

2016-2017 Performance Measure Definitions

| PERFORMANCE MEASURE ¹ (PM) | DEFINITIONS ² | | | | | | | | |
|---|---|----------------------|-----------------------|------------------------------------|--------------------------------|-------------------------------------|--|------------------------|--|
| PM 1.1: Clients Counseled | <p>Number of FINALIZED Intakes for all clients/beneficiaries that received counseling services where the “Date of Review”³ is within the date range reported</p> <p><i>Calculated using Aggregate report data labeled as “Total Finalized Intakes;” excludes Quick Calls</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”⁴ 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*,” “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 2016-2017: Interactive events also include “Video Conf., Web Conf., and Web Chat;” however, video/web conferencing must be justified via attendance reports</i></p> | | | | | | | | |
| PM 2.1: Total Client Contacts | <p>Number 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</p> <p><i>Calculated using Aggregate report data labeled as <u>Mode of Client Contact</u> for “Total Number of Client Contacts”</i></p> | | | | | | | | |
| PM 2.2: Persons Reached at PAM Events | <p>Number of persons reached or enrolled at public events reported for COMPLETED PAM forms categorized as “Interactive” where the “Closed Date” is within the date range reported</p> <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 2016-2017: Interactive events also include “Video Conf., Web Conf., and Web Chat;” however, video/web conferencing must be justified via attendance reports</i></p> | | | | | | | | |
| PM 2.3: Contacts with Medicare Beneficiaries Due to Disability | <p>Number 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:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">SHARP Section/Header</th> <th style="text-align: center;">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 for <u>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” NOTE: For SFY 2016-2017, ACL no longer requires data collection for “Dual Eligibles with Mental Illness Disabilities;” the current field is under review for possible removal from associated data collection systems</u></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 | | | | | | | | |
| 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” | | | | | | | | |

2016-2017 Performance Measure Definitions

| PERFORMANCE MEASURE ¹ (PM) | DEFINITIONS ² | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|----------------------------|---------------------------|---|--|---|----------------------------|--|---------------------------------------|---|--|--|----------|---|---|--|--|---|---|--------------------------------------|-------------------|
| PM 2.4: Low-income Medicare Beneficiary Contacts | <p>Number of unduplicated 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:</p> <table border="1" style="width: 100%; margin: 10px 0;"> <thead> <tr style="background-color: #d3d3d3;"> <th style="width: 50%;">SHARP Section/Header</th> <th style="width: 50%;">Low-income Topics Selected</th> </tr> </thead> <tbody> <tr> <td>Client Profile/ Financial</td> <td>-Poverty Level indicates “Below 150% FPL”</td> </tr> <tr> <td>Intake/ Prescription Drug Coverage</td> <td>Part D Low-Income Subsidy indicated for following: -Eligibility/Screening -Benefit Explanation -Application Assistance</td> </tr> </tbody> </table> <p><i>Calculated using Aggregate report data for <u>Monthly Income</u> or <u>Part D-Medicare Prescription Drug Coverage</u> as itemized above based on unduplicated contact count (i.e., if both low-income and LIS assistance is checked, contact is counted once)</i></p> | SHARP Section/Header | Low-income Topics Selected | Client Profile/ Financial | -Poverty Level indicates “Below 150% FPL” | Intake/ Prescription Drug Coverage | Part D Low-Income Subsidy indicated for following: -Eligibility/Screening -Benefit Explanation -Application Assistance | | | | | | | | | | | | | | | |
| SHARP Section/Header | Low-income Topics Selected | | | | | | | | | | | | | | | | | | | | | |
| Client Profile/ Financial | -Poverty Level indicates “Below 150% FPL” | | | | | | | | | | | | | | | | | | | | | |
| Intake/ Prescription Drug Coverage | Part D Low-Income Subsidy indicated for following: -Eligibility/Screening -Benefit Explanation -Application Assistance | | | | | | | | | | | | | | | | | | | | | |
| PM 2.5: Contacts with One or More Qualifying Enrollment Topics | <p>Number of unduplicated 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:</p> <table border="1" style="width: 100%; margin: 10px 0;"> <thead> <tr style="background-color: #d3d3d3;"> <th style="width: 30%;">SHARP Intake Header</th> <th colspan="2" style="width: 70%;">Enrollment Topics Selected</th> </tr> </thead> <tbody> <tr> <td>Medicare Part A/B (Original Medicare)</td> <td colspan="2">-Enrollment/Eligibility/Screening -Benefit Comparison/Explanation/ Coverage Changes</td> </tr> <tr> <td>Medigap/Supplement/ SELECT</td> <td>-Enrollment/Eligibility/Screening -Benefit Explanation -Disenrollment/Coverage Changes</td> <td>-Plan Comparison -Plan Non-Renewal</td> </tr> <tr> <td>Medicare Advantage (e.g., MSA, HMO, PPO, Specialty Plans)</td> <td>-Eligibility/Screening -Benefit Explanation -Disenrollment/Coverage -Changes</td> <td>-Plan Non-Renewal -Plan Comparison -Enrollment/enrollment Assistance</td> </tr> <tr> <td>Medi-Cal</td> <td>-Medicare Saving Program (MSP) Screening (QMB, SLMB, QI) -MSP Application Assistance</td> <td>-Medi-Cal (SSI, Nursing Home, MEPD, Elderly Waiver) Screening -Medi-Cal Application Assistance</td> </tr> <tr> <td>Part D – Medicare Prescription Drug Coverage</td> <td>-Benefits Explanation -Eligibility/Screening -Plan comparison -Enrollment/Enrollment assistance</td> <td>-Coverage Changes -Re-enrollment -Disenrollment</td> </tr> <tr> <td>Part D Plan Problems (Non-Compliance/ Services Unmet)</td> <td>-Eligibility -Multiple enrollment</td> <td>-Plan Non-Renewal</td> </tr> </tbody> </table> <p><i>Calculated using Aggregate report data for enrollment topics as itemized above based on unduplicated contact count (i.e., if both low-income and LIS assistance is checked, contact is counted once)</i></p> | SHARP Intake Header | Enrollment Topics Selected | | Medicare Part A/B (Original Medicare) | -Enrollment/Eligibility/Screening -Benefit Comparison/Explanation/ Coverage Changes | | Medigap/Supplement/ SELECT | -Enrollment/Eligibility/Screening -Benefit Explanation -Disenrollment/Coverage Changes | -Plan Comparison -Plan Non-Renewal | Medicare Advantage (e.g., MSA, HMO, PPO, Specialty Plans) | -Eligibility/Screening -Benefit Explanation -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 (SSI, Nursing Home, MEPD, Elderly Waiver) Screening -Medi-Cal Application Assistance | Part D – Medicare Prescription Drug Coverage | -Benefits Explanation -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 |
| SHARP Intake Header | Enrollment Topics Selected | | | | | | | | | | | | | | | | | | | | | |
| Medicare Part A/B (Original Medicare) | -Enrollment/Eligibility/Screening -Benefit Comparison/Explanation/ Coverage Changes | | | | | | | | | | | | | | | | | | | | | |
| Medigap/Supplement/ SELECT | -Enrollment/Eligibility/Screening -Benefit Explanation -Disenrollment/Coverage Changes | -Plan Comparison -Plan Non-Renewal | | | | | | | | | | | | | | | | | | | | |
| Medicare Advantage (e.g., MSA, HMO, PPO, Specialty Plans) | -Eligibility/Screening -Benefit Explanation -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 (SSI, Nursing Home, MEPD, Elderly Waiver) Screening -Medi-Cal Application Assistance | | | | | | | | | | | | | | | | | | | | |
| Part D – Medicare Prescription Drug Coverage | -Benefits Explanation -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 | | | | | | | | | | | | | | | | | | | | |

