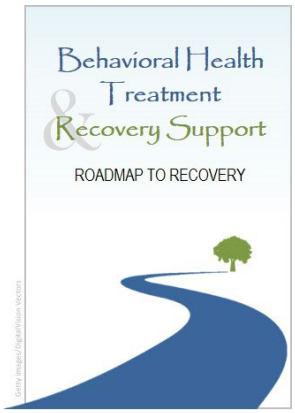

Current State Assessment

Report 1: Prevalence of Substance Use Disorder Diagnoses among Medicaid Beneficiaries SFY 2019–SFY 2022

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IN SEPTEMBER 2019, the Centers for Medicare and Medicaid Services (CMS) awarded the Washington State Health Care Authority (HCA) a grant under the §1003 SUPPORT ACT.[1] Under this Phase 1 Planning Grant, HCA developed an implementation strategy for improving treatment and recovery services that included developing an alternative payment model for substance use disorder (SUD) treatment and recovery services. To support this effort, a current state assessment was conducted in state fiscal year (SFY) 2017–2019[2] to gain insight into the prevalence of substance use disorder (SUD) diagnoses, utilization of treatment services, and physical health and social outcomes among Medicaid beneficiaries with behavioral health diagnoses. However, the COVID-19 pandemic and subsequent public health emergency (PHE) may have impacted prevalence rates, treatment utilization, and use of acute SUD-related services. This report is one of a set of four updated reports that covers an updated time frame including the peak of the pandemic, SFY 2019–2022. Each report addresses a core question about behavioral health treatment and recovery support services in Washington and the potential impact of the COVID-19 PHE on those services.

THIS REPORT:

- ***What is the prevalence of substance use disorder and opioid use disorder among Medicaid beneficiaries? Does the prevalence vary across the Medicaid population? Has this changed during the COVID-19 PHE?***

SUBSEQUENT REPORTS:

- *What is the behavioral health treatment rate? Does the rate vary across the Medicaid population? Has this changed during the COVID-19 PHE?* (See Report 9.130A.)
- *What types of substance use disorder treatment services are Medicaid beneficiaries using? Does treatment utilization vary across the Medicaid population? Has this changed during the COVID-19 PHE?* (See Report 9.130B.)
- *What types of acute SUD-related services are Medicaid beneficiaries using? Do the type of acute SUD-related service vary across the Medicaid population? Has this changed during the COVID-19 PHE?* (See Report 9.130C.)

[1] More information about the CMS §1003 SUPPORT ACT grant can be found at: https://www.medicaid.gov/medicaid/benefits/behavioral-health-services/substance-use-disorder-prevention-promotes-opioid-recovery-and-treatment-for-patients-and-communities-support-act-section-1003/index.html.

[2] Prior reports can be found at https://www.dshs.wa.gov/ffa/rda/research-reports/washington-state-behavioral-health-treatment-and-recovery-support-services-utilization.

In this report, we calculated the prevalence of SUD and opioid use disorder (OUD)[3] diagnoses among Medicaid beneficiaries in SFY 2019–2022 and describe how the prevalence of these diagnoses may have been impacted by the COVID-19 pandemic. We show prevalence rates for the whole eligible Medicaid population as well as prevalence rates for different demographic groups within the Medicaid population: ranging from beneficiary personal characteristics and experiences to Medicaid coverage type and geographic region of residence. Patterns of prevalence by racial, ethnic, age, and gender categories remain consistent with results found in the previous report.[4]

Data and Methods

We conducted retrospective, cross-sectional (by year) descriptive analyses using Washington State administrative data from SFY 2019–2022. All data were drawn from the Department of Social and Health Service's Integrated Client Databases (ICDB). The ICDB contains data from several state administrative data systems, including the state's ProviderOne data system that contains Medicaid claims and encounter data.[5]

Adult (ages 18+) and child (ages 0-17) Medicaid beneficiaries, who had at least one month of Medicaid enrollment within the measurement year, were the primary focus of these analyses. Medicaid beneficiaries with non-Medicaid primary health care coverage (also referred to as third-party liability) were excluded from the analyses, as complete health care information may not be available for these individuals. Medicaid beneficiaries who were dually eligible for Medicaid and Medicare ("Duals") are included.

