

Tony Evers
Governor



DIVISION OF MEDICAID SERVICES

1 WEST WILSON STREET
PO BOX 309
MADISON WI 53701-0309

Kirsten L. Johnson
Secretary

State of Wisconsin
Department of Health Services

Telephone: 608-266-8922
Fax: 608-266-1096
TTY: 711

Medicaid Member Experience Council Application

Thanks for your interest! The Wisconsin [Medicaid Member Experience Council \(MMEC\)](https://dhs.wi.gov/medicaid/mmec.htm) (dhs.wi.gov/medicaid/mmec.htm) is a new space for people with experience using Medicaid to help make it better. MMEC ambassadors will connect with decision makers to tell them how we can do more of what's working, and fix what's not working.

Medicaid members are the experts we need

Nobody knows Medicaid better than those who rely on it for health care. We are looking for:

- People who have Medicaid benefits right now, or their caregivers
- People who had Medicaid benefits in the last two years, or their caregivers

Anyone with a ForwardHealth card has Medicaid.

We want the MMEC to represent many perspectives from all parts of Wisconsin. We will select a small group of ambassadors who represent different experiences.

Work with Wisconsin Medicaid to solve problems and make improvements

MMEC ambassadors will attend about eight meetings each year. We'll hold many meetings online, but some may be in person. Ambassadors can join all meetings by phone if needed. Ambassadors can bring a support person if needed. Meetings will sometimes be two or three hours. We hope to have our first meeting around July 2025.

MMEC ambassadors also work together on one or two special projects during the year. The MMEC will choose these projects together with help from Medicaid staff. They'll talk with the Medicaid Director and staff. They'll also get updates, have discussions, and ask questions.

The Medicaid Director selects the MMEC ambassadors. Ambassadors participate for three years.

Apply by May 12

You can submit your application one of four ways:

1. Apply **online** (survey.alchemer.com/s3/8239554/mmec-application)
2. Fill out this application and **email** it to DHSWIMedicaidProgram@dhs.wi.gov
3. Print and fill out this application and **mail** it to:
Medicaid Advisory Committee
c/o Amanda Dreyer
1 W Wilson Street, Room 350
PO Box 309
Madison, WI 53701-0309
4. Over the **phone** with Member Services—call 800-362-3002 8 a.m.–6 p.m.
Monday through Friday.

Responses can be short. Applying does not guarantee that you will be chosen for the council. For help applying, email DHSWIMedicaidProgram@dhs.wisconsin.gov.

Once we review your application, we will send you an email or call you with more information.

Application questions

Name	
City or county	
Phone number or email address	

1. What is your experience with Wisconsin Medicaid?

(If you have a ForwardHealth card, you have Medicaid.)

- ☐ I have Medicaid benefits right now
- ☐ I used to have Medicaid benefits (within the last two years)
- ☐ I'm a caregiver of a person with Medicaid benefits
- ☐ I'm a caregiver of a person who used to have Medicaid benefits (within the last two years)

2. Why do you want to participate in the Medicaid Member Experience Council?

3. What perspectives and experiences will you bring to the Medicaid Member Experience Council?

4. What Medicaid program(s) do you have experience with? Check all that apply.

(If you have a ForwardHealth card, you have Medicaid. Visit dhs.wi.gov/medicaid for more information about Medicaid programs in Wisconsin.)

- ☐ BadgerCare Plus
 - ☐ BadgerCare Plus and Medicaid Emergency Services
 - ☐ BadgerCare Plus Prenatal Plan
 - ☐ Birth to 3 Program
 - ☐ Care4Kids
 - ☐ Children's Long-Term Support (CLTS) Program
 - ☐ Family Care
 - ☐ Family Care Partnership
 - ☐ Family Planning Only Services
 - ☐ IRIS (Include, Respect, I Self-Direct)
 - ☐ Katie Beckett Medicaid
 - ☐ Medicaid Purchase Plan (MAPP)
 - ☐ Medicare Savings Programs (QMB, SLMB, SLMB+, QDWI)
 - ☐ Program of All-Inclusive Care for the Elderly (PACE)
 - ☐ Supplemental Security Income (SSI) Related Medicaid
 - ☐ Other:
 - ☐ I don't know
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5. How did you hear about the Medicaid Member Experience Council?

- ☐ DHS website
 - ☐ DHS social media post (Facebook, Instagram, X, or LinkedIn)
 - ☐ Email from DHS
 - ☐ ACCESS website
 - ☐ Provider
 - ☐ Friend or family member
 - ☐ Local public health or Tribal health department
 - ☐ Community organization:
 - ☐ Other:
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6. Is there anything else you would like us to know?
