Administrative Burden in Medicaid and SNAP During and After the COVID-19 Pandemic

ideas42 POLICY LAB

Nearly 38 million people in America currently live in poverty.[1] Public programs like Medicaid and the Supplemental Nutrition Assistance Program (SNAP) support families with low incomes through health-care coverage and food assistance. Both Medicaid and SNAP are associated with better short- and long-term health and economic outcomes, and reduced poverty rates.[2] Despite these benefits, over 6 million people eligible for Medicaid and over 10 million people eligible for SNAP fail to use these programs each year.[3]

Administrative burdens are a crucial reason why eligible people fail to access the benefits for which they qualify. Administrative burdens refer to learning costs, such as determining one's eligibility; compliance costs, such as completing confusing paperwork; and psychological costs, such as stigma felt while engaging with government services.[4] Though these burdens limit access for millions of Americans, they have overtime become an accepted and entrenched part of our public benefits system. This is perhaps unsurprising. Indeed, behavioral scientists have documented humans' deeply rooted bias to maintain the status quo.[5] But when circumstances beyond our control upend current systems—like during a once-in-a-generation pandemic—we are faced with the question: Is this the way things *should* be?

COVID-19 Changed the Administrative Burden Landscape

The COVID-19 pandemic led to a dramatic change in the administrative burdens people experienced while accessing public benefits. During the onset of the pandemic in March 2020, Congress enacted the continuous coverage provision, which temporarily paused all state Medicaid renewals in exchange for an increase in federal funding.[6] Essentially overnight, all administrative burdens associated with renewing Medicaid coverage turned off. This lasted until the end of the public health emergency in early 2023. During this time, Medicaid enrollment increased by 32.4% to a peak of 94.5 million people.[7] But in April 2023, continuous coverage ended and states began making redeterminations once again. During this unwinding process, states could opt to use a variety of federal flexibilities (e.g., Section 1902(e)(14)(A) waivers, Section 1115 demonstration waivers, or State Plan Amendments) designed to ease this transition.[8] Unfortunately, even with these options, Medicaid enrollment plummeted during unwinding: over 23 million people have been disenrolled thus far.[9] Worse, about 70% of these disenrollments are due to procedural reasons—because people failed to complete the renewal process, rather than being deemed ineligible.[10] Many of those disenrolled are likely still eligible for coverage.

Concurrently during the pandemic, Congress enacted temporary expansions and flexibilities to the SNAP program. Congress significantly increased the SNAP benefit amount families received through programs like emergency allotments (EAs) and a pandemic electronic benefits transfer (P-EBT) to school-aged children who would have otherwise been eligible for free or reduced school meals.[11] Congress also allowed states to opt for additional flexibilities through temporary waivers: for example, to extend periods of certification, waive in-person interview requirements, or ease eligibility restrictions on childless adults. SNAP enrollment increased by nearly 6 million people during this time, reaching a peak of 43 million people in 2020.[12] But most of the temporary waivers expired in 2022, while the federal benefit expansions

expired in 2023. Nearly 2 million people have since been dropped from the program, while those continuing to receive SNAP saw steep cuts to their benefits.[13]

These pandemic-driven changes presented a unique opportunity to measure how administrative burdens prevent Americans from accessing public benefits. Our team of researchers did so by asking three questions:

1. *How did states change their Medicaid and SNAP enrollment processes during and after the COVID-19 public health emergency?*

2. *How did these changes impact Medicaid and SNAP program enrollment?*

3. *What trends do we observe among states during this time?*

Our Findings

As federal flexibilities expire, states are contemplating which pandemic-driven changes to keep in place and which to abandon. States are actively establishing their new, post-pandemic status quo, and it is essential that they integrate these findings in their decisions.

1. How did states change their Medicaid and SNAP (re)enrollment processes during and after the COVID-19 public health emergency?

▶ **Medicaid:** As states began making redeterminations in 2023, there were several Medicaid enrollment flexibilities they could opt to use. We tracked whether states adopted four of these Medicaid flexibility policies in 2023 and represented them below on a scale from 0 (no policies adopted) to 4 (all policies adopted).[i] In the map below, dark blue states adopted the most policies while red states adopted the fewest.

