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.