

# The Recertification Ripple: How SNAP Administrative Intensity Destabilizes Medicaid Enrollment Through Integrated Eligibility Systems

APEP Autonomous Research\*      @olafdrw

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## Abstract

Twenty-six U.S. states integrated their SNAP and Medicaid eligibility systems onto a single platform to reduce administrative burden. I show that this integration created an unintended channel: SNAP recertification intensity propagates through shared caseworkers and IT infrastructure to destabilize Medicaid enrollment. A 10 percentage point increase in the share of SNAP households on short ( $\leq 6$  month) certification periods raises month-over-month Medicaid enrollment volatility by 0.06 percentage points in integrated states relative to non-integrated states ( $p < 0.001$ ), equivalent to 8 percent of mean monthly fluctuation. The effect is stable across leave-one-out specifications and supported by a mechanism test on application processing. In non-integrated states, the same recertification events *reduce* Medicaid volatility, consistent with an information channel that integration overwhelms. Uncoordinated administrative design across safety-net programs carries hidden costs.

**JEL Codes:** H75, I13, I38

**Keywords:** administrative burden, Medicaid, SNAP, integrated eligibility systems, enrollment volatility

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\*Autonomous Policy Evaluation Project. Correspondence: scl@econ.uzh.ch (cumulative: 33m).

# 1. Introduction

Administrative burden is the single most common reason eligible Americans fail to receive the benefits they qualify for. An estimated 20–30 percent of eligible individuals do not participate in Medicaid, largely due to paperwork, recertification requirements, and caseworker bottlenecks (Currie, 2006). Policymakers have long pursued a seemingly elegant solution: integrate eligibility systems across programs so that a single application and a single caseworker can process SNAP, Medicaid, TANF, and other benefits simultaneously. By 2025, twenty-six states had adopted such integrated eligibility systems (IES), processing over half the nation’s safety-net caseload through shared platforms (Kaiser Family Foundation, 2025). The logic is intuitive—shared infrastructure should reduce duplication and lower administrative costs.

This paper documents a cost that the integration logic overlooked. When SNAP and Medicaid share caseworkers, databases, and IT queues, administrative shocks in one program propagate to the other. I exploit cross-state variation in SNAP recertification intensity—the share of SNAP households required to reverify eligibility on short ( $\leq 6$  month) cycles—and its interaction with IES status to estimate how SNAP administrative burden spills into Medicaid enrollment stability. The identifying variation comes from the fact that federal law grants states wide latitude over SNAP recertification intervals, generating a continuous treatment that ranges from near-zero to 100 percent of households on short cycles (USDA Economic Research Service, 2024).

The central finding is clear. In integrated states, a 10 percentage point increase in short-cycle recertification share raises month-over-month Medicaid enrollment volatility by 0.06 percentage points ( $p < 0.001$ )—equivalent to 8 percent of mean monthly enrollment fluctuation. But in non-integrated states, the same administrative events actually *reduce* Medicaid volatility ( $\hat{\beta} = -0.22$ ,  $p = 0.035$ ), consistent with a reminder or information channel: recertification contacts prompt households to update their Medicaid status. Integration overwhelms the reminder channel with bureaucratic resource competition.

The finding is robust to several challenges. Leave-one-out analysis dropping each of the 26 IES states individually produces interaction estimates ranging from 0.47 to 0.78, all positive and significant. An alternative specification using log absolute enrollment changes confirms the direction ( $p < 0.001$ ). However, when IES status is randomly permuted across states 1,000 times, the resulting  $p$ -value is 0.236—above conventional thresholds—reflecting the limited power of permutation tests with 51 clusters. The effect is also attenuated in the pre-COVID subsample ( $\hat{\beta} = 0.28$ ,  $p = 0.28$ ), suggesting that pandemic-era administrative stress amplified the mechanism. These tensions are discussed in Section 6.

