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Medicare Advantage Plans' Benchmarks

Per Member Administrative Costs Declined, Overall and Account and Membership Administration

Medicare is a Bright Spot

Health plans focused on Medicare Advantage benefited from the growth in this product, which exceeded overall growth of the other products provided by the plans. Reflecting the fact that cost optimization has become an increasing priority, per member administrative costs declined.

Total expenses, PMPM, decreased by 6.7% for selected Medicare health plans and by 5.3% for Account and Membership Administration. This is shown in Figure 1, drawn from the 2015 Sherlock Benchmarking Study. Rates of growth for total expenses and for Account and Membership Administration were lower than in any of the previous five years. Over the past six years, this was the only year that had a decline in Account and Membership Administration.

This presentation of cost trends excludes the new taxes resulting from the Affordable Care Act. When they are included, administrative costs PMPM increased by 1.4%.

The above comparisons should be understood as "real" increases. That is, they eliminate the effect of changes in the product mix, such as the increasing importance of Medicare in the product portfolios of these health plans.

Figure 1. Sherlock Benchmark Summary
Medicare Plans' Rates of Change for Account and Membership Administration and Subtotal: Core, Constant Mix

Background on Medicare Advantage

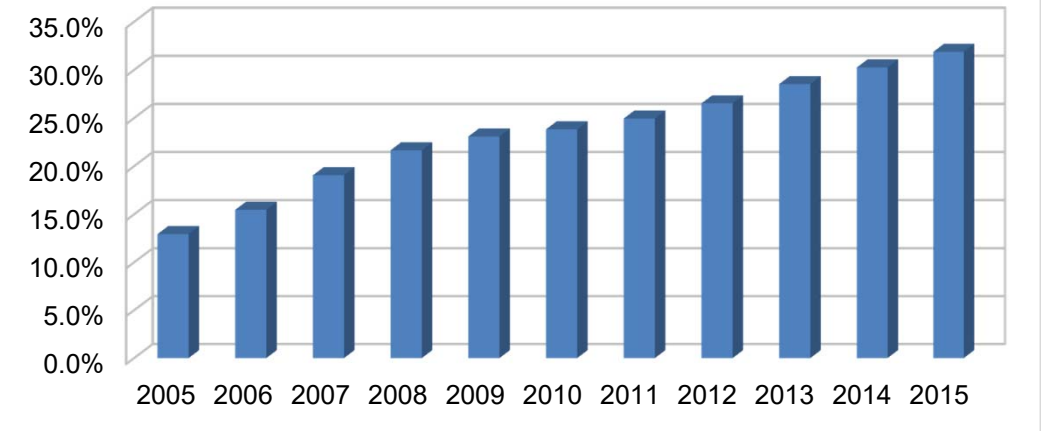
Medicare Advantage ("MA") replaces regular Medicare for an increasing proportion of beneficiaries. MA supplies additional benefits above regular Medicare but, unlike Medicare Supplemental policies, they are integrated with the regular benefits of Medicare.

As of March 2015, according to the CMS State/County Penetration file, Medicare Advantage plans served 17.3 million people of the 54.3 million eligible. Membership increased by 8.3% from 16.0 million in March of 2014. By contrast, the number of people eligible for Medicare but electing the Fee-For-Service ("FFS") program increased by 0.5% that period. The proportion of eligible Medicare members selecting Medicare Advantage increased from 30.3% in March of 2014 to 31.9% in 2015. The CBO, as of March 2015, believes that membership in MA plans will be 27 million in 2022, or approximately 40% of all eligibles. This growth surprised some experts. According to Kaiser Family Foundation, "When Congress debated the payment reductions in 2010, forecasters and analysts also projected that reductions would drive insurers to raise premiums, cut extra benefits and even pull out of the Medicare Advantage market as they did after the Balanced Budget Act of 1997. Thus far, however, the response by insurers to the ACA cuts has been more muted."

