Data Coordination at SNAP and Medicaid Agencies:
A National Landscape Analysis

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

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Introduction

Benefit programs provide critical assistance to individuals and families when they need support. Research shows that enrollment in public benefit programs can decrease individual medical costs, increase educational outcomes, and increase local economic activity.[1] However, more than $80 billion in food, financial aid, healthcare, and other assistance goes untapped nationally each year. Addressing barriers to access can increase enrollment in programs, such as Medicaid and the Supplemental Nutrition Assistance Program (SNAP). Data sharing and coordination by the agencies administering these benefits are key to addressing barriers. Studies have shown that streamlining enrollment through Medicaid and SNAP cross-program data coordination has increased efficiency in program administration and enrollment. However, there has never been a comprehensive nationwide survey documenting data coordination practices by these two programs. A clearer picture of where and how data coordination is currently happening across the country is crucial to identifying best practices and understanding how to implement them more broadly.

Recognizing this gap, 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 SNAP programs to streamline access to benefits. 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.[2] One hundred responses were analyzed for this report. See Appendix A for a description of research methods.

When examining data sharing practices of states, as reported in the survey responses, three key findings emerged:

1. Integration is not necessary for data sharing across programs – states without integrated SNAP and Medicaid systems share data at almost the same rate as those with integrated systems.

2. States commonly share SNAP and Medicaid data with third parties; most often with Managed Care Organizations (MCOs) and non-profits.

3. Medicaid and SNAP data sharing occurs in states across the political spectrum, regardless of state size or region.

Overview of Survey Results

Cross-program data sharing allows one program to use information verified from another program to conduct outreach or assess eligibility at the time of a person's application or recertification. Common types of data shared for this purpose include financial data like income and assets, enrollment status, demographics, and who lives in the individual's household. Sharing this information reduces the burden on the individual and agency staff and reduces the chance of errors.[3]
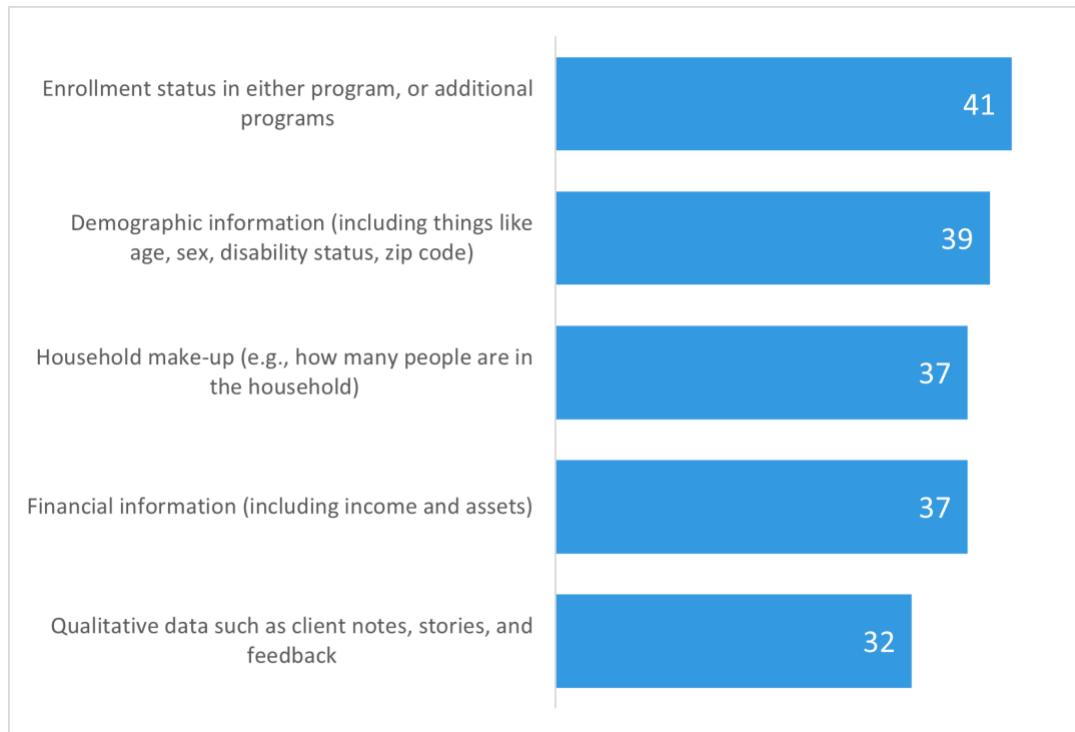
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[1] Patrick Canning & Brian Stacy, "The Supplemental Nutrition Assistance Program (SNAP and the Economy", United States Department of Agriculture, July 2019, Weblink.

