

## Survey of Medicaid Opioid Use Disorder Treatment Providers

### PRA Disclosure Statement

Thank you for participating in our Survey of Opioid Use Disorder (OUD) Treatment Providers. We value your input. NORC at the University of Chicago and IBM are conducting this survey on behalf of the Centers for Medicare & Medicaid Services (CMS), the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Agency for Healthcare Research and Quality (AHRQ).

Participation is voluntary. Your responses will be kept confidential and are de-identified for analyses. Any published reports will summarize the results in the aggregate and will not include individual responses. At the end of the evaluation, the de-identified data will be provided to CMS, SAMHSA, and AHRQ, as well as participating state Medicaid agencies and State Opioid Treatment Authorities. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1430 (Expires: 09/30/25). The time required to complete this information collection is estimated to average 15 minutes, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

### Instructions

Please use the “**Previous**” and “**Continue**” buttons to navigate through the questions in the survey. You must use the "Continue" button on the screen after you have responded to a question for your answer to be saved.

**Please do not use your browser buttons.** To exit the survey at any time, simply close your internet browser window. Any data you have entered before closing will be saved. Reopening the survey later will allow you to return to the same location and finish completing the survey.

We will ask you to provide your National Provider Identifier number (NPI); you may want to look that up now before you start. This will enable us to reduce the number of questions we ask in this survey by using NPI to link to other data sources to characterize respondents. Again, individual level data will be de-identified after linking, will not be shared outside the analytic team, and responses will only be reported once aggregated.

Again, we greatly appreciate your time and participation. Let's get started!

**Provider Background**

Q1a. Do you currently provide SUD services?

- Yes
- No: I currently work as a health care professional but my clinical role has changed.
- No: I no longer work as a health care professional (e.g. am retired or changed jobs).
- No: Other

Q1b. [ASK IF Q1a = YES] Do you currently provide SUD services to Medicaid beneficiaries?

- Yes
- No

Q2. [ASK IF Q1a = YES and Q1b = NO] What factors are barriers or challenges to becoming a Medicaid provider or treating Medicaid beneficiaries? Select all that apply.

- Reimbursement levels (including reimbursement amounts, coverage of different buprenorphine formulations, and other reimbursement-related issues)
- Provider enrollment process
- Administrative burden (including prior authorization, billing process, regulations)
- Stigma associated with serving Medicaid patients
- Lack of information available about being a provider/process of participating
- Other (please specify) \_\_\_\_\_

Q3. [ASK IF Q1a = YES and Q1b = NO] Which, if any, are barriers to treating individuals with SUD? Select all that apply.

- Requirement for additional oversight of some prescribing providers (e.g., NPs)
- Limitations on which types of clinicians can treat with medication for OUD (e.g., NPs)
- Requirements for counseling that accompany medication for OUD
- Take-home medication restrictions
- Supervised medication consumption
- Mandates on counseling frequency
- Mandates on urine testing frequency

[PROGRAMMING NOTE: IF Q1a and Q1b = NO THEN TERMINATE AND DISPLAY: Those are all of the questions we have for you. Thank you for your participation!]

Q4. [ASK IF Q1a = YES and Q1b = NO] What is your occupation?

- Physician (MD/DO)
- Physician Assistant
- Nurse Practitioner
- Certified Nurse Midwife
- Certified Registered Nurse Anesthetist
- Clinical Nurse Specialist
- Pharmacist
- Other (please specify) \_\_\_\_\_

Q5. [ASK IF Q1a = YES and Q1b = NO] What is your specialty? Select all that apply.

- Addiction Medicine
- Addiction Psychiatry
- Anesthesiology
- Dentistry
- Emergency Medicine
- Family Medicine
- Internal Medicine
- Nursing
- Obstetrics and Gynecology
- Ophthalmology
- Pain Management (e.g., pain medicine)
- Pediatrics
- Pharmacy
- Psychiatry (PM&R)
- Primary Care
- Psychiatry
- Psychosomatic Medicine
- Substance Use Disorder
- Surgery
- Women's Health Care

[PROGRAMMING NOTE: IF Q1a = YES and Q1b = NO THEN TERMINATE AND DISPLAY: Those are all of the questions we have for you. Thank you for your participation!]

