

# SHERLOCK BENCHMARKS

Larger Edition



*Volume II*

Staffing and Compensation Metrics

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# SHERLOCK BENCHMARKS

## Larger Edition - 2024

### *Volume II: Staffing and Compensation*



SHERLOCK COMPANY

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## INTRODUCTION AND BACKGROUND

### *Background*

This is the “Staffing and Compensation” book of Volume II of the 2024 *Sherlock Benchmarks* for Larger Plans (*Sherlock Expense Evaluation Report* or *SEER*). The *Sherlock Benchmarks* provide statistics and analysis summarizing the administrative expenses and operational metrics of five Larger Blue Cross Blue Shield 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 Larger Plan universe is found in Volume I, *Financial Metrics*. That volume also contains an extensive description of the participating Plans.

### *Organization of Sherlock Benchmarks*

The 2024 *Sherlock Benchmarks* for Larger Plans is a carefully compiled and validated summary of the surveyed operational characteristics of leading health plans. Five Larger Blue Cross Blue Shield Plans participated this year. Collectively, the Plans reflected here serve 31.1 million people with comprehensive products.

The *Sherlock Benchmarks* assists 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 an 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 fourteen product lines and more than 70 functions or sub-functions.

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

*Staffing and Compensation* focuses on the staffing components of operational metrics and includes compensation, staffing ratios and outsourcing information. This content is more fully described below.

*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 per-employee costs of claims. 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 – Staffing and Compensation, is divided into five sections:

#### TAB 1. INTRODUCTION AND BACKGROUND

This section describes the organization, conventions, applicability and processes of the *Sherlock Benchmarks*, particularly with respect to staffing and compensation.

#### TAB 2. STAFFING RATIOS

This section presents analyses of staffing ratios by functional area. The staffing ratios are expressed per 10,000 Members. Staffing ratios reflect internal FTEs plus FTEs stemming from outsourced activities. The “combined” staffing ratios combine both internal and outsourced staff. This is a more accurate representation

of staffing norms than the internal staffing ratios alone since some health plan staffing may be outsourced.

This section also includes estimates of combined staffing ratios by product (e.g., Commercial Insured, Medicare Advantage) and segment (e.g., Individual, Small Group) to reflect the differing work requirements of each segment or product. Ratios for each product or segment are estimated by dividing per member costs by *total* cost per FTE.

These analyses are to provide the user with metrics that enable staffing ratio norms to be tailored to the product and segment mix of your plan.

#### TAB 3. COMPENSATION

This section includes analyses staff compensation including staffing costs per FTE for each function and estimates of the compensation of employees serving the Plan through outsourcing arrangements. Staffing costs presented here include benefits as well as wages and salaries.

In addition, this section provides analysis of the forms of compensation paid to health plan employees. Compensation is segmented into various forms of direct pay and various forms of benefits. If a plan’s compensation costs vary from the norms, then this segmentation may provide further insight.



## TAB 4. LABOR INTENSITY

The mix of labor and non-labor describes labor intensity. Plans supply total expenses and compensation for each function from which we derive non-labor expenses for each function.

We supply analyses of this cost mix for each functional area. The most direct example is Internal Staffing Costs as a percent of total administrative costs for each function. We also calculate overall labor intensity, considering the effect of outsourcing on each function.

## TAB 5. PROPENSITY TO OUTSOURCE

Detailed metrics relating to the propensity to outsource are included in this section. Outsourced staffing costs as a percent of total staffing costs, outsourced staffing costs as a percent of total costs, outsourced FTEs as a percent of total FTEs, outsourced costs as a percent of total costs and outsourced costs per member per month can be found here.

*Conventions Used in this Report*

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

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.

Statistical results are unweighted. That is, each metric reflects equally the experience of each Plan that reports a functional area for a product, without regard to the Plan’s size.

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.

Results were subject to careful validation procedures to attempt to identify, and correct if possible, reporting errors.

Within each firm, ratios based on the total scope of products (for instance in 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 total costs will be lower as a result.

We offer a few additional comments regarding Volume II – Staffing and Compensation.

1. The information is received through our contact, typically someone in the finance area, rather than directly from the operational department themselves. However, finance departments frequently have access to detailed staffing and compensation information corresponding with health plan departments.

2. Additional discussion about the *Sherlock Benchmarks* survey procedures, data analysis and presentation is found under Tab 1 of Volume I.
3. A complete description of the characteristics of the participating Plans is found in Tab 10 of Volume I.

*Questions and Comments*

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

Douglas B. Sherlock, CFA  
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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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