

# SHERLOCK BENCHMARKS

Independent / Provider-Sponsored Plans Edition



*Volume II*  
Operational Metrics

*Confidential & Trade Secrets*  
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# SHERLOCK BENCHMARKS

## Independent / Provider-Sponsored Edition - 2023

### Volume II: Operational Metrics



SHERLOCK COMPANY

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September 2023

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## INTRODUCTION AND BACKGROUND

### *Background*

This is the “Operational Metrics” book of Volume II of the 2023 *Sherlock Benchmarks* for Independent / Provider-Sponsored Plans (*Sherlock Expense Evaluation Report* or *SEER*). The *Sherlock Benchmarks* provide statistics and analysis summarizing the administrative expenses and operational metrics of 11 Independent / Provider-Sponsored plans. They are intended to facilitate comparisons for users and to assist in the management of health plan administrative expenses.

The premises of the *Sherlock Benchmarks* and a general description of the Independent / Provider-Sponsored universe is found in Volume I, *Financial Metrics*. That volume also contains an extensive description of the participating plans.

### *Organization of the Sherlock Benchmarks*

The 2023 *Sherlock Benchmarks* for Independent / Provider-Sponsored Plans is a carefully compiled and validated summary of the surveyed operational characteristics of leading health plans. 11 Independent/Provider-Sponsored plans participated this year. Collectively, these plans serve 10.5 million people with comprehensive products.

*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. *Sherlock Benchmarks* are unusually comprehensive and validated analytical tool.

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 ten product lines and approximately 70 functions.

**Volume II: Operational Metrics** complements Volume I by facilitating in-depth analyses of the financial metrics. It is subdivided into four documents.

*Staffing and Compensation* focuses on the staffing components of operational metrics and includes average compensation, staffing ratios and outsourcing information.

*Operational Metrics* translates between operational performance and expense performance. 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 costs of claims per-employee. All functions are 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.

*Medical Management Metrics* reports the costs and volumes of key medical management activities.

*Health Care Utilization Metrics* contains health care utilization and cost metrics for forty health services, segmented by product.

In addition to these documents, a comprehensive set of data definitions and calculation notes, called *Common Guidelines*, is provided normally in PDF form for ease of reference.

This document, Volume II – Operational Metrics, is divided into ten 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 claims and settles claims with claimants in accordance with policy provisions. It 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.

## TAB 10. RISK ADJUSTMENT

Risk Adjustment is the analysis of clinical data to match government compensation with the risk factors of members. This includes adjustment for the “three Rs”: permanent risk adjustment, transitional reinsurance and transitional risk corridors.

*Conventions Used in this Report*

In the *Sherlock Benchmarks*, we analyzed costs 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.
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.

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

1. The information is received 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.

### *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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Tab 4

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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
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*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.....	99
x	Members per FTE.....	99
=	Manual Inquiries per FTE per Year.....	99
x	Provider Relations Services Cost per Manual Inquiry.....	99
=	Provider Relations Services Cost per FTE.....	99
x	FTEs per 10,000 Members.....	99
=	Provider Relations Services Costs PMPM.....	99

Total Inquiries

	Total Inquiries per Member.....	99
x	Members per FTE.....	99
=	Total Inquiries per FTE per Year.....	99
x	Provider Relations Services Cost per Total Inquiry.....	99
=	Provider Relations Services Cost per FTE.....	99
x	FTEs per 10,000 Members.....	99
=	Provider Relations Services Costs PMPM.....	99

Per Provider

Manual Inquiries

	Manual Inquiries per Provider.....	100
x	Providers per FTE.....	100
=	Manual Inquiries per FTE per Year.....	100
x	Provider Relations Services Cost per Manual Inquiry.....	100
=	Provider Relations Services Cost per FTE.....	100
x	FTEs per 10,000 Providers.....	100
=	Provider Relations Services Costs per Provider per Year.....	100

