

# SHERLOCK BENCHMARKS

*Blue Cross Blue Shield Edition*



**Volume II**  
Operational Metrics

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# SHERLOCK BENCHMARKS

## Blue Cross Blue Shield Edition - 2019

### *Volume II: Operational Metrics*



SHERLOCK COMPANY

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August 2019

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This section includes metrics relating to Finance and Accounting and the Corporate Services functions. Corporate Services sub-functions include Human Resources, Legal and Facilities.

## INTRODUCTION AND BACKGROUND

### *Background*

This is the Operational Metrics book of Volume II of the 2019 *Sherlock Benchmarks – Blue Cross Blue Shield Edition*. Together, these volumes provide statistics and analysis summarizing the administrative expenses and operational metrics of 14 Blue Cross Blue Shield Plans. They are intended to facilitate comparisons for users and to assist in the management of health plan administrative expenses. They should be useful to operational and financial managers of health plans, consultants and third-party vendors. The *Sherlock Benchmarks* (or *Sherlock Expense Evaluation Report* or *SEER*) should also be valuable to Boards and persons charged with corporate finance responsibilities including strategic planners and investment bankers.

### *Organization of the Sherlock Benchmarks*

The 2019 *Sherlock Benchmarks – Blue Cross Blue Shield Edition* is a carefully compiled and validated summary of the surveyed operational characteristics of leading health plans. 14 Blue Cross Blue Shield Plans participated this year.

*Sherlock Benchmarks* assist in performance improvements for health plans by facilitating comparisons between plans and their universe as a whole. It quantifies health plans' relative performance and identifies sources of variance at a highly granular level. The *Sherlock Benchmarks* are unparalleled in

their breadth and are a valuable analytical tool for managers and consultants.

The *Sherlock Benchmarks* are produced in two volumes:

**Volume I: Financial Metrics** includes analyses of administrative expenses through financial ratios such as percent of revenues and per member per month. Data is divided into fourteen product lines and approximately 74 functions. Additional descriptions are found below.

**Volume II** complements Volume I by facilitating in-depth analyses of the financial metrics. It is subdivided into four books: Operational, Staffing and Compensation, Medical Management and Utilization.

Operational metrics translate operating performance into expense performance, so expenses are often analyzed into factors of user demand, employee productivity, unit cost, staffing ratios and cost per employee. For instance, Claim and Encounter Capture and Adjudication is analyzed into claims per member, productivity of claims processors, cost per claim and per-employee costs of claims. In addition, every function is analyzed by factors of staffing ratios, staffing costs per FTE and non-labor costs. Numerous drivers of costs and quality are also provided. In the claims area, for example, these



include metrics of electronic submission, auto-adjudication and factors requiring manual intervention.

This document, Volume II – Operational Metrics, is divided into nine sections:

#### TAB 1. INTRODUCTION AND BACKGROUND

This section describes the organization and conventions of the *Sherlock Benchmarks*.

#### TAB 2. OPERATIONAL METRICS OVERVIEW

This section presents summary analyses of factors of costs in each functional area. These factors are, broadly, demand, unit cost, productivity, and staffing ratios. Costs are also analyzed in terms of labor and non-labor costs per FTE.

#### TAB 3. SALES AND MARKETING

This section includes analyses related to the entire spectrum of sales and marketing activities including functions of Rating and Underwriting, Marketing, Sales, Commissions (external) and Advertising and Promotion.

#### TAB 4. PROVIDER NETWORK MANAGEMENT AND SERVICES

Metrics of services provided by this function are found here. Provider Network Management and Services includes activities such as Provider Relations Services

(the initial point of contact (telephonic and written) for provider inquiries), Provider Contracting, Provider Audit / Billing Validation and Other Provider Network Management and Services (including the maintenance of the provider network, orientation, on-going education, and in-services with new and existing providers).

#### TAB 5. ENROLLMENT / MEMBERSHIP / BILLING

Analyses related to these activities are found here. Enrollment is the processing of installation, recording and maintenance of the relationship between the plan and its members. Membership is the recording of and changes in demographic information. Billing is the process and the execution of the submission of invoices.

#### TAB 6. CUSTOMER SERVICES

Detailed metrics relating to customer services are included in this section. Customer Services responds to, processes, resolves or provides information for transactions or inquiries of customers based on eligibility, contract language, benefit interpretation, medical management activities, regulatory interpretation, claims process accuracy and historical member communications used to provide and authorize service or payment.



## TAB 7. CLAIM AND ENCOUNTER CAPTURE AND ADJUDICATION

Performance metrics of the claims area are found in this section. This function compares claim application and/or provider statement with policy file and other records to evaluate completeness and validity of claim, and settles claims with claimants in accordance with policy provisions and also performs COB functions.