Q6. Have you received specialty training in any of the following? Select all that apply.

- Licensed Addiction Counselor (e.g., Certified Alcohol and Drug Counselor, CADC)
- Certified Addiction Specialist (e.g., including Certified Addiction Registered Nurse, CARN)
- Addiction Medicine Specialist (non-medical doctors)
- Addiction Psychiatry
- DATA-2000 Waiver
- Other (please specify) \_\_\_\_\_

Q7. What is your National Provider Identifier (NPI)?

Enter NPI here \_\_\_\_\_

- Don't Know

### **Provider Setting and Services**

Now we'll ask a few questions about the setting(s) where you work.

Q8. In which setting do you spend the most time providing SUD services to Medicaid beneficiaries?

- Acute Care Inpatient Hospital (excluding emergency department)
- Acute Care Inpatient Hospital Emergency Department
- Hospital Outpatient Department
- Opioid Treatment Program
- Office-Based Practice
- Federally Qualified Health Center
- Rural Health Center
- Other community based health care or mental health care center
- Tribal Health Facility
- Indian Health Service Facility

Q9. What types of services does your setting provide? Select all that apply.

- Screening and assessment
- Withdrawal management
- Residential individual counseling for substance use, excluding medication for OUD
- Residential group counseling for substance use, excluding medication for OUD
- Outpatient individual counseling services for substance use, excluding medication for OUD
- Outpatient group counseling services for substance use, excluding medication for OUD
- Buprenorphine, all formulations (e.g., alone or in combination with other medications)
- Methadone
- Naltrexone
- Peer support
- Treatment coordination

## Provider Prescribing Characteristics

Now we'll ask about specific medications you may prescribe, administer, or dispense to patients.

[ASK IF Q9 for buprenorphine is not blank]

[SHOW: In the next set of questions about buprenorphine, please consider your prescribing of all forms of buprenorphine, e.g., alone or in combination with other drugs, when responding.]

Q10. In a typical week, how many unique Medicaid patients have you prescribed buprenorphine to?

- Enter number of unique Medicaid patients here \_\_\_\_\_
- I do not currently treat anyone with buprenorphine

Q11. [ASK IF number of unique patients > 0] How long have you been treating Medicaid patients using buprenorphine?

- Enter number of years here \_\_\_\_\_

Q12. [ASK IF number of unique patients > 0] Do you use telehealth for treating Medicaid patients for whom you prescribe buprenorphine?

- Yes
- No

Q13a. [ASK IF Q9 is blank for buprenorphine all formulations OR Q10 = "I do not currently treat anyone with buprenorphine ..."]

Earlier, you did not report treating any Medicaid patients with buprenorphine. Which factors, if any, prevent you from treating Medicaid patients with buprenorphine? Select all that apply.

- Medicaid barriers (e.g., low reimbursement, coverage of buprenorphine formulations, credentialing, prior authorization requirements, billing delays and paperwork)
- Rules, regulations, and bureaucracy (e.g., PDMP checking requirements, counseling requirements, compliance with Drug Enforcement Agency instructions)
- Concern about patient medication diversion or misuse
- Patient adherence/compliance issues (e.g., behavioral issues, continued non-medical substance use)
- Patients do not want buprenorphine (e.g., due to stigma, clinical issues, side-effects)
- Lack of eligible patients
- Eligible patients cannot afford it (e.g., patients are uninsured or cannot pay out-of-pocket)
- Limited or insufficient staff to provide mental health services to complement treatment with medication or manage patients' complex needs (e.g., comorbid health conditions, unmet social/basic needs, care coordination, continuity of care and referrals)
- Limited training in prescribing buprenorphine
- Limited supervision, mentorship, specialist backups, or professional peer consultation

- Do not want to treat patients with buprenorphine: prefer non-medication alternatives
- Stigma from other providers for treating patients with OUD with buprenorphine
- Stigma about patients with OUD
- Patients receive buprenorphine from other providers instead
- Other: please specify \_\_\_\_\_
- None of the above [EXCLUSIVE RESPONSE OPTION]

Q13b. [ASK IF Q9 is not blank for buprenorphine all formulations OR Q10 > 0]

Which factors, if any, are challenges in treating Medicaid patients with **buprenorphine**? Select all that apply.

