OPEN MEETING MINUTES

Name of Governmental Body: Medicaid Member Experience Council (MMEC)			Attending: Rosie, Lori, Brook, Nikki, Andy
Date: 5/6/2026	Time Started: 1:00p.m.	Time Ended: 2:36 p.m.	
Location: Virtual Zoom Meeting			Presiding Officer: x

Minutes

Members absent: Emma

Others present: Allie Merfeld, Cheryl Jatczak-Glenn, Gina Anderson, Maddie Valent, Christa Glowacki, Autumn Knudtson, Ann Lamberg, Pam Appleby, Ramsey Lee, 6 members of the public joined.

Welcome and Introductions

- Five members were present, constituting a quorum.
- The agenda was reviewed, and conflict of interest was discussed with the group.
    - No conflicts of interest were disclosed.
- Minutes from the February meeting were reviewed and approved. The motion to approve came from Andy and Seconded by Rosie.

Medical Transportation: Maddie Valent, Kelly Conte- Neuman, Autumn Knudtson, Ann Lamberg

- How is Medical Transportation working for you? What has been working well and what can be improved.
    - Frustration in scheduling mileage reimbursement was noted. This cannot be done on line or through the app on the phone because it doesn't recognize the address. They denied 2 of my claims because they were on the same day but they were at different times with different doctors and I came home in between. A: Hopefully we can give you some great next steps to get this taken care of after going through the slide deck.
- Non Emergency Medical Transportation (NEMT) is transportation to covered health care appointments when there is no other way to get there. This may be public transportation, specialized medical vehicles or other types of vehicles. Members may also be reimbursed for gas mileage.
- Not covered: trips to work activities, to the grocery store, etc.
- Who is covered? WI Medicaid including IRIS and BadgerCare Plus, Family planning only services, Tuberculosis-related services oly benefit, and BadgerCare Plus Express Enrollment for Pregnant Women
- MTM is the transportation broker Wisconsin WI DHS contracts with to operate NEMT in Wisconsin. There is a procurement and evaluation process every 5 years for this service. DHS provides fiscal and operational oversight of MTM.
- The Bureau of Fiscal Accountability and Management (BPP): BBP provides overview of operations and gets performance reports some daily/some monthly on missed trips, driver qualifications, vehicle qualifications. DHS has the ability to put them under corrective actions. DHS reviews 100 percent of the complaints that go to MTM. DHS is involved in complaint resolution and fair hearings. Approximately 90 percent of fair hearings are resolved before mediation.
- The Bureau of Quality and Oversight oversees contract compliance and program quality.
- Question: How many companies does MTM work with? A: I don't have the exact numbers. It is in the thousands.

- Managed Care Organizations (MCOs) must provide medical and community transportation as part of the Family Care , Partnership and Pace benefit package. Several of the MCOs contract with a transportation broker to coordinate and schedule rides for members.
- Inclusa/iCare is one of the MCOs that provide adult long term care services. They have partnered with MTM for transportation for their members. This is separate from the state contract with DHS/MTM. The initial transition did not go as planned. Inclusa/iCare took back scheduling duties and developed a new transition plan with MTM. DHS is meeting with Inclusa/iCare weekly to review these issues since DHS also oversees MCOs.
- Question: For mileage reimbursement: if you do not have a printer, it is not possible to get reimbursement because you need to print out the log to get it signed by the doctor.
    - A: That is not correct, there is an app that members can use to submit mileage. Comment: On the page I am looking that is not listed.
    - We will send out the slides with these links after the meeting.
- MTM Complaint Process
    - A complaint is filed by the member, family members, social workers, or providers either by phone call, by form, or by escalated complaint by DHS.
    - MTM investigates the complaint
    - For substantiated complaints, MTM takes corrective action.
        - If a driver has 4 substantiated complaints or more, they are terminated.
    - MTM sends a resolution letter to the impacted member (The letter is sent to the member not a family member even if the complaint was submitted by a family member.)
    - MTM conducts complaint trend analyses.
    - DHS works closely with them and has oversight.
    - DHS reviews 100 percent of the complaints and provides feedback.
- DHS Remediation
    - DHS has a dedicated NEMT mailbox. It is reviewed and tracked. DHS staff escalate to MTM with recommended remediation actions and meet with MT weekly to review status of all escalations.
    - Once the complaint is made MTM has 10 days to respond to a complaint and 30 days to send a letter of final resolution.
    - If the member is not satisfied with the resolution, it can be sent to appeals with the Division of Hearings and Appeals. https://doa.wi.gov/Pages/AboutDOA/HearingsAndAppeals.aspx.
- MTM Link App this is an optional additional resource. https://www.mtm-inc.net/wisconsin/
    - You can schedule, cancel, modify, and enter gas mileage using the app.
    - The app is Apple and Android compatible.
- NEMT Procurement
    - Our current contract with MTM expires on Oct 31 of this year. We are currently in the procurement process.
    - DHS develops a Request for Proposal (RFP)
    - RFP is open for vendor submission
    - Evaluation panel reviews and scores submissions
        - Question: Are patients and care partners a part of the panel reviewing the submissions?
            - A: We will check on that.
    - DHS awards NEMT contract to vendor
    - New contract begins 11/1/2026
    - We expect an intent to award letter to be sent out some time this month.
- NEMT Transportation Advisory Committee (TAC)
    - TAC members meet with DHS and MTM 4 times a year to discuss NEMT operations highlighted topics and to provide feedback. They are 2-hour virtual meetings co-facilitated by DHS and NEMT. Topics are

based on quarterly surveys sent to TAC members. All meetings are open to the public and shared on the DHS NEMT webpage. Medicaid: Transportation Advisory Council | Wisconsin Department of Health Services
    - Meetings are on the first Thursday of March, June, September, and December.
    - You don't have to be a TAC member to participate in this meeting. We use this feedback to understand the overall health of the NEMT program.
- Question: Is there any information you can give us regarding what type of complaints you get? Is there an area that needs work? What are most complaints about?
    - A: We will follow up- with this information in an email.
- Brook noted an issue with signing up for the MTM app. She will send to the email box and Allie will follow up.