## TAB 8. INFORMATION SYSTEMS

This section contains operational metrics of information systems. Information Systems extends and supports the activities of other functional areas. Its own activities are divided into costs to keep it running, costs of software and support, costs to grow the business and the costs to maintain Information Systems security.

## TAB 9. CORPORATE SERVICES CLUSTER

Metrics relating to Finance and Accounting and the Corporate Services functions. Corporate Services sub-functions include Human Resources, Legal and Facilities.

*Conventions Used in this Report*

In the *Sherlock Benchmarks*, we analyzed costs and operations for the health plans as a whole, by functional area and also by product. We have employed a number of reporting conventions, which we discuss below.

1. The terms “high” and “low” mean the average of the *two* highest and *two* lowest values, respectively. The standard deviation is the measure of dispersion. To facilitate comparability of standard deviations, we have expressed standard deviation as a percent of the mean, commonly termed the coefficient of variation.
2. Statistical results are un-weighted. That is, each metric reflects equally the experience of each health plan that reports a functional area for a product, without regard to the plan’s size.
3. Statistical measures for each functional area are calculated independently. Accordingly, the statistical analysis of total expenses is not the sum of the statistical analysis of each component cost.
4. Results were carefully validated to identify, and correct if possible, reporting errors.
5. Within each firm, ratios based on the total scope of products (for instance in the Total and Comprehensive values) are intrinsically weighted by the relative importance of each product to that firm. For instance, a firm with a heavy commitment to Indemnity & PPO ASO will reflect that product’s weighting and its company-wide costs will be lower as a result.





We offer a few additional comments regarding Volume II – Operational Metrics.

1. The information we received is through our contact, typically someone in the finance area, rather than directly from the operational department themselves.
2. The response rate was considerably lower in operational metrics as compared with financial metrics. Operational metrics are largely voluntary to help assure quality of responses.
3. The components may not sum to totals, for example in the case of product line breakouts. That is because response rates varied in each of the component parts and in totals.
4. Turnover metrics supplied by the respondents, as opposed to those calculated by us, are normally calculated as average for the year, as opposed to being based on year-end and total year ratios.
5. Additional discussion about *Sherlock Benchmarks* survey procedures, data analysis and presentation is found under Tab 1 of Volume I – Financial Metrics.
6. A complete description of the characteristics of the participating plans is found in Tab 10 of Volume I – Financial Metrics.

*Questions and Comments*

We invite questions and comments on the *Sherlock Benchmarks*.

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In addition, please know that we support your use of the *Sherlock Benchmarks*. We hope that you will not hesitate to contact us if you have any questions concerning classifications, calculation methodologies and the application of the *Sherlock Benchmarks* to improve the performance of your health plan.

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## Tab 2

### Summary of Operational Metrics

This section summarizes analyses of key functional areas. If a quantifiable output is identifiable, per member per month (PMPM) costs are segmented into factors of primary demand, productivity, unit cost, cost per FTE and staffing ratios. In all cases of these functional areas, PMPM costs are segmented into staffing ratios and costs per FTE, which are divided into labor and non-labor components.

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=		Group Members Sold per Total Sales FTE.....	<a href="#">85</a>
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Tab 4

**Provider Network Management and Services**

Provider Network Management & Services responds to inquiries from providers, contracts with providers for care delivered to members, is the liaison for provider appeals (whose coordinating responsibility resets with customer services), credentials providers for eligibility for contracts, issues report cards to provider and audits and validates provider activity.

**Metric** **Page** **Definition** **Calculation**

*Provider Relations Service Metrics:*

This sub-function responds to inquiries from providers.

**Provider Relations Services Cost Summary**

Per Member

Manual Inquiries

	Manual Inquiries per Member.....	<a href="#">96</a>
x	Members per FTE.....	<a href="#">96</a>
=	Manual Inquiries per FTE per Year.....	<a href="#">96</a>
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Manual Inquiries

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x	Provider Relations Services Cost per Manual Inquiry.....	<a href="#">97</a>
=	Provider Relations Services Cost per FTE.....	<a href="#">97</a>
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Total Provider Inquiries .....	<a href="#">105</a>		
Percent of Total Calls Received that are Manual.....	<a href="#">106</a>		

