OPEN MEETING MINUTES

Name of Governmental Body: Medicaid Member Experience Council (MMEC)			Attending: Emma, Lori, Brook, Nikki, Kristin, Forrest
Date: 8/17/2026	Time Started: 1:01p.m.	Time Ended: 2:30 p.m.	
Location: Virtual Zoom Meeting			Presiding Officer: x

Minutes

Members absent: Rosie

Others present: Amanda Dreyer, Arielle Exner, Glady Martens, Allie Merfeld, Cheryl Jatczak-Glenn, Gina Anderson, Nyette Brown-Ellis, Susan Seibert, Rahmo Kassim, Hanna Eichele, Saul Zuniga, 4 members of the public joined.

Welcome and Introductions

- Roll was called trough introductions/icebreaker. Six members were present, constituting a quorum.
- The agenda was reviewed and conflict of interest was discussed with the group. No conflict of interest was declared by a member.

Prior Autorization Special Project Planning: Susan Seibert, Hanna Eichele

- Bureau of Clinical Policy and Pharmacy (BCPP) oversees prior authorization (PA). Came to meeting to seek MMEC's feedback on PA.
- What parts of the PA process have been confusing or tough to navigate in the past?
    - I would appreciate a way to expedite claims that are very important. Going through all the channels can be an issue. Before I can have them send me the needed items, I have to call my nurse who has to contact the doctor who says it is needed. It then goes back to the nurse who contacts the pharmacy and 2 months later I finally get the things I need. Question: Do you ever have an issue getting into the nurse. A: No the nurse is very quick it is getting to the doctors approval and then the going through the state. It seems unnecessary for something they know I need. This is not something new. It is something I need in order to walk.
    - Are there different prior authorization protocols for different insurance companies? A: Yes
    - Why do some need to go through all these steps more often than others for something they continually need? A: Some services do not require prior authorization due to state and federal rules.
    - I have had to go through the prior authorization process for the same medication every year. The answers to medications you have already tried do not change year to year but we need to resubmit that information every year and they are not allowed to take that information from the previous year. This causes laps in medication. A: We are looking at changing our process for certain medications. We are looking at ways to shore up what is necessary and trying to make that process a lot faster. For example, BCPP is currently considering removing some PA requirements for certain ADHD prescriptions. When folks are coming from out of state, we are required to get records from out of state.
    - For medications that are not working, I don't think folks are aware that if the medication is not working, you don't need to stay on it for 30 or 60 days. You can reach out to your doctor. A: A provider can document that they don't want a patient to go through a certain step and document the reasons why.

    - If there a person has been on a drug for a long time. Can a doctor say this is working we would like them to stay on this. A: A doctor can document the other drugs tried and submit that information when submitting the prior authorization: A: Every case is different.
- After your provider said they submitted a PA, what do you want to know about the PA while you wait for a decision?
    - What is going to be covered by insurance? It would be great to know what is covered and what is not before waiting for PA or going to pick up medication. The provider does not know what is covered. A: It can be a lengthy process and depends on how services are coded in the EHR. Recent changes are requiring that codes be proactively shared to make it easier for payers to identify whether the services are covered.
    - I would like to know when a PA has been submitted to the State. I would like to know where the PA is in the process.
- What information do you currently get between a PA request being submitted and getting a decision.
    - I get a message saying this requires PA and that could take 2-6 weeks. Then I get a message saying this has been approved/denied. A: We are working on similar process improvements for the pharmacy PAs so that members will be able to log in and see where things are in the process and what needs to be provided to improve the process and make things faster for the member.
- Where do you get information about your PA requests? Providers? WI Medicaid? Member API tool?
    - I use Aspirus and the doctors and nurses are great at keeping me informed the PA was submitted. However, after PA submission, my providers do not have information to update me with.
- The API tool is currently available to Medicaid members but does not include PA. PA will be added to the API tool.
    - How do we access this tool? A: There is a guide for using the API tool and the team will share this information with the group after the meeting
- Is the information you get about the PA process helpful?
    - Yes, up to when my providers say they have sent it in, at least I know that part has been done.
- If you did get information about your PA (from a provider of Medicaid) and you have a question, do you know how to get help from Members Services? You can contact ForwardHealth Member Services by calling 800-362-3002 or by sending an email to memberservices@dhs.wisconsin.gov . https://www.dhs.wisconsin.gov/medicaid/contacts.htm
    - No, I have not been given that number.
    - I do have the number, but if I don't know where it is in the process, I don't know if I need to reach out to the doctor or member services. A: Would you say you have had the same issues with multiple providers or have some been better? A: Froedtert has been good, they have a dedicated PA support team.
    - I have used members services for help with NEMT
- If you get a denial on a PA, do you know what options you have?
    - No
    - Are there general tips and tricks we can share with the group in the future? A: Yes, definitely. Will provide additional resources in a later meeting for a more short term solution to some of MMEC's experiences with PA.
- We are now able to give more personalized messages regarding PA decisions. What kinds of things would be helpful? No comments
- Has a provider ever helped you after you got a PA denial?
    - When there have been denials it's because of a data entry issue, the doctor is planning to fix. My partner's doctors don't usually put in PAs that don't meet criteria, it's just the paperwork that's the issue and they resubmit on their end (not sure what that process is like)

- Thinking about PA, what benefits or services (prescription meds) have been tricky to navigate?
    - Very expensive medication has been a challenge. The upfront cost means that the medication cannot be acquired before PA approval.
    - DME for wheelchair accessories has been an issue. The PA process for getting a replacement has also been an issue. Having to visit the doctor every time and only getting a new cushion every 5 years. This is going to be a lifelong need.
    - For my partner, finding any DME company that will take their Medicaid HMO and has what they need has been very difficult, which means they haven't even gotten to the PA point.
- Question: Is there a way to flag something as process this immediately? A: Yes, providers do have the option to select the urgent box. That is new this year. Interoperability requires us to process those in 72 hours, but they must meet the criteria of being life threatening or sever pain. In cases of severe emergencies, PA is skipped.
- As of today, most PAs are submitted by the portal.
- Flagging claims as urgent for PA approval/denial is different from the STAT PA process. There is also the opportunity to make this a STAT PA for pharmacy PAs. This link provides more information about the STAT-PA process through ForwardHealth. https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Print.aspx?ia=1&p=1&sa=48&s=3&c=201&nt=STAT-PA The pharmacist can also submit a smaller supply while a full prescription is being evaluated.
- Other PA Issues we should know about?
    - For surgery PAs, I did not know one was needed until it was approved and scheduled.
- https://www.dhs.wisconsin.gov/medicaid/patientdata.htm

Prepare for September Medicaid Advisory Committee Meeting

- Planning to discuss peer recovery services
- What topics would MMEC members like to discuss?
    - Medicaid director: Suggests Medicaid work requirements. DMS is expecting Medicaid work requirements to be a hot topic at the time of the next meeting (November). A DMS comms specialist will be joining the MMEC to help guide how to discuss the topic (i.e., what is known right now, what is not known, what is vague, etc.
- Who can speak during the MMEC report out to the MAC?
    - No volunteers at this time, we will follow up with an email.

Wrap Up

We will send out the notes from this meeting and a follow up email for a volunteer to present at the MAC meeting. Please send Gina your availability for the November MMEC meeting.

2026 Medicaid Member Experience Council meetings: Other dates TBD.

Prepared by: on 8/17/2026.

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