**Measure 16 – Continuity of Insurance Coverage**

**Caregiver Measure**

**Data Collection Time Point(s) (All EBHV)**

[ ]  3 Months Post Enrollment [ ]  6 Months Post Enrollment

[ ]  9 Months Post Enrollment [ ]  1 Year Post Enrollment

[ ]  15 Months Post Enrollment [ ]  18 Months Post Enrollment

[ ]  21 Months Post Enrollment [ ]  2 Years Post Enrollment

[ ]  27 Months Post Enrollment [ ]  30 Months Post Enrollment

[ ]  33 Months Post Enrollment [ ]  3 Years Post Enrollment

**After 3 Years Post Enrollment (All EBHV)**

[ ]  42 Months Post Enrollment [ ]  4 Years Post Enrollment

[ ]  54 Months Post Enrollment [ ]  5 Years Post Enrollment

[ ]  66 Months Post Enrollment [ ]  6 Years Post Enrollment

[ ]  78 Months Post Enrollment [ ]  7 Years Post Enrollment

**\*Caregiver Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Family ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Was data for this measure collected?**

☐ Yes (Continue to 2)

☐ No (Continue to 1)

**1. Please provide the reason data was not collected**

☐ Caregiver exited prior to this data being collected

☐ Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Have you (Caregiver) had health insurance coverage for the past 6 consecutive months?**

[ ]  Yes [ ]  No