

# Data Coordination at SNAP and Medicaid Agencies:

## A National Landscape Analysis

### PART 2

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A collaboration between Benefits Data Trust and Center for Health Care Strategies

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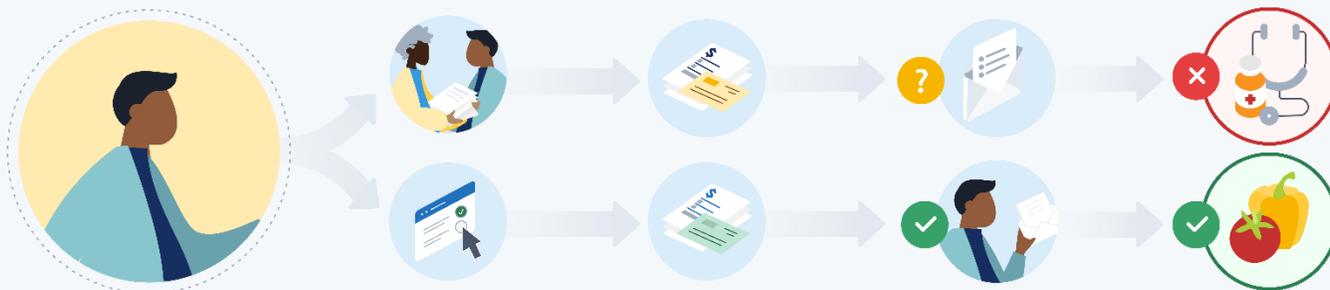
# Introduction

In our national social safety net system, people applying for one benefit are often eligible to receive another. Yet in many cases, benefits are regulated by separate federal and state agencies, operate under distinct guidance, and are administered using different applications and data systems. This creates confusing and redundant experiences for many applicants and establishes or reinforces barriers to receiving assistance.

In 2022, the Robert Wood Johnson Foundation (RWJF) funded Benefits Data Trust (BDT), in collaboration with the Center for Health Care Strategies (CHCS), to conduct a nationwide analysis of how states coordinate across Medicaid and the Supplemental Nutrition Assistance Program (SNAP), two of the largest federal entitlement programs. BDT and CHCS analyzed survey responses from state agencies across the country to identify opportunities for greater data coordination efforts to better serve people, create administrative efficiencies, and maximize the effectiveness of these programs. Between June and August of 2022, BDT and CHCS collected 114 survey responses from Medicaid and SNAP programs in 46 states and the District of Columbia.<sup>1</sup> [The first report](#) on the survey results was published in January 2023, followed by [case studies](#) on innovative strategies used in three states.

## Multiple applications create enrollment barriers.

Different applications and verification rules for SNAP and Medicaid create barriers for eligible people to receive both healthcare and nutrition support.



This latest report provides recommendations for the federal government to better support states in data coordination efforts and outlines promising practices for states to maximize the impact of data coordination, all toward the goal of improving access to services for eligible people.

Based on findings from the survey and case studies, four areas were identified for continued improvements to Medicaid and SNAP data coordination:

1. Provide clearer and aligned federal guidance.
2. Build cross-agency alignment.
3. Utilize expedited enrollment options.
4. Use data to work with third parties.

<sup>1</sup> The 46 states and the District of Columbia will collectively be referred to as “states” throughout this report and accompanying figures.

# Recommendations

## Provide Clearer and Aligned Federal Guidance

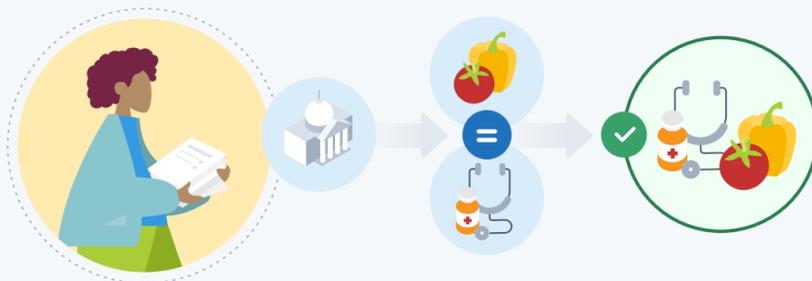
SNAP and Medicaid are housed under two different federal agencies. The federal government has taken significant steps to improve data coordination among agencies that administer public benefits, including the design and implementation of the [Executive Order](#) on Transforming Federal Customer Experience and Service Delivery to Rebuild Trust in Government and the White House Strategy on Hunger, Nutrition, and Health. Despite these efforts, survey respondents at state agencies expressed interest in a number of potential changes at the federal level that could assist with improved data coordination.