- Medicaid barriers (e.g., low reimbursement, coverage of buprenorphine formulations, credentialing, prior authorization requirements, billing delays and paperwork)
- Rules, regulations, and bureaucracy (e.g., PDMP checking requirements, counseling requirements, compliance with Drug Enforcement Agency instructions)
- Concern about patient medication diversion or misuse
- Patient adherence/compliance issues (e.g., behavioral issues, continued non-medical substance use)
- Patients do not want buprenorphine (e.g., due to stigma, clinical issues, side-effects)
- Lack of eligible patients
- Eligible patients cannot afford it (e.g., patients are uninsured or cannot pay out-of-pocket)
- Limited or insufficient staff to provide mental health services to complement treatment with medication or manage patients' complex needs (e.g., comorbid health conditions, unmet social/basic needs, care coordination, continuity of care and referrals)
- Limited training in prescribing buprenorphine
- Limited supervision, mentorship, specialist backups, or professional peer consultation
- Desire to restrict panel size due to limited capacity to manage patients with OUD due to patient complexity
- Stigma from other providers for treating patients with OUD with buprenorphine
- Stigma about OUD patients
- Other: please specify \_\_\_\_\_
- None of the above

Q14a. [ASK IF Q8 is not an OTP] You indicated you do not work at an OTP (i.e., facility licensed to provide methadone). Which, if any, are reasons why you do not work at an OTP? Select all that apply.

- Prefer to treat patients with other medications.
- Rules and regulations regarding in-person visits and counseling requirements
- Compliance with Drug Enforcement Agency instructions
- Concern about patient medication diversion or misuse
- Patient adherence/compliance issues (e.g., behavioral issues, continued non-medical substance use)
- Patients find the daily dosing for methadone to be burdensome

- Limited mental health services to complement medication use—including care coordination, continuity of care, referrals, transferring from the ED to outpatient
- Limited capacity to manage patients with OUD due to complexity of patient needs
- Limited training in prescribing methadone
- Limited supervision, mentorship, specialist backups, or professional peer consultation
- Stigma from other providers about treating patients with OUD with methadone
- Other (please specify) \_\_\_\_\_

Q14b. [Ask IF Q8=OTP and Q9 = methadone] How many unique Medicaid patients do you currently treat using **methadone** for OUD (i.e., not pain)?

- Enter number of Medicaid patients here: \_\_\_\_\_
- I do not currently treat anyone using methadone for OUD (i.e., not pain)

Q15. [ASK IF number of unique patients > 0] How long have you been treating Medicaid patients using methadone for OUD (i.e., not pain)?

- Enter number of years here: \_\_\_\_\_

Q16. [ASK IF number of unique patients > 0] Do you use telehealth for treating Medicaid patients using methadone for OUD (i.e., not pain)?

- Yes
- No

Q17. [ASK IF number of unique patients > 0] Do you have the capacity to treat more Medicaid patients using methadone for OUD (i.e., not pain)?

- Yes
- No
- Don't Know

Q18. [IF Q14b > 0 (respondent provides methadone)] Which factors, if any, are challenges in treating Medicaid patients with **methadone** for OUD (i.e., not pain)? Select all that apply.