Taking the longer view, Medicare Advantage participation increased from 12.9% in 2005 to 31.9% in 2015. In every year since, the net number of people joining MA plans exceeded those joining FFS Medicare. In fact, because membership in FFS declined from 2006 through 2009, the number of people served by in Medicare FFS is now lower than it was in 2005.

Medicare Advantage provides payments for care beyond the scope of regular Medicare. However, this difference is chiefly that Medicare Advantage combines the scope of benefits with supplemental benefits that beneficiaries separately purchase. According to a Kaiser Family Foundation analysis of CMS's Medicare Current Beneficiary Survey ("MCBS"), only 14% of Medicare beneficiaries have no supplemental coverage.

Figure 2. Sherlock Benchmark Summary
Medicare Advantage Membership Trends



The increasing proportion of beneficiaries participating in Medicare Advantage may result from the needs of certain seniors coupled with the declining benefits offered by employers. According to a February 2015 AHIP analysis of MCBS Medicare Advantage members were more likely to have incomes less than $20,000 annually, and more likely to be from a minority population. Moreover, the proportion of large firms that offer retiree health benefits to active workers has declined from 40% in the late 1990s to 25% in 2014.

In competing with Medicare Supplemental products, Medicare Advantage plans apparently enjoy a cost advantage. According to MedPAC's March 2015 Report to the Congress: Medicare Payment Policy, payments to MA plans exceeds FFS spending for each of the various types MA plans. But their bids for Medicare covered services are 94% of what Medicare pays, and for MA HMOs, that ratio is 90%. (HMOs comprised 10.4 million or 65.8% of all Medicare Advantage beneficiaries as of November 2014.) This suggests that Medicare HMOs provide FFS services at a significant cost advantage to the regular Medicare program. MedPAC summarizes the sources of the respective cost advantages of the two alternatives as follows: "traditional FFS Medicare has lower administrative costs and offers beneficiaries an unconstrained choice of health care providers, but it lacks incentives to coordinate care and is limited in its ability to modify care delivery."

Besides the apparent underlying cost advantage, Medicare Advantage plans enjoy subsidies not available through Medicare Supplemental policies. In 2015, MA plans are paid 107% of FFS spending, and 106% for the HMO type plans. Without the subsidy, (notwithstanding the cost advantage) presumably, the some MA members would have instead purchased supplemental policies or done without. So the higher payments have the effect of subsidizing Medicare Advantage to low income beneficiaries, in particular.

That Medicare Advantage is disproportionately selected by low income beneficiaries may have the effect of muting political pressure to reduce MA payments. But those pressures remain. MedPAC, Medicare's advisory commission, "favor(s) providing a financially neutral choice between private MA plans and traditional FFS Medicare. Medicare's payment systems should not unduly favor one component of the program over the other." In addition, beginning in 2014, MA plans were required to meet medical loss ratio (MLR) requirements. MedPAC had thought that "margins for years after 2012 may be lower because of factors such as the program-wide sequester that reduced Medicare payments, and because of the medical loss ratio requirement introduced in the Patient Protection and Affordable Care Act." (They now do not believe this to be the case.) Since plans in this study report median health benefit ratios typically in excess of 90%, the MLR rules (which are limited to a floor of 85%) do not appear to be a significant source of cost pressure.

So, What Happened in 2014?

The 2015 Sherlock Benchmarks for Medicare Plans (also called the Sherlock Expense Evaluation Report or SEER) reflect continuing efforts by health plans to manage administrative expenses, combined with increased efforts to adapt to the demands of the market. The increases summarized here reflect PMPM increases and costs stemming from membership whose care and administrative needs changed over the periods. Overall, as-reported costs decreased by 4.0%, compared with a decline of 1.9% last year and an increase of 7.1% in the year before. Pharmacy, Mental Health and ICD-10 expenses are included as part of the total expenses in this presentation.

