

SHERLOCK BENCHMARKS

*Independent/Provider-Sponsored
Plans Edition*



SHERLOCK BENCHMARKS

Independent/Provider-Sponsored Edition - 2018

Volume I: Financial Metrics



SHERLOCK COMPANY

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TABLE OF CONTENTS

	<u>Tab</u>
Introduction and Background	1
▪ <i>Background, Organization, Conventions, Calculations and Procedures</i>	
Summary Analyses	2
▪ <i>Summary of Medians</i>	
▪ <i>High Level Functional Expenses and Navigator Reconciliation</i>	
▪ <i>Longitudinal Comparison</i>	
▪ <i>Plan Specific Administrative Cost Growth</i>	
Functional Expenses, across Products	3
▪ <i>Identification of Variances due to Product Mix</i>	
▪ <i>PMPM and Percent of Revenue Analyses on Facing Pages</i>	
Functional Expenses of Each Product, PMPM	4
▪ <i>Identification of Cost Variances within Products, expressed PMPM</i>	
Functional Expenses of Each Product, Percent of Premiums or Fees	5
▪ <i>Identification of Cost Variances within Products, expressed Percent of Revenues</i>	
Expenses of Specialty Services and Other Self-Contained Activities	6
▪ <i>Includes Pharmacy, Mental Health, ICD-10 Information Systems Expenses and Healthcare Recoveries</i>	
▪ <i>PMPM and Percent of Revenue Analyses on Facing Pages</i>	
Supplemental Schedules	7
▪ <i>Costs Charged by Parent Organization</i>	
▪ <i>Depreciation and Amortization</i>	
▪ <i>Strategic Project Expenses</i>	
▪ <i>Individual Expenses – Under 65, Market Segments</i>	
Finance and Accounting Details	8
▪ <i>Use of Stop Loss, and its Profitability</i>	
▪ <i>Balance Sheet Metrics, Capitalization Policy of Strategic Projects in Information Systems and Other Investments, Analysis of Strategic Projects, Metrics of Capital Intensity and Aging of PP&E</i>	
▪ <i>Analysis of Taxes Stemming from Health Care Reform</i>	
Information Systems Expenses, Allocated by Supported Functional Area	9
▪ <i>IS Allocations and Applications Summarized and Allocated to Functional Areas</i>	
▪ <i>Analyzed Relative to Functional Area, as Allocated</i>	
▪ <i>Staffing Costs analyzed Relative to Functional Area Costs Adjusted for Information Systems Allocations</i>	
Participant Characteristics	10
▪ <i>Selected Characteristics of Participants</i>	
▪ <i>Membership, Product Mix, Groups Served, Revenues, Health Care Costs, Earnings and Segment Summary</i>	

Tabs 2-10 contain their own Tables of Contents, with links, to locate specific product lines, expense categories or respondent characteristics.

Tab 2

Summary Analyses

This section summarizes the Financial Metrics volume of the Sherlock Benchmarks. It includes a summary of median values, a functional area summary, a longitudinal (year-over-year) comparison, comparisons with other Sherlock Company reports and changes in participant plan cost growth.

The median values for each functional area and product are shown in this section. The summary of medians is intended to provide an immediate and accessible metric of central tendency for administrative costs in each product / expense cell. If your plan has submitted data to this survey, median values are printed in black if the plan has low costs and red if it has high costs.

The functional area summary provides a high level analysis by four high-level clusters of functional areas. Results are presented on a per member per month and percent of revenue basis. All of the expense classifications reported by the respondents have been summarized in this section. Revenues are defined as premiums or self-funded fees. Premiums and fees exclude those of pharmacy and mental health, as do their associated expenses.

Sherlock Benchmark values are provided in a slightly different form in *Plan Management Navigator* and figures in this tab facilitate their comparison.

Also, administrative cost growth is analyzed for health plans that participated in both this and the prior year.

