

SHERLOCK BENCHMARKS

Independent / Provider-Sponsored Plans Edition



Volume I
Financial Metrics

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SHERLOCK BENCHMARKS

Independent/Provider-Sponsored Edition - 2021

Volume I: Financial Metrics



SHERLOCK COMPANY

July 2021

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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 behavioral 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.

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

Healthcare Recoveries contains a more detailed analysis of COB and Subrogation and Fraud, Waste and Abuse recoveries included in Tabs 3-5.

COVID Expenses captures those expenses incurred in 2020 stemming from the COVID-19 pandemic. These expenses are also included with expenses reported in the main administration schedule. While reported by function, examples of such expenses are member care packages, advertising and member communications, care management expansion and education, enhanced cleaning and facility updates for safety, additional staffing, including a 50% salary premium for hazard pay, information systems services and equipment costs related to work from home, extension of helpdesk vendors, telehealth change costs, COVID testing, and others.

The Digital Readiness schedule is intended to capture "digital readiness" spend. Digital readiness is defined as the ability of members, providers, employees, vendors and other parties to use technological solutions to engage with the health plan. These expenses are also included with expenses reported in the main administration schedule. Examples include provider and member portal adoption, electronic claims submission adoption, use of electronic invoices and payments, advertising and member and provider materials to promote digital readiness.

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- **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.
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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 behavioral health benefits, expenses and associated revenues.

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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.

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