

## **Table of Contents**

**State/Territory Name: Wyoming**

**State Plan Amendment (SPA) #: 26-0002**

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  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, Maryland 21244-1850



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**Financial Management Group**

June 22, 2026

Jesse Springer  
State Medicaid Agent  
Division of Healthcare Financing  
122 West 25th, St. 4 West  
Cheyenne, WY 82002

RE: TN 26-0002

Dear Mr. Springer

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Wyoming state plan amendment (SPA) to Attachment 4.19-A and 4.19-B WY-26-0002 which was submitted to CMS on March 31, 2026. This plan amendment proposes to adopt a single consolidated “Fee Schedule Frontispiece” within Section 4 of the Wyoming Medicaid State Plan.

We reviewed your SPA submission for compliance with statutory requirements, including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of January 1, 2026. 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 Sudev Varma at via email at [sudev.varma@cms.hhs.gov](mailto:sudev.varma@cms.hhs.gov)

Sincerely,



Rory Howe  
Director  
Financial Management Group

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

1. TRANSMITTAL NUMBER

2 6 — 0 0 0 2

2. STATE

WY

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX  XXI

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

4. PROPOSED EFFECTIVE DATE

01/01/2026

5. FEDERAL STATUTE/REGULATION CITATION  
42 CFR §447.203

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2026 \$ 0  
b. FFY 2027 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19, Introduction, Page 1 (WY-26-0002, New Page)  
Attachment 4.19-A, Part 1, Pg. 6 (WY-26-0002)  
Attachment 4.19-B, Item 14 (WY-26-0002)  
Attachment 4.19-B, Provision 23 (WY-26-0002)  
Attachment 4.19-B, Provision 6c (WY-26-0002)  
Attachment 4.19-B, Dental Services (WY-26-0002)  
Attachment 4.19-B, Section 7c, Page 2 (WY-26-0002)  
Attachment 4.19-B, Provision 17 (WY-26-0002)  
Attachment 4.19-B, Section 6a, Page 1 (WY-26-0002)  
Attachment 4.19-B, Provision 5 (WY-26-0002)  
Attachment 4.19-B, Provision 13d (WY-26-0002)  
Attachment 4.19-B, Page 2, School-Based Services (WY-26-0002)  
Attachment 4.19-B, Speech Therapy, 11.d (WY-26-0002)  
Attachment 4.19-B, Item 19, Page 4a (WY-26-0002)  
Attachment 4.19-B, Item 19, Page 1a (WY-26-0002)  
Attachment 4.19-B, Provision 24a, (WY-26-0002)

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

Attachment 4.19-A, Part 1, Pg. 6 (WY-25-0004)  
Attachment 4.19-B, Item 14 (WY-13-009)  
Attachment 4.19-B, Provision 23 (WY-16-0003)  
Attachment 4.19-B, Provision 6c (WY-15-005)  
Attachment 4.19-B, Dental Services (WY-15-0002)  
Attachment 4.19-B, Section 7c, Page 2 (WY-23-0012)  
Attachment 4.19-B, Provision 17 (WY-16-004)  
Attachment 4.19-B, Section 6a, Page 1 (WY-23-009)  
Attachment 4.19-B, Provision 5 (WY-21-0004)  
Attachment 4.19-B, Provision 13d (WY-21-0002)  
Attachment 4.19-B, Page 2, School-Based Services (WY-21-0002) WY-22-0001  
Attachment 4.19-B, Speech Therapy, 11.d (WY-09-003)  
Attachment 4.19-B, Item 19, Page 4a (WY-18-0005)  
Attachment 4.19-B, Item 19, Page 1a (WY-14-006)  
Attachment 4.19-B, Provision 24a, (WY-16-001)

9. SUBJECT OF AMENDMENT

The subject of this amendment is to adopt a new page, Attachment 4.19 Introduction, in order to improve fee schedule link and effective date maintenance.