[2] The 46 states and the District of Columbia will collectively be referred to as "states" throughout this report and accompanying figures.

[3] Jamila McLean, "Understanding Medicaid Churn," Benefits Data Trust, September 20, 2021, Weblink.

Most states reported sharing at least some data across SNAP and Medicaid agencies. Of 47 states that provided information on data shared across SNAP and Medicaid, only four states reported not sharing data at all. Of the 43 states that do share data, most share enrollment status and demographic, household, financial and qualitative information between agencies **(Figure 1)**. For example, in 2016, Louisiana received approval to enroll residents in Medicaid without an application if they had already been determined eligible for SNAP – a federal policy option known as "fast track."[4] The state shared individuals' SNAP enrollment status with the Medicaid program. This use of SNAP data was projected to "save more than 52,000-man hours that would otherwise be spent by eligibility workers when enrolling this population, saving the State over $1.5M in estimated pay and benefits costs in addition to any associated administrative costs."[5]

Number of States Sharing Types of Data Between SNAP and Medicaid Agencies

| Type of Data	Number of States
Enrollment status in either program, or additional programs	41
Demographic information (including things like age, sex, disability status, zip code)	39
Household make-up (e.g., how many people are in the household)	37
Financial information (including income and assets)	37
Qualitative data such as client notes, stories, and feedback	32

Figure 1: Most states surveyed share essential data points for determining eligibility across their Medicaid and SNAP agencies.

Many states share data from SNAP and Medicaid with other benefit programs. Forty-five states reported they share Medicaid or SNAP data with the Temporary Assistance for Needy Families (TANF) program. More than half of the responding states also share data with the Low-Income Home Energy Assistance Program (LIHEAP), childcare subsidies, school meal programs, foster care/adoption assistance, Medicare Savings program, and Low-Income Subsidy (LIS) programs **(Figure 2)**. Yet fewer than 20 states reported sharing Medicaid and/or SNAP data with the Special Supplemental Nutrition Program for Women, Infants and Children (WIC); Lifeline; and housing assistance.

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[4] Jessica Maneely & Caiti Roth-Eisenberg, "Fast Track: A Quicker Road to Medicaid Enrollment," Benefits Data Trust, February 5, 2020, Weblink.
[5] "Louisiana Receives Approval for Unique Strategy to Enroll SNAP Beneficiaries in Expanded Medicaid Coverage," Louisiana Department of Health, June 1, 2016, Weblink.

