



# Bridging Public Health and Medicaid: A Path to Better Care and Improved Outcomes



Overview



What You'll Learn



**Key Focus** Areas



Why It **Matters** 



What to **Expect** 

- Explore the intersection of public health and Medicaid
- Highlight opportunities for collaboration to improve service delivery and efficiency

How public health and Medicaid can align to:

- Improve population health
- Reduce healthcare costs
- Expand access to care

- Preventative Care
- Chronic Disease Management
- Health Education
- Quality Improvement
- Leverage shared resources, data, and expertise
- Create synergies for more coordinated, comprehensive care
- Real-world examples of successful partnerships
- Best practices for inter-agency collaboration
- Strategies to overcome common challenges



# Agenda



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What is Public Health?

02

**Situations and Assumptions** 

03

**Success Factors** 

04

**Example Public Health** and Medicaid Initiatives

### What is Public Health?

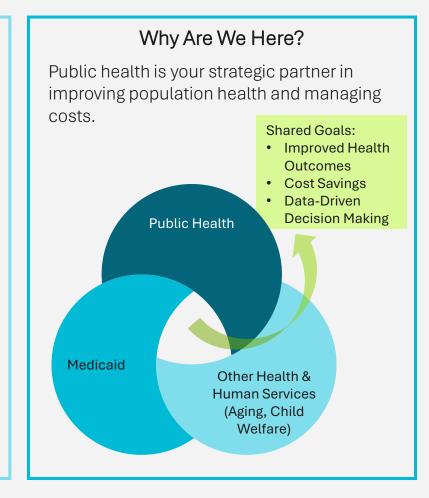
Why Public Health Should Matter to You

### What is Public Health?

Public health is the science of protecting and improving the health of people and their communities. This work is achieved by promoting healthy lifestyles, researching disease and injury prevention, and detecting, preventing and responding to infectious diseases.

Public health is concerned with protecting the health of entire populations that can be as small as a local neighborhood, or as big as an entire country or region of the world.

Adapted from CDC Foundation



### Why This Relationship Matters

The value of collaboration between Medicaid and Public Health.

- Shared goals: healthier populations, cost containment, improved quality.
- Public health brings data, prevention strategies, and community reach.
- Medicaid brings funding, access to care, and policy levers.





# Public Health Authority

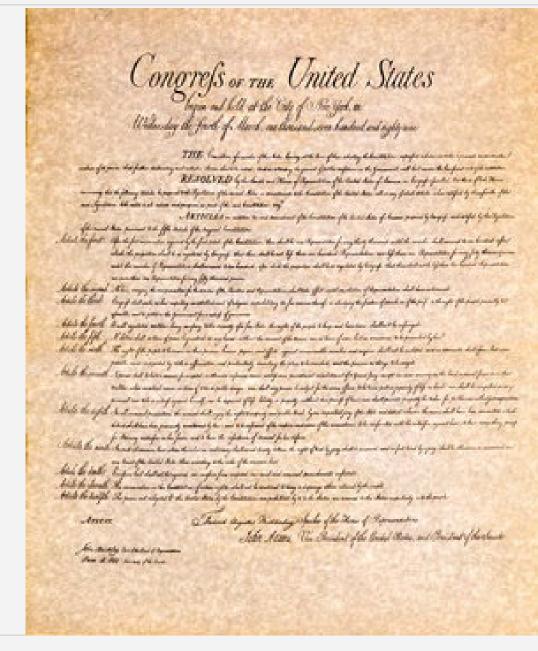
Public health authority relegated to the states based on the 10<sup>th</sup> Amendment and will be defined in state laws, rules and regulations.

### Tenth Amendment

The powers not delegated to the United States by the Constitution, nor prohibited by it to the States, are reserved to the States respectively, or to the people.

The Supreme Court has recognized the states' police powers in <u>Jacobson v. Massachusetts</u> (1905) but also acknowledges the need to balance these powers with individual rights.

This decision established a precedent for states to enact and enforce laws that protect public health, even if they infringe on individual freedoms to some extent.



### The 10 Essential Public Health Services

To protect and promote the health of all people in all communities



For the past 25 years, the **Essential Public Health Services** have served as a framework for the mission of public health. The framework was originally released in 1994 and was updated in 2020.



