

OPEN MEETING MINUTES

Name of Governmental Body: Medicaid Advisory Committee (MAC)			Attending: Jess Stevens, Randi Espinoza, Maggie Williams, Kayla Anderson, Mandy Stanley, Robyn Woolever, Kim Hawthorne, Kelly Carter, Jordan Mason, Aylee Her, Marguerite Burns, Karen Nelson, Paula Tran, Rosie Bartel, Lori Fierst, Brook Stanley, Emma Tomberlin
Date: 6/22/2026	Time Started: 12:34 p.m.	Time Ended: 2: 58 p.m.	
Location: Virtual Zoom Meeting			Presiding Officer: Jess Stevens
Minutes			

Members absent: Dino Tousis, Nikki Stearns,

Others present: Amanda Dreyer, Allie Merfeld, Cheryl Jatczak-Glenn, Gladys Martens, Gina Anderson, Laura Grulke-Reuter, Ayan Hassan, Rahmo Kassim, Saul Zuniga

Meeting Call to Order, Jess Stevens, MAC Chairperson

- Jess welcomed the group; roll was called through introductions. Seventeen members were present, constituting a quorum.
- The agenda was reviewed and approved.
- Minutes from the 3/24/2026 meeting were approved.
- The group discussed Conflict of Interest. None were noted.

Public Comment: 19 members of the public were present.

- There were 2 public comments.
 - David: Medicaid Purchase Plan (MAPP) improvements
 - Allow the MAPP premium coupon online. Currently the fiscal agent only sends snail mail through USPS. If you lose the coupon you need to call to get a replacement. This could be achieved by syncing cares data and fiscal agent data together somehow to make sure cares program gets coupon.
 - Track independence account data to find out where more outreach is needed to help market the MAPP independence option.
 - consider tiering and capping MAPP premiums at different thresholds; higher income earners pay a higher premium.
 - Tier one could be the \$25.00 for MAPP premium anyone at or above 100%-149% poverty level Tier two could be the \$35.00 for MAPP premium anyone at 150%- 200 % poverty level
 - Tier three could be the \$45.00 for MAPP premium anyone at 201%-250% poverty level
 - Increase the asset limit to \$35,000: I understand the thought behind having an asset limit; however, people with disabilities want to work and save to improve their quality of life. This needs to happen to be a true work incentive program.
 - consider allowing an exempt secondary vehicle not counted as an asset some areas in the state have no public transportation
 - Ramsey: Inclusa Issue
 - Members are having issues waiting several months for services and going without care, missing critical doctor appointments, asking for grievance paperwork and never receiving it.

Updates and Discussion

Updates from the Medicaid Director:

- Work Requirements:
 - OBBBA made changes to Medicaid and to FoodShare.
 - The webinar was recorded and will be available to view.
 - CMS has issued more guidance. Comments are due back to CMS by July 31
 - Letters will go out in August/September. Work requirements for new applicants go into effect in January and for renewals it goes into effect in March 1.
 - WI will have a 12-month renewal.
 - DHS should have a web page up by then.
 - Tribal members do not need to meet the work requirement.
 - Individuals with “medical frailty” conditions can receive exemption. Wisconsin DMS is working with other states and CMS to figure out what this exemption covers and how it would be documented.
 - The nuances of the Medicaid work requirement and the SNAP requirements are similar but there are some differences.
 - MAC feedback:
 - I encourage you to send your comments to CMS. They are required to read them.
 - Prior authorization for certain medications might also be used as a data point for medically frail exemption.
 - With a disability, some are on SSDI and some are on Medicaid. I think we need to clearly communicate so that people know that they are exempt and what steps they need to take to receive the exemption.
 - I'm getting questions from friends as far away as California on SSDI asking me if they'll have to prove their disability and what happens if they can't do so, it's a nationwide problem with communication and fears I believe.
 - Tribal eligibility for the exemption can be different if it is a recognized tribe or not.
 - A lot of the folks I take care for do not have access to a web site and may be experiencing homelessness. Hanging flyers in clinics and other places may help get the information out there for these folks. A: The Medicaid leadership team makes site visits several times a year and one of these was at a day shelter. Getting these folks information there and sending them information to share and folks to look out for may help with this.
 - Text messages may be an option.
 - Having someone set up a table for 3 days with brochures and information could make a difference. Being in the community face to face.
- Legislative Updates:
 - DHS is working on a waiver that expands Medicaid to individuals leaving jails or prisons (Act 233).
 - WI is one of the best in WI for our error rate for FoodShare. We need to keep our error rate under 6% and we are adding people and resources to make sure we meet that.
 - Summer EBT \$125 per child
 - GLP-1 coverage better rates for the state and more clinical integrity
 - 12 -month postpartum coverage is effective 6/1: Anyone whose pregnancy ended in 2026 will have care for 12 months.
 - Gail's law effective 7/1. BBP team is working on policy & system changes, along with comms work to engage members and partners. Breast cancer screening and
- FWA

