Appendix: Partial Instrument—Insurance Module

- Through which federal programs do you provide services on a contractual basis? (mark all that apply)

  - o Tricare
  - o VA
  - o Other government program(s) (please specify) ☐

- Do you contract with any behavioral health carve-out plans (e.g. Magellan, PacificCare)?

  - o No
  - o Yes

- What is the proportion of clients

  - o That pay you directly ☐
  - o for whom you bill insurance on their behalf ☐

- Are you currently a participating Medicare provider?

  - o Yes
  - o No, I was never a participating provider
  - o No, I am no longer a participating provider

- If you previously participated in Medicare but no longer do so, when (month/year) did you leave the Medicare program?

  - o Month ☐
  - o Year ☐

- Indicate the reason(s) you no longer or do not participate in Medicare. (mark all that apply)

  - o Client case-mix is primarily non-Medicare eligible
  - o I stopped participating in all/do not participate in any insurance plans
  - o Reimbursement rates became/are too low
  - o Delays in getting paid
  - o Other (please specify)

- Are you currently a participating Medicaid provider?
    - Yes
    - No, I was never a participating provider
    - No, I am no longer a participating provider

- If you previously participated in Medicaid but no longer do so, when (month/year) did you leave the Medicaid program?
    - Month
    - Year

- Indicate the reason(s) you no longer or do not participate in Medicaid. (mark all that apply)
    - Client case-mix is primarily non-Medicaid eligible
    - I stopped participating in all/do not participate in any insurance plans
    - Reimbursement rates became/are too low
    - Delays in getting paid
    - Other (please specify)

- Of your total client caseload, in the last typical week, what proportion of your clients are covered by (categories should add up to 100%):
    - Private insurance
    - Medicare
    - Medicaid
    - VA
    - Tricare
    - Other government program
    - Self-pay