NCMLP Performance Measures Handbook

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National Center for Medical Legal Partnership
AT THE GEORGE WASHINGTON UNIVERSITY

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Introduction

Over the past fifteen years, medical-legal partnerships (MLPs) have grown in number and size legitimizing the MLP approach as an effective and efficient method for healthcare delivery. The National Center for Medical Legal Partnership (NCMLP) is headquartered at The George Washington University in the Department of Health Policy and Management and oversees this growth and continues to promote the MLP approach across the nation.

In order to address the social determinants of health that plague millions of Americans every day, the MLP approach espouses four main goals:

1. TRAIN healthcare, public health, and legal partner staffs to work collaboratively in delivering healthcare
2. TREAT individual patients' health-harming social and legal needs with legal care
3. TRANSFORM clinic practice and institutional policies to better respond to patients' health harming social and legal needs
4. PREVENT health-harming legal needs broadly by detecting patterns and improving policies and regulations that have an impact on population health

Given these four goals coupled with the widespread growth of MLPs, it is necessary to evaluate both the performance and impact of MLPs. Such an evaluation will then identify areas of strength and areas of quality improvement. This handbook identifies **SEVEN** performance measures and guides teams of healthcare and legal partner staffs on how to collect and report these measures.

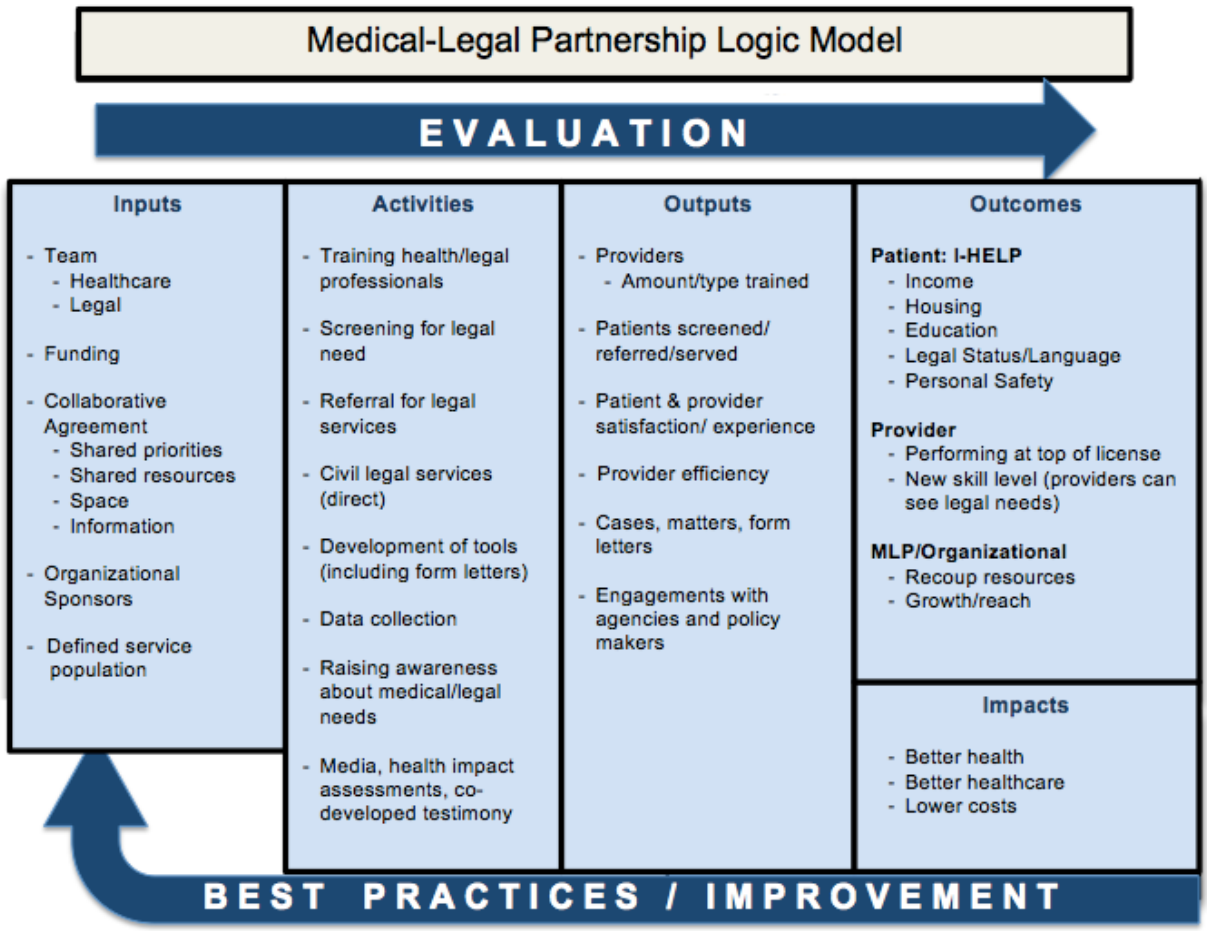
The purpose of this meeting is to develop a Performance Measure Learning Network (PMLN) of MLPs that can test and verify the measures on a small scale. The collection of results and subsequent analysis from this small set of "test MLPs" can then inform the NCMLP about any revisions that need to be made. Ultimately, it is envisioned that the collection and reporting of these performance measures can be standardized across all MLPs and analyzed for quality improvement and the continued growth of the MLP field as a whole.

Background

The evaluation team at the NCMLP interviewed experts in the field to develop an understanding of issues related to program design, relationships with partnering organizations, financing, patient/client characteristics, data collection and evaluation activities, and key challenges and opportunities associated with creating, growing and sustaining an MLP. We spoke with lawyers, physicians, social workers and researchers to identify different professional perspectives. We learned, from these interviews, that MLP is an "expertise-rich" and "commitment-rich" environment, with passionate, highly skilled, and dedicated leaders and staff. We saw models of MLP operations with substantial variation in terms of staffing, organizational relationships, size or demographics of patient/client population, services

delivered, financing, data collection processes/required elements and/or evaluation activities. We also note that MLPs are commonly "resource-poor" and struggle to attract and maintain sufficient resources to establish, maintain and grow capacity necessary to meet the needs of the underserved individuals who could benefit from legal interventions.

We developed a logic model to help frame our conceptual understanding of MLP as an intervention to improve health and well-being. We identified five categories of inputs employed to various degrees to help patients with legal needs. These were human capital in the form of healthcare and legal partner staffs, funding or other financial support, collaborative arrangements resulting in shared resources, space, or information technology, organizational sponsorships or partnerships and, mostly important, the patients who receive care from MLP health care organizations. These inputs led to MLP activities around training health professionals and raising awareness about the need for civil legal aid services, screening and referral activities, direct civil legal aid services, development of tools and strategies to leverage resources and capital for upstream, preventive efforts, collection of information about patients/clients and activities, opportunities to inform stakeholders about medical legal needs, and a variety of efforts to advance policy through the media, local health assessments and public testimony.



