We focused on South Carolinians most at risk

We studied **adult Medicaid enrollees** between ages 18 and 64 who received a **new opioid use disorder diagnosis** in 2021. We also included **uninsured adults** who received care at county drug treatment programs or hospital emergency departments.

To count as a "new" diagnosis, the person could not have had any opioid use disorder diagnosis or treatment in the two months before, giving us a fresh window to see whether treatment happened.

We used health insurance billing records

South Carolina collects **Medicaid claims**, the billing records submitted every time a doctor, clinic, or pharmacy provides care. Researchers at the University of South Carolina accessed these records under a formal data agreement, with approval from state agencies. We examined records for **over 460,000 Medicaid enrollees**.

We also reviewed records for **over 220,000 uninsured** adults - people who had no health insurance for at least three months in a row - who received care at a county drug treatment program, an opioid treatment program, or a hospital emergency department.

Billing records tell us what care people actually received, not just what was prescribed or recommended. If a claim was submitted, we can count it.

We identified who had opioid use disorder

To find people with opioid use disorder, we used a list of **standardized medical codes**, the same codes doctors use when they record a diagnosis. These codes were drawn from the Centers for Medicare & Medicaid Services and the FDA. We searched every type of record: hospital visits, clinic visits, emergency department visits, and pharmacy claims.

We removed codes that referred only to an opioid overdose or accidental poisoning. We wanted to count people with an actual disorder diagnosis, not just a one-time exposure.

Did people get treatment soon after diagnosis?

Once someone was diagnosed, we checked whether they started treatment quickly because **the sooner treatment begins, the better the outcomes.** We measured two types:

Medication: Did the person receive buprenorphine or methadone within **34 days of diagnosis?**

Counseling: Did the person attend at least one counseling session within **14 days?** Or two sessions within 34 days?

These time windows come from nationally validated standards used by health plans across the U.S., and so our numbers can be compared to other states.

Did people keep up with treatment over time?

Starting treatment is important, but **staying in treatment** matters just as much. We measured whether people continued for at least **90 days or 180 days:**

Medication retention: Continuously receiving medication with no gap longer than **7 days or 14 days**.

Counseling retention: Attending sessions with no gap longer than **7 days or 14 days.**

A person could have a brief lapse and then restart, and still count as retained if they sustained 90 continuous days at some point during the year.

Our measures follow national standards

All of our measures are adapted from **HEDIS measures**, nationally standardized tools developed by the National Committee for Quality Assurance (NCQA) and used by health plans across the country. This means our findings can be **compared across states and over time.** Results are reported as percentages, broken down by county and region.

Some small counties are grouped together to protect patient privacy. We never display data when fewer than 10 people are involved.