To identify whether the Medicaid beneficiaries had any behavioral health diagnoses, we looked for any SUD or OUD diagnoses in the 12-month measurement year or the 12 months prior to the measurement year. OUD diagnoses are a subset of SUD diagnoses (all individuals with an OUD diagnosis will also be identified as having a SUD diagnosis in these analyses). Prevalence of SUD and OUD are likely to vary within the Medicaid population. To explore differences in prevalence rates of SUD and OUD in the Medicaid population between different demographics, we calculated prevalence rates by age, race/ethnicity, gender, Medicaid coverage type, and Apple Health Integrated Managed Care (IMC) region. Regional attribution was determined by the beneficiary's county of residence for the majority of the measurement year. We also calculated prevalence rates for the following groups:

- Pregnant and postpartum individuals
- Adolescents, ages 13 to 18
- Transition Age Young Adults (TAYA), ages 16 to 25
- Criminal legal system-involved persons
- Individuals experiencing homelessness or unstable housing

Individuals experiencing homelessness or housing instability are reported as two categories: "homeless" which is a narrow definition of homelessness (e.g., unhoused persons) and "unstably housed" which takes a broader view of housing instability that includes persons experiencing either homelessness or housing instability (e.g., couch surfing, living in vehicle). Additional information about sub-population definitions is included in the Technical Notes section at the end of the report.

[3] Medicaid beneficiaries with OUD are a subset of Medicaid beneficiaries with SUD.

[4] See Report 1: Prevalence of Substance Use Disorder Diagnoses among Medicaid Beneficiaries at . It is also important to note that some changes have occurred for the SFY 2019 prevalence rates when compared to the rates reported in the initial report. This is primarily due to broadening the inclusion criteria for the eligible population (e.g., allowing individuals with any coverage in the year rather than a minimum number of months of coverage) and expected changes in the maturation of the Medicaid claims and encounter data that is the source of these diagnoses.

[5] See, DSHS Integrated Client Databases, DSHS Research and Data Analysis Division, Mancuso, December 2021.

Rate of SUD and OUD Diagnoses among Medicaid Beneficiaries

While the rates of SUD and OUD diagnoses varied greatly by demographic group, rates within those groups remained largely stable across the study period. Therefore, we focus the bulk of the description below on differences between demographic groups rather than the change of rates across the years. Thus, for ease of interpretation, only the SFY 2022 rates are included in the main body of the report. The SFY 2019, 2020, and 2021 rates are included in the Appendix (Tables A1, A2, and A3, respectively).

Impact of the COVID-19 Pandemic

When looking across the four measurement years, variations in the overall rate of SUD and OUD diagnoses were small (fluctuations by about one percentage point across the years). SUD and OUD rates among legal system-involved persons appeared to be more impacted by the effects of the pandemic. Rates for this group increased by two percentage points from SFY 2019 to SFY 2020. Though the rates had dropped by SFY 2022, they were still above that observed in SFY 2019. Rates among individuals with unstable housing also appeared to be more impacted by the pandemic, particularly OUD rates that were still above SFY 2019 levels in SFY 2022.

SUD and OUD Rate Differences by Demographic Group

As shown in Tables 1-3, the prevalence of SUD and OUD diagnoses in SFY 2022 is not evenly distributed throughout the Medicaid population. Table 1 highlights the differences in the distribution of Medicaid beneficiaries with an SUD diagnosis or an OUD diagnosis by including age, race and ethnicity, gender, and Medicaid coverage type. Table 2 describes the variation in SUD and OUD diagnosis prevalence in other populations of interest (pregnant and postpartum individuals, adolescents, TAYA, legal system-involved persons, and individuals experiencing homelessness and housing instability). Table 3 shows the geographic variation in SUD and OUD diagnosis across Apple Health Medicaid Integrated Managed Care (IMC) regions. The general Medicaid population (including both those with and without SUD or OUD diagnoses) is included for comparison purposes in all three tables.