The logic model identifies three components of potential evaluation outcomes: 1) outputs, which tend to be quantifiable (countable) activities reflecting the number, type and scope of MLP activities; 2) outcomes, organized at the patient, provider and organization level, that describe or weigh the amount of tangible benefit accrued; and 3) impacts, which assess the relationship between the MLP intervention or particular MLP activities on patient health, health system costs, and healthcare improvement.

Our review of the MLP landscape reveals that systematic data collection and measurement activities currently do not capture outputs, outcomes or impacts of MLP. Some data are collected at the individual MLP level and the National Center for Medical-Legal Partnership has historically conducted an annual survey of members that captures some aggregate data on inputs. This survey is currently under review pending recommendations for more comprehensive data collection.

An initial set of performance measures were drafted by NCMLP staff using a combination of the social determinants of health framework, interviews, and a survey of the existing literature. At the 2014 NCMLP Annual Meeting in Seattle, WA, the NCMLP solicited input from MLP leaders across the field on the value, feasibility, and challenges associated with each measure. Since then, NCMLP staff has worked to incorporate the feedback and refine the initial set to develop a final set of seven measures that are now ready for field testing.

MLP Performance Measures

Measure One: Percent of healthcare partner staff trained in MLP

Description: The percent of healthcare partner staff who have received training in MLP of the total number of healthcare partner staff employed by a given health organization over the course of the last reportable 24 month period.

Value of Measure: This measure is intended to assess the extent to which healthcare partner staff are aware of the existence and benefit of medical-legal partnerships within their own healthcare system. One of the main goals of the National MLP effort is to spread awareness among health professionals of the MLP approach as a more effective and efficient method to high-quality healthcare delivery. It is paramount that healthcare partner staff are trained in identifying various health-harming legal needs in their patient populations, which often act as important barriers for a patient to achieve good health.

Measure Calculation:

$$\frac{\textbf{Total number of healthcare partner staff trained in MLP in the past two years}}{\textbf{Total number of healthcare partner staff employed at healthcare partner in the two past years}}$$

Numerator Inclusions: All Healthcare partner staff who received at least one training in MLP from a legal partner staff member from a given MLP's legal partner.

Denominator Inclusions: The total number of healthcare partner staff employed by the healthcare organization in the time period that data is being reported for.

Numerator Exclusions: Healthcare partner staff who have attended a training session or meeting should not be counted more than once if your organization has multiple MLP-related trainings (no double counting).

Please note, the baseline for this measure is 0. No staff who were trained in MLP services prior to the start of reporting can be counted. In other words, no one can be "grandfathered" into the counting and reporting for this measure.

Denominator Exclusions: Same as numerator.

Operational Definitions:

What is defined as "training in MLP"? – At a minimum, it is any formal meeting or session where a MLP legal partner staff or a MLP healthcare partner staff speaks to healthcare partner staff about any or all of the following MLP topics:

- Health-harming legal needs

- Integration of lawyers into healthcare teams
- The value of MLP for high quality delivery of healthcare
- The process of referring patients to legal aid center

Training can occur at any location such as a MLP-partner hospital, health center, or legal aid center and has no minimum time requirement.

Who is defined as a "healthcare partner staff"? – Any person employed by the MLP healthcare partner organization. This includes but is not limited to general physicians and specialists, nurses, physician assistants, medical residents, medical fellows, case managers, social workers, interpreters, administrators, and other administrative and operations staff.

Who is defined as a "legal partner staff"? – Any person employed by or directly associated with the MLP legal partner. Some MLPs have legal staff who are employed by the health center. Such staff can also be included as legal partner staff for the purposes of collecting and reporting on this measure. This includes all lawyers, pro-bono lawyers, paralegals, legal assistants, and legal secretaries.

Example Calculation: If your healthcare organization had 60 healthcare partner staff trained in the month of January out of a total of 120 healthcare partner staff in your healthcare organization, you would report a percentage of 50% for this measure in January.

Then, in February if another 20 healthcare partner staff were trained, you would report a cumulative total of 80 (60 from January + 20 from February) out of a total of 120 healthcare partner staff (no new healthcare partner staff were employed), you would report a percentage of 67% for this measure in February.

Measure Two: Percent of patients screened for health-harming legal needs in a given population

Description: The percent of total patients from a given population who were seen by a healthcare professional at a MLP healthcare organization site who have been screened for health-harming legal needs in the past month.

Value of Measure: Low-income individuals often confront individual, social, community, environmental, and system-level factors. It is well documented that these factors constantly impede a patient's ability to fully benefit from the health care they need for their well-being. Collectively, these factors are known as the social determinants of health. Patients may be unaware of the potential for civil legal aid services and related interventions that may allow them to overcome these social determinants of health. Thus, screening patients for these social determinants of health or health-harming legal needs, as it is coined within MLPs, is a critical step in identifying individuals and families

who may directly benefit from MLP services. Understanding how patients are screened and how many patients are screened is essential in determining the need and efficacy of the MLP approach in high-quality healthcare delivery. It will also inform efforts to determine legal service capacity levels.

Measure Calculation:

$$\frac{\textbf{Total number of patients in a given population who were screened for HHLN in the past month}}{\textbf{Total number of patients in a given population who were seen at the healthcare partner in the past month}}$$

Numerator Inclusions: All patients in a given patient population who were seen by a healthcare professional and screened for health-harming legal needs.

Denominator Inclusions: All patients in a given patient population who were seen by healthcare partner staff at the healthcare partner organization.

Numerator Exclusions: Any patients who were administered some form of clinical care at that healthcare organization but are not part of the given patient population.

Denominator Exclusions: Same as numerator exclusion.

Operational Definitions:

What is defined as "screening" a patient? – Screening has a variable definition as each healthcare organization potentially screens patients using different methods. Additionally, patients are often screened for many different reasons, like the need for an interpreter, and each may utilize a different screening tool. For the purposes of collecting and reporting data on this measure, patients are considered "screened" if they have been administered any one or more of the following tools and the screening is documented in some way:

- A health-harming legal needs questionnaire
- A screening survey
- Questioned by a healthcare or legal partner staff (see definition above) about their health-harming legal needs **if it is oral communication, the conversation must also documented
- Other paper or EMR-based tool to determine any health-harming legal needs

Note that screening is simply the first step before a patient is referred to MLP services. Therefore, if your healthcare organization already automatically screens and documents screening for HHLN for any particular groups of patients (e.g. the elderly), such patients are considered "screened" patients for MLP services.

What is the "given patient population"? – Since each healthcare organization has a varied patient population, this measure gives your organization some latitude in determining for which particular patient population you would like to

apply this measure. While this measure can be applied to your entire patient population, some organizations may primarily have an elderly patient population (age 65 years and older), in which case you may elect to apply this measure for your elderly patients only. Alternatively, you may want to apply this measure to a small number of your specialty clinic populations (e.g., diabetes clinic patients, high risk pregnancy clinic patients, etc.)

What are defined as "health-harming legal needs"? – A social, financial, or environmental problem that has a deleterious impact on a person's health and that can be addressed through civil legal aid.

Example Calculation 1: 500 patients were seen by a healthcare professional at your healthcare organization in January. 200 patients were screened using a questionnaire about their health-harming legal needs. For this measure, you would report a percentage of (200/500) or 40% of patients screened in January.

