KPI ENCYCLOPEDIA

A Comprehensive Collection of KPI Definitions for

HEALTH INSURANCE

opsdog®

www.opsdog.com | info@opsdog.com | 844.650.2888

Table of Contents

Health Insurance KPI Encyclopedia

Health Insurance Metric Definitions

Health Insurance Operations **2**

Member Services **4**

New Business Processing **11**

Application Processing **14**

Underwriting **16**

Claims Processing **18**

Actuarial **21**

Sales & Business Development **23**

Network Development & Management **25**

This content may not be copied, distributed, republished, uploaded, posted or transmitted in any way without the prior written consent of OpsDog, Inc.

© OpsDog, Inc.

Member Services

Health Insurance*

- Health Plan Operations
  - **Member Services**
    - New Business Processing
      - Application Processing
      - Underwriting
      - Member Onboarding*
    - Claims Processing
    - Actuarial
- Sales & Business Development
- Network Development
- Patient Education & Wellness Programs*

The Member Services function is responsible for the reception of incoming calls and requests from current policyholders to assist with account updates, payments, insurance policy inquiries, account modifications, or status updates. This function assists policyholders in understanding the policies they have and informs them of additional insurance products they can offer.

** These sections are not included in this document.*

Member Services

KPI Encyclopedia

Cost

- **Policyholder Services Expense per Transaction** – The total policyholder services (or in-force customer service) expense over a given period of time divided by the total number of transactions performed by the policyholder services group over the same period of time.
- **Policyholder Services Expense per Policy In-Force** – The total policyholder services (or in-force customer service) expense over a given period of time divided by the total number of in-force policies in the same period of time.
- **Group Service Expense** – The total cost of in-force group policies (e.g., maintenance costs for all cases or accounts) divided by the total number of in-force group policies under management.

Organizational

- **Support Staff per Direct Sales Representative** – The number of support employees, including administrative support, research, production, etc. divided by the total number of direct sales representatives.
- **Total Headcount: In-Force Customer Service Representatives** – The total number of in-force customer service representatives working for the company.
- **Organizational Structure: In-Force Customer Service** – A yes/no metric indicating whether the In-Force Customer Service function is centralized (all employees in a single location) or decentralized.

Productivity

- **Policyholders per Case Manager** – The total number of policyholders (in-force customers) divided by the total number of case management employee working for the insurance company.
- **Policyholders per Certified Actuarial** – The number of insurance policyholders served by the company over a certain period of time divided by the total number of certified (SOA, CAS, etc.) actuarial staff members working for the company.
- **Average Handle Time by Call Reason: Application Inquiry** – The average amount of time required to handle a customer call related to the status of their insurance application over a certain period of time, including after-call work (wrap time) and hold time.

Productivity (Cont.)

- **Average Handle Time by Call Reason: Benefits Inquiry** – The average amount of time required to handle an incoming call from a customer inquiring about their health plan benefits over a certain period of time, including after-call work (wrap time) and hold time.
- **Average Handle Time by Call Reason: Billing Inquiry** – The average amount of time required to handle an incoming call from a customer inquiring about their bill(s) over a certain period of time, including after-call work (wrap time) and hold time.
- **Average Handle Time by Call Reason: Broker Inquiry** – The average amount of time required to handle an incoming call from an insurance broker selling the firm's health plan products over a certain period of time, including after-call work (wrap time) and hold time.
- **Average Handle Time by Call Reason: Claims** – The average amount of time required to handle an incoming call from a customer inquiring about a health insurance claim over a certain period of time, including after-call work (wrap time) and hold time. These calls include general claims inquiries, disputes, appeals and claims referrals.
- **Average Handle Time by Call Reason: Cost Estimate** – The average amount of time required to handle an incoming call from a customer inquiring about cost estimates (out-of-pocket costs, etc.) over a certain period of time, including after-call work (wrap time) and hold time.
- **Average Handle Time by Call Reason: Deductible Inquiry** – The average amount of time required to handle an incoming call from a customer inquiring about their health insurance deductibles over a certain period of time, including after-call work (wrap time) and hold time.
- **Average Handle Time by Call Reason: Default** – The average amount of time required to handle an incoming call from a customer inquiring about past due medical bills or premium payments over a certain period of time, including after-call work (wrap time) and hold time.
- **Average Handle Time by Call Reason: Eligibility Inquiry** – The average amount of time required to handle an incoming call from a customer inquiring about their health plan coverage over a certain period of time, including after-call work (wrap time) and hold time.

© OpsDog, Inc.

Member Services (Cont.)

KPI Encyclopedia

Productivity (Cont.)

- **Average Handle Time by Call Reason: Issue Escalation** – The average amount of time required to handle a customer call that requires an escalation, an issue which required "escalation" to a manager or supervisor, over a certain period of time, including after-call work (wrap time) and hold time.
- **Average Handle Time by Call Reason: Financial Assistance Program** – The average amount of time required to handle an incoming call from a customer inquiring about the health plan financial assistance program eligibility and coverage over a certain period of time, including after-call work (wrap time) and hold time.
- **Average Handle Time by Call Reason: General Inquiry** – The average amount of time required to handle an incoming call from a customer with a general inquiry over a certain period of time, including after-call work (wrap time) and hold time. Calls that can not be segmented into a more specific call reason category are counted here.
- **Average Handle Time by Call Reason: ID Card Inquiry** – The average amount of time required to handle an incoming call from a customer inquiring about health plan membership ID cards over a certain period of time.

Productivity (Cont.)

- **Average Handle Time by Call Reason: Payment Inquiry** – The average amount of time required to handle an incoming call from a customer inquiring about making a current bill payment, or about a recent or upcoming bill, over a certain period of time, including after-call work (wrap time) and hold time.
- **Average Handle Time by Call Reason: Provider Inquiry** – The average amount of time required to handle an incoming call from a customer inquiring about network healthcare providers over a certain period of time, including after-call work (wrap time) and hold time.

Quality

- **Complaint Tracking** – A yes/no metric indicating whether the firm currently has a formal approach or system to track complaints for their products.
- **Customer Online Account Updates** – A yes/no metric indicating whether customers are given direct access to their online accounts to perform their own updates.
- **Customer Service Days** – The number of business days per week on which customer service representatives are available.

To download the full document, add this product to your shopping cart and complete the purchase process.

opsdog©