



## COLORADO

Department of  
Regulatory Agencies

Division of Insurance

### **Colorado Regulation 4-2-75 - Medication-Assisted Treatment (MAT) Reporting Template**

Carriers shall use this template to submit annual reporting requirements to the Division pursuant to Colorado Insurance Regulation 4-2-75 and § 10-16-710 CRS as it applies to the carrier and third-party administrator (TPA), if applicable. When providing information regarding medication-assisted treatment (MAT) for substance use disorder (SUD) and opioid use disorder (OUD), please differentiate data between the two treatment types. Do not include OUD-specific data in SUD-specific data.

<b>Carrier</b>	
<b>TPA (if applicable)</b>	
<b>Network</b>	
<b>Contact Name</b>	
<b>Contact Email</b>	
<b>Date of Submission</b>	

1. Indicate the number of in-network providers that are federally-licensed to provide MAT for SUD and OUD at the beginning of the calendar year and at the end of the calendar year, including the type of medications available to treat opioid use disorder (MOUD).

Beginning of Calendar Year

Provider Type	SUD	OUD	MOUD
Physician, MD or DO			
Nurse Practitioner			
Physician Assistant			
Clinical Nurse Specialist			
Certified Registered Nurse Anesthetist			
Certified Nurse-Midwife			
Other			

End of Calendar Year

Provider Type	SUD	OUD	MOUD
Physician, MD or DO			
Nurse Practitioner			
Physician Assistant			
Clinical Nurse Specialist			
Certified Registered Nurse Anesthetist			
Certified Nurse-Midwife			
Other			



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2. Provide the number of SUD and opioid treatment programs in the network, as well as the type of MOUD.

Type of Program	Number	Type(s) of MOUD
SUD treatment program		
Opioid treatment program		

3. Provide the number of providers treating SUD & OUD in each county at the end of the calendar year.

County	SUD	OUD	County	SUD	OUD
Adams			Kit Carson		
Alamosa			La Plata		
Arapahoe			Lake		
Archuleta			Larimer		
Baca			Las Animas		
Bent			Lincoln		
Boulder			Logan		
Broomfield			Mesa		
Chaffee			Mineral		
Cheyenne			Moffat		
Clear Creek			Montezuma		
Conejos			Montrose		
Costilla			Morgan		
Crowley			Otero		
Custer			Ouray		
Delta			Park		
Denver			Phillips		
Dolores			Pitkin		
Douglas			Prowers		
Eagle			Pueblo		
El Paso			Rio Blanco		
Elbert			Rio Grande		
Fremont			Routt		
Garfield			Saguache		
Gilpin			San Juan		
Grand			San Miguel		
Gunnison			Sedgwick		
Hinsdale			Summit		
Huerfano			Teller		
Jackson			Washington		
Jefferson			Weld		
Kiowa			Yuma		



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4. Provide the number of providers who are authorized to prescribe methadone for the treatment of OUD at the beginning and end of the calendar year in the network.

Time Period	Providers
Beginning of Calendar Year	
End of Calendar Year	

5. Describe the policies in place and strategies utilized to ensure enrollee access to OTPs, including any policies and procedures to assist with transportation, telehealth services, take-home dosing, and complementary behavioral health services.

6. Provide the number of unique enrollees at the beginning of the calendar year and end of the calendar year using SUD and OUD services.

Time Period	Enrollees
Beginning of Calendar Year	
End of Calendar Year	

7. Provide the number of unique patients being seen for MAT for SUD, OUD, and MOUD.

Provider Type	Number of Patients - SUD	Number of Patients - OUD	Number of Patients Receiving MOUD
Physician, MD or DO			
Nurse Practitioner			
Physician Assistant			
Clinical Nurse Specialist			
Certified Registered Nurse Anesthetist			
Certified Nurse-Midwife			
Other			



8. Provide the total number of prescriptions that were filled by unique enrollees for MAT for SUD and OUD in the calendar year.

Condition Type	Total Prescriptions filled by Unique Enrollees
SUD	
OUD	

9. Provide a 'yes' or 'no' response following questions regarding MAT for SUD.

Yes	No	Is prior authorization, step therapy, or other utilization management policies required for any FDA-approved medications used as part of the treatment of SUD?
Yes	No	Is prior authorization, step therapy, or other utilization management policies required for any FDA-approved medications used as part of MAT for OUD?
Yes	No	Does the formulary use place any of the medications used for OUD, SUD, alcohol use disorder, or nicotine dependence on the lowest-cost tier of the formulary?
Yes	No	Does the formulary contain all FDA-approved medications for the treatment of OUD, SUD, alcohol use disorder, and nicotine dependence?
Yes	No	Is Naloxone covered? Please list all formulations that are covered below.
Yes	No	Is Buprenorphine covered? Please list all formulations that are covered below.
Yes	No	Is Methadone covered?
Yes	No	Is Naltrexone covered?
Yes	No	Is Disulfiram covered?
Yes	No	Is Acamprosate covered?
Yes	No	Is Clonidine covered?



Buprenorphine formulations:

10. If prior authorization is required for MAT for SUD or OUD, provide an overview of the carrier's or TPA's policies and procedures regarding requiring prior authorization, including the appeals process when a medication is denied. This should include, at a minimum, the education and professional qualifications of the reviewer who is responsible for making the determinations at each level of the appeals process.
11. Provide an overview of any other utilization management protocols in place for each covered medication, including differences in utilization management provisions for different FDA-approved medications for the treatment of OUD.



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