Then, in February, 400 patients were seen by a healthcare professional, of which 200 were screened for health-harming legal needs. For this measure, you would report a percentage of (200/400) or 50% of patients screened in February. Note: this is NOT a cumulative percentage.

Example Calculation 2: 500 patients were seen by a healthcare professional in January. Your healthcare organization decides to screen elderly patients only. There were 100 elderly patients in your healthcare organization in January of which 75 were screened for health-harming legal needs. For this measure, you would report a percentage of 75% (75/100).

Measure Three: Percent of patients with at least one health-harming legal need (HHLN) who are treated/addressed by the healthcare organization

Description: The percent of patients who are determined to have at least one health-harming legal need that are treated or addressed by the healthcare organization.

Value of Measure: While millions of patients every year are known to have at least one health-harming legal need that can be addressed through civil legal aid services, not all of them can or should be referred to civil legal aid services. Some patients' needs are addressed by the healthcare organization through means available to them such as referring patients to social workers or "Social Determinants of Health" specialists employed by the healthcare organization or submitting a form letter on behalf of the patient. These are all forms of MLP interventions that are provided by the healthcare partner organization.

Measure Calculation:

Total number of patients with at least one HHLN addressed by the healthcare organization in the past month
Total number of patients screened for HHLN in the past month

Numerator Inclusions: All patients whose health-harming legal needs were treated/addressed by the healthcare organization.

Denominator Inclusions: All patients who were screened for health-harming legal needs and determined to have at least one health-harming legal need. Please note that this number may not exactly coincide with the numerator from measure two, as some patients may be screened for health-harming legal needs and are subsequently determined to not have any such needs.

Numerator Exclusions: All patients who screened positive for health-harming legal needs but had any of the following occur:

1) Lost to Follow-up
2) Refused Treatment
3) Referred to Civil legal aid services without any healthcare partner intervention
4) MLP intervention was deemed to not be necessary

Denominator Exclusions: All patients who were not screened for health-harming legal needs or were screened for health-harming legal needs and were determined to not have any such needs.

Operational Definitions:

What does it mean to be "treated/addressed" by the healthcare organization? – A patient's health-harming legal needs are considered treated or addressed by the healthcare partner organization when one or more of the following occurs:

- Referred to MLP legal partner
- Referred to public or social services
- Referred to social worker
- Referred to a Social Determinants of Health "SDOH" specialist
- Provided a form letter
- Other healthcare organization-based intervention

What is defined as a "MLP intervention"? – An MLP intervention is said to have occurred when any process is undertaken either by the healthcare partner or the legal partner to address the health-harming legal needs of a patient or patient-client. Examples include meeting with a social worker or legal partner staff, having a legal case opened, or the delivery of a form letter.

Example Calculation: 500 patients were screened for health-harming legal needs using a questionnaire by a healthcare professional in January. 200 of those patients were determined to have at least one health-harming legal need. 100 of these patients were

subsequently treated by the healthcare organization for their health-harming legal needs. Therefore, you would report a percentage of (100/200) 50% for January.

Then, in February, 600 patients were screened for health-harming legal needs using a questionnaire by a healthcare professional, of which 200 were determined to have at least one health-harming legal need. 75 of these patients were subsequently treated by the healthcare organization for their health-harming legal needs. You would report a percentage of (75/200) 37.5% for February. Note: this is NOT a cumulative percentage.

Measure Four: Percent of patients who are referred to civil legal aid services and receive a legal screening

Description: The percent of patients who are referred to civil legal aid services by the healthcare partner organization and are subsequently administered a legal screening (defined below) by a legal partner staff.

Value of Measure: As patients with health-harming legal needs are identified by the healthcare organization, some patients are referred to civil legal aid services for a number of possible MLP-based interventions targeted to treat and address those health-harming legal needs. In some cases, social determinants of health issues are beyond the scope of treatment by a healthcare organization and require a legal solution. Once a patient has been referred, this patient is then given some type of legal screening to determine whether the patient's health harming legal needs merit a legal intervention. Only if the patient has at least one health-harming legal needs in the legal screening is that patient then provided an MLP intervention. The goal of this measure is to capture the number of patients, as a percent, who are given a legal screening out of all the patients that are referred to civil legal aid services. In doing so, it will allow us to directly measure an important step in the MLP process.

Measure Calculation:

$$\frac{\textbf{Total number of patients given a legal screening by a legal partner staff the past month}}{\textbf{Total number of patients referred to civil legal aid services in the past month}}$$

Numerator Inclusions: All patients who were determined to have at least one health-harming legal need by healthcare partner staff and were referred to civil legal aid services and subsequently given a legal screening.

1) Note that some patients may have initially been treated/ addressed by the healthcare partner organization but are subsequently referred to civil legal aid services. Such a patient would be considered as a patient referred to civil legal aid services.

Denominator Inclusions: All patients who were referred to civil legal aid services by a healthcare partner staff.

Numerator Exclusions: All patients who were referred to civil legal aid services but had any one or more of the following occur:

1) Lost to follow-up
2) Refused treatment of any kind
3) Had healthcare organization-based intervention or other intervention occur that addressed their health-harming legal needs

Denominator Exclusions: All patients who were either, not screened for health-harming legal needs, or were screened for health-harming legal needs and were determined to not have any such needs, or whose health-harming legal needs were treated/addressed by the healthcare organization.

Operational Definitions:

What is defined as a patient being "referred to civil legal aid services"? – Any patient who has been screened for health-harming legal needs and is then referred to civil legal aid services through any one or more of the following means:

- A letter in the patient's EHR
- A written document (referral form, letter, etc.) given to the patient to meet with a legal partner staff from a legal aid center
- Phone call or fax from healthcare partner staff with documentation
- In-person handoff by healthcare partner staff with documentation

What is defined as a "legal screening"? – A legal screening is any tool that allows for the documented interaction with a referred patient by a legal partner staff. These tools can include any one or more of the following:

- Phone call screening by a legal partner staff
- Online or physical survey/questionnaire
- In-person meeting with a legal partner staff (defined below)
- Other

What is defined as "meeting with a legal partner staff"? – Any meeting between a prospective MLP patient-client and a legal partner staff (defined above) at either a health care organization site or a civil legal aid services center.

Who is defined as an "MLP patient-client"? – Any patient of the MLP-partner health care organization who has been referred to civil legal aid services and has had any formal, documented interaction with a legal partner staff. This can include any one or more of the following:

- Legal screening via phone call with a legal partner staff
- Legal screening via online survey/questionnaire administered by a legal partner staff
- In-person meeting with a legal partner staff

What is defined as being "treated/addressed" by civil legal aid services? - A patient's health-harming legal needs are considered treated or addressed by the civil legal aid services organization when one or more of the following occurs:

- MLP intervention occurs/becomes MLP patient-client
- Referred Patient meets with a legal partner staff
- Referred Patient is administered a legal screening

Example Calculation 1: 200 patients in January were determined to have health-harming legal needs by the healthcare partner. 100 patients were addressed by the healthcare organization and 100 patients were referred to civil legal aid services. Of the 100 patients referred to civil legal aid services, 75 patients were screened via phone call by the legal assistant and 25 were either lost to follow-up, refused, or their HHLN were addressed by other means. Therefore, you would report a percentage of (75/100) or 75% for this measure in January.