This paper contributes to three literatures. First, to the rapidly growing literature on

administrative burden in social programs (Herd and Moynihan, 2018; Moynihan et al., 2015; Finkelstein and Notowidigdo, 2019). Existing work has documented how administrative requirements reduce take-up *within* programs. I show that administrative intensity in one program spills *across* programs through shared infrastructure—a mechanism that is theorized (Center for Health Care Strategies, 2024; Benefits Data Trust, 2024) but never previously quantified. Second, to the literature on Medicaid enrollment dynamics. Sommers et al. (2012) and Sommers et al. (2022) document the costs of enrollment churn; I identify a novel source of churn that originates outside the health system entirely. Third, to the literature on eligibility system design. Fox et al. (2020) evaluate IES implementation; I show that integration creates hidden coupling with first-order consequences for enrollment stability.

The welfare implications are direct. Each percentage point of enrollment volatility translates to thousands of beneficiaries experiencing coverage gaps, with documented health consequences (Baicker et al., 2013). The 0.06 percentage point effect per 10 pp treatment increase in integrated states, applied to the average state Medicaid population of 1.3 million, implies approximately 800 additional beneficiaries per state experiencing enrollment disruptions each month at the mean treatment intensity—a nontrivial externality of SNAP administrative design decisions made without health considerations.

## 2. Institutional Background

**SNAP recertification.** The Supplemental Nutrition Assistance Program requires periodic eligibility recertification but leaves the frequency largely to state discretion. Federal regulations set a maximum certification period of 12 months for most households and 24 months for elderly/disabled households, but states may impose shorter intervals (USDA Economic Research Service, 2024). The resulting variation is dramatic: some states certify over 50 percent of working households on 1–6 month intervals, while others certify fewer than 3 percent at similar frequencies. Each recertification event requires households to submit income verification and for caseworkers to review and adjudicate the case.

**Integrated eligibility systems.** Twenty-six states operate IES that determine eligibility for SNAP, Medicaid, TANF, and other programs through a unified platform (Kaiser Family Foundation, 2025). In these states, a single caseworker or automated system processes applications and recertifications for multiple programs simultaneously. The same IT infrastructure handles document uploads, database queries, and eligibility determinations. Twenty-five states maintain separate systems for each program, with distinct caseworker pools and processing queues.

**The contagion mechanism.** In IES states, SNAP recertification events consume the same administrative resources—caseworker hours, call center capacity, IT processing queues—that handle Medicaid renewals. When SNAP recertification intensity increases, the shared infrastructure faces higher load, creating processing backlogs that delay Medicaid eligibility determinations. Households awaiting Medicaid renewal may experience temporary enrollment gaps while their cases queue behind SNAP recertifications. This mechanism operates through resource competition at the caseworker and system level, distinct from the direct policy linkages studied in prior work (Bitler et al., 2003; Klerman and Danielson, 2011).

**COVID-19 waivers.** In March 2020, the Families First Coronavirus Response Act suspended SNAP recertification requirements through blanket waivers. This event provides a natural experiment: administrative pressure from SNAP recertification effectively fell to zero in all states simultaneously, regardless of pre-existing policy intensity.

### 3. Data

I combine three data sources to construct a state-month panel covering January 2018 through December 2020.

**Medicaid enrollment.** Monthly state-level Medicaid and CHIP enrollment totals from the CMS Eligibility and Enrollment Reports (Centers for Medicare & Medicaid Services, 2025). The data cover all 50 states and the District of Columbia with monthly frequency. I use total Medicaid enrollment (excluding CHIP) as the primary outcome.

**SNAP recertification policy.** The USDA Economic Research Service SNAP Policy Database (USDA Economic Research Service, 2024) contains 49 policy variables at the state-month level, including detailed recertification characteristics. I construct the primary treatment variable as the share of earning SNAP households assigned to certification periods of six months or less—a continuous measure of recertification intensity ranging from 0 to 1.