2016-2017 Performance Measure Definitions

| PERFORMANCE MEASURE ¹ (PM) | DEFINITIONS ² | | | | | | | | | |
|--|--|---|----------------------------|--|--|--|---|---|--|---|
| <p>PM 2.6: Contacts with One or More Part D Enrollment Topics</p> | <p>Number of unduplicated 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 include any of the following enrollment topics specifically for Part D:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">SHARP Intake Header</th> <th colspan="2" style="text-align: center;">Enrollment Topics Selected</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;">Part D – Medicare Prescription Drug Coverage</td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> -Benefits Explanation -Eligibility/Screening -Plan comparison -Enrollment/Enrollment assistance </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> -Coverage Changes -Re-enrollment -Disenrollment </td> </tr> <tr> <td style="vertical-align: top;">Part D Plan Problems (Non-Compliance/ Services Unmet)</td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> -Eligibility -Multiple enrollment </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> -Plan Non-Renewal </td> </tr> </tbody> </table> <p><i>Calculated using Aggregate report data for enrollment topics as itemized above based on unduplicated contact count (i.e., if both low-income and LIS assistance is checked, contact is counted once)</i></p> | SHARP Intake Header | Enrollment Topics Selected | | Part D – Medicare Prescription Drug Coverage | <ul style="list-style-type: none"> -Benefits Explanation -Eligibility/Screening -Plan comparison -Enrollment/Enrollment assistance | <ul style="list-style-type: none"> -Coverage Changes -Re-enrollment -Disenrollment | Part D Plan Problems (Non-Compliance/ Services Unmet) | <ul style="list-style-type: none"> -Eligibility -Multiple enrollment | <ul style="list-style-type: none"> -Plan Non-Renewal |
| SHARP Intake Header | Enrollment Topics Selected | | | | | | | | | |
| Part D – Medicare Prescription Drug Coverage | <ul style="list-style-type: none"> -Benefits Explanation -Eligibility/Screening -Plan comparison -Enrollment/Enrollment assistance | <ul style="list-style-type: none"> -Coverage Changes -Re-enrollment -Disenrollment | | | | | | | | |
| Part D Plan Problems (Non-Compliance/ Services Unmet) | <ul style="list-style-type: none"> -Eligibility -Multiple enrollment | <ul style="list-style-type: none"> -Plan Non-Renewal | | | | | | | | |
| <p>PM 2.7: Total Counseling Hours</p> | <p>Number of hours spent with or on behalf of a client/beneficiary across 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</p> <p><i>Calculated using Aggregate report data for <u>Total Counseling Time Spent by Counselor Type</u>; includes all Quick Calls at nine (9) minutes each</i></p> | | | | | | | | | |

¹ Performance Measures (PM) relate to data-driven values used as a part of the State Health Insurance Program Assistance (SHIP) discretionary funding methodology for establishing minimum attainment thresholds (MAT) through demonstrating improved performance within a select Medicare population density area (aka a ‘Slice’).

² Definitions presented include:

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

³ “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.

⁴ “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.