### Assurance

- 8. Build and support a diverse and skilled public health workforce
- 9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement
- 10. Build and maintain a strong organizational infrastructure for public health



# Public Health Programs

Community Specific Services - not an all-inclusive list, rather an example of common public health services that address community specific needs.

#### Environmental Public Health

- Agricultural camps inspections and education
- Air Quality (outdoor)
- Beach monitoring (recreational water)
- Exotic animals
- Facility inspections (day care, prisons, emergency shelters)
- Housing/Building codes
- Manufactured home parks inspections
- Landfill Inspection, recycling, closed landfills, transfer stations, scrap tire
- · Indoor Air, lead, radon, mold
- Marinas (recreational water)
- Plumbing inspections
- Sewage systems
- Storm water protection
- National Pollutant Discharge Elimination System inspections/education
- Hotel/motel/jail inspections
- Tobacco Enforcement
- Land use planning
- Mosquito control
- Tanning facilities
- · Fish and shellfish
- Tattoo and Body Art

#### Chronic Disease & Injury Prevention

- Diabetes clinical care
- Weight management (clinical)
- Child Safety Seats (distribution to individuals)
- Firearms injuries and violence prevention
- Fireworks education
- Adult fatality review
- Safe Routes to School
- Older adult falls prevention
- Tobacco cessation (individual)
- Workplace wellness
- Alcohol / Drug / Opioid Prevention
- Breast and Cervical Cancer Project
- Creating Healthy Communities programs
- Suicide prevention

#### Maternal, Child and Family Health

- Care Coordination or Case Management
- WIC
- Breastfeeding support
- Newborn home visitation
- · Child and Family Health Services
- Child Abuse/Neglect
- Drowning prevention
- Prenatal care
- Family planning

### Access to and Linkage with Clinical Care

- Behavioral Health
- Dental Care
- Dental screening, sealants
- Elder Care
- Home Health
- Medicaid/Insurance outreach and eligibility
- Occupational therapy
- Pharmacy Assistance
- Physical therapy
- Physicals (general, sports, foster care)
- Primary Care
- Rural health
- School Nursing Services
- Refugee health screening
- Speech therapy
- Drug testing/screening
- Clinical facility licensing

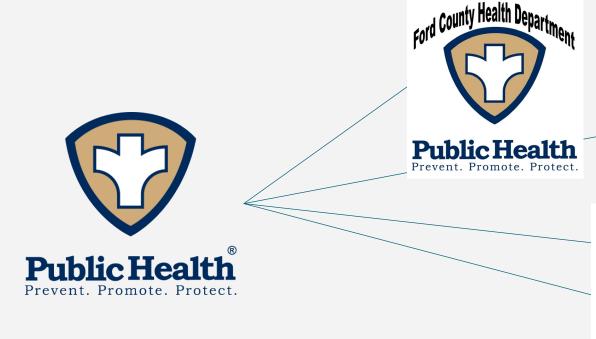
#### Communicable Disease

- · Immunizations, including international travel
- STI clinical services
- TB treatment
- HIV/AIDS treatment and prevention

# Public Health National Identity

An effort to clearly identify and raise awareness of public health presence

In 2006, the National Association of City and County Health Officials (NACCHO) developed a logo to form a national identity for public health departments to increase the visibility of local public health, raise awareness of the value of governmental public health and foster a national recognition of local public health.









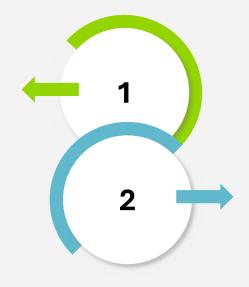
### Value in Medicaid and Public Health Collaboration

Public health and Medicaid have aligned missions and goals — both aim to improve health outcomes, reduce health disparities, and ensure access to care, especially for vulnerable populations.

### **Shared Populations**

**Medicaid** serves low-income individuals, many of whom face social determinants of health (SDOH) like housing instability, food insecurity, and limited access to care.

**Public health** agencies work to address these broader determinants through community-based interventions and policy initiatives.



### **Improved Health Outcomes**

Public health brings **population-level strategies** (e.g., vaccination campaigns, chronic disease prevention) and Medicaid provides **individual-level care** through clinical services.

**Partnerships** allow for integrated approaches that combine prevention and treatment, leading to better outcomes and lower costs.