## Provider Network Management and Services

Metric	Page	Definition	Calculation
<b>Inquiries (continued)</b>			
<u>Product Mix of Inquiries</u>			
Manual			
Manual Calls.....	<a href="#">107</a>		
Paper/Written Inquiries .....	<a href="#">107</a>		
Manual Electronic Inquiries.....	<a href="#">108</a>		
Total Manual Inquiries.....	<a href="#">108</a>		
Automated Calls.....	<a href="#">109</a>		
Total Provider Inquiries .....	<a href="#">109</a>		
<u>Reasons for Inquiries Per Member Per Year, by Product</u>			
Benefits.....	<a href="#">110</a>		
Eligibility.....	<a href="#">110</a>		
Claims Status.....	<a href="#">111</a>		
Provider Check.....	<a href="#">111</a>		
Billing & ID Cards.....	<a href="#">112</a>		
Complaints / Grievances.....	<a href="#">112</a>		
Financial Information.....	<a href="#">113</a>		
Other.....	<a href="#">113</a>		
Total Inquiries.....	<a href="#">114</a>		
<u>Reasons for Inquiries as a Percent of Total Inquiries</u>			
Benefits.....	<a href="#">114</a>		
Eligibility.....	<a href="#">115</a>		
Claims Status.....	<a href="#">115</a>		
Provider Check.....	<a href="#">116</a>		
Billing & ID Cards.....	<a href="#">116</a>		
Complaints / Grievances.....	<a href="#">117</a>		
Financial Information.....	<a href="#">117</a>		
Other.....	<a href="#">118</a>		
Total Inquiries.....	<a href="#">118</a>		
<b>Provider Portal</b>			
Number of Portal Sessions / Logins per Provider Per Month.....	<a href="#">119</a>		
Name and Vendor of Portal Used.....	<a href="#">119</a>		
<b>Accessibility of Provider Services</b>			
Average Speed of Answer (ASA), in Seconds.....	<a href="#">120</a>		
ASA Service Level, at 30 seconds.....	<a href="#">120</a>		
Abandonment Rate.....	<a href="#">121</a>		
Handle Time, in Seconds.....	<a href="#">121</a>		
<b>Provider Appeals</b>			
Percent of Appeals Adverse Decisions Overturned.....	<a href="#">122</a>		
Percent of Appeals Adverse Decisions Upheld.....	<a href="#">122</a>		
Appeals per 10,000 Members.....	<a href="#">123</a>		

## Provider Network Management and Services

### Provider Contracting Metrics:

This sub-function recruits and credentials providers such as physicians and hospitals.

Metric	Page	Definition	Calculation
<b>Provider Contracting Summary</b>			
Providers per 1,000 Members.....	<a href="#">124</a>		
x Members per Contracting FTE.....	<a href="#">124</a>		
= Providers per Contracting FTE.....	<a href="#">124</a>		
x Provider Contracting Cost per Provider.....	<a href="#">124</a>		
= Provider Contracting Cost per Contracting FTE.....	<a href="#">124</a>		
x Contracting FTE per 10,000 Members.....	<a href="#">124</a>		
= Provider Contracting Costs PMPM.....	<a href="#">124</a>		
<b>Staffing vs. Non-Labor</b>			
Provider Contracting Total Non-Staffing Costs per Total FTE.....	<a href="#">124</a>		
+ Provider Contracting Total Staffing Costs per Total FTE.....	<a href="#">124</a>		
= Provider Contracting Total Costs per Total FTE.....	<a href="#">124</a>		
x Provider Contracting Total FTEs per 10,000 Members.....	<a href="#">124</a>		
= Provider Contracting Cost per Member per Month.....	<a href="#">124</a>		
Percent of Provider Contracting Costs that are Staffing.....	<a href="#">124</a>		
Percent of Provider Contracting Costs that are Non-Staffing.....	<a href="#">124</a>		
Percent of Provider Contracting Costs that are Outsourced.....	<a href="#">124</a>		
Percent of Provider Contracting Staffing that is Outsourced.....	<a href="#">124</a>		
<b>Number of Provider Contracts</b>			
<u>Providers Contracts per 1,000 Members</u>			
Primary Care Physicians.....	<a href="#">125</a>		
Professional Specialists.....	<a href="#">125</a>		
Facility.....	<a href="#">125</a>		
Ancillary.....	<a href="#">125</a>		
Total.....	<a href="#">125</a>		
<u>Provider Contracts per Provider</u>			
Primary Care Physicians.....	<a href="#">125</a>		
Professional Specialists.....	<a href="#">125</a>		
Facility.....	<a href="#">125</a>		
Ancillary.....	<a href="#">125</a>		
Total.....	<a href="#">125</a>		
<u>Provider Contracts by Type</u>			
Primary Care Physicians.....	<a href="#">125</a>		
Professional Specialists.....	<a href="#">125</a>		
Facility.....	<a href="#">125</a>		
Ancillary.....	<a href="#">125</a>		
Total.....	<a href="#">125</a>		
Percentage Change in Provider Contracts from Prior Year.....	<a href="#">125</a>		

