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Medicare and Medicaid Enrollees in Many High-Need Areas May Lack Access to Medications for Opioid Use Disorder

Why OIG Did This Review

As the United States continues to struggle with the opioid crisis, access to medications for opioid use disorder (known as MOUD) is essential to address the high rates of opioid use disorder and overdose mortality. Medicare and Medicaid play important roles in providing access to MOUD. Nonetheless, recent OIG work found that many enrollees with opioid use disorder did not receive MOUD through these programs. CMS has taken several steps in recent years to increase MOUD access, but if providers are unable or unwilling to treat Medicare and Medicaid enrollees, these actions will have limited success in expanding access to treatment.

What OIG Found

- In 2022, hundreds of counties in high need of MOUD services **lacked office-based buprenorphine providers and opioid treatment programs** (i.e., MOUD providers).
- Even in counties where MOUD providers did practice, they often **did not treat any Medicare or Medicaid enrollees**.
- Factors that may influence MOUD providers' ability and willingness to treat Medicare and Medicaid enrollees include **Medicare Advantage prior authorization requirements, low Medicaid reimbursement rates, and inadequate public information** about MOUD provider locations.

See our companion product for interactive maps and more details from our report.

What OIG Recommends

OIG recommends that CMS:

1. Geographically target efforts to increase the number of MOUD providers that treat Medicare enrollees in high-need counties.
2. Geographically target efforts to increase the number of MOUD providers that treat Medicaid enrollees in high-need counties.
3. Work with States to assess whether their Medicaid reimbursement rates for treatment with MOUD are sufficient to recruit and retain enough MOUD providers.
4. Work with SAMHSA to develop and maintain a list of active office-based buprenorphine providers.

CMS stated that it supports the spirit of our recommendations and did not state whether it concurred with our recommendations. CMS described HHS-wide efforts to increase access to MOUD providers, both generally and for Medicare and Medicaid enrollees.