Total Inquiries

	Total Inquiries per Provider.....	100
	Providers per FTE.....	100
	Total Inquiries per FTE per Year.....	100
	Provider Relations Services Cost per Total Inquiry.....	100
	Provider Relations Services Cost per FTE.....	100
	FTEs per 10,000 Members.....	100
	Provider Relations Services Costs Per Provider per Year.....	100

**Provider Network Management and Services**

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+ Provider Relations Services Total Non-Staffing Costs per Total FTE.....	<a href="#">100</a>		
= Provider Relations Services Total Costs per Total FTE.....	<a href="#">100</a>		
x Provider Relations Services Total FTEs per 10,000 Members.....	<a href="#">100</a>		
= Provider Relations Services Cost per Member per Month.....	<a href="#">100</a>		
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Manual Electronic Inquiries.....	<a href="#">105</a>		
Total Manual Inquiries.....	<a href="#">105</a>		
Automated Calls.....	<a href="#">105</a>		
Total Provider Inquiries .....	<a href="#">105</a>		

## Provider Network Management and Services

Metric	Page	Definition	Calculation
<b>Inquiries (continued)</b>			
<u>Percent of Total Inquiries, by Mode and Product</u>			
Manual			
Manual Calls.....	<a href="#">106</a>		
Paper/Written Inquiries .....	<a href="#">106</a>		
Manual Electronic Inquiries.....	<a href="#">107</a>		
Total Manual Inquiries.....	<a href="#">107</a>		
Automated Calls.....	<a href="#">108</a>		
Total Provider Inquiries .....	<a href="#">108</a>		
Percent of Total Calls Received that are Manual.....	<a href="#">109</a>		
<u>Product Mix of Inquiries</u>			
Manual			
Manual Calls.....	<a href="#">110</a>		
Paper/Written Inquiries .....	<a href="#">110</a>		
Manual Electronic Inquiries.....	<a href="#">111</a>		
Total Manual Inquiries.....	<a href="#">111</a>		
Automated Calls.....	<a href="#">112</a>		
Total Provider Inquiries .....	<a href="#">112</a>		
<b>Provider Portal</b>			
Percentage of Plans with a Provider Portal.....	<a href="#">113</a>		
Name and Vendor of Portal Used.....	<a href="#">113</a>		
Percentage of Providers with Portal Access.....	<a href="#">113</a>		
Number of Portal Sessions / Logins per Provider Per Month.....	<a href="#">113</a>		
<b>Accessibility of Provider Services</b>			
Average Speed of Answer (ASA), in Seconds.....	<a href="#">114</a>		
ASA Service Level, at 30 seconds.....	<a href="#">114</a>		
Abandonment Rate.....	<a href="#">115</a>		
Handle Time, in Seconds.....	<a href="#">115</a>		
<b>Provider Appeals</b>			
Percent of Adverse Decisions Overturned on Appeal.....	<a href="#">116</a>		
Percent of Adverse Decisions Upheld on Appeal.....	<a href="#">116</a>		
Appeals per 10,000 Members.....	<a href="#">117</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="#">118</a>		
x Members per Contracting FTE.....	<a href="#">118</a>		
= Providers per Contracting FTE.....	<a href="#">118</a>		
x Provider Contracting Cost per Provider.....	<a href="#">118</a>		
= Provider Contracting Cost per Contracting FTE.....	<a href="#">118</a>		
x Contracting FTE per 10,000 Members.....	<a href="#">118</a>		
= Provider Contracting Costs PMPM.....	<a href="#">118</a>		
<u>Staffing vs. Non-Labor</u>			
Provider Contracting Total Non-Labor Cost per Total FTE.....	<a href="#">118</a>		
+ Provider Contracting Total Staffing Costs per Total FTE.....	<a href="#">118</a>		
= Provider Contracting Total Costs per Total FTE.....	<a href="#">118</a>		
x Provider Contracting Total FTEs per 10,000 Members.....	<a href="#">118</a>		
= Provider Contracting Cost per Member per Month.....	<a href="#">118</a>		
Percent of Provider Contracting Costs that are Staffing.....	<a href="#">118</a>		
Percent of Provider Contracting Costs that are Non-Labor.....	<a href="#">118</a>		
Percent of Provider Contracting Costs that are Outsourced.....	<a href="#">118</a>		
Percent of Provider Contracting Staffing that is Outsourced.....	<a href="#">118</a>		
<b>Number of Providers</b>			
<u>Providers per 1,000 Members</u>			
Primary Care Physicians.....	<a href="#">119</a>		
Professional Specialists.....	<a href="#">119</a>		
Facility.....	<a href="#">119</a>		
Ancillary.....	<a href="#">119</a>		
Total.....	<a href="#">119</a>		
Percentage Change in Number of Providers from Prior Year.....	<a href="#">119</a>		
Providers per Contract.....	<a href="#">119</a>		
<u>Percent of Total Providers</u>			
Primary Care Physicians.....	<a href="#">119</a>		
Professional Specialists.....	<a href="#">119</a>		
Facility.....	<a href="#">119</a>		
Ancillary.....	<a href="#">119</a>		
Total.....	<a href="#">119</a>		



