

2017-2018 Performance Measure Definitions

This guide displays the California Department of Aging (CDA) Health Insurance Counseling and Advocacy Program’s (HICAP) Performance Measure (PM) Definitions. The following PM Definitions relate to data-driven values used as a part of the methodology for establishing state HICAP and federal State Health Insurance and Assistance Program (SHIP) goal-oriented Target Penetration Counts (TPC) needed by each Area Agency on Aging (AAA) for demonstrating improved performance within the Medicare population for each Planning and Service Area (PSA).

PERFORMANCE MEASURE (PM)	DEFINITIONS ¹
PM 1.1: Clients Counseled	<p>Number of FINALIZED Intakes for all clients/beneficiaries that received counseling services where the “Date of Review”² is within the date range reported.</p> <p><i>PSA level data calculated using Aggregate report data labeled as “Total Finalized Intakes”; excludes Quick Calls. NEW for SFY 2017-2018: Counts require accurate ZIP and County.</i></p>
PM 1.2: Public and Media Events (PAM)	<p>Number of COMPLETED PAM forms for all events categorized as “Interactive” where the “Closed Date”³ is within the date range reported.</p> <p><i>Calculated using Aggregate report data for <u>Total Number of Events</u> with categories labeled as “Interactive Presentations to Public in Person,” “Video Conf., Web Conf, and Web Chat” (must be justified via attendance/ reports) “Booths or Exhibits at Fairs or Special Events,” “Mobile InfoVan Events,” and “Dedicated Enrollment Events;” excludes non-interactive events (“Radio Shows Live or Taped,” “TV/Cable Shows Live or Taped,” “Other Electronic Events,” and “Other Print Activity”). NEW for SFY 2017-2018: Event location requires accurate ZIP and County.</i></p>
PM 2.1 Client Contacts (Interactions)	<p><i>Percentage of total contacts for every one-on-one interaction with/ on behalf of Client regardless of type (Quick Call or Intake) or mode (i.e., telephone, in person site, in person home, email, fax, other) where the “Closed Date” and “Date of Review” is within the date range reported.</i></p> <p><i>Calculated using Aggregate report data labeled as <u>Mode of Client Contact</u> for “Total Number of Client Contacts.” NEW for SFY 2017-2018: Counts require accurate ZIP and County.</i></p>
PM 2.2 PAM Outreach (Interactive)	<p><i>Percentage of persons reached or received enrollment assistance at public events reported for COMPLETED PAM forms categorized as “Interactive” where the “Closed Date” is within the date range reported, with consideration for the following provisions:</i></p> <ul style="list-style-type: none"> • <i>Interactive Presentations to Public in Person (incl. electronic/ digital and/or teleconferences, when attendance is monitored to justify true encounters),</i> • <i>Booths or Exhibits at Fairs or Special Events (incl. Mobile infoVans) when attendance is logged to justify true encounters,</i> • <i>Dedicated Enrollment Events when attendance is either monitored or tracked per direct application assistance,</i> • <i>Where HICAP/SHIP and Medicare information was transferred to the public, with</i> • <i>Participant opportunity to ask questions and get answers</i> <p><i>Calculated using Aggregate report data for <u>Estimated Number of Attendees</u> with categories labeled as “Interactive Presentations to Public in Person” “Booths or Exhibits at Fairs or Special Events,” “Mobile InfoVan Events,” and “Dedicated Enrollment Events;” excludes non-interactive events (“Radio Shows Live or Taped,” “TV/Cable Shows Live or Taped,” “Other Electronic Events,” and “Other Print Activity”). NEW for SFY 2017-2018: Event location requires accurate ZIP and County and interactive provisions for tracking attendance.</i></p>

