

SHERLOCK BENCHMARKS

Blue Cross Blue Shield Edition



Volume II
Operational Metrics

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SHERLOCK BENCHMARKS

Blue Cross Blue Shield Edition - 2024

Volume II: Operational Metrics



SHERLOCK COMPANY

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Includes analyses related to those functions of Rating and Underwriting, Marketing, Sales, Commissions (external) and Advertising and Promotion.

Tab 4. Provider Network Management and Services

Provider Network Management and Services includes analyses of activities such as Provider Relations Services (the initial point of contact (telephonic and written) for provider inquiries), Provider Contracting (including Provider Configuration), 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

This section analyzes Enrollment / Membership / Billing. 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

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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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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
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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

x	Manual Inquiries per Member.....	85	
	Members per FTE.....	85	
=	Manual Inquiries per FTE per Year.....	85	
x	Provider Relations Services Cost per Manual Inquiry.....	85	
=	Provider Relations Services Cost per FTE.....	85	
x	FTEs per 10,000 Members.....	85	
=	Provider Relations Services Costs PMPM.....	85	

Total Inquiries

	Total Inquiries per Member.....	85	
x	Members per FTE.....	85	
=	Total Inquiries per FTE per Year.....	85	
x	Provider Relations Services Cost per Total Inquiry.....	85	
=	Provider Relations Services Cost per FTE.....	85	
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Per Provider

Manual Inquiries

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x	FTEs per 10,000 Providers.....	86	
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Provider Network Management and Services

Provider Contracting Metrics:

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

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x		Costs per FTE.....	111
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x		Total Transactions per Member.....	111
=		Members per FTE.....	111
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x		Costs per FTE.....	111
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=		Enrollment Total Staffing Costs per Total FTE.....	111
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=		Enrollment Total FTEs per 10,000 Members.....	111
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			111
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			111
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Enrollment / Membership / Billing

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Tab 6

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= Costs per FTE.....	127		
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= Costs per Member per Month.....	127		
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x Customer Services Total FTEs per 10,000 Members.....	127		
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x	149		
=	149		
x	149		
=	149		
x	149		
=	149		
<u>Total Claims</u>			
x	149		
=	149		
x	149		
=	149		
x	149		
=	149		
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	149		
+	149		
=	149		
x	149		
=	149		
	149		
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31 - 60 days.....	175		
> 60 days.....	175		
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Average Days Incurred to Receipt of Claim.....	176		
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Information Systems

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Tab 9

Corporate Services Cluster

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Corporate Services Cluster

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20 years.....	200		
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1 year.....	200		
3 years.....	200		
5 years.....	200		
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Corporate Services Cluster

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	203		
+	203		
=	203		
x	203		
=	203		
	203		
	203		
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Corporate Services Cluster

Metric	Page	Definition	Calculation
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	206		
+	206		
=	206		
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=	206		
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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

Metric	Page	Definition	Calculation
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