**Provider Network Management and Services**

*Provider Contracting Metrics (continued):*

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

<b>Metric</b>	<b>Page</b>	<b>Definition</b>	<b>Calculation</b>
<b>Number of Provider Contracts</b>			
<u>Provider Contracts per 10,000 Members</u>			
Capitation.....	<a href="#">120</a>		
Risk Sharing.....	<a href="#">120</a>		
Shared Savings.....	<a href="#">120</a>		
Fee-for-Service.....	<a href="#">120</a>		
Total.....	<a href="#">120</a>		
New Contracts Signed During Benchmarked Year, But Not Yet Effective in Benchmarked Year per 10,000 Members.....	<a href="#">120</a>		
Percentage Change in Provider Contracts from Prior Year.....	<a href="#">120</a>		
<u>Percentage Change in Provider Contracts from Prior Year, by Type</u>			
Capitation.....	<a href="#">120</a>		
Risk Sharing.....	<a href="#">120</a>		
Shared Savings.....	<a href="#">120</a>		
Fee-for-Service.....	<a href="#">120</a>		
Total.....	<a href="#">120</a>		
<u>Percent of Provider Contracts by Type - Prior Year</u>			
Capitation.....	<a href="#">121</a>		
Risk Sharing.....	<a href="#">121</a>		
Shared Savings.....	<a href="#">121</a>		
Fee-for-Service.....	<a href="#">121</a>		
Total.....	<a href="#">121</a>		
<u>Percent of Provider Contracts by Type - Benchmarked Year</u>			
Capitation.....	<a href="#">121</a>		
Risk Sharing.....	<a href="#">121</a>		
Shared Savings.....	<a href="#">121</a>		
Fee-for-Service.....	<a href="#">121</a>		
Total.....	<a href="#">121</a>		
<u>Percent of Provider Contracts: New vs. Renewed</u>			
New Contracts.....	<a href="#">121</a>		
Renewed Contracts.....	<a href="#">121</a>		
Total Contracts.....	<a href="#">121</a>		
Percent of Provider Contracts with a Pay-for-Performance Arrangement.....	<a href="#">121</a>		
<b>Provider Payment</b>			
New Contracts.....	<a href="#">122</a>		
Renewed Contracts.....	<a href="#">122</a>		
<b>Provider Credentialing Time.....</b>	<a href="#">123</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>			
x			<a href="#">129</a>
=			<a href="#">129</a>
x			<a href="#">129</a>
=			<a href="#">129</a>
x			<a href="#">129</a>
=			<a href="#">129</a>
<u>Total Transactions</u>			
x			<a href="#">129</a>
=			<a href="#">129</a>
x			<a href="#">129</a>
=			<a href="#">129</a>
x			<a href="#">129</a>
=			<a href="#">129</a>
<u>Staffing vs. Non-Labor</u>			
+			<a href="#">129</a>
=			<a href="#">129</a>
x			<a href="#">129</a>
=			<a href="#">129</a>
			<a href="#">129</a>
			<a href="#">129</a>
			<a href="#">129</a>
			<a href="#">129</a>
<b>Transaction Processing</b>			
<u>Group Transactions per 1,000 Members</u>			
			<a href="#">130</a>
			<a href="#">130</a>
			<a href="#">131</a>
<u>Group Transactions per Group</u>			
			<a href="#">131</a>
			<a href="#">132</a>
			<a href="#">132</a>
			<a href="#">133</a>