In the table, the "Number" columns under each category of Medicaid beneficiaries shows the number of beneficiaries in that category in each demographic breakout group. The columns of percentages (in Medicaid Beneficiaries with SUD, and Medicaid Beneficiaries with OUD) are row percentages showing the percent of each demographic population that has the respective diagnosis type. For example, 1 percent of Medicaid beneficiaries age 17 and younger had an SUD diagnosis and less than 1 percent had an OUD diagnosis. Examining row percentages highlights the variability in prevalence of SUD and OUD diagnoses within breakout groups.

TABLE 1.

Prevalence of SUD and OUD Diagnoses among Medicaid Beneficiaries

By Demographics, SFY 2022

	Medicaid Beneficiaries	Medicaid Beneficiaries with a Substance Use Disorder Diagnosis		Medicaid Beneficiaries with an Opioid Use Disorder Diagnosis	
	NUMBER	NUMBER	PERCENT	NUMBER	PERCENT
Population Size	1,722,449	146,607	9%	58,375	3%
Age					
17 and Younger	718,039	7,417	1%	490	<1%
18 to 24	201,950	12,763	6%	2,866	1%
25 to 34	273,911	40,119	15%	19,164	7%
35 to 44	213,927	38,419	18%	18,935	9%
45 to 54	150,670	24,618	16%	9,333	6%
55 to 64	153,413	22,151	14%	7,219	5%
65 to 74	10,460	1,114	11%	366	3%
Race/Ethnicity					
American Indian or Alaska Native	135,874	22,067	16%	9,771	7%
Asian	128,270	5,619	4%	2,058	2%
Black or African American	199,543	16,249	8%	5,249	3%
Hispanic/Latino(a)	433,052	21,191	5%	6,622	2%
Native Hawaiian or Pacific Islander	94,803	4,608	5%	1,583	2%
White, Non-Hispanic	785,230	87,292	11%	37,181	5%
Gender					
Female	885,795	65,641	7%	26,926	3%
Male	836,636	80,964	10%	31,449	4%
Medicaid Coverage Type					
Classic, Non-Disabled	905,143	28,298	3%	9,871	1%
Disabled	116,590	22,365	19%	8,867	8%
New Adult	700,716	95,944	14%	39,637	6%
Dual (Medicaid and Medicare)	42,974	7,104	17%	2,510	6%

Note: Beneficiaries with unknown category status are not shown and therefore rows may not total to the population size total.

Age. Of Medicaid beneficiaries who were 17 years old or younger, only 1 percent had an SUD diagnosis, and less than 1 percent had an OUD diagnosis. The proportion of 18- to 44-year-old Medicaid beneficiaries with an SUD or OUD diagnosis was increased (up to 18 and 9 percent, respectively, among 35- to 44-year-olds), and then decreased among older adults (down to 11 percent and 3 percent among 65- to 74-year-olds).

Race/Ethnicity. Individuals identifying as American Indian or Alaska Native, Black or African American, or White, Non-Hispanic have the highest rates of SUD diagnosis. American Indian or Alaska Native and White Non-Hispanic beneficiaries had the highest rates of OUD diagnoses (7 percent and 5 percent). Medicaid beneficiaries who identify as Hispanic/Latino(a), Asian American, and/or Native Hawaiian/Pacific Islander had the lowest rates of SUD and OUD diagnoses.

Gender. Prevalence of SUD was higher in males compared to females (10 percent versus 7 percent, respectively). However, the prevalence of OUD was similar (3 percent versus 4 percent).