**Provider Network Management and Services**

<b>Metric</b>	<b>Page</b>	<b>Definition</b>	<b>Calculation</b>
<b>Number of Providers</b>			
<u>Providers per 1,000 Members</u>			
Primary Care Physicians.....	<a href="#">126</a>		
Professional Specialists.....	<a href="#">126</a>		
Facility.....	<a href="#">126</a>		
Ancillary.....	<a href="#">126</a>		
Total.....	<a href="#">126</a>		
<u>Provider per Contract</u>			
Primary Care Physicians.....	<a href="#">126</a>		
Professional Specialists.....	<a href="#">126</a>		
Facility.....	<a href="#">126</a>		
Ancillary.....	<a href="#">126</a>		
Total.....	<a href="#">126</a>		
<u>Total Providers by Type</u>			
Primary Care Physicians.....	<a href="#">126</a>		
Professional Specialists.....	<a href="#">126</a>		
Facility.....	<a href="#">126</a>		
Ancillary.....	<a href="#">126</a>		
Total.....	<a href="#">126</a>		
Percentage Change in Number of Providers from Prior Year.....	<a href="#">126</a>		
<b>Provider Credentialing Time</b>			
Initial Credentialing			
Application Received to Start of Credentialing.....	<a href="#">127</a>		
Start of Credentialing to Active Provider.....	<a href="#">127</a>		
Total Credentialing Time.....	<a href="#">127</a>		
Recredentialing			
Application Received to Start of Recredentialing.....	<a href="#">127</a>		
Start of Recredentialing to Active Provider.....	<a href="#">127</a>		
Total Recredentialing Time.....	<a href="#">127</a>		

**Provider Network Management and Services**

*Provider Audit / Billing Validation Metrics:*

This sub-function recruits and credentials providers such as physicians and hospitals.

Metric	Page	Definition	Calculation
<b>Provider Audit / Billing Validation Metrics</b>			
PA/BV Costs as Percent of Health Benefit Costs.....	<a href="#">128</a>		
x Health Benefit Costs per PA/BV FTE (Millions).....	<a href="#">128</a>		
= PA/BV Costs per PA/BV FTE.....	<a href="#">128</a>		
x PA/BV FTEs per 10,000 Members.....	<a href="#">128</a>		
= PA/BV Costs PMPM.....	<a href="#">128</a>		
<b>Staffing vs. Non-Labor</b>			
PA/BV Total Non-Staffing Costs per Total FTE.....	<a href="#">128</a>		
+ PA/BV Total Staffing Costs per Total FTE.....	<a href="#">128</a>		
= PA/BV Total Costs per Total FTE.....	<a href="#">128</a>		
x PA/BV Total FTEs per 10,000 Members.....	<a href="#">128</a>		
= PA/BV Cost per Member per Month.....	<a href="#">128</a>		
Percent of Provider Audit and Billing Validation that are Staffing.....	<a href="#">128</a>		
Percent of Provider Audit and Billing Validation that are Non-Labor.....	<a href="#">128</a>		
Percent of Provider Audit and Billing Validation Costs that are Outsourced.....	<a href="#">128</a>		
Percent of Provider Audit and Billing Validation Staffing that is Outsourced.....	<a href="#">128</a>		

Tab 5

**Enrollment / Membership / Billing**

Enrollment / Membership / Billing processes group and membership transactions, processes invoices and maintains population demographics.