Then, in February, 100 patients were determined to have health-harming legal needs of which 50 were referred by the healthcare partner to MLP civil legal aid services. 45 of those patients were screened via phone call by the legal assistant and 5 were either lost to follow-up, refused, or their HHLN were addressed by other means. Therefore, you would report a percentage of (45/50) 100% for this measure in February. Note: this is NOT a cumulative percentage.

Measure Five: Percent of total MLP patient-clients with health-harming legal needs in each "I-HELP" category

Description: The percent of MLP patient-clients that are administered a legal screening and are determined to have at least one health-harming legal need in any one or more of the "I-HELP" categories.

Value of Measure: Civil legal aid services can often provide a number of interventions to address the health-harming legal needs of their MLP patient-clients. In order to marshal their resources most effectively, it is imperative for civil legal aid services to know how many MLP patient-clients are within each of the "I-HELP" categories that define the range of services that MLPs can provide. The I-HELP categories are divided as follows: Income & Insurance, Housing & Utilities, Education & Employment, Legal Status, and Personal & Family Stability (I-HELP). It is important to note this measure is for informational purposes rather than performance improvement.

Measure Calculation (example):

$$\frac{\textbf{Total number of MLP patient-clients with income \& insurance needs in the past month}}{\textbf{Total number of MLP patient-clients who have at least one HHLN in the legal screening in the past month}}$$

Numerator Inclusions: All MLP patient-clients who have a health-harming legal need identified in that I-HELP category through the legal screening.

Note that some MLP patient-clients may have more than one health-harming legal need in a single category. For example, an MLP patient-client may have an income need as well as an insurance need. Such a patient-client should only be counted ONCE.

In addition, some MLP patient-clients may have more than one health-harming legal need in two or more different categories. For example, an MLP patient-client may have an income need as well as a housing need. Such a patient-client should be counted TWICE, once in the Income & Insurance category and once in the Housing & Utilities category.

Denominator Inclusions: All MLP patient-clients who have at least one health-harming legal need that could be addressed by the legal partner.

Numerator Exclusions: All MLP patient-clients who do not have health-harming legal needs as identified through the legal screening in that particular I-HELP category.

Denominator Exclusions: All referred patients who were administered a legal screening but do not have any health-harming legal needs that could be addressed by the legal partner.

Operational Definitions:

What are "I-HELP" categories– MLP services are divided into five main categories that reflect the range of health-harming legal needs that can be treated/addressed under which all the individual MLP interventions reside. These five categories are: Income & Insurance, Housing & Utilities, Education & Employment, Legal Status, and Personal & Family Stability.

Example Calculation: Given the definition above, in January, 100 patients were given a legal screening of which 75 MLP patient-clients screened positive for health-harming legal needs that could be addressed by the legal partner. 20 of these patient-clients had Income & Insurance needs, 30 had Housing & Utility needs, 2 had Education & Employment needs, 3 had Legal Status needs, and 20 had Personal & Family Stability needs. As a result, you would report the following for January:

Income & Insurance needs – 26.7% (20/75)
Housing & Utility needs – 40% (30/75)
Education & Employment needs – 2.67% (2/75)

Legal Status – 4% (3/75)
Personal & Family Stability – 26.7% (20/75)

Measure Six: The average financial benefit received by a MLP patient-client

Description: The average amount of financial benefit that has an associated monetary value and is received by a MLP patient-client as a result of the MLP intervention(s).

Value of Measure: Access to public benefits can improve people's lives and well-being. Too often, low-income individuals are denied benefits due to a lack of proper information, complex enrollment or eligibility processes, or unfair and possibly incomplete review processes by public agencies. The MLP approach is thus intended to provide MLP patient-clients with the rightful access to critical financial benefits. While we recognize that MLPs engage in interventions that do not result in a direct monetary benefit, the goal of this measure is to estimate the average financial benefit that a MLP patient-client would receive in light of at least one MLP intervention. The benefits that will be included in this measure, as stated below, are benefits that have a direct monetary value to the MLP patient-client. Reporting on this measure will allow us to evaluate one important aspect of the financial impact that MLP interventions have at the individual patient-client level.

Measure Calculation:

$$\frac{\textbf{Total amount of money returned to MLP patient-clients with at least one case closed**}}{\textbf{Total number of MLP patient-clients with at least one case closed}}$$

Numerator Inclusions: The aggregated financial benefit received by MLP patient clients that have at least one case that has been closed. Financial benefits can come from any one or more of the following ways:

- Disability benefits
- Employment Benefits
- Food Stamps or other related nutrition programs
- Housing subsidies (LIHEAP assistance) & Utilities Assistance
- Medicaid/Medicare Coverage Reinstatement or New Enrollment
- Social Security benefits
- Unemployment Benefits
- Veteran benefits
- Workers Compensation
- Other Benefits (e.g., income tax disputes or TANF)

**For SSI and Disability benefits that have payouts over several years, a 5 year estimated payout will be calculated in addition to any lump sum payment as the total financial benefit received by the patient-client. Full value of the yearly payments will be applied for the first year of future payments and an adjustment factor will be applied for the remaining four years. The adjustment factor is different for the various financial

benefits that a MLP patient-client could receive. The table below provides the estimated adjustment factor for all the benefits that have payouts over several years.

Financial Benefit	5-year Payout Adjustment Factor
Medicaid Coverage Reinstatement & New Enrollee	2.7712 (70%)
Medicare Coverage Reinstatement & New Enrollee	3.0264 (80%)
Social Security Benefits	3.0264 (80%)
Disability Benefits	3.1531 (85%)

If the payment does not have payouts over several years (e.g., food stamps or workers compensation), the total payout should be calculated for an entire calendar year by multiplying the monthly payment awarded by 12. The exception to this rule is for any MLP patient-client awarded LIHEAP assistance which is usually applied over a three month period and thus, the monthly payment should be multiplied by three for the total payout. See sample reporting tool for more details.

Numerator Inclusions: All financial benefits accrued by MLP patient-clients who have had at least one MLP case closed in the past month.

Numerator Exclusions: Any non-monetary (or social) benefits gained by a MLP patient-client.

Denominator Exclusions: MLP patient-clients who do not have a case closed or are lost to follow-up.

Operational Definitions:

What are defined as "financial benefits"? – See numerator inclusions section above for all categories that are considered financial benefits that can be gained by MLP patient-clients. This is not an all-inclusive list.

Measure Seven: The estimated financial benefit received by the MLP healthcare partner(s) due to the MLP intervention(s)

Description: The total dollars recovered by the MLP healthcare partner(s) from Medicaid and Medicare, calculated through the cost-to-charge ratio by hospital or by state, as a result of MLP intervention(s).

Value of Measure: Patients plagued by one or more health-harming legal needs often lack the necessary financial means or health insurance to pay for the medical services they need. Thus, health care organizations often must bear this high cost on behalf of such patients. However, MLP interventions can often result in access to health insurance, providing benefits to patients as well as to health care organizations caring for the patients. Reversals of previous benefit denials or new coverage opportunities, especially for patients with disabilities or other costly health conditions, can result in

substantial financial returns. Preliminary data suggests that health care organizations that support MLP programs often recover significant costs per patient. This measure will allow us to better track the financial benefits to health care organizations and better understand the direct impact of MLP interventions. Data gathered from reporting on this measure can potentially be used to further promote the MLP approach as a viable healthcare delivery model across the nation.

