Colorado regulation will measure SUD network adequacy

Colorado health insurance companies and other payers will finally have to report whether they have physicians in their networks to provide evidence-based treatment for substance use disorders (SUD).

The Colorado Division of Insurance (CDI) issued Regulation 4-2-75, effective earlier this month, which requires payers and third-party administrators (TPAs) to annually report the “for each network regarding in-network providers that are federally licensed to prescribe MAT for substance use disorders and opioid use disorder (OUD), including buprenorphine”:

1. The number of providers by type at the beginning of the calendar year.
2. The number of providers by type at the end of the calendar year.
3. The number of SUD and opioid treatment programs (OTPs).
4. The number of providers who are authorized to prescribe methadone for the treatment of OUD.
5. The number of providers in each county.
6. The number of providers with a federal waiver to prescribe buprenorphine for the treatment of OUD.

In addition, payers and TPAs are required to report additional information, including:

- The total number of plan enrollees at the beginning and end of the plan year.
- The total number of prescriptions filled by unique enrollees and the average number of prescriptions filled per enrollee for MAT for SUD and OUD.
- A detailed description of its efforts to ensure sufficient capacity for and access to MAT for SUD, including policies and procedures regarding prior authorization requirements for MAT for SUD and OUD, including requirements for pregnant and parenting people as well as minors.
In a letter (PDF) and testimony supporting the draft regulation, the AMA explained that while Colorado’s health plans might object to these requirements, they are essential “to provide information to CDI on how it can continue its efforts to bridge gaps between what services and benefits health plans are required to provide for patients and what they actually deliver.”

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