

**HICAP Service Unit Plan Performance Measure Definitions**  
Revised April 2013

<b>Performance Measure (PM)</b>	<b>Definition (Items Selected in SHARP)</b>
<b>PM 1.1 Clients Counseled</b>	Number of FINALIZED Intakes for each Planning and Service Area.
<b>PM 1.2 Public and Media (PAM) Events</b>	Number of COMPLETE PAM forms for all events reported. Note: Excludes PAM forms where “Other Electronic Activity (Ads, crawls, PSA, etc.)” or “Other Print Activity (newspapers, fliers, pamphlets, etc.)” was selected.
<b>PM 2.1 All Contacts</b>	Number of all Contacts (Telephone, In Person-Site, In Person-Home, E-mail, Fax, and/or Other) reported in the Counseling Services section of all Finalized Intakes and all Quick Calls entered in SHARP.
<b>PM 2.2 People Reached at PAM Events</b>	Number of people reached/attended at events reported in PAM forms identified as COMPLETE for all events where “Interactive Presentation” or “Booth/Exhibit” or “Enrollment Event” or “Mobile InfoVan” were selected as ACTIVITY DESCRIPTION. Note: Excludes PAM forms where “Other Electronic Activity (Ads, crawls, PSA, etc.)” or “Other Print Activity (newspapers, fliers, pamphlets, etc.)” or “Radio Show” or “TV Show” were selected.
<b>PM 2.3 Contacts with Medicare Beneficiaries Due to Disability</b>	Number of all Contacts (Telephone, In Person-Site, In Person-Home, E-mail, Fax, and/or Other) in the Counseling Services section of all Finalized Intakes and all Quick Calls entered in SHARP where the client was identified as being under 65 years old in the Client Profile-Basic Demographics section <b>and</b> indicated either “Yes” for Medicare Status Due to Disability and/or “Yes” for Dual Eligible with Mental Illness in the Client Profile-Medical Information section.
<b>PM 2.4 Contacts with Low Income Beneficiaries</b>	Number of all Contacts (Telephone, In Person-Site, In Person-Home, E-mail, Fax, and/or Other) in the Counseling Services section of all Finalized Intakes and all Quick Calls entered in SHARP where “150% Below FPL” was selected in the Client Profile-Financial section and/or where topics selected from the Topics Discussed section of the Intake include “Eligibility Screening,” “Benefit Explanation,” and “Application Assistance” from the Prescription Drug Coverage-Part D Low Income Subsidy section of Finalized Intakes.

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<p><b>PM 2.5                      Enrollment/Assistance                      Contacts</b></p>	<p>Number of all Contacts (Telephone, In Person-Site, In Person-Home, E-mail, Fax, and/or Other) in the Counseling Services section of all Finalized Intakes entered in the Statewide HICAP Automated Reporting Program (SHARP) where topics selected from the Topics Discussed, Prescription Drug Coverage and/or Part D Plan Problems and Complaints sections of the Intake include:</p> <ul style="list-style-type: none"> <li>• Header: Medicare Part A/B (Original Medicare)                             <ul style="list-style-type: none"> <li>○ Topics: Enrollment/Eligibility/Screening and/or Benefit Comparison/Explanation/Coverage Changes</li> </ul> </li> <li>• Header: Medigap/Supplement/SELECT                             <ul style="list-style-type: none"> <li>○ Topics: Enrollment/Eligibility/Screening and/or Benefit Explanation and/or Disenrollment/Coverage Changes and/or Plan Comparison and/or Plan Non-Renewal</li> </ul> </li> <li>• Header: Medicare Advantage (e.g., Medicare Savings Account, Health Maintenance Organization, Preferred Provider Organization, Specialty Plans)                             <ul style="list-style-type: none"> <li>○ Topics: Eligibility/Screening and/or Benefit Explanation and/or Disenrollment/Coverage Changes and/or Plan Non-Renewal and/or Plan Comparison and/or Enrollment/Enrollment Assistance</li> </ul> </li> <li>• Header: Medi-Cal                             <ul style="list-style-type: none"> <li>○ Topics: Medicare Saving Program (MSP) Screening (Qualified Medicare Beneficiary, Service Limited Medicare Beneficiary, Qualified Individual) and/or MSP Application Assistance and/or Medi-Cal (Supplemental Security Income, Nursing Home, Medicaid for Employed People with Disabilities, Elderly Waiver) Screening and/or Medi-Cal Application Assistance</li> </ul> </li> <li>• Header: Prescription Drug Coverage, Part D                             <ul style="list-style-type: none"> <li>○ Topics: Benefits Explanation and/or Eligibility/Screening and/or Plan comparison and/or Enrollment/Enrollment Assistance and/or Coverage Changes and/or Re-enrollment and/or Disenrollment</li> </ul> </li> <li>• Header: Part D Problems and Complaints                             <ul style="list-style-type: none"> <li>○ Topics: Eligibility and/or Multiple Enrollment and/or Plan Non-Renewal</li> </ul> </li> </ul>

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<p><b>PM 2.6 Part D Enrollment/Assistance Contacts</b></p>	<p>Number of all Contacts (Telephone, In Person-Site, In Person-Home, E-mail, Fax, and/or Other) in the Counseling Services section of all Finalized Intakes entered in SHARP where topics selected from the Prescription Drug Coverage and/or Part D Plan Problems and Complaints sections of the Intake include:</p> <ul style="list-style-type: none"> <li>• Header: Prescription Drug Coverage, Part D               <ul style="list-style-type: none"> <li>○ Topics: Benefits Explanation and/or Eligibility/Screening and/or Plan Comparison and/or Enrollment/Enrollment Assistance and/or Coverage Changes and/or Re-enrollment and/or Disenrollment</li> </ul> </li> <li>• Header: Part D Problems and Complaints               <ul style="list-style-type: none"> <li>○ Topics: Eligibility and/or Multiple Enrollment and/or Plan Non-Renewal</li> </ul> </li> </ul>
<p><b>PM 2.7 Total Counseling Hours / Full-Time Equivalents (FTE) per 1K Beneficiaries</b></p>	<p>Total of all Time Spent reported for all Contacts (Telephone, In Person-Site, In Person-Home, E-mail, Fax, and/or Other) in the Counseling Services section of all Finalized Intakes and Quick Calls entered in SHARP.</p> <p>To calculate for FTE: Divide total counseling hours by number of Medicare Beneficiaries in the Planning and Service Area and then multiply by 1,000.</p> <p>Note: Quick Calls are calculated as ten minutes each.</p>
	<p align="center"><b>Definition of Terms</b></p>
<p><b>SHARP</b></p>	<p>Statewide HICAP Automated Reporting Program. The system used for entering all HICAP activities.</p>
<p><b>SLICE</b></p>	<p>The geographical areas determined by the Centers for Medicare &amp; Medicare Services based on zip code / county. Each Slice designation is determined by Medicare population density.</p>