Measure Calculation:

Total dollars recovered by the MLP healthcare partner(s) **

**The total dollars recovered can be calculated in one of two ways:

1) Using the Medicaid/Medicare reimbursement rate (cost-to-charge ratio) for the hospital at which the MLP patient-client received treatment. This ratio is known and can often be accessed by the MLP healthcare partner.

   Total dollars recovered = [(total charges) x (hospital cost-to-charge ratio)] + other dollars

2) Using the 2012 estimated cost-to-charge ratio by state (based on HCUP data) as a proxy for the individual hospital reimbursement rate. The cost-to-charge ratio for the state in which the hospital resides at which the MLP patient-client received treatment should be applied for this calculation. The cost-to-charge ratios can be used for both Medicaid and Medicare charges recovered. The list of cost-to-charge ratios by state is found below as published by the Institute for Health & Socio-Economic Policy.

   Total dollars recovered = [(total charges) x (state cost-to-charge ratio)] + other dollars

   For example, if the MLP partner hospital was located in Virginia, the value for the numerator would be calculated by multiplying the charges accrued by a patient by 0.273 (cost-to-charge ratio for Virginia).

   If the MLP has multiple healthcare partners (e.g., the MLP includes a large health system with multiple hospitals), the total dollars recovered should be aggregated across all such healthcare partners.

Inclusions: Calculated based on an individual hospital or state-based reimbursement rate, the total charges recovered for the MLP patient-clients whose case(s) have been closed and a subsequent financial benefit is received. These financial benefits can include recovered costs from any one or more of the following:

- Medicaid Cost Reimbursements
- Medicare Cost Reimbursements

- Other sources of Reimbursements

Exclusions: None.

Operational Definitions: See previous measures.

Table 1: Cost-to-charge ratios by state for Medicaid & Medicare as calculated by a study from the Institute for Health & Socio-Economic Policy (2012 estimates)

State	Average Cost-to-Charge Ratio for Medicaid & Medicare
Alabama	0.237
Alaska	0.482
Arizona	0.235
Arkansas	0.316
California	0.222
Colorado	0.317
Connecticut	0.357
Delaware	0.357
District of Columbia	0.282
Florida	0.180
Georgia	0.296
Hawaii	0.380
Idaho	0.513
Illinois	0.290
Indiana	0.316
Iowa	0.501
Kansas	0.404
Kentucky	0.295
Louisiana	0.291
Maine	0.496
Maryland	0.713
Massachusetts	0.390
Michigan	0.380
Minnesota	0.496
Mississippi	0.318
Missouri	0.324
Montana	0.601
Nebraska	0.530
Nevada	0.225
New Hampshire	0.410
New Jersey	0.172
New Mexico	0.313
New York	0.379
North Carolina	0.316
North Dakota	0.603
Ohio	0.306
Oklahoma	0.312
Oregon	0.436
Pennsylvania	0.243
Rhode Island	0.340
South Carolina	0.256
South Dakota	0.467
Tennessee	0.233
Texas	0.251
Utah	0.399
Vermont	0.508
Virginia	0.273
Washington	0.372
West Virginia	0.403
Wisconsin	0.423
Wyoming	0.491

Follow-Up Procedures & Meetings

MLP Performance Measures Learning Network (PMLN)

All teams in attendance for the 2015 NCMLP Performance Measures Meeting will comprise the initial Performance Measures Learning Network (PMLN). The PMLN will continue to grow as more MLP teams are added in subsequent years. The goal of the PMLN is to provide a platform for collaboration among teams in collecting and reporting on the seven measures. The PMLN will test the measures in their own MLPs and will provide feedback on the feasibility of the measures. This feedback will be shared among all teams in the PMLN. Upon receiving all feedback, the NCMLP will continue to make the necessary changes in an effort to develop a tested and verified set of measures that can be rolled out at as a national metrics initiative among all MLPs.

PMLN activities will include periodic webinars, workshops, and meetings. A schedule has been provided (Appendix IV) which outlines some of the activities that are currently planned.

PMLN Measures Reporting

All participating teams will be required to report back on the measures outlined above. The following is some general information on reporting:

- For the first reporting month, teams will only be reporting on Measures 1 – 5.
- Beginning the third reporting month, teams will report on the clinical measure of their choice in addition to measures 1-5.
- Beginning the fourth reporting month, teams will report on the financial measures, Measures 6 and 7, in addition to Measures 1 – 5 and the clinical measure.

Reporting tools have been provided in Appendix III and include basic Excel spreadsheets. **Reports are due via email to Bharath Krishnamurthy for the previous month on the second Monday of every month by 5:00pm PST (or 8:00pm EST).** A full schedule with dates is provided in Appendix IV.

PMLN Webinars

A series of webinars have been scheduled from May 2015 – March 2016. These webinars will take place on the third Friday of the month, covering a range of topics related to the MLP performance measures. For select webinars, we will be inviting 2-3 teams to present on their preliminary findings, successes, and challenges for a particular measure. This will allow teams to hear from the field about the progress in PMLN activities. Webinars will have time reserved for general feedback and Q&A. We expect that representatives from both the legal and healthcare partner will actively

participate in all PMLN activities and share best practices as we move to engage in quality improvement across the MLP landscape. Please see schedule in Appendix IV for full details.