Metric	Page	Definition	Calculation
<b>Enrollment Cost Summary</b>			
<u>Manual Transactions</u>			
		Manual Member Transactions per Member.....	<a href="#">133</a>
x		Members per FTE.....	<a href="#">133</a>
=		Manual Member Transactions per FTE per Year.....	<a href="#">133</a>
x		Enrollment Cost per Manual Member Transaction.....	<a href="#">133</a>
=		Costs per FTE.....	<a href="#">133</a>
x		FTEs per 10,000 Members.....	<a href="#">133</a>
=		Costs per Member per Month.....	<a href="#">133</a>
<u>Total Transactions</u>			
		Total Transactions per Member.....	<a href="#">133</a>
x		Members per FTE.....	<a href="#">133</a>
=		Total Transactions per FTE per Year.....	<a href="#">133</a>
x		Enrollment Cost per Total Transaction.....	<a href="#">133</a>
=		Costs per FTE.....	<a href="#">133</a>
x		FTEs per 10,000 Members.....	<a href="#">133</a>
=		Costs per Member per Month.....	<a href="#">133</a>
<u>Staffing vs. Non-Labor</u>			
		Enrollment Total Non-Staffing Costs per Total FTE.....	<a href="#">133</a>
+		Enrollment Total Staffing Costs per Total FTE.....	<a href="#">133</a>
=		Enrollment Total Costs per Total FTE.....	<a href="#">133</a>
x		Enrollment Total FTEs per 10,000 Members.....	<a href="#">133</a>
=		Enrollment Cost per Member per Month.....	<a href="#">133</a>
		Percent of Enrollment Costs that are Staffing.....	<a href="#">133</a>
		Percent of Enrollment Costs that are Non-Staffing.....	<a href="#">133</a>
		Percent of Enrollment Costs that are Outsourced.....	<a href="#">133</a>
		Percent of Enrollment Staffing that is Outsourced.....	<a href="#">133</a>
<b>Transaction Processing</b>			
<u>Group Transactions per Member</u>			
		New Group.....	<a href="#">134</a>
		Renewal/Maintenance.....	<a href="#">134</a>
		Total Group.....	<a href="#">135</a>
<u>Group Transactions per Group</u>			
		New Group Transactions per New Group.....	<a href="#">135</a>
		Renewal/Maintenance Transactions per Renewal Group.....	<a href="#">136</a>
		Total Group.....	<a href="#">136</a>
		Note: Total Enrollment Transactions per Group per Year.....	<a href="#">137</a>

**Enrollment / Membership / Billing**

<b>Metric</b>	<b>Page</b>	<b>Definition</b>	<b>Calculation</b>
<b>Transaction Processing (continued)</b>			
<u>Composition of Total Group Transactions</u>			
New Group.....	<a href="#">137</a>		
Renewal/Maintenance.....	<a href="#">138</a>		
Total Group.....	<a href="#">138</a>		
<u>Member Transactions per Member</u>			
Manual			
Electronic Transactions Requiring Manual Intervention.....	<a href="#">139</a>		
All Other Manual.....	<a href="#">139</a>		
Total Manual Transactions.....	<a href="#">140</a>		
Automated			
Direct to System.....	<a href="#">140</a>		
Other.....	<a href="#">141</a>		
Total Automated Electronic.....	<a href="#">141</a>		
Total Member Transactions.....	<a href="#">142</a>		
Note: Total Enrollment Transactions per Member per Year.....	<a href="#">142</a>		
<u>Composition of Total Member Transactions</u>			
Manual			
Electronic Transactions Requiring Manual Intervention.....	<a href="#">143</a>		
All Other Manual.....	<a href="#">143</a>		
Total Manual Transactions.....	<a href="#">144</a>		
Automated			
Direct to System.....	<a href="#">144</a>		
Other.....	<a href="#">145</a>		
Total Automated Electronic.....	<a href="#">145</a>		
Total Member Transactions.....	<a href="#">146</a>		
Note: Percent of Member Transactions Submitted Electronically that Require Manual Intervention.....	<a href="#">146</a>		
<b>Average Enrollment Processing Days</b>			
Groups.....	<a href="#">147</a>		
Members.....	<a href="#">147</a>		
<b>Enrollment Accuracy</b>			
Groups.....	<a href="#">148</a>		
Members.....	<a href="#">148</a>		
<b>ID Cards</b>			
Percent of Members that Received Card Before Effective Date.....	<a href="#">149</a>		
Percent of Members that Received Card Within 30 Days of Plan Receiving Paperwork.....	<a href="#">149</a>		
Number of Cards Issued per Member.....	<a href="#">150</a>		



**Enrollment / Membership / Billing**

<b>Metric</b>	<b>Page</b>	<b>Definition</b>	<b>Calculation</b>
<b>Billing</b>			
Percent of Bills Sent on Time.....	<a href="#">151</a>		
Total Number of Bills Sent per Member.....	<a href="#">151</a>		
<b>Demographics</b>			
Percent of Membership in the Following Age Categories			
< 21.....	<a href="#">152</a>		
21 - 29.....	<a href="#">152</a>		
30 - 34.....	<a href="#">152</a>		
35 - 39.....	<a href="#">152</a>		
40 - 44.....	<a href="#">152</a>		
< 45 (sum of above).....	<a href="#">152</a>		
45 - 49.....	<a href="#">152</a>		
50 - 54.....	<a href="#">152</a>		
55 - 59.....	<a href="#">152</a>		
60 - 65.....	<a href="#">152</a>		
> 65.....	<a href="#">152</a>		
Total.....	<a href="#">152</a>		
Average Age of Membership.....	<a href="#">154</a>		
<b>Group and Membership Characteristics Affecting Total Transactions</b>			
Percent Change in Number of Groups.....	<a href="#">154</a>		
Net Membership Growth Within Retained Groups.....	<a href="#">155</a>		
Percent Change in Number of Individual Members.....	<a href="#">155</a>		
Average Size of Group, Including Individuals.....	<a href="#">156</a>		

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## Tab 6

### Customer Services

The Customer Services function responds to customer inquiries and coordinates appeals.

