<table>
<thead>
<tr>
<th>BOX_00</th>
<th>(MC1000)</th>
<th>Item Type: Route</th>
<th>Type Class: If Then</th>
</tr>
</thead>
</table>

**Route Details:**
- 01 Box = BOX_00, BOX_10, BOX_20
- 04 Single Select = MC10

<table>
<thead>
<tr>
<th>BOX_10</th>
<th>(MC1010)</th>
<th>Item Type: Route</th>
<th>Type Class: If Then</th>
</tr>
</thead>
</table>

**Route Details:**
- **Context Header Display Instructions:**
  - Display Person.FullName, Insurance.Plyhldr, Insurance.HISrcName
- **General Display Instructions for Question Text:**
  - For '{START DATE}', display the RU level reference period start date (typically-but not always Jan 1 if Round 1 or the previous round interview date if Rds 2-5). Display as full month, xx, YYYY - e.g., "January 1, 2016". Use variable BegRefDt.
  - For '{END DATE}', display the RU level reference period end date (typically but not always current round interview date if Rds 1-4 or Dec 31 if Round 5). Display as full month, xx, YYYY - e.g., "January 1, 2016". Use variable EndRefDt.
Is/Was {your/Policyholder’s} {name of insurer} 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.]

HELP: F1

Context Header:  

{Policyholder’s first middle last name} insurance through {name of insurance source}

Question Text:

{Is/Was} {your/Policyholder’s} {name of insurer} 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.

HELP: F1

Responses:

YES  .........................................................  1 BOX_20  (MC1025)
NO  .........................................................  2 BOX_20  (MC1025)
REFUSED  ................................................ RF BOX_20  (MC1025)
DON'T KNOW  ........................................... DK BOX_20  (MC1025)

Display Instructions:

Display ‘Is’ if not round 5. Display ‘Was’ if round 5.

For "NAME OF INSURER", display the name current round's insurer for this insurance as collected in the HX or OE section that launched MC (Insurance.Insurer). Display "Refused Insurer" if Insurance.Insurer=RF or display "Don't Know Insurer" if Insurance.Insurer=DK.

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 (Insurance.HISrc=Medicare). Otherwise, use a null display.

Route Details:

Return to original questionnaire section in HX or OE.
[End of MC]