**Enrollment / Membership / Billing**

Metric	Page	Definition	Calculation
<b>Transaction Processing (continued)</b>			
<u>Composition of Total Group Transactions</u>			
New Group.....	<a href="#">133</a>		
Renewal/Maintenance.....	<a href="#">134</a>		
Total Group.....	<a href="#">134</a>		
<u>Member Transactions per Member</u>			
Manual			
Electronic Transactions Requiring Manual Intervention.....	<a href="#">135</a>		
All Other Manual.....	<a href="#">135</a>		
Total Manual Transactions.....	<a href="#">136</a>		
Automated			
Direct to System.....	<a href="#">136</a>		
Received on a File.....	<a href="#">137</a>		
Total Automated Electronic.....	<a href="#">137</a>		
Total Member Transactions.....	<a href="#">138</a>		
Note: Total Enrollment Transactions per Member per Year.....	<a href="#">138</a>		
<u>Composition of Total Member Transactions</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>		
Received on a File.....	<a href="#">141</a>		
Total Automated Electronic.....	<a href="#">141</a>		
Total Member Transactions.....	<a href="#">142</a>		
Note: Percent of Member Transactions Submitted Electronically that Require Manual Intervention.....	<a href="#">142</a>		
<b>Enrollment Portal</b>			
Percentage of Plans with an Automated Enrollment Portal.....	<a href="#">143</a>		
Name of Software and Vendor of Automated Enrollment Portal Used.....	<a href="#">143</a>		
<b>Average Enrollment Processing Days</b>			
Groups.....	<a href="#">144</a>		
Members.....	<a href="#">144</a>		
<b>Enrollment Accuracy</b>			
Groups.....	<a href="#">145</a>		
Members.....	<a href="#">145</a>		

**Enrollment / Membership / Billing**

Metric	Page	Definition	Calculation
<b>ID Cards</b>			
Percent of Members that Received Card Before Effective Date.....	<a href="#">146</a>		
Percent of Members that Received Card Within 30 Days of Plan Receiving Paperwork.....	<a href="#">146</a>		
Number of Cards Issued per Member.....	<a href="#">147</a>		
<b>Billing</b>			
Percent of Bills Paid Before Due Date.....	<a href="#">148</a>		
Average Number of Days that Bills Were Sent Prior to Due Date.....	<a href="#">148</a>		
Total Number of Bills Sent per Member.....	<a href="#">149</a>		
<u>Percent of Number Invoices Paid, by Type</u>			
Credit Card.....	<a href="#">150</a>		
ACH and Wire.....	<a href="#">150</a>		
Paper Checks.....	<a href="#">151</a>		
Cash.....	<a href="#">151</a>		
<u>Percent of Dollars of Invoices Paid, by Type</u>			
Credit Card.....	<a href="#">152</a>		
ACH and Wire.....	<a href="#">152</a>		
Paper Checks.....	<a href="#">153</a>		
Cash.....	<a href="#">153</a>		
<u>Dollars of Invoices Paid per Invoice, by Type</u>			
Credit Card.....	<a href="#">154</a>		
ACH and Wire.....	<a href="#">154</a>		
Paper Checks.....	<a href="#">155</a>		
Cash.....	<a href="#">155</a>		
<b>Demographics</b>			
Percent of Membership in the Following Age Categories			
< 21.....	<a href="#">156</a>		
21 - 29.....	<a href="#">156</a>		
30 - 34.....	<a href="#">156</a>		
35 - 39.....	<a href="#">156</a>		
40 - 44.....	<a href="#">156</a>		
< 45 (sum of above).....	<a href="#">156</a>		
45 - 49.....	<a href="#">156</a>		
50 - 54.....	<a href="#">156</a>		
55 - 59.....	<a href="#">156</a>		
60 - 65.....	<a href="#">156</a>		
> 65.....	<a href="#">156</a>		
Total.....	<a href="#">156</a>		
Average Age of Membership.....	<a href="#">158</a>		