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Metric	Page	Definition	Calculation
<b>Customer Services Cost Summary</b>			
Manual Inquiries per Member.....	<a href="#">161</a>		
x Members per FTE.....	<a href="#">161</a>		
= Manual Inquiries per FTE per Year.....	<a href="#">161</a>		
x Customer Service Cost per Manual Inquiry.....	<a href="#">161</a>		
= Costs per FTE.....	<a href="#">161</a>		
x FTEs per 10,000 Members.....	<a href="#">161</a>		
= Costs per Member per Month.....	<a href="#">161</a>		
<u>Staffing vs. Non-Labor</u>			
Customer Services Total Non-Staffing Costs per Total FTE.....	<a href="#">161</a>		
+ Customer Services Total Staffing Costs per Total FTE.....	<a href="#">161</a>		
= Customer Services Total Costs per Total FTE.....	<a href="#">161</a>		
x Customer Services Total FTEs per 10,000 Members.....	<a href="#">161</a>		
= Customer Services Cost per Member per Month.....	<a href="#">161</a>		
Percent of Customer Services Costs that are Staffing.....	<a href="#">161</a>		
Percent of Customer Services Costs that are Non-Staffing.....	<a href="#">161</a>		
Percent of Customer Services Costs that are Outsourced.....	<a href="#">161</a>		
Percent of Customer Services Staffing that is Outsourced.....	<a href="#">161</a>		
<b>Inquiries</b>			
<u>Inquiries per Member per Year, by Mode and Product</u>			
Manual			
Manual Calls.....	<a href="#">162</a>		
Paper/Written Inquiries.....	<a href="#">162</a>		
Manual Electronic Inquiries.....	<a href="#">163</a>		
Total Manual Inquiries.....	<a href="#">163</a>		
Automated Calls.....	<a href="#">164</a>		
Total Member Inquiries.....	<a href="#">164</a>		
Customer Services Inquiries per 100 Claims.....	<a href="#">165</a>		

## Customer Services

Metric	Page	Definition	Calculation
<b>Inquiries (continued)</b>			
<u>Percent of Total Inquiries, by Mode and Product</u>			
Manual			
Manual Calls.....	<a href="#">166</a>		
Paper/Written Inquiries .....	<a href="#">166</a>		
Manual Electronic Inquiries.....	<a href="#">167</a>		
Total Manual Inquiries.....	<a href="#">167</a>		
Automated Calls.....	<a href="#">168</a>		
Total Member Inquiries .....	<a href="#">168</a>		
Percent of Total Calls Received that are Manual.....	<a href="#">169</a>		
<u>Product Mix of Inquiries</u>			
Manual			
Manual Calls.....	<a href="#">170</a>		
Paper/Written Inquiries .....	<a href="#">170</a>		
Manual Electronic Inquiries.....	<a href="#">171</a>		
Total Manual Inquiries.....	<a href="#">171</a>		
Automated Calls.....	<a href="#">172</a>		
Total Member Inquiries .....	<a href="#">172</a>		
<u>Reasons for Inquiries Per Member Per Year, by Product</u>			
Benefits.....	<a href="#">173</a>		
Eligibility.....	<a href="#">173</a>		
Claims Status.....	<a href="#">174</a>		
Provider Check.....	<a href="#">174</a>		
Billing & ID Cards.....	<a href="#">175</a>		
Complaints / Grievances.....	<a href="#">175</a>		
Financial Information.....	<a href="#">176</a>		
Other.....	<a href="#">176</a>		
Total Inquiries.....	<a href="#">177</a>		
<u>Reasons for Inquiries as a Percent of Total Inquiries</u>			
Benefits.....	<a href="#">178</a>		
Eligibility.....	<a href="#">178</a>		
Claims Status.....	<a href="#">179</a>		
Provider Check.....	<a href="#">179</a>		
Billing & ID Cards.....	<a href="#">180</a>		
Complaints / Grievances.....	<a href="#">180</a>		
Financial Information.....	<a href="#">181</a>		
Other.....	<a href="#">181</a>		
Total Inquiries.....	<a href="#">182</a>		