Number of States Sharing SNAP or Medicaid Data with other Benefit Programs
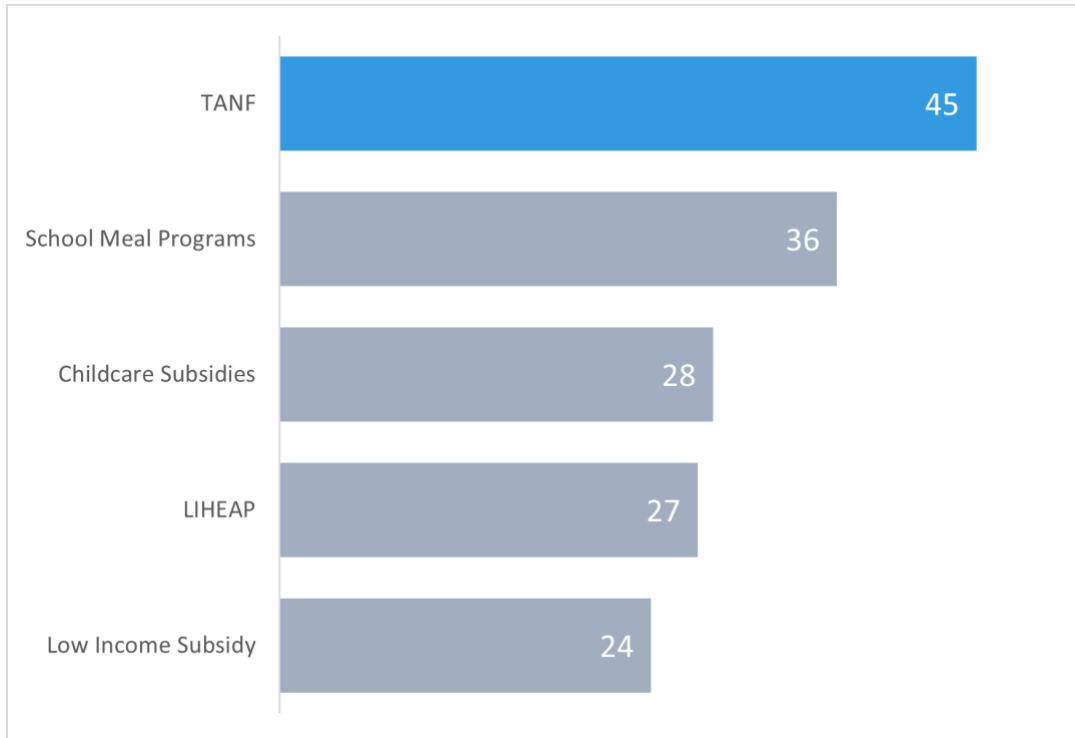
Figure 2: *TANF and school meal programs are among the most common programs with which SNAP or Medicaid agencies share data to streamline access to benefits.*

Key Findings

Key Finding #1:

Integration is not necessary for data sharing across programs – states without integrated SNAP & Medicaid systems share data at almost the same rate as those with integrated systems.

States reported varying degrees of integration of their Medicaid and SNAP systems. While states have reduced both applicant/recipient burden and agency administrative costs through integration of Medicaid and SNAP systems, these objectives can also be achieved through data coordination regardless of the level of integration. A lack of integrated systems is not an insurmountable barrier to data sharing. States that are fully integrated (having integrated workers who determine

"The Division of Medicaid (DMS) and the Bureau of Family Assistance (BFA) work closely as a team which makes coordination across Medicaid and SNAP easy. When there are changes to policy and/or the eligibility system, both DMS and BFA work together to ensure that any changes are discussed to determine if there is an impact to either SNAP or Medicaid."

- **NEW HAMPSHIRE**

eligibility for both SNAP and Medicaid as well as integrated eligibility systems that determine eligibility for both), partially integrated (having either integrated workers or eligibility systems but not both) and those that reported no integration all share data at approximately the same rate **(Figure 3)**.

Rate of States Sharing Data, by Level of Integration
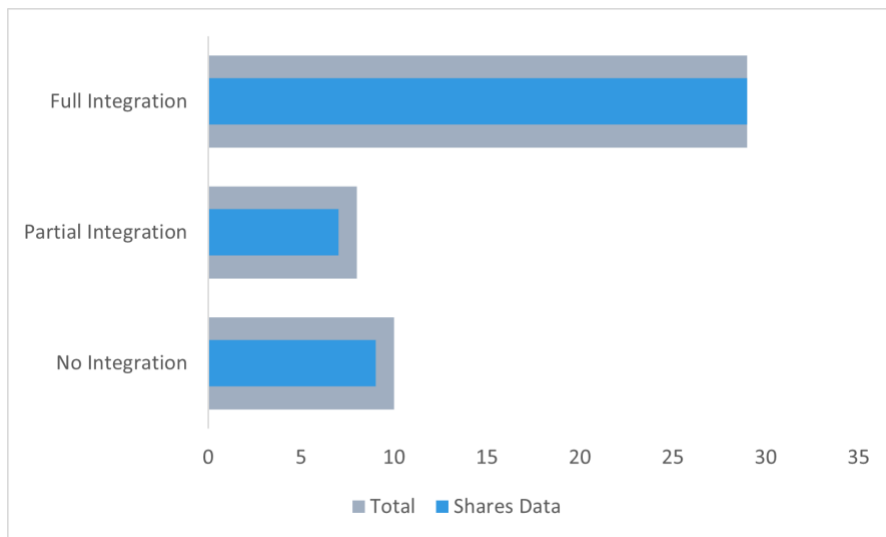
Figure 3: Program integration has little impact on data sharing rates.