- Rules and regulations regarding in-person visits and counseling requirements
- Compliance with Drug Enforcement Agency instructions
- Concern about patient medication diversion or misuse
- Patient adherence/compliance issues (e.g., behavioral issues, continued non-medical substance use)
- Patients find the daily dosing for methadone to be burdensome
- Limited mental health services to complement medication use—including care coordination, continuity of care, referrals, transferring from the ED to outpatient
- Limited capacity to manage patients with OUD due to complexity of patient needs

- Limited training in prescribing methadone
- Limited number of staff with training in administering methadone
- Limited supervision, mentorship, specialist backups, or professional peer consultation
- Stigma from other providers (peers or colleagues outside of your facility) about treating patients with OUD with methadone
- Ensuring patients have transportation to the facility
- Eligible patients cannot afford it
- Facility and staff costs to maintain methadone treatment programs
- Other (please specify): \_\_\_\_\_
- None of the above [*EXCLUSIVE RESPONSE OPTION*]

Q18a. [ASK IF Q8=OTP and Q14b = 0 or I do not currently treat anyone using methadone for OUD (i.e., not pain)] Earlier, you did not report treating Medicaid patients with **methadone**; however you indicated that you work in an OTP. Which factors prevent you from treating Medicaid patients with methadone for OUD (i.e., not pain) at your? Select all that apply.

- Prefer to treat patients with other medications
- Rules and regulations regarding in-person visits and counseling requirements
- Compliance with Drug Enforcement Agency instructions
- Concern about patient medication diversion or misuse
- Patient adherence/compliance issues (e.g., behavioral issues, continued non-medical substance use)
- Patients find the daily dosing for methadone to be burdensome
- Limited mental health services to complement medication use—including care coordination, continuity of care, referrals, transferring from the ED to outpatient
- Limited capacity to manage patients with OUD due to complexity of patient needs
- Limited training in providing methadone
- Limited number of staff with training in administering methadone
- Limited supervision, mentorship, specialist backups, or professional peer consultation
- Stigma from other providers (peers or colleagues outside of your facility) about treating patients with OUD with methadone
- Ensuring patients have transportation to the facility
- Eligible patients cannot afford it
- Facility and staff costs to maintain methadone treatment programs
- Other (please specify): \_\_\_\_\_
- None of the above

Q19. [ASK IF Q9 = naltrexone] How many unique Medicaid patients do you currently treat using **naltrexone**?

- Enter number of Medicaid patients here \_\_\_\_\_
- I do not currently treat anyone using naltrexone

Q20. [ASK IF number of patients > 0] How long have you been treating Medicaid patients using **naltrexone**?

- Enter number of years here \_\_\_\_\_

Q21. [ASK IF number of patients > 0] Do you use telehealth for treating Medicaid patients using **naltrexone**?

- Yes
- No

Q22a. [IF Q9 is blank for naltrexone OR Q19 = 0 or "I do not currently treat anyone using naltrexone] Earlier, you did not report treating Medicaid patients with Naltrexone. Which factors prevent you from treating Medicaid patients with naltrexone? Select all that apply.

- Patients do not want naltrexone
- Lack of eligible patients (e.g., your facility does not serve many clients needing this medication)
- Do not want to treat patients with naltrexone: prefer non-medication alternatives
- Do not want to treat patients with naltrexone due to a lack of evidence of efficacy in practice
- Eligible patients cannot afford it
- Lack of other mental health services to complement medication use
- Lack of information or training on treatment
- Lack of capacity to manage eligible patients
- Complexity of ordering and storing naltrexone
- Other: please specify \_\_\_\_\_

Q22b. [IF Q19 > 0, Provider treats patients with naltrexone] Which factors, if any, are challenges in treating Medicaid patients with **naltrexone**? Select all that apply.

- Eligible patients cannot afford it
- Limited or insufficient staff to provide mental health services to complement treatment with medication or manage patients' complex needs (e.g., comorbid health conditions, unmet social/basic needs, care coordination, continuity of care and referrals)
- Lack of information or training on treatment
- Complexity of ordering and storing naltrexone
- Other (please specify)
- None of the above \_\_\_\_\_

Q23. How confident are you in your ability to treat Medicaid patients with OUD?

- Not at all confident
- Somewhat confident
- Very confident
- Completely confident

**Training and Technical Assistance**

Now we have a few questions about training and technical assistance.

