Health Insurance

Benchmarks, KPI Definitions & Measurement Details





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Benchmarking Report Terms & Conditions

The OpsDog Health Insurance Benchmarking Report



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OpsDog, Inc.

1502 Augusta Dr., Suite 200 Houston, TX 77057 Tel: 844-650-2888 The OpsDog Health Insurance Benchmarking Report



More than 2,500 KPI values (i.e., data points) were analyzed to produce benchmarks for the 22 KPIs included in this report.¹

Data Range: 2012-2017

Region(s) Included: United States

The benchmarks included in this report were found to be comparable across companies of varying sizes (i.e., number of employees, total revenue).

Methodology: Data Collection & Validation



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General Health Insurance KPIs	4
Medical Loss Ratio (MLR)	5
Health Plan Members Per Employee	9
Revenue per Health Plan Member	11
New Business Processing KPIs	13
New Member Enrollment Accuracy Rate	14
New Member Enrollment (Electronic) Cycle Time	16
New Member Enrollment (Manual) Cycle Time	18
Percentage of Member ID Card Renewals Received On-Time	20
Percentage of New Member ID Cards Received On-Time	22
Claims Processing KPIs	24
Claims Denial Rate (Medical/Health)	25
Claim Settlement Cycle Time (Medical)	
Claims First Pass Resolution Rate	30
Cost per Claim (Medical)	33
ERA Accuracy Rate	35
ERA Transparency Rate	37
Percentage of Charges Transferred	40

Percentage of Claim Lines Paid \$0

Percentage of Claims Completed Within 15 Days

43

45

Medical Coding & Billing KPIs	ί.		 					47
Benefit Accuracy Rate		 -					 	48
Claims Auto-Adjudication Rate		 -		 -			 	51
Contracted Fee Schedule Match Rate		 -		 -		-	 	53
Patient Eligibility Accuracy Rate							 	56

Network Development & Management KPIs	59
Provider Enrollment Request Cycle Time	60

Claims Processing

Health Insurance

New Business Processing

Claims Processing

- Medical Coding & Billing
- Network Development & Management
- The claims processing function is tasked with examining and processing insurance claims, paper and/or electronic. Processors determine whether to return, pend, deny or pay claims within the client's policy guidelines and determine steps necessary for adjudication. In addition, claims processing compares claim applications and/or provider statements with policy files and other records to evaluate completeness and validity of claim.

Definition & Measurement Details



What is Cost per Claim (Medical)?

The total cost (labor, technology and overhead) of processing medical insurance claims, including claims intake, adjustment, estimate and settlement/ closure, divided by the total number of medical claims processed over the same period of time.



Benchmarks & Characteristics of High Performers



Cost per Claim (Medical)

Total Medical Insurance Claim Processing Expense / Total Number of Medical Claims Processed



How to read this chart: This chart summarizes the performance gaps between high (Top 5%), mid (Median) and low (Bottom 5%) performers for this Key Performance Indicator (KPI). For example, the column labeled "Top 5%" represents a company that outperformed 95% of the peer group observed for this metric.

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