

City and County of Broomfield

2014

January 1, 2014 - December 31, 2014



Prepared by:

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Project Id 317846

Data provided by: Anthem BCBS of Colorado

Methodology and Enrollment Summary

We analyzed your medical claims experience compared to that of your peers. This comparison will allow you to identify and address potential issues concerning health care utilization and costs. Be sure to review all exhibits for the full scope of this analysis. Make note of large differences between your actual experience and the norm, as this may indicate room for improvement.

This report:

- Displays claims paid from January 1, 2014 to December 31, 2014, but may not reflect all claims incurred over this period.
- Is calculated using the proprietary claims analysis system Decision Master® Warehouse.

The following counts and assumptions are used to create this report for your company:

Number of employees	501
Number of single contracts	211
Number of single + 1 contracts	0
Number of single + 2 contracts	0
Number of family contracts	290
Total enrolled	1,139

Health Plan Cost

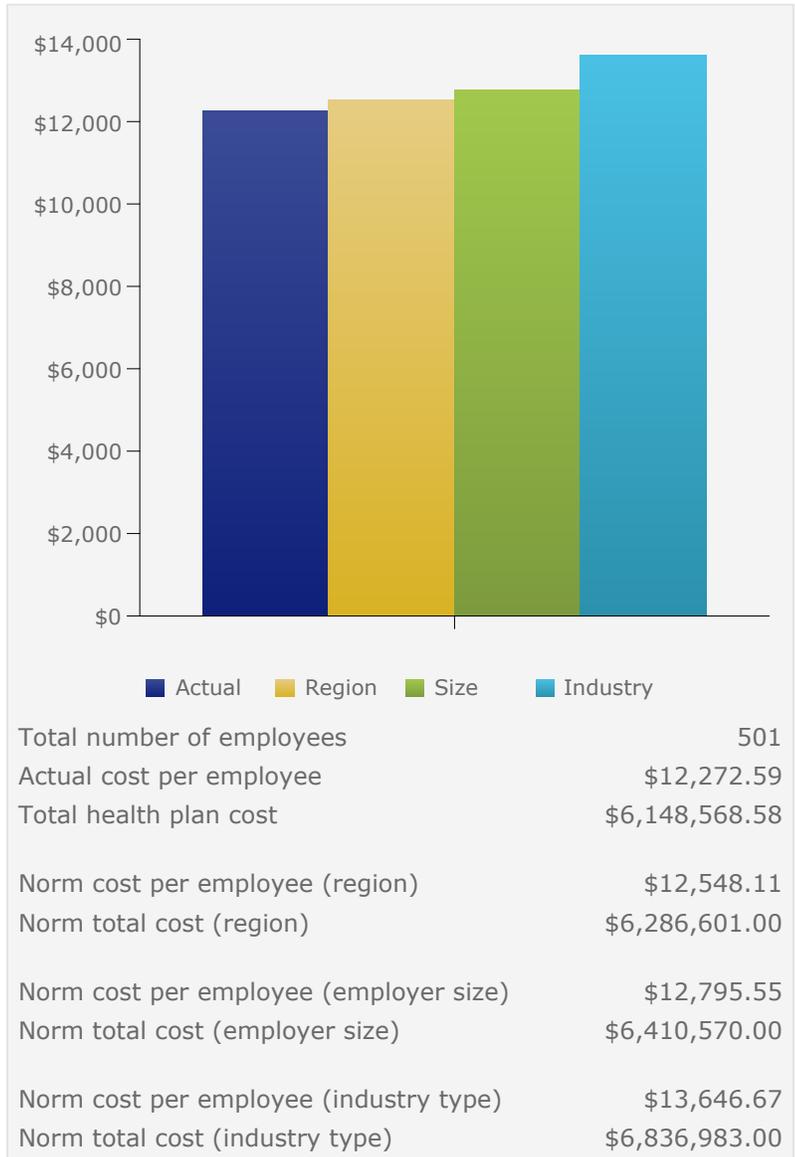
Gauge how your total health plan expense per employee compares to that of other similarly sized employers in your region and industry. Keep in mind:

- Prescription drug and fixed costs shown are based on values provided.
- Claim amounts represent claims paid during the period; they may not reflect all claims incurred over this period.

Region	West
Industry type	State/Local Government

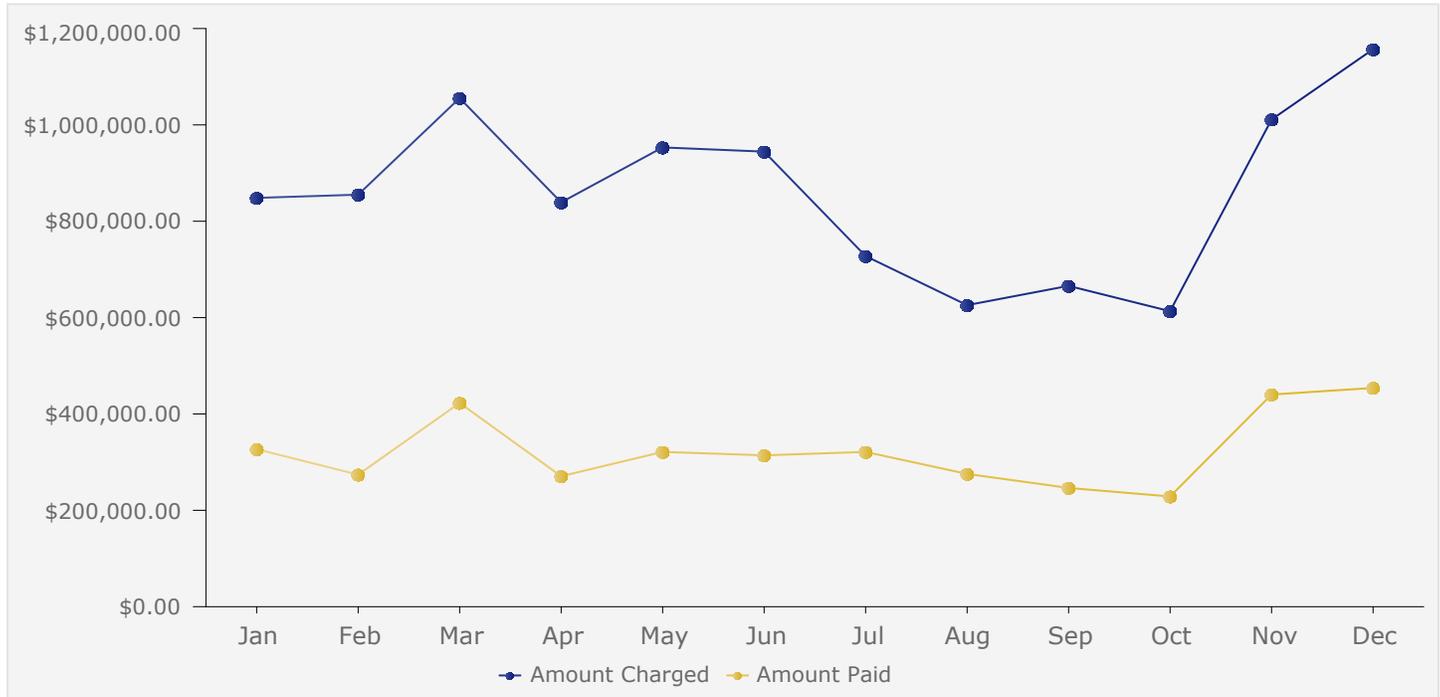
Points to consider:

- Do you employ the most appropriate funding method for your health plan?
- Is there a need to review contribution levels or implement a spousal carve-out?
- What impact do catastrophic claims have on your costs?
- Is there a noticeable return on investment for managed care or other cost containment programs?
- Would potential cost savings be achieved if services, such as utilization review and disease management, were unbundled?



