



COLORADO
Department of
Regulatory Agencies
Division of Insurance

MEDICATION-ASSISTED TREATMENT COVERAGE REPORTING INSTRUCTIONS FOR CALENDAR YEAR 2024

Colorado Insurance Regulation 4-2-75

Issue Date: January 23, 2025

Reports Due: May 1, 2025

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INTRODUCTION

These instructions provide guidance to carriers submitting the annual Medication-Assisted Treatment (MAT) coverage report to the Commissioner of Insurance, as specified in Colorado Insurance Regulation 4-2-75, Concerning Requirements for Reporting Medication-Assisted Treatment Coverage and required by §§ 10-16-710, C.R.S. They apply to all health benefit plans subject to the individual and group laws of Colorado, including non-grandfathered plans in the individual, small group, large group, and student health plan markets, as well as third-party administrators (TPA), if applicable. The regulations referenced above do not apply to limited benefit plans, as defined in § 10-16-102(32)(b), C.R.S.

SERFF Filing Requirements:

Carriers must use the appropriate TOI Code for Student Health (H22), Group or Group Organization (H15G, H16G, or HOrg02G), or Individual Health (H15I, H16I, HOrg02I). Choose the appropriate Sub-TOI code after selecting the TOI Code such as HMO, PPO, etc.

Use Filing Type **Annual Medication-Assisted Treatment (MAT) Reporting (4-2-75)**. The Effective Date Requested can be left blank. The Requested Filing Type is "File and Use."

Please upload the appropriate documents under each heading under the Supporting Documentation tab. Links to the blank templates will be provided in the description of each heading, as necessary.

SUBMISSION REQUIREMENTS

4-2-75 Reporting Template

Carriers shall use the fillable PDF 4-2-75 Reporting Template to respond to the questions as outlined in Attachment A of Colorado Insurance Regulation 4-2-75 and submit the template and any requested attachments via SERFF no later than 5 PM MST on Monday, April 1, 2024. Carriers may also contact Cara Cheevers, Behavioral Health Program Director, at cara.cheevers@state.co.us, and Jakob Allen, Behavioral Health Policy Advisor, at jakob.allen@state.co.us with questions regarding the submission.

Carriers shall submit the 4-2-75 Reporting Template PDF per individual company and submit one report per individual network. Please provide the network name and the market(s) in which the carrier uses the network (individual, small group, large group, or student health plan).

Attachments

Carrier shall submit the **MAT Report 4-2-75 Enrollment and Plan Mapping** excel template which requests total enrollment by county and by network and a listing of plans with their associated network and applicable formulary. This allows the Division to assess the carrier's network adequacy and plan medical management requirements. Guidance for completion is included in the excel template on the worksheet labeled Instructions.

The carrier shall submit a copy of each plan's formulary (as provided to covered persons) as an attachment to their submission. This formulary must show which medications are covered and whether any medical management requirements are imposed on the medication.

Carriers shall provide data for the twelve (12)-month period beginning on January 1, 2024 through December 31, 2024.

When providing information regarding 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 and vice versa. Other pertinent definitions can be found in the regulation or in the following glossary of these instructions.

- When a provider or program offers services for both SUD and OUD, the provider or program shall be included one (1) time in the SUD column and one(1) in the OUD column.
- SUD data should be for all providers and programs offering SUD services exclusive of OUD services.
- OUD data should be for all providers and programs offering OUD services exclusive of all other SUD services

Contact Information

- **Carrier:** Please submit a 4-2-75 Reporting Template PDF per individual company and per network
- **TPA (if applicable):** Please indicate the name of any third-party administrator utilized, if applicable.
- **Network:** Please provide the network name and the market(s) in which the carrier uses the network (individual, small group, large group, or student health plan). Submit one template per network.
 - Carrier shall not list multiple networks on one form.
 - Network names shall align with those identified in the carrier's filed Network Template (applicable to individual and small groups) or the Network Summary and Adequacy Attestation Form (large groups and student health plans) for the applicable time period. Submit a separate 4-2-75 Reporting Template PDF for each network.
 - For example, if four(4) networks were identified in the Network Template, then four (4) 4-2-75 Reporting Template PDFs should be completed, one(1) for each network.
- **Contact Name:** Name of submission contact
- **Contact Email:** Email of submission contact
- **Date of Submission:** Date submitted to the DOI.

Question 1: In-Network Providers

This applies to the number of providers who treat SUD and OUD, including buprenorphine, not the number of providers submitting claims during the applicable calendar year.

