

Table of Contents

State/Territory Name: Wyoming

State Plan Amendment (SPA): 26-0007-A

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 1, 2026

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

RE: TN 26-0007-A

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-26-0007-A, which was submitted to CMS on July 8, 2026. This plan amendment implements fee schedule updates for outpatient services.

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,

A solid black rectangular box used to redact the signature of Todd McMillion.

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

2 6 — 0 0 0 7 — A

2. STATE

WY3. 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

42 CFR §447.203

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2026 \$ 620,981b. FFY 2027 \$ 2,483,925

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B, Introduction, Page 1 (WY-26-0007-A)8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)Attachment 4.19, Introduction, Page 1 (WY-26-0006)

9. SUBJECT OF AMENDMENT

This amendment proposes to update the Introduction page to Attachment 4.19 of the Wyoming Medicaid State Plan to reflect fee schedule updates for certain professional services effective July 1, 2026.

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. TYPED NAME OF APPROVING OFFICIAL

12. TYPED NAME

Jesse Springer

13. TITLE

State Medicaid Agent

14. DATE SUBMITTED

7/8/2026

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

7/8/26

17. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

7/1/26

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Todd McMillion

21. TITLE OF APPROVING OFFICIAL

DRR, Director

22. REMARKS

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
Ambulatory Surgical Center	Attachment 4.19-B, Item 14	07/01/2026
Family Nurse Practitioners' Services	Attachment 4.19-B, Provision 23	07/01/2026
Freestanding Birth Center Services	Attachment 4.19-B	07/01/2026
Chiropractors' Services	Attachment 4.19-B, Provision 6c	07/01/2026
Dental Services	Attachment 4.19-B, Dental Services	07/01/2026
Home Health Services / DMEPOS	Attachment 4.19-B, Section 7c	07/01/2026
Nurse-Midwife Services	Attachment 4.19-B, Provision 17	07/01/2026
Preventative Services	Attachment 4.19 - B, Preventive Services, Page 1	07/01/2026
Podiatrists' Services	Attachment 4.19-B, Section 6a, Page 1	07/01/2026
Physician Services	Attachment 4.19-B, Provision 5	07/01/2026
Rehabilitative Services	Attachment 4.19-B, Provision 13d	07/01/2026
School-Based Services	Attachment 4.19-B, School-Based Services	07/01/2026
Speech Therapy	Attachment 4.19-B, Speech Therapy	07/01/2026
TCM – Children with SED	Attachment 4.19-B, Item 19, Page 4a	07/01/2026
TCM – Adults with SMI	Attachment 4.19-B, Item 19, Page 1a	07/01/2026
Transportation - Reimbursement for Use of Private Vehicle	Attachment 4.19-B, Provision 24a	07/01/2026