

## 2018-2019 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 <sup>1</sup>
<p><b>PM 1.1            Clients            Counseled</b></p>	<p>Number of FINALIZED Intakes for all clients/ beneficiaries that received Counseling Services (aka contacts) where status is "Final" and "Date of Review"<sup>2</sup> is within the assessment period.</p> <p><i>Calculated using Aggregate report data labeled as “Total Finalized Intakes”; excludes Quick Calls.</i></p> <p><b>NEW for SFY 2018-2019: Intakes must have <u>at least</u> one Medicare topic selected <b>and</b> dates entered on form are limited to one calendar month through finalization and review.</b></p>
<p><b>PM 1.2            Public and            Media Events            (PAM)</b></p>	<p>Number of COMPLETED PAM forms for all events categorized as “Interactive” where the “Event Date”<sup>3</sup> is within the date range reported.</p> <p><i>Calculated using Aggregate report data for Total Number of Events with categories labeled as “Interactive Presentations” (incl. electronic/ digital and/or tele-conferences, when attendance is monitored to justify true encounters), “Booths or Exhibits” at fairs or special events, “Mobile InfoVan” events, and dedicated “Enrollment Events.” Excludes non-interactive events (Billboard, Email, Magazine, Newsletter, Newspaper, Radio, Social Media, Television, Websites, Other Electronic or Print Activities).</i></p> <p><b>NEW for SFY 2018-2019: PAM forms must have <u>at least</u> one Medicare topic selected for Primary Focus, Target Beneficiary Group, <b>and</b> Intended Audience.</b></p>

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PERFORMANCE MEASURE (PM)	DEFINITIONS <sup>1</sup>
<p><b>PM 2.1 Client Contacts (Interaction)</b></p>	<p>Percentage of total Counseling Services (aka contacts) from FINALIZED Intakes, regardless of mode (i.e., telephone, in person site, in person home, email, fax, other) where the "Date of Review"<sup>2</sup> is within the assessment period.</p> <p><i>Calculated using Aggregate report data labeled as Mode of Client Contact for "Total Number of Client Contacts;" excluding Quick Calls.</i></p> <p><b>NEW for SFY 2018-2019: "General HICAP/SHIP" topic no longer counted; therefore, Quick Calls excluded and all Intakes must have <u>at least one Medicare topic selected.</u></b></p>
<p><b>PM 2.2 PAM Outreach (Interactive)</b></p>	<p>Percentage of total Estimated persons reached or received enrollment assistance at public events reported for COMPLETED PAM forms categorized as "Interactive" where the "Event Date" is within the assessment period and all the following conditions apply:</p> <ul style="list-style-type: none"> <li>➤ Interactive Presentations to Public in Person (incl. electronic/ digital and/or tele-conferences, when attendance is monitored to justify true encounters),</li> <li>➤ Booths or Exhibits at Fairs or Special Events (incl. Mobile infoVans) when attendance is logged to justify true encounters,</li> <li>➤ Dedicated Enrollment Events when attendance is either monitored or tracked per direct application assistance,</li> <li>➤ Where HICAP/SHIP and Medicare information was transferred to the public, with</li> <li>➤ Participant opportunity to ask questions and get answers</li> </ul> <p><i>Calculated using Aggregate report data for Estimated Number of Attendees with categories labeled as "Interactive Presentations" (see PM 1.2 above). Excludes non-interactive events (Billboard, Email, Magazine, Newsletter, Newspaper, Radio, Social Media, Television, Websites, Other Electronic or Print Activities).</i></p> <p><b>NEW for SFY 2018-2019: Same as PM 1.2 notes above.</b></p>