### Federal Guidance

In the survey, 85 percent of state respondents (39 of the 46 states responding to the survey) indicated that they would benefit from more federal guidance on data sharing and coordination across SNAP and Medicaid. For example, one Maryland official said, "In general, I think the federal government's involvement would provide more clarity and ensure practices across the nation are more aligned."

### Clearer and aligned federal guidance.

Federal alignment allowing both programs to have the same verification rules reduces confusion and makes the process faster.



Based on the survey results, BDT recommends federal agencies produce clear guidance on data coordination in three areas:

#### 1. Provide a clearer understanding of what can be shared from one program to another.

Sharing data between state agencies can be an essential tool for analytics, outreach, and enrollment. More than half of state respondents (24 of 46) indicated they wanted to better understand what could and could not be shared between SNAP and Medicaid programs. When states do not have a clear understanding of what is allowed under available guidance, it can hamper a state's ability to quickly and efficiently analyze its own data, leverage information to engage in data-driven outreach, and streamline application and recertification processes. For example, a representative from New York said they would like to see "clear guidance on the types of data that can be shared across the two programs that are highly regulated at the federal level." Similarly, one Virginia respondent requested "clarity on what information from Medicaid and SNAP applications/renewals can be used for eligibility for both programs."

#### 2. Align verification requirements and processing dates across SNAP and Medicaid.

Twenty-eight states expressed a continued need to align data-related policies to reduce the burden on applicants as well as confusion when processing applications, and to create greater administrative efficiencies. For instance, a survey respondent from Minnesota said they would like to see "more coordination between programs at the federal level to simplify benefit determination and clear direction that coordination among programs is an expectation." The state also shared it would like to have "tools to deliver on that expectation."

Twenty-four states specifically requested greater alignment in verification requirements. For instance, an Arizona administrator said, “If SNAP would align with Medicaid more, it would be easier for customers and workers alike.” Specific examples included address verification; one Washington State representative requested “guidance jointly published by FNS (Food and Nutrition Service) and CMS (Centers for Medicare & Medicaid Services) that does not conflict with each other. Often, we have guidance, but it conflicts – i.e., we can update addresses for Medicaid based on information from the [Medicaid Managed Care Organization], but FNS wants it verified first. This is troublesome for a combined eligibility system.” An Ohio survey respondent sought alignment on income and household composition: “General reconciliation of the data sharing rules between the programs; best practices regarding data sharing in an integrated eligibility system, especially when each program’s rules differ with regard to countable income, household composition, etc.” A survey respondent from New Mexico suggested alignments on verification requirements: “We would like more guidance on how to align verification requirements for SNAP to Medicaid. SNAP regulations and statutes are very rigid, whereas Medicaid allows flexibilities.” For example, SNAP counts child support income<sup>2</sup> but Medicaid does not.<sup>3</sup> While flexibilities are available to address some of these issues at a state level, creating consistency at the federal level can improve equity across the nation and reduce the burden on state administrations to create efficiencies.

Similarly, states requested alignment of processing dates across SNAP and Medicaid. For example, one respondent from Maine cited the difference in timely processing dates (45 days for Medicaid and 30 days for SNAP) as a challenge. When programs are misaligned in timing, it means one program can be or must be processed while the other can be delayed. For states with integrated eligibility systems and caseworkers, this causes difficulties in managing combination cases, creates additional work, and exacerbates client confusion. Reducing procedural variances across programs, while preserving protections for applicants and members, would ease the processing burden and administrative costs.

