Report Highlights Role of Medicaid Expansion in Access to Addiction Treatment

79% increase in members receiving services between 2018 and 2019

Richmond, Va. – The Virginia Department of Medical Assistance Services (DMAS) today released a new report highlighting a significant increase in access to addiction and recovery treatment services as a result of Medicaid expansion.

More than 46,500 Medicaid members received care through the Addiction and Recovery Treatment Services (ARTS) benefit in 2019, the first year eligibility for health coverage expanded to more low-income adults, including childless adults who had been excluded under previous policies. Participation in ARTS increased 79% between 2018 and 2019.

Virginia launched the ARTS benefit in April 2017 to increase access to care for Medicaid members with substance use disorders (SUD) and improve the quality of services available. DMAS contracted with Virginia Commonwealth University School of Medicine to conduct an independent, multiyear evaluation of the ARTS benefit.

Researchers found that growth in the ARTS benefit was driven not only by newly eligible adults but also through increased participation by Medicaid members who were already eligible for health coverage before expansion. Treatment rates for addiction among the latter group grew from 19.9% in 2016, before the ARTS program began, to 47.4% in 2019. Treatment rates specifically for opioid use disorder among this group increased from 32.1% in 2016 to 65.9% in 2019.
“These findings demonstrate our ability to respond to the pressing need for addiction and recovery treatment at a time when the Medicaid program was experiencing historic growth,” said Ellen Montz, DMAS Chief Deputy and Chief Health Economist. “Even so, we know there is more work to do to ensure that everyone seeking recovery has access to high-quality, evidence-based treatment. This research provides the data we need to achieve that goal.”

Nearly 4,900 outpatient practitioners provided care through the ARTS benefit in 2019, a 31% increase from 2018 and quadruple the number billing Medicaid for addiction services in 2016. The report found that Virginia providers have significantly increased the use of medication to treat opioid use disorder (OUD), bringing the Commonwealth more in line with practices in peer states. However, researchers also noted a shortage of providers with federal authorization to prescribe buprenorphine, a medication for treating OUD.

In evaluating the quality of care available to Virginia Medicaid members, researchers found that, in 2019, 87% of Medicaid members with OUD received treatment within 30 days of discharge from a residential treatment facility and 53.5% received treatment within 30 days of an emergency department visit related to OUD.

Researchers also documented a 26% decrease in emergency department visits related to OUD between 2016 and 2018. In contrast, all other ED visits increased by 5% during that period.

In 2019, emergency department visits increased among Medicaid members for SUD overall and OUD specifically. The report noted that there were 1,626 fatal drug overdoses in Virginia that year, a 9.4% increase compared to 2018, reflecting a national surge in overdose deaths.

Researchers examined continued racial disparities in treatment rates, with 56% of white Medicaid members and 40% of black members receiving SUD services. The report documented data indicating that black Medicaid members are less likely to receive follow-up services and to continue treatment. Researchers noted that black members reported having a less favorable experience with treatment compared to white members. Black members also reported that they felt less able to make their own choices about treatment options.

“This report documents tremendous accomplishments since the launch of the ARTS benefit,” said Tammy Whitlock, DMAS Deputy of Complex Care and Services, “and it also offers a rigorous analysis of necessary next steps to build trust and improve communication with our members in our continued effort to touch lives and reduce the unimaginable suffering in our families and communities.”