Common Health Coalition

Building Better Together:

Integrating Public Health and Medicaid Managed Care Through Population Health Management in California

Across the United States, state leaders are focused on how to better align health care delivery and public health systems to improve outcomes and reduce disparities. Medicaid programs and state and local public health agencies often operate in parallel, with separate planning cycles, data systems, funding streams, and accountability structures. As health care costs rise, health inequities persist, and federal policy changes place new pressure on safety-net systems, many states are exploring models that bring public health and Medicaid into closer alignment.

Why Integrating Population Health Matters Now

Medicaid managed care contracts are increasingly being used as a policy lever to advance these goals. States are incorporating requirements for managed care organizations to partner with state and local public health entities, support community-based prevention efforts, and align with broader population health goals. For example, some states, like Colorado, require plans to collaborate directly with local public health agencies and community organizations to design and implement interventions addressing social determinants of health, while others, like New Hampshire, direct plans to promote and utilize existing public health programs such as tobacco cessation initiatives. Additionally, states like Tennessee and Colorado are expanding reporting expectations, requiring population health assessments and impact reports, as well as member engagement and community outreach reporting tied to population health goals, to ensure accountability for population-level outcomes.

California recognized the need for alignment and partnership

California's Population Health Management program, led by the California Department of Health Care Services (DHCS) in collaboration with the California Department of Public Health (CDPH), offers a well-developed state example of this approach. One core component of this program includes an effort to align California's Medicaid program, Medi-Cal, with public health systems and community-based planning to improve population health outcomes. California's approach has emphasized cross-sector alignment among managed care plans, local health jurisdictions, and county behavioral health agencies to support more coordinated community health planning and implementation.

Prior to 2024, California local health jurisdictions conducted Community Health Assessments (CHAs) and Community Health Improvement Plans (CHIPs), while Medi-Cal managed care plans separately completed Population Needs Assessments. CHAs are broad, community-wide assessments of health needs and disparities; CHIPs are the corresponding multi-year action plans that set shared priorities and strategies in response to those findings; and the Population Needs Assessments served a similar function for Medi-Cal managed care populations but were historically focused on enrolled members rather than the community as a whole. These separate requirements often relied on overlapping stakeholders, similar data sources, and parallel – or potentially redundant – efforts across partners.

But beginning in 2024, DHCS and CDPH redesigned this model so that managed care plans would fulfill core planning obligations through meaningful participation in local public health CHA/CHIP processes rather than through standalone assessments. Implementation over subsequent years has also included expanding the alignment effort to incorporate county behavioral health planning and managed care community reinvestment timelines.

The policy rationale was clear: reduce duplication, strengthen coordination, ground Medi-Cal investments in community-defined priorities, and elevate local public health agencies as a backbone for place-based planning. California's model recognizes that improving population health requires not only payer data analytics or care management, but also public health leadership, shared governance, and coordinated local action.

Emerging Lessons from California in Designing and Operationalizing Cross-Sector Partnership

California's experience demonstrates that integrating Medicaid managed care and public health is as much an organizational and governance challenge as it is a technical one. The transition required new expectations for managed care plans, stronger roles for local health jurisdictions, clearer state guidance, revised contracting pathways, and practical solutions for data sharing. It also required sustained relationship-building across organizations that historically used different language, timelines, and measures of success. The following are lessons learned from California for those interested in pursuing similar initiatives to integrate Medicaid managed care and public health.

Initiative Design Strategies

Use existing public health planning infrastructure rather than create new parallel systems.
California posi-tioned local CHA/CHIP processes as the core venue for shared planning. This reduced stakeholder fatigue and leveraged established community governance structures.

Align policy requirements across sectors over time.
The state is moving in phases – first aligning managed care plans with local public health processes, then bringing county behavioral health planning into the same framework, and later synchronizing timelines. Sequencing helps to make change more feasible.

Make accountability explicit.
Managed care plans were not simply encouraged to collaborate; participation in CHA/CHIP governance, contribution of data, and support for local planning through funding or in/kind resources were phased in over time and became formal expectations tied to annual deliverables.

