

Managed Care (MC) Section

BOX_00

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| CONTEXT HEADER DISPLAY INSTRUCTIONS: |  
| DISPLAY PERS.FULLNAME, ESTB.ESTBNAME, |  
| PRND.BEGREFMM, PRND.BEGREFDD, PRND.BEGREFYY, |  
| PRND.ENDREFMM, PRND.ENDREFDD, PRND.ENDREFYY. |  
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MC01

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

{Is/Was} {your/{POLICYHOLDER}'s} {NAME OF INSURER BEING LOOPED ON} an
HMO {as of {END DATE}}? {When answering this question, do not consider
{your/his/her} insurance through Medicare.}

[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.]

YES 1 {MC05}
NO 2 {MC02}
REF -7 {MC02}
DK -8 {MC02}

HELP AVAILABLE FOR DEFINITION OF HMO.

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| DISPLAY 'Is' IF NOT ROUND 5. DISPLAY 'Was' IF |  
| ROUND 5. |  
| |  
| DISPLAY 'as of {END DATE}' IF ROUND 5. OTHERWISE, |  
| USE A NULL DISPLAY. |  
| |  
| DISPLAY 'When answering this question, do not |  
| consider {your/his/her} 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}

{Does/As of {END DATE}, did} {your/{POLICYHOLDER}'s} insurance
plan **require** {you/him/her} to sign up with a certain primary
care doctor, group of doctors, or a certain clinic which
{you/he/she} must go to for all of {your/his/her} routine
care?

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

YES 1 {MC04}
NO 2 {MC03}
REF -7 {MC03}
DK -8 {MC03}

HELP AVAILABLE FOR DEFINITION OF PRIMARY CARE DOCTOR AND ROUTINE CARE.

| DISPLAY 'Does' IF NOT ROUND 5. DISPLAY 'As of |
{END DATE}, did' IF ROUND 5.

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/As of {END DATE}, was} there a book or list of doctors
associated with the plan?

YES 1 {MC04}
NO 2 {BOX_01}
REF -7 {BOX_01}
DK -8 {BOX_01}

| DISPLAY 'Is' IF NOT ROUND 5. DISPLAY 'As of {END |
DATE}, was' IF ROUND 5.

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/As of {END DATE}, would} {your/{POLICYHOLDER}'s} plan pay for any
of the costs of visits to doctors who are **not** associated with
{your/his/her} plan, even if {you/he/she} {{do/does}/did}
not have a referral?

YES 1 {BOX_01}
NO 2 {BOX_01}
REF -7 {BOX_01}
DK -8 {BOX_01}

| DISPLAY 'Will' AND '{do/does}' IF NOT ROUND 5. |
| DISPLAY 'As of {END DATE}, would' AND 'did' IF |
ROUND 5.

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/As of {END DATE}, would} {your/{POLICYHOLDER}'s} plan pay
for any of the costs of visits to doctors who are **not** part of
{your/his/her} HMO, even if {you/he/she} {{do/does}/did} **not** have
a referral?

YES 1 {BOX_01}
NO 2 {BOX_01}
REF -7 {BOX_01}
DK -8 {BOX_01}

| DISPLAY 'Will' AND '{do/does}' IF NOT ROUND 5. |
| DISPLAY 'As of {END DATE}, would' AND 'did' IF |
ROUND 5.

BOX_01
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| RETURN TO ORIGINAL QUESTIONNAIRE SECTION IN HX OR |
OE.