to dental services for specified waiver recipients and parents/caretakers with diabetes who are enrolled in Medicaid and served by participating FQHC's and participating Tribal Health Centers with dental clinics?

Measure Description	Measure Steward	Numerator	Denominator	Comparison Group	Data Source	Analytic Approach
The demonstration will increase dental claims for the specified waiver recipients	State Identified	<p>The count of specified waiver recipients who receive an annual preventative dental service exam as compared to the count of the specified waiver recipients who receive an annual preventive dental service exam in waiver year 1.</p> <p>Waiver Year 1 will serve as a baseline year for this measure for evaluating improvements in access over time.</p>	All specified waiver recipients	Diabetic adults not a patient of record at 1115 participating clinics	MMIS (claims) data	Descriptive statistics, pre/post, ITS regression

Nevada 1115 Whole Mouth Whole Body Connection for Adults with Diabetes Demonstration

Measure Description	Measure Steward	Numerator	Denominator	Comparison Group	Data Source	Analytic Approach
Adults with Diabetes Oral Examination	2025 Dental Quality Alliance (DQA). <sup>1</sup> Adult Measures User Guide	Specified waiver eligibles receiving procedure codes D0150 or D0120	All specified waiver recipients	Other Medicaid eligible adults with diabetes diagnosis who are not on record as patients at participating health centers	Waiver Enrollment and MMIS/claims data	Descriptive statistics; pre/post
Non-surgical ongoing periodontal care for adults with gingivitis or periodontitis	2025 Dental Quality Alliance (DQA) <sup>□</sup>	Specified waiver eligibles receiving procedure codes D1110, D4341, D4342, D4346, D4910	All specified waiver recipients	Other Medicaid eligible adults with diabetes diagnosis who are not on record as patients at participating health centers	Waiver Enrollment and MMIS/claims data	Descriptive statistics; pre/post

<sup>1</sup> American Dental Association Dental Quality Measures (Adult) Available at [DQA Dental Quality Measures | American Dental Association](#)

Evaluation Questions #2: Will the demonstration decrease hospital admissions for the specified waiver recipients due to non-management of oral health needs?

Measure Description	Measure Steward	Numerator	Denominator	Comparison Group	Data Source	Analytic Methods
The demonstration will result in fewer hospital admissions for the specified waiver recipients and nonmanagement of the oral needs.	State Identified	Over the course of the waiver, admissions for non-traumatic dental conditions or dental-related emergency procedures among the specified waiver recipients. CPT Codes: 99281-99285 ICD-10-CM Codes: ICD- codes 520, 520.6, 521, 523, and 525, ICD-10 codes K00, K01.0-K01.1, K02-K06, K08, M27.6	All specified waiver recipients	Other Medicaid eligible adults with diabetes diagnosis who are not on record as patients at participating health centers	MMIS data Statewide hospital admissions data	Descriptive statistics, pre/post, ITS regression

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Measure Description	Measure Steward	Numerator	Denominator	Comparison Group	Data Source	Analytic Methods
Non-traumatic dental admission to hospital	EDV-A-A 2025 (DQA) <sup>□</sup> Adult Measures User Guide	Specified waiver recipients with hospital admission claims with the following ICD-codes: 520, 520.6, 521, 523, and 525, ICD-10 codes K00, K01.0-K01.1, K02-K06, K08, M27.6	All specified waiver recipients	Other Medicaid eligible adults with diabetes diagnosis who are not on record as patients at participating health centers	Waiver Enrollment and MMIS/claims data	Descriptive statistics, Paired t-test
Reduced costs related to non-traumatic dental admission to hospital	State identified	Claims costs related to specified waiver recipients with hospital admission claims with the following ICD codes: 520, 520.6, 521, 523, and 525, ICD-10 codes K00, K01.0-K01.1, K02-K06, K08, M27.6	All specified waiver recipients	Other Medicaid eligible adults with diabetes diagnosis who are not on record as patients at participating health centers	Waiver Enrollment and MMIS/claims data	Descriptive statistics

Evaluation Question #3. Will the demonstration reduce emergency room visits related to non-management or diabetic conditions among the specified waiver recipients?