Figure	Analysis	Page
	Summary of Medians	
2-1	Per Member Per Month.....	4
2-2	Percent of Revenues.....	6
2-3	Participant Characteristics.....	8
	High Level Functional Expenses	
2-4 & 2-5	Sales and Marketing.....	12
	Rating and Underwriting	
	Marketing	
	Sales	
	External Broker Commissions	
	Advertising and Promotion	
2-6 & 2-7	Medical and Provider Management.....	14
	Provider Network Management and Services	
	Medical Management / Quality Assurance / Wellness	
2-8 & 2-9	Account and Membership Administration.....	16
	Enrollment / Membership / Billing	
	Customer Services	
	Claim and Encounter Capture and Adjudication	
	Information Systems Expenses	
2-10 & 2-11	Corporate Services.....	18
	Finance and Accounting	
	Actuarial	
	Corporate Services Function	
	Corporate Executive & Governance	
	Association Dues and License / Filing Fees	
2-12 & 2-13	Subtotal Expenses (Excluding Miscellaneous Business Taxes).....	20

Summary Analyses, Continued

Figure	Analysis	Page
	Figures Corresponding with Navigator Publication	
2-14	Pharmacy, Behavioral Health and ICD-10 Administration.....	22
2-15	Account and Membership Administration, Including Pharmacy, Behavioral Health and ICD-10.....	23
2-16	Total Expenses, Including Pharm, Behavioral Health, ICD-10, Excluding Misc. Business Taxes....	24
	Longitudinal Comparison	
2-17	Median Changes in Per Member Per Month Expenses, As-Reported.....	25
2-18	Median Changes in Per Member Per Month Expenses, Constant Mix.....	26
	Plan Specific Administrative Cost Growth	
2-19	Percent Changes in PMPM Administrative Expenses, As-Reported.....	27
2-20	Percent Changes in PMPM Administrative Expenses, Constant-Mix.....	31
2-21	PMPM Changes as a Percent of Total PMPM Changes.....	32
2-22	Dollar Changes in Administrative Expenses.....	34
2-23	Dollar Changes as a Percent of Total, by Function.....	36

Tab 3

Functional Expenses, Across Products

This section provides an analysis of specific functional expenses across product lines. Values are presented to account for whether services are provided internally or outsourced. Costs are presented on a per member per month and percent of premiums and/or fees basis. Premiums and fees exclude those attributable to pharmacy and mental health.

Functional Area	Page
Sales and Marketing	
1. Rating and Underwriting.....	42
(b) Risk Adjustment.....	44
(c) All Other Rating and Underwriting.....	46
2. Marketing.....	48
(a) Product Development and Market Research.....	50
(b) Member and Group Communication.....	52
(c) Other Marketing.....	54
3. Sales.....	56
(a) Account Services.....	58
(b) Internal Commissions.....	60
(c) Other Sales.....	62
4. External Broker Commissions.....	64
5. Advertising and Promotion.....	66
(a) Media and Advertising.....	68
(b) Charitable Contributions.....	70
Medical and Provider Management	
6. Provider Network Management and Services.....	72
(a) Provider Relations Services.....	74
(b) Provider Contracting.....	76
(d) Other Provider Network Management and Services.....	78
7. Medical Management / Quality Assurance / Wellness.....	80
(a) Pre-Certification.....	82
(b) Case Management.....	84
(c) Disease Management.....	86
(d) Nurse Information Line.....	88
(e) Health and Wellness.....	90
(f) Quality Components.....	92
(g) Medical Informatics.....	94
(h) Utilization Review.....	96
(i) Other Medical Management.....	98