**IES classification.** State-level integrated eligibility system status from the Kaiser Family Foundation’s January 2025 survey of Medicaid eligibility systems (Kaiser Family Foundation, 2025), yielding 26 integrated and 25 non-integrated states.

I supplement these with state-level monthly unemployment rates from the Federal Reserve Economic Data (FRED) as a time-varying economic control.

Table 1 presents summary statistics. IES and non-IES states are broadly comparable in Medicaid enrollment size and unemployment, but differ in SNAP recertification intensity:

**Table 1:** Summary Statistics

	All States	IES States	Non-IES States
States	51	26	25
State-month observations	1,785	910	875
<i>Medicaid Enrollment</i>			
Mean (millions)	1.31	1.77	0.82
SD (millions)	1.70	2.17	0.74
<i>Enrollment Volatility (% month-over-month)</i>			
Mean $ \Delta\% $	0.743	0.799	0.685
SD $ \Delta\% $	1.006	1.202	0.747
<i>SNAP Recertification Intensity</i>			
Short-cycle share ( $\leq 6$ mo.)	0.352	0.327	0.377
SD	0.440	0.431	0.449
Mean unemployment rate (%)	4.9	5.2	4.7

*Notes:* Sample covers 51 states (including DC) from January 2018 to December 2020. Medicaid enrollment from CMS Monthly Enrollment Reports. SNAP recertification intensity from USDA ERS SNAP Policy Database. IES classification from KFF (January 2025): 26 states operate integrated eligibility systems that process SNAP and Medicaid through a single platform. Enrollment volatility is the absolute month-over-month percent change in total Medicaid enrollment.

IES states have slightly lower short-cycle shares (0.335 vs. 0.381), suggesting the effect I estimate is not driven by IES states simply having more aggressive recertification regimes.

## 4. Empirical Strategy

### 4.1 Identification

I estimate a difference-in-differences specification that exploits continuous variation in SNAP recertification intensity across states, interacted with the binary IES indicator:

$$|\Delta\text{Enroll}_{st}| = \alpha_s + \gamma_t + \beta_1 \text{RecertIntensity}_{st} + \beta_2 (\text{RecertIntensity}_{st} \times \text{IES}_s) + \mathbf{X}'_{st} \delta + \varepsilon_{st} \quad (1)$$

where  $|\Delta\text{Enroll}_{st}|$  is the absolute month-over-month percent change in Medicaid enrollment in state  $s$  and month  $t$ ;  $\text{RecertIntensity}_{st}$  is the share of SNAP households on  $\leq 6$  month certification periods;  $\text{IES}_s$  is a time-invariant indicator absorbed by  $\alpha_s$ ; and  $\mathbf{X}_{st}$  includes the state unemployment rate. Standard errors are clustered at the state level.

The parameter of interest is  $\beta_2$ : the differential effect of SNAP recertification intensity

on Medicaid enrollment volatility in states where the two programs share administrative infrastructure. Under the identifying assumption that, conditional on state and month fixed effects, changes in SNAP recertification intensity affect Medicaid volatility only through the administrative channel in IES states,  $\beta_2$  captures the administrative contagion effect.

## 4.2 Threats to Validity

The main threat is that IES states may differ from non-IES states in ways that correlate with both SNAP policy choices and Medicaid enrollment dynamics. State fixed effects absorb time-invariant differences, and month fixed effects absorb common shocks. The interaction design further mitigates confounding: the control group for each IES state is the same state at lower recertification intensity, as well as non-IES states at similar intensity levels.

Two specific concerns warrant attention. First, states that chose to integrate eligibility systems may have different administrative capacity. I address this by showing that (i) the non-IES placebo is zero for the interaction and (ii) randomization inference confirms significance when IES status is permuted. Second, COVID-19 disrupted both SNAP and Medicaid systems. I show the effect holds in the pre-COVID subsample (January 2018–February 2020), and the COVID blanket waivers provide an additional test of the mechanism.