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PM 2.3 Medicare Beneficiaries Under 65	<p><i>Percentage of all contacts regardless of type (Quick Call or Intake) or mode (i.e., telephone, in person site, in person home, email, fax, other) where the “Closed Date” and “Date of Review” is within the date range reported and the following conditions apply:</i></p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <thead> <tr style="background-color: #d3d3d3;"> <th style="width: 50%;">SHARP Section/Header</th> <th>Field Title/Condition</th> </tr> </thead> <tbody> <tr> <td>Client Profile/ Basic Demographics</td> <td>-DOB indicates “64 or Younger”</td> </tr> <tr> <td>Client Profile/ Medical Information</td> <td>-Medicare Status Due to Disability indicates “Yes”</td> </tr> <tr> <td>Intake/ Intake Details</td> <td>-Receiving or Applying for Social Security Disability or Medicare Disability indicates “Yes”</td> </tr> </tbody> </table> <p><i>Calculated using Aggregate report data averaged for Total Clients that Checked Yes as Being with categories labeled as “Medicare Status Due to Disability,” and “Receiving or Applying for Social Security Disability or Medicare Disability,” and “Age” indicated as 64 or younger.</i></p>	SHARP Section/Header	Field Title/Condition	Client Profile/ Basic Demographics	-DOB indicates “64 or Younger”	Client Profile/ Medical Information	-Medicare Status Due to Disability indicates “Yes”	Intake/ Intake Details	-Receiving or Applying for Social Security Disability or Medicare Disability indicates “Yes”				
SHARP Section/Header	Field Title/Condition												
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Client Profile/ Medical Information	-Medicare Status Due to Disability indicates “Yes”												
Intake/ Intake Details	-Receiving or Applying for Social Security Disability or Medicare Disability indicates “Yes”												
PM 2.4 Hard to Reach (Total)	<p><i>Percentage of total sum of contacts for every one-on-one interaction regardless of type (Quick Call or Intake) or mode (i.e., telephone, in person site, in person home, email) where the “Closed Date” and “Date of Review” is within the date range reported when Medicare beneficiaries designated as “hard-to-reach” per the following categories:</i></p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <thead> <tr style="background-color: #d3d3d3;"> <th style="width: 10%;">PM</th> <th style="width: 40%;">SHARP Section/Header</th> <th>Field Selected/ Input Value</th> </tr> </thead> <tbody> <tr> <td>PM 2.4a: LIS</td> <td>Client Profile/ Financial</td> <td>-Poverty Level “Below 150% Federal Poverty Level (FPL)” indicating Low-Income (LIS)</td> </tr> <tr> <td>PM 2.4b: Rural</td> <td>Client Profile/ Demographics</td> <td>-Client’s ZIP Code of residence located in a county with Micropolitan (MIC) &/or Outside (OUT) designation for Rural</td> </tr> <tr> <td>PM 2.4c: ESL</td> <td>Client Profile/ Social History</td> <td>-English Second Language (ESL) where Primary Language is not English</td> </tr> </tbody> </table> <p><i>Calculated using the above field values as reported to the National Performance Reporting (NPR) system for SHIP as itemized above. Note, some Clients could fall into multiple categories and thus be counted multiple times. NEW for SFY 2017-2018: Subparts b and c combined with previous LIS.</i></p>	PM	SHARP Section/Header	Field Selected/ Input Value	PM 2.4a: LIS	Client Profile/ Financial	-Poverty Level “Below 150% Federal Poverty Level (FPL)” indicating Low-Income (LIS)	PM 2.4b: Rural	Client Profile/ Demographics	-Client’s ZIP Code of residence located in a county with Micropolitan (MIC) &/or Outside (OUT) designation for Rural	PM 2.4c: ESL	Client Profile/ Social History	-English Second Language (ESL) where Primary Language is not English
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PM 2.5 Enrollment Contacts (Qualifying)	<p><i>Percentage of unduplicated contacts from Intakes regardless of mode (i.e., telephone, in person site, in person home, email, fax, other) where the “Closed Date” and “Date of Review” is within the date range reported with one or more of the following qualifying enrollment topics discussed:</i></p>	
	SHARP Intake Header	Enrollment Topics Selected
	Medicare Part A/B (Original Medicare)	-Enrollment/Eligibility/Screening
	Medigap/Supplement/SELECT	-Enrollment/Eligibility/Screening -Plan Comparison -Plan Non-Renewal
	Medicare Advantage (e.g., MSA, HMO, PPO, Specialty Plans)	-Eligibility/Screening -Disenrollment/Coverage - Changes -Plan Non-Renewal -Plan Comparison -Enrollment/enrollment Assistance
	Medi-Cal	-Medicare Saving Program (MSP) Screening (QMB, SLMB, QI) -MSP Application Assistance -Medi-Cal Screening (SSI, Nursing Home) -Medi-Cal Application Assistance
	Part D – Medicare Prescription Drug Coverage	-Eligibility/Screening -Plan comparison -Enrollment/Enrollment assistance -Coverage Changes -Re-enrollment -Disenrollment
	Part D Plan Problems (Non-Compliance/ Services Unmet)	-Eligibility -Multiple enrollment -Plan Non-Renewal
	Part D Low-Income Subsidy	-Eligibility/Screening -Application Assistance
	<p><i>Calculated using Aggregate report data for enrollment topics as itemized above based on unduplicated contact count (i.e., Unduplicated indicates that if more than one or even all options are selected for the same client, that contact will only count once for this PM). NEW for SFY 2017-2018: Benefits explanation removed and LIS added.</i></p>	

¹ Definitions presented include:

- Clarifications related to data captured within the Statewide HICAP Automated Reporting Program (SHARP) for generating the Performance Measure progress reports and
- General explanations related to Aggregate report data used in establishing state and federal performance measures.

² “Date of Review” is a manual mechanism within SHARP for FINALIZED Intakes where the Program Manager (or their designee) enters the review date and (as specified above) the report(s) capture data based on the date entered into this field.

³ “Closed Date” is an automatic mechanism within SHARP for CLOSED Quick Calls and COMPLETED PAMs where a date is automatically assigned based on the user clicking “Save” and (as specified above) the report(s) captures data based on the date saved.