### **3. Make Income Verification Tools Available for All Programs**

The Federal Services Data Hub<sup>4</sup> (the Hub) allows information to be easily verified for programs such as Medicaid, Advanced Premium Tax Credits, and the Basic Health Program. States express they can use information from the Hub to verify eligibility for Medicaid yet are unable to do so for SNAP. Limited access to the Hub creates administrative and fiscal challenges for SNAP agencies.<sup>5</sup>

A North Dakota survey respondent stated, “the CMS Hub is limited for use by Medicaid only. This creates a huge inefficiency for other programs, including SNAP, as these programs must obtain independent verification.” Similarly, a Rhode Island administrator requested that “Medicaid eligibility information obtained through the Federal Data Hub can be utilized for SNAP eligibility purposes.” It takes additional work by the agency and the client to gather verifications for SNAP – verifications that have already been received via the Hub and are allowed for use by Medicaid. Allowing both programs to utilize the Hub for determining eligibility would lower overall administrative costs, decrease burden for people, and decrease the workload for agencies. In addition to seeking access to the Hub for SNAP agencies, the U.S. Department of Agriculture (USDA) could also ease income verification access by overseeing a national contract for the use of SNAP eligibility verifications.

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<sup>2</sup> “Treatment of Unearned Income from Private Sources,” Food and Nutrition Service USDA, 2001, [Weblink](#).

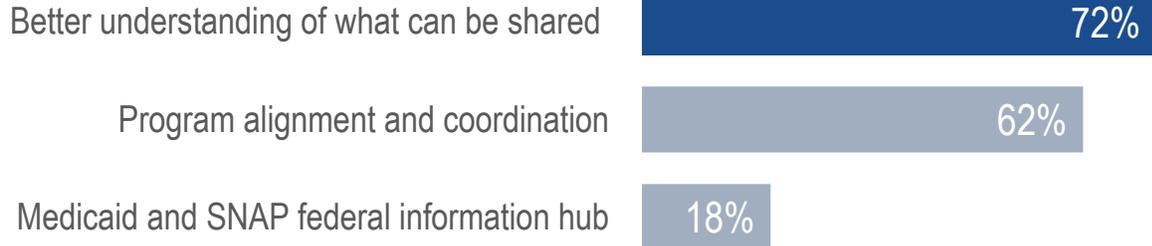
<sup>3</sup> “Medicaid and CHIP Overview,” Centers for Medicare & Medicaid Services, 2022, [Weblink](#).

<sup>4</sup> “Opportunities to Streamline Enrollment Across Public Benefit Programs,” Center on Budget and Policy Priorities, 2017, [Weblink](#).

<sup>5</sup> “More Information on Promising Practices Could Enhance States’ Use of Data Matching for Eligibility,” U.S. Government Accountability Office, 2016, [Weblink](#).

### Three Most Common Requests from States

Of the states that want more federal guidance, most of them specifically need guidance on **data sharing**.



*In the survey, states requested more federal guidance in three areas.*

## Build Cross-Agency Alignment

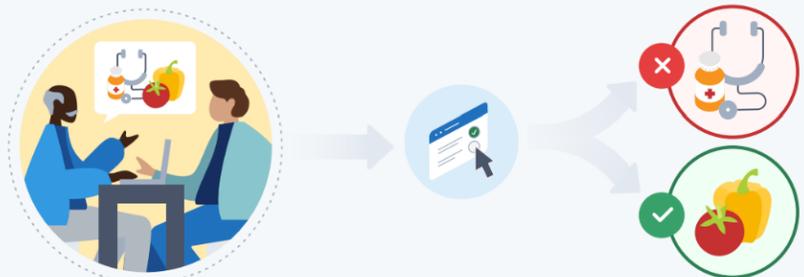
Many people who apply for one benefit program are also eligible for another. However, many of these programs are administered under different agencies and regulations at a state level. To improve data coordination, states need better cross-agency alignment. Agencies can come together in various ways to identify challenges and barriers and align on vision and methods for improvement. From these efforts, they can identify in which ways data coordination will be most beneficial to success. The following recommendations can improve cross-agency alignment:

