The MEPS instrument design changed beginning in Spring of 2018, affecting Panel 23 Round 1, Panel 22 Round 3, and Panel 21 Round 5, and affected the 2017 MEPS data files. The MEPS website releases the consolidated CAPI survey instruments each year for the Rounds 1 through 3 for the first year panel and Rounds 3 through 5 for the second year panel to accompany data releases. For the Full-Year 2017 PUFs, the Panel 22 Round 3 and Panel 21 Round 5 data were transformed to the degree possible to conform to the previous year (2016) design. For this reason, we are releasing 2016 CAPI survey instruments, updated to reflect 2017 dates, and **users should note that not all changes to the instrument administered in the Spring of 2018 will be reflected in these documents.**

Managed Care (MC) Section


BOX_00
======

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


MC01
====

{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 {BOX_01}
        NO ...................................... 2 {BOX_01}
        REF ................................... -7 {BOX_01}
        DK ................................... -8 {BOX_01}
```

            HELP AVAILABLE FOR DEFINITION OF HMO.


```
        --------------------------------------------------------
        | 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.                                            |
        --------------------------------------------------------
```


1

BOX_01
======

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