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 Signature]

15. RETURN TO  
Jesse Springer  
State Medicaid Agent  
Division of Healthcare Financing  
122 West 25th, St. 4 West

12. TYPED NAME  
Jesse Springer

13. TITLE  
State Medicaid Agent

14. DATE SUBMITTED  
03/31/2026

**FOR CMS USE ONLY**

16. DATE RECEIVED  
March 31, 2026

17. DATE APPROVED  
June 22, 2026

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
January 1, 2026

19. SIGNATURE OF APPROVING OFFICIAL

[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL  
Rory Howe

21. TITLE OF APPROVING OFFICIAL  
Director of the Financial Management Group

22. REMARKS

State provided permission for CMS to perform pen and ink change in Block 8 of CMS 179

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Wyoming

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of the services listed in this Introduction page. The agency's fee schedule rates were set as of the dates noted below and are effective for services provided on or after those dates. All rates are published on the agency's website at: <https://health.wyo.gov/healthcarefin/medicaid/fee-schedules/>

<b>Service</b>	<b>Attachment</b>	<b>Effective Date</b>
Inpatient Hospital Services	Attachment 4.19-A, Part 1	01/01/2026
Ambulatory Surgical Center	Attachment 4.19-B, Item 14	01/01/2026
Family Nurse Practitioners' Services	Attachment 4.19-B, Provision 23	01/01/2026
Chiropractors' Services	Attachment 4.19-B, Provision 6c	01/01/2026
Dental Services	Attachment 4.19-B, Dental Services	01/01/2026
Home Health Services / DMEPOS	Attachment 4.19-B, Section 7c	01/01/2026
Nurse-Midwife Services	Attachment 4.19-B, Provision 17	01/01/2026
Preventative Services	Attachment 4.19 - B, Preventive Services, Page 1	01/01/2026
Podiatrists' Services	Attachment 4.19-B, Section 6a, Page 1	01/01/2026
Physician Services	Attachment 4.19-B, Provision 5	01/01/2026
Rehabilitative Services	Attachment 4.19-B, Provision 13d	01/01/2026
School-Based Services	Attachment 4.19-B, School-Based Services	01/01/2026
Speech Therapy	Attachment 4.19-B, Speech Therapy	01/01/2026
TCM – Children with SED	Attachment 4.19-B, Item 19, Page 4a	01/01/2026
TCM – Adults with SMI	Attachment 4.19-B, Item 19, Page 1a	01/01/2026
Travel Reimbursement	Attachment 4.19-B, Provision 24a	01/01/2026

(iv) The Department establishes base rates so that projected APR DRG payments maintain budget neutrality for each base rate category for claim payments between the base period and the new rate period unless otherwise directed by the Wyoming Legislature.

(v) Only one base rate is available to each provider at a given period of time.

(vi) The Department posts base rates for each provider category on the Department website. New rates will be posted with a provider notice sent by the Department when any changes are made to the APR DRG base rates. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Inpatient Hospital Services. The agency's fee schedule rate was set as of January 1, 2026 and the rates are effective for services on or after the date listed on the Attachment 4.19 Introduction Page. These rates are published at <https://health.wyo.gov/healthcarefin/medicaid/fee-schedules/>.

(vii) Base rates and associated payment parameters are updated each time the Department implements a new version of APR DRGs. A set of base rates apply only for a specific version of APR DRGs.

(i) APR DRG relative weights

(i) The Department assigns each claim a relative weight using the APR DRG version in effect on the claim's last date of service. Wyoming will update the APR DRG version and corresponding relative weights at most once per year and at least once every three years.

(ii) Each APR DRG is assigned a relative weight that is listed in the DRG calculator under Section 8 *Medicaid Allowable Payment for Inpatient Acute Care Hospital Services*.

(iii) The Department uses national APR DRG relative weights calculated by the organization that develops and maintains the APR DRG categorization system.

(iv) During the rate modeling for the provider base rates used in the initial year of the APR DRG implementation, the Department applied a documentation and coding improvement (DCI) factor of five percent to the relative weights to account for coding improvements made by providers following the implementation of APR DRGs. Following the first year of implementation, the Department will review coding improvement and may make future DCI adjustments to account for observed changes in provider coding in order to maintain budget neutrality, in aggregate, for inpatient hospital services.

(j) APR DRG policy adjustors

(i) One policy or age adjustor can be applied per claim.

(ii) Policy adjustors are multipliers that may increase or decrease payment are applied in the calculation of DRG Base Payment.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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POLICY AND METHODS OF ESTABLISHING PAYMENT RATES FOR EACH TYPE OF CARE PROVIDED

14. AMBULATORY SURGICAL CENTER

(a) Medicaid allowable payments for ambulatory surgical center services are made consistently with outpatient hospital services according to Section 8 of Attachment 4.19B with the following exceptions

- (i). State specific Ambulatory Surgical Center Medicaid conversion factor
- (ii). Percent of charges. Certain services are reimbursed based on a percent of allowed charges as indicated in the APC fee schedule. These services include corneal tissue medical devices and dental (i e, procedure code 41899)

(b) Updates. The APC conversion factor and relative weights are reviewed annually

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of physician services

The agency's fee schedule was set as of January 1, 2026 and the rates are effective for services on or after the date listed on the Attachment 4.19 Introduction Page. These rates are published at <https://health.wyo.gov/healthcarefin/medicaid/fee-schedules/>.