Health Plan Cost Trend

Examine the pattern of your claim charges and payments over the course of the reporting period to identify irregularities or opportunities.



Your Total Health Plan Cost

	Per Employee	Total
Net paid claims (less amount over specific)	\$7,744.15	\$3,879,822
Prescription drug costs	\$2,269.19	\$1,136,863
Administrative costs/premium	\$2,259.25	\$1,131,884
Actual cost	\$12,272.59	\$6,148,569
Region benchmark	\$12,548.11	\$6,286,601
Employer size benchmark	\$12,795.55	\$6,410,570
Industry type benchmark	\$13,646.67	\$6,836,983

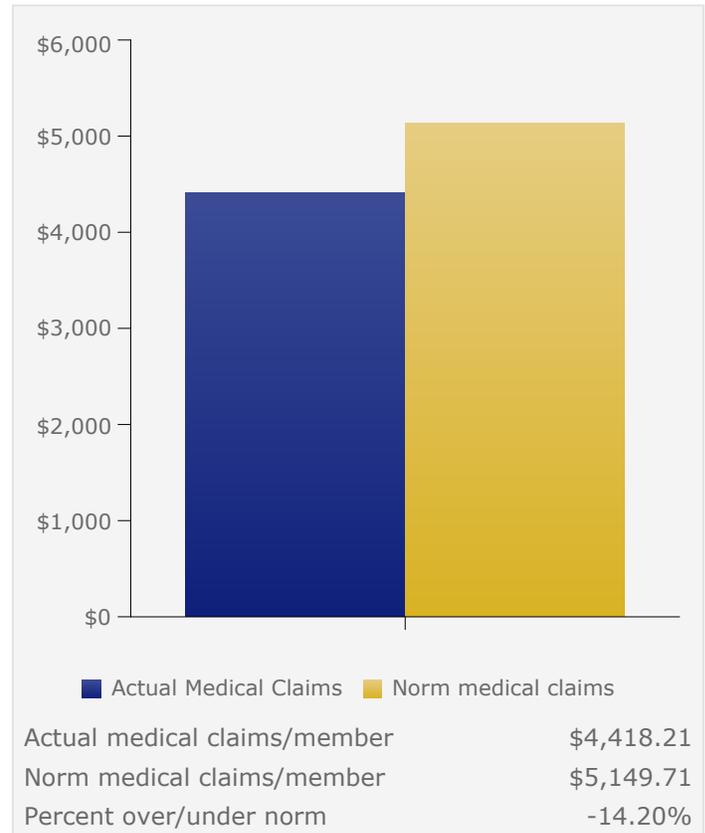
Norm source: "Employer Health Benefits 2014 Annual Survey", The Henry J. Kaiser Family Foundation and Health Research and Educational Trust, September 2014.

Medical Claims Cost

Compare your costs per member with the norm. Administrative and fixed costs are not included; prescription drug expense is included unless otherwise stated. Use this exhibit as your first indication as to whether your claims costs are in-line with your peers, based on benchmarking by location, industry and plan type.

Points to consider:

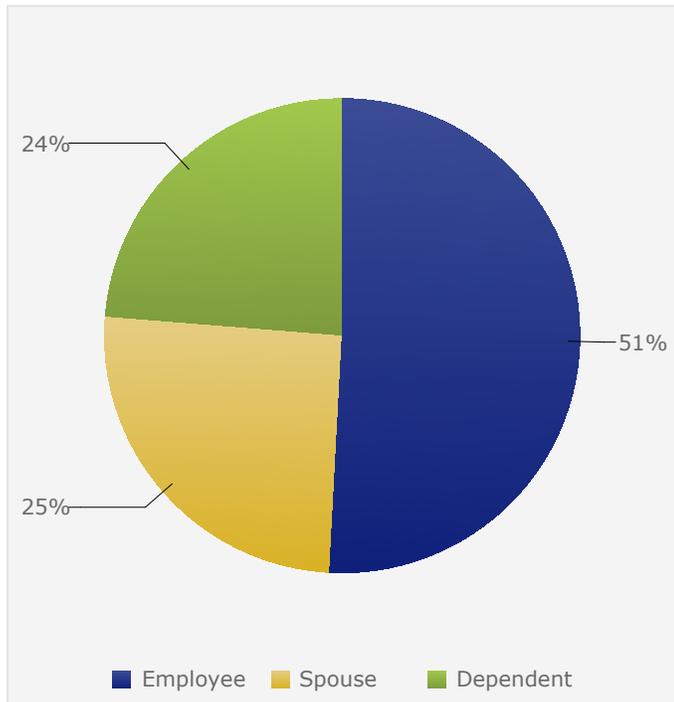
- Are your costs in-line with that of your peers?
- Is your plan design competitive?
- Do any specific utilization and cost patterns suggest areas of opportunity?
- Are your high costs claims appropriately managed?
- Do you encourage preventive care for your plan participants?
- Would a disease management program help control costs?



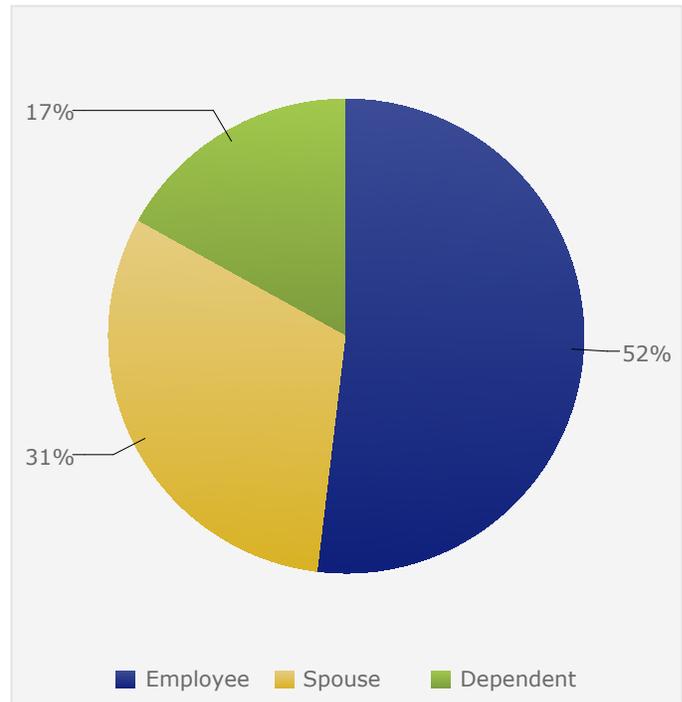
Employee vs. Dependent Claims

Understand how your company's health care cost distribution by relationship compares to that of your peers, and determine whether that distribution reflects the goals of your health plan.