Functional Expenses, Across Products, continued

Functional Area	Page
Account and Membership Administration	
8. Enrollment / Membership / Billing.....	100
(a) Enrollment and Membership.....	102
(b) Billing.....	104
9. Customer Services.....	106
(a) Member Services.....	108
(b) Printed Materials and Other.....	110
10. Claim and Encounter Capture and Adjudication.....	112
(a) COB and Subrogation.....	114
(d) Other Claim and Encounter Capture and Adjudication.....	116
11. Information Systems Expenses.....	118
(a) Operations and Support Services.....	120
(b) Applications Maintenance.....	122
(1) Benefit Configuration.....	124
(2) All Other Applications Maintenance.....	126
(c) Application Acquisition and Development.....	128
(d) Security Administration and Enforcement.....	130
Corporate Services Cluster	
12. Finance and Accounting.....	132
(a) Credit Card Fees.....	134
(b) All Other Finance and Accounting.....	136
13. Actuarial.....	138
14. Corporate Services Function.....	140
(a) Human Resources.....	142
(b) Legal.....	144
(1) Compliance.....	146
(2) Government Affairs.....	148
(3) Outside Litigation.....	150
(4) All Other Legal.....	152
(c) Facilities.....	154
(e) Audit.....	156
(f) Purchasing.....	158
(g) Imaging.....	160
(h) Printing and Mailroom.....	162
(i) Risk Management.....	164
(j) Other Corporate Services.....	166

Functional Expenses, Across Products, continued

Functional Area	Page
Corporate Services Cluster, continued	
15. Corporate Executive & Governance.....	168
16. Association Dues and License/Filing Fees	170
Subtotal Expenses	172
17. Miscellaneous Business Taxes.....	174
Total Expenses	176

Tab 4

Functional Expenses of Each Product, PMPM

This section provides an analysis of the expense composition of each product. All expenses for each product are included in each table. Costs are presented on a per member per month basis. Each section includes a statistical analysis of product expenses.

Figure	Product	Page
	Total	
4-1	All Products.....	180
4-2	Comprehensive Total.....	182
	Commercial	
4-3	Commercial HMO, Insured.....	184
4-4	Commercial POS, Insured.....	186
4-5	Commercial Indemnity & PPO, Insured.....	188
4-6	Commercial Total, Insured.....	190
4-7	Commercial, ASO/ASC.....	192
4-8	Commercial Total.....	194
	Medicare	
4-9	Medicare Advantage.....	196
4-10	Medicare SNP.....	198
4-11	Medicare Cost.....	200
4-12	Medicare Total.....	202
4-13	Medicare Supplement.....	204
4-14	Stand-Alone Medicare Part D.....	206
	Medicaid	
4-15	Medicaid HMO.....	208
4-16	Medicaid CHIP.....	210
4-17	Medicaid Total.....	212

Tab 5

Functional Expenses of Each Product, Percent of Premiums and/or Fees

This section provides an analysis of the expense composition of each product. All expenses for each product are included in each table. Each figure includes a statistical analysis of expenses. Costs are presented on a percent of premiums and/or fees basis. Premiums and fees exclude those of pharmacy and mental health, as do associated expenses.

Figure	Product	Page
	Total	
5-1	All Products.....	216
5-2	Comprehensive Total.....	218
	Commercial	
5-3	Commercial HMO, Insured.....	220
5-4	Commercial POS, Insured.....	222
5-5	Commercial Indemnity & PPO, Insured.....	224
5-6	Commercial Total, Insured.....	226
5-7	Commercial, ASO/ASC.....	228
5-8	Commercial Total.....	230
	Medicare	
5-9	Medicare Advantage.....	232
5-10	Medicare SNP.....	234
5-11	Medicare Cost.....	236
5-12	Medicare Total.....	238
5-13	Medicare Supplement.....	240
5-14	Stand-Alone Medicare Part D.....	242
	Medicaid	
5-15	Medicaid HMO.....	244
5-16	Medicaid CHIP.....	246
5-17	Medicaid Total.....	248

Tab 6

Expenses of Specialty Services and Other Self-Contained Activities

This section provides an analysis of specialty and other self-contained net or total expenses across products. These activities are Pharmacy, Mental Health, ICD-10 Information Systems and COB and Subrogation. Values are presented on a per member per month and percent of premiums or premiums equivalent basis.

