

Revenue per Health Plan Member

Benchmarks, Definition & Measurement Details

**SAMPLE
CONTENT & DATA**



Revenue per Health Plan Member

Definition & Measurement Details



What is Revenue per Health Plan Member?

The amount of total revenue generated by the health insurance company over a certain period of time divided by the average number of health plan members, or policyholders, covered by the company over the same period of time.

Why should this KPI be measured?

Revenue per Health Plan Member measures the average dollar amount of revenue generated by the company per health plan policyholder, or member. This metric is a general measure of company profitability, as

How is this KPI calculated?

Two numbers are used to calculate this KPI: (1) the total revenue generated by the company over a certain period, and (2) the average number of policyholders, measured by

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Revenue per Health Plan Member

Benchmarks & Characteristics of High Performers



Revenue per Health Plan Member

Total Revenue / Total Number of Health Plan Policyholders



Characteristics of High Performers

- KPIs are well-defined, tracked and tied to performance reviews
- Robust self-service options for customer

Sample Size: XX

KPI Type: XX

Unit: XX

Is High or Low Best?: XX

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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