Q24. In the past three years, has your state Medicaid agency or other sources (e.g., other state agencies, non-profits, managed care organizations), offered training or technical assistance to you on any of the following topics? Please select all that apply.

Training includes activities designed to teach individuals and provide them with job-specific knowledge and/or skills. Technical assistance includes information and resources, tools and templates, consultation, or site visits.

	Training		Technical Assistance	
	State Medicaid Agency	Other Sources	State Medicaid Agency	Other Sources
<b>Q24a. Behavioral Health/Substance Use Disorder Treatment</b>				
Privacy concerns regarding Electronic Health Records (EHR)				
DATA-2000 Waiver (e.g., how to obtain the waiver, how to use the waiver effectively)				
Buprenorphine prescribing for OUD				
Prescription Drug Monitoring Program				
Methadone administration for OUD				
Substance use treatment or recovery services, excluding buprenorphine or methadone for OUD				
Recruitment and retention of staff trained to treat OUD				
Medicaid SUD reimbursement policies (e.g., telehealth reimbursement)				
None				
<b>Q24b. General Operations</b>				
Medicaid reimbursement policies (e.g., telehealth reimbursement)				
Administrative processes (e.g., record keeping)				
Training (other than privacy concerns) in EHR				
Health information technology (HIT) and data use				

Enabling services and/or addressing social determinants of health				
Operations (e.g., funding, emergency preparedness)				
Quality improvement methods				
None				
Other (please specify) _____				

**Q25. [ASK FOR EACH TRAINING TOPIC FROM MEDICAID SELECTED IN Q24]**

About how many hours of **training** from your **state Medicaid agency** did you complete on [training topic]? Please provide your best estimate if you are not sure.

- 1 – 8 hours
- 9 – 16 hours
- 17 – 24 hours
- 25 – 32 hours
- More than 32 hours

**Q26. [ASK FOR EACH TRAINING TOPIC FROM OTHER SOURCES SELECTED IN Q24]**

About how many hours of **training** from **other sources** did you complete on [training topic]? Please provide your best estimate if you are not sure.

- 1 – 8 hours
- 9 – 16 hours
- 17 – 24 hours
- 25 – 32 hours
- More than 32 hours

**Q27. [ASK FOR EACH TECHNICAL ASSISTANCE TOPIC FROM MEDICAID SELECTED IN Q24]**

About how many hours of **technical assistance** from your state **Medicaid** agency did you complete on [technical assistance topic]? Please provide your best estimate if you are not sure.

- 1 – 8 hours
- 9 – 16 hours
- 17 – 24 hours
- 25 – 32 hours
- More than 32 hours

Q28. [ASK FOR EACH TECHNICAL ASSISTANCE TOPIC FROM OTHER SOURCE SSELECTED IN Q24] About how many hours of **technical assistance** from **other sources** did you complete for [technical assistance topic]?

Please provide your best estimate if you are not sure.

- 1 – 8 hours
- 9 – 16 hours
- 17 – 24 hours
- 25 – 32 hours
- More than 32 hours

Q29. What resources are available if you need consultation on SUD treatment or recovery services? Select all that apply

- Professional peer support within your facility or practice
- Mentor/preceptor within your facility or practice
- Specialists within your facility or practice
- Professional peer support outside of your facility or practice
- Mentor/preceptor outside of your facility or practice
- Access to specialists via ECHO or other e-consult approach
- Resources available at SAMHSA
- Providers Clinical Support System (PCSS)
- American Society of Addiction Medicine (ASAM)
- Other (please specify) \_\_\_\_\_
- None

Q30. In the past three years, which adjustments, if any, has your practice or facility made to facilitate treatment of patients with SUD? Select all that apply.

