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State/Territory Name: Wyoming

State Plan Amendment (SPA) #: 26-0006

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

Medicaid and CHIP Operations Group

August 27, 2026

Jesse Springer
Medicaid State Agent
Division of Healthcare Financing (Medicaid & CHIP)
Wyoming Department of Health
122 West 25th Street, 4 West,
Cheyenne, WY 82002

Re: Wyoming State Plan Amendment (SPA) 26-0006

Dear Mr. Springer:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 26-0006. This amendment adds coverage and reimbursement for Freestanding Birthing Center services.

We conducted our review of your submittal according to statutory requirements in Section 1905(a)(28) of the Social Security Act and implementing regulations. This letter informs you that Wyoming's Medicaid SPA TN 26-0006 was approved on August 27, 2026, with an effective date of July 1, 2026.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Wyoming State Plan.

If you have any questions, please contact Ford Blunt at (214) 767-6381 or via email at Ford.Blunt@cms.hhs.gov.

Sincerely,

[redacted]

Megan K. Buck
Director, Division of Program Operations

Enclosures

cc: Denzel Clifton

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 — 0006

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
§1905(a)(28) of the Social Security Act

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-B, Birthing Centers (WY-26-0006)
Attachment 3.1-A, Pg. 12 (WY-26-0006)
Attachment 4.19 Introduction, Page 1 (WY-26-0006)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Attachment 3.1-A, Pg. 12 (WY-13-004)
Attachment 4.19 Introduction, Page 1 (WY-26-0002)

9. SUBJECT OF AMENDMENT
This amendment authorizes coverage and reimbursement for Freestanding Birthing Center services.

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
6/5/2026

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
June 5, 2026

17. DATE APPROVED
August 27, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2026

19. SIGNATURE OF APPROVING OF
[redacted]

20. TYPED NAME OF APPROVING OFFICIAL
Megan K. Buck

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS
08/20/2026 - Revised CMS-179 Sent to CMS.

Instructions on Back

Freestanding Birth Center Services

Attachment 3.1-A: Freestanding Birth Center Services

28. (i) Licensed or Otherwise State-Approved Freestanding Birth Centers

Provided: ___ No limitations _X_ With limitations ___ None licensed or approved

Please describe any limitations: Only facilities licensed and practicing within Wyoming can enroll.

28. (ii) Licensed or Otherwise State-Recognized covered professionals providing services in the Freestanding Birth Center

Provided: ___ No limitations _X_ With limitations (please describe below)

___ Not Applicable

Please describe any limitations:

Covered services furnished in a freestanding birth center are limited to practitioners furnishing services described in another benefit category and otherwise covered under the State plan.

Please check all that apply:

_X_ (a) Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State plan (i.e., physicians and certified nurse midwives).

___ (b) Other licensed practitioners furnishing prenatal, labor and delivery, or postpartum care in a freestanding birth center within the scope of practice under State law whose services are otherwise covered under 42 CFR 440.60 *(e.g.*, lay midwives, certified professional midwives (CPMs), and any other type of licensed midwife). *

___ (c) Other health care professionals licensed or otherwise recognized by the State to provide these birth attendant services (e.g., doulas, lactation consultant, etc.). *

*For (b) and (c) above please list and identify below each type of professional who will be providing birth center services:

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/

Service	Attachment	Effective Date
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
Freestanding Birth Center Services	Attachment 4.19-B	07/01/2026
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

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

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

Freestanding Birth Center Services

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

(i). State specific freestanding birth center Medicaid conversion factor.

(ii). Percent of charges. Services are reimbursed based on a percent of allowed charges as indicated in the fee schedule. These services include labor and delivery.

(b) Updates. The 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.

The agency's fee schedule was set as of July 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/.