NC Medicaid Quality Fact Sheets

Fact Sheet
Tobacco Use, Substance Use and Substance Use Disorder

Introduction

Substance use disorder (SUD) and substance dependency is a national health crisis. In 2024, 48.4 million Americans ages 12 and older, roughly 14% of the US population, were identified as having an SUD.[1] SUD is a condition in which individuals have an uncontrolled use of substances (like tobacco, alcohol or illicit drugs) that hinders their ability to engage in functions of daily living.[2] NC Medicaid is committed to providing the best health care to beneficiaries that are impacted by substance use and SUD.

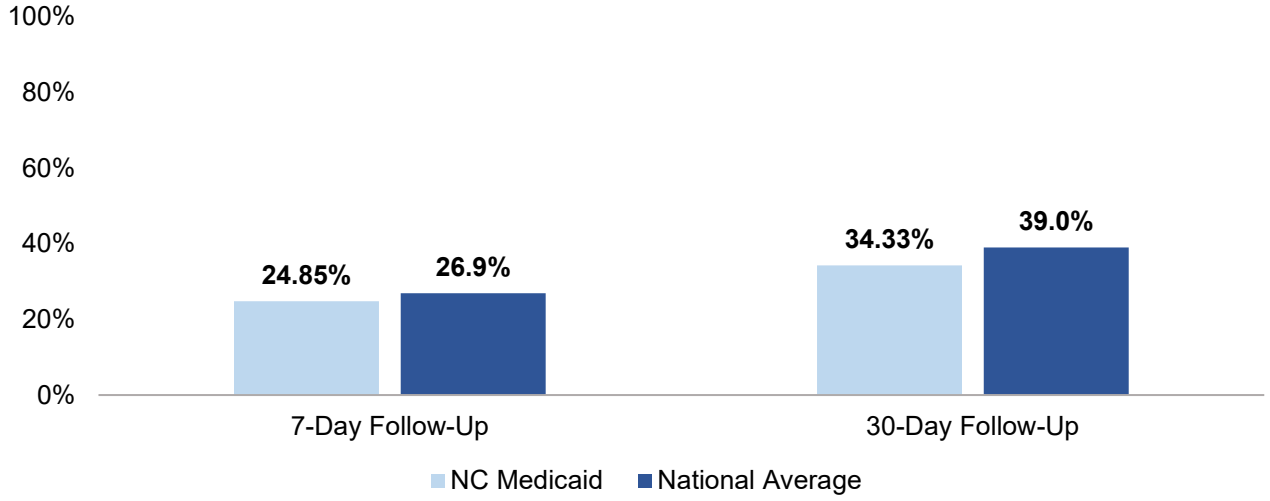
This fact sheet explores how NC Medicaid beneficiaries experiencing SUD are engaging with SUD treatment. If you would like to learn more about how to read and interpret this fact sheet, see the Reader's Guide.

CARE FOR MEMBERS WITH SUD

Follow-up care for individuals with SUD is associated with a decrease in substance use and future emergency department visits and hospital admissions due to SUD.[3,4,5] As seen in Figure 1**,** NC Medicaid beneficiaries ages 13 and older who visited the emergency department for substance use received follow-up by both the seven- and 30-day follow-up points at slightly lower rates than the national average.

However, both the NC Medicaid and national average rates remain low and indicate a need for better follow-up care for those with SUD.

Figure 1: 2024 Rate of Follow-Up After Emergency Department Visit for Substance Use (FUA), Ages 13+

