**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