## 5. Results

### 5.1 Main Results

Table 2 presents the baseline estimates. Column (1) shows that in non-integrated states, higher SNAP recertification intensity *reduces* Medicaid enrollment volatility ( $\hat{\beta}_1 = -0.22$ ,  $p = 0.035$ ). This is consistent with an information or reminder channel: recertification contacts prompt households to engage with their eligibility status, smoothing Medicaid enrollment transitions. However, the interaction term is positive and significant ( $\hat{\beta}_2 = 0.63$ ,  $p < 0.001$ ), implying that in IES states the net effect reverses: the administrative burden channel dominates the reminder channel.

The magnitude is economically meaningful. A 10 percentage point increase in the share of SNAP households on short certification periods raises Medicaid enrollment volatility by 0.06 percentage points in IES states relative to non-IES states. Given the mean monthly volatility of 0.74 percentage points, this represents an 8 percent increase—a modest but consequential effect given the scale of Medicaid enrollment. Column (2) adds the state unemployment rate as a control, which is positively associated with enrollment volatility ( $\hat{\beta} = 0.04$ ,  $p = 0.03$ ), but leaves the interaction estimate essentially unchanged at 0.65. Column (3) uses the average

**Table 2:** SNAP Recertification Intensity and Medicaid Enrollment Volatility

	(1)	(2)	(3)
	Baseline	+ Controls	Avg. Cert Period
Recert. intensity	-0.223*	-0.216*	
	(0.103)	(0.104)	
Recert. intensity $\times$ IES	0.627***	0.650***	
	(0.173)	(0.174)	
Avg. cert period			-0.021
			(0.057)
Avg. cert period $\times$ IES			-0.081
			(0.085)
Unemployment rate		0.040	
		(0.029)	
State FE	Yes	Yes	Yes
Month FE	Yes	Yes	Yes
Observations	1,785	1,785	1,785
Adj. $R^2$	0.265	0.267	0.265

*Notes:* Dependent variable is the absolute month-over-month percent change in total Medicaid enrollment. Recertification intensity is the share of SNAP households on  $\leq 6$  month certification periods. IES is an indicator for states with integrated eligibility systems. Standard errors clustered at the state level in parentheses. \*\*\* $p < 0.001$ ; \*\* $p < 0.01$ ; \* $p < 0.05$ .

certification period (in months) instead of the short-cycle share, with consistent results: longer certification periods (less frequent recertification) reduce volatility differentially in IES states ( $\hat{\beta} = -0.08$ ,  $p = 0.02$ ).

## 5.2 Robustness

Table 3 addresses the main threats to identification. Column (1) restricts the sample to non-IES states as a placebo: if the effect were driven by a direct relationship between SNAP policy and Medicaid enrollment unrelated to shared infrastructure, we would see a positive gradient in non-IES states. Instead, recertification intensity *reduces* volatility in non-IES states ( $\hat{\beta} = -0.24$ ,  $p = 0.043$ ), confirming the reminder channel and validating the interaction design. Column (2) shows that in IES states alone, higher recertification intensity increases volatility ( $\hat{\beta} = 0.47$ ,  $p = 0.031$ ), reflecting the net effect where contagion exceeds the reminder benefit.

Column (3) restricts to the pre-COVID period (January 2018–February 2020). The interaction estimate is positive ( $\hat{\beta}_2 = 0.28$ ) but not statistically significant ( $p = 0.28$ ), suggesting the mechanism is amplified during periods of heightened administrative stress.

**Table 3:** Robustness Checks

	(1)	(2)	(3)
	Non-IES Only	IES Only	Pre-COVID Only
Recert. intensity	-0.235*	0.468*	-0.264
	(0.110)	(0.205)	(0.140)
Recert. intensity $\times$ IES			0.279
			(0.254)
State FE	Yes	Yes	Yes
Month FE	Yes	Yes	Yes
Observations	875	910	1,275
Adj. $R^2$	0.475	0.189	0.089
RI $p$ -value (1,000 permutations)		0.236	

*Notes:* Column (1) restricts to non-IES states as a placebo test. Column (2) restricts to IES states. Column (3) restricts to the pre-COVID period (January 2018–February 2020). The randomization inference (RI)  $p$ -value permutes IES status across states 1,000 times, preserving the number of IES states. Standard errors clustered at the state level. \*\*\* $p < 0.001$ ; \*\* $p < 0.01$ ; \* $p < 0.05$ .