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

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**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED****6.c PAYMENT FOR CHIROPRACTORS' SERVICES**

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. Payment for chiropractors' services will be based on the established fee schedule unless a lesser amount is billed. The amount billed cannot exceed usual and customary charges to private pay patients. The agency's fee schedule was set as of January 1, 2026 and the rates are effective for services on or after the date listed on the Attachment 4.19 Introduction Page. These rates are published at <https://health.wyo.gov/healthcarefin/medicaid/fee-schedules/>.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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POLICY AND METHODS OF ESTABLISHING PAYMENT RATE FOR EACH TYPE OF CARE PROVIDED

DENTAL SERVICES

Payment for dental services will be based on the established fee schedule unless a lesser amount is billed. The amount billed cannot exceed usual and customary charges to private pay patients. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of dental services. The agency's fee schedule was set as of January 1, 2026 and the rates are effective for services on or after the date listed on the Attachment 4.19 Introduction Page. These rates are published at <https://health.wyo.gov/healthcarefin/medicaid/fee-schedules/>.

- F. Any durable medical equipment or supplies not listed on the fee schedule may be requested for coverage by submitting documentation to the Medicaid Agency who will determine medical necessity on a case by case basis.

Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers. The agency's fee schedule was set as of January 1, 2026 and the rates are effective for services on or after the date listed on the Attachment 4.19 Introduction Page. These rates are published at <https://health.wyo.gov/healthcarefin/medicaid/fee-schedules/>.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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POLICY AND METHODS OF ESTABLISHING PAYMENT RATE FOR EACH TYPE OF CARE PROVIDED

13d. REHABILITATIVE SERVICES - MENTAL HEALTH & SUBSTANCE ABUSE

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. Payment for rehabilitative services - mental health & substance abuse will be based on the established fee schedule unless a lesser amount is billed. The amount billed cannot exceed usual and customary charges to private pay patients. The agency's fee schedule was set as of January 1, 2026 and the rates are effective for services on or after the date listed on the Attachment 4.19 Introduction Page. These rates are published at <https://health.wyo.gov/healthcarefin/medicaid/fee-schedules/>.

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

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**POLICY AND METHODS OF ESTABLISHING PAYMENT RATE FOR EACH TYPE OF CARE PROVIDED****23. NURSE PRACTITIONERS' SERVICES**

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. Payment for nurse practitioners' services will be based on the established fee schedule unless a lesser amount is billed. The amount billed cannot exceed usual and customary charges to private pay patients. The agency's fee schedule was set as of January 1, 2026 and the rates are effective for services on or after the date listed on the Attachment 4.19 Introduction Page. These rates are published at <https://health.wyo.gov/healthcarefin/medicaid/fee-schedules/>.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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POLICY AND METHODS OF ESTABLISHING PAYMENT RATE FOR EACH TYPE OF CARE PROVIDED

17. NURSE-MIDWIFE SERVICES

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. Payment for nurse-midwife services will be based on the established fee schedule unless a lesser amount is billed. The amount billed cannot exceed usual and customary charges to private pay patients. The agency's fee schedule was set as of January 1, 2026 and the rates are effective for services on or after the date listed on the Attachment 4.19 Introduction Page. These rates are published at <https://health.wyo.gov/healthcarefin/medicaid/fee-schedules/>.

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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POLICY AND METHODS OF ESTABLISHING PAYMENT RATE FOR EACH TYPE OF CARE PROVIDED

## 5. PHYSICIAN SERVICES

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. Payment for physician services will be based on the established fee schedule unless a lesser amount is billed. The amount billed cannot exceed usual and customary charges to private pay patients. The agency's fee schedule was set as of January 1, 2026 and the rates are effective for services on or after the date listed on the Attachment 4.19 Introduction Page. These rates are published at <https://health.wyo.gov/healthcarefin/medicaid/fee-schedules/>.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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POLICY AND METHODS OF ESTABLISHING PAYMENT RATE FOR EACH TYPE OF CARE PROVIDED