### 1. Coordinate across programs regarding policy and system changes.

There are many differences in the SNAP and Medicaid eligibility and processing guidelines. Differences in the way an applicant's assets are totaled can make people ineligible for one program but not the other. There are also variations in interview or income requirements. For example, when a Medicaid certification is ending, state agencies first use information available in the agency or via electronic sources to determine ongoing eligibility. A new interview or form is not needed unless this information cannot be obtained. However, for SNAP, the state agency must conduct a new interview and have a new form completed and signed before being able to evaluate for ongoing eligibility. Therefore, even if both programs were working with aligned certification periods, a person could be recertified for Medicaid, but not be recertified for SNAP. Despite these differences, and even when SNAP and Medicaid are not within the same agency and/or operating in the same data system, states can still coordinate across programs to align as well as stay updated on policy

### Build cross-agency alignment.

Agency case workers cross trained in both programs allows for quick and streamlined services.



and system changes. For instance, according to a survey response, “Ohio's Medicaid and SNAP agencies created a policy governance workgroup to discuss opportunities for alignment between the two programs and resolve conflicts regarding treatment of various eligibility components.” In this example, if a system or policy change is made in one program, the programs can avoid unintended consequences for the other program through regular communication.

## 2. Train eligibility staff across programs.

When programs are processed independently from one another, it makes for a more cumbersome experience for people and increases administrative expense. By cross-training eligibility staff on SNAP and Medicaid, applications and renewals for both programs can be dealt with at once. For instance, [South Dakota](#) respondents reported having a unique administrator for Medicaid, SNAP, and Temporary Assistance for Needy Families (TANF), yet still trained its workforce in all three benefit programs. In addition, the programs participate in cross-agency policy and practice committees to improve services provided to people. Each program also has a program-specific advisory committee that meets monthly for policy discussions, training, and problem solving.

## 3. Integrate agencies and/or eligibility systems.

Residents applying for either SNAP or Medicaid often need or are already applying for other programs as well. When states have both divisions working within the same agency, it makes alignment on policy and practices more feasible, creating a more streamlined process for all involved. The survey found 29 states report integration of both system and workers for Medicaid and SNAP. Also, eight states indicated they have partial integration, meaning they either have integrated caseworkers or an integrated system. Survey respondents from Arkansas said, “It has been very beneficial to have responsibility for administering SNAP and Medicaid in one agency, with eligibility and case maintenance responsibility in the same division.” Wisconsin respondents said, “Integrated eligibility systems are key... both SNAP and Medicaid are administered from the same division. This makes coordination between systems, program policies, etc. easier to manage.” While integrated eligibility systems are not necessary for data coordination, they can make it easier and reduce administrative and client burden. However, implementing an integrated eligibility system can require significant time, resources, and planning.

### How System Upgrades Can be Useful in Cross-Agency Alignment

System upgrades to eligibility and/or document management systems can take time and require additional funding, but over time will make data coordination across programs much easier. The first [report](#) in this series indicated that integrated eligibility systems are not *necessary* for data coordination, as states without integrated SNAP and Medicaid systems reported that they share data at almost the same rate as those with integrated systems. However, our survey also found states with integrated eligibility systems find data coordination easier. For example, Wisconsin reported that “Because all WI (Wisconsin) income maintenance agencies administer both programs and data are housed in the same eligibility system, data can easily be pulled for either or both programs. For program administration, this means that our operations memos, system updates, etc. are all coordinated. WI (Wisconsin) has also started enhancing our system to collect better data related to demographics for both programs, which will be useful for DEI (diversity, equity, inclusion) initiatives.” In [Colorado](#), clients can apply for Medicaid, SNAP and other benefits through a single application, and client data is maintained in an integrated eligibility system, available to workers certified in that program across the state. In addition to the statewide integrated eligibility system, Arapahoe County in Colorado created a workflow management system that allows for documents to be easily shared by certified workers within the county. This system is now used by 13 counties in the state and allows for easy case transfers when an individual moves from one county to another.