Medicaid Coverage Type. The New Adult (Affordable Care Act expansion population), Disabled, and Dual (Medicaid and Medicare) Medicaid populations had substantially higher proportions of Medicaid beneficiaries with an SUD or OUD diagnosis compared to the Classic, Non-Disabled Medicaid population. SUD prevalence was highest in the Disabled Medicaid coverage group (19 percent), followed by Dual (Medicaid and Medicare) (17 percent), and New Adult (14 percent). OUD prevalence was 8 percent for Disabled, and 6 percent for Dual (Medicaid and Medicare) populations and New Adult beneficiaries.

Table 2 highlights the differences in SUD and OUD diagnoses among Medicaid beneficiaries in six populations of interest: pregnant and/or postpartum individuals; adolescents; TAYA; American Indian/Alaskan Native; criminal legal system-involved persons; and those experiencing homelessness (reported as two categories – homeless and unstably housed).

TABLE 2.

Rates of SUD and OUD Diagnoses among Medicaid Beneficiaries

By Populations of Interest, SFY 2022

	Medicaid Beneficiaries	Medicaid Beneficiaries with a Substance Use Disorder Diagnosis		Medicaid Beneficiaries with an Opioid Use Disorder Diagnosis	
	NUMBER	NUMBER	PERCENT	NUMBER	PERCENT
Population Size	1,722,449	146,607	9%	58,375	3%
Populations of Interest					
Pregnant and Postpartum Individuals	81,805	10,480	13%	3,207	4%
Adolescents (Ages 13 to 18)	320,086	10,678	3%	1,409	<1%
TAYA (Ages 16 to 25)	306,865	25,196	8%	7,851	3%
Criminal Legal System-Involved Persons	44,730	23,392	52%	11,253	25%
Individuals Experiencing Homelessness	145,455	43,012	30%	22,362	15%
Individuals with Unstable Housing	81,476	22,719	28%	11,577	14%

Pregnant and Postpartum Individuals. Among Medicaid beneficiaries who were pregnant or postpartum in SFY 2022, 13 percent had a SUD diagnosis and 4 percent had an OUD diagnosis.

Adolescents (Ages 13 to 18). A small proportion of adolescents had an SUD diagnosis (3 percent) or OUD diagnosis (less than 1 percent). This is consistent with the reported age breakouts also shown in Table 1.

TAYA (Ages 16 to 25). Eight percent of the TAYA group had SUD diagnoses, and 3 percent had OUD diagnoses. It is important to note that the rates for the TAYA population were in between rates for 18- to 24-year-olds and 25- to 34-year-olds shown in Table 1. Given the dramatic increase in SUD and OUD rates between these age groups, the TAYA population could be a critical intervention point for decreasing the prevalence of SUD and OUD in the Medicaid population.

Criminal Legal System-Involved Persons. A little over half the of Medicaid beneficiaries who were involved with the criminal legal system had an SUD diagnosis (52 percent). One-fourth of this population had an OUD diagnosis (25 percent).

Individuals Experiencing Homelessness or Housing Instability. Among those who were homeless, 30 percent had a SUD diagnosis, and 15 percent had an OUD diagnosis. For those who experienced housing instability, 28 percent had an SUD diagnosis, and 14 percent had an OUD diagnosis (Table 2).

SUD and OUD diagnosis prevalence also varies by geography. Table 3 illustrates the variation in diagnoses by IMC region.

TABLE 3.