Actual Paid



Norm Paid



Relationship	Actual	Norm	Variance
Employee	\$1,980,705	\$2,021,752	-2.03%
Spouse	\$990,506	\$1,213,441	-18.37%
Dependent	\$924,265	\$660,283	39.98%

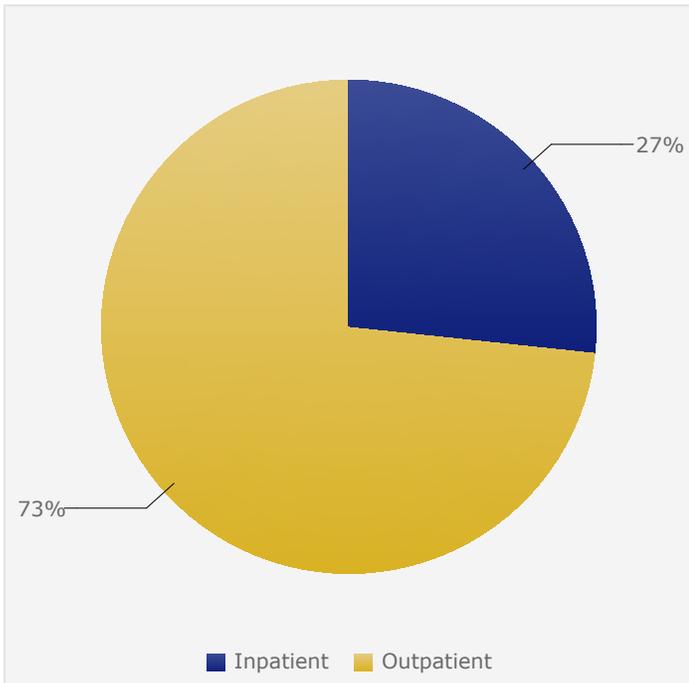
Points to consider:

- Are catastrophic claims skewing the distribution of claim dollars?
- Do you have adequate cost containment strategies in place, and are they being communicated to the correct audiences?
- Are you using contribution strategies and spousal carve-outs to reduce adverse selection against your plan?

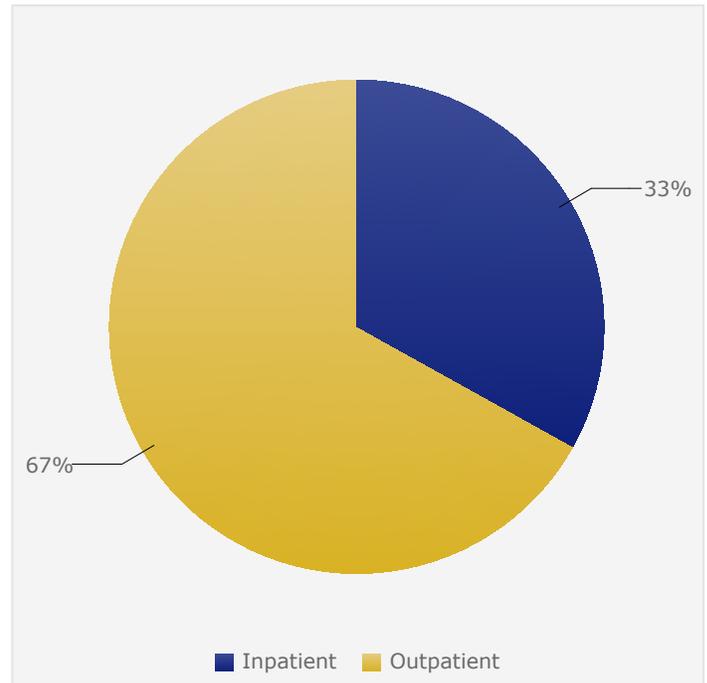
Inpatient and Outpatient Claims

Assess how the distribution of your paid claims by inpatient versus outpatient setting compares to that of your peers. For this report, the data includes both facility fees (room and board, supplies, and ancillary services) and professional services fees (physician, surgeon, and anesthesiologist).

Actual Paid



Norm Paid



Network	Actual Paid	Norm Paid	Variance
Inpatient	\$1,039,488.99	\$1,288,619.47	-19.33%
Outpatient	\$2,855,986.71	\$2,606,852.34	9.56%

Points to consider:

- Is inpatient care appropriately managed?
- Are effective disease management programs in place?
- Does your network contain high-quality, fair-cost providers?
- Can your costs be reduced by using pre-authorization mandates?
- Have changing medical treatment patterns shifted medical care environments?

Norm source: Copyright ©2014 Truven Health Analytics Inc. MarketScan® Research Databases. All rights reserved.

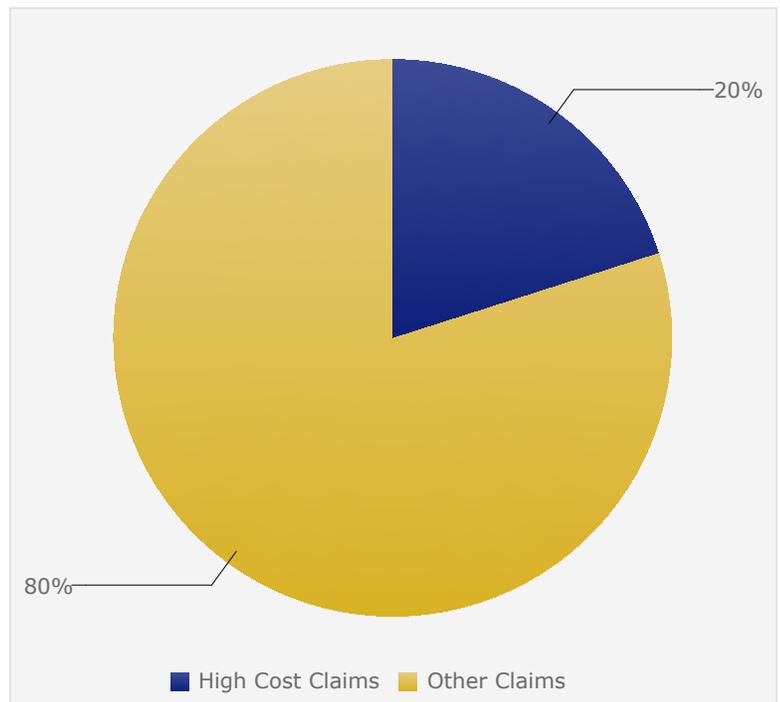
High Cost Claimants

Research the top 10 high cost claimants to observe and measure general health risks present in your population. The top 10 claimants are shown by total claimant paid amount and most costly diagnosis.

Examining high cost claimants provides your company insight into how a small number of participants can be responsible for a large percentage of total claims.

Points to consider:

- Could addressing certain conditions or comorbidities reduce your overall costs?
- Are your managed care strategies effective?
- Would setting stop loss contracts be appropriate?



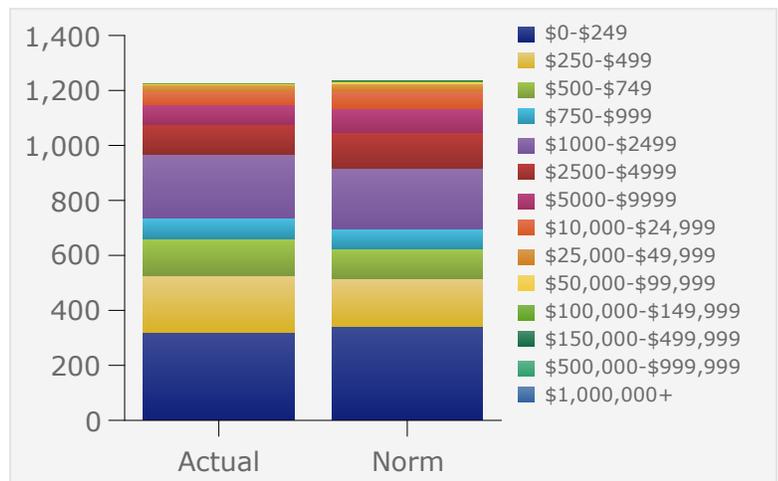
Claimant ID	Paid	Diagnosis
2170	\$110,251	SECONDARY MALIGNANT NEOPLASM OF BRAIN AND SPINAL CORD
11413	\$103,496	MALIGNANT NEOPLASM OF HEAD OF PANCREAS
11848	\$101,908	PARTIAL EPILEPSY WITH INTRACTABLE EPILEPSY
2169	\$89,799	CONSTRICTIVE PERICARDITIS
11146	\$68,415	DEGENERATION OF CERVICAL INTERVERTEBRAL DISC
11367	\$68,331	OTHER HEART BLOCK
1748	\$66,953	SUBENDOCARDIAL INFARCTION INITIAL EPISODE OF CARE
10949	\$66,156	MENINGITIS DUE TO UNSPECIFIED BACTERIUM
1638	\$57,227	MALIGNANT NEOPLASM OF BRONCHUS AND LUNG UNSPECIFIED
11352	\$49,519	LONG-TERM (CURRENT) USE OF OTHER MEDICATIONS
	\$782,055	Total Paid
	\$766,401	Liability

Paid Claims Distribution by Claimant

Consider the distribution of your plan participants by paid amount categories when making decisions related to plan design and risk acceptance. Reversals are included in the <\$0 - \$249 category.