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[i] The four flexibility policies we include in this measure are: (1) the proportion of applications automatically renewed (ex parte renewals); (2) renewing people within 24 hours of applying (real time eligibility determinations); (3) allowing individuals to grant third parties access to their accounts; and (4) continuously covering children for one year or more. We isolate these four variables due to the availability of the data and their hypothesized impact on enrollment.[14]

⬆ **Best states**
(adopted most ease policies during unwinding):

1. Washington: 4.00

2. Idaho, Michigan, Colorado: 3.50

3. Louisiana, California, Ohio: 3.25

⬇ **Worst states**
(adopted fewest ease policies during unwinding):

1. Missouri: 0

2. South Dakota, New Jersey: 0.50

3. Pennsylvania, Alaska, Virginia, DC: 1.00

Washington was the only state to adopt all four administrative ease policies. Washington, alongside Idaho, Michigan, Colorado, Louisiana, California, and Ohio, imposed the fewest Medicaid administrative burdens during unwinding, based on our measure. On the other hand, Missouri adopted none of these administrative ease policies. South Dakota, New Jersey, Pennsylvania, Alaska, Virginia, and Washington, D.C. enacted up to one of these policies and ranked lowest in supporting access to healthcare coverage during the unwinding period.

▶ **SNAP:** Starting in April 2020, states could opt to use pandemic-era waivers offered by the U.S. Department of Agriculture (USDA) to make it easier for people to access their SNAP benefits. From April 2020 through October 2022, using data from the USDA, we tracked whether states adopted six specific types of SNAP waivers and represented the average number of SNAP waivers adopted each month below, using a scale from 0 (no waivers adopted) to 6 (all waivers adopted).[ii]

Legend:
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- 🟦 2.1 - 3
- 🟨 1.1 - 2
- 🟥 0 - 1
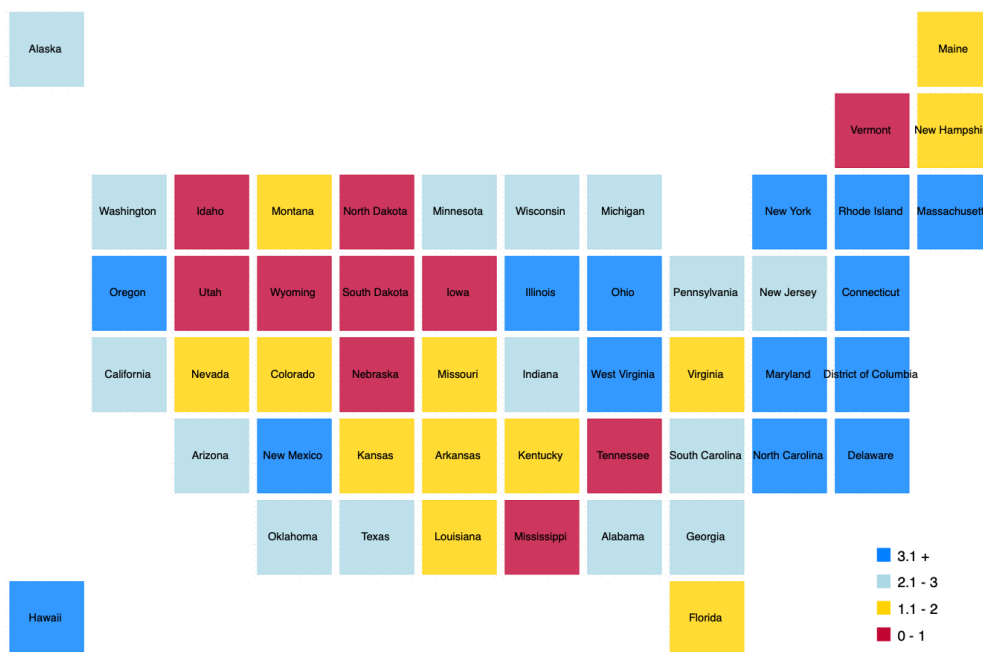
[ii] The six specific SNAP waiver types we include in this measure are: (1) extending certification periods; (2) allowing non-recorded phone signatures; (3) eliminating the face-to-face interview requirement; (4) limiting periodic reporting procedures; (5) postponing expedited interviews; and (6) waiving initial and recertification requirements. We isolate these six SNAP waiver types due to the availability of the data and their hypothesized impact on enrollment.

Best states
(used most SNAP waivers during pandemic):

1. Rhode Island: 4.88

2. Hawaii: 4.80

3. Massachusetts: 4.66

4. Connecticut: 4.28

5. West Virginia & Oregon: 3.86

Worst states
(used fewest SNAP waivers during pandemic):

1. Utah & Wyoming: 0.00

2. Idaho: 0.14

3. Nebraska: 0.29

4. Vermont: 0.46

5. North Dakota: 0.51

We found that states used an average of two SNAP waivers each month from April 2020 to November 2022. Hawaii, Rhode Island, and Massachusetts used the most waivers to increase SNAP access. Along with Connecticut, West Virginia, and Oregon, these states ranked highest in reducing SNAP administrative burdens. In contrast, Utah and Wyoming did not adopt any of these waivers to reduce SNAP administrative burden during the pandemic period. States like Nebraska, Vermont, and North Dakota did so but only for a short time. These states ranked lowest in making nutritional aid easier to access during the pandemic.

