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State/Territory Name: Iowa

State Plan Amendment (SPA) IA: 23-0019

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

September 28, 2023

Elizabeth Matney Medicaid Director
Division of Medical Services
Department of Human Services
Iowa Medicaid Enterprise
1305 E. Walnut Street
Des Moines, IA 50319

RE: TN 23-0019

Dear Director Matney:

We have reviewed the proposed Iowa (IA) State Plan Amendment (SPA) to Attachment 4.19-B IA-23-0019, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on August 14, 2023. This plan amendment implements new dental payment rate adjustments.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2023. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Lindsay Michael at 410-786-7197 or Lindsay.michael@cms.hhs.gov.

Sincerely,



Todd McMillion
Director
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2 3</u> — <u>0 0 1 9</u>	2. STATE <u>IA</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
July 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR §447.200 Subpart B

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 23 \$ 5,646
b. FFY 24 \$ 22,586

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-B, pages 16k and 16l

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
new pages

9. SUBJECT OF AMENDMENT

Implements enhanced fee schedule for dental services provided in state-owned dentistry clinics.

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL
[Redacted]

12. TYPED NAME
Elizabeth Matney

13. TITLE
Medicaid Director

14. DATE SUBMITTED
08/07/2023

15. RETURN TO
Elizabeth Matney
Medicaid Director
Department of Human Services
Iowa Medicaid Enterprise
1305 East Walnut Street
Des Moines, IA 50319

FOR CMS USE ONLY

16. DATE RECEIVED
8/14/23

17. DATE APPROVED
September 28, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL
[Redacted]

20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

21. TITLE OF APPROVING OFFICIAL
Director, DRR

22. REMARKS

State/Territory:

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Methods and Standards for Establishing Payment Rates for Other Types of Care**Enhanced Fee Schedule for Dental Services at Qualifying Iowa State-Owned Dentistry Clinics**

1. Qualifying Criteria: Eligible professional service practitioners as specified in “2.” below who are employed by, or under contract to, or who assigned Iowa Medicaid payments to a state-owned dentistry clinic may qualify for payments under an enhanced dental fee schedule for services rendered to Medicaid recipients. To qualify for payments under the enhanced fee schedule, the professional service practitioner must be:
 - a. licensed by the State of Iowa;
 - b. enrolled as a Iowa Medicaid provider; and,
 - c. identified by the Iowa state-owned dentistry clinic as a professional service practitioner that is employed, under contract with, or provides services affiliated with the Iowa state-owned dentistry clinic.

Providers that qualify under this criterion are the following:

- University of Iowa Dental Clinics
2. Qualifying Providers Types: For purposes of qualifying for payments under the enhanced fee schedule, services provided by the following professional practitioners will be included:
 - a. Dentists
 3. Methodology to Establish the Enhanced Dental Fee Schedule: The enhanced dental fee schedule will be established in a manner to bring payments for dental services provided to Medicaid recipients rendered by qualifying providers up to the community rate level. The community rate level is defined as the rates paid by commercial payers for the same service. On an annual basis, the state will establish an enhanced dental fee schedule based on the following methodology:
 - a. For services rendered by qualifying provider types defined under “2.” at a dentistry clinic meeting the criteria set forth in “1.”, the state will collect from the dentistry clinic(s) their current commercial provider rates by Current Dental Terminology (CDT) code for their top three commercial payers by volume.
 - b. The state will calculate the average commercial rate for each CDT code for each qualifying provider defined under “1.” based on services rendered by the qualifying provider type(s), as defined under "2." above.
 - c. The state will extract from its paid claims history file for the preceding fiscal year all paid claims based on dates of service for those qualifying provider types, as defined under "2." above, who will qualify for payments under the enhanced fee schedule. The state will align the average commercial rate for each CDT code as

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determined in "3b." above to each Medicaid claim for each qualifying provider type, as defined under "2." above and calculate the average commercial payments for the claims.

- d. The state will then calculate an overall Medicaid to commercial conversion factor by dividing the total amount of the average commercial payments for the claims by the total Medicaid payments for the claims.
- e. For each CDT code, the state will multiply the existing Medicaid rate by the "Medicaid-to-commercial" conversion factor described under "3d." above.
- f. The state will establish an enhanced dental fee schedule for any qualifying provider defined under "1." based on the average commercial rate for each CDT code as described in "3e." above.

The enhanced fee schedule will apply to payments for Medicaid-covered services for each Medicaid claim rendered by a qualifying provider type, as defined under "2." at a dentistry clinic meeting the criteria set forth in "1."

4. Effective Date of Payment: The enhanced fee schedule will be made effective for services provided on or after July 1, 2023

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