

MC01

Help Enabled (HMO) Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EPIN.HMOPLAN	IS POLICYHOLDERS PLAN AN HMO PLAN?	2

{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/worked} for non-emergency care {on (END DATE)}.

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/Was} (POLICYHOLDER)'s (INSURER NAME) an HMO {on (END DATE)}?

YES	1	{MC05}
NO	2	{MC02}

Refused	RF	{MC02}
Don't Know	DK	{MC02}

HELP AVAILABLE FOR DEFINITION OF HMO.

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| DISPLAY INSTRUCTIONS:
| 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.
|
| DISPLAY 'works' AND 'is' IF NOT ROUND 5. DISPLAY 'worked' AND
| 'was' IF ROUND 5.
|
| DISPLAY 'on (END DATE)' IF ROUND 5. OTHERWISE, USE A NULL
| DISPLAY.
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MC02

Help Enabled (PROGDR) Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EPIN.PROGDR	PRIV PLAN REQUIRES SIGNING W/PHYS,GROUP	2

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

INSURER NAME: {NAME OF INSURER BEING LOOPED ON}

{(Do/Does)/As of (END DATE), did} (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	{MC03}

Refused	RF	{MC03}
Don't Know	DK	{MC03}

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

 DISPLAY INSTRUCTIONS:
 DISPLAY 'Do/Does' IF NOT ROUND 5. DISPLAY 'As of (END DATE),
 did' IF ROUND 5.

MC03

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EPIN.DRLIST	DOES PLAN HAVE A BOOK/LIST OF DOCTORS?	2

{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}

Refused	RF	{BOX_01}
Don't Know	DK	{BOX_01}

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| DISPLAY INSTRUCTIONS:
| DISPLAY 'is' IF NOT ROUND 5. DISPLAY 'As of (END DATE), was'
| IF ROUND 5.
|

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MC04

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EPIN.VISITPAY	PLAN PAY FOR NON-HMO, NON-REFER DR VISIT	2

{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} (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)/did} **not** have a referral?

YES	1	{BOX_01}
NO	2	{BOX_01}
Refused	RF	{BOX_01}
Don't Know	DK	{BOX_01}

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DISPLAY INSTRUCTIONS:
DISPLAY 'Will' AND '(do/does)' IF NOT ROUND 5.  DISPLAY 'As of
(END DATE), would' AND 'did' IF ROUND 5.

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MC05

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EPIN.VISITPAY	PLAN PAY FOR NON-HMO, NON-REFER DR VISIT	2

{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} (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)/did} **not** have a referral?

YES	1	{BOX_01}
NO	2	{BOX_01}
Refused	RF	{BOX_01}
Don't Know	DK	{BOX_01}

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DISPLAY INSTRUCTIONS:
DISPLAY 'Will' AND '(do/does)' IF NOT ROUND 5.   DISPLAY 'As
of (END DATE), would' AND 'did' IF ROUND 5.
  
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BOX 01

RETURN TO ORIGINAL QUESTIONNAIRE SECTION IN HX OR OE.