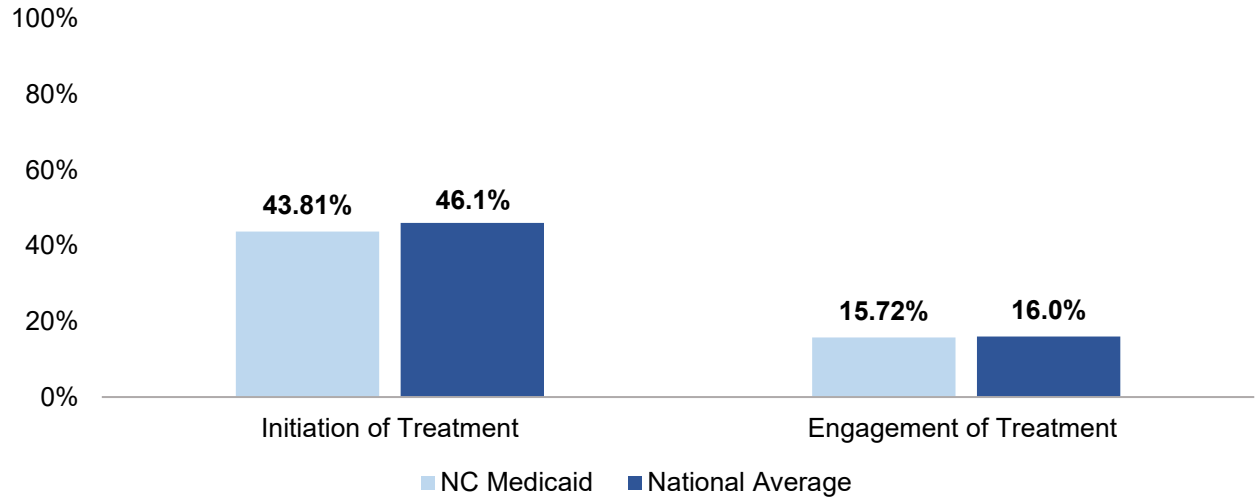


Treatment for SUD should be individualized but may include detoxifiation, cognitive and behavioral therapies, and medication-assisted therapies.[6] These treatments can be delivered in both outpatient and inpatient settings. Early and continued treatment is important because these conditions can negatively impact one's quality of life, emotional and social well-being, and can even be life-threatening.[6]

As seen in Figure 2, 43.81% of NC Medicaid beneficiaries ages 13 and older who had a new episode of substance misuse or dependence, initiated treatment within 14 days of receiving their diagnosis. However, only 15.72% of NC Medicaid beneficiaires ages 13 and older who had initiated treatment, received two or more additional services within the 34 days following their initial treatment appointment (engagement of treatment).[7]

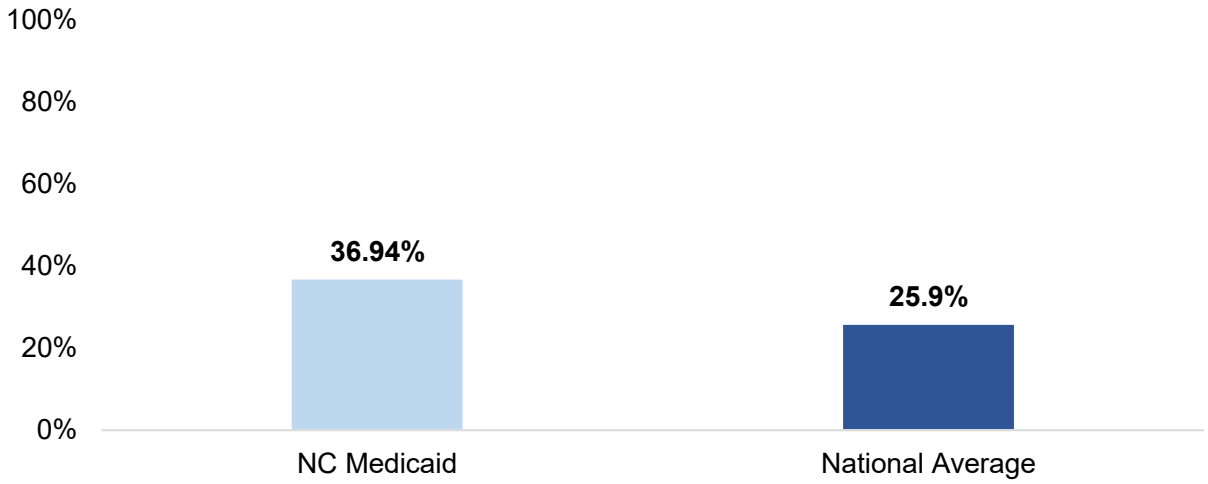
While NC Medicaid's rates are comparable to national averages, this lack of continuity of care following treatment initiation identifies both a state and national need for more support for those living with SUDs who are pursuing treatment.

Figure 2: 2024 Total Rate of Treatment Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence (IET), Ages 13+



Regarding medication-assisted treatment, or pharmacotherapy, NC Medicaid beneficiaries ages 16 and older receive and fill prescriptions for an opioid dependence and/or addiction for at least 180 days at a higher rate than the national average.[8] This indicates that NC Medicaid beneficiaries are utilizing medication as part of their SUD treatment at higher rates.