For convenience of analysis, we group various functional areas into clusters and standardize for the size of the health plans by expressing administrative expenses on a per member basis. Clusters are comprised of functions listed, without subcategories, in Appendix C. All rates of change are median values which we view to be more representative of central tendency than means. (The drawback of this convention is some calculation limitations.) All rates of change were calculated using plans that have participated during both comparison years. All values exclude investment and non-operating income and expense, income taxes and miscellaneous business taxes.

Account and Membership Administration decreased by 2.4%. Its decline follows the 5.3% decline of last year and the 0.6% decline in the year before that. While Enrollment and Claim and Encounter Capture and Adjudication both increased at double-digit rates, and Customer Services also increased, a decline in Information Systems expenditures overwhelmed the trend in the cluster. Notably, this was the second year in a row of declines in per member Information Systems costs.

Provider and Medical Management cost trends were up slightly. While Medical Management increased at low single digits, Provider Network Management and Services declined by high single digits.

Corporate Services Cluster costs declined by 4.0% compared with an increase of 3.4% last year. This area had a sharp bifurcation in expense trends. While Finance and Accounting declined, and Actuarial's decline was especially sharp, Corporate Executive and Governance, Corporate Services and Association Dues and License / Filing Fees all increased at low single digit rates.

Figure 3. Sherlock Benchmark Summary
Medicare Plans' Median Changes in Per Member Per Month Expenses

	2013 Data		2014 Data	
Functional Area	**As Reported**	**Constant Mix**	**As Reported**	**Constant Mix**
Sales and Marketing	-8.9%	-5.9%	-9.7%	-2.4%
Provider & Medical Management	-1.1%	0.2%	1.6%	-0.8%
Account & Membership Administration	-5.3%	8.1%	-2.4%	-5.3%
Corporate Services	3.4%	2.7%	-4.0%	-4.7%
Total Expenses	-1.9%	3.8%	-4.0%	-6.7%

The decline in Sales and Marketing is largely responsible for the modest growth in total costs. This is the second year in a row that this has been the case, and this trend contrasts with the relatively robust growth in membership. External broker Commissions and Rating and Underwriting both declined, while Marketing, Sales and Advertising and Promotion increased. The Rating and Underwriting decline was especially steep.

Membership growth was quite rapid in continuously participating plans, notwithstanding the sharp decline in Sales and Marketing expenses. The median membership growth was 3.3%, but was 17.2% for the Medicare Advantage products. Commercial membership was effectively flat and shifted in favor of ASO. Medicaid membership increased by 13.2%.

The Affordable Care Act imposes certain taxes that sharply increase administrative costs. Because these taxes are not based on the health plan's earnings, they are similar to state premium taxes. Participants in the Sherlock Benchmarks group them with Miscellaneous Business Taxes. In 2014, the cost of Miscellaneous Business Taxes was $4.56 PMPM, as compared with $0.13 PMPM last year. This $4.43 increase was approximately equal to 60% of the value of the Medical and Provider Management cluster of expenses. We have not included Miscellaneous Business Taxes in the cost trends noted above because they are not under the control of the health plan management team. The rate of cost increase, including Miscellaneous Business Taxes was 3.3%, compared with a decrease of 3.1% last year.

Excluding the Effects of Changes in Mix, What Happened?

On a constant-mix basis, total administrative costs decreased by 6.7%, a decline from the 3.8% increase last year. We consider the constant mix increase to be the "real" increase in costs. We calculate this as the differences between last year's costs weighted by this year's product mix for continuously participating plans.

The trends in PMPM costs are less after the effect of changes in mix is eliminated: a decline of 6.7% PMPM versus an as reported decline of 4.0%. That is because the shift in favor of Medicare accelerates overall trend. Since Medicare has higher per member cost than other products, the faster growth of Medicare amplifies the rate of cost increases. So, when we exclude the effect of the increasing presence of high cost Medicare, the rate of growth diminishes.

