



## MAC and BAC Membership Application

You can help improve the Medicaid program for millions of New Yorkers. Your experience, input and participation are valuable to the New York State (NYS) Department of Health. Members of the Medicaid Advisory Committee (MAC) and Beneficiary Advisory Council (BAC) will advise and inform the NYS Medicaid program on policy development related to the NYS Medicaid program. Input from the MAC and BAC will assist the program with ensuring NYS Medicaid members have access to the highest quality and most cost-effective care.

The MAC seeks NYS-licensed clinical providers or administrators, and individuals with professional experience in community-based organizations, managed care organizations, health plan associations and other state agencies that serve NYS Medicaid and Child Health Plus (CHPlus) members. The MAC members will serve a three-year term.

The BAC seeks NYS residents who are current or former NYS Medicaid and CHPlus members, as well as their family members and caregivers. The BAC members will serve a two-year term.

1. First Name
2. Last Name
3. Email Address
4. Organization (if applicable)
5. Street Address / P.O. Box
6. City, State, ZIP Code
7. Phone Number
8. Which of the following time slots would work best for you to attend meetings scheduled on a weekday? Check all that apply. **Please note:** Meetings will be held quarterly and may be virtual or in person (to be determined) in Albany or New York City.
  - 9 a.m. - 10 a.m.
  - 10:30 a.m. - 11:30 a.m.
  - 1 p.m. - 2 p.m.
  - 2:30 p.m. - 3:30 p.m.
  - 4 p.m. - 5 p.m.
  - My schedule is flexible
9. Are you available to meet in person or virtually? Select all that apply.
  - Virtual
  - In-person meeting in Albany
  - In-person meeting in New York City
10. I would like to serve on the:
  - Medicaid Advisory Committee
  - Beneficiary Advisory Council
  - Both

11. Are you a New York State Medicaid or Child Health Plus member?
- Yes, I'm a Medicaid Managed Care member (I'm enrolled in Medicaid and receive Medicaid benefits through a health insurance company like Fidelis or United Healthcare)
  - Yes, I'm a Medicaid Fee-for-Service member (I'm enrolled in Medicaid and receive Medicaid benefits through New York State. My benefit card says "NYS Benefit Identification Card" and does not list a health insurance company)
  - Yes, I'm a Child Health Plus member
  - Neither
12. Are you the caregiver or family member of a New York State Medicaid or Child Health Plus member?
- Yes, Medicaid Managed Care member (enrolled in Medicaid and receives Medicaid benefits through a health insurance company like Fidelis or United Healthcare)
  - Yes, Medicaid Fee-for-Service member (enrolled in Medicaid and receives Medicaid benefits through New York State. The benefit card says "NYS Benefit Identification Card" and does not list a health insurance company)
  - Yes, Child Health Plus member
  - Neither
13. Please select one or more categories that best describes you.
- I am a New York State Medicaid member
  - I have been a New York State Medicaid member
  - I am the parent/caregiver of a New York State Medicaid member
  - I am the parent/care giver of a Child Health Plus member
  - I am a Medicare beneficiary
  - I am a New York State Medicaid advocate
  - I am a Child Health Plus advocate
  - I am a Managed Care Organization representative
  - I am a clinical provider or administrator
  - I am a New York State agency representative
  - I am a health plan representative
14. What experience and perspective can you share that will benefit the Medicaid Advisory Committee and/or Beneficiary Advisory Council?
15. Why are you interested in participating in the Medicaid Advisory Committee and/or Beneficiary Advisory Council?
16. Do you currently, or have you in the past, served on an advisory committee for the NYS Department of Health?
- Yes (if yes, please provide the name of the committee in the field below)
  - No

17. Are you a New York State resident?

- Yes
- No

18. Are you legally authorized to work in the United States? **Please note:** This information is required to ensure compliance with IRS reporting requirements for reimbursed travel expenses exceeding certain thresholds.

- Yes
- No
- Prefer not to answer

19. Gender: How do you identify?

- Male
- Female
- Non-binary
- Prefer not to answer

20. How old are you?

- 18 to 21
- 22 to 30
- 31 to 40
- 41 to 50
- 51 to 60
- 61 to 64
- 65 and older

21. Which race/ethnicity best describes you? Select all that apply.

- American Indian or Alaska Native
- Asian/Pacific Islander
- Black or African American
- Hispanic
- White/Caucasian
- Prefer not to answer

22. Which type of location best describes where you live?

- Urban
- Suburban
- Rural

23. Which region/county of New York State do you live in?

- Capital District (Albany, Columbia, Greene, Rensselaer, Saratoga, Schenectady, Washington, Warren)
- Central New York (Cayuga, Cortland, Madison, Onondaga, Oswego)
- Finger Lakes (Genesee, Livingston, Monroe, Orleans, Ontario, Seneca, Wayne, Wyoming, Yates)
- Long Island (Suffolk, Nassau)
- Mid-Hudson (Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester)

- Mohawk Valley (Hamilton, Herkimer, Fulton, Montgomery, Schoharie, Oneida)
- New York City (Bronx, Kings, Richmond, Queens, New York)
- North Country (Clinton, Essex, Franklin, Jefferson, Lewis, St. Lawrence)
- Southern Tier (Broome, Chemung, Chenango, Delaware, Schuyler, Steuben, Tioga, Thompsons, Otsego)
- Western New York (Allegany, Cattaraugus, Chautauqua, Erie, Niagara)

24. Is there any additional information you would like to provide?

Thank you for your application. The NYS Department of Health appreciates your interest and aims to build a diverse committee with a broad range of experience and perspectives. We will notify you if you are selected for membership and keep all other applications on file for future recruitment opportunities.

**MAC\_BAC@health.ny.gov**