- Provider revalidation
 - Oz letters and response/plan
 - Existing process should check the boxes
 - OIG will do some additional off-cycle reviews
 - DOJ targeting Medicaid Fraud Enforcement Units
- Financial Update 263 million dollar deficit right now. We are seeing more folks who are requiring long term care.

Programmatic Update: Allie Merfeld,

- DMS Annual report on MAC/MMEC. First of its kind as required by CMS. Brief review of unpublished draft and invitation for comments. Comments need to be received by Friday 6/26 to be added to the final draft which will be published on July 1st.
- State Plan Amendment (SPA) Update: Allie shared SPA updates ahead of time. We're getting ready to submit 6 SPAs to CMS.
 - Q &A from MAC Members:
 - How does the change for peer recovery services change things?
 - Response: We're adding peer recovery services as a new service type, and clarifying peer recovery coaches scope and allowable settings.
 - What is considered an "overdose treatment provider agency"?
 - Response: These are defined in [DHS 72](#). There are also several provider/agency types (e.g., CSP) that are exempt from the certification requirements in DHS 72.
 - What providers enrolled in Medicaid providing behavioral health can work with peer recovery coaches (PRCs).
 - Response: PRCs operate under the supervision competent mental health professionals (defined at [DHS 72.03\(4\)](#)). Peer recovery coach supervisors (defined at [DHS 72.06 \(4\)](#) and [\(5\)](#)) provide co-supervision to PRCs. PRCs also work with treatment providers and qualified prescribers, as described in [ForwardHealth update 26-05](#).
 - Recovery is a journey, and this is an exciting first step, but it remains to be seen how this is going to work.
 - How do we look at these SPAs as a fiscal impact and how they affect the current deficit?
 - Response: As we anticipate throughout the biennium we do expect there will be changes like this that will impact the budget, and we plan for that. There are some operational things we can do to help. The WI budget for Medicaid is a 2-year budget. Putting a delay on provider payments could be an option to help if working on a deficit. No one likes that idea. With a 2-year budget, we can make rate adjustments. Some states have taken steps to adjust the populations they cover to help with deficits. We cannot go into July of 2027 with a deficit. We need to be neutral by that point
 - Allie will revisit some of MAC's questions with DMS staff and subject matter experts. Will prepare a document with added clarifications or have a subject matter expert attend the next MAC meeting
- CLTS waiver status
 - [Medicaid Member Experience Council | Wisconsin Department of Health Services](#)

Annual Report:

The annual report was shared ahead of time. This is a federal requirement for the Medicaid Advisory Committee and the Medicaid Member Experience Council. <https://www.dhs.wisconsin.gov/medicaid/mac-report->

2025.htm?auHash=B3ZMWIDrd8oSLxOHmVSDLY1_EjjUNHhklyUy6W0vhMA. Our goal is to finalize the report by July 1.