**Enrollment / Membership / Billing**

<b>Metric</b>	<b>Page</b>	<b>Definition</b>	<b>Calculation</b>
<b>Group and Membership Characteristics Affecting Total Transactions</b>			
Percent Change in Number of Groups.....	<a href="#">159</a>		
Net Membership Growth Within Retained Groups.....	<a href="#">159</a>		
Percent Change in Number of Individual Members.....	<a href="#">160</a>		
Average Size of Group, Including Individuals.....	<a href="#">160</a>		

## Tab 6

### Customer Services

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

Metric	Page	Definition	Calculation
<b>Customer Services Cost Summary</b>			
Manual Inquiries per Member.....	<a href="#">165</a>		
x Members per FTE.....	<a href="#">165</a>		
= Manual Inquiries per FTE per Year.....	<a href="#">165</a>		
x Customer Service Cost per Manual Inquiry.....	<a href="#">165</a>		
= Costs per FTE.....	<a href="#">165</a>		
x FTEs per 10,000 Members.....	<a href="#">165</a>		
= Costs per Member per Month.....	<a href="#">165</a>		
<u>Staffing vs. Non-Labor</u>			
Customer Services Total Non-Labor Cost per Total FTE.....	<a href="#">165</a>		
+ Customer Services Total Staffing Costs per Total FTE.....	<a href="#">165</a>		
= Customer Services Total Costs per Total FTE.....	<a href="#">165</a>		
x Customer Services Total FTEs per 10,000 Members.....	<a href="#">165</a>		
= Customer Services Cost per Member per Month.....	<a href="#">165</a>		
Percent of Customer Services Costs that are Staffing.....	<a href="#">165</a>		
Percent of Customer Services Costs that are Non-Labor.....	<a href="#">165</a>		
Percent of Customer Services Costs that are Outsourced.....	<a href="#">165</a>		
Percent of Customer Services Staffing that is Outsourced.....	<a href="#">165</a>		
<b>Inquiries</b>			
<u>Inquiries per Member per Year, 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>		
Customer Services Inquiries per 100 Claims.....	<a href="#">169</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="#">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>		
Percent of Total Calls Received that are Manual.....	<a href="#">173</a>		
<u>Product Mix of Inquiries</u>			
Manual			
Manual Calls.....	<a href="#">174</a>		
Paper/Written Inquiries .....	<a href="#">174</a>		
Manual Electronic Inquiries.....	<a href="#">175</a>		
Total Manual Inquiries.....	<a href="#">175</a>		
Automated Calls.....	<a href="#">176</a>		
Total Member Inquiries .....	<a href="#">176</a>		
<u>Reasons for Inquiries Per Member Per Year, by Product</u>			
Benefit Lookup.....	<a href="#">177</a>		
Eligibility.....	<a href="#">177</a>		
Claims Status.....	<a href="#">178</a>		
Provider Check.....	<a href="#">178</a>		
Billing & ID Cards.....	<a href="#">179</a>		
Complaints / Grievances.....	<a href="#">179</a>		
Other.....	<a href="#">180</a>		
Total Inquiries.....	<a href="#">180</a>		
<u>Reasons for Inquiries as a Percent of Total Inquiries</u>			
Benefit Lookup.....	<a href="#">181</a>		
Eligibility.....	<a href="#">181</a>		
Claims Status.....	<a href="#">182</a>		
Provider Check.....	<a href="#">182</a>		
Billing & ID Cards.....	<a href="#">183</a>		
Complaints / Grievances.....	<a href="#">183</a>		
Other.....	<a href="#">184</a>		
Total Inquiries.....	<a href="#">184</a>		