At least 90 percent of states, including those that do not have integrated systems, *reported Medicaid and SNAP share data with at least one other program*. Additional programs include childcare subsidies, school meal programs, Medicare savings programs, Temporary Assistance for Needy Families (TANF), Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), the Low-Income Home Energy Assistance Program (LIHEAP), foster care/adoption assistance, Lifeline, housing assistance, and Medicare Part D **(Figure 4)**. Future reports in this series will highlight multiple practices, including those outside of integration, that states can consider for sharing data across programs and streamlining administration of benefits.

Number of Programs with which States Reported Sharing Medicaid and SNAP Data
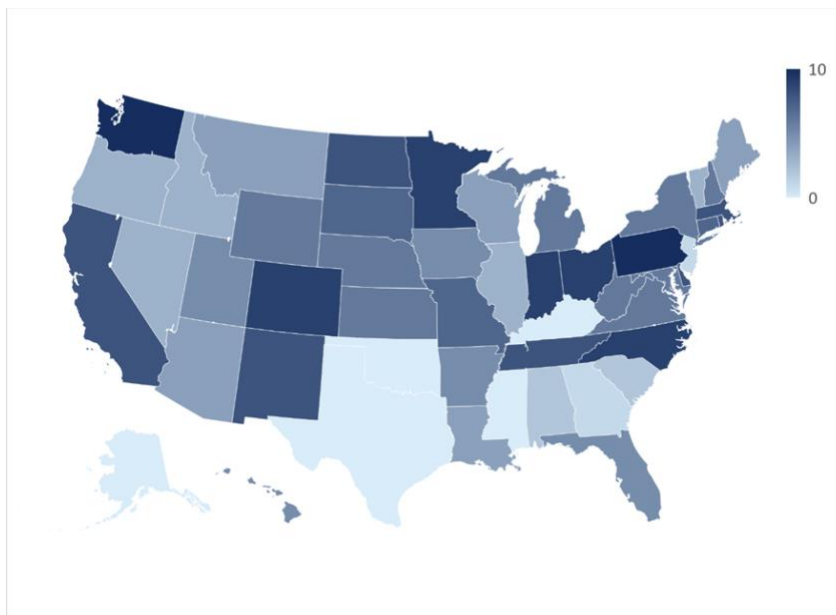
Figure 4: At least 90% of states are sharing SNAP and Medicaid data across numerous and diverse programs.

Key Finding #2:

States are commonly sharing SNAP & Medicaid data with third parties, such as MCOs and non-profits, to streamline access to benefits.

Many states also share data with third-party organizations to streamline access to benefits **(Figure 5)**. More than 30 states indicated that they share data with MCOs, with a handful of states requiring MCOs to screen individuals for food insecurity and identify individuals eligible for SNAP enrollment.

> "Establishing a co-developed universal data sharing agreement to be used by multiple departments and agencies will help ensure a streamlined data sharing environment."
> - **CALIFORNIA**

MCOs are also interested in data sharing with states for streamlining access to benefits, as enrollment in benefits can improve health outcomes. A recent survey conducted by the Institute for Medicaid Innovation indicated 86 percent of responding Medicaid MCOs believed addressing Social Determinants of Health (SDOH) could be better served by improving data sharing between states and MCOs.[6] For example, a study published in the *Annals of Internal Medicine* in 2021 found enrollment in SNAP among older adults led to decreased Medicaid spending (approximately $2,360 per person, annually) through decreased emergency room visits and admissions to hospitals and long-term care facilities.[7]

At least 21 states report sharing data with non-profit outreach organizations, making it the second most common third-party with which states share data. When working with state agencies, non-profits can provide additional assistance to agencies with the goal of streamlining access to benefits. For example, in 2010, BDT was selected to conduct a pilot in Pennsylvania that would address low SNAP participation among seniors. Using individual data shared by Pennsylvania, BDT provided targeted outreach and application assistance, increasing application numbers by 11 percent and approval numbers by 7 percent in just the first 90 days. [8]