Measure Description	Measure Steward	Numerator	Denominator	Comparison Group	Data Source	Analytic Methods
The demonstration will result in fewer emergency room visits related to nonmanagement of diabetic conditions for this population.	State Identified	Over the course of the waiver, diabetic patients within the waiver who have diabetic related emergency room visits. CPT Code: 99281-99285, ICD-10-CM Codes: E08-E13	All specified waiver recipients	Other Medicaid eligible adults with diabetes diagnosis who are not on record as patients at participating health centers	MMIS data Statewide hospital admissions data	If the data is sufficient, parametric tests of statistical significance will be utilized to explore whether differences are statistically significant.  The specific test or tests to be used will be determined once data are received, cleaned and assessed.

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Ambulatory Care Sensitive Emergency Department Visits for Non-Traumatic Dental Conditions in Adults	EDV-A-A 2025 (DQA)1 Adult Measures User Guide	Specified waiver recipients with ER code claims with non-traumatic dental ICD- codes 520, 520.6, 521, 523, and 525, ICD-10 codes K00, K01.0-K01.1, K02-K06, K08, M27.6	All specified waiver recipients	Other Medicaid eligible adults with diabetes diagnosis who are not on record as patients at participating health centers	Waiver Enrollment and MMIS/claims data	Descriptive statistics, paired t-test
Reduced costs related to emergency room and ambulatory care visits for non-traumatic dental conditions in adults	State Identified	Claims costs related to specified waiver recipients with hospital admission claims with the following ICD codes:	All specified waiver recipients	Other Medicaid eligible adults with diabetes diagnosis who are not on record as patients at participating health centers	Waiver Enrollment and MMIS/claims data	Descriptive statistics

Evaluation Question #4. Will the demonstration result in reduced A1c lab result levels for the specified waiver recipients?

Measure Description	Measure Steward	Numerator	Denominator	Comparison Group	Data Source	Analytic Methods
Hb A1c results	2025 (DQA) <sup>□</sup> Adult Measures User Guide	Average Hb A1c of Eligibles after treatment subtracted from average Hb A1c before receiving dental treatment	Average Hb A1c of specified waiver recipients before receiving dental treatment	Year to year change of overall A1c levels among specified waiver recipients	Quarterly A1c Reports from participating clinics	Descriptive statistics, Paired t-test

Evaluation Question #5. Will the demonstration result in improvements in quality of life for the specified waiver recipients?

Measure Description	Measure Steward	Numerator	Denominator	Comparison Group	Data Source	Analytic Methods
Quality of Life Survey (QOLS) <sup>2</sup>	2025 (DQA) <sup>□</sup> Adult Measures User Guide	Average numeric score on QLS survey after treatment in year 1 subtracted from the average numeric score on QLS survey before dental treatment.	Average numeric score on QOLS survey before dental treatment.	Year to year change of overall QOLS survey among specified waiver recipients	Yearly QOLS report from clinics/members	Descriptive statistics, Paired t-test

<sup>2</sup> The Quality of Life Scale (QOLS): Reliability, Validity, Utilization <https://pmc.ncbi.nlm.nih.gov/articles/PMC269997/>



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Periodontal Evaluation in Adults with Periodontitis	2025 (DQA) <input type="checkbox"/> Adult Measures User Guide	The number of specified waiver recipients who received a periodontal evaluation.	All specified waiver recipients	Diabetic adults who are not patients at waiver-participating clinics	MMIS/claims data	Descriptive statistics
Non-Surgical Ongoing Periodontal Care for Adults with Periodontitis	2025 (DQA) <input type="checkbox"/> Adult Measures User Guide	The number of specified waiver recipients who received non-surgical ongoing periodontal care	All specified waiver recipients	Other Medicaid eligible adults with diabetes diagnosis who are not on record as patients at participating health centers	MMIS/claims data	Descriptive statistics
Topical Fluoride for Adults at Elevated Caries Risk	2025 (DQA) <input type="checkbox"/> Adult Measures User Guide	The number of specified waiver recipients who received topical fluoride treatment	The total number of specified waiver recipients	Other Medicaid eligible adults with diabetes diagnosis who are not on record as patients at participating health center	MMIS/ claims data	Descriptive statistics

## SECTION C: METHODOLOGY

### Methodological Design

Across the fourteen **(14)** measure descriptions the evaluation will employ quantitative methods to evaluate the demonstration's impact on improving the dental outcomes for the specified waiver recipients under this waiver and maintaining or reducing the total cost to Medicaid for Nevada and the Federal Government. Quantitative analysis will utilize descriptive statistics, trends over time, beneficiary surveys, and interrupted time-series (ITS) analysis of pre- and post-demonstration periods.