Rates of SUD and OUD Diagnoses among Medicaid Beneficiaries

By Integrated Managed Care Regions, SFY 2022

	Medicaid Beneficiaries	Medicaid Beneficiaries with a Substance Use Disorder Diagnosis		Medicaid Beneficiaries with an Opioid Use Disorder Diagnosis	
	NUMBER	NUMBER	PERCENT	NUMBER	PERCENT
Population Size	1,722,449	146,607	9%	58,375	3%
Integrated Managed Care Region					
Great Rivers	91,271	10,199	11%	4,365	5%
Greater Columbia	233,756	16,713	7%	5,626	2%
King	374,917	28,877	8%	11,600	3%
North Central	87,613	6,525	7%	2,066	2%
North Sound	253,992	22,802	9%	10,946	4%
Pierce	211,378	18,162	9%	7,053	3%
Salish	75,839	8,153	11%	3,299	4%
Southwest	126,043	8,949	7%	3,104	2%
Spokane	188,729	18,519	10%	7,444	4%
Thurston-Mason	78,559	7,700	10%	2,870	4%

Note: Beneficiaries with unknown category status are not shown and therefore rows may not total to the population size total.

Integrated Managed Care regions. SUD diagnosis prevalence was highest in Salish and Great Rivers IMC regions (both 11 percent), and lowest in Greater Columbia, North Central, and Southwest regions (7 percent). OUD rates were consistently between 2 and 5 percent across the IMC regions, with the highest in Great Rivers (5 percent), and lowest in Greater Columbia, North Central, and Southwest, regions (2 percent).

Summary

Overall, this descriptive analysis highlights the relatively current variability in prevalence of SUD and OUD among Medicaid beneficiaries with different demographic characteristics and the consistency of SUD and OUD prevalence among different demographic and geographic cohorts across the assessment time period that included the COVID-19 PHE. While some Medicaid populations had lower prevalence rates of SUD/OUD diagnoses (such as the Classic, Non-Disabled Medicaid population), other populations, especially those who have been historically disadvantaged, have much higher prevalence rates (such as pregnant/postpartum individuals, people who identify as American Indian or Alaska Native, individuals who are experiencing homelessness or housing insecurity, and criminal legal system-involved persons). Prevalence also varied by geography, with rates of SUD or OUD diagnoses varying across different IMC regions. Interestingly, the consistency of SUD and OUD prevalence across the study period and study populations suggest limited long-term impact of the COVID-19 PHE on the prevalence of SUD and OUD diagnoses.

TABLE A1.

Rate of SUD and OUD Diagnoses among Medicaid Beneficiaries

By Demographics and Geography, SFY 2019

	Medicaid Beneficiaries	Medicaid Beneficiaries with a Substance Use Disorder Diagnosis		Medicaid Beneficiaries with an Opioid Use Disorder Diagnosis	
	NUMBER	NUMBER	PERCENT	NUMBER	PERCENT
Population Size	1,676,997	147,881	9%	57,253	3%
Age					
17 and Younger	727,139	8,635	1%	469	<1%
18 to 24	188,073	14,771	8%	3,743	2%
25 to 34	269,898	43,249	16%	21,601	8%
35 to 44	189,924	33,426	18%	15,146	8%
45 to 54	147,566	25,329	17%	8,803	6%
55 to 64	145,839	21,564	15%	7,163	5%
65 to 74	8,486	903	11%	327	4%
Race/Ethnicity					
American Indian or Alaskan Native	132,883	22,179	17%	9,309	7%
Asian	123,582	5,522	4%	1,978	2%
Black or African American	190,775	16,364	9%	4,994	3%
Hispanic/Latino(a)	412,404	20,217	5%	5,743	1%
Native Hawaiian or Pacific Islander	84,212	4,247	5%	1,487	2%
White, Non-Hispanic	795,801	89,570	11%	37,487	5%
Gender					
Female	869,053	66,517	8%	27,796	3%
Male	807,930	81,364	10%	29,457	4%
Medicaid Coverage Type					
Classic, Non-Disabled	909,759	30,148	3%	9,954	1%
Disabled	130,915	25,896	20%	10,151	8%
New Adult	636,323	91,837	14%	37,148	6%
Dual (Medicaid and Medicare)	48,644	8,725	18%	3,372	7%
Populations of Interest					
Pregnant and Postpartum Individuals	86,776	11,696	13%	3,914	5%
Adolescents (Ages 13 to 18)	210,165	7,532	4%	484	<1%
TAYA (Ages 16 to 25)	211,677	17,773	8%	4,963	2%
Criminal Legal System-Involved Persons	70,709	36,271	51%	17,077	24%
Individuals Experiencing Homelessness	161,658	49,819	31%	23,684	15%
Individuals with Unstable Housing	100,296	28,932	29%	13,474	13%
Integrated Manage Care Region					
Great Rivers	91,378	10,535	12%	4,362	5%
Greater Columbia	229,548	16,982	7%	5,086	2%
King	361,067	30,241	8%	11,764	3%
North Central	84,214	6,156	7%	1,767	2%
North Sound	246,810	23,682	10%	11,013	4%
Pierce	207,185	18,368	9%	7,416	4%
Salish	76,008	8,126	11%	3,484	5%
Southwest	119,800	8,945	7%	2,931	2%
Spokane	182,502	17,344	10%	6,734	4%
Thurston-Mason	78,120	7,487	10%	2,690	3%