Points to consider:

- Does your plan include appropriate deductible levels?
- What measures could be taken to reduce costs in higher paid categories?

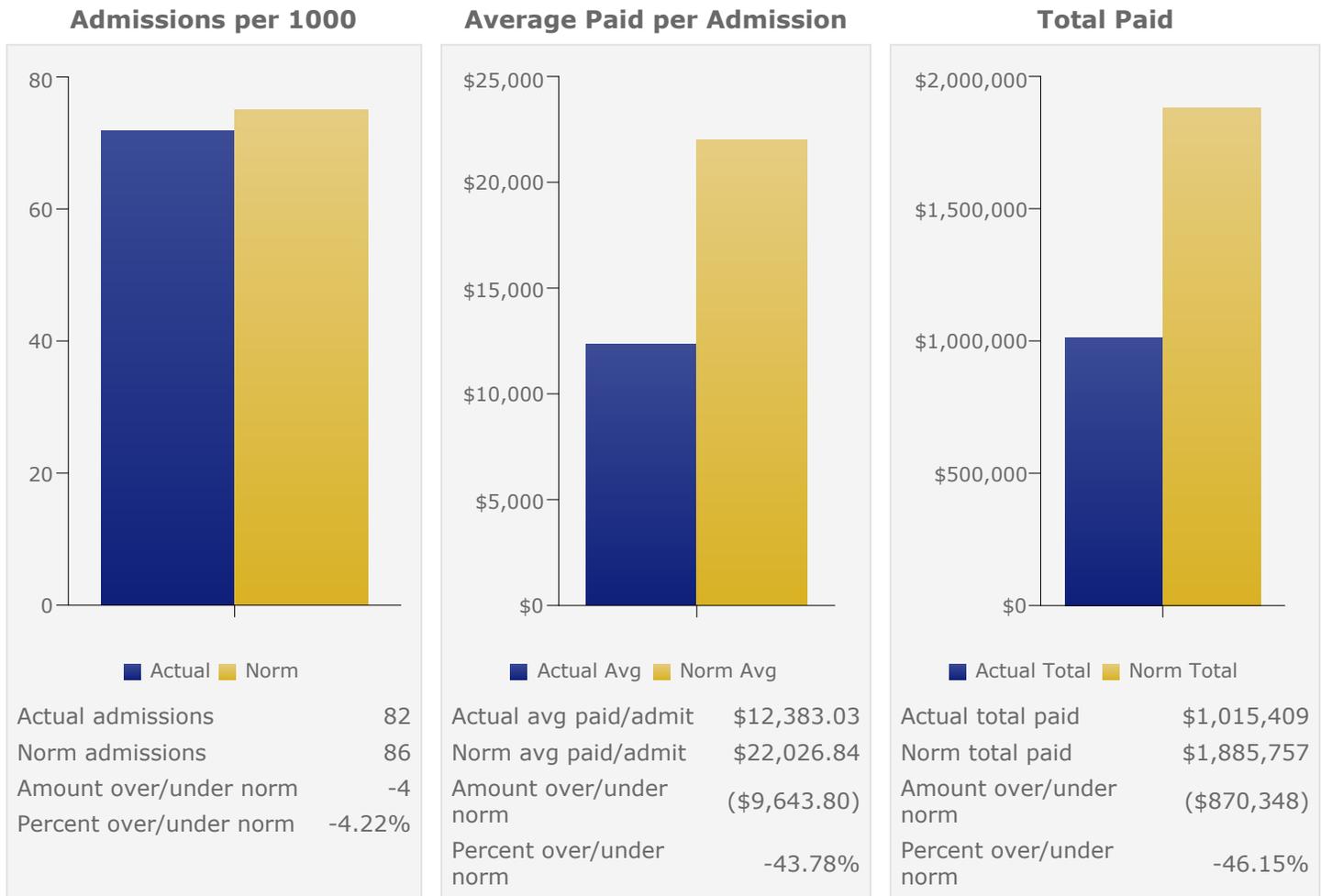


	Actual Claimant Count	Actual Percent of Total	Actual Cumulative Total	Norm Claimant Count	Norm Percent of Total	Norm Cumulative Total
\$0-\$249	320	25.83%	25.83%	343.33	27.71%	27.71%
\$250-\$499	208	16.79%	42.62%	173.83	14.03%	41.74%
\$500-\$749	133	10.73%	53.35%	107.67	8.69%	50.43%
\$750-\$999	76	6.13%	59.48%	72.73	5.87%	56.30%
\$1000-\$2499	232	18.72%	78.21%	218.56	17.64%	73.94%
\$2500-\$4999	108	8.72%	86.92%	131.21	10.59%	84.53%
\$5000-\$9999	70	5.65%	92.57%	87.35	7.05%	91.58%
\$10,000-\$24,999	48	3.87%	96.45%	65.30	5.27%	96.85%
\$25,000-\$49,999	25	2.02%	98.47%	23.05	1.86%	98.71%
\$50,000-\$99,999	6	0.48%	98.95%	10.28	0.83%	99.54%
\$100,000-\$149,999	3	0.24%	99.19%	2.60	0.21%	99.75%
\$150,000-\$499,999	0	0.00%	99.19%	2.35	0.19%	99.94%
\$500,000-\$999,999	0	0.00%	99.19%	0.00	0.00%	99.94%
\$1,000,000+	0	0.00%	99.19%	0.00	0.00%	99.94%

Inpatient Analysis

Gauge inpatient utilization, focusing on frequency and cost of admissions. For this report, the data includes:

- Admissions to an inpatient facility for overnight stays.
- Facility fees, such as hospital room and board, supplies, and ancillary services.
- Professional services fees, such as physician, surgeon, and anesthesiologist.



Points to consider:

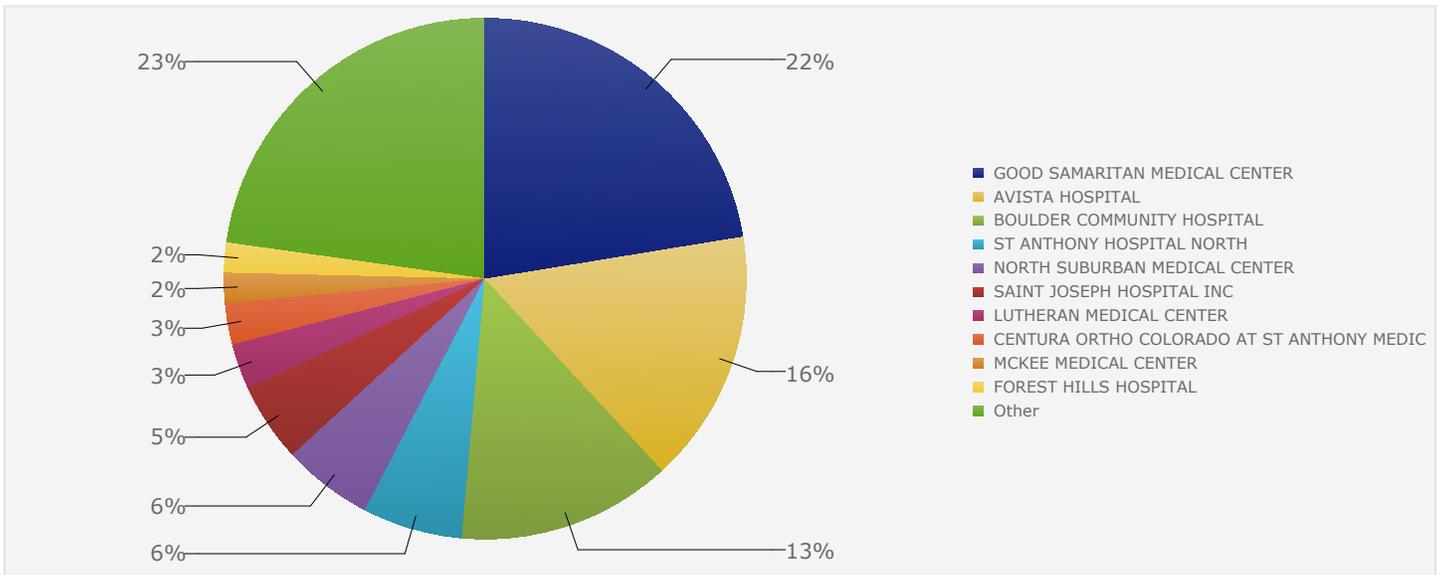
- What are common themes among admissions that could be addressed through education, wellness, or disease management?
- Are catastrophic claimants or provider contracting impacting costs?
- Is inpatient care appropriately managed?

Inpatient Provider Usage

Review the top 10 inpatient providers. For this report, the data includes:

- Facility fees, such as hospital room and board, supplies, and ancillary services.
- Professional services fees, such as physician, surgeon, and anesthesiologist (0 admissions will display).

Inpatient Providers by Percentage



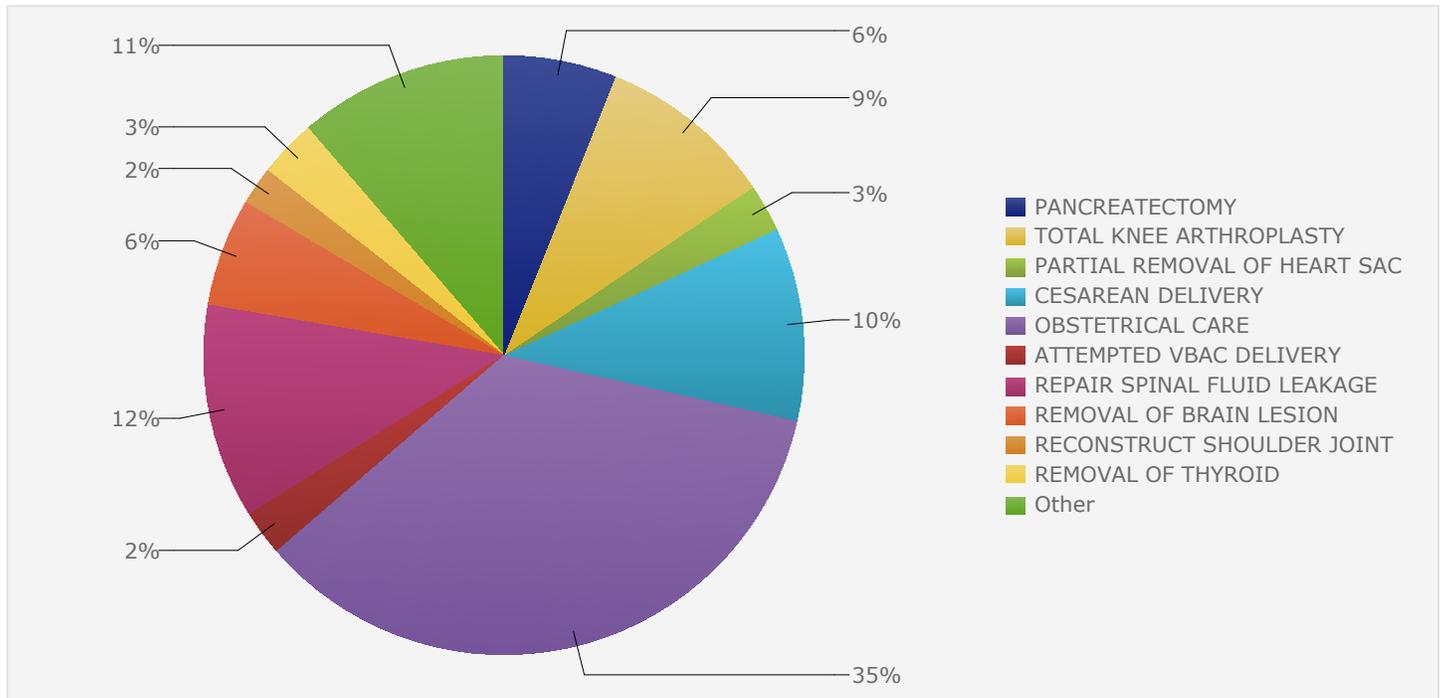
Inpatient Provider	Network	Number of Admits	Total Paid	Percent of All Paid
GOOD SAMARITAN MEDICAL CENTER	Yes	24	\$227,634	22.42%
AVISTA HOSPITAL	Yes	22	\$159,494	15.71%
BOULDER COMMUNITY HOSPITAL	Yes	5	\$134,879	13.28%
ST ANTHONY HOSPITAL NORTH	Yes	4	\$62,927	6.20%
NORTH SUBURBAN MEDICAL CENTER	Yes	3	\$56,796	5.59%
SAINT JOSEPH HOSPITAL INC	Yes	4	\$49,794	4.90%
LUTHERAN MEDICAL CENTER	Yes	2	\$28,730	2.83%
CENTURA ORTHO COLORADO AT ST ANTHONY MEDIC	Yes	2	\$25,917	2.55%
MCKEE MEDICAL CENTER	No	2	\$19,135	1.88%
FOREST HILLS HOSPITAL	No	1	\$18,823	1.85%

Points to consider:

- How effective is your plan at steering participants to network providers?
- What factors, if any, drive out-of-network utilization?
- Is there an opportunity to negotiate better discounts from your top providers?

Inpatient Surgery

Review the top 10 inpatient surgical procedures. For this report, the data includes surgeon fees (anesthesia, assistant surgeon, facility/supply costs are excluded).