- Hired additional staff who can prescribe, administer, or dispense medications for OUD treatment
- Hired additional staff who can prescribe, administer, or dispense medications for SUD (excluding OUD) treatment
- Supported training of existing staff on medication for OUD
- Expanded the use of buprenorphine (all formulations)
- Hired additional staff who can provide SUD counseling and behavioral therapies
- Hired peer counselors
- Hired staff to support care coordination and/or case management
- Implemented strategies to improve staff retention (e.g., offered enhanced benefits)
- Implemented telehealth
- Integrated treatment resources into EHR
- Expanded the use of Health Information Technology
- Initiated programs to address social risks/ social determinants of health
- Other (please specify) \_\_\_\_\_
- Don't know
- Nothing

## Medicaid and Regulatory Requirements

We have a couple of questions related to Medicaid and to regulatory requirements.

Q31. What, if any, are the challenges of being a Medicaid provider? Select all that apply.

- Reimbursement levels (including reimbursement amounts, coverage of different buprenorphine formulations, and other reimbursement-related issues)
- Provider enrollment process
- Administrative burden (including prior authorization, billing process, regulations)
- Stigma associated with serving Medicaid patients
- Lack of information available about being a provider/process of participating
- Lack of resources available to support SUD treatment
- Other (please specify) \_\_\_\_\_
- None

Q32. Which, if any, are barriers to treating individuals with SUD? Select all that apply.

- Requirement for additional oversight of some prescribing providers (e.g., NPs)
- Limitations on which types of clinicians can provide medication for OUD (e.g., NPs)
- Requirements for counseling that accompany medication treatment
- Take-home medication restrictions
- Supervised medication consumption
- Mandates on counseling frequency
- Mandates on urine testing frequency

## COVID-19 Pandemic

The final set of questions asks about your experiences during the COVID-19 pandemic.

Q33. Which of the following have you experienced at your practice or facility since the COVID-19 pandemic? Select all that apply.

- Missed work
- Became unemployed
- Administered COVID-19 testing
- Provided more acute/urgent care visits, as opposed to well visits
- Provided more care via telehealth
- Provided fewer patient visits overall (including all visit types)
- Worked longer hours, including experiences of burnout
- Changed delivery of behavioral health services
- Staff turnover or attrition, including inability to recruit or retain staff
- Faced a lack of personnel or resources (e.g., facility beds, including residential treatment beds) to meet patient demand
- Had limited access to personal protective equipment (PPE)

- Was not provided with emergency policies/protocols or guidance on using them in sufficient time
- Other: please specify \_\_\_\_\_
- Did not experience any changes at my practice or facility during the COVID-19 pandemic

Q34. [ASK IF Q33=CHANGED DELIVERY OF BEHAVIORAL HEALTH SERVICES] How has the delivery of behavioral health services changed at your practice or facility since the COVID-19 pandemic? Select all that apply.

- Provided more substance use disorder services through telehealth
- Delayed scheduling visits with new patients for SUD services
- Delayed scheduling routine follow-up visits with patients for SUD services
- Delayed toxicology testing for patients who are prescribed buprenorphine
- Limited ability to provide mental health visits, excluding SUD treatment (e.g., took time away from conducting visits, or limited ability to schedule visits)
- Limited ability to provide SUD services
- Limited ability to provide OUD services, excluding provision of treatment medications (i.e., buprenorphine, methadone, or naltrexone)
- Limited ability to provide OUD treatment medications (i.e., buprenorphine, methadone, or naltrexone)
- Changed buprenorphine prescribing practices (e.g., prescribed larger or smaller supply)
- Changed methadone disbursement practices (e.g., provided more take-home doses)
- Other: please specify \_\_\_\_\_

Q35. [ASK IF Q33=MISSED WORK] Why were you unable to provide services at your practice or facility during the COVID-19 pandemic? Select all that apply.

- Had to self-isolate or self-quarantine
- Volunteered to be away from my practice or facility to provide care to patients at a temporary/emergency location
- Required to provide care away from my practice or facility to provide care to patients at a temporary/emergency location
- Travel restrictions or guidance prevented return to the practice or facility
- My practice or facility closed
- My practice or facility laid off staff or reduced staff hours
- Needed to care for children or other family members
- Other: please specify \_\_\_\_\_

That was the last question. Please click on the “Submit” button to submit your responses. Once submitted, your answers cannot be changed.

**Thank you again for participating in our survey!**