MMEC Report Out: Brook Stanley

- Update on recruiting for Menominee County and Tribal Seat: We should be announcing selected candidates shortly
- MMEC presentations:
- Second meeting is being scheduled
- Special project update: no decision yet, this will require another meeting. We have 2 we've been talking about and will have more discussions at our July 1 meeting.
 - Prior Authorization: maintenance medications and durable medical equipment.
 - What are the issues and what can be changed
 - Medications you've tried and documented one year, you need to document again the next year.
 - Old providers leave and patients need to find documentation for the new provider.
 - Medical Transport
 - Trip log difficulties
 - No show rides
 - What is Medicaid: This item weaves through both our other items.
 - Comments:
 - It can be the provider that is the problem. If you don't formally complain, nothing happens. Know what services are available.
 - We also shared via public comments for CLTS that there are opportunities to build on the processes, timelines, and clarifying policies on what items should be for purchasing and reimbursement. Increased communication we hope will improve experience and reduce barriers/delays to care.
 - I am hoping the new NEMT company will be more reliable.
 - Verida Inc is the new NEMT contractor.
 - It is challenging to get local rides because drivers want to take the drives that are further away. They get bumped for longer rides. Drivers don't get paid enough for the local rides.
 - Challenges with mileage reimbursement
 - For clients to bring issues with NEMT to DHS directly, the complaints inbox is DHSNEMTInfo@dhs.Wisconsin.gov

New Provider Search Tool: Laura Grulke-Reuter

This is a new provider search experience on the DHS website. This project combines 2 separate search tools on the ForwardHealth portal, Find Care and DQA Prover Search and puts it on the DHS website. This site is still in testing and has not gone live yet. The tool will be as up to date as our providers allow. Providers for Medicaid update their own information. Providers for DQA send DHS their updates. Laura gave a demonstration of the provider search including use of the different filters and search criteria. This search does not include Aging and Disability Resource Centers, Children's Long Term Care Support providers, Oral Health Program, on Wisconsin Wayfinder.

DHSProviderFinder@dhs.wisconsin.gov

Comments:

- There is a limitation with the provider name field. The way to get around this is to just put in the city and a mileage radius and narrow down from there.

- Do you pull from CAQH provider data portal? A: We will look into that. This could be very helpful. <https://proview.caqh.org/> If you can get them to use a central insurance credentialing form CAQH, this would be easier! WPHCA has discussed this at length.
- Is there a filter for MCO, so community members could select within their MCO? Or perhaps a provider-level attribute that shows all of the MCO networks that the provider is a part of. A: We have not integrated MCO and HMO provider directories in this search tool. Use their provider search to find in-network providers.
- Local Resources
 - Aging and Disability Resource Center
 - Children's Long-Term Support
 - Oral Health Program
 - Wisconsin Wayfinder (Support for children with special needs)

2026 Medicaid Advisory Committee meetings: Our next meeting will be in September. Please send Gina your availability if you have not already done so.

Q&A

- Some of the SPAs are still being reviewed by CMS is that correct? What can we share/not share that we can share with our groups. A: The top 2 pages are the quarter 2 SPAs. Those are all forthcoming. Some of the later SPAs on the following pages have been approved. This is a public meeting and everything we share is ready for public sharing.
- If something was approved retrospectively does that mean that the benefit is retroactive as well? If the claim was denied, can it then be resubmitted? A: We often try to align the active date with the CMS approval date. It is not going to be the same active date and approval date every time. Q: What is the most effective way to navigate this? A: There is not a cut and dry answer unfortunately. Please ask.

Adjourn

- A motion to adjourn was not obtained. The meeting concluded at 2:58 p.m. central time.

Prepared by: Gina Anderson, Cheryl Jatzak-Glen, Ayan Hassan, Rahmo Kassim, Saul Zuniga on 6/22/2026.

These minutes were reviewed and approved by the governmental body on: