

CHECKLIST FOR IDENTIFYING STORIES OF INSURANCE DISCRIMINATION AND/OR WITNESSES FOR PARITY FIELD HEARINGS

FACES & VOICES OF RECOVERY

ADDICTION RECOVERY INSURANCE DISCRIMINATION REGISTRY

State and federal policymakers are shining light on the fact that far too many Americans are not getting the help they need to achieve long-term recovery from addiction, even if they have private health insurance.

Faces & Voices of Recovery and allied organizations across the country are collecting the stories of individuals and families to document the discriminatory practices that are preventing people and their families from new lives in recovery.

We need your help to document your experiences and your story.

Please take a few minutes to fill out the information below. We are collecting stories to use in hearings, for media inquiries and other opportunities to raise the profile of discriminatory practices and the need for new policies that will get people the help they need, when they need it. **We will not use your story without your express permission.**

If you have or had insurance when you or your loved one needed and looked for help, tell us a little about your health insurance:

1. I/we had employer-provided group health insurance. **YES**_____ **NO**_____

2. Our insurance covered mental health and addiction. **YES**_____ **NO**_____

If it covered mental health and addiction, do you have a copy of your insurance plan that describes the coverage? **YES**_____ **NO**_____

If it covered mental health and addiction, do you have information on medical necessity terms or other conditions that limited access to your coverage? **YES**_____ **NO**_____

3. Have you ever been denied needed addiction treatment benefits? **YES**_____ **NO**_____

Were you denied treatment outright? **YES**_____ **NO**_____

Was treatment cut short or the type of treatment needed changed because of insurance limits? **YES**_____ **NO**_____

4. Did you ever request a copy of your health plan's medical necessity or other medical management criteria? **YES**_____ **NO**_____

Did your health plan ever tell you that they don't give out their medical necessity or other medical management criteria? **YES**_____ **NO**_____

5. Our insurance benefits were delivered through a behavioral managed care carve out (you had a separate number on your insurance card to call if you wanted treatment services)

YES_____ **NO**_____

If yes, what is the company's name? _____

If you have or had insurance through an employer-provided group plan and didn't get the treatment you or your loved one needed because of high cost-sharing requirements in your plan, or if you experienced a financial hardship because of these restrictions, tell us about your experiences:

1. I/we were trying to get out-of-network benefits. **YES**_____ **NO**_____

2. There were in-network providers in my area. **YES**_____ **NO**_____

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3. The participating providers in my network weren't qualified to provide treatment appropriate to me/my child's age group and/or health status. **YES**_____ **NO**_____
4. I/we were seeking residential treatment. **YES**_____ **NO**_____
5. I/we were looking for outpatient services. **YES**_____ **NO**_____

If you were looking for outpatient services, how much was the co-pay? \$_____

Thanks!

For the five questions below, please take as much space as you need.

If you are writing by hand, please print clearly.

1. Please give us a detailed account of you or your family member's experiences seeking help for their addiction.

2. Please describe how your experiences with your insurance company and health plan affected you or your family member.

3. Please let us know how you think that the system should have worked.

4. Please give us a brief history of your or your family member's addiction and recovery.

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5. Is there anything else that you'd like to let us know about your experiences?

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Thank you very much for taking the time to enter your story into our ADDICTION RECOVERY INSURANCE DISCRIMINATION REGISTRY. It will make a difference in educating the public and policymakers about the tremendous need for insurance reform.

We would like to be able to contact you to follow up on the information that you've given us as part of our campaign to end insurance discrimination. We will not use your story without your express permission.

Your name (s): _____

Your address: _____

Your email: _____

Your phone number: () _____(home) () _____(work) () _____(mobile)

**PLEASE FAX TO 202.737.0695 OR YOU MAY FILL OUT AND EMAIL TO
info@facesandvoicesofrecovery.org**

Faces & Voices of Recovery
1010 Vermont Ave. NW #708
Washington, DC 20005
202.737.0690