

Section B: Private Coverage

TIME THIS SECTION BEGINS RECORDED HERE
TSST05B

B1. Are you covered by any private health insurance that pays any part of hospital or doctor bills?

B05B01 (Circle One)

- YES 1
- NO 2 → SKIP TO B6c
- REFUSED -1 → SKIP TO B6c
- DON'T KNOW -2 → SKIP TO B6c

B1a. Are you covered by more than one private insurance plan that pays for any part of your hospital or doctor bills?

B05B01A (Circle One)

- YES 1
- NO 2 → SKIP TO B2
- REFUSED -1 → SKIP TO B2
- DON'T KNOW -2 → SKIP TO B2

B1b. How many private insurance plans do you have (that cover any part of your hospital or doctor bills)?

B05B01B #: _____

B2. (READ IF B1a CODED 1 [YES]: I want to ask you about your primary insurance plan, that is, the plan that pays most of the cost of your hospital or doctor bills.)

VERSIONS 6-10

It is important that we have the complete and accurate name of your (primary) insurance plan. Do you have something like an ID card or bill with the name of your (primary) insurance plan on it?

VERSIONS 11-13

It is important that we have the complete and accurate name of your (primary) private insurance plan. Do you have something like an ID card or bill with the name of your (primary) private insurance plan on it?

B05B02 (Circle One)

- YES 1
- NO 2

B2a. RECORD NAME FROM CARD OR ASK:
What is the complete name of this plan?

B2b. Is this plan a health maintenance organization or HMO?

B05B02B

(Circle One)

YES 1

NO 2

B2c. Does (this plan/PLAN NAME FROM B2a) allow you to go to any doctor you want or does it require you to choose from a group or list of doctors?

B05B02C

(Circle One)

ANY DOCTOR 1

SELECT FROM GROUP/LIST 2

B2d. In what month and year were you first covered by this plan?

B05B02M

B05B02Y

MONTH: _____

YEAR: _____

B2e. What is your relationship to the policyholder(s) of this plan? A policyholder is the person in whose name the insurance is carried.

B05B02E

(Circle One)

- SELF 1
- SPOUSE 2 → SKIP TO B5
- PARTNER 3 → SKIP TO B5
- PARENT 4 → SKIP TO B5
- OTHER RELATIVE 5 → SKIP TO B5
- FRIEND 6 → SKIP TO B5
- OTHER 7 → SKIP TO B5
- REFUSED -1 → SKIP TO B5
- DON'T KNOW -2 → SKIP TO B5

B2f. (HAND R CARD #26) How do you get this coverage?

B05B02F

(Circle One)

- THROUGH A CURRENT/FORMER
EMPLOYER OR UNION 1
- THROUGH A PROFESSIONAL OR
BUSINESS ASSOCIATION 2 → SKIP TO B5
- PURCHASED DIRECTLY FROM AN
INSURANCE COMPANY OR AGENT 3 → SKIP TO B5
- PURCHASED DIRECTLY FROM AN HMO 4 → SKIP TO B5
- OTHER 5 → SKIP TO B5
- REFUSED -1 → SKIP TO B5
- DON'T KNOW -2 → SKIP TO B5

B05B02G IS VERBATIM RESPONSE TO "OTHER" SOURCE OF COVERAGE

B3. Is this a current or former employer or union?

B05B03

(Circle One)

- CURRENT 1 → SKIP TO B4
- FORMER 2

B3a. Is this policy COBRA coverage?
B05B03A (Circle One)
 YES 1 → SKIP TO B5
 NO 2

B4. Does your employer or union pay all, most, some, or none of the cost of your insurance premiums?
B05B04 (Circle One)

ALL 1 → SKIP TO B6c
 MOST 2
 SOME 3
 NONE 4
 REFUSED -1
 DON'T KNOW -2 → SKIP TO B6c

B5. How much do you, your family or friends pay in premiums for your primary plan? Please do not include the cost of any co-payments or deductibles. (That is, the amount you pay when you visit a doctor or anyone else for medical care.)

B05B05A AMOUNT: \$ _____

PER: (Circle One)

B05B05B MONTH 1 → SKIP TO B6b
 QUARTER 2 → SKIP TO B6b
 YEAR 3 → SKIP TO B6b
 REFUSED -1 → SKIP TO B6b
 DON'T KNOW -2 → SKIP TO B6b

B6a. CHECK A2 (COVERED BY MEDICAID) AND A5 (COVERED BY MEDICARE), AND A9 (COVERED BY OTHER PUBLIC ASSISTANCE).

(Circle One)

EITHER A2 OR A5 OR A9 IS CODED 1 1
 NEITHER A2 OR A5 OR A9 IS CODED 1 2 → SKIP TO B8

B6b. CHECK A9.

