Medicaid Meets Public Health:

A Blueprint for Collaboration



State and territory public health and Medicaid agencies each play a vital role in advancing the health of their communities, often working toward similar priorities and serving overlapping populations. Despite these areas of alignment, there is often a **lack of strong and sustained partnerships between the two agencies**. Collaborations are often time-limited, tied to a specific leader, funding stream, project, or programmatic focus area. In some instances, individuals within an agency may be unaware of existing partnerships if they are managed by a different division or embedded within another part of the organization.

To strengthen collaboration between Medicaid and public health agencies, **both agencies need a clearer understanding of each other's structures, priorities, and roles**. The following blueprint supports that effort by providing public health and Medicaid leaders with insights into each agency's work. It also outlines actionable strategies that agency leaders can take to break down silos, foster more effective partnerships, and build more durable, systemic collaboration.

Medicaid Teams Wish Public Health Better Understood...



Legal Boundaries

Medicaid is a regulated insurance program, not a population health system. It can only fund services for eligible individuals and must follow federal guidelines.



Waivers & Regulations

Innovative programs (e.g. housing supports or community health workers) often require waivers and CMS approval. These processes are complex and time-consuming.

Budget Pressures

Medicaid is often the largest line item in state budgets. Proposals must show cost-effectiveness and short-term return on investment to be considered.



Outcome Focus

Medicaid needs measurable results tied to covered populations. Public health should align proposals with Medicaid quality metrics (e.g., ER reductions, chronic disease outcomes).

Program Complexity

Understanding Medicaid's structure (eligibility, managed care, billing) is essential for public health to design realistic, integrated solutions.





Population vs. Program

Public health serves entire communities, not just insured individuals. Medicaid's focus on eligible enrollees can leave gaps in service without collaboration.



Value of Prevention

Public health addresses social determinants and emphasizes prevention. Long-term investments in prevention can reduce costly treatments for Medicaid.



Limited Resources

Public health departments operate on fragmented, limited budgets. Strategic Medicaid investment (via match funding or joint initiatives) can dramatically expand public health reach.



Data & Accessibility Leadership

Public health brings valuable population health data and established relationships within communities—particularly those that traditional health care systems may struggle to reach. These insights and connections can help inform and strengthen Medicaid's efforts to better serve these populations.



Public Health Tools

Public health uses upstream interventions like laws and policies (e.g., smoke-free zones) to shape health outcomes. These complement Medicaid's clinical focus.

Medicaid Meets Public Health:

A Blueprint for Collaboration



Silo Busting Opportunities for Medicaid and Public Health Teams

The following are examples of specific strategies Medicaid and Public Health can consider to build effective collaboration:



Cross-Sector Training

Offer Medicaid 101 and Public Health 101 trainings to build foundational understanding across agencies and strengthen day-to-day coordination. Trainings should include key information on Medicaid programs, populations served, covered benefits, quality strategy, and priority initiatives—as well as public health programs, grant funding mechanisms, clinical services, and agency priorities. These sessions help staff at all levels understand each agency's role, identify collaboration opportunities, and foster stronger working relationships.

Leverage Community Outreach

Partner with public health to engage Medicaid members through trusted community channels. Public health agencies bring deep community connections that can support enrollment efforts, health education, and culturally responsive service delivery. Coordinated outreach enhances trust, improves access, and ensures programs meet diverse population needs.

Joint Strategic Planning

Establish collaborative planning tables between Medicaid and public health leaders to align goals early in program design. Designate both program and operational champions—such as senior deputies or other key leaders—to steward the collaboration over time and ensure it remains integrated into agency priorities.

Aligned Evaluation Metrics

Design programs with both short- and long-term outcomes that align with Medicaid reporting and public health evaluation frameworks. Participate jointly in relevant statewide quality initiatives—such as Perinatal Quality Collaboratives—to strengthen alignment, enhance impact, and foster shared accountability across agencies.

Shared Funding Models

Leverage shared financing strategies—such as Medicaid matching funds, waivers, or co-funded pilot programs—to support and scale preventive services delivered through public health. These approaches can sustain services such as community-based screenings, community health workers, doula and midwifery programs, dental care, and other population health initiatives. Aligning funding streams enables both agencies to advance common goals, maximize resources, and increase access to high-impact services.

Data Sharing Agreements

Develop formalized, secure mechanisms for data exchange with mutual governance structures, clearly defined health improvement goals, and alignment with data modernization standards. Governance structures may include joint data stewardship committees, interagency data governance boards, or cross-agency working groups overseeing data use, access, quality, and privacy. These frameworks support bi-directional data sharing, ensure compliance with privacy and security regulations, and enable both agencies to use data for program planning, performance monitoring, and coordinated service delivery.