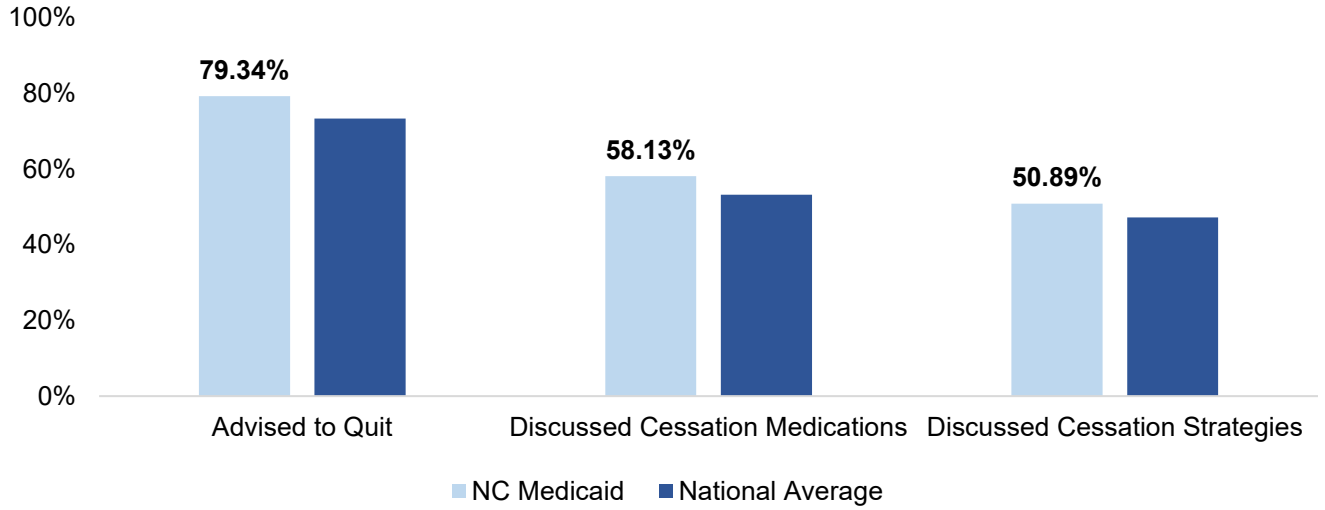
Figure 3: 2024 Rate of Pharmacotherapy for Opioid Use Disorder (POD), Ages 16+



In addition to substance use disorders, tobacco use is a health behavior that puts NC Medicaid beneficiaries at a significant risk for adverse health outcomes. Nationally, the Medicaid population smokes at two times the rate of those enrolled in private health insurance.[9] To combat these high rates, NC Medicaid covers the cost of a variety of smoking cessation services and encourages providers to discuss smoking cessation with their patients.[9]

Promisingly, as reported by beneficiary respondents in the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey, providers advised adult NC Medicaid tobacco users to quit and discussed cessation strategies and medications with them at higher rates than the national average (see Figure 4).

Figure 4: 2025 Adult (Ages 18+) CAHPS Respondent Smokers and Tobacco Users Whose Provider Sometimes, Usually, or Always Engaged with Them on Cessation Activities



The National Committee for Quality Assurance (NCQA) National Average is proprietarily owned data and cannot be published. For more information, please reach out to NCQA.

TOBACCO USE AMONG MEMBERS BY RACE AND ETHNICITY

Studies have revealed differences in SUD care and treatment patterns based on race and ethnicity.[10] There are also differences in provider engagement by race, as Black respondents to the CAHPS survey reported that their doctor advised them to quit smoking and discussed cessation medications and strategies with them significantly more often than non-Black respondents (Figure 5). Respondents who identify as Other race (which includes those who selected "Other race" as well as Native Hawaiian or other Pacific Islander) reported that their provider advised them to quit smoking and discussed cessation medications and strategies with them significantly less often than non-Other respondents (Figure 6). While there were differences in the rates of cessation activities between Hispanic and non-Hispanic respondents, these differences were not significant.