## Customer Services

Metric	Page	Definition	Calculation
<b>Call Center</b>			
Average Speed of Answer (ASA).....	<a href="#">183</a>		
ASA Service Level, at 30 Seconds.....	<a href="#">183</a>		
Abandonment Rate.....	<a href="#">184</a>		
Handle Time in Seconds.....	<a href="#">184</a>		
Percent of Calls Blocked.....	<a href="#">185</a>		
Customer Service Inquiry Accuracy.....	<a href="#">185</a>		
Percent of Members Satisfied.....	<a href="#">186</a>		
<b>Email Response Time</b>			
Response Time - Days.....	<a href="#">186</a>		
Percent of Responses Within Two Business Days.....	<a href="#">187</a>		
<b>Timeliness of Customer Services Response</b>			
Days to Resolve Inquiries.....	<a href="#">187</a>		
Percent of Total Inquiries Resolved in Seven Days.....	<a href="#">188</a>		
First Call Resolution Rate.....	<a href="#">188</a>		
<b>Member Appeals</b>			
Percent of Appeals Adverse Decisions Overturned.....	<a href="#">189</a>		
Percent of Appeals Adverse Decisions Upheld.....	<a href="#">189</a>		
Appeals per 10,000 Members.....	<a href="#">190</a>		

Tab 7

Claim and Encounter Capture and Adjudication

Metric	Page	Definition	Calculation
<b>Claims Cost Summary</b>			
<u>Suspended Claims</u>			
		Suspended Claims per Member.....	<a href="#">195</a>
x		Members per FTE.....	<a href="#">195</a>
=		Suspended Claims Processed per FTE per Year.....	<a href="#">195</a>
x		Cost per Suspended Claim.....	<a href="#">195</a>
=		Costs per FTE.....	<a href="#">195</a>
x		FTEs Per 10,000 Members.....	<a href="#">195</a>
=		Costs per Member Per Month.....	<a href="#">195</a>
<u>Total Claims</u>			
x		Claims Processed Per Member.....	<a href="#">195</a>
=		Members Per FTE.....	<a href="#">195</a>
x		Claims Processed Per FTE Per Year.....	<a href="#">195</a>
=		Cost per Claims Processed.....	<a href="#">195</a>
x		Costs Per FTE.....	<a href="#">195</a>
=		FTEs Per 10,000 Members.....	<a href="#">195</a>
		Costs Per Member Per Month.....	<a href="#">195</a>
<u>Staffing vs. Non-Labor</u>			
		Claims Processing Total Non-Staffing Costs per Total FTE.....	<a href="#">195</a>
+		Claims Processing Total Staffing Costs per Total FTE.....	<a href="#">195</a>
=		Claims Processing Total Costs per Total FTE.....	<a href="#">195</a>
x		Claims Processing Total FTEs per 10,000 Members.....	<a href="#">195</a>
=		Claims Processing Cost per Member per Month.....	<a href="#">195</a>
		Percent of Claims Processing Costs that are Staffing.....	<a href="#">195</a>
		Percent of Claims Processing Costs that are Non-Staffing.....	<a href="#">195</a>
		Percent of Claims Processing Costs that are Outsourced.....	<a href="#">195</a>
		Percent of Claims Processing Staffing that is Outsourced.....	<a href="#">195</a>
<b>Volume of Claims</b>			
<u>Claims Received</u>			
		Total Receipts Per Member Per Year.....	<a href="#">196</a>
		Total Receipts Rejected Per Member Per Year.....	<a href="#">196</a>
		Total Rejected Receipts as a Percent of Total Receipts.....	<a href="#">197</a>