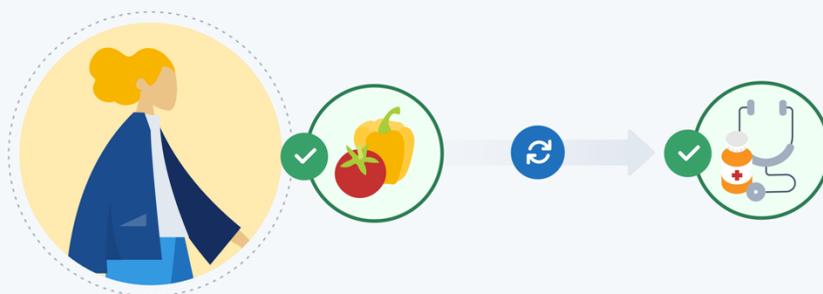
## Utilize Expedited Enrollment Options

State agencies have additional federal options to use available data from one program to determine eligibility for another. Some of these options require data sharing across programs and/or with external organizations. In the survey, 27 states said they shared data across Medicaid and SNAP to support expedited enrollment and recertification processes, with nine states indicating they do so as part of their Express Lane Eligibility (ELE) or Fast Track State Plan Amendment (Fast Track SPA) to automatically renew Medicaid for people receiving SNAP. ELE is an option created from the Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA). Under this option, states can rely on information from another “express lane” agency to determine if a child can be enrolled or renewed for Medicaid or the Children’s Health Insurance Program (CHIP).<sup>6</sup> Examples of approved express lane agencies from which information can be relied on include SNAP, TANF, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and Head Start. Like the ELE option, the Fast Track SPA option became available following the Affordable Care Act. This option allows states to automatically enroll SNAP recipients who are non-elderly and non-disabled in Medicaid.<sup>7</sup> The Fast Track SPA is intended for long-term benefit administration for new applications as well as for Medicaid renewals.

In addition to ELE and Fast Track SPA, in this survey, 11 states said they plan to use the optional Medicaid unwinding waivers. However, as of April 2023, the most recent tracking of state approved waivers shows 19 states were approved to use this option.<sup>8</sup> This was one of several options made available by CMS in preparation for states to begin unwinding from the continuous coverage requirement from the COVID-19 Public Health Emergency (PHE).<sup>9</sup> Like the Fast Track SPA, states can renew non-disabled, non-elderly individuals for Medicaid based on current SNAP eligibility. However, as this waiver is tied to the unwinding, it is temporary, unlike Fast Track SPA. While planning and approval are necessary for implementation, options that use data from one program for another allow for expedited processing of applications or benefit renewals and create less burden on both the client and the agency, increasing overall efficiency.

### Utilize expedited enrollment options.

Auto enrolling SNAP recipients in Medicaid reduces the burden of re-enrollment.



<sup>6</sup> “Express Lane Eligibility,” Centers for Medicare & Medicaid Services, 2010, [Weblink](#).

<sup>7</sup> “Facilitating Medicaid and CHIP Enrollment and Renewal in 2014,” Centers for Medicare & Medicaid Services, 2013, [Weblink](#).

<sup>8</sup> “COVID-19 PHE Unwinding Section 1902le)(14)(A) Waiver Approvals,” Medicaid.gov, 2023, [Weblink](#).

<sup>9</sup> “Promoting Continuity of Coverage and Distributing Eligibility and Enrollment Workload in Medicaid CHIP and BHP Upon Conclusion of the COVID-19 PHE,” Centers for Medicare & Medicaid Services, 2022, [Weblink](#).

## Use Data to Work with Third Parties to Enhance Enrollment

In the survey of SNAP and Medicaid agencies, 21 states [reported](#) sharing data with nonprofit organizations to help streamline residents' access to benefits. Two ways in which working with third parties can streamline access to benefits are by using data to conduct outreach to participants of other programs and using data to support social drivers of health.

### Use data to work with third parties.

Partnering with a non-profit to send outreach to Medicaid recipients allows for a streamlined screening and application.



