Managed Care (MC) Section

Is/Was (POLICYHOLDER)'s (NAME OF INSURER BEING LOOPED ON) an HMO as of (END DATE)?  
(When answering this question, do not consider (POLICYHOLDER)'s 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.
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)/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}
REF ................................... -7 {MC03}
DK .................................... -8 {MC03}

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

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| DISPLAY ‘(Do/Does)’ IF NOT ROUND 5. DISPLAY ‘As | | of (END DATE), did’ IF ROUND 5. |
{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}

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| DISPLAY 'Is' IF NOT ROUND 5. DISPLAY 'As of (END |
| DATE), was' IF ROUND 5.
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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} (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}
REF ................................... -7 {BOX_01}
DK .................................... -8 {BOX_01}

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| 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} (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}
REF ................................... -7 {BOX_01}
DK .................................... -8 {BOX_01}

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