All cluster growth declined except for Sales and Marketing which declined by 2.4% compared with a decline of 5.9% in the prior year. On a constant-mix basis, three of the five functions in this cluster declined. Rating and Underwriting, Advertising and Promotion and broker Commissions all decreased, in that order of percent decline. By contrast, Sales sharply increased and Marketing increased slightly.

Account and Membership Administration's decline of 5.3% was the central reason for the decline in overall PMPM administrative costs. Information Systems cost decrease, the first in at least the last five years, was the sole reason for the decline, since all other functions in this cluster increased.

Typically, trends in Information Systems are the opposite of Claims and, accordingly, in 2014, Claim and Encounter Capture and Adjudication increased at a low double-digit rate. Customer Services also increased at a low double-digit rate, the fastest growth since 2011. After declines in the prior two years, in 2014 Enrollment / Membership / Billing increased at low double-digit rates, the fastest since 2011. It is possible that the sharp increases in both Enrollment and Customer Services stem from the turmoil from the Affordable Care Act.

Constant-mix changes in Medical and Provider Management declined slightly, 0.8%, after a trend that was effectively flat, PMPM in 2013. Provider Network Management and Services declined sharply, which was especially remarkable considering that it builds on a notable decline in 2013. Medical Management/Quality Assurance/Wellness increased at its slowest rate since 2010.

Corporate Services costs decreased by 4.7%, compared with 2013's increase of 2.7%, as three of the five functions posted declines. This was the slowest growth since 2010. Actuarial expenses decreased at low double-digit rates and, while this is a small function, the size of the decline drove the decline in the Corporate Services cluster. The large Corporate Services function had a modest decline, but its size greatly impacts the cluster. Finance and Accounting also decreased at low double-digit rates. Corporate Executive and Governance and Association Dues and License/Filing Fees increased at low single digit rates.

Administrative Expenses for Medicare Plans were $42.04 PMPM

The costs to administer all comprehensive products for Medicare Plans were $42.04 PMPM. This should be interpreted as a weighted average value. With a different universe and a different product mix, last year's reported costs were $48.35 PMPM. The costs are shown in Figure 4 with last year's costs shown in Appendix A.

The cost differences between this year's and last year's universes stem from three factors: differences between the mix of products that are offered by the two panels, the actual changes in cost trends for the plans and the changes in the underlying costs of the participants between the two years.

Most of this year's plans also participated last year. Figure 4 provides insight to both their trends and the effect of their product mix. Since overall expenses grew faster on an as reported basis than they did when one holds the mix constant, the mix in the 2015 survey must have been more expensive than that of the prior year. In other words, they were more committed to Medicare.

For the universe as a whole it is not possible precisely quantify the role of the three factors since we don't know this and last year's results for some of the plans. But by reweighting we can infer that the overall mix is less expensive than last year, and the typical share in Medicare Advantage is less. If we compare a variety of trend scenarios for the plans that did not participate in both years, it looks as though, overall, the plans participating in 2015 were likely somewhat more expensive than last year's. In any event, while Medicare Advantage PMPM costs are higher by 4.0%, Medicare SNP are lower by 8.6%

Account and Membership administrative costs is the largest cluster of functional areas, comprising Enrollment, Claims, Customer Services and Information Systems. Costs of this cluster, at $15.60 PMPM, were $1.93 lower than last year.

Per member per month Sales and Marketing Costs, at $11.63, was 7.9% lower than last year, or by $0.99. This is the second most important cluster of functions and includes Rating and Underwriting, Sales, Marketing, broker Commissions and Advertising.

Provider and Medical Management costs of $7.48 PMPM were $0.32 lower than last year's value of $7.79. This cluster contains the functions of Provider Network Management and Services and Medical Management. This cluster is the smallest.

Corporate Services Cluster includes Finance and Accounting, Actuarial, Corporate Executive and Governance as well as the sub functions such as HR, Legal, Facilities, Mailroom and similar activities. The PMPM costs of $7.33 was $0.62 lower than last year. (Last year's cluster values are shown in Appendix A.)