### Value in Medicaid and Public Health Collaboration

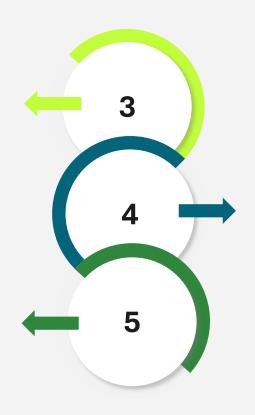
### Continued

### **Cost Savings**

Preventive public health measures can reduce the need for expensive medical interventions and Medicaid can invest in upstream interventions (like asthma home visits or nutrition programs) that reduce hospitalizations and emergency room visits.

### **Policy and Program Innovation**

Joint initiatives can lead to innovative models including Medicaid waivers that fund social services, community health worker programs and integrated care models for behavioral health.



### **Data Sharing and Analytics**

Collaborative data use can inform targeted interventions and policy decisions. Public health agencies have surveillance systems and data on community health trends.

Medicaid has claims data that can identify highrisk individuals and patterns of care.



# How ASTHO and NAMD Are Partnering to Improve the Health of American Families (JPHMP)

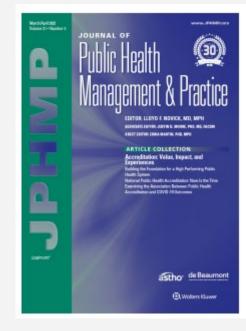
NAMD's and ASTHO's commitment to support Medicaid and Public Health Collaboration

The National Association of Medicaid Directors (NAMD), in collaboration with the Association of State and Territorial Health Officials (ASTHO), launched the National Committee for Sustainable Medicaid and Public Health Partnerships, comprised of Medicaid directors and state public health officials who represent the diverse array of state contexts and experiences.

The Committee will guide NAMD's and ASTHO's efforts to:

- Help all 56 states and territories embed and routinize Medicaid and public health partnership into agency operations.
- Surface opportunities for the federal government to facilitate Medicaid and public health partnerships.

The strategies aim to create lasting change that goes beyond leadership transitions, timebound projects, or specific priorities.



AUGUST 21, 2025

Participating States: Alaska Kentucky | Michigan | New Hampshire | North Carolina | Washington



# Situations and Assumptions

Understanding the Landscape and Assumptions to Challenge

Situational Awareness: Know Your State



Governance Structures vary: Separate agencies vs. integrated cabinets



Managed Care vs. Fee-for-Service: Implications for Collaboration



Expansion vs. Non-Expansion States: Different levers and incentives



Budget pressures make collaborations not optional, but essential



No One-Size-Fits-All: Every state is different

### Assumptions to Challenge

"Public health doesn't have money."

Medicaid can bring match funding.

AUGUST 21, 2025

"Medicaid doesn't care about prevention."

They care about outcomes and cost savings.

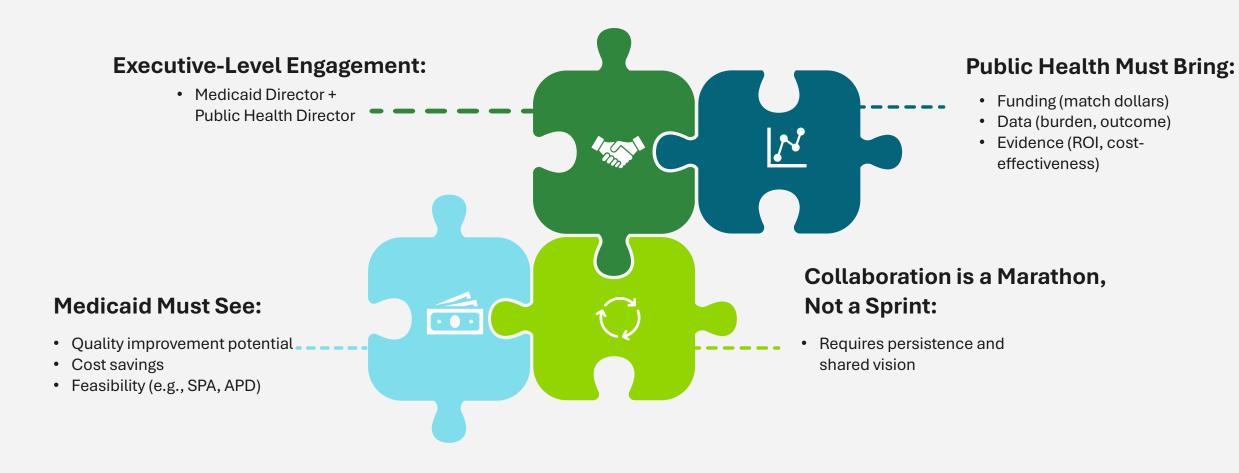
"We're too different to work together."

