

Managed Care (MC) Section

MC01

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{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF  
ESTABLISHMENT.....} {STR-DT}  
{END-DT}

INSURER NAME: {NAME OF INSURER BEING LOOPED ON}

Now I will ask you a few questions about how (POLICYHOLDER)'s health insurance through (ESTABLISHMENT) works for non-emergency care.

We are interested in knowing if (POLICYHOLDER)'s (ESTABLISHMENT) plan is an HMO, that is, a Health Maintenance Organization. With an HMO, you must generally receive care from HMO physicians. For other doctors, the expense is not covered unless you were referred by the HMO or there was a medical emergency.

{When answering this question, do not consider (POLICYHOLDER)'s insurance through Medicare.}

Is (POLICYHOLDER)'s (INSURER NAME) an HMO?

YES ..... 1 {MC05}  
NO ..... 2  
REF ..... -7  
DK ..... -8

PRESS F1 FOR DEFINITION OF HMO.

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| DISPLAY 'When answering this question, do not |  
| consider (POLICYHOLDER)'s insurance through |  
| Medicare.' IF POLICYHOLDER BEING ASKED ABOUT IS |  
| ALSO COVERED BY MEDICARE. OTHERWISE, USE A NULL |  
| DISPLAY. |  
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MC02  
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{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF  
ESTABLISHMENT.....} {STR-DT}  
{END-DT}

INSURER NAME: {NAME OF INSURER BEING LOOPED ON}

(Do/Does) (POLICYHOLDER)'s insurance plan **require** (POLICYHOLDER)  
to sign up with a certain primary care doctor, group of doctors,  
or a certain clinic which (POLICYHOLDER) must go to for all of  
(POLICYHOLDER)'s routine care?

PROBE: Do not include emergency care or care from a specialist  
you were referred to.

YES ..... 1 {MC04}  
NO ..... 2  
REF ..... -7  
DK ..... -8

PRESS F1 FOR DEFINITION OF PRIMARY CARE DOCTOR AND ROUTINE CARE.

MC03  
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{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF  
ESTABLISHMENT.....} {STR-DT}  
{END-DT}

INSURER NAME: {NAME OF INSURER BEING LOOPED ON}

Is there a book or list of doctors associated with the plan?

YES ..... 1  
NO ..... 2 {BOX\_01}  
REF ..... -7 {BOX\_01}  
DK ..... -8 {BOX\_01}

MC04  
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{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF  
ESTABLISHMENT.....} {STR-DT}  
{END-DT}

INSURER NAME: {NAME OF INSURER BEING LOOPED ON}

Will (POLICYHOLDER)'s plan pay for any of the costs of visits to  
doctors who are **not** associated with (POLICYHOLDER)'s plan, even if  
(POLICYHOLDER) (do/does) **not** have a referral?

YES ..... 1 {BOX\_01}  
NO ..... 2 {BOX\_01}  
REF ..... -7 {BOX\_01}  
DK ..... -8 {BOX\_01}

MC05  
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{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF  
ESTABLISHMENT.....} {STR-DT}  
{END-DT}

INSURER NAME: {NAME OF INSURER BEING LOOPED ON}

Will (POLICYHOLDER)'s plan pay for any of the costs of visits  
to doctors who are **not** part of (POLICYHOLDER)'s HMO, even if  
(POLICYHOLDER) (do/does) **not** have a referral?

YES ..... 1  
NO ..... 2  
REF ..... -7  
DK ..... -8

BOX\_01  
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| RETURN TO ORIGINAL QUESTIONNAIRE SECTION IN HX OR |  
| OE. |  
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MEPS FAMES Panel 1 Round 3 Managed Care (MC) Section  
January 31, 1997