Note: Beneficiaries with unknown category status are not shown and therefore rows may not total to the population size total.

TABLE A2.

Rate of SUD and OUD Diagnoses among Medicaid Beneficiaries

By Demographics and Geography, SFY 2020

	Medicaid Beneficiaries	Medicaid Beneficiaries with a Substance Use Disorder Diagnosis		Medicaid Beneficiaries with an Opioid Use Disorder Diagnosis	
	NUMBER	NUMBER	PERCENT	NUMBER	PERCENT
Population Size	1,605,397	144,695	9%	58,336	4%
Age					
17 and Younger	701,267	7,871	1%	397	<1%
18 to 24	177,617	13,666	8%	3,374	2%
25 to 34	251,278	42,114	17%	21,614	9%
35 to 44	185,781	34,714	19%	16,582	9%
45 to 54	139,156	24,120	17%	8,849	6%
55 to 64	142,043	21,348	15%	7,226	5%
65 to 74	8,152	859	11%	293	4%
Race/Ethnicity					
American Indian or Alaskan Native	129,255	21,665	17%	9,475	7%
Asian American	118,379	5,387	5%	1,972	2%
Black or African American	185,962	15,851	9%	5,119	3%
Hispanic/Latino(a)	401,677	20,046	5%	6,150	2%
Native Hawaiian or Pacific Islander	82,519	4,192	5%	1,477	2%
White, Non-Hispanic	748,220	87,795	12%	38,005	5%
Gender					
Female	829,370	64,585	8%	27,808	3%
Male	775,966	80,110	10%	30,528	4%
Medicaid Coverage Type					
Classic, Non-Disabled	871,422	28,900	3%	10,033	1%
Disabled	125,657	24,549	20%	9,814	8%
New Adult	608,318	91,246	15%	38,489	6%
Dual (Medicaid and Medicare)	45,032	7,961	18%	3,067	7%
Populations of Interest					
Pregnant and Postpartum Individuals	79,700	10,956	14%	3,682	5%
Adolescents (Ages 13 to 18)	240,060	8,335	3%	613	<1%
TAYA (Ages 16 to 25)	222,364	19,609	9%	5,580	3%
Criminal Legal System-Involved Persons	62,547	33,154	53%	16,211	26%
Individuals Experiencing Homelessness	152,801	48,593	32%	24,476	16%
Individuals with Unstable Housing	97,781	29,486	30%	14,643	15%
Integrated Manage Care Region					
Great Rivers	87,602	10,461	12%	4,347	5%
Greater Columbia	221,070	16,470	7%	5,471	2%
King	344,626	28,765	8%	11,631	3%
North Central	81,371	6,224	8%	1,916	2%
North Sound	234,630	22,683	10%	11,161	5%
Pierce	197,964	17,893	9%	7,313	4%
Salish	71,827	8,002	11%	3,537	5%
Southwest	115,548	9,057	8%	3,009	3%
Spokane	176,110	17,526	10%	7,182	4%
Thurston-Mason	74,329	7,607	10%	2,767	4%

Note: Beneficiaries with unknown category status are not shown and therefore rows may not total to the population size total.

