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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. <u>Qualifying Providers Types:</u> 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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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. <u>Effective Date of Payment</u>: The enhanced fee schedule will be made effective for services provided on or after October 1, 2023

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