Success stories prove otherwise.



### **Success Factors**

What Makes Collaboration Work: Keys to Successful Partnerships





# Medicaid Meets Public Health: A Blueprint for Collaboration

A resource that outlines agency roles, shared priorities, and concrete strategies that support more coordinated and sustainable partnerships across sectors.



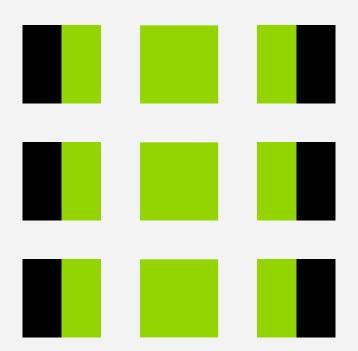
https://medicaiddirectors.org/resource/medicaid-meets-public-health-a-blueprint-for-collaboration/



# Thank You

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# Communication Between Public Health and Medicaid Agency

**HSFO 2025** 

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David J. McMahon II, CPA — Principal, Mercer



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Funding of the State Public Health Department

2

Understanding Barriers
To Communication

3

Partnership Between
Public Health and the
State Medicaid Agency



# Funding of the State Public Health Department

# Federal Funding of the State Public Health Department

### **Grant-Capped Funding Sources**











TITLE V MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT TO STATES PROGRAM

# **Quarterly Grant Awards Based On Estimates Submitted**





NOTE: CHIP has an allotment limit set for each state



# **Current Environment of Federal Funding of Public Health**



# Pennsylvania sues USDA over cutting funding to \$1 billion food aid program for states

Pennsylvania has filed a lawsuit against the U.S. Department of Agriculture, saying the agency, under President Donald Trump, illegally cut off funding through a program designed to distribute more than \$1 billion to states



# RFK Jr. backs budget cuts to HHS in House testimony

### Los Angeles Times

California, other states sue Trump administration over cuts to CDC infectious-disease funding



Texas public health departments brace for another \$119 million in federal cuts

Three months ago, Texas lost \$700 million in unspent federal pandemic-era funding

# **Projected Impacts of Federal Grant Monies**

**Proposed Cuts to Public Health Grants While Needs For Services Increases** 

### **Federal Public Health Grants**

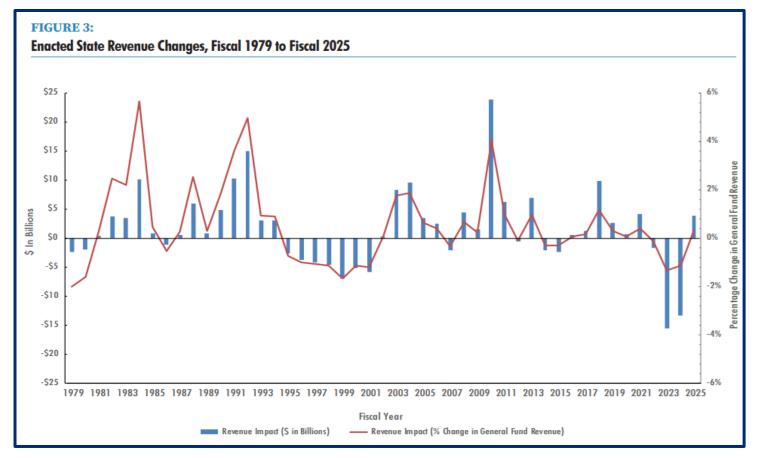
- Awaiting final outcome of legal cases concerning grant funding cuts for FFY 2025
- Proposed budget cuts for FFY 2026 and beyond

- Staffing shortages
- Continued work on health disparities
- Increased health care costs due to increased rates in chronic disease, such as diabetes and obesity
- Local needs versus national needs

**Public Health Cost Pressures** 

# **General Revenue Spending Nationally**

General revenue funding is not projected to be increasing at rates that would compensate for loss of Federal funding in public health