Pair planning alignment with investment alignment.
California linked planning reforms with broader community reinvestment expectations for plans, helping support alignment between community priorities and implementation efforts that could translate into resources and action.

Clarify data governance early.
Cross-sector planning depends on usable data. States pursuing similar models should define what data can be shared, for what purpose, in what format, and with what protections.

State Spotlight

DHCS and CDPH have been part of a multi-year effort to align policy, timelines, and accountability across systems. A key focus has been positioning local public health age-ncies to serve as a backbone for planning. This work has required early, intentional coordination, and time to build shared understanding of roles and language across systems.

"Until you get to some of that common language, you're always going to see a problem from a completely different perspective. Once you get to that point of understanding and learning each other's language, then you can take that problem and develop a common solution that requires all of those entities to work together to implement."

– **Trudy Raymundo,** Planning Consultant, California Department of Public Health

Looking Ahead

California's Population Health Management model suggests that effective population health policy increasingly depends on integration between Medicaid and public health systems. The state's experience shows that community planning can serve as a practical bridge between these sectors, especially when supported by aligned incentives, clear accountability, and local leadership. For states interested in pursuing a similar approach, a practical first step is to understand how community health assessments and improvement planning are conducted locally and identify opportunities for Medicaid agencies, managed care organizations, and public health partners to participate in those existing processes. Building relationships and shared planning structures around established community priorities can create a foundation for deeper alignment over time. While other states will need to adapt the model to their own specific structures, the broader lesson is transferable: durable improvement

County Spotlight

Marin County HHS has focused on building cross-sector relationships across hospitals, Managed Care Plans, behavioral health, philanthropy, and community organizations. This long-term collaboration has supported a more unified, equity-grounded approach to assessment and planning. The COVID-19 pandemic accelerated coordination and helped shift the CHIP from a parallel requirement to a core driver of shared priorities.

"The pandemic showed us that when you want to implement community-wide health improvements, you have to work differently. Change isn't linear. But when you look over time, you see the structure and relationships you've built.

– **Dr. Lisa Santora,** Public Health Officer, Marin County Health and Human Services

Practical Lessons for Day-to-Day Collaboration

1. Ground work in local priorities
Partnerships function best when they start with needs already identified by communities rather than with externally imposed agendas. Use existing CHIP priorities, community coalitions, and trusted engagement channels whenever possible.

2. Create shared operating cadences
Regular meetings, clear workplans, and joint priority-setting sessions help keep multiple organizations aligned. Some California participants emphasized the importance of simply knowing whom to reach across sectors when issues arise.

3. Build a common language
Public health agencies, Medicaid agencies, and health plans often use different terminology and performance frameworks. Short joint trainings, shared glossaries, and side-by-side reviews of requirements can reduce friction.

4. Make data requests specific and actionable
Requests are more successful when tied to a clear community priority and accompanied by agreed-upon definitions. A shared data dictionary can build trust and reduce misunderstandings.

5. Plan for turnover and capacity constraints
Cross-sector work often relies heavily on person-to-person relationships. Naming primary and backup contacts, documenting decisions, and maintaining transition checklists can preserve continuity during staffing changes.

6. Involve contracting and legal teams early
Many delays in partnership work stem not from policy disagreement but from procurement and approval processes. Standard templates, clear pathways, and early involvement of operational staff can accelerate implementation.

7. Invest in relationship-building
Successful implementation depends not only on policy requirements, but also on building trust among key partners and stakeholders. Dedicated time and structures for cross-sector relationship-building helped support long-term collaboration and problem-solving.

County Spotlight

In Yuba and Sutter Counties, the local public health team has worked to align managed care engagement with CHIP priorities by setting clear expectations, making strategic funding requests, and emphasizing shared governance.

"Start with a shared data dictionary. It builds trust and manages expectations. We didn't just say, 'help us.' We outlined exactly what we needed...Every data request should tie back to a CHIP priority."

– **Dr. Phuong Luu,** Bi-County Health Officer, Yuba and Sutter Counties

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