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<p><b>PM 2.3 Medicare Beneficiaries Under 65</b></p>	<p>Percentage of all Counseling Services (aka contacts) from FINALIZED Intakes, regardless of mode (i.e., telephone, in person site, in person home, email, fax, other) where the “Date of Review” is within the assessment period and both the following conditions apply:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <thead> <tr style="background-color: #cccccc;"> <th style="width: 50%;"></th> <th style="width: 50%;"></th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Client Profile/ Basic Demographics</td> <td style="padding: 5px;">Date Of Birth* (DOB) indicates “64 or Younger” (*can be generalized year to indicate stated age)</td> </tr> <tr> <td style="padding: 5px;">Intake/ Intake Details</td> <td style="padding: 5px;">Receiving or Applying for Social Security Disability or Medicare Disability (R/A-DIS) indicates “Yes”</td> </tr> </tbody> </table> <p><i>Calculated using Aggregate report data for "Total Clients that Checked <b>Yes</b>" for both conditions above, with age determined from DOB per date of Counseling Service.</i></p> <p><b>NEW for SFY 2018-2019: DOB and R/A-DIS fields required to avoid record submission errors, but measure no longer includes Quick Calls (see PM 2.1).</b></p>			Client Profile/ Basic Demographics	Date Of Birth* (DOB) indicates “64 or Younger” (*can be generalized year to indicate stated age)	Intake/ Intake Details	Receiving or Applying for Social Security Disability or Medicare Disability (R/A-DIS) indicates “Yes”						
Client Profile/ Basic Demographics	Date Of Birth* (DOB) indicates “64 or Younger” (*can be generalized year to indicate stated age)												
Intake/ Intake Details	Receiving or Applying for Social Security Disability or Medicare Disability (R/A-DIS) indicates “Yes”												
<p><b>PM 2.4 Hard to Reach (Total)</b></p>	<p>Percentage of total sum for all Counseling Services (aka contacts) from FINALIZED Intakes, regardless of mode (i.e., telephone, in person site, in person home, email) where the “Date of Review” is within the assessment period, when Medicare beneficiaries designated as “hard-to-reach” per the following subcategories:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <thead> <tr style="background-color: #cccccc;"> <th style="width: 15%;">PM</th> <th style="width: 35%;">SHARP Section/ Header</th> <th style="width: 50%;">Field Selected/ Input Value</th> </tr> </thead> <tbody> <tr> <td style="text-align: center; padding: 5px;"><b>PM 2.4a: LIS</b></td> <td style="padding: 5px;">Client Profile/ Financial</td> <td style="padding: 5px;">Poverty Level “Below 150% Federal Poverty Level (FPL)” indicating Low-Income (LIS)</td> </tr> <tr> <td style="text-align: center; padding: 5px;"><b>PM 2.4b: Rural</b></td> <td style="padding: 5px;">Client Profile/ Demographics</td> <td style="padding: 5px;">Client’s ZIP Code of residence located in a county with Micropolitan (MIC) and/or Outside (OUT) designation for Rural</td> </tr> <tr> <td style="text-align: center; padding: 5px;"><b>PM 2.4c: ESL</b></td> <td style="padding: 5px;">Client Profile/ Social History</td> <td style="padding: 5px;">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 federal SHIP Tracking and Reporting System (STARS) per subcategories above. Note, some Clients could fall into multiple categories and thus be counted multiple times.</i></p> <p><b>NEW for SFY 2018-2019: County and ZIP Code match required at both Client Profile and Counseling Services levels, but measure no longer includes Quick Calls (see PM 2.1).</b></p>	PM	SHARP Section/ Header	Field Selected/ Input Value	<b>PM 2.4a: LIS</b>	Client Profile/ Financial	Poverty Level “Below 150% Federal Poverty Level (FPL)” indicating Low-Income (LIS)	<b>PM 2.4b: Rural</b>	Client Profile/ Demographics	Client’s ZIP Code of residence located in a county with Micropolitan (MIC) and/or Outside (OUT) designation for Rural	<b>PM 2.4c: ESL</b>	Client Profile/ Social History	English Second Language (ESL) where Primary Language is not English
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<b>PM 2.5 Enrollment Contacts (Qualifying)</b>	<p>Percentage of total Counseling Services (aka contacts) from Intakes, regardless of mode (i.e., telephone, in person site, in person home, email, fax, other) where the “Date of Review” is within the assessment period, and one or more of the following qualifying enrollment topics are discussed:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr style="background-color: #cccccc;"> <th style="width: 30%;">SHARP Intake/ Header</th> <th colspan="2" style="text-align: center;">Enrollment Topics Selected</th> </tr> </thead> <tbody> <tr> <td>Medicare Part A/B (Original Medicare)</td> <td>Enrollment/ Eligibility/ Screening</td> <td>Enrollment/ Disenrollment</td> </tr> <tr> <td>Medigap/ Supplement/ SELECT</td> <td>Enrollment/ Eligibility/ Screening Plan Comparison</td> <td>Disenrollment/ Covered Changes Plan Non-Renewal</td> </tr> <tr> <td>Medicare Advantage (e.g., MSA, HMO, PPO, Specialty Plans)</td> <td>Eligibility/ Screening Enrollment/ enrollment Assistance Disenrollment/ Coverage - Changes</td> <td>Plan Non-Renewal  Plan Comparison</td> </tr> <tr> <td>Medi-Cal</td> <td>Medicare Saving Program (MSP) Screening (QMB, SLMB, QI) MSP Application Assistance Medi-Cal Screening (SSI, Nursing Home)</td> <td>Medi-Cal Application Assistance  Medi-Cal Application Submission Medi-Cal Application Recertification</td> </tr> <tr> <td>Part D - Medicare Prescription Drug Coverage</td> <td>Eligibility/ Screening Plan Comparisons 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> <tr> <td>Part D Low-Income Subsidy</td> <td>Eligibility/ Screening Application Submission</td> <td>Application Assistance</td> </tr> </tbody> </table> <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).</i></p> <p><b>NEW for SFY 2018-2019: Additional qualifying enrollment topics incorporated.</b></p>	SHARP Intake/ Header	Enrollment Topics Selected		Medicare Part A/B (Original Medicare)	Enrollment/ Eligibility/ Screening	Enrollment/ Disenrollment	Medigap/ Supplement/ SELECT	Enrollment/ Eligibility/ Screening Plan Comparison	Disenrollment/ Covered Changes Plan Non-Renewal	Medicare Advantage (e.g., MSA, HMO, PPO, Specialty Plans)	Eligibility/ Screening Enrollment/ enrollment Assistance Disenrollment/ Coverage - Changes	Plan Non-Renewal  Plan Comparison	Medi-Cal	Medicare Saving Program (MSP) Screening (QMB, SLMB, QI) MSP Application Assistance Medi-Cal Screening (SSI, Nursing Home)	Medi-Cal Application Assistance  Medi-Cal Application Submission Medi-Cal Application Recertification	Part D - Medicare Prescription Drug Coverage	Eligibility/ Screening Plan Comparisons 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 Submission	Application Assistance
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Part D Low-Income Subsidy	Eligibility/ Screening Application Submission	Application Assistance																							

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### Endnotes

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- 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 input value.
- 3) “Event Date” is an manual mechanism within SHARP for COMPLETED PAMs where a user enters the date of the event and clicks “Save” and (*as specified above*) the report(s) captures data based on the input value.

Note: For questions or accessibility assistance with this document, please contact [cda.hicapteam@aging.ca.gov](mailto:cda.hicapteam@aging.ca.gov).