Recovery-Friendly Worksheet

How do you know if your health insurance coverage is “**GOOD**” “**BETTER**” or “**BEST**”? Every situation will vary but the following can be a guideline for consideration:

**GOOD**

[ ] Limited access to inpatient treatment. Low or no copay.

[ ] Offers literature to primary care doctors to encourage screening.

[ ] Medical necessity guidelines aligns with national criteria.

[ ] PBM programs to identify over prescribers, prescriptions for extended periods of time and prescriptions from multiple providers. Programs are in place to act within a few months.

[ ] Access to treatment through pre-approval and designated providers.

[ ] Access to designated individual, group and family therapy providers. Preapproval needed. Modest copays.

[ ] Access to some Medicaid assisted therapy with modest copays.

[ ] Offers limited sessions (six or fewer) of EAP services during regular business hours.

[ ] Offers care manager support.

**BETTER**

[ ] Generous access to inpatient treatment with low or no copay

[ ] Promotes Screening in the primary care physician’s office through education

[ ] Medical necessity criteria aligns with national standards as found in American Psychological Association Guidelines, American Psychiatric Association guidelines, DSM-5 diagnostic criteria and the Surgeon General’s report; and promotes a range of treatment strategies based on a continuum of care.

[ ] PBM programs to identify over prescribers, prescriptions for extended periods of time and prescriptions from multiple providers. Programs are in place to take action within a few weeks.

[ ] Access to treatment through designated providers only.

[ ] Full access to individual, group and family therapy. Limited preapproval. modest copays.

[ ] Access to Medicaid assisted therapy – low copays.

[ ] Offers generous access to EAP services during regular business hours.

[ ] Offers care manager support.

[ ] Offers recovery support service like peer coaching or phone checkups.

[ ] Offers online tools and resources.

**BEST**

[ ] Unlimited access to inpatient treatment with low of no company

[ ] Promotes Screening through the primary care physician’s office through special programs and incentives

[ ] Medical necessity criteria aligns with national standards as found in American Psychological Association Guidelines, American Psychiatric Association guidelines, DM-5 diagnostic criteria and the Surgeon General’s report; and promote the full range of treatment strategies based on a continuum of care.

[ ] PBM programs to identify over prescribers, prescriptions for extended periods of time and prescriptions from multiple providers. Programs in place to act immediately.

[ ] No wrong door access to treatment so any provider can start the treatment process and pre-approval is limited.

[ ] Full access to individual, group and family therapy. No preapproval. Low copays.

[ ] Access to medication assisted therapy – low or no copays

[ ] Offers generous sessions of EAP services during regular business hours and week day evenings.

[ ] Offers care manager support.

[ ] Offers recovery support service like peer coaching or phone checkups.

[ ] Offers online tools and resources.