Descriptive statistical methods will be used to generate summary tables of population size and characteristics, and outcomes for the specified waiver recipients. Data will be analyzed using standard tests such as rates, proportions, and frequency to develop a quantitative picture of the demonstration population to identify characteristics and trends.

### Target Population and Comparison Groups

This demonstration provides limited dental benefits to a subset of the Medicaid-eligible adult population enrolled in Nevada Medicaid, specifically nonpregnant diabetic adults (21 through 64 years of age). Since there is no historical comparison group due to the addition of novel dental benefits for this specific population, data from WY 1 will be used as a comparison group for specific analytical measures as appropriate. Where applicable to the specific waiver question, otherwise eligible diabetic members located at nonparticipating clinics will be used as a comparison group (n= 9,092).

### Evaluation Period

The evaluation period will run from July 1, 2024, or once the system is implemented and claims reimbursed through its five-year demonstration period timeline, June 30, 2029.

### Evaluation Measures

The measures that will be utilized in this evaluation are derived from the Dental Quality Alliance (DQA)<sup>□</sup> Adult Measures user guide as well as unique state identified measures to round out the questions and measures to ensure that the goals set forth in this demonstration can be properly evaluated. Measurement data will be drawn from claims (either managed care or fee-for-service as applicable) for the specific dental services listed. Participating clinics will provide a quarterly A1C report for participating members.

A quantitative survey distributed to the specified waiver recipients will be utilized to collect data that is not captured through Medicaid claims or provider reports, such as Quality of Life measures.

## Data Sources

The data used to evaluate the performance in meeting the measures will be derived from administrative data, Medicaid claims/encounter data, member enrollment data, survey data, quarterly A1C reports from participating providers and will be reported to CMS as part of the approved Dental Demonstration Waiver monitoring protocol.

A quantitative Quality of Life Survey (QOLS) will be distributed to the specified waiver recipients at the end of each demonstration year. The survey will be a web-based, self-administered questionnaire produced with the Research Electronic Design Capture (REDCap)<sup>3</sup> software. The QOLS will contain statements that describe how access to dental care has positively or negatively influenced certain aspects of the participant's life. Questions will be designed for participants to rate their agreement, disagreement, or neutrality with these statements using a Lickert-type scale. Each response on the Lickert-type scale will be associated with a numeric value that will then be summed into a QOL (quality of life) score. Higher scores will be indicative of a higher quality of life. Participants' individual scores and the average score among the total survey participants will be compared throughout the demonstration years in order to observe any changes between demonstration years.

## Analytic Methods

A combination of quantitative statistical methods will be used for the analysis. Specific measures will be utilized for each demonstration as detailed in goal 1 and 2 tables above. While the Demonstration seeks to increase dental care provisions and promote quality care, observed changes may be attributed to the Demonstration itself and/or external factors, including other State- or national-level policy or market changes or trends. For each Demonstration activity, a conceptual framework will be developed depicting how specific Demonstration goals, tasks, activities, and outcomes are causally connected to serve as the basis for the evaluation methodology. Methods chosen will attempt to account for any known or possible external influences and their potential interactions with the Demonstration's goals and activities. The evaluation will seek to isolate the effects of the Demonstration on the observed outcomes in several ways.

## Descriptive Statistics

The evaluation will use descriptive statistical methods to generate summary tables of population size and characteristics, outcomes for the pre- and post- demonstration periods, and

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<sup>3</sup> Can be found at <https://project-redcap.org/>

distribution of outcomes by demographic characteristics and relative subgroupings. Data will be analyzed using standard tests such as rates, proportions, frequencies, and measures of central tendency (e.g. mean, median, mode). These tables will be used to develop a quantitative picture of the population, to describe raw trends, and to identify characteristics that will be included as covariates in regression modeling.

### Pre/Post Testing

For measures and time periods for which there are no contemporaneous comparison groups, and which have too few observations to support an interrupted time series analysis, average rates during the pre- demonstration period will be compared against average rates during the demonstration period using a Chi-square test, t-test, or other statistical analysis given the data. Specifically, comparisons will be made using this model:  $Y = \beta_0 + \beta_1 \times post$  where Y is the rate of the outcome being measured each year,  $\beta_0$  captures the average rate in the baseline years, and the coefficient  $\beta_1$  for the dummy variable, post, representing the evaluation years, captures the change in average outcome between the baseline and the evaluation time periods. Binomial logistic regression will be utilized to evaluate measures that are binary outcomes or presented as rates, and Poisson regression and negative binomial regression will be used to evaluate measures that have count outcomes.

### ITS regression modeling

Interrupted time series (ITS) regression modeling will be used when a suitable comparison group cannot be found and data can be collected at multiple points in time before and after the implementation of the program, and ITS methodology can be used. This analysis is a quasi-experimental in design and will compare a trend in outcomes between the baseline period and the evaluation period for those who were subject to the program.

In ITS, the measurements taken before a demonstration was initiated are used to predict the outcome if the demonstration did not occur. The measurements collected after the demonstration are then compared to the predicted outcome to evaluate the impact the demonstration had on the outcome.

This analysis will utilize hospital/ER claims data from DY1 as the baseline comparison for the ITS regression model. It is appropriate to use this demonstration year as the baseline as there are no waiver claims expected in DY1 due to system delays in the implementation of shadow billing required for tracking, and monitoring, of the new dental benefits. Therefore, only hospital/ER claims data for beneficiaries who would have been eligible for DY 1 will be available to be considered “pre-intervention.” In addition, it will not be possible to collect Hb A1c “pre-intervention” data as the state will rely on participating clinics to report A1c levels of beneficiaries once they attend the clinic to begin receiving waiver services. Once that baseline data is reported to the state it will be utilized for subsequent evaluation periods.

## SECTION D: METHODOLOGICAL LIMITATIONS

Due to Nevada utilizing two different sources for data collection, claims data and surveys, the first potential limitation is ensuring each individual analysis is based on unduplicated data. There will need to be a sufficient sample size pulled to ensure it is representative and can be generalized to a larger population. Given the unique design of this demonstration and the lack of adult dental experience in Nevada, DHCFP is not able to use historic data on dental outcomes for diabetic adults, requiring the methodology to utilize data from waiver year 1 as a baseline. Bias may also be a limitation due to the use of a survey for collecting data on certain measures. While it is impossible to eradicate all biases, the survey will be designed to minimize biases that may arise, such as response bias, recall bias, and sampling bias. The survey may be improved or streamlined throughout the waiver evaluation period to reduce bias.

### Sample size

The number of Nevada Medicaid beneficiaries that would qualify for this expanded dental coverage is estimated to be **1,576** unique individuals per waiver year during the demonstration period. Office of Analytics (OOA) will assess sample size and the ability to conduct calculations for key outcomes. The estimated number of beneficiaries who qualify for this expanded dental benefit may not be large enough to conduct the needed statistical analysis.

### Lack of historical data

Due to the novel benefits this waiver provides, there is no historical data to compare against the current eligible population. As a result, the evaluation plan relies on using some data from Waiver Year 1 as a baseline for certain measures.

## ATTACHMENT 1 – INDEPENDENT EVALUATOR

Nevada Medicaid (DHCFP) will utilize The Department of Human and Health Services Office of Analytics (OOA) to assist in executing its Waiver for Adults with Diabetes demonstration evaluation plan. The OOA will also have the responsibility of conducting the mid-point assessment of the program's effectiveness and overall performance. The Department of Healthcare Financing and Policy (DHCFP) Federal Waiver Team will retain primary responsibility for monitoring the demonstration, with support from the OOA, as necessary. To mitigate any potential conflict of interest, the OOA is responsible for:

- Secondary analysis of data collected for monitoring purposes
- Benchmarking performance to national standards
- Evaluating changes over time
- Interpreting results; and
- Producing evaluation reports

## ATTACHMENT 2 – EVALUATION BUDGET, TIMELINE AND MILESTONES

Evaluation Budget, assuming no Demonstration amendments or changes to the Evaluation Design, are expected to be \$335,102.80 over the project period 2024-2029. Please see budget breakdown below illustrated in Table 3.