TABLE A3.

Rate of SUD and OUD Diagnoses among Medicaid Beneficiaries

By Demographics and Geography, SFY 2021

	Medicaid Beneficiaries	Medicaid Beneficiaries with a Substance Use Disorder Diagnosis		Medicaid Beneficiaries with an Opioid Use Disorder Diagnosis	
	NUMBER	NUMBER	PERCENT	NUMBER	PERCENT
Population Size	1,639,365	145,414	9%	58,186	4%
Age					
17 and Younger	701,121	6,453	1%	378	<1%
18 to 24	184,473	13,341	7%	3,195	2%
25 to 34	258,261	41,960	16%	20,510	8%
35 to 44	197,110	36,763	19%	17,700	9%
45 to 54	143,108	24,264	17%	8,879	6%
55 to 64	146,897	21,651	15%	7,187	5%
65 to 74	8,299	974	12%	335	4%
Race/Ethnicity					
American Indian or Alaskan Native	131,167	21,543	16%	9,548	7%
Asian American	122,326	5,510	5%	1,982	2%
Black or African American	190,889	16,157	8%	5,103	3%
Hispanic/Latino(a)	410,369	20,340	5%	6,390	2%
Native Hawaiian or Pacific Islander	85,532	4,293	5%	1,483	2%
White, Non-Hispanic	757,965	87,872	12%	37,598	5%
Gender					
Female	845,660	65,167	8%	27,464	3%
Male	793,665	80,243	10%	30,722	4%
Medicaid Coverage Type					
Classic, Non-Disabled	873,185	27,605	3%	9,884	1%
Disabled	120,956	23,441	19%	9,333	8%
New Adult	645,224	94,368	15%	38,969	6%
Dual (Medicaid and Medicare)	43,421	7,596	17%	2,792	6%
Populations of Interest					
Pregnant and Postpartum Individuals	79,692	10,918	14%	3,512	4%
Adolescents (Ages 13 to 18)	274,323	8,307	3%	954	0%
TAYA (Ages 16 to 25)	256,979	22,675	9%	7,037	3%
Legal System-Involved Persons	45,153	24,007	53%	11,330	25%
Individuals Experiencing Homelessness	138,229	43,748	32%	22,496	16%
Individuals with Unstable Housing	83,025	25,376	31%	12,945	16%
Integrated Manage Care Region					
Great Rivers	87,850	10,127	12%	4,272	5%
Greater Columbia	223,691	16,492	7%	5,492	2%
King	354,249	29,065	8%	11,519	3%
North Central	83,235	6,129	7%	1,986	2%
North Sound	241,589	23,313	10%	11,210	5%
Pierce	201,727	17,776	9%	7,095	4%
Salish	73,086	8,059	11%	3,409	5%
Southwest	118,588	8,794	7%	3,034	3%
Spokane	179,436	18,004	10%	7,326	4%
Thurston-Mason	75,588	7,640	10%	2,838	4%

Note: Beneficiaries with unknown category status are not shown and therefore rows may not total to the population size total.