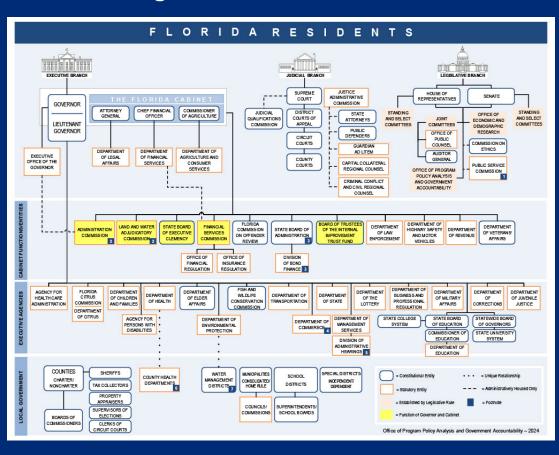


# **Understanding Barriers To Communication**

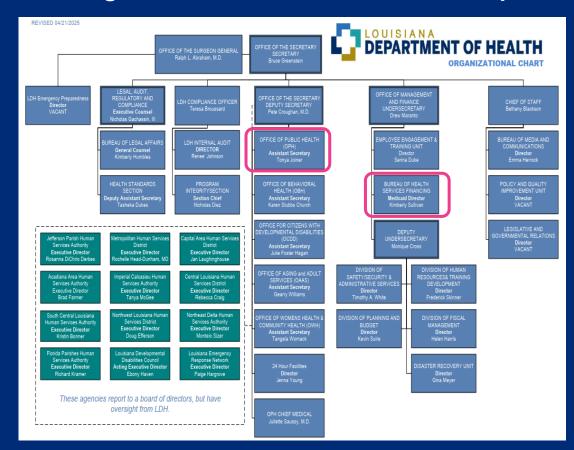


# Organizational Structure Within Executive Branches

### Different Agencies Within Executive Branch



### Different Agencies Within Same Executive Department





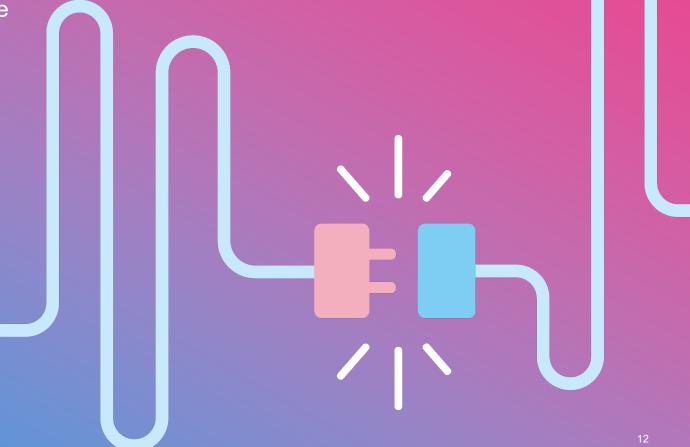
# **Advantages of Umbrella Organizational Structure**

- Common leadership for both organizations
- Establish a single point of accountability for health and health care costs
- Leverage the purchasing power of multiple health care programs
- Improve program performance and efficiency
- Greater focus on state health reform efforts
- Some legislatures allow greater flexibility to move appropriations between divisions



# Getting to Know the State Medicaid Agency

- Understanding the organization and operations of the State Medicaid Agency will be key to building an effective and lasting partnership with the Medicaid staff
- Making the initial contact with Medicaid below the Medicaid Director may feel challenging, so it's important to prepare in advance of your initial contact



# Getting to Know the Public Health Agency

- Public Health agencies are a significant partner on an array of programs, including maternal health services, infant hearing, oral health, and infectious disease
- Public Health's expertise in health equity can have a beneficial impact on Medicaid policy development



# Partnership Between Public Health and the State Medicaid Agency



# **Ongoing Meetings Between Finance Departments**

### Finance — Public Health

- Provide expertise on items impacted by loss of Federal dollars
- Review administrative and program costs which might be allowable under Medicaid

### Finance — Medicaid/CHIP

- Listen and evaluate medical and administrative items that could fall under Medicaid
- Review of payment rates for services provided by Public Health to determine if such rates can be increased
- Explore opportunities for health services initiatives under CHIP



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