Figure 5: Significant Differences by **Race** of 2025 Adult (Ages 18+) CAHPS Respondent Smokers and Tobacco Users Whose Provider Sometimes, Usually, or Always Engaged with Them on the Following Cessation Activities

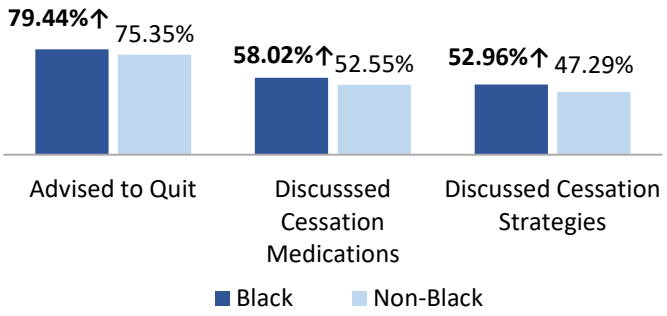
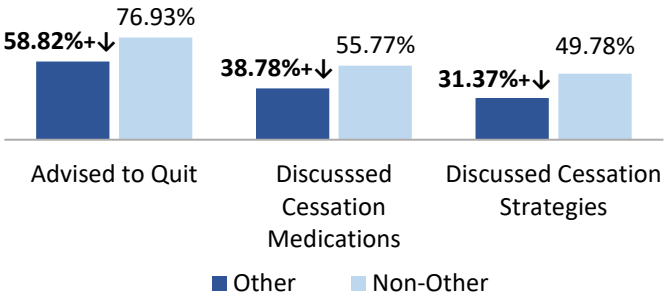


Figure 6: Significant Differences by **Race** of 2025 Adult (Ages 18+) CAHPS Respondent Smokers and Tobacco Users Whose Provider Sometimes, Usually, or Always Engaged with Them on the Following Cessation Activities



+ Indicates fewer than 100 respondents in the denominator. Caution should be exercised when interpreting these results.

↑ Indicates the demographic group was significantly higher than its corresponding counterpart. Black respondents were compared to non-Black respondents and Other respondents were compared to non-Other respondents.

↓ Indicates the demographic was significantly lower than its corresponding counterpart. Black respondents were compared to non-Black respondents and Other respondents were compared to non-Other respondents.

NC MEDICAID'S WORK ON IMPROVING SUBSTANCE DEPENDENCY CARE

Beginning Jan. 1, 2019, NC Medicaid enacted major changes to prevent and treat SUD among beneficiaries. These changes were part of a larger initiative authorized under NC Medicaid's 1115 Waiver, approved by the Centers for Medicare & Medicaid Services (CMS).

Some of the key components of the 1115 SUD Waiver include:

- Allowing Medicaid to pay for beneficiaries to receive SUD services in institutions for mental disease (IMDs). IMDs are hospitals, nursing facilities or other institutions of more than 16 beds that are primarily engaged in providing treatment for people with behavioral health issues.
- Covering additional SUD services to align with the American Society of Addiction Medicine's (ASAM) Levels of Care.
- Strengthening care coordination and care management for individuals with SUDs.
- Improving NC's prescription drug monitoring program which makes information on prescription medications more easily accessible for prescribers and dispensers.

Following the launch of TCM, NC Medicaid launched Tailored Plans[11] July 1, 2024. Tailored Plans are a specific type of health plan that provide TCM services to NC Medicaid beneficiaries with more complex health needs. This includes individuals with serious mental illness, severe substance use disorders, intellectual or developmental disabilities and/or traumatic brain injuries.

Tailored Plans provide services such as:

- Residential treatment facility services

- Intensive in-home services
- Psychiatric residential treatment facilities (PRTFs)
- Substance abuse medically monitored residential treatment
- Child and adolescent day treatment services

These servies may also be offered by NC Medicaid Direct for beneficiaries who qualify.

ADDITIONAL INFORMATION

The **quality measures** displayed in this fact sheets include:

- Follow-Up After Emergency Department Visit for Substance Use (FUA)
- Initiation and Engagement of Substance Use Disorder Treatment (IET)
- Pharmacotherapy for Opioid Use Disorder (OUD)

These quality measures were created by the National Committee for Quality Assurance.

For more technical information on these measures, please visit the NC Medicaid Managed Care Quality Measurement Technical Specifications Manual.

The **survey measures** displayed in this fact sheets include:

- Percentage of Adult Smokers and Tobacco Users Whose Provider Sometimes, Usually, or Always Advised Them to Quit Tobacco Usage
- Percentage of Adult Smokers and Tobacco Users Whose Provider Sometimes, Usually, or Always Discussed Cessation Medications with Them
- Percentage of Adult Smokers and Tobacco Users Whose Provider Sometimes, Usually, or Always Discussed Cessation Strategies with Them

These measures were stratified by NC Medicaid and the National Average, as well as by race (White and non-White, Other and non-other).

These measures are all derived from the 2025 CAHPS Survey. For more technical information on these measures, please see the 2025 CAHPS Full Report.

REFERENCES

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