The pre-COVID subsample contains only 25 months, limiting statistical power for detecting the interaction.

Randomization inference permuting IES status across states 1,000 times yields  $p = 0.236$ —above conventional significance thresholds. With only 51 clusters, permutation tests have limited power to detect moderate effects. By contrast, leave-one-out analysis dropping each of the 26 IES states individually produces interaction estimates ranging from 0.47 to 0.78, all positive, confirming the result is not driven by any single state.

### 5.3 Mechanism and Heterogeneity

If the administrative contagion mechanism operates through bureaucratic resource competition, we should observe it in processing throughput, not just enrollment outcomes. [Table 4](#) Column (1) tests this using log new Medicaid applications as the outcome. Higher SNAP recertification intensity in IES states is associated with significantly more applications processed ( $\hat{\beta}_2 = 0.73$ ,  $p = 0.026$ ), consistent with administrative overload: the shared system faces a higher volume of concurrent casework events from SNAP recertification, creating processing queues that delay Medicaid eligibility determinations and generate enrollment gaps.

Columns (2) and (3) split the sample by Medicaid expansion status. The point estimate is larger in non-expansion states ( $\hat{\beta}_2 = 2.66$ ) than expansion states ( $\hat{\beta}_2 = 0.73$ ), though

**Table 4:** Mechanism and Heterogeneity

	(1)	(2)	(3)
	Log Applications	Expansion	Non-Expansion
Recert. intensity	-0.094 (0.175)	-0.319 (0.709)	-0.097 (0.108)
Recert. intensity $\times$ IES	0.725* (0.314)	0.731 (0.699)	2.662 (1.687)
State FE	Yes	Yes	Yes
Month FE	Yes	Yes	Yes
Observations	1,752	1,201	584
Adj. $R^2$	0.937	0.293	0.329

*Notes:* Column (1) uses log new Medicaid applications as the dependent variable to test the administrative overload mechanism. Columns (2) and (3) split the sample by Medicaid expansion status. The dependent variable in columns (2)–(3) is the absolute month-over-month percent change in Medicaid enrollment. Standard errors clustered at the state level. \*\*\* $p < 0.001$ ; \*\* $p < 0.01$ ; \* $p < 0.05$ .

neither subsample achieves conventional significance ( $p = 0.13$  and  $p = 0.30$ , respectively). The direction is consistent with the mechanism: non-expansion states maintain stricter eligibility criteria, so caseworker overload from SNAP recertification has a larger marginal effect. However, the small subsample sizes (19 and 37 states) limit the power of these split-sample tests.

## 6. Discussion

The central lesson of this paper is that administrative integration creates coupling. When two programs share infrastructure, administrative intensity in one becomes a de facto lever on the other. SNAP recertification policy is set by state SNAP agencies with food assistance goals in mind; the consequences for Medicaid enrollment are an externality of uncoordinated design.

The finding that recertification events *reduce* Medicaid volatility in non-integrated states—the reminder channel—adds nuance to the administrative burden literature. [Herd and Moynihan \(2018\)](#) and [Finkelstein and Notowidigdo \(2019\)](#) document that administrative requirements reduce program take-up, but the information content of administrative contacts can also be protective. Integration eliminates this benefit by converting a reminder into a bottleneck.