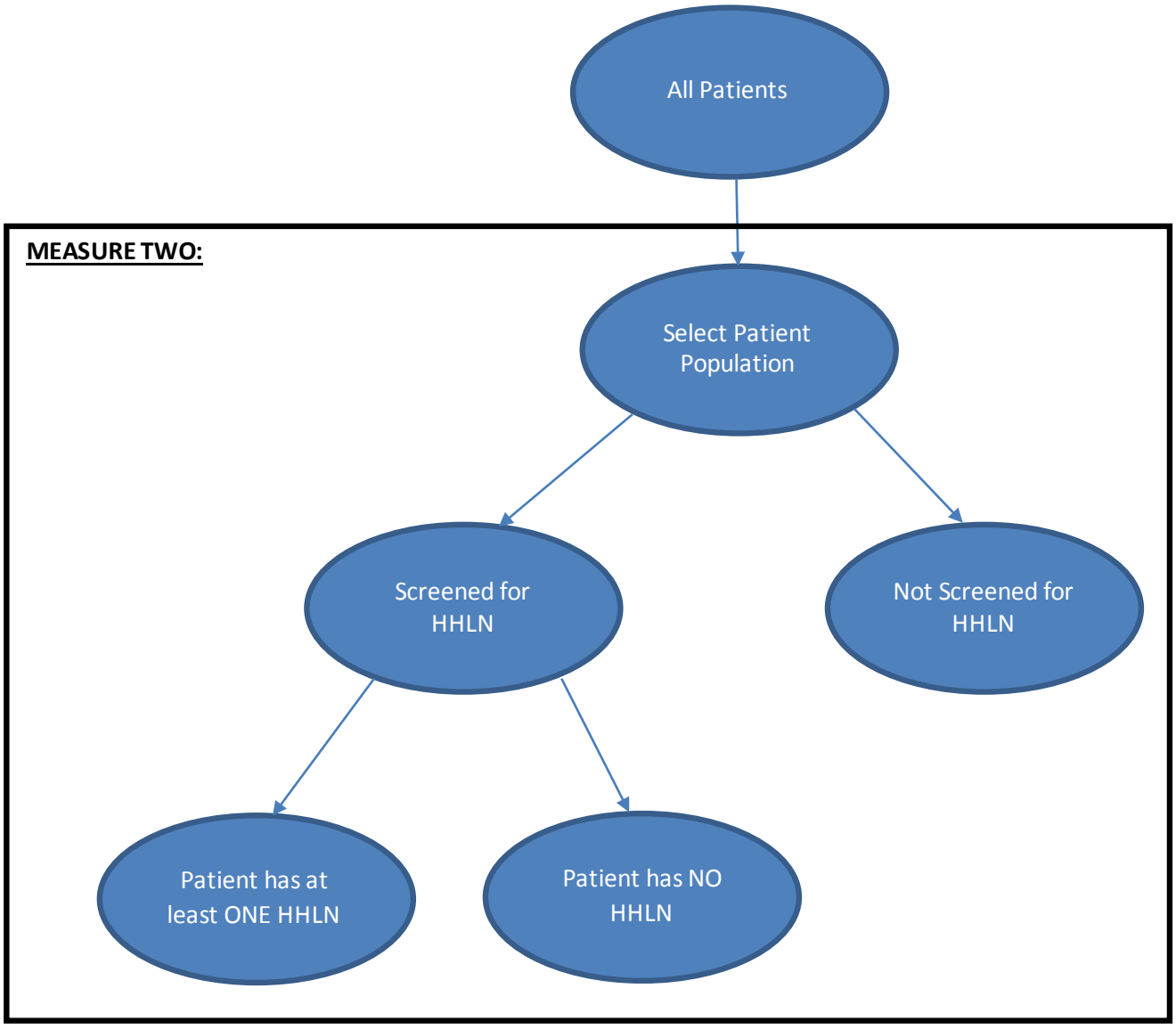
Appendix I – Measures Operational Dictionary

Term	Definition
Medical – Legal Partnership "MLP"	An integrated and collaborative approach to healthcare delivery that brings civil legal aid services into the healthcare setting to address the social determinants of health among vulnerable populations.
Logic Model	A tool often used in program evaluation that utilizes a particular evaluation framework and organizes the inputs, activities, outputs, outcomes, and impacts of a given program.
Social Determinants of Health "SDOH"	The circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness.
Health-Harming Legal Needs "HHLN"	A social, financial, or environmental problem that has a deleterious impact on a person's health and can be addressed through civil legal aid services.
MLP Training	Any formal meeting or session where an MLP legal partner staff speaks to healthcare partner staff about MLP services, health-harming legal needs, MLP processes, etc.
Healthcare Partner Staff	Any person employed by the MLP healthcare partner organization. This includes but is not limited to general physicians and specialists, all nurses, physician assistants, medical residents, medical fellows, case managers, social workers, interpreters, and administrators.

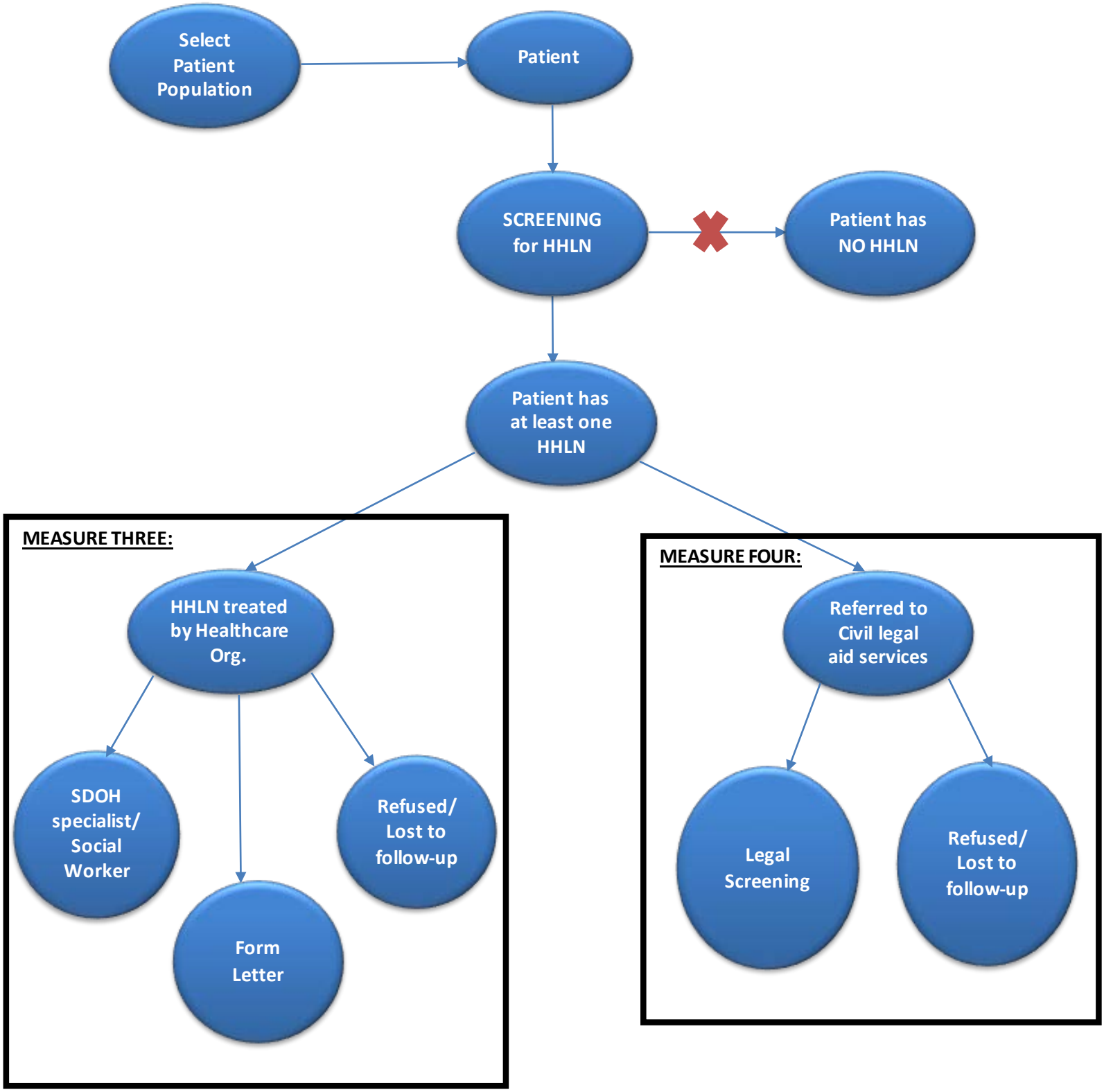
Legal Partner staff	Any person employed by or directly associated with the MLP legal partner. Some MLPs have legal staff that are employed by the health center. Such staff can also be included as legal partner staff for the purposes of collecting and reporting this measure. This includes all lawyers, pro-bono lawyers, paralegals, legal assistants, and legal secretaries.
MLP Screening	Any documented effort used to determine whether a patient may have health-harming legal needs.
MLP Screening Instrument	Any tool that allows for the clear documentation of the screening of a patient for health-harming legal needs. *Examples include: MLP questionnaire, MLP screener survey, EHR-based questions, documented oral communication with healthcare professional, etc.*
MLP Referral to Civil legal aid services	Any formal document, such as a physician's referral note, that a healthcare professional provides the patient to seek out civil legal aid services after screening positive for health-harming legal needs.
Legal Screening	A legal screening is any tool that allows for the documented interaction with a referred patient by a legal partner staff. This includes tools such as a phone call, paper or online survey, or in-person meeting.
MLP Intervention	An MLP intervention is said to have occurred when any process is undertaken either by the healthcare partner or the legal partner to address the health-harming legal needs of a patient or patient-client.