## Customer Services

Metric	Page	Definition	Calculation
<b>Member Services Outsourcing</b>			
Percent of Plans that Outsource the Handling of any Manual Inquiries.....	<a href="#">185</a>		
Percent of Plans that Outsource Manual Inquiries that Include Outsourced Manual Inquiries in Total Manual Inquiries.....	<a href="#">185</a>		
Percent of Manual Inquiries that are handled by Outsourced Vendors.....	<a href="#">185</a>		
<b>Member Portal</b>			
Number of Portal Sessions / Logins per Member with an Account per Year.....	<a href="#">186</a>		
Percent of Members with Registered Accounts.....	<a href="#">186</a>		
Name and Vendor of Portal Used.....	<a href="#">186</a>		
Percentage of Plans with a Member Portal.....	<a href="#">186</a>		
<b>Call Center</b>			
Average Speed of Answer (ASA), in Seconds.....	<a href="#">187</a>		
ASA Service Level, at 30 Seconds.....	<a href="#">187</a>		
Abandonment Rate.....	<a href="#">188</a>		
Percent Transfer.....	<a href="#">188</a>		
Percent Hold.....	<a href="#">189</a>		
Handle Time, in Seconds.....	<a href="#">189</a>		
<b>Quality</b>			
Customer Service Inquiry Accuracy.....	<a href="#">190</a>		
Percent of Members Satisfied.....	<a href="#">190</a>		
Net Promoter Score (NPS)® - Members.....	<a href="#">191</a>		
Net Promoter Score (NPS)® - Groups.....	<a href="#">191</a>		
<b>Timeliness of Customer Services Response</b>			
Days to Resolve Inquiries.....	<a href="#">192</a>		
First Call Resolution Rate.....	<a href="#">192</a>		
<b>Member Appeals</b>			
Percent of Adverse Decisions Overturned on Appeal.....	<a href="#">193</a>		
Percent of Adverse Decisions Upheld on Appeal.....	<a href="#">193</a>		
Appeals per 10,000 Members.....	<a href="#">194</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.....	199		
x Members per FTE.....	199		
= Suspended Claims Processed per FTE per Year.....	199		
x Cost per Suspended Claim.....	199		
= Costs per FTE.....	199		
x FTEs Per 10,000 Members.....	199		
= Costs per Member Per Month.....	199		
<u>Total Claims</u>			
x Claims Processed Per Member.....	199		
= Members Per FTE.....	199		
x Claims Processed Per FTE Per Year.....	199		
= Cost per Claims Processed.....	199		
x Costs Per FTE.....	199		
= FTEs Per 10,000 Members.....	199		
Costs Per Member Per Month.....	199		
<u>Staffing vs. Non-Labor</u>			
Claims Processing Total Non-Labor Cost per Total FTE.....	199		
+ Claims Processing Staffing Costs per Total FTE.....	199		
= Claims Processing Total Costs per Total FTE.....	199		
x Claims Processing Total FTEs per 10,000 Members.....	199		
= Claims Processing Cost per Member per Month.....	199		
Percent of Claims Processing Costs that are Staffing.....	199		
Percent of Claims Processing Costs that are Non-Labor.....	199		
Percent of Claims Processing Costs that are Outsourced.....	199		
Percent of Claims Processing Staffing that is Outsourced.....	199		
<b>Volume of Claims</b>			
<u>Receipts</u>			
Total Receipts Per Member Per Year.....	200		

