A Call to Action: Researching the Impact of Medicaid Policies on Food and Nutrition Security

Kathryn Jantz, MSW, MPH, *HealthBegins* and Julian Xie, MD, MPP, *Share Our Strength*

MEDICAID FOOD SECURITY NETWORK

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Introduction

- Medicaid agencies are increasingly adopting strategies to address food security among the 79 million Medicaid enrollees in the US.
- Medicaid strategies can advance nutrition security and health equity at scale: food insecurity affects at least 20% of Medicaid enrollees, Medicaid enrollees are disproportionately people of color (60%), and SNAP is linked to healthcare savings ($1400 per Medicaid enrollee per year).
- In 2024, Share Our Strength and HealthBegins launched the **Medicaid Food Security Network**, a national coalition of anti-hunger and healthcare stakeholders to help states adopt and implement Medicaid food strategies focused on children and families, and SNAP and WIC access.
- MFSN developed national Policy Dashboard cataloguing Medicaid policies and programs for child and family food security.
- **MFSN Policy Dashboard Goal**: 1) Provide advocates with examples from other states to drive new policy adoption, and 2) Increase transparency and accountability around current Medicaid strategy implementation.

Methods

MFSN team developed a coding instrument and process to analyze publicly available state Medicaid policy documents, including 1115 waivers, managed care contracts, and quality improvement plans between 2022 and 2023.

We reviewed documents for six key themes identified through a consensus-based process among the research team. The themes were:

1. Food insecurity screening and referral
2. Care navigation
3. Data, evaluation, and continuous improvement
4. Aligned SNAP & WIC enrollment infrastructure
5. Direct investments
6. Medicaid managed care procurement

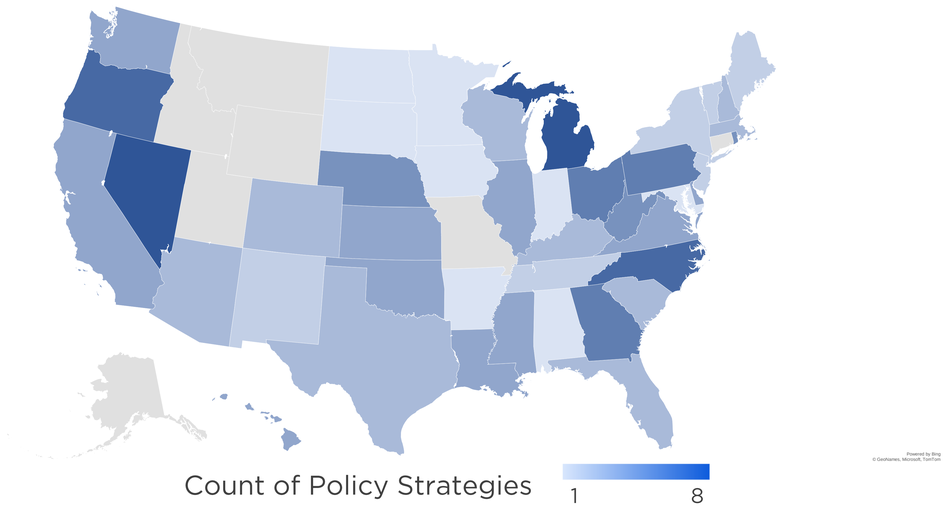
Inclusion criteria: State Medicaid policy documents that mention food security, SNAP, WIC, and/or HRSN/SDOH resource navigation

Exclusion criteria: Not focused on broad-based categories of children and families enrolled in Medicaid

MFSN team is updating dashboard with 2024-2025 data and adapting coding protocol to increase data standardization.

Results

Number of Identified Medicaid Strategies to Address Food Needs of Children and Families



Limitation: The dashboard and associated analyses were prepared using publicly available documents and should be not be considered exhaustive.

Try the MFSN Policy Dashboard!

Full results of this analysis are available on the Medicaid Food Security Network Policy Dashboard (bit.ly/MFSNdash) where users can filter by state and policy strategy and navigate to individual policy summaries.

Sample analysis derived from MFSN Dashboard highlighting food security screening requirements among Medicaid managed care organizations:

Medicaid Managed Care Health Risk Assessment Requirements with HRSN Screening
(showing 6 of 16 state examples found)

DC	MCOs must conduct initial screening of each enrollee's physical, behavioral and social needs. Medicaid agency reserves right to specify or limit which screening tool shall be used. MCOs must develop process for successful outreach and engagement including documentation of all outreach attempts.
IA	MCOs must conduct health risk screening using state mandated tool. MCO is expected to screen 70% of new enrolled members within 90 days and every 12 months thereafter. MCOs must make at least 3 attempts to conduct screening.
NH	All MCOs must use same Health Risk Assessment tool developed by Medicaid agency, that identifies HRSN of the members, including food insecurity and housing. MCO must give provider incentives or reimbursement to ensure that providers review Health Risk Assessment results and make appropriate referrals to social services agencies. Each member will have wellness visit with provider that includes health risk and SDoH screenings.
VA	MCOs must use standardized HRSN screening identified by Medicaid agency, contribute to agency's assessment of prevalent HRSNs in communities, and engage members and community partners to improve outcomes and reduce health disparities.
WV	As part of required Population Health Management Plan, MCOs must conduct brief Initial Health Screen that includes SDoH questions within 60 days of enrollment for new members. The screening tool must be evidence-based and include questions on the SDoH categories of food insecurity, housing, and transportation.
MI	MCOs must help members obtain social services, including access to safe and affordable housing, food, and transportation through following activities: Conduct enrollee assessments for HRSN. Refer enrollee to community-based social services and other resources. Ensure enrollees receive all necessary services, including In Lieu of Services, to close care gaps and address HRSNs. Coordinate health and social services between settings of care, even if they are not covered services, to address members' HRSNs. Track and report outcomes of social referrals in coordination with CHWs, providers, and other community-based social services, and assist members in applying for public benefits like WIC, SNAP, and TANF.

Discussion & Research Needs

- Most state Medicaid systems have adopted at least one food security strategy focused on children and families.
- Our analysis demonstrates high variability across states for similar policies. For example, screening policies range from an added question to a Health Risk Assessment with no monitoring or accountability to a robust program with closed loop referrals, data exchange, financial incentives, and connections to a health equity strategy.
- Research is needed to measure overall impacts and member experience, with disaggregation for marginalized groups such as people of color, individuals whose primary language is not English, and rural populations.

Additional research is especially needed in these domains:

1. **Food security screening and resource connections conducted by MCOs**: What are rates of screening prevalence, and positive results for food insecurity. Do screenings result in increased SNAP and WIC enrollment?
2. **SNAP and WIC data sharing to MCOs:** What data is being shared with MCOs at what frequency? What impact does this have on SNAP and WIC enrollment?
3. **Medical Loss Ratio**: How are Medical Loss Ratio flexibilities being used to address food needs of Medicaid enrollees?
4. **Community Reinvestment**: Are community reinvestment approaches focused on food improving the food security of the most marginalized populations?

MFSN welcomes research partnerships!

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