

DEPARTMENT OF REGULATORY AGENCIES

Division of Insurance

3 CCR 702-4

LIFE, ACCIDENT AND HEALTH

Amended Regulation 4-2-75

CONCERNING REQUIREMENTS FOR REPORTING MEDICATION-ASSISTED TREATMENT COVERAGE

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Section 1 Authority

This regulation is promulgated and adopted by the Commissioner of Insurance under the authority of §§ 10-1-109, 10-16-109, 10-16-710, and 10-16-148, C.R.S.

Section 2 Scope and Purpose

The purpose of this regulation is to establish the data reporting requirements for carriers concerning the coverage of medication-assisted treatment as required by § 10-16-710, C.R.S.

Section 3 Applicability

This regulation applies to all carriers marketing and issuing or renewing health benefit plans in the individual, small group and large group markets in Colorado, including non-grandfathered plans, short-term limited duration health insurance policies, and student health insurance coverage, on or after the effective date of this regulation. This regulation does not apply to exclusions for coverage of specific mandated benefits as found at § 10-16-104, C.R.S.

Section 4 Definitions

- A. "Carrier" shall have the same meaning as found at § 10-16-102(8), C.R.S.
- B. "Health benefit plan" shall have the same meaning as found at § 10-16-102(32), C.R.S.
- C. "Lowest- cost tier" means, for the purposes of this regulation, the prescription drug tier which consists of the lowest cost tier of prescription drugs and may include no-cost, non-preventive care drugs.

- D. "Medication-assisted treatment" or "MAT" means, for the purposes of this regulation, the use of an FDA-approved medication alone or in combination with evidence-based behavioral therapies to treat a substance use disorder or withdrawal or treat or prevent the relapse of a substance use disorder.
- E. "Opioid use disorder" or "OUD" shall mean a substance use disorder relating to the use of an opioid.
- F. "Opioid Treatment Program" or "OTP" shall mean a program with current, valid certification from the Substance Abuse and Mental Health Services Administration and qualified by the Secretary of Health and Human Services under section 303(g)(1) of the Controlled Substances Act (21 U.S.C. § 823(g)(1)) to dispense opioid drugs in the treatment of opioid use disorder. It must be qualified under section 303(g)(1) of the Controlled Substances Act, and must be determined to be qualified by the U.S. Attorney General under section 303(g)(1), to be registered by the U.S. Attorney General to dispense opioid agonist treatment medications to individuals for treatment of opioid use disorder.
- G. "Prior authorization" shall have the same meaning as found at § 10-16-112.5(7)(d), C.R.S.
- H. "SERFF" means, for the purposes of this regulation, the NAIC System for Electronic Rate and Form Filing.
- I. "Short-term limited duration health insurance policy" and "short-term policy" shall have the same meaning as found at § 10-16-102(60), C.R.S.
- J. "Step therapy" shall have the same meaning as found at § 10-16-145(1)(g), C.R.S.
- K. "Student health insurance coverage" and "student health policy" shall have the same meaning as found at § 10-16-102(65), C.R.S.
- L. "Substance use disorder" or "SUD" means, for the purposes of this regulation, all disorders that fall under any of the diagnostic categories listed as a mental or behavioral disorder due to psychoactive substance use, or an equivalent category, in the mental, behavioral, and neurodevelopmental disorders chapter, or an equivalent chapter, or disorders listed as a substance-related and addictive disorder in the manuals referenced in § 10-16-104(5.5)(d)(II)(A), C.R.S.
- M. "Substance use disorder benefits" for health benefit plans shall have the same meaning as found at 45 C.F.R. § 146.136(a)(2), except for generally recognized independent standards of current medical practice shall also include the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood as referenced in § 10-16-104(5.5)(d)(II)(A), C.R.S.

Section 5 Reporting Requirements

- A. Carriers shall annually report the data in Sections 5.C through 5.G to the Commissioner of Insurance using templates and instructions provided by the Division.
- B. Timing and Format of Filings
 - 1. Carriers shall report all required data for MAT coverage in the previous calendar year by April 1 of each year.
 - 2. Annual reports shall include data pertaining to the carrier's coverage of MAT, as well as coverage administered by third-party administrators (TPAs).

