

What is a State Medicaid MAC or BAC?

	Beneficiary Advisory Council (BAC)	Medicaid Advisory Committee (MAC)
Purpose	The BAC elevates the voices of Medicaid beneficiaries, ensuring people with lived experience directly inform program improvement.	The MAC advises the Medicaid agency on broader policy, program operations, and system-level strategy.
Primary Role	• Represent perspectives of Medicaid beneficiaries, families, and caregivers • Identify barriers to care and access • Provide feedback on member experience and service delivery • Ensure beneficiary input informs decision-making	• Provide insight on Medicaid program design and direction • Review quality measures and performance data • Advise on regulatory or policy changes • Support strategic planning and oversight
Membership	• Individuals who are currently or have been beneficiaries and individuals with direct experience supporting Medicaid beneficiaries (family members and paid or unpaid caregivers)	• Providers, health plans, and policy experts • Advocates and community organizations serving Medicaid members • A set percent of representatives from the BAC
Focus Areas	• Member experience and satisfaction • Care access and navigation issues • Health equity concerns • Program changes affecting beneficiaries	• System performance and outcomes • Provider access and network issues • Program-wide policy and reimbursement • Quality improvement and accountability

How BAC and MAC Are Similar

- Both advise the Medicaid agency
- Both provide critical stakeholder feedback
- Both aim to improve access, quality, and outcomes
- Both promote transparency and community engagement posted meeting dates and agendas

Key Differences

Beneficiary Advisory Council (BAC)

- Focuses on lived experience of Medicaid beneficiaries
- Members are beneficiaries or families
- Provides ground-level feedback on individual experience
- Centers the voices of people receiving Medicaid services
- Meetings are not required to be open to the public

Medicaid Advisory Committee (MAC)

- Focuses on program policy and system operations
- Members are mainly providers, plans, and Medicaid stakeholders
- Provides strategic guidance for program-wide improvements
- Centers system stability, performance, and policy direction
- Two meetings per year are open to the public and allow for public comments

What to expect

- Each state has its own application process.
- Applications are simple and typically take less than 10 minutes.
- You may be asked about your demographics (age, gender, county, services you use) to ensure the BAC reflects their state's population, your availability (e.g., evenings vs. daytime availability), your experience with Medicaid services and opportunities for improvement, and why you'd like to participate.
- Many states offer modest stipends, travel reimbursement for in-person meetings if required, and additional support to enable your participation.

To learn more about patient and patient and payer engagement scan this qr code

