CITY OF VANCOUVER Performance Guarantees – Effective 01/01/2022 to 12/31/2022

Guarantee Measure	Specified Line of Business	Target	Fees At Risk	Definition	Measurement Criteria
Claims Dollar Accuracy	Overall Plan Results	Minimum of 97% quarterly accuracy rate (no greater than 3% error rate)	$0.10 Per Medical Member Per Month	This measure tracks the percentage of audited claim dollars paid correctly. Examples of dollar/payment errors include, but are not limited to: Claims paid in wrong amount (paid higher than non-authorized benefit level or paid at lower than the authorized level), Duplicate payment made, Payment of non-eligible benefits, Payment to ineligible enrollee (subscribers, dependents, member ID) or provider, Misapplied deductibles and maximums resulting in payment error, or Any charge missing from any portion of the claim. Statistical errors, zero-paid, adjustments and denial codes due to computer logic and provider billing errors are excluded from this measurement. The net dollar amount of all errors on a claim should be counted when determining the total dollars processed accurately for that claim.	Measured and reported quarterly based on a claims report extracted by Regence claims auditing unit the percentage of claims processed from all lines of business. Results based on overall Regence corporate performance levels.
Claims Turnaround Timeliness	Overall Plan Results	Minimum of 97% processed within 30 calendar days	$0.10 Per Medical Member Per Month	This measure tracks the percent of claims processed to the “approved to pay” status within the specified number of days. The processing period will be measured from the date the claim is received by the Plan or clearinghouse to the date the claim is processed and in the “approved to pay” status.	Measured and reported quarterly based on a claims report extracted by Regence claims auditing unit the percentage of claims processed from all lines of business. Results based on overall Regence corporate performance levels.
Claims Processing Accuracy	Overall Plan Results	Minimum of 95% quarterly accuracy rate (no greater than 5% error rate)	$0.10 Per Medical Member Per Month	This measure tracks the percentage of audited claims processed correctly. All financial errors are processing errors. Only one processing error per claim is counted even if more than one item on a claim caused an error. Examples of errors are defined as but no limited to: Claims which are rejected incorrectly, Zero paid claims (e.g. all dollars applied incorrectly to deductibles resulting in no payment), Correct payment amounts but mailed/credited to wrong payee (e.g., correct amount mailed to provider instead of enrollee or to wrong provider), Misapplied deductibles or maximum that do not result in payment errors, and Claim overpayments or underpayments. Statistical errors, denial codes due to computer logic and provider billing errors are excluded from this measurement.	Measured and reported quarterly based on a claims report extracted by Regence claims auditing unit the percentage of claims processed from all lines of business. Results based on overall Regence corporate performance levels.
Average Speed of Answer	ASO Service Center	Average response time of no more than 45 seconds per answered call	$0.10 Per Medical Member Per Month	This measure tracks the average number of seconds between the time calls into the customer service call center are queued until the call is answered.	Measured and reported quarterly based on performance measured by automated call distribution system. Results based on the performance levels of the ASO Service Center.

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Abandonment Rate	ASO Service Center	No greater than 5% call abandonment rate	$0.10 Per Medical Member Per Month	This measure tracks the percentage of abandoned calls calculated by dividing the number of abandoned calls (calls reaching the member service line and placed in queue but not answered because the caller hangs up) divided by the total number of calls.	Measured and reported quarterly based on performance measured by automated call distribution system. Results based on the performance levels of the ASO Service Center.
Monthly Reporting Timeliness	Group Specific	Within 45 calendar days after the close of the reporting period	$0.10 Per Medical Member Per Month	This measure tracks the number of days after the close of the reporting period it takes Regence to deliver the monthly on-demand reporting to the Plan Sponsor. If the group uses the Employer Center for online reporting, the reports need to be available on the website within this timeframe.	Measured and reported quarterly based on documentation by Regence staff of delivery dates.