Figure 4. Sherlock Benchmark Summary
Medicare Plans' Costs by Functional Area Cluster, 2014 Data
Per Member Per Month

Functional Area	25th Percentile	Median	75th Percentile	Coefficient of Variation
Sales and Marketing	$10.06	$11.63	$11.90	28%
Medical and Provider Management	$5.21	$7.48	$9.15	23%
Account and Membership Administration	13.51	15.60	18.33	45%
Corporate Services	6.63	7.33	8.95	67%
Total Expenses	$34.49	$42.04	$45.71	34%

Administrative Costs in Each Product Maintained Their Relative Relationships

The Medicare plans that participated in the Sherlock Benchmarks offered products in 2014 that maintained their historic relative cost relationships with one another. Medicare Advantage cost 67% more than the per member costs of the closest commercial equivalent, Commercial HMO Insured. Costs of the products were $82.51 PMPM and $49.30 PMPM, respectively. Medicare members have greater health care needs, and the administrative activities like claims and customer services somewhat track these health costs.

The cost of Medicare SNP was $135.81 PMPM, an amount that was 65% higher than Medicare Advantage. Medicare SNP beneficiaries are often dual eligible (with Medicaid) and are sicker than most Medicare beneficiaries. The stand-alone pharmacy benefit for seniors, Medicare Part D, had a median cost of $18.97.

Commercial ASO was approximately one-half the cost of the commercial products at $21.80 PMPM. The chief difference is that Sales and Marketing expenses tend to run lower, per member, since ASO members are usually in large groups so that marketing cost are divided among more members.

Medicaid was a low administrative cost insured product for the population less than 65, at $29.57 PMPM. CHIP cost even less at $22.63.

Figure 5. Sherlock Benchmark Summary
Medicare Plans' Costs by Product, 2014 Data
Per Member Per Month

Product	25th Percentile	Median	75th Percentile	Coefficient of Variation
Medicare	$70.09	$83.62	$108.28	31%
Advantage	$66.64	$82.42	$110.14	32%
SNP	$105.59	$127.34	$131.58	24%
Medicaid Total	$22.87	$27.10	$34.54	43%
HMO	$23.00	$28.41	$34.73	43%
CHIP	$14.35	$22.63	$43.48	57%
Commercial Insured Total	$34.62	$40.18	$59.33	34%
HMO	$37.49	$49.30	$59.26	33%
POS	$34.63	$43.14	$52.64	39%
Indemnity & PPO	$31.90	$41.33	$54.55	37%
Commercial ASO	$18.54	$20.75	$23.60	36%
Comprehensive Total	$34.49	$42.04	$45.71	34%
Medicare Part D	$14.08	$18.97	$23.87	73%

Administrative Expense for Medicare plans was 8.9% of Premiums

Overall the administrative expenses decreased by 1.3 percentage points as a percent of premiums and equivalents to 8.9%, compared with 10.3% last year. Despite this, Medicare Advantage was 9.2% of premiums compared with 8.5% last year. Medicare SNP, however, was 8.4% compared with 9.7% last year. The Medicare comprehensive products had median administrative costs of 8.8% up from 8.5% last year.

Overall, the commercial insured ratios improved versus last year at 11.6% compared with 12.1% last year. The largest difference was that HMO increased from 10.3% to 10.8%. The POS product declined by 0.1 percentage point to 9.3% and Indemnity and PPO increased by the same amount to 12.8%.

ASO increased from 5.9% to 6.0%.

Medicaid's values were lower on a percent of premium basis. While Medicaid HMO declined by 0.8 percentage points to 8.6%, CHIP declined by two percentage points to 14.2%.