3. Carriers shall submit the completed templates and documents in SERFF as an “Annual Medication-Assisted Treatment (MAT) Reporting (4-2-75)” filing. This filing shall be submitted separately from any rate, form, annual certification, binder or network adequacy filing.
 4. Carriers shall use “On Approval” for the “Implementation Date” in SERFF.
 5. Carriers shall use “File and Use” for the “Requested Filing Mode” in SERFF.
- C. Carriers shall provide the following information for each network regarding in-network providers that meet federal and state requirements to prescribe MAT for substance use disorders (SUD).
1. The number of SUD providers by provider type at the beginning of the calendar year;
 2. The number of SUD providers by provider type at the end of the calendar year;
 3. The number of SUD treatment programs and the types of MAT medications provided;
 4. The number of Opioid Treatment Programs (OTPs), the MAT medications provided, and the number of providers who are authorized to dispense or administer methadone for the treatment of OUD; and
 5. The number of SUD providers in each county.
- D. Carriers shall provide the Division with the total number of unique plan enrollees that used SUD services at any point during the previous calendar year, at the beginning of the previous calendar year, and at the end of the previous calendar year.
- E. Carriers shall report data relating to MAT medications prescribed for the treatment of SUD in the previous calendar year. Such data shall include:
1. The total number of prescriptions filled by unique enrollees for MAT medications for SUD and the average number of prescriptions filled per unique enrollee for MAT medications for SUD in the prior calendar year.
 2. A list of MAT medications for SUD that applied prior authorization, step therapy, quantity limits, or other utilization management protocols, and:
 - a. The name and dosage of the prescription medications and the applicable SUD;
 - b. Whether prior authorization, step therapy, or quantity limits were required for each medication; and
 - c. The total number of claims that were approved or denied for each medication, and the top three reasons that the carrier or pharmacy benefit manager denied claims for the medication.
 3. The total number of requests for a prescription MAT medication for SUDs that is not otherwise included in the formulary, including the number of claims approved, denied, and in progress, as well as the top three reasons that the carrier or pharmacy benefit management firm denied the claims.
- F. Carriers shall provide to the Division a detailed description of its efforts to ensure sufficient capacity for and access to MAT for SUD, including the following:

1. Policies and procedures 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;
 2. The methodology or other formal processes used by the carrier and TPA, if applicable, to determine network sufficiency to ensure access to MAT for SUD, and process(es) undertaken if the carrier or TPA has found insufficiencies;
 3. Processes to recruit and retain providers to prescribe MAT for SUD, including care received in an OTP, to enrollees; and
 4. The evidentiary or other standards and practices used to determine eligibility of providers who prescribe MAT for SUD to join the network.
- G. Carriers shall provide to the Division all documentation and supporting data regarding coverage of MAT for SUD in compliance with Colorado law, including the following information:
1. The carrier's public-facing Colorado prescription drug formularies (e.g., "standard formulary") for each applicable market, which must show if the formulary contains FDA-approved medications for all SUDs;
 2. A description and list of the tier placements for each FDA-approved prescription medication used in the treatment of SUDs to determine compliance with the requirements to place at least one FDA-approved medication for SUDs on the lowest-cost tier of the formulary;
 3. For carriers that apply prior authorization requirements, the written policies and procedures regarding prior authorization requirements for MAT for SUD, including requirements for pregnant and parenting people as well as minors. If prior authorization is required for MAT for SUD, carriers must 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, and an explanation for how the applied prior authorization meets the requirements laid out in § 10-16-148, C.R.S., and this regulation. 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. If a carrier does not apply prior authorization requirements, a carrier must attest in a template provided by the Division that it does not apply such requirements; and
 4. For carriers that apply utilization management requirements, a list of all utilization management requirements that a carrier applies for prescription drugs used for SUDs, including differences in coverage and utilization management provisions for different FDA-approved medications for the treatment of SUDs, supported by the carrier's written policies and procedures for these requirements. If a carrier does not apply any utilization management requirements, a carrier must attest in a template provided by the Division that it does not apply such requirements.

Section 6 Incorporation by Reference

45 C.F.R. § 146.136(a)(2) shall mean 45 C.F.R. § 146.136(a)(2) as published by the Government Printing Office on the effective date of this regulation and does not include later amendments to or editions of 45 C.F.R. § 146.136(a)(2). A copy of 45 C.F.R. § 146.136(a)(2) may be examined during regular business hours at the Colorado Division of Insurance, 1560 Broadway, Suite 850, Denver, Colorado, 80202. A certified copy of 45 C.F.R. § 146.136(a)(2) may be requested from the Colorado Division of Insurance, 1560 Broadway, Suite 850, Denver, CO 80202. A charge for certification or copies may apply. A copy may also be obtained online at www.ecfr.gov.

Section 7 Severability

If any provision of this regulation or the application of it to any person or circumstance is for any reason held to be invalid, the remainder of this regulation shall not be affected.

Section 8 Enforcement

Noncompliance with this regulation may result, after proper notice and hearing, in the imposition of any of the sanctions made available in the Colorado statutes pertaining to the business of insurance or other laws which include the imposition of fines, issuance of cease and desist orders, and/or suspensions or revocation of license. Among others, the penalties provided for in §10-3-1108, C.R.S., may be applied.

Section 9 Effective Date

This regulation shall be effective on January 30, 2026.

Section 10 History

New regulation effective June 15, 2021.

Amended regulation effective January 30, 2026.