Medicaid Prior Authorization: Pam Appleby

- Medically Necessary Care: Defined in DSH 101.103(96m) a Medicaid covered service that is required to prevent , identify, or treat a member's illness, injury, or disability and meets several standards including not being experimental.
    - https://docs.legis.wisconsin.gov/code/admin_code/dhs/101/107
    - https://docs.legis.wisconsin.gov/code/admin_code/dhs/101/101
    - https://docs.legis.wisconsin.gov/code/admin_code/dhs/101/106/02

- Prior Authorization (PA) is written authorization issued by DHS to a provider prior to the provision of a service.
- Providers are responsible for submitting accurate and complete PAs.
- Current PA Process
    - Clerical
        - Intake PA form
        - Verify content
        - If unresolvable errors return PA to provider with explicit instructions for corrections
        - If acceptable assign to appropriate clinical reviewer

    - Clinical
        - Access PAs pending review in order of priority
        - Review information for medical necessity, including supporting documentation
        - If information is missing, return PA indicating what is needed
        - If complete, determine an approved or denied status
- Media Type Distribution for all PA Process Types: web, fax, vendor, STAT PA, telephone
    - We are really trying to prioritize using the web for the future.
- Interoperability Rule https://www.cms.gov/priorities/burden-reduction/overview/interoperability/policies-regulations/cms-interoperability-prior-authorization-final-rule-cms-0057-f
    - Effective date Jan 1, 2027
    - Key Goals: improve flow of healthcare data across providers, payers, and members
    - Replace paper of fax-based processes with fast digital alternatives
    - Improve PA operations
    - The rule mandates PA timeframes
        - Urgent requests 72 hours
        - Standard request 7 calendar days
    - The rule mandates we incorporate plain language into PA decisions
    - The rule mandated that we publicly report metrics
- PA Operations Changes

  - We are increasing automation of PAs, removing PA (vision)or increasing service thresholds before PA is needed (Therapies, disposable medical supplies),
  - Eliminating returns for non-drug PA requests (PAs will be denied as incomplete),
  - Eliminating most mail and fax PA submissions
- How are we communicating this?
  - Written communication to providers
  - ForwardHealth provider updates, info sheets, FAQs https://www.forwardhealth.wi.gov/WIPortal/cms/page/provider/pa-process-improvements
  - In person training
  - Data monitoring/monthly reports that will result in direct outreach to providers still using mail or fax
- PA Technology Improvements
  - Enhancing existing Patient Access API https://www.dhs.wisconsin.gov/medicaid/patientdata.htm
  - Build and maintain 3 new APIs: Provider Access API, Payer to Payer API, Prior Authorization API
  - Add PA data to Patient Access API
  - Create PA Lookup Tool for members, providers, and partners
- Patient Access API
    - Allows for secure exchange of data between two systems (provider and Medicaid)
    - Can choose preferred digital application
    - On-demand access to health care data
    - Medicaid: View Your Health Records | Wisconsin Department of Health Services
- Additional PA Links
    - https://www.dhs.wisconsin.gov/medicaid/pa-data.htm
    - https://www.forwardhealth.wi.gov/WIPortal/cms/page/provider/pa-process-improvements
- Questions that the Mediciad team will follow up on:
    - If a PA is urgent but returned for incomplete information, does the tier reset?
    - Will the API be the same for all providers? So a Dr. can se what another Dr. said or prescribed at a different clinic? Will the VA be included in this standard? A Dr. at Children's cannot se what a Dr. prescribed at Prohealth and vice versa?
    - Since looking at stats, 90% were determined medically necessary, so wondering how valuable all these PAs are in that case. It also appears that urgent requests actually took longer to approve than non-urgent? It says average 6.3 days for urgent, average 3.1 for non-urgent? Maybe getting too much into the weeds here but interested in the cause of that https://www.dhs.wisconsin.gov/medicaid/pa-report-2025.pdf
    - If PA will just be denied as being incomplete how will the provider know what they did wrong or have to fix?
    - Regarding urgent vs non-urgent. Can PAs be started early for controlled meds? Because my experience is providers generally don't start PAs until that medication can be filled, and since controlled meds can only be filled 2 days beforehand, there is always a gap in treatment unless Medicaid determines it is urgent, which it looks like happens very very rarely.

Open discussion

- Question: Could we bring both these groups back to the next meeting?
  - A: It sounds like that will work for the group and the presenters. We will save the chat from this meeting to address any questions in the chat.

2026 Medicaid Member Experience Council meetings: Other dates TBD

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Prepared by: Gina Anderson on 5/6/2026.

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