Figure 6. Sherlock Benchmark Summary
Medicare Plans' Costs by Product, 2014 Data
Percent of Premium Equivalents

Product	25th Percentile	Median	75th Percentile	Coefficient of Variation
Medicare	7.6%	8.8%	11.4%	28%
Advantage	7.6%	9.2%	11.4%	28%
SNP	6.2%	7.7%	9.6%	43%
Medicaid Total	7.4%	8.6%	10.6%	27%
HMO	7.4%	8.6%	10.5%	27%
CHIP	10.6%	14.2%	18.3%	45%
Commercial Insured Total	9.8%	11.6%	14.3%	32%
HMO	8.9%	10.8%	14.6%	35%
POS	9.0%	9.3%	12.9%	35%
Indemnity & PPO	11.3%	12.8%	13.5%	31%
Commercial ASO	5.4%	5.7%	6.5%	33%
Comprehensive Total	8.5%	8.9%	11.3%	23%
Medicare Part D	8.2%	9.4%	10.7%	37%

The Composition of Expenses Also Shifted

As previously noted, administrative expenses decreased 1.3 percentage points relative to premiums to 8.9% (last year's results are in Appendix B). Please note that all of the percents are in premium equivalents to place ASO products on the same revenue basis as insured products.

Both Sales and Marketing and Provider and Medical Management were lower than last year's results by 0.4 percentage points and 0.1 percentage points, respectively. Sales and Marketing and Provider and Medical Management comprised 2.4% and 1.7% of premium equivalents.

Conversely, Account and Membership Administration and Corporate Services both increased. Account and Membership Administration increased by 0.1 percentage points to 3.5% and Corporate Services increased by 0.3 percentage points to 2.5%.

While the dispersion of results generally widened, with the coefficient of variation increasing by 4 percentage points to 22%, the Medical and Provider Management coefficient declined by 28 percentage points to 18%.

Comparisons Across Universes

Health plans in other Sherlock Company benchmark universes also offer Medicare products. In this section we compare the results of the Medicare products offered by those other universes to those of organizations focused on Medicare.

We define "focused" to be those plans that have a disproportionate commitment to the Medicare product. The median percent of revenues from Medicare products was 41%, with 34% and 50% at the 25th and 75th percentile values, respectively. The median revenue mix for Blues and IPS were 8% and 26%, respectively.

Figure 7. Sherlock Benchmark Summary
Medicare Plans' Costs by Functional Area Cluster, 2014 Data
Percent of Premium Equivalents

Functional Area	25th Percentile	Median	75th Percentile	Coefficient of Variation
Sales and Marketing	2.3%	2.4%	19.6%	20%
Medical and Provider Management	1.4%	1.7%	1.9%	18%
Account and Membership Administration	3.1%	3.5%	4.1%	38%
Corporate Services	2.2%	2.5%	3.0%	49%
Total Expenses	8.5%	8.9%	11.3%	23%

Since the data definitions are the same, it is possible to directly compare the plans in our Medicare Advantage universe with Blue Cross Blue Shield plans and Independent / Provider – Sponsored plans. Together, these three universes serve 1.72 million Medicare Advantage members.

(Not included here are 650,000 members served in SNP products in other universes, Medicare Advantage products served by Medicaid Plans and Medicare Cost contracts. Collectively, the Sherlock Benchmarks include the results of 2.4 million people or nearly 15% of all Medicare Advantage members in March 2015.)

Compared with the Medicare plans, Blue Cross Blue Shield Plans cost $2.45 less than the Medicare Plans and, measured as a percent of premiums, were 0.3 percentage points less. The IPS plans were much higher both in PMPM and in percent of premium. This likely has to do with the very small share that in the IPS's product portfolio. Start-up business lines are normally expensive.

We don't show this, but a close analysis of the Blue Cross Blue Shield universe indicates that the chief difference is that the Medicare plans have much higher Corporate Services expenses. These expenses are more likely to be scalable. This Blue advantage is partially offset by higher Sales and Marketing Costs. Medical and Provider Management also tends to be higher among the IPS Plans. Interestingly, the Account and Membership Administration area is typically lower for the Medicare-focused plans.

The Medicare plans had somewhat higher health benefit ratios with a median of 93% versus 91%. Operating margins were slightly lower for the Medicare plans.