## Claim and Encounter Capture and Adjudication

Metric	Page	Definition	Calculation
<b>Volume of Claims (continued)</b>			
<u>Receipts Rejected as Incomplete</u>			
Total Receipts Rejected Per Member Per Year.....	<a href="#">201</a>		
Total Rejected Receipts as a Percent of Total Receipts.....	<a href="#">201</a>		
<u>Processed Claims</u>			
Paper Claims Processed Per Member Per Year.....	<a href="#">202</a>		
Paper Claims Processed as a Percent of Total Claims.....	<a href="#">202</a>		
Electronic Claims Processed Per Member Per Year.....	<a href="#">203</a>		
Electronic Claims Processed as a Percent of Total Claims.....	<a href="#">203</a>		
Total Claims Processed Per Member Per Year.....	<a href="#">204</a>		
Total Claims Processed as a Percent of Total Receipts.....	<a href="#">204</a>		
Cost per Processed Claim.....	<a href="#">205</a>		
Pharmacy Claims Processed Per Member Per Year.....	<a href="#">206</a>		
Behavioral Health Claims Processed Per Member Per Year.....	<a href="#">206</a>		
Pharmacy Cost per Pharmacy Claim Processed.....	<a href="#">207</a>		
Behavioral Health Cost per Behavioral Health Claim Processed.....	<a href="#">207</a>		
<u>Autoadjudicated Claims</u>			
Paper Claims Autoadjudicated Per Member Per Year.....	<a href="#">208</a>		
Paper Auto-Adjudication Rate.....	<a href="#">208</a>		
Paper Claims Autoadjudicated as Percent of Total Claims Autoadjudicated.....	<a href="#">209</a>		
Electronic Claims Autoadjudicated Per Member Per Year.....	<a href="#">210</a>		
Electronic Autoadjudication Rate.....	<a href="#">210</a>		
Electronic Claims Autoadjudicated as Percent of Total Claims Autoadjudicated.....	<a href="#">211</a>		
Total Claims Autoadjudicated Per Member Per Year.....	<a href="#">212</a>		
Total Claims Auto-Adjudication Rate.....	<a href="#">212</a>		
<u>Suspended Claims (Claims Requiring Manual Intervention)</u>			
Paper Claims Suspended Per Member Per Year.....	<a href="#">213</a>		
Paper Suspension Rate.....	<a href="#">213</a>		
Electronic Claims Suspended Per Member Per Year.....	<a href="#">214</a>		
Electronic Suspension Rate.....	<a href="#">214</a>		
Total Claims Suspended Per Member Per Year.....	<a href="#">215</a>		
Total Suspension Rate.....	<a href="#">215</a>		
Cost per Suspended Claim.....	<a href="#">216</a>		

## Claim and Encounter Capture and Adjudication

Metric	Page	Definition	Calculation
<b>Volume of Claims (continued)</b>			
<u>Adjusted Claims</u>			
Total Claims Adjusted Per Member Per Year.....	<a href="#">218</a>		
Total Adjustment Rate.....	<a href="#">218</a>		
Percent of Adjusted Claims, by Type			
Plan Error.....	<a href="#">218</a>		
All Other.....	<a href="#">218</a>		
Total Number of Adjusted Claims.....	<a href="#">218</a>		
<u>Denials</u>			
Denied Claims Per Member Per Year.....	<a href="#">219</a>		
Denied Claims Rate.....	<a href="#">219</a>		
Paid Claims Per Member Per Year.....			
Paid Claims Rate.....	<a href="#">220</a>		
<u>Capitation</u>			
Encounters Paid via Capitation Per Member Per Year.....	<a href="#">221</a>		
Encounters Paid via Capitation as a Percent of Total Claims.....	<a href="#">221</a>		
Healthcare Expenses per Encounter paid via Capitation.....			
Healthcare Expenses paid via Capitation as a Percent of Total Healthcare Expenses.....	<a href="#">222</a>		
<u>Claims Processing Steps, Percent of Previous</u>			
Total Claims Processed, PMPY.....	<a href="#">223</a>		
Denied Claims.....	<a href="#">223</a>		
Total Appeals.....	<a href="#">224</a>		
Overturned.....	<a href="#">224</a>		
Upheld.....	<a href="#">225</a>		
<b>Speed of Claims Processing</b>			
Average Payment Period in Days.....	<a href="#">225</a>		
Average Inventory in Days.....	<a href="#">226</a>		
Average Claims Inventory as a Percent of Total Claims Processed.....	<a href="#">226</a>		
<u>Percent of Claims Processed Within the Following Days of Receipt:</u>			
0 - 14 days.....	<a href="#">227</a>		
15 - 30 days.....	<a href="#">227</a>		
31 - 60 days.....	<a href="#">228</a>		
> 60 days.....	<a href="#">228</a>		
Total.....	<a href="#">229</a>		
<u>Timing of Claims Payment</u>			
Average Days Incurred to Receipt of Claim.....	<a href="#">230</a>		
Average Days Receipt of Claim to Payment Approved.....	<a href="#">230</a>		
Average Days Payment Approved to Payment.....	<a href="#">231</a>		
Average Days Incurred to Payment.....	<a href="#">231</a>		
Claims Turn Around Time (TAT).....	<a href="#">232</a>		