Appendix II – Measures Visualized

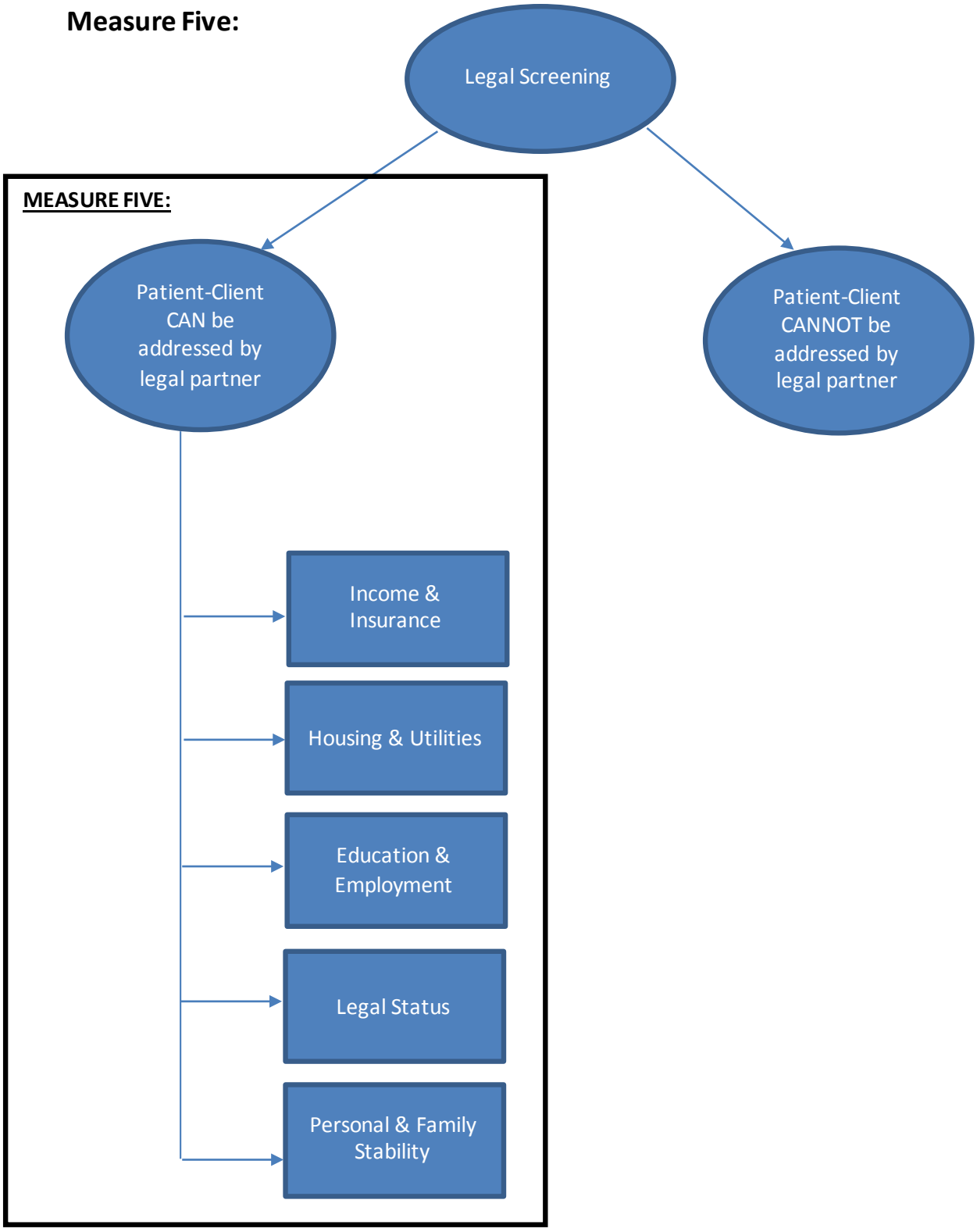
Measure Two:



Measure Three and Four:



Measure Five:



Appendix III – Reporting Tools

Measure One Tool – Training

Month/Year	# of Clinicians trained	# of Non-Clinicians trained	# of Other Healthcare partner staff trained	Total # of Healthcare partner staff trained	Total # of Healthcare partner staff Employed at the Healthcare Organization	Percent of healthcare partner staff trained
Baseline	***0***	***0***	***0***	***0***	***100***	***0***
04/2015	*12*	*13*	*20*	*45*	*100*	*45%*
05/2015	*0*	*0*	*0*	*45*	*100*	*45%*
06/2015	*10*	*10*	*5*	*(45 + 25) = 65*	*100*	*65%*

Measure Two Tool – Screening

Month/Year	# of patients in [population] screened for health-harming legal needs	# of patients in [population] NOT screened for health-harming legal needs	# of patients in [population] seen by a healthcare professional	Percent of patients in [population] screened for health-harming legal needs
04/2015	*200*	*100*	*300*	*67%*
05/2015	*200*	*50*	*250*	*80%*

Measure Three Tool – Patients treated/addressed by Healthcare Organization

Month/Year	# of Patients referred to Social Worker/SDOH specialist/other healthcare professional	# of Patients with a form letter written by a healthcare professional	Total # of Patients addressed by healthcare org.	Total # of Patients Refused or lost-to-follow-up	Total # of Patients with at least ONE health-harming legal need	Percent of Patients addressed by healthcare org.
04/2015	*30*	*50*	*60*	*5*	*200*	*30%*
05/2015	*45*	*60*	*70*	*20*	*200*	*35%*

Measure Four Tool – Legal Screening

Month/Year	# of Patients given a legal screening	# of Patients refused, lost to follow-up, or HHLN addressed by other means	# of Patients directly referred to civil legal aid services after initial HHLN screening	# of Patients referred to civil legal aid services after attempted treatment by healthcare organization	Total # of patients referred to civil legal aid services	Percent of total referred patients with legal screening
04/2015	*50*	*10*	*60*	*20*	*80*	*62.5%*
05/2015	*45*	*5*	*50*	*15*	*65*	*76.9%*