Number of States Sharing SNAP or Medicaid Data with Third Parties

MCOs	31
Non-Profits	21
Researchers	9
For-Profits	6
Higher Ed	3
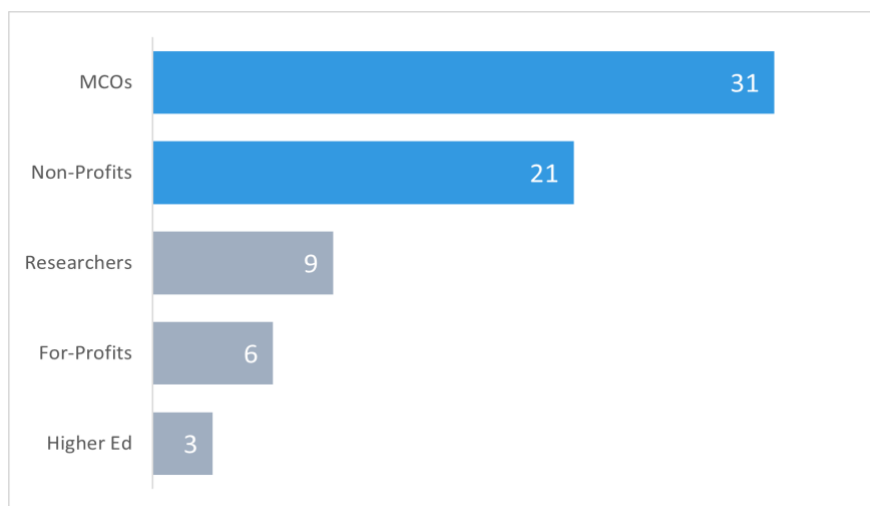
Figure 5: *MCOs and non-profits are the most common third parties with which states share Medicaid and SNAP data to streamline access to benefits.*

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6 "2022 Annual Medicaid MCO Survey - Social Determinants of Health," Institute for Medicaid Innovation, 2022, Weblink.
7 "New Research Shows SNAP Reduces Hospital and ER Visits, Lowers Medicaid Costs by $2,360 per Person Annually," Benefits Data Trust, October 19, 2021, Weblink.
8 Jacqueline Kauff, Lisa Dragoset, Elizabeth Clary, Elizabeth Laird, Libby Makowsky, Emily Sama-Miller, "Reaching the Underserved Elderly and Working Poor in SNAP: Evaluation Findings from the Fiscal Year 2009 Pilots," Mathematica, April 2014, Weblink.

Key Finding #3:

Medicaid & SNAP data sharing occurs in states across the political spectrum, regardless of state size or region.

Of the states reporting data sharing across Medicaid and SNAP, 57 percent had a Republican governor and 43 percent had a Democratic governor at the time of the survey. In addition, states in every region with populations varying from 720,000 to over 39,600,000 report sharing data across Medicaid and SNAP, indicating that data sharing has broad appeal.

The benefits of data sharing, recognized by a diverse set of states and stakeholders, include efficient, accurate, and less costly administration of benefits programs. For example, South Carolina implemented Express Lane Eligibility (ELE) in 2011, allowing children receiving SNAP or TANF to be automatically renewed for Medicaid.[9] In the initial implementation, 65,000 children across the state were renewed for Medicaid, based on enrollment data received by the Medicaid agency from SNAP and TANF. In addition to faster processing times and reduced burden for individuals, the state estimated an ongoing net savings of $1.6 million in administrative costs, annually.

Looking Ahead

Medicaid and SNAP are two of the largest safety net programs in the United States, with over 90 million and 40 million enrollees respectively. In states across the country and to varying degrees, cross-program data coordination has increased efficiency in program administration and streamlined enrollment.

Survey responses indicated that Medicaid and SNAP agencies in many states have a growing interest in better utilizing data coordination and that many states have promising practices to share. Part two in this series, expected in Spring/Summer 2023, will focus on the promising practices states are currently using for data coordination. In addition, CHCS will conduct several case studies highlighting the work some states are planning or are already doing.

