

Appendix

We employed a panel survey design with replacement. The national sample from an earlier round of the survey fielded in 2003 was augmented with plans not previously operating in the market areas in 2010 and then again in 2014. The primary sampling units were the 60 market areas selected by the Community Tracking Study to be nationally representative,^{1,2} and the second stage sampled plans within markets. If plans served multiple market areas, they were defined separately, and data were collected by market area. For some national or regional plans, respondents were interviewed regarding multiple sites.

We screened for eligibility by verifying health plan operation in the market area and coverage of behavioral health services for a commercial population with more than 300 subscribers or 600 covered lives. In 2010, this approach identified 438 eligible plans, of which 389 responded (89%) and reported on 939 insurance products for the administrative module, while 385 plans (88%) responded to the clinical module, reporting on 925 products. In 2014, 344 eligible plans were identified, of which 274 plans responded (80%) and reported on 705 products.³

References

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3. Horgan CM, Hodgkin D, Stewart MT, et al: Health plans' early response to federal parity legislation for mental health and addiction services. *Psychiatric Services* 67:162–168, 2016