(Circle One)

A9 IS CODED 1 1
 ALL OTHERS 2 → SKIP TO B6d

B6c. Does your insurance require you to obtain authorization before seeing a specialist for medical care?

B05B06C (Circle One)

YES 1
NO 2 → SKIP TO B11

B10a. INTERVIEWER: CHECK A3, A6, A10, B2d ARE ALL WITHIN LAST 6 MONTHS?
(COUNT A MISSING AS BEING WITHIN 6 MONTHS.)

(Circle One)

YES 1 → SKIP TO B12
NO 2 → SKIP TO B15

B11. I have recorded that you have not been covered by any private or public health insurance in the last 6 months. Is that correct?

B05B11A

(Circle One)

YES 1 → SKIP TO B14a
NO 2
REFUSED -1 → SKIP TO B14a
DON'T KNOW -2 → SKIP TO B14a

B11a. Were you covered by private or public insurance in the last 6 months?

(Circle One)

B05B11B

PRIVATE 1 → RETURN TO B1
PUBLIC 2 → RETURN TO A1
BOTH 3 → RETURN TO A1

B12. Have you been without public or private insurance at any time during the last 6 months?

(Circle One)

B05B12

YES 1
NO 2 → SKIP TO B14a
REFUSED -1
DON'T KNOW -2

B13. During the last 6 months, for how many months were you without insurance — either public or private?

B05B13

MONTHS: _____

OR

REFUSED..... -1
DON'T KNOW..... -2

B14a. CHECK B1. IF B1 CODED 2 (NO), ASK B14b. ALL OTHERS SKIP TO B15.

B14b. (HAND R CARD #27) Why don't you have private health insurance?

(Circle One)

B05B14B

a. TOO EXPENSIVE 1

- b. LOST JOB WITH INSURANCE COVERAGE 2
- c. DENIED COVERAGE BECAUSE OF HIV STATUS 3
- d. DENIED COVERAGE FOR OTHER MEDICAL
CONDITION 4
- e. FEAR OF JEOPARDIZING PRIVACY..... 5
- f. OTHER 6

B15. CHECK A3, A6, B2d. IF A3 OR A6 OR B2d IS LESS THAN OR EQUAL TO A2 IN MODULE 3 (MO/YR TESTED POSITIVE), SKIP TO B17. ALL OTHERS CONTINUE.

B16. You tested positive for HIV in (MO/YR). At that time, did you have any public or private health insurance?

B05B16

(Circle One)

- YES 1
- NO 2 → SKIP TO B17
- REFUSED -1 → SKIP TO B17
- DON'T KNOW -2 → SKIP TO B17

B16a. What kind of health insurance did you have at that time?

(Circle One)

B05B16A

- An HMO or other private insurance, 1
- Medicaid, 2
- Medicare, or 3
- Other public insurance? 4

VERSION 6 -10

B17. Are you currently participating in any clinical trials or research studies?

VERSION 11 -13

B17. Are you currently participating in any clinical trials or clinical research studies?

B05B17

(Circle One)

- YES 1
- NO 2 → SKIP TO B19a
- REFUSED -1 → SKIP TO B19a
- DON'T KNOW -2 → SKIP TO B19a

B18. (HAND R CARD #28) What services are being provided in the trial(s)?

B05B18

(Circle One)

- NO MEDICAL CARE OR MEDICATION 1
- CHECK-UPS ONLY 2
- MEDICATIONS ONLY 3
- MEDICAL CARE (NO MEDICATIONS) ONLY4

MEDICATIONS AND MEDICAL CARE 5

B19a. CAPI CHECK. IF B7 CODED 1 (NEVER HAD PRIVATE INSURANCE) SKIP TO B20. ALL OTHERS CONTINUE.

B19b. During the last 6 months, did you ever make a decision not to use private insurance to pay for medical care or prescription medications related to HIV infection?

B05B19B **(Circle One)**
YES 1
NO 2

B20. Did you ever alter work or schooling plans such as staying with or leaving a job, or staying in school in order to get or keep health insurance?

B05B20 **(Circle One)**
YES 1
NO 2

B21. CHECK A2, A5, A7, B1. IF ALL CODED 2, SKIP TO C1. ALL OTHERS CONTINUE.

VERSION 6 - 10

B22. When was the last time (month/year) you recall having no health insurance of any kind?

VERSION 11 - 13

B22. When was the last time you had no health insurance of any kind?

 ii / ii **OR** ALWAYS HAD INSURANCE..... 2
 MO YR
B05B22M **B05B22Y** **B05B22A**