

## **Table of Contents**

**State/Territory Name: Iowa**

**State Plan Amendment (SPA) IA: 23-0021**

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



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**Financial Management Group**

February 13, 2024

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 23-0021

Dear Director Matney:

We have reviewed the proposed Iowa (IA) State Plan Amendment (SPA) to Attachment 4.19-B IA-23-0021, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on November 29, 2023. This plan amendment is an enhanced fee schedule (dental) provided in Iowa non-state-own dentistry clinics located in county with a population over 350,000.

Based upon the information provided by the State, we have approved the amendment with an effective date of October 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](mailto: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 2 1</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  
**October 1, 2023**

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

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 24 \$ 2,666  
b. FFY 25 \$ 2,666

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
**Attachment 4.19-B, pages 16m and 16n**

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  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

9. SUBJECT OF AMENDMENT

**Enhanced fee schedule (dental) provided in Iowa non-state-own dentistry clinics located in county with a population over 350,000**

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  
**11/16/2023**

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  
**11/29/23**

17. DATE APPROVED  
**February 13, 2024**

**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 Non-State Government-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 non-state government-owned dentistry clinic located in a county with a population over three hundred fifty thousand within the state of Iowa 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 an Iowa Medicaid provider; and,
  - c. identified by the Iowa non-state government-owned dentistry clinic as a professional service practitioner that is employed, under contract with, or provides services affiliated with the Iowa non-state government-owned dentistry clinic.

Providers that qualify under this criterion are the following:

- Broadlawns 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

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State Plan TN #	<u>IA-23-0021</u>	Effective	<u>10-01-2023</u>
Superseded TN #	<u>NEW PAGE</u>	Approved	<u>February 13, 2024</u>

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- d. 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 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 October 1, 2023

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Superseded TN #	NEW PAGE	Approved	February 13, 2024