



March 2026



## Healthcare Bill Roundup: Rural Health Transformation Funds, Medicaid Reimbursement and More

Wyoming Public Radio | By [Kamila Kudelska](#)

Last year, Congress **didn't extend tax credits** that made health insurance on the Affordable Care Act marketplace more affordable. Many Wyomingites are now dealing with **double or triple the cost** for insurance. As a result, more people may delay care, and when they do, hospitals will provide care without compensation. This has put **a strain on hospitals** that are already dealing with **physician shortages**, **maternal health deserts** and more.

Wyoming Public Radio's Kamila Kudelska went to Cheyenne a day before the **House and Senate reconciled their versions** of the budget bill to check in with the Wyoming Hospital Association President Eric Boley. He shared how the budget and some bills going through the legislative session may help or hurt Wyoming's healthcare situation.

*Editor's Note: This story has been lightly edited for brevity and clarity.*

**Kamila Kudelska:** How do you think hospitals are faring with all these changes so far in the state?

**Eric Boley:** Things haven't changed drastically as far as hospitals, and part of it's because the impact of what happened in July hasn't completely been felt. We know about 11,000 of the 46,000 people that were on the [Affordable Care Act marketplace] exchange have dropped coverage now. So we expect to feel the impact of that coming up with more uninsured and more uncompensated care.

**KK:** Turning to the Legislature. Let's start with the budget. The House and the Senate have passed their own versions of the bills and they **differ in some big ways**. What stands out to you for the healthcare industry?

**EB:** I think the biggest thing with the budget – and it really isn't contained within the actual budget itself – the [Wyoming] Department of Health budget was left alone for the most part. Some increases in funding for a couple of areas [like] OB services and things, which were additions, were denied, but they didn't do any cuts.

The biggest thing is that they basically carved out the **Rural Health Transformation Program** and created their own **bill** that could be a tremendous benefit to our state if we're potentially allocated a billion dollars over the next five years.

There's still some question about whether or not our plan will be approved by CMS [Centers for Medicare and Medicaid Services] and whether the perpetuity fund, which is 70% of the funding, will actually be allowed by CMS.

We're kinda anxious to get this thing kicked off and get the funding flowing if we can, but we're waiting on CMS right now.

*Editor's Note: The timeline for final CMS approval of Wyoming's Rural Health Transformation Program plan is not definitive. Boley said the state is still negotiating and talking with the feds.*

**KK:** A couple of questions on **House Bill 122**. Like you mentioned, it's creating a perpetuity fund. It's also **outlining what those funds can be used for**.

[Those include] ground ambulance services, critical access hospitals, as well as individual grants for education for people who want to become physicians or nurses. There's certain requirements that these hospitals or EMS organizations would have to abide by to get the funds.

Do you think those requirements, are they too much potentially or do they seem reasonable for our healthcare industry?

**EB:** I think there's more detail that will come out once we get authorization, and I'm hopeful that there's a workable solution that can really help all of our critical access hospitals and figure out ways for us to regionalize and sustain the EMS services around the state.

It's a big issue. It's a big topic. There's actually a **bill** that would give \$1.3 million general fund and matching \$1.3 [million] from federal funds. So \$2.6 million to increase Medicaid reimbursement for all of our EMS calls.

We obviously are supportive of that. I think if we could get payment that helps sustain EMS services and pay them for their services, and then use some of this Rural Health Transformation [Program fund] to create systems. We have a combination that could really help with the EMS problems we're facing in our state.

**KK:** You just mentioned the EMS Medicaid reimbursement bill that is going to increase it to 100%. But some other Medicaid reimbursement bills **did not get approved or pass**. I know the one specifically for OB-GYNs didn't. Some lawmakers on the floor referred to the Rural Transformation Program Fund as reasons not to expand that reimbursement. Do you think that's a fair reason not to?

**EB:** I think there was some confusion. We need to draw really distinctive lines between what Rural Health Transformation [Program] funds can be used for and what Medicaid reimbursement can be used for.

It's expressly prohibited in the guidance from CMS to increase payments or to pay for services. So, I think we missed the boat, but I'm sure it'll come back. I think it's an important conversation to have because we're really struggling with OB services in a lot of our communities.

**KK:** Moving to hospital finances. **Senate File 5** is going to allow memorial hospitals and hospital districts to **file for bankruptcy**. Why was this not possible before and how are you hopeful that this will help hospitals?

**EB:** It's a bill that we worked on in the interim. I actually just looked at a **report today from Becker's** [Hospital Review] and it shows that we have six of our hospitals out of 30, so about 22%, are in immediate jeopardy, with three on the verge of closure.