TECHNICAL NOTES

STUDY POPULATION

Adult (ages 18–64) and Youth ages (0–17) individuals enrolled in Title XIX Medicaid via Fee-For-Service or a Managed Care Organization are the focus of these analyses. Medicaid beneficiaries with non-Medicaid primary health care coverage (also referred to as third-party liability) were excluded from the analyses, as complete health care information may not be available for these individuals. Analyses were further restricted to individuals who were enrolled in Medicaid for at least one month in the measurement year. This report focuses on individuals who have been diagnosed with substance use disorder (SUD) and/or opioid use disorder (OUD):

1. **Substance Use Disorder Diagnosis** is defined as the presence of an SUD diagnosis within the measurement year or the year prior to the measurement year. Example SUD diagnoses include diagnoses related to alcohol, amphetamines (including methamphetamine), cocaine and other stimulants, heroin and other opioids (including synthetic opioids), and cannabis. It does not include diagnoses related to tobacco use disorder.
2. **Opioid Use Disorder Diagnosis** is defined as the presence of an OUD diagnosis within the measurement year or the year prior to the measurement year. Example OUD diagnoses include diagnoses related to synthetic and non-synthetic opioids, such as heroin and fentanyl. OUD diagnoses are a subset of SUD diagnoses (all individuals with an OUD diagnosis will also be identified as having a SUD diagnosis).

Populations of interest were also examined:

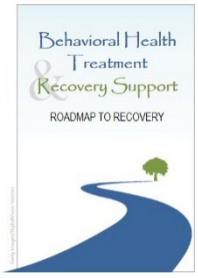
1. **Pregnant and postpartum individuals** are defined as the presence of any pregnancy- or delivery-related diagnosis code within the measurement year. To ensure consistency with current Medicaid eligibility definitions, postpartum is defined as the 60 days after a delivery. Individuals who had given birth within the last 60 days but did not have a pregnancy- or delivery-related diagnosis within the measurement year were included to capture the 60-day postpartum time period. For example, if an individual gave birth in June 2020, she would be included in both the SFY 2020 population (pregnant) and the SFY 2021 population (postpartum).
2. **Adolescents** are defined as individuals ages 13 to 18 years old as of the last day of the measurement year.
3. **Transition Age Young Adults** are individuals ages 16 to 25 years old as of the last day of the measurement year.
4. **Criminal legal system-involved persons** are defined as ever arrested in the measurement year. Arrests serve as a proxy for involvement with the criminal legal system and are not intended to represent every individual who may be involved in the criminal legal system. Arrests are identified via the WASIS database that is maintained by the Washington State Patrol. The database is comprised of arrest charges for offenses resulting in fingerprint identification. The database provides a relatively complete record of felony and gross misdemeanor charges but excludes some arrest charges for misdemeanor offenses that are not required to be reported.
5. **Individuals experiencing homelessness and/or housing instability** are defined as ever being homeless without housing or homeless with housing in the measurement year. Housing status is identified using the DSHS Economic Services Administration's Automated Client Eligibility System (ACES) that is used by caseworkers to record information about client self-reported living arrangements and shelter expenses. Separate rates are reported for persons who are homeless and for those who are unstably housed.

Additional variables used in these analyses include:

- **Demographic characteristics** included age, gender, and race/ethnicity. Age is defined as of the last day of the measurement year. Gender is defined as male or female due to the limitations of state administrative data systems that generally allow for only two responses for gender, 'male' or 'female'. Race/ethnicity is self-reported and measured using a mutually inclusive approach. As such, an individual is included in all of the race/ethnicity categories that they self-reported. Medicaid coverage information included four different categories of Medicaid coverage: New Adults covered by Medicaid Expansion under the Affordable Care Act, Disabled Adults, "Classic" non-disabled Medicaid adults enrolled in coverage categories that existed prior to Medicaid Expansion, and Duals who are enrolled in both Medicaid and Medicare.
- **Regional attribution** was based on county of residence. Medicaid beneficiaries were attributed to the state, an integrated managed care (IMC) region of residence for the majority of the measurement year.

DATA SOURCES

Data used in this report came from the integrated administrative data maintained in the Department of Social and Health Services Integrated Client Databases (ICDB). The ICDB contains data from several state administrative data systems, including the state's ProviderOne MMIS data system that contains Medicaid claims and encounter data. The ICDB allows for the examination of a broad set of measures across the following topics: access to care, quality of care, coordination of care, utilization of services, and social determinants of health.



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