

**This is the appendix to the article “Medicaid Coverage for Methadone Maintenance and Use of Opioid Agonist Therapy in Specialty Addiction Treatment”**

**Appendix Table 1. Characteristics of Medicaid Enrollees in Opioid Use Disorder Treatment in States with No Public Methadone Maintenance Coverage, Coverage by Medicaid, or Coverage by SAPT Block Grant, 2012**

<b>Characteristics of Medicaid Enrollees Admitted to Treatment</b>	<b>Methadone maintenance covered in Medicaid</b>	<b>Methadone maintenance covered by SAPT block grant</b>	<b>No public methadone maintenance coverage</b>
<i>Receives opioid agonist treatment</i>	46.6%	26.3%	7.0%
Setting where treatment was received			
Residential	24.8%	28.1%	22.0%
Intensive Outpatient	16.6%	14.3%	16.2%
Non-Intensive Outpatient	58.6%	57.7%	61.7%
Demographics			
Male	46.3%	35.3%	25.1%
Hispanic	8.0%	5.8%	5.0%
non-Hispanic white	74.3%	47.4%	84.5%
non-Hispanic black	14.5%	44.6%	6.5%
non-Hispanic other	3.3%	2.2%	4.0%
Under age 25	19.2%	13.6%	26.2%
Age 26-35	52.9%	37.6%	58.5%
Older than 35	27.8%	48.9%	15.3%
Criminal justice referred	11.4%	16.2%	20.0%
Substance use/treatment history			
First time in treatment	14.9%	23.8%	46.0%
Uses heroin	73.5%	75.9%	23.8%
Uses prescription opioids	43.9%	28.1%	84.3%
Used daily before treatment	68.9%	69.0%	45.6%
States	AL, DE, DC, HI, ME, MD, MA, MO, NV, NH, NJ, NM, NC, OR, TX, UT	AK, IL, NE	AR, CO, IN, IA, KS, KY, LA, MT, ND, OK, SC, SD, TN, WY
Total number of admissions	31,519	2,816	3,838

**Appendix Table 2. Regression Estimates of Differences in Use of Opioid Agonist Therapy by State Groups, With Privately-Insured as Within State Comparison Group, 2012**

Insurance group and setting	No public methadone maintenance coverage	Methadone maintenance covered in Medicaid	P	Methadone maintenance covered by SAPT block grant	P
	Estimate % (95% CI)	Estimate % (95% CI)		Estimate % (95% CI)	
All settings					
Medicaid	15.8 (14.4, 17.1)	42.4 (42.0, 42.9)		27.7 (26.1, 29.2)	
Privately-Insured	30.0 (28.6, 31.5)	29.2 (28.3, 30.1)		28.5 (23.5, 33.6)	
<i>Adjusted Difference</i>	Ref	27.5 (25.4, 29.6)	<0.001	13.4 (79.0, 19.0)	<0.001
Residential					
Medicaid	2.7 (0.7, 4.7)	8.2 (7.5, 8.9)		7.3 (5.2, 9.3)	
Privately-Insured	5.0 (2.9, 7.0)	12.6 (11.3, 13.8)		6.9 (1.8, 12.0)	
<i>Adjusted Difference</i>	Ref	-2.0 (-5.1, 1.0)	0.184	2.7 (-3.3, 8.7)	0.379
Intensive outpatient					
Medicaid	7.2 (4.2, 10.2)	27.2 (26.1, 28.3)		20.6 (16.9, 24.2)	
Privately-Insured	6.3 (3.1, 9.6)	7.1 (5.6, 8.5)		16.4 (1.0, 31.7)	
<i>Adjusted Difference</i>	Ref	19.3 (14.7, 23.8)	<0.001	3.4 (-12.9, 19.6)	0.685
Non-intensive outpatient					
Medicaid	26.8 (25.1, 28.4)	61.0 (60.4, 61.6)		38.0 (35.9, 40.1)	
Privately-Insured	49.4 (47.5, 51.3)	51.9 (50.6, 53.2)		40.8 (33.2, 48.3)	
<i>Adjusted Difference</i>	Ref	31.7 (28.9, 34.5)	<0.001	19.9 (11.7, 28.0)	<0.001

**Notes:**

FFS=fee for service. Adjusted difference is calculated by subtracting predicted probabilities in Medicaid row (Difference 1), subtracting same predicted probabilities in privately-insured row (Difference 2), and then subtracting Difference 1 from Difference 2 (e.g. [42.4- 15.8] - [29.2 - 30.0] = 27.5). Fully adjusted coefficients are expressed as percentage points.