**Claim and Encounter Capture and Adjudication**

<b>Metric</b>	<b>Page</b>	<b>Definition</b>	<b>Calculation</b>
<b>Quality of Claims Processing</b>			
Dollar Accuracy Percent.....	<a href="#">233</a>		
Frequency Accuracy Percent.....	<a href="#">233</a>		
Interest Paid per Claim Processed.....	<a href="#">234</a>		
Interest Paid as a Percent of Total Health Benefits.....	<a href="#">234</a>		
<b>EOBs (Explanation of Benefits)</b>			
Percentage of Plans that Allow Members to Opt-Out of Paper EOBs.....	<a href="#">235</a>		
Percent of EOBs Sent Electronically.....	<a href="#">235</a>		
Total EOBs Sent Per Member Per Year.....	<a href="#">236</a>		
Total EOBs Sent per Claim Processed.....	<a href="#">236</a>		
<b>COB and Subrogation</b>			
COB and Subrogation Recoveries Per Dollar of COB Cost.....	<a href="#">237</a>		
COB and Subrogation Recoveries as a Percent of Health Benefits, Plus Recoveries.....	<a href="#">237</a>		
Net Recoveries as a Percent of Health Benefits, Plus Recoveries.....	<a href="#">238</a>		
Primary COB Approach.....	<a href="#">238</a>		
Pay-Then-Pursue.....	<a href="#">238</a>		
Pursue-Then-Pay.....	<a href="#">238</a>		

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

<b>Metric</b>	<b>Page</b>	<b>Definition</b>	<b>Calculation</b>
<b>Information Systems Cost Summary</b>			
Total FTEs per IS FTE.....	<a href="#">243</a>		
x IS Costs per Total FTE.....	<a href="#">243</a>		
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**Information Systems**

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**Information Systems**

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## Tab 9

### 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, Legal and Human Resources. This tab includes metrics of those subfunctions.

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**Corporate Services Cluster**

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**Corporate Services Cluster**

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**Corporate Services Cluster**

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=		Total Usable Square Feet per Total FTE.....	<a href="#">271</a>
x		Facilities Cost per Total Usable Square Foot.....	<a href="#">271</a>
=		Facilities Costs per Total FTE.....	<a href="#">271</a>
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**Corporate Services Cluster**

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=		Total Costs per Total FTE.....	<a href="#">272</a>
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**Corporate Services Cluster**

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(c) Heat, Light and Taxes.....	<a href="#">273</a>		
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## Tab 10

### Risk Adjustment

Risk Adjustment is the analysis of clinical data in order to match government compensation with the risk factors of members. This includes adjustment for the “three Rs”: permanent risk adjustment, transitional reinsurance and transitional risk corridors.

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## Risk Adjustment

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# **SHERLOCK BENCHMARKS**

*Independent / Provider-Sponsored Plans Edition - 2023*

Volume II – Operational Metrics