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[9]Jennifer Edwards, Rebecca Kellenberg, and Health Management Associates "CHIPRA Express Lane Eligibility Evaluation: Case Study of South Carolina's Express Lane Eligibility Processes," Mathematica Policy Research, November 22, 2013, Weblink.

Appendix A

Research Methods

This survey was conducted by Benefits Data Trust (BDT) and the Center for Health Care Strategies (CHCS) between June and August 2022.

The survey questions were developed following discovery interviews with select experts and/or state administrators. An advisory group provided feedback to the survey draft, and it was sent to federal administrators for additional review. The survey was then finalized, with 31 questions, and prepared for distribution.

The nationally representative survey was distributed via Survey Monkey to all 50 states. Introductory and follow-up emails containing a link to the survey were sent by CHCS and other partnering agencies to available lists of SNAP directors, Medicaid directors, and county administrators. BDT and CHCS also promoted the survey in their organizations' e-newsletters.

A total of 114 responses were received, 14 of which were omitted due to extensive missing data. The remaining responses represented 46 states plus the District of Columbia.

Data was analyzed using SPSS and Microsoft Excel. Qualitative data was coded by theme. Quantitative data was aggregated at the state level and descriptive analyses were conducted.

Credit and Thanks

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The findings and conclusions contained within are those of the authors and do not necessarily reflect the positions of the funders, reviewers, interviewees, or entities whose examples are cited throughout the report.

Appendix B

Key Survey Questions

State	Third parties with whom SNAP or Medicaid share data	Require MCOs to screen for food insecurity	Type of client data shared across Medicaid and SNAP programs	Uses Express Lane Eligibility or the "Fast Track" state plan option to automatically renew Medicaid for people receiving SNAP	Integrated caseworkers and/or eligibility systems
Alabama	Other	No	Enrollment status	Yes	No
Alaska	N/A	N/A	N/A	N/A	N/A
Arizona	Non-profits, for-profits, MCOs	No	Enrollment status, financial, household, demographic, qualitative	No	Partial integration
Arkansas	Non-profits, for-profits, MCOs	No	Enrollment status, financial, household, demographic, qualitative	No	Full integration
California	Non-profits, MCOs, other	No	Enrollment status, financial, household, demographic, qualitative	Yes	Full integration
Colorado	Non-profits, higher education, researchers, other	No	Enrollment status, financial, household, demographic, qualitative	Yes	Full integration
Connecticut	Non-profits, researchers, other	No	Enrollment status, financial, household, demographic, qualitative	No	Full integration

State	Third parties with whom SNAP or Medicaid share data	Require MCOs to screen for food insecurity	Type of client data shared across Medicaid and SNAP programs	Uses Express Lane Eligibility or the "Fast Track" state plan option to automatically renew Medicaid for people receiving SNAP	Integrated caseworkers and/or eligibility systems
Delaware	MCOs, other	Yes	Enrollment status, financial, household, demographic, qualitative, other	No	Full integration
Florida	MCOs, other	No	Enrollment status, financial, household, demographic, qualitative	No	Full Integration
Georgia	Non-profits	No	Financial, household, demographic, qualitative	No	Full integration
Hawaii	Non-profits, MCOs, researchers	No	Other	No	No integration
Idaho	N/A	No	Financial, household, demographic, qualitative	No	Full integration
Illinois	Non-profits, MCOs, higher education, researcher	No	Enrollment status, financial, household, demographic, qualitative	No	Full integration
Indiana	MCOs	Yes	Enrollment status, financial, household, demographic, qualitative	No	Full integration
Iowa	MCOs	No	Enrollment status, financial, household, demographic, qualitative	Yes	Partial integration
Kansas	MCOs, other	No	Enrollment status, financial, household, demographic	No	No integration