**Claim and Encounter Capture and Adjudication (continued)**

<b>Metric</b>	<b>Page</b>	<b>Definition</b>	<b>Calculation</b>
<b>Volume of Claims (continued)</b>			
<u>Processed Claims</u>			
Paper Claims Processed Per Member Per Year.....	<a href="#">198</a>		
Paper Claims Processed as a Percent of Total Claims.....	<a href="#">198</a>		
Electronic Claims Processed Per Member Per Year.....	<a href="#">199</a>		
Electronic Claims Processed as a Percent of Total Claims.....	<a href="#">199</a>		
Total Claims Processed Per Member Per Year.....	<a href="#">200</a>		
Total Claims Processed as a Percent of Total Receipts.....	<a href="#">200</a>		
Cost per Processed Claim.....	<a href="#">201</a>		
<u>Autoadjudicated Claims</u>			
Paper Claims Autoadjudicated Per Member Per Year.....	<a href="#">202</a>		
Paper Auto-Adjudication Rate.....	<a href="#">202</a>		
Paper Claims Autoadjudicated as Percent of Total Claims Autoadjudicated.....	<a href="#">203</a>		
Electronic Claims Autoadjudicated Per Member Per Year.....	<a href="#">203</a>		
Electronic Autoadjudication Rate.....	<a href="#">204</a>		
Electronic Claims Autoadjudicated as Percent of Total Claims Autoadjudicated.....	<a href="#">204</a>		
Total Claims Autoadjudicated Per Member Per Year.....	<a href="#">205</a>		
Total Claims Auto-Adjudication Rate.....	<a href="#">205</a>		
<u>Suspended Claims (Claims Requiring Manual Intervention)</u>			
Paper Claims Suspended Per Member Per Year.....	<a href="#">206</a>		
Paper Suspension Rate.....	<a href="#">206</a>		
Electronic Claims Suspended Per Member Per Year.....	<a href="#">207</a>		
Electronic Suspension Rate.....	<a href="#">207</a>		
Total Claims Suspended Per Member Per Year.....	<a href="#">208</a>		
Total Suspension Rate.....	<a href="#">208</a>		
Cost per Suspended Claim.....	<a href="#">209</a>		
<u>Adjusted Claims</u>			
Total Claims Adjusted Per Member Per Year.....	<a href="#">210</a>		
Total Adjustment Rate.....	<a href="#">210</a>		
<u>Denials</u>			
Denied Claims Per Member Per Year.....	<a href="#">211</a>		
Denied Claims Rate.....	<a href="#">211</a>		
Paid Claims Per Member Per Year.....	<a href="#">212</a>		
Paid Claims Rate.....	<a href="#">212</a>		

**Claim and Encounter Capture and Adjudication (continued)**

<b>Metric</b>	<b>Page</b>	<b>Definition</b>	<b>Calculation</b>
<b>Volume of Claims (continued)</b>			
<u>Percent of Claims by Business Line</u>			
Local.....	<a href="#">213</a>		
BlueCard Host.....	<a href="#">213</a>		
NASCO.....	<a href="#">214</a>		
FEP.....	<a href="#">214</a>		
Government / Public.....	<a href="#">215</a>		
Total Claims Processed.....	<a href="#">215</a>		
<b>Speed of Processing</b>			
Average Payment Period in Days.....	<a href="#">216</a>		
Average Inventory in Days.....	<a href="#">216</a>		
Average Claims Inventory as a Percent of Total Claims Processed.....	<a href="#">217</a>		
<b>Percent of Claims Processed Within the Following Days of Receipt:</b>			
0 - 14 days.....	<a href="#">217</a>		
15 - 30 days.....	<a href="#">217</a>		
31 - 60 days.....	<a href="#">217</a>		
> 60 days.....	<a href="#">217</a>		
Total.....	<a href="#">217</a>		
<b>Timing of Claims Payment</b>			
Average Days Incurred to Receipt of Claim.....	<a href="#">218</a>		
Average Days Receipt of Claim to Payment Approved.....	<a href="#">218</a>		
Average Days Payment Approved to Payment.....	<a href="#">218</a>		
Average Days Incurred to Payment.....	<a href="#">218</a>		
Claims Turn Around Time (TAT).....	<a href="#">218</a>		
<b>Quality</b>			
Dollar Accuracy Percent.....	<a href="#">218</a>		
Frequency Accuracy Percent.....	<a href="#">218</a>		
Interest Paid per Claim Processed.....	<a href="#">219</a>		
Interest Paid as a Percent of Total Health Benefits.....	<a href="#">219</a>		
<b>COB and Subrogation</b>			
COB and Subrogation Recoveries Per Dollar of COB Cost.....	<a href="#">220</a>		
COB and Subrogation Recoveries as a Percent of Health Benefits, Plus Recoveries.....	<a href="#">220</a>		
Net Recoveries as a Percent of Health Benefits, Plus Recoveries.....	<a href="#">221</a>		

**Tab 8**  
**Information Systems**

Metric	Page	Definition	Calculation
<b>Information Systems Cost Summary</b>			
Total FTEs per IS FTE.....	<a href="#">227</a>		
x IS Costs per Total FTE.....	<a href="#">227</a>		
= IS Costs per IS FTE.....	<a href="#">227</a>		
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### Corporate Services Cluster

The Corporate Services Cluster is comprised of the functions of Finance and Accounting, Actuarial, Corporate Executive and Governance and the Corporate Services function. The Corporate Services function includes subfunctions like Facilities, Mailroom, Legal and Human Resources. This tab includes metrics of these subfunctions plus those of Finance and Accounting.

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**Corporate Services Cluster**

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# SHERLOCK BENCHMARKS

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