That hasn't changed a lot, but we've been working with a couple of hospitals [that] have really been struggling and as we looked at opportunities for them to improve their financial position, we found in statute that memorial hospitals statutorily could not use bankruptcy reorganization as an option. Then as we studied it more, we found out that hospital districts couldn't either.

It's a tool to help them not shut their doors, but to reorganize their debt, to extend out their payments so that they can work their way out of some of the difficulties.

So we're really glad it was actually signed and it's passed all the way through. It was signed yesterday [Feb. 25] in the Senate.

**KK:** As we mentioned at the top, health insurance has gone up for quite a few Wyomingites this year. So I wanted to ask about **House Bill 161**, which failed to be even introduced. It was the Wyoming health insurance market study, but I wondered if that was at all meant to try to get a better understanding of the insurance industry in the state.

**EB:** We really don't have many options in our state when it comes to health insurance. We basically have one big player in the state, which is Blue Cross Blue Shield, and then we have a state plan that's administered by a third party administrator and it covers about 35,000 lives, I think, right now. I think the thought that went into that is: What if we opened up the insurance or the state plan and allowed other entities and individuals to access that? Would it lower premiums? Would it improve access to insurance? I think it'll come back. I really think we've got to explore where we are and what our options are. We don't see insurance companies really jumping in line from across state lines to offer plans, even though they could if they want to. Unfortunately, our state is aging. I think demographically we're second oldest and soon to be first oldest. So it's not a really attractive market for insurers.

**KK:** I just wonder if, looking down the road, is there anything else that you're interested [in] or want the [legislative] interim to pick up or to try to help with these things that hospitals are facing this year?

**EB:** One thing we're suggesting as an interim topic is looking at a model that's actually been adopted in Montana, but creating a catastrophic or a **high risk pool of insurance**. Those that could

have catastrophic claims or those that have chronic illnesses and stuff, it would create another pool to shift the really high expensive premiums into this different pool, and it might lower premiums overall for those that would fall under traditional [insurance]. But we think that could be a real potential savings in the insurance market and could take a lot of pressure off of our insurance companies that are in the state.



## AHCA 2026 Leadership Academy

AHCA/NCAL's 2026 Leadership Academy registration deadline is March 12 as the first meeting is on March 16. This program is designed for leaders at all levels in your buildings or organization to build better trust with staff that has been found to be a key driver related to not just turnover and retention but also quality outcomes. In Mark's book *LTC Success*, leaders who created a culture where staff felt valued and heard was the most common refrain explaining why these organizations were so successful. The academy runs from March 16 through October 6 of this year with 17 every other week virtual live sessions. Its ideally taken by at least two leaders in a building who can work together between sessions to use the hands-on exercises and tools. All sessions will be recorded in case participants miss a live one.

The faculty for this Academy - Jerald Cosey, Kate Hilton, Lindsay Martin, Courtney Bishnoi, Dr. David Gifford, and Darius McDonald have been running this Academy for the past three years.

Participants will also earn **24.75 NAB-Approved CE credits for administrators** or **24.75 contact hours for nurses**, plus receive complimentary enrollment in our new online course *Building Trust: A Key Strategy to be an Effective Leader in Long Term Care* launching April 2026.

The cost is **\$975 for AHCA/NCAL members** and **\$1,175 for non-members**.

Register by **March 7<sup>th</sup>** and save \$100 with promo code **Leader2026**.

If you or any questions, you can reach out to me directly or contact our team at [leadershipacademy26@ahca.org](mailto:leadershipacademy26@ahca.org).

## CMS Updates SNF Provider Enrollment and Revalidation Guidance

The Centers for Medicare and Medicaid Services (CMS) recently posted three important updates to its SNF Provider Enrollment **Guidance and FAQ document**.

1. The section regarding the suspended application submission due dates for all SNFs was updated with new content, noting that **SNFs that have not yet submitted their revalidation applications or had their revalidation applications rejected and have not submitted a new one are still required to submit said applications but may wait to do so until CMS announces a new due date**. SNFs that have revalidation applications pending with their MAC can still expect to receive determination letters over the coming months.
2. A new Q&A was added indicating that **providers that have submitted revalidation applications must still meet the 30-day response time for providing additional information to the MAC**.
3. A new section regarding longstanding required provider enrollment data (non-SNF attachment data) was added where CMS reminds SNFs that **all required data on the application must be furnished and all other requirements completed**.

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## Dates to Remember

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Spring Meeting  
Best Western Sheridan  
Sheridan, Wyoming



WyLTC Association Spring Meeting





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