State	Third parties with whom SNAP or Medicaid share data	Require MCOs to screen for food insecurity	Type of client data shared across Medicaid and SNAP programs	Uses Express Lane Eligibility or the "Fast Track" state plan option to automatically renew Medicaid for people receiving SNAP	Integrated caseworkers and/or eligibility systems
Kentucky	N/A	No	N/A	No	No integration
Louisiana	N/A	No	Enrollment status, financial, household, demographic	No	No integration
Maine	Non-profits, for-profits	No	Enrollment status, financial, household, demographic, qualitative	No	Full integration
Maryland	Non-profits, MCOs, higher education, researchers	No	Enrollment status, financial, household, demographic	No	Full integration
Massachusetts	Non-profits, MCOs, researchers	Yes	Enrollment status, demographic	Yes	No integration
Michigan	Non-profits	No	Enrollment status, financial, household, demographic	No	Full integration
Minnesota	MCOs, other	No	Enrollment status, financial, household, demographic, qualitative, other	No	Full integration
Mississippi	N/A	N/A	N/A	N/A	N/A
Missouri	MCOs	No	Enrollment status	No	Full integration

State	Third parties with whom SNAP or Medicaid share data	Require MCOs to screen for food insecurity	Type of client data shared across Medicaid and SNAP programs	Uses Express Lane Eligibility or the "Fast Track" state plan option to automatically renew Medicaid for people receiving SNAP	Integrated caseworkers and/or eligibility systems
Montana	N/A	No	Enrollment status, financial, household, demographic, qualitative	No	Full integration
Nebraska	MCOs	No	Enrollment status, financial, household, demographic, qualitative	No	Partial Integration
Nevada	Non-profits, MCOs	No	Enrollment status, financial, household, demographic, qualitative, other	No	Full integration
New Hampshire	Other	Yes	Enrollment status, financial, household, demographic, qualitative, other	No	Full integration
New Jersey	MCOs	No	Enrollment status	No	Partial integration
New Mexico	MCOs	No	Enrollment status, financial, household, demographic, qualitative	Yes	Full integration
New York	MCOs, other	No	Enrollment status, financial, household, demographic, qualitative, other	No	No integration
North Carolina	Non-profits, other	Yes	Enrollment status, financial, household, demographic, qualitative	No	Partial integration

State	Third parties with whom SNAP or Medicaid share data	Require MCOs to screen for food insecurity	Type of client data shared across Medicaid and SNAP programs	Uses Express Lane Eligibility or the "Fast Track" state plan option to automatically renew Medicaid for people receiving SNAP	Integrated caseworkers and/or eligibility systems
North Dakota	Non-profits, for-profits, MCOs	No	Enrollment status, financial, household, demographic, qualitative	No	Full integration
Ohio	Non-profits, MCOs, other	No	Enrollment status, financial, household, demographic, qualitative	No	Full integration
Oklahoma	N/A	N/A	N/A	N/A	N/A
Oregon	MCOs	No	Enrollment status, financial, household, demographic	No	Full integration
Pennsylvania	Non-profit, MCOs	Yes	Enrollment status, financial, household, demographic, qualitative, other	Yes	Full integration
Rhode Island	MCOs	No	Enrollment status, financial, household, demographic, qualitative	No	Full integration
South Carolina	MCOs	No	Enrollment status, demographic, other	No	No integration
South Dakota	N/A	No	Enrollment status, financial, household, demographic, qualitative	Yes	Partial integration
Tennessee	Non-profits, MCOs, researchers	No	Enrollment status, other	No	No integration
Texas	N/A	N/A	N/A	N/A	N/A

State					
Utah	Non-profits, for-profits	No	Enrollment status, financial, household, demographic, qualitative	No	Full integration
Vermont	Other	No	Other	No	Partial integration
Virginia	MCOs	No	Enrollment status, financial, household, demographic, qualitative, other	Yes	Full integration
Washington	Non-profits, for-profits, MCOs, researchers	No	Enrollment status, financial, household, demographic, other	No	Partial Integration
Washington, D.C.	MCOs	Yes	Enrollment status, financial, household, demographic, qualitative	No	Full integration
West Virginia	MCOs	No	Enrollment status, financial, household, demographic, qualitative	No	Full integration
Wisconsin	Non-profits, MCOs	No	Enrollment status, financial, household, demographic, qualitative	No	Full integration
Wyoming	Other	No	Other	No	No integration