Table 3. Evaluation Budget Overview

Evaluation Task	2024	2025	2026	2027	2028	2029	Total Cost
Data analytic plan and timeline	\$4,661.07	\$15,908.27	\$10,655.68	\$5,150.09	5,365.00	5,606.74	\$47,346.84
Retrospective data analysis	\$6,991.61	\$23,862.41	\$14,207.57	\$7,725.13	\$5,365.00	\$5,606.74	\$63,758.45
Beneficiary survey data collection, including follow up	\$2,330.54	\$7,954.14	\$7,103.78	\$5,150.09	5,365.00	\$5,606.74	\$33,510.28
Quantitative data analysis and cleaning	\$6,991.61	\$23,862.41	\$24,863.24	\$18,025.31	\$18,777.50	\$19,623.58	\$112,143.64
Draft and Final Interim Reports	\$2,330.54	\$7,954.14	\$14,207.57	\$10,300.18	\$10,730.00	\$5,606.74	\$51,129.15
Draft and Final Summative Reports	\$0.00	\$0.00	\$0.00	5,150.09	\$8,047.50	\$14,016.84	\$27,214.43
Total	\$23,305.36	\$79,541.36	\$71,037.84	\$51,500.88	\$53,650.00	\$56,067.36	\$335,102.80

Table 4. Waiver Deliverable Timeline and Milestones

Schedule of Deliverables	2024	2025	2026	2027	2028	2029	2030
Quarterly narrative/ expenditure report	29-Nov	Quarterly	Quarterly	Quarterly	Quarterly	Quarterly	
Draft evaluation design due	18-Dec						
Annual Deliverables due:		31-Mar	31-Mar	31-Mar	31-Mar	31-Mar	
Post Award Forum due: Within 6 months of waiver implementation		To be determined					
Interim Evaluation Report due: 1 year prior to end of demonstration or submitted with extension application. (if applicable)					30-Jun		
Summative Evaluation Report due:			30-Dec				



## Milestones

<b>80<sup>th</sup> Nevada Legislative Session Assembly Bill 223</b> 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 21 <sup>st</sup> , 2024, waiver approval, Effective period 07/01/2024-06/30/2029.
<b>02/21/2024</b> Department of Healthcare Financing and Policy (DHCFP) met with Gainwell (NV's QIO Vendor) to discuss shadow billing as it related to Federally Qualified Health Center (FQHC)s and Tribal Health Centers in general and for the 1115 waiver.
<b>04/24/2024</b> 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.
<b>07/03/2024</b> 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.
<b>07/03/2024- Milestone: Independent Evaluator for 1115.</b> 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.
<b>07/29/2024-</b> Meeting with participating tribes and DHCFP's QIO vendor Gainwell 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.
<b>7/30/2024-</b> Engaged CMS regarding our ability to eliminate the WRAP payments for the FQHCs and instruct the PAHP Liberty to pay the Prospective Payment System (PPS) rate to the FQHC dental clinics.

## Nevada 1115 Whole Mouth Whole Body Connection for Adults with Diabetes Demonstration

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.

**8/28/2024-** Meeting with Owyhee Tribe to discuss the 1115 waiver as they were not able to attend the July 29<sup>th</sup> meeting with the 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 provided care.

**10/7/2024-** 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 representative and reviewed various 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.

**11/25/2024-** First quarterly narrative and budget neutrality workbook submitted to CMS.

**12/6/2024-** Initial submission of the Draft Evaluation Design to CMS

## Acronym Definitions

CFR: Code of Federal Regulations

CHA: Community Health Alliance

DHCFP: Department of Health Care Financing and Policy

DQA: Dental Quality Alliance

FQHC: Federally Qualified Health Centers

ITS: Interrupted Time Series

MMIS: Medicaid Management Information System

OOA: Office of Analytics

QIO: Quality Improvement Organization

QOLS: Quality of Life Survey