Figure 8. Sherlock Benchmark Summary

Medicare Advantage Product Characteristics by Universe, 2014 Data

	Medicare Plans	IPS Plans	BCBS Plans	Combined Plans
Total Costs				
Per Member Per Month				
25th Percentile	$66.64	$74.48	$71.88	$69.16
Median	82.42	103.51	80.06	86.39
75th Percentile	110.14	181.48	101.38	107.16
Coefficient of Variation	32%	52%	20%	39%
Percent of Premiums and Equivalents				
25th Percentile	7.6%	9.1%	7.9%	7.9%
Median	9.2%	22.9%	8.9%	9.5%
75th Percentile	11.4%	24.7%	12.4%	12.4%
Coefficient of Variation	28%	53%	28%	52%
Plans offering Medicare	10	5	11	26
Medicare Members (millions)	0.68	0.11	0.93	1.72
Comprehensive Total Members (millions)	5.36	2.44	29.17	36.96

About The Sherlock Benchmarks and the Medicare Universe

These results are excerpted from the Medicare edition of the 2015 Sherlock Expense Evaluation Report. The results are based on our detailed surveys of 2014 operating parameters of 10 Medicare focused plans. Accordingly much more information is available by licensing the Sherlock Benchmarks. We hope you will not hesitate to contact us at sherlock@sherlockco.com if you are interested in licensing these materials or if we can answer any further questions.

Including all of our benchmarks, those published in 2015 will comprise the experience of approximately 700 health plan years. We also have universes of Blue Cross Blue Shield Plans, Larger health plans, Medicaid plans and Independent/Provider-Sponsored plans. Earlier this month, we published results on the Medicaid plans and a few months ago on the Blue Cross Blue Shield Plans and Independent/Provider-Sponsored plans.

Medicare health plans are especially interesting in today's environment because they are a source of growth for health plans and are marketing primarily to individuals rather than through an employer sponsor.

The Medicare universe consists of 10 plans serving a total of 680,000 Medicare Advantage plus 36,000 Medicare SNP members. These two products comprise an average of 43% of their annual revenues. In addition, approximately 80,000 additional members are served through a stand-alone Medicare Part D.

Appendix A. Sherlock Benchmark Summary

Medicare Plans' Costs by Functional Area Cluster, 2013 Data

Per Member Per Month

Functional Area	25th Percentile	Median	75th Percentile	Coefficient of Variation
Sales and Marketing	$10.87	$12.63	$13.66	$0.42
Medical and Provider Management	$6.73	$7.79	$9.21	94%
Account and Membership Administration	13.53	17.53	22.71	42%
Corporate Services	6.75	7.95	9.64	57%
Total Expenses	$37.71	$48.35	$62.16	$0.46

Appendix B. Sherlock Benchmark Summary

Medicare Plans' Costs by Functional Area Cluster, 2013 Data

Percent of Premium Equivalents

Functional Area	25th Percentile	Median	75th Percentile	Coefficient of Variation
Sales and Marketing	2.6%	2.8%	3.0%	14%
Medical and Provider Management	1.5%	1.7%	2.0%	46%
Account and Membership Administration	3.1%	3.4%	4.3%	34%
Corporate Services	1.7%	2.2%	2.8%	52%
Total Expenses	8.3%	10.3%	11.6%	19%

Appendix C. Sherlock Benchmark Summary

Major Functions Included in Each Administrative Expense Cluster

Sales & Marketing
- Rating and Underwriting
- Marketing
- Sales
- External Broker Commissions
- Advertising and Promotion

Provider & Medical Management
- Provider Network Management and Services
- Medical Management / Quality Assurance / Wellness

Account & Membership Administration
- Enrollment / Membership / Billing
- Customer Services
- Claim and Encounter Capture and Adjudication
- Information System Expenses

Corporate Services Cluster
- Finance and Accounting
- Actuarial
- Corporate Services Function
- Corporate Executive and Governance
- Association Dues and License/Filing Fees

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