Measure Five Tool – MLP Patients-Clients in each "I-HELP" Category

Month/Year	# of MLP patient-clients with INCOME & INSURANCE needs	# of MLP patient-clients with HOUSING & UTILITY needs	# of MLP patient-clients with EDUCATION & EMPLOYMENT needs	# of MLP patient-clients with LEGAL STATUS needs	# of MLP patient-clients with PERSONAL & FAMILY STABILITY needs
04/2015	*15*	*20*	*10*	*0*	*10*
05/2015	*20*	*7*	*5*	*0*	*10*

Measure Six Tool – Average Financial Benefit Received by a MLP patient-client

Patient/Client Name	I-HELP Category	Type of Financial Benefit Awarded	Lump Sum Payment Awarded	Other Financial Assistance Awarded	Type of Other Financial Assistance Awarded	Monthly Benefit Awarded	Yearly Benefit Received	Adjusted Future Benefits	Total Payout
1001	I	SSI Benefits	$15,000	$0	N/A	$730	$8,760	$26,511	$41,511
1002	I	Disability Benefits	$12,500	$0	N/A	$1,100	$13,200	$41,621	$54,121
1003	I	Medicaid Coverage (New Enrollee)	$0	$0	N/A	$1,543	$18,518	$51,313	$51,313
1004	I	Medicaid Reinstatement	$1,000	$0	N/A	$1,543	$18,518	$51,313	$52,313
1005	I	Medicare Coverage (New Enrollee)	$0	$0	N/A	$649	$7,790	$23,576	$23,576
1006	I	Medicare Reinstatement	$300	$0	N/A	$649	$7,790	$23,576	$24,076
1007	I	Food Stamps	$0	$1,000	Past Due Energy Bills	$130	$1,560	$0	$2,560
1008	H	LIHEAP Assistance	$0	$0	N/A	$300	$900	$0	$900
1009	E	Workers Compensation	$15,000	$1,000	Consumer Debt	$1,200	$14,400	$0	$30,400
1003	I	Unemployment Benefits	$0	$2,500	Housing Arrears	$800	$5,200	$0	$7,700
1007	E	Employment Benefits (Wrongful Termination)	$35,000	$0	N/A	$0	$0	$0	$35,000
1105	H	Housing Subsidies (Section 8 Voucher)	$1,000	$0	N/A	$200	$2,400	$0	$3,400
1106	P	Family Law/Child Support	$3,000	$100	Court Fees	$400	$4,800	$0	$7,900
1002	P	Other Financial Benefit (specify: _____)	$2,000	$100	Court Fees	$200	$2,400	$0	$4,500

Aggregated Total Payout =	$339,270.72
# of Unique Patient-clients =	11
Average Financial Benefit per MLP Patient-client=	**$30,842.79**

Appendix IV – PMLN Schedule

Please note that some webinar dates may be changed due to unforeseen scheduling conflicts

April 2015 –

Date	Time	Content
Wednesday, April 8th, 2015	1:00pm EST – 6:00pm EST	NCMLP Performance Measures Meeting

May 2015 –

Date	Time	Content
Friday, May 1st, 2015	By 5:00pm PST (or 8:00pm EST)	Measures Plan Worksheet Due (email to Bharath Krishnamurthy)
Friday, May 8th, 2015	2:00pm EST (or 11:00am PST)	Webinar 1 – Measures Plan Feedback, Measures 1-5 Q&A

June 2015 –

Date	Time	Content
Monday, June 8th, 2015	By 5:00pm PST (or 8:00pm EST)	1st Measures Report Due (email to Bharath Krishnamurthy)
Friday, June 19th, 2015	2:00pm EST (or 11:00am PST)	Webinar 2 – Clinical Measurement – Examples from the Field (2-3 teams present on progress); Diagnostic for Clinical Measure ***(Teams must have at least ONE healthcare team member present)***

July 2015 –

Date	Time	Content
Monday, July 13th, 2015	By 5:00pm PST (or 8:00pm EST)	2nd Measures Report Due (email to Bharath Krishnamurthy)
Friday, July 17th, 2015	2:00pm EST (or 11:00am PST)	Webinar 3 – Financial Measures (Measures 6 & 7) Overview

August 2015 –

Date	Time	Content
Monday, August 10th, 2015	By 5:00pm PST (or 8:00pm EST)	3rd Measures Report Due (email to Bharath Krishnamurthy)
Friday, August 21st, 2015	2:00pm EST (or 11:00am PST)	Webinar 4 – Measure 1: Examples from the Field (2-3 teams report on progress)

September 2015 –

Date	Time	Content
Monday, September 14th, 2015	By 5:00pm PST (or 8:00pm EST)	4th Measures Report Due Note: Include financial measures (email to Bharath Krishnamurthy)
Friday, September 18th, 2015	2:00pm EST (or 11:00am PST)	Webinar 5 – Measure 2: Examples from the Field (2-3 teams report on progress)

October 2015 –

Date	Time	Content
Monday, October 12th, 2015	By 5:00pm PST (or 8:00pm EST)	5th Measures Report Due (email to Bharath Krishnamurthy)

Friday, October 16th, 2015	2:00pm EST (or 11:00am PST)	Webinar 6 – Measure 3: Examples from the Field (2-3 teams report on progress)

November 2015 –

Date	Time	Content
Monday, November 9th, 2015	By 5:00pm PST (or 8:00pm EST)	6th Measures Report Due (email to Bharath Krishnamurthy)
Friday, November 20th, 2015	2:00pm EST (or 11:00am PST)	Webinar 7 – Measures 4 & 5: Examples from the Field (2-3 teams report on progress)

December 2015 –

Date	Time	Content
Monday, December 14th, 2015	By 5:00pm PST (or 8:00pm EST)	7th Measures Report Due (email to Bharath Krishnamurthy)

January 2016 –

Date	Time	Content
Monday, January 11th, 2016	By 5:00pm PST (or 8:00pm EST)	8th Measures Report Due (email to Bharath Krishnamurthy)
Friday, January 15th, 2016	2:00pm EST (or 11:00am PST)	Webinar 8 – Measures 6 & 7: Examples from the Field (2-3 teams report on progress)

February 2016 –

Date	Time	Content
Monday, February 8th, 2016	By 5:00pm PST (or 8:00pm EST)	9th Measures Report Due (email to Bharath Krishnamurthy)

Friday, February 19th, 2016	2:00pm EST (or 11:00am PST)	Webinar 9 – TBD

March 2016 –

Date	Time	Content
Monday, March 14th, 2016	By 5:00pm PST (or 8:00pm EST)	10th Measures Report Due (email to Bharath Krishnamurthy)
Friday, March 18th, 2016	2:00pm EST (or 11:00am PST)	Webinar 10 – 2nd Annual Performance Measures Meeting Overview

April 2016 –

Date	Time	Content
Monday, April 11th, 2016	By 5:00pm PST (or 8:00pm EST)	11th Measures Report Due (email to Bharath Krishnamurthy)
April 2016 (exact date TBD)	2:00pm EST (or 11:00am PST)	NCMLP Annual Summit – 2nd Annual Performance Measures Meeting

NOTES