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State/Territory Name: Wyoming

State Plan Amendment (SPA): 26-0003

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
230 South Dearborn Street
Chicago, Illinois 60604

Financial Management Group

October 28, 2026

Jesse Springer
State Medicaid Agent
Division of Healthcare Financing
122 W 25th St., 4th Floor West
Cheyenne, WY 82001

RE: TN 26-0003

Dear Director Springer:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Wyoming (WY) State Plan Amendment (SPA) to Attachment 4.19-B WY-26-0003, which was submitted to CMS on April 22, 2026. This plan amendment updates the provider-specific Medicare-Equivalent ACR ratios listed in Attachment 4.19-B, Part 1, Addendum 5 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), and 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 July 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 Lindsay Michael at 410-786-7197 or Lindsay.michael@cms.hhs.gov.

Sincerely,

[redacted]

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 26-0003

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
07/01/2026

5. FEDERAL STATUTE/REGULATION CITATION
Section 1902(a)(30)(A) of the Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2027 $ 112,500
b. FFY 2028 $ 150,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment: 4.19-B, Part 1, Addendum 5, Page 3
Attachment: 4.19-B, Part 1, Addendum 5, Page 2

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Attachment: 4.19-B, Part 1, Addendum 5, Page 3
(TN: WY-23-0013)
Attachment: 4.19-B, Part 1, Addendum 5, Page 2
(TN: WY-23-0013)

9. SUBJECT OF AMENDMENT
This amendment updates the provider-specific Medicare-Equivalent Average Commercial Rate (ACR) ratios in Attachment 4.19-B, Part 1, Addendum 5 to reflect the most recent commercial rate data.

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
Jesse Springer

13. TITLE
State Medicaid Agent

14. DATE SUBMITTED
4/22/2026

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

FOR CMS USE ONLY

16. DATE RECEIVED
4/22/26

17. DATE APPROVED
October 28, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
7/1/26

19. SIGNATURE OF APPROVING OFFICIAL
[redacted]

20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

21. TITLE OF APPROVING OFFICIAL
DRR, Director

22. REMARKS

Instructions on Back

calculated using ACRs and Medicare payment and calculates for each ground ambulance provider a ratio referred to as the Medicare Equivalent of the ACR. The provider specific Medicare Equivalent of the ACR is multiplied by the calculated Medicare Allowed Amount on each claim service line to determine a Medicaid payment ceiling amount for each Medicaid claim service line. The Medicaid ceiling amounts are then summed on all claims for each ground ambulance provider to determine the UPL amount for each provider.

2. Supplemental payment calculation

A ground ambulance provider located in and licensed by the state of Wyoming may be eligible for supplemental payments if its calculated annual Medicaid UPL for the payment period is greater than its total Medicaid claim Allowed Amount for the same period. In cases where the provider's annual Medicaid claim Allowed Amount is greater than the provider's UPL, then the ground ambulance provider does not qualify for a supplemental payment for the year.

If Medicaid rates for ground ambulance services did not change between the base year (timeframe of the claim data) and the UPL rate year, then Medicaid Allowed Amount is simply retrieved from the claim data. If Medicaid rates have changed between the two time periods, then the claims are repriced to reflect Medicaid reimbursement levels for the UPL rate year.

The amount of the supplemental payment will be equal to the difference between the calculated annual UPL and the Medicaid claim Allowed Amount unless one or more ground ambulance providers have a total claim Allowed Amount greater than their UPL. If this occurs, then the annual ground ambulance supplemental payment for each provider receiving a non-zero supplemental payment will be reduced by the same proportion so that total Medicaid payment for the providers does not exceed the aggregate UPL.

Ground ambulance supplemental payments are made prospectively and are not subject to cost settlement. Non-state government owned ambulance companies will receive one payment per state fiscal year. Privately owned ambulance companies will receive one payment per quarter.

3. Upper Payment Limit Demonstration

An Upper payment limit demonstration will be completed annually using claim data from a recent 12-month period, allowing time for billing and claims adjudication runout and applying supplemental payments calculated through the process described in this section of the state plan. The State will demonstrate compliance with the UPL test individually by provider in accordance with federal requirements.

4. Limitations

A. Supplemental UPL payments are not allowed for ambulance services rendered to Medicaid managed care beneficiaries or Children's Health Insurance Program (CHIP) beneficiaries.
B. Supplemental UPL payments are not available for air ambulance services (fixed or rotary wing).

The Medicare Equivalent of the Average Commercial Rates ratios effective July 1, 2026 are:

Ground Ambulance Company	Medicare Equivalent of the Average Commercial Rate Ratios
American Medical Response Ambulance Service, Inc.	1.3069
Campbell County Hospital District	3.3662
Castle Rock Special Hospital District	2.5862
Frontier Ambulance, LLC	2.3197
Hulett County EMS	1.9836
Ivinson Memorial Hospital	2.4304
Johnson County Ambulance Rural Health Care	1.7787
Memorial Hospital Carbon County	2.6409
Memorial Hospital of Converse County	2.6869
Mills, Wyoming Fire Department	1.6260
Moorcroft, Wyoming, Town of	1.4339
North Big Horn Hospital	1.5565
North Lincoln County Hospital District, also known as Star Valley	4.2403
Platte County Memorial Hospital EMS	1.9790
Powell Valley Healthcare	3.4843
South Central Wyoming EMS	1.2548
Torrington, Wyoming, Town of	1.0662
Uinta County Ambulance Service	1.3490
West Park Hospital District Ambulance	2.9488
Wyoming Medical Center	2.8662