In calculating ratios, premiums and equivalents exclude pharmacy and mental health, except they are respectively included for pharmacy and mental health functions. Membership refers to all members except in the case of pharmacy, in which only pharmacy members are used if available.

While Pharmacy, Mental Health and ICD-10 Information Systems are excluded from the total expenses found in Tabs 3-5, Healthcare Recoveries contains a more detailed analysis of COB and Subrogation and Provider Recoveries included in those tabs.

Figures	Function	Page
	Pharmacy	
6-1 & 6-2	Administration.....	252
6-3 & 6-4	Gross Benefits.....	254
6-5 & 6-6	Rebates.....	256
6-7 & 6-8	Total Pharmacy Costs.....	258
	Behavioral Health	
6-9 & 6-10	Administration.....	260
6-11 & 6-12	Benefits.....	262
6-13 & 6-14	Total Behavioral Health Costs.....	264
	ICD-10 Information Systems	
6-15 & 6-16	In-House Expenses.....	266
6-17 & 6-18	Outsourced Expenses.....	268
6-19 & 6-20	Total Expenses.....	270
	Healthcare Recoveries	
6-21 & 6-22	COB and Subrogation Recoveries.....	272
6-23 & 6-24	Provider Recoveries.....	274

Tab 7

Supplemental Schedules

- **Costs Charged by Parent Organization** reports the size and scope of costs that are charged to the health plan from its parent organization (e.g. legal services, accounting, etc.). It can also provide a gauge of the reasonableness of such services, though it should be understood that this application is limited since the precise nature of the services for which the parent bills is unknown.
- **Depreciation and Amortization** reports the size and scope of depreciation and amortization expenses. The non-cash expenses of depreciation and amortization are included in the functions that they support in the main schedule of the administrative expense survey form. In this schedule, only depreciation and amortization expenses are included in each functional area.
- **Strategic Project Expenses** reports the size and scope of those expenses that are considered by your plan to be part of strategic projects. Expenses are reported by functional area. "Strategic" here is intentionally vague, as the purpose of this schedule is to allow plans to compare the amount of expenses that they consider strategic with other plans.
- **Individual Expenses** reports those expenses that are for Individual contracts only. This includes ACA compliant members on and off exchange and grandfathered, non-ACA compliant members. Expenses are reported by functional area.
- **Market Segments** reports various metrics for Individual, Small, Middle, Middle/Large and Large groups.

In all schedules, revenues are defined as premiums and fees excluding pharmacy and mental health.

Figure	Schedule	Page
	Costs Charged by Parent Organization	
7-1	Per Member Per Month.....	279
7-2	Percent of Premiums and Fees.....	281
7-3	Percent of Total Function Administrative Expenses.....	283
	Depreciation and Amortization	
7-4	Per Member Per Month.....	285
7-5	Percent of Premiums and Fees.....	287
7-6	Percent of Total Function Administrative Expenses.....	289
	Strategic Project Expenses	
7-7	Per Member Per Month.....	291
7-8	Percent of Premiums and Fees.....	293
7-9	Percent of Total Function Administrative Expenses.....	295

Supplemental Schedules, Continued

Figure	Schedule	Page
	Individual Expenses - Under 65	
	Per Member Per Month	
7-10	ACA.....	297
7-11	Non-ACA.....	299
7-12	Total Individual.....	301
	Group, PMPM	
7-13	Small.....	303
7-14	Middle Market.....	305
7-15	Large.....	307
7-16	Total Group.....	309
	Individual Expenses - Under 65	
	Percent of Premiums	
7-17	ACA.....	311
7-18	Non-ACA.....	313
7-19	Total Individual.....	315
	Group, Percent of Premiums	
7-20	Small.....	317
7-21	Middle Market.....	319
7-22	Large.....	321
7-23	Total Group.....	323
	Market Segments Additional Data	
7-24	Membership.....	325
7-25	Revenues.....	326
7-26	Commissions Expenses, PMPM.....	327
7-27	Commissions Expenses, Percent of Revenue.....	329

Tab 8

Finance and Accounting Details

This includes Stop Loss metrics, which relates to Plan working capital as well as product design. Other topics include metrics of financial condition and liquidity, aging of Property, Plant and Equipment, non-cash expenses, capitalization vs. expense of strategic projects and an analysis of taxes stemming from health care reform.