6.a PODIATRISTS' SERVICES

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. Payment for podiatrists' services will be based on the established fee schedule unless a lesser amount is billed. The amount billed cannot exceed usual and customary charges to private pay patients. The agency's fee schedule was set as of January 1, 2026 and the rates are effective for services on or after the date listed on the Attachment 4.19 Introduction Page. These rates are published at <https://health.wyo.gov/healthcarefin/medicaid/fee-schedules/>.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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POLICY AND METHODS OF ESTABLISHING PAYMENT RATE FOR EACH TYPE OF CARE PROVIDED

24a. REIMBURSEMENT FOR USE OF A PRIVATE VEHICLE

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. Reimbursement for use of a private vehicle will be based on the established fee schedule. The agency's fee schedule was set as of January 1, 2026 and the rates are effective for services on or after the date listed on the Attachment 4.19 Introduction Page. These rates are published at <https://health.wyo.gov/healthcarefin/medicaid/fee-schedules/>.

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

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**SCHOOL BASED SERVICES - REIMBURSEMENT METHODOLOGY**

School Based Services (SBS) described in Attachment 3.1-A, section 4b of the Wyoming State Plan will be reimbursed according to the fixed fee schedule. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of SBS.

School Based Services delivered by Local Education Agencies (LEAs) and provided to Medicaid enrolled children include:

1. Physical therapy services,
2. Occupational therapy services,
3. Speech therapy, language disorders and audiology services,
4. Nursing services including registered nurses, licensed practical nurses and licensed advanced practice registered nurse practitioners, and
5. Psychological services.

The School Based Services Reimbursement Fee Schedule is for Medicaid services provided by qualified practitioners that have been approved under Attachment 3.1-A of the Medicaid state plan.

All providers and services are paid the same as providers and services outside of the school based setting (with the same fee schedule as the rest of the state).

The agency's fee schedule was set as of January 1, 2026 and the rates are effective for services on or after the date listed on the Attachment 4.19 Introduction Page. These rates are published at <https://health.wyo.gov/healthcarefin/medicaid/fee-schedules/>.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

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POLICY AND METHODS OF ESTABLISHING PAYMENT RATE FOR EACH TYPE OF CARE PROVIDED

11.d SPEECH THERAPY

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. Payment for speech therapy services will be based on the established fee schedule unless a lesser amount is billed. The amount billed cannot exceed usual and customary charges to private pay patients. The agency's fee schedule was set as of January 1, 2026 and the rates are effective for services on or after the date listed on the Attachment 4.19 Introduction Page. These rates are published at <https://health.wyo.gov/healthcarefin/medicaid/fee-schedules/>.

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

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**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES OTHER TYPES OF SERVICES**

Payment for Targeted Case Management (TCM) services provided to persons with a serious and persistent mental illness who are age twenty one (21) and older who have a behavioral health disorder that results in a long-term limitation of the person's capacity to function in activities of daily living and to remain in his/her home community without a range of treatment and other support services will be reimbursed on a fee-for-service basis per unit of service. For the purposes of this rule a unity of service is a period of 15 minutes.

The Department will pay the lower of the following for TCM services for this target population

- The provider's actual submitted charge for the services, or
- The Department's fee schedule

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both public and private providers of TCM services. Rates do not include the cost of room and board and include only Medicaid allowable costs.

The agency's fee schedule was set as of January 1, 2026 and the rates are effective for services on or after the date listed on the Attachment 4.19 Introduction Page. These rates are published at <https://health.wyo.gov/healthcarefin/medicaid/fee-schedules/>.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES OTHER TYPES OF SERVICES

Payment for Targeted Case Management (TCM) services provided to children and youth ages four (4) through twenty-one (21) who meet the definition of having a serious emotional disturbance will be reimbursed on a fee-for-service basis per unit of service. For the purpose of this rule, a unit of service is a period of 15 minutes.

The Department will pay the lower of the following for TCM services for this target population:

- The provider's actual submitted charge for the services; or
- The Department's fee schedule.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of TCM services provided to children and youth ages four (4) through twenty-one (21) who meet the definition of having a serious emotional disturbance. Rates do not include the cost of room and board and include only Medicaid allowable costs.

The agency's fee schedule was set as of January 1, 2026 and the rates are effective for services on or after the date listed on the Attachment 4.19 Introduction Page. These rates are published at <https://health.wyo.gov/healthcarefin/medicaid/fee-schedules/>.