2. How did these changes impact Medicaid and SNAP program enrollment?

▸ **States that made their enrollment processes easier experienced higher program enrollment.** States that opted for more Medicaid administrative ease policies during unwinding experienced higher Medicaid enrollment. Similarly, states that opted to use more SNAP waivers during the pandemic experienced higher SNAP enrollment. These findings affirm our hypothesis that there is a relationship between administrative burdens and program enrollment.

3. What trends do we observe among states during this time?

▸ **States that made their Medicaid processes easier to navigate were more likely to make their SNAP processes easier too.** States that adopted more Medicaid administrative ease policies during unwinding were also more likely to use pandemic waivers that increased access to SNAP. Perhaps, states that have made robust investments in their benefits administration infrastructure are more able and willing to adopt flexibilities across programs. This result has been found in similar research on pandemic-era SNAP flexibilities.[14]

▸ **Red states were less likely to implement administrative ease policies.** Several red states (e.g., West Virginia, Idaho, Louisiana, Ohio) adopted the most policies to reduce administrative burdens during and after the pandemic. However, on the whole and consistent with pre-pandemic trends, states with any level of GOP control opted for significantly fewer policies to reduce administrative burden in Medicaid and SNAP.[iii] In other work, ideas42 has found that individuals self-identifying as Republican are more likely to support administrative burdens in safety-net programs such as Medicaid and SNAP.[15] GOP policymakers may be responding to the desires of their constituents when imposing these burdens.

[iii] GOP control is defined by Republican control of either the state's governorship or the legislative branch.

Implications of Findings

1. States should permanently reduce administrative burdens in Medicaid and SNAP.

We found that more flexible enrollment processes are associated with higher program enrollment and can help to ensure eligible people access the benefits for which they qualify. In some cases, states could simply choose to keep pandemic-era flexibilities in place permanently; in other cases, states may have to think more creatively about how pandemic-era flexibilities can be adapted for a long-term context.

For Medicaid, states should continue to implement the four Medicaid administrative ease policies associated with higher Medicaid enrollment. This includes:

▶ Automatically renewing coverage (on an ex parte basis) for as many recipients as possible. Crucially, this process must be as accurate as manual renewal processes to be effective;

▶ Processing as many applications as possible within 24 hours of receiving them (in real time);

▶ Always authorizing third parties to access a Medicaid account, if the recipient chooses, which allows for greater support through the application and re-enrollment processes;

▶ Providing multiyear continuous coverage to children. For example, continuously cover all children through the age of 6, as Washington, Oregon, and 8 other states have done or are planning to do.[16]

For SNAP, states should adopt pandemic-era SNAP flexibilities associated with higher SNAP enrollment in a longer-term context. This might look like:

▶ Extending certification periods and providing longer periods of SNAP coverage for more groups of people;

▶ Always allowing phone signatures for applicants to sign their applications;

▶ Simplifying periodic reporting procedures and considering ways to automatically renew benefits without requiring people to complete lengthy paperwork;

▶ Urging the federal government to eliminate the interview requirement from the application and re-enrollment processes. In the meantime, states should make interviews as flexible as possible: offer in-person, remote, and phone interviews; hold interviews during and after typical work hours; and provide recipients with as much time as possible to schedule interviews or reschedule missed interviews.[17] In a new and innovative approach, states could offer "unscheduled" interviews instead, where recipients call into a staffed hotline to complete the interview requirement by phone when it's convenient for them.[18]

2. States should invest in building their capacity to administer benefits programs.

Robust capacity can help to ensure that states administer public benefits in a clear and streamlined manner across programs. For example, investments in updated software systems could allow a state's Medicaid program to process more applications on an ex parte basis and enable the state's SNAP program to automatically renew benefits for certain groups.

Investments in state capacity include:

▸ Allocating sufficient government funds to operate and improve benefits programs;

▸ Hiring well-trained personnel to staff call centers and to carry out program operations in a timely manner;

▸ Investing in information-sharing capabilities across programs to facilitate flexibilities like categorical eligibility and automatic renewal;

▸ Consistently updating data systems and technology used to conduct eligibility determinations, administer benefits, and communicate with beneficiaries.

Conclusion

As pandemic-era flexibilities expire, state and federal policymakers are actively deciding which administrative burden policies to make permanent. Policymakers should leverage these research insights to make evidence-based decisions that best support low-income families and children in this new, post-pandemic world.

These results are part of ongoing research, funded by the William T. Grant Foundation. In the coming months, we will expand our analysis to include additional measures of administrative burden and to integrate individual-level data on program enrollment. Ultimately, we will measure the impact of administrative burden policy on child poverty rates, with breakdowns by race and ethnicity. To stay updated on our current and upcoming work, check out our page here.

Endnotes

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