Stop-Loss insurance is often sold to self-insured (ASO/ASC) customers of health plans. Since stop-loss has different economic characteristics than ASO/ASC but they are often sold together, it can be illuminating to look at stop-loss and ASO/ASC products as though they were combined. In this section, we report the proportion of ASO/ASC membership that purchases stop-loss coverage and the costs and revenues of the product on a stand-alone basis. We also report the combined economics of the ASO/ASC plus the stop loss insurance to get a complete view of these complementary products. These analyses are performed with and without prescription drug and mental health benefits, expenses and associated revenues.

This section also includes metrics of financial efficiency, financial strength, capital intensity, amortization policies, strategic projects and ACA taxes and fees.

Figure	Schedule	Page
Stop-Loss		
8-1	Stop-Loss Sold Members as a Percent of Self-Insured Members.....	333
8-1	Stop-Loss Only.....	333
8-2	Self-Insured Fees Plus Stop-Loss.....	333
8-2	Self-Insured Premium-Equivalents Plus Stop-Loss.....	334
Finance and Accounting Metrics		
8-3	Equity Turnover.....	335
8-3	Operating Return on Equity.....	335
8-3	Days of Accounts Receivable.....	335
8-3	Days of Premiums Receivable.....	335
8-3	Current Ratio.....	335
8-3	RBC Ratio.....	335
Property, Plant and Equipment		
8-4	Property, Plant and Equipment Value, PMPM.....	336
8-4	Non-Cash Expenses, PMPM.....	336
8-4	Non-Cash Expenses as a Percent of Total Function Administrative Expenses.....	336
8-4	Average Age in Years of Property, Plant and Equipment.....	336

Finance and Accounting Details, Continued

Figure	Schedule	Page
	Strategic Projects - Capitalized vs. Expensed	
8-5	Per Member Per Month.....	337
8-6	Percent of Projects.....	338
8-7	Information Systems vs. Other Functions as a Percent of Total Functions.....	339
8-8	Additional Metrics.....	340
	ACA-Related Taxes and Fees	
8-9	Per Member Per Month.....	341
8-9	Percent of Premiums and Fees.....	341
8-9	Note: Membership and Revenue Denominators.....	341

Tab 9

Information Systems, Allocated by Supported Functional Areas

This section provides an analysis of functional expenses, allocating Information Systems expense to the functional areas that it supports. These allocations are then analyzed to determine the impact on each functional area, how it varies between functional areas and the importance of staffing costs relative to the reallocated expenses.

The first analysis, "Information Systems Allocations," includes all IS expenses such as infrastructure and software. The second analysis is only for applications that can be traced to specific functional areas.

This analysis is based on Comprehensive Total data. Revenues are defined as premiums and self-funded fees. Premiums and fees exclude those of pharmacy and mental health, as do associated expenses. "Loaded" means that the information systems allocations have been added to the reported functional area costs.

Figure	Schedule	Page
Information Systems Allocations		
9-1	Information Systems Allocations, PMPM.....	344
9-2	IS Allocations as a Percent Revenue.....	345
9-3	Percent of IS Costs Allocated to Each Functional Area.....	346
9-4	IS Loaded Functional Area Expenses PMPM.....	347
9-5	IS Costs as a Percent of Loaded Functional Area Costs.....	348
9-6	IS Staffing Costs as a Percent of Loaded Functional Area Costs.....	349
Information Systems Applications Allocations		
9-7	Applications Information Systems Dollar Allocations, PMPM.....	350
9-8	Applications IS Dollar Allocations as a Percent Revenue.....	351
9-9	Percent of Applications IS Costs Allocated to Each Functional Area.....	352
9-10	Applications IS Loaded Functional Area Expenses PMPM.....	353
9-11	Applications IS Costs as a Percent of Loaded Functional Area Costs.....	354

Tab 10

Participant Characteristics

This section provides a profile of the respondents to this edition of the benchmarking study. We summarize membership, product mix, groups served, revenues, medical expenses, profit margin and other key attributes.