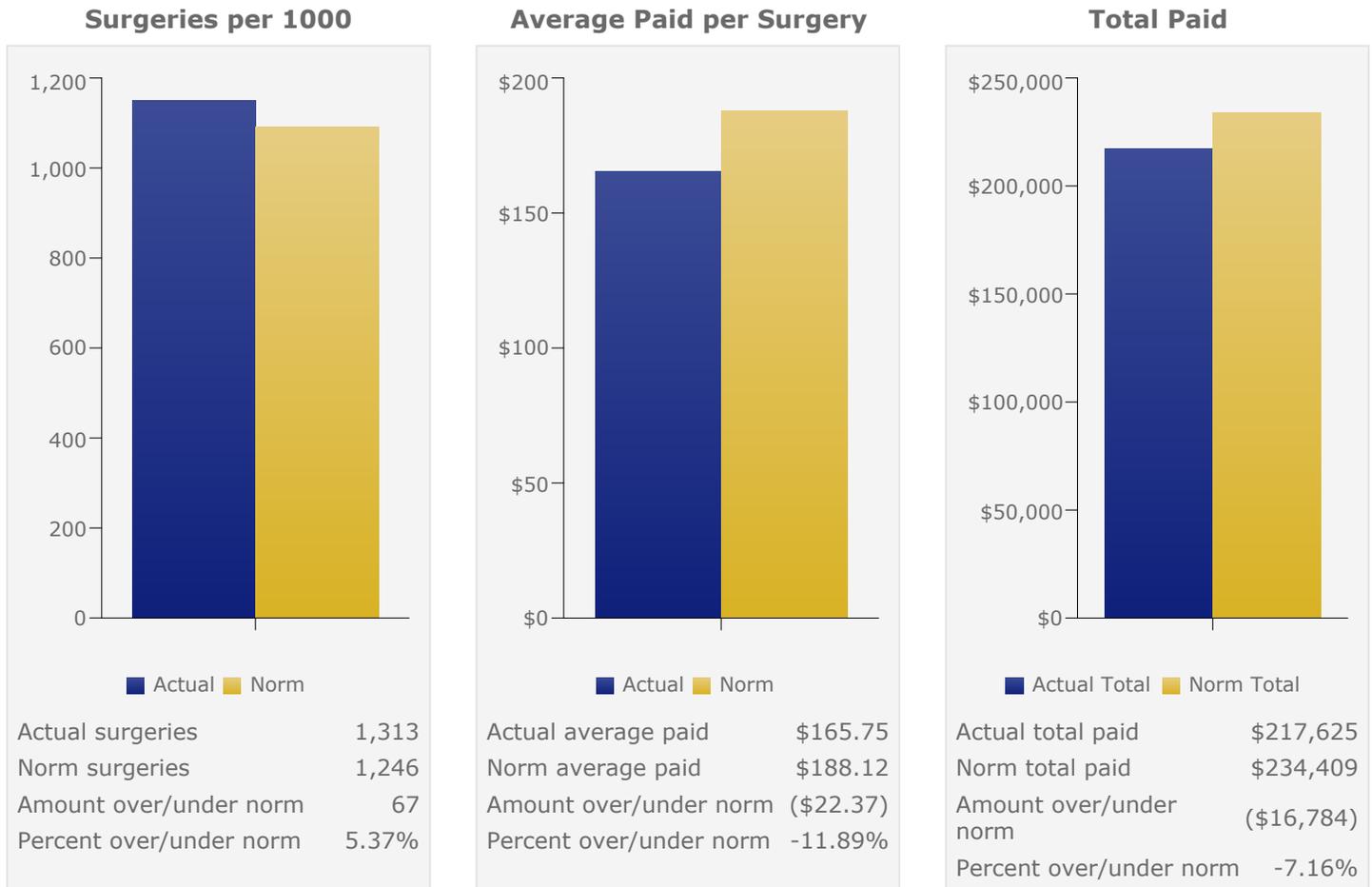
Procedure	Claimants	Total Paid	Average Paid	Percent of Total Paid
OBSTETRICAL CARE	12	\$23,949	\$1,995.73	35.16%
REPAIR SPINAL FLUID LEAKAGE	2	\$7,886	\$3,943.22	11.58%
CESAREAN DELIVERY	3	\$7,077	\$2,359.05	10.39%
TOTAL KNEE ARTHROPLASTY	3	\$6,467	\$2,155.74	9.49%
PANCREATECTOMY	1	\$4,117	\$4,117.07	6.04%
REMOVAL OF BRAIN LESION	1	\$3,959	\$3,959.49	5.81%
REMOVAL OF THYROID	1	\$2,117	\$2,117.00	3.11%
PARTIAL REMOVAL OF HEART SAC	1	\$1,759	\$1,759.32	2.58%
ATTEMPTED VBAC DELIVERY	1	\$1,670	\$1,670.23	2.45%
RECONSTRUCT SHOULDER JOINT	1	\$1,401	\$1,401.43	2.06%

Points to consider:

- Would pre-authorization mandates steer plan participants to a less costly, high quality outpatient setting for certain procedures?
- Is an effective wellness program in place to prevent the need for surgical procedures for some lifestyle related conditions?

Outpatient Surgery

Evaluate your outpatient surgery costs compared to that of your peers. For this report, the data includes surgeon fees (anesthesia, assistant surgeon, facility/supply costs are excluded).

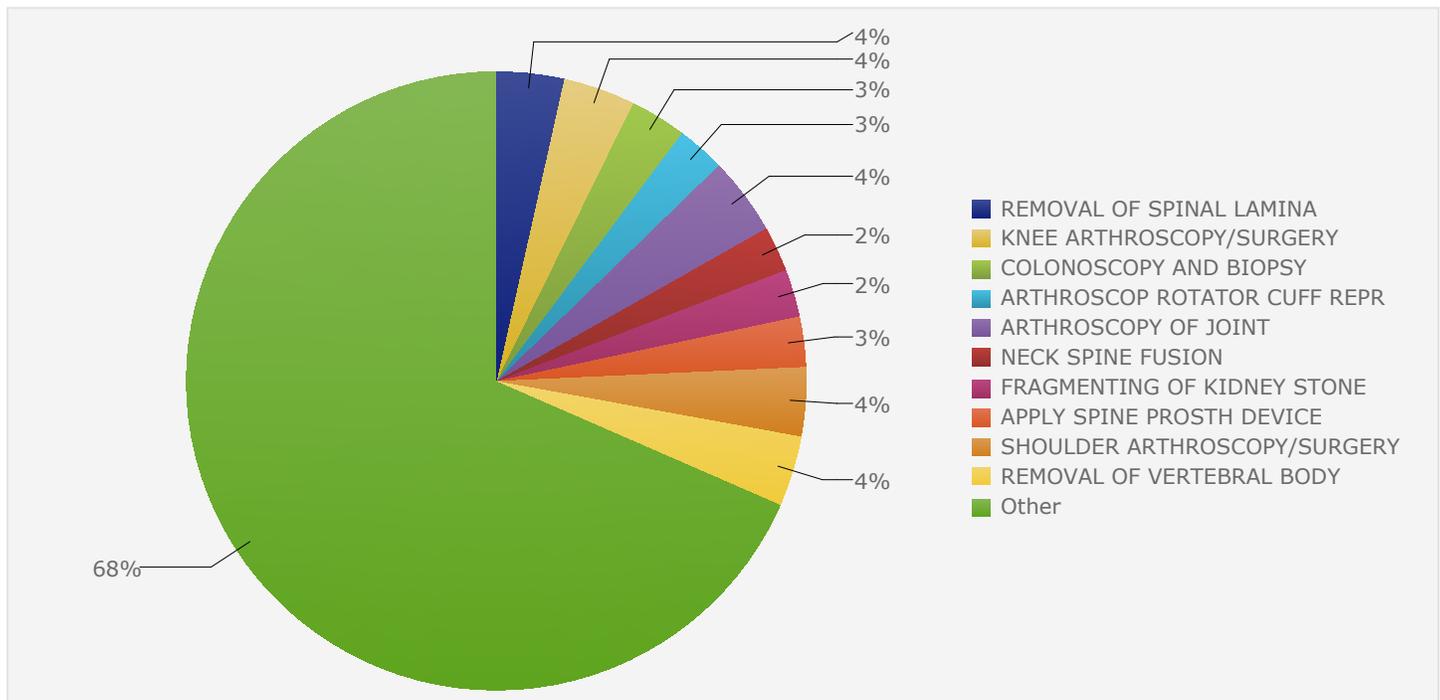


Points to consider:

- How effective is your plan at steering participants to surgery centers over outpatient hospital settings?
- Are there managed care options that can be considered?
- Is an effective wellness program in place to prevent the need for surgical procedures for some lifestyle related conditions?

Outpatient Surgery by Procedure

Review the top 10 outpatient surgical procedures. For this report, the data includes surgeon fees (anesthesia, assistant surgeon, facility/supply costs are excluded).