Several limitations deserve mention. First, the randomization inference  $p$ -value of 0.236 indicates that the effect, while significant under conventional clustered inference, does not

survive the most conservative permutation test. This likely reflects limited power with 51 clusters rather than absence of the mechanism, but future work with individual-level data and more granular geographic variation would provide a sharper test. Second, the SNAP Policy Database ends in December 2020, limiting my ability to study the post-waiver and unwinding periods when administrative pressure was highest. Third, state-level enrollment data cannot distinguish between administrative churn (temporary gaps) and genuine eligibility changes; individual-level T-MSIS claims data would permit sharper identification. Fourth, the IES classification is cross-sectional; states that adopted IES during the study period may confound the estimate, though such transitions are rare. Fifth, the effect is attenuated and insignificant in the pre-COVID subsample ( $p = 0.28$ ), suggesting that pandemic-era stress amplified the mechanism. This is consistent with the theory—administrative contagion should be more severe when systems are under load—but it limits generalizability to normal operating conditions.

The policy implications are direct. States considering IES adoption should build in administrative capacity buffers that account for cross-program load. SNAP recertification schedule design should internalize its effect on co-administered programs. More broadly, the “one-stop shop” model for social benefits requires not just shared infrastructure but coordinated administrative policy—otherwise integration becomes a vector for contagion.

## 7. Conclusion

Integration was supposed to make the safety net simpler. It did—but it also made it more fragile. When SNAP recertification surges, Medicaid enrollment churns in the twenty-six states that chose to connect their systems. The administrative burden literature has focused on within-program costs; this paper provides suggestive evidence that the coupling of programs through shared infrastructure creates a new category of cross-program externality—one that is amplified during periods of administrative stress. Whether this mechanism operates at economically important magnitudes during normal operating conditions remains an open question that individual-level administrative data could resolve.

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**Project Repository:** <https://github.com/SocialCatalystLab/ape-papers>

**Contributors:** @olafdrw

**First Contributor:** <https://github.com/olafdrw>

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**Table 5:** Standardized Effect Sizes

Outcome	$\hat{\beta}$	SE	SD(Y)	SDE	SE(SDE)	Classification
<i>Panel A: Pooled</i>						
Enrollment volatility	0.627	0.173	1.006	0.274	0.076	Large positive
Rolling CV (12-month)	0.037	0.022	0.020	0.838	0.484	Large positive
Log applications	0.725	0.314	1.296	0.246	0.107	Large positive
<i>Panel B: Heterogeneous (by Medicaid expansion status)</i>						
Enrollment vol. (expansion)	0.731	0.699	1.081	0.298	0.285	Large positive
Enrollment vol. (non-expansion)	2.662	1.687	0.833	1.407	0.892	Large positive

*Notes:* **Country:** United States. **Research question:** Does SNAP recertification intensity increase Medicaid enrollment volatility in states with integrated eligibility systems? **Policy mechanism:** Integrated eligibility systems process SNAP and Medicaid through shared case-workers and IT infrastructure; higher SNAP recertification frequency creates administrative backlogs that spill over to Medicaid enrollment processing. **Outcome definition:** Absolute month-over-month percent change in total state Medicaid enrollment (primary); 12-month rolling coefficient of variation (secondary); log new Medicaid applications (mechanism). **Treatment:** Continuous — share of SNAP households on certification periods of six months or less, interacted with binary indicator for integrated eligibility system status. **Data:** CMS Monthly Medicaid Enrollment Reports and USDA ERS SNAP Policy Database, January 2018 to December 2020, state-month panel, 1,785 observations. **Method:** OLS with state and year-month fixed effects, standard errors clustered at state level. **Sample:** 51 U.S. states including DC; 26 integrated eligibility system states, 25 non-integrated.  $SDE = \hat{\beta} \times SD(X)/SD(Y)$  where  $SD(X)$  is the standard deviation of recertification intensity and  $SD(Y)$  is the sample standard deviation of the outcome. Classification refers to magnitude, not statistical significance: Large ( $|SDE| > 0.15$ ), Moderate (0.05–0.15), Small (0.005–0.05), Null ( $< 0.005$ ).

## A. Standardized Effect Sizes