Figure	Characteristic	Page
Membership		
10-1	Member Months - Individual and Group (000's).....	357
10-2	Average Members - Individual and Group (000's).....	358
10-3	Average Members - Individual (000's).....	359
10-4	Average Members - Group (000's).....	360
10-5	Change in Average Membership.....	361
10-6	Mix - Product Membership as a Percent of Total Comprehensive Membership.....	362
10-7	Mix - Individual Membership as Percent of Total Product Membership.....	363
10-8	Mix - Group Membership as Percent of Total Product Membership.....	364
10-9	Average Number of Groups Served.....	365
10-10	Average Group Size (Member Months / Groups Months).....	366
10-11	Change in Average Number of Groups Served.....	367
Revenues		
10-12	Premiums and/or Self Funded Fees (000,000's).....	368
10-13	Premiums and/or Premium Equivalents (000,000's).....	369
10-14	Premiums and/or Self Funded Fees (excluding Rx and M.H.) (000,000's).....	370
10-15	Premiums and/or Premium Equivalents (excluding Rx and M.H.) (000,000's).....	371
10-16	Premiums and/or Self Funded Fees PMPM.....	372
10-17	Premiums and/or Premium Equivalents PMPM.....	373
10-18	Premiums and/or Self Funded Fees PMPM (excluding Rx and M.H.).....	374
10-19	Premiums and/or Premium Equivalents PMPM (excluding Rx and M.H.).....	375
10-20	Change in Gross Premiums/Self Funded Fees, PMPM.....	376
10-21	Mix - Premiums and Self-Funded Fees as a Percent of Overall Total Premiums and Self-Funded Fees.....	377
10-22	Mix - Premiums and Premium Equivalents as a Percent of Overall Total Prem. and Prem. Equivalents.....	378
Health Care Costs		
10-23	Health and Other Benefit Costs PMPM.....	379
10-24	Health and Other Benefit Costs PMPM (excluding Rx and M.H.).....	380
10-25	Health Benefits Ratio (MLR) (Benefits / Premiums & Premium Equivalents).....	381
10-26	Health Benefits Ratio (MLR) (Benefits / Premiums & Premium Equivalents) (excluding Rx and M.H.).....	382
10-27	Change in Net Health and Other Benefit Costs, PMPM.....	383
Administrative Expenses		
10-28	Administrative Costs PMPM (excluding Rx, M.H. and ICD-10 IS).....	384
10-29	Administrative Expense Ratio (Premiums and Fees) (Excluding Rx, M.H. and ICD-10 IS).....	385
10-30	Administrative Expense Ratio (Premium and Fees) (Including Rx, M.H. and ICD-10 IS).....	386
10-31	Administrative Expense Ratio (Premium Equivalents) (Excluding Rx, M.H. and ICD-10 IS).....	387
10-32	Administrative Expense Ratio (Premium Equivalents) (Including Rx, M.H. and ICD-10 IS).....	388

Participant Characteristics, Continued

Figure	Schedule	Page
	Profit	
10-33	Operating Earnings PMPM.....	389
10-34	Operating Margin.....	390
	Characteristics by Segment	
10-35	ACA, Under 65.....	391
10-36	Non-ACA, Under 65.....	392
10-37	Total Individual.....	393
10-38	Small Group.....	394
10-39	Middle Market.....	395
10-40	Large Group.....	396
10-41	Total Group.....	397

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