#### 1. Using data to conduct SNAP outreach.

Eighteen states reported sharing data to engage in outreach for either SNAP, Medicaid, or both. For instance, BDT has been working with states on cross-enrollment since 2005 and now provides data-driven outreach and streamlined benefits application assistance to residents of seven states: Colorado, Maryland, Michigan, New York, North Carolina, Pennsylvania, and South Carolina. BDT's state agency partners share data about individuals who are eligible for but not currently receiving SNAP. A randomized experiment conducted in 2018 by BDT and the Abdul Latif Jameel Poverty Action Lab found that informing older Pennsylvanians that they are likely eligible for SNAP and offering BDT's assistance filling out the application over the phone tripled enrollment compared to a control group, with those eligible receiving an annual average of \$1300 in SNAP benefits.<sup>10</sup>

#### 2. Using data to support Social Drivers of Health.

In addition to nonprofits, states reported sharing data with Managed Care Organizations (MCOs). Seven of these states report requiring MCOs to screen members for food insecurity, one of [several strategies](#)<sup>11</sup> used by states to address Social Drivers of Health (SDOH). Following a change from a Medicaid fee-for-service model to a Medicaid managed care model, North Carolina requires MCOs to screen members for several SDOH, including food insecurity. If needs are identified, members are connected to relevant community resources.<sup>12</sup> A data connection with MCOs can also address the issue of incorrect or old addresses, which can lead to delays or termination of Medicaid services. MCOs can share updated address information with state agencies, allowing for timely notices and requests for information. Through data coordination, state agencies can work with MCOs to screen members for food insecurity, creating referrals for SNAP, as well as ensuring up-to-date contact information for members.

<sup>10</sup> "Targeted outreach and application assistance triples SNAP enrollment among seniors: Research shows SNAP enrollment could reduce healthcare costs by \$10 billion a year," Benefits Data Trust, 2018, [Weblink](#).

<sup>11</sup> "Building a Medicaid Strategy to Address Health-Related Social Needs: Environmental Scan," Center for Health Care Strategies, 2021, [Weblink](#).

<sup>12</sup> "Healthy Opportunities Pilots Fact Sheet," NC Department of Health & Human Services, 2018, [Weblink](#).

## Use of Data Sharing Agreements in Data-Driven Outreach

Data sharing agreements (DSA) can be an important component of data coordination. However, there are many misconceptions about what can be shared, when, and with whom, leading to missed opportunities. At least half of the states that responded to this survey said they have data sharing agreements, data use agreements, or memorandums of understanding in place to allow sharing of information. Some of these states were proud to share their successes with data coordination achieved via DSAs, such as interagency data sharing agreements, integrated eligibility systems, and cross-program sharing of required verifications. Many states have successfully executed DSAs for the purpose of streamlining access to multiple benefits.

However, at least 40 states indicate they would benefit from more federal guidance on data sharing and coordination across SNAP and Medicaid. A respondent from New York stated in the survey that they would like “combined guidance from USDA (US Department of Agriculture) and HHS (Health & Human Services) outlining what data can be shared across programs” including “template data sharing agreements that have been vetted by both agencies.” In January 2023, BDT released [“Data Sharing to Build Effective and Efficient Benefits Systems: A Playbook for State and Local Agencies.”](#) This resource can assist agencies in addressing concerns and challenges, implementing successful data sharing projects, and keeping legal consideration in mind. States needing guidance and support on data sharing and coordination can use this playbook as a starting point.

## Conclusion

Responses to the 2022 survey conducted by BDT and CHCS indicated states across the country, regardless of size, region or political spectrum, are already participating in data coordination in many different ways. How these efforts take place vary according to an individual state’s needs and resources. However, states still show a strong desire to know more about what other states are doing and want clear guidance on how to better coordinate across programs, especially SNAP and Medicaid. Challenges and barriers across states and programs centered around two issues: confusion or trepidation about conflicting federal guidance and varying access to verification tools. This report has shown ways states can begin to strengthen their data coordination infrastructure by receiving clearer, aligned federal guidance and by implementing cross-agency alignment. With a strong data coordination infrastructure in place, states can maximize data coordination opportunities through the use of expedited enrollment options and working with third parties to streamline access to benefits.