Procedure	Claimants	Total Paid	Average Paid	Percent of Total Paid
ARTHROSCOPY OF JOINT	1	\$8,835	\$8,835.00	4.06%
KNEE ARTHROSCOPY/SURGERY	6	\$8,181	\$1,363.44	3.76%
REMOVAL OF VERTEBRAL BODY	2	\$7,987	\$3,993.33	3.67%
SHOULDER ARTHROSCOPY/SURGERY	4	\$7,824	\$1,956.00	3.60%
REMOVAL OF SPINAL LAMINA	1	\$7,622	\$7,622.39	3.50%
COLONOSCOPY AND BIOPSY	23	\$6,412	\$278.76	2.95%
APPLY SPINE PROSTH DEVICE	2	\$5,718	\$2,859.06	2.63%
ARTHROSCOP ROTATOR CUFF REPR	2	\$5,502	\$2,751.16	2.53%
FRAGMENTING OF KIDNEY STONE	1	\$5,400	\$5,400.00	2.48%
NECK SPINE FUSION	2	\$5,163	\$2,581.26	2.37%

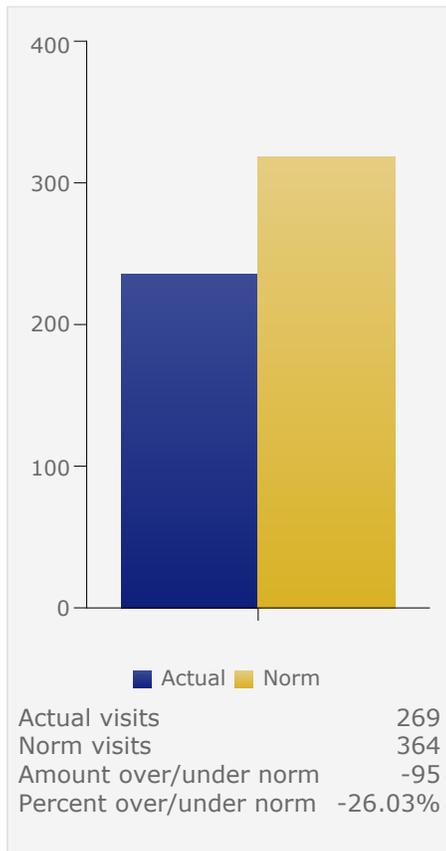
Points to consider:

- Does plan design encourage appropriate use of chiropractic and physical therapy services?
- Is an effective wellness program in place to prevent the need for surgical procedures for some lifestyle related conditions?

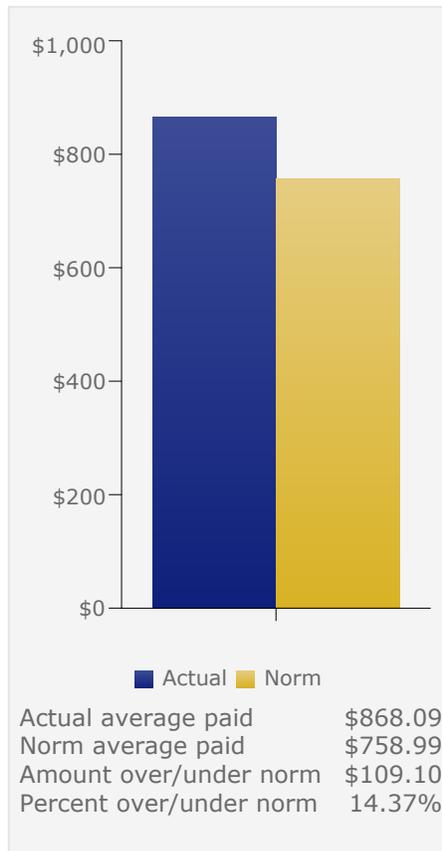
Emergency Room Visits

Gauge your plan's emergency room utilization and costs compared to that of your peers. For this report, the data includes claims that took place in an emergency room setting or included emergency room procedure coding.

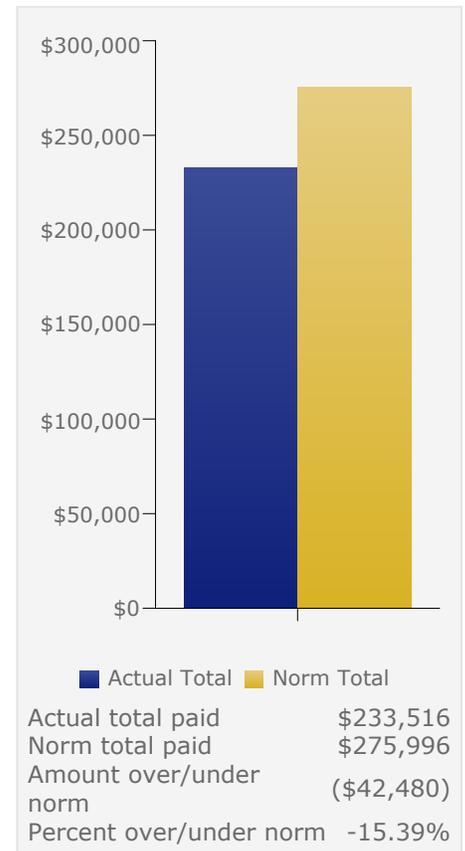
Visits per 1000



Average Paid per Visit



Total Paid



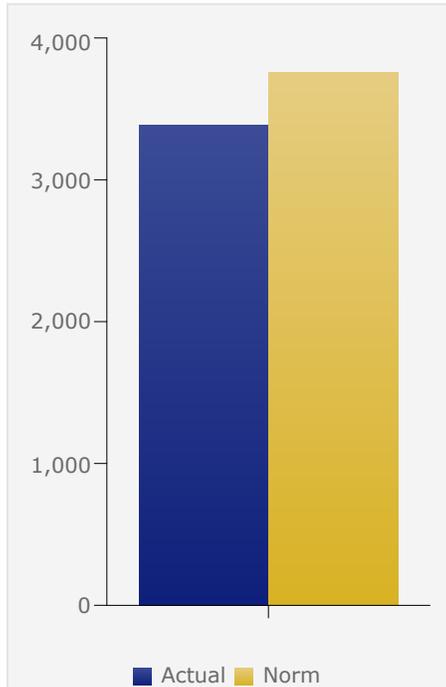
Points to consider:

- Is your plan design competitive?
- Do your plan designs and communications encourage the use of home care, nurse lines, urgent care centers, and primary care providers?
- Are there ways to encourage use of non-emergency providers, such as workplace policies like, or making participants aware of nearby providers like urgent care centers?
- Could hand sanitizing stations or communication of self-care tips aid in reducing emergency room utilization during cold and flu season?

Office Visits

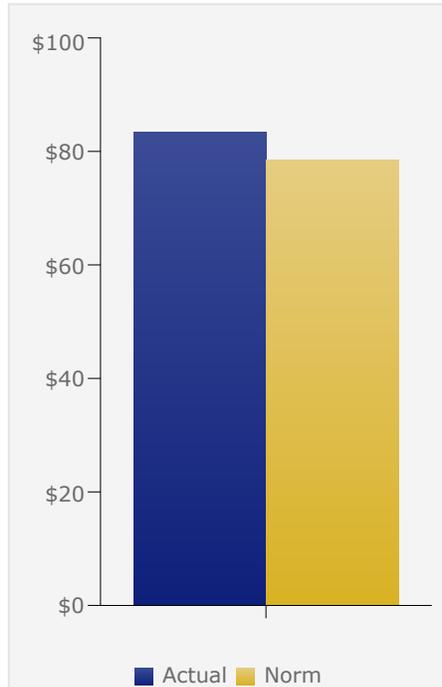
Gauge your plan's office visit utilization and costs compared to that of your peers. For this report, the data includes claims that were coded as office visit procedures.

Visits per 1000



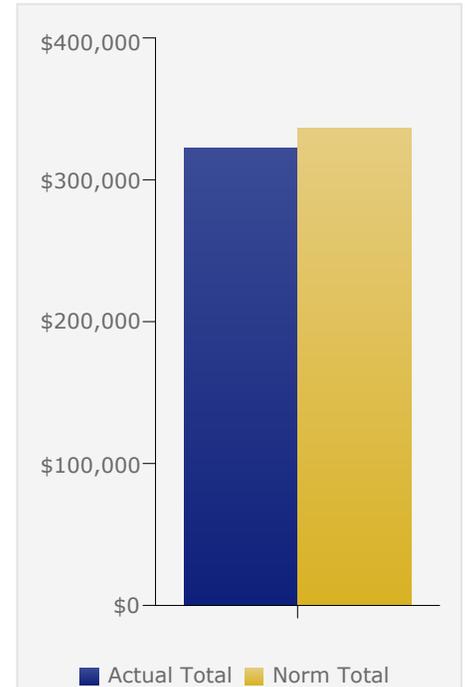
Actual visits	3,864
Norm visits	4,285
Amount over/under norm	-421
Percent over/under norm	-9.82%

Average Paid per Visit



Actual avg paid/visit	\$83.62
Norm avg paid/visit	\$78.70
Amount over/under norm	\$4.91
Percent over/under norm	6.24%

Total Paid



Actual total paid	\$323,094
Norm total paid	\$337,237
Amount over/under norm	(\$14,143)
Percent over/under norm	-4.19%

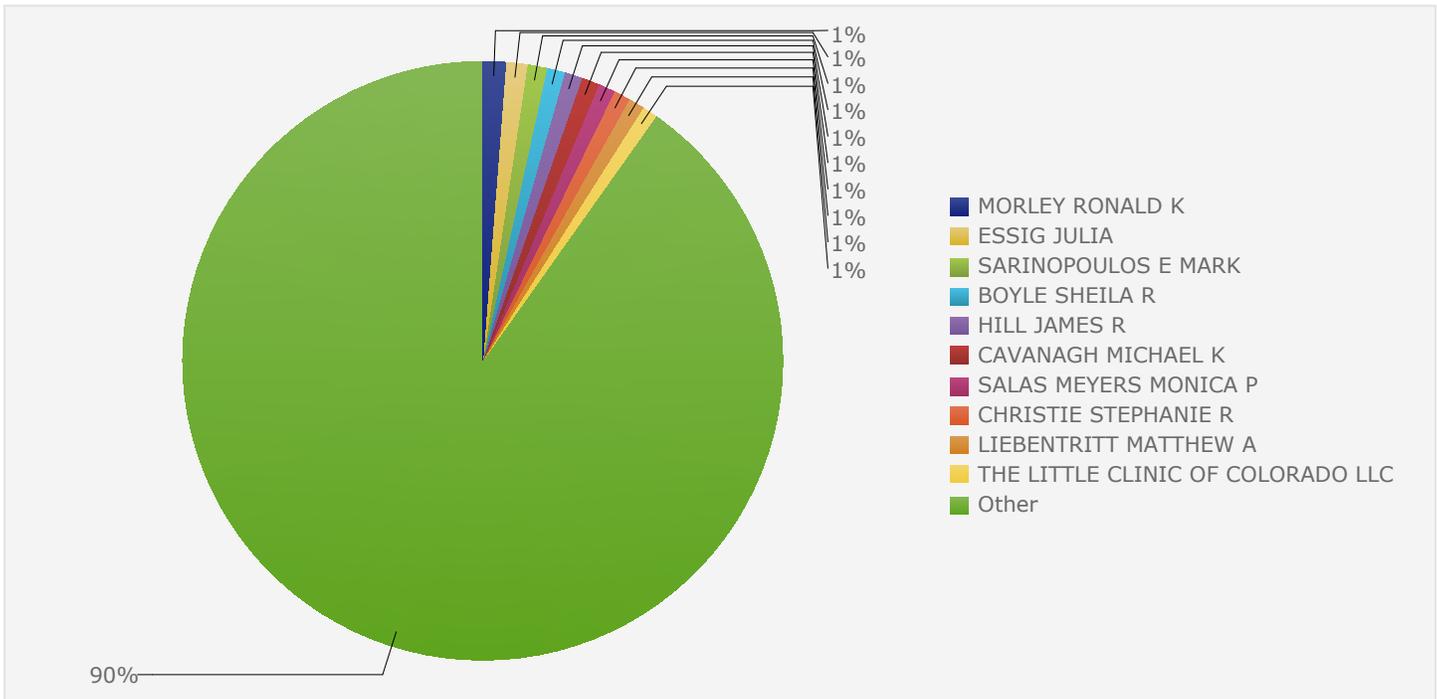
Points to consider:

- Do you provide self-care information for common illness such as colds, ear infections, and allergies at the appropriate seasonal intervals?
- Is your plan design competitive?
- Do you encourage regular visits and follow-ups with a primary care provider?

Office/Clinic Provider Usage

Review the top 10 office or clinic providers.

Office/Clinic Usage by Percentage



Provider Name	Network	Number of Visits	Total Paid	Percent of All Paid
MORLEY RONALD K	Yes	49	\$3,967	1.23%
ESSIG JULIA	Yes	46	\$3,707	1.15%
SARINOPOULOS E MARK	Yes	50	\$3,403	1.05%
BOYLE SHEILA R	Yes	47	\$3,142	0.97%
HILL JAMES R	Yes	40	\$3,101	0.96%
CAVANAGH MICHAEL K	Yes	37	\$3,097	0.96%
SALAS MEYERS MONICA P	Yes	41	\$2,935	0.91%
CHRISTIE STEPHANIE R	Yes	35	\$2,891	0.89%
LIEBENTRITT MATTHEW A	Yes	23	\$2,782	0.86%
THE LITTLE CLINIC OF COLORADO LLC	Yes	52	\$2,657	0.82%

Points to consider:

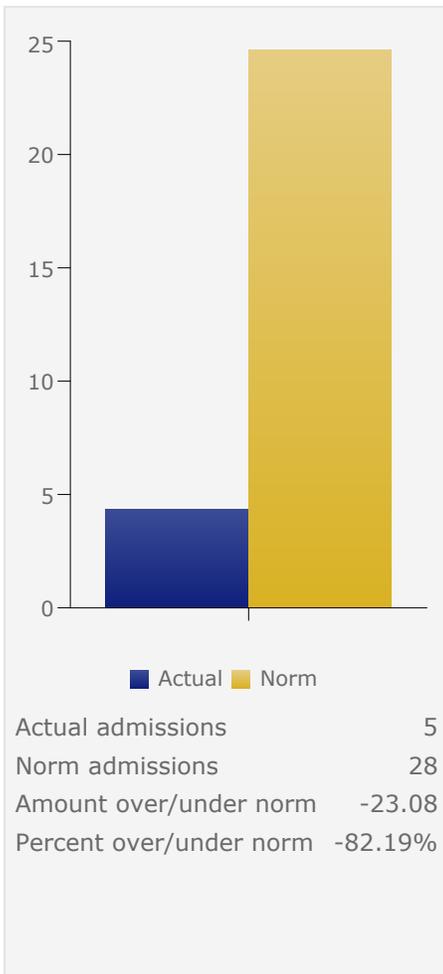
- If urgent care centers appear in this list, have you considered a communication campaign to encourage participants to use primary care providers?
- How effective is your plan at steering participants to network providers?
- Are there specialists in this list? Have you considered adding higher copays for specialists to encourage primary care provider usage?

Inpatient Behavioral Health