- Indicate the number of in-network providers licensed to provide MAT for SUD and/or OUD at the beginning of the calendar year and at the end of the calendar year (**January 1 and December 31**).
 - As part of the Consolidated Appropriations Act of 2023, the federal DEA X-Waiver is no longer required to prescribe buprenorphine as of December 29, 2022. Therefore, the term “federally-licensed” has been removed from this instruction and now indicates “licensed.”
 - Information regarding behavioral health and SUD providers is also required by Colorado Insurance Regulation 4-2-53 to ensure adequate networks for Colorado consumers. Carriers may query provider licensing, as needed, to comply with the requirements of this regulation and applicable statute.
- When providing information regarding the number of in-network providers prescribing MAT for SUD and OUD, please differentiate data between the two treatment types. Do not include OUD-specific data in SUD-specific data and vice versa.
 - When a provider or program offers services for both SUD and OUD, the provider or program shall be included one (1) time in the SUD column and one(1) in the OUD column.
 - SUD data should be for all providers and programs offering SUD services exclusive of OUD services.

- OUD data should be for all providers and programs offering OUD services exclusive of all other SUD services.

Indicate the types of available medications to treat opioid use disorder (MOUD), such as buprenorphine or naltrexone, not the number of providers or number of medications prescribed, by provider type.

- Carrier may submit “Other” provider type information. Please specify the provider types included in “Other” and indicate the number of in-network providers for SUD and OUD.

Question 2: In-Network Substance Use Disorder and Opioid Treatment Programs

This applies to the number of unique SUD treatment programs and Opioid Treatment Programs (OTPs) in the network, as well as the type of MOUD, such as buprenorphine or naltrexone, by treatment program type. When providing information regarding MAT for SUD and OUD, please differentiate data between the two treatment types. Do not include OUD-specific data in SUD-specific data and vice versa.

- When a provider or program offers services for both SUD and OUD, the provider or program shall be included one (1) time in the SUD column and one(1) in the OUD column.
- SUD data should be for all providers and programs offering SUD services exclusive of OUD services.
- OUD data should be for all providers and programs offering OUD services exclusive of all other SUD services

Programs reported in the Opioid Treatment Program field shall be limited to those programs specifically designated as an OTP. Definitions of SUD, MOUD, and OTPs can be found in the glossary at the end of this document and Regulation 4-2-75 Section 4.

Question 3: Number of SUD and OUD Providers by County

This applies to the number of unique providers treating SUD and OUD in each county at the end of the calendar year (**December 31**). When providing information regarding MAT for SUD and OUD, please differentiate data between the two treatment types. Do not include OUD-specific data in SUD-specific data and vice versa.

Question 4: Providers Authorized to Prescribe Methadone

This applies to the number of unique providers who are authorized to prescribe methadone for the treatment of OUD at the beginning and end of the calendar year in the network (**January 1 and December 31**).

- This reporting requirement applies specifically to programs authorized to dispense methadone for the treatment of OUDs.

Question 5: Policies and Strategies to ensure access to Opioid Treatment Programs

Please 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. Carriers shall provide clear narratives addressing the issue areas in the preceding sentence.

Complementary behavioral health services include services and resources that supplement OTP services that may include, but are not limited to, wellness services, social work, occupational therapy,

employment services, primary care services, etc.

Question 6: Unique Enrollees using SUD and OUD Services

This applies to the number of unique enrollees using SUD and OUD services at the beginning of the calendar year and end of the calendar year (January 1 and December 31).

Carriers shall distinguish between enrollees using in-network and out-of-network services and must use both medical and pharmacy claims to distinguish enrollees.

Question 7: Unique Patients Seen for MAT

This applies to the number of unique enrollees receiving SUD services, OUD services, and MOUD by provider type from January 1st thru December 1st, 2024. Carriers shall use the following guidance for this reporting:

- SUD column shall indicate the number of unique enrollees receiving services for a SUD exclusive of OUD.
- OUD column shall indicate the number of unique enrollees receiving services for OUD only.
- MOUD column shall indicate the number of unique enrollees receiving FDA approved OUD medications. This column shall indicate two numbers separated by a “/”:
 - The first number is unique members receiving methadone for OUD treatment
 - The second number is unique members receiving all other FDA approved medications for OUD treatment
 - Carrier shall add OTP’s and other applicable programs (e.g. inpatient detox program) dispensing methadone in the “Other” category in order to meet the guidance requirements for MOUD column.
- Carrier may submit “Other” provider type information. Please specify the provider types included in “Other” and indicate the number of unique patients for each additional provider type for SUD, OUD, and MOUD.
- If enrollee data is inputted for “Other Providers,” there must be “Other Providers” specified in Question 1.

Question 8: Total Number of Prescriptions by Unique Enrollees for MAT

This question requires carriers to provide the total number of prescriptions that were filled by unique enrollees for MAT for SUD and OUD in the calendar year. Provide two numbers for each row separated by a “/”. The first number indicates the number of unique members and the second number indicates the number of total prescriptions.

Question 9: Policies and Coverage of MAT for SUD

Please indicate “Yes” or “No” for each of the eleven (11) prompts in Question 9.

Please list all formulations for Naloxone and Buprenorphine.

Question 10: Prior Authorization for MAT for SUD or OUD

If prior authorization is required for MAT for SUD or OUD, the carrier shall 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.

The carrier shall provide a list of all medications, including the different formulations or dosages, that are subject to prior authorization.

Question 11: Utilization Management Protocols

The carrier shall provide a list of each covered MAT for OUD and include the utilization management (UM) protocols, if applicable, in place for each covered medication.

- This should include, at a minimum, a description of the carrier's step therapy/fail-first requirements and any quantity or fill limits imposed on MAT for OUD.
- If the UM protocols include quantity limits, the carrier shall include a description of the process in place should an enrollee hit a quantity limit for a medication.
- If a carrier indicates that medications used for OUD, SUD, alcohol use disorder, or nicotine dependence are placed on the lowest-cost formulary tier, the carrier shall provide a list of which medications are placed on the lowest tier.

Question 12: Processes to Recruit and Retain Providers

The carrier shall provide a detailed description of the carrier's and TPA's, if applicable, processes to recruit and retain providers that prescribe MAT for SUD and OUD, including both care received in an OTP and office-based buprenorphine and methadone, to enrollees.

Question 13: Processes to Determine Network Adequacy

The carrier shall provide a detailed description of 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 OUD and process(es) undertaken if the carrier or TPA has found insufficiencies. This description should include at a minimum:

- the process to ensure and monitor network sufficiency
- the process to ensure covered members can go out of network at in-network rates, as required by 4-2-53
- the process for managing provider recruitment and retention
- the process for monitoring and ensuring time and distance standards are met

Question 14: Evidentiary Standard and Practices used to Determine Eligibility of Providers

The carrier shall provide a detailed description of the evidentiary or other standards and practices used to determine eligibility of providers that are licensed to prescribe MAT for SUD and OUD to join the network.

Glossary

For the purposes of these templates, carriers shall use the following definitions:

- **Buprenorphine formulations:** The following medications are FDA-approved buprenorphine formulations for the treatment of OUD:
 - Generic buprenorphine/naloxone sublingual tablets

- Buprenorphine sublingual tablets (Subutex)
 - Buprenorphine/naloxone sublingual films (Suboxone)
 - Buprenorphine/naloxone sublingual tablets (Zubsolv)
 - Buprenorphine/naloxone buccal film (Bunavail)
 - Buprenorphine implants (Probuphine)
 - Buprenorphine extended-release injection (Sublocade)
- **Carrier:** the same meaning as found at § 10-16-102(8), C.R.S.
- **Complementary behavioral health services:** services to supplement OTP services that may include, but are not limited to, wellness services, social work, occupational therapy, employment services, primary care services, etc.
- **Market:** indicates individual, small group, large group, or student health plan designations, for the purposes of this submission.
- **Medication to treat Opioid Use Disorder (MOUD):** medications to treat opioid use disorder as defined in Colorado Insurance Regulation 4-2-75 and this glossary.
- **Naloxone formulations:** The following medications are FDA-approved buprenorphine formulations for the treatment of OUD:
 - Injectable
 - Auto-injectable
 - Prepackaged nasal spray
- **Opioid Use Disorder (OUD):** a substance use disorder relating to the use of an opioid.
- **Opioid Treatment Program (OTP):** 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 Attorney General under section 303(g)(1), to be registered by the Attorney General to dispense opioid agonist treatment medications to individuals for treatment of opioid use disorder.
- **Prior authorization:** approval obtained prior to services or medications being performed or prescribed.
- **Quantity limits:** maximum days' supply of prescription medication that a health plan will cover.
- **SERFF:** the NAIC System for Electronic Rate and Form Filing.
- **Step therapy/fail-first protocol:** requirement for patients to attempt a therapy, usually with proven results, prior to attempting another treatment. Also termed conservative treatment therapy.
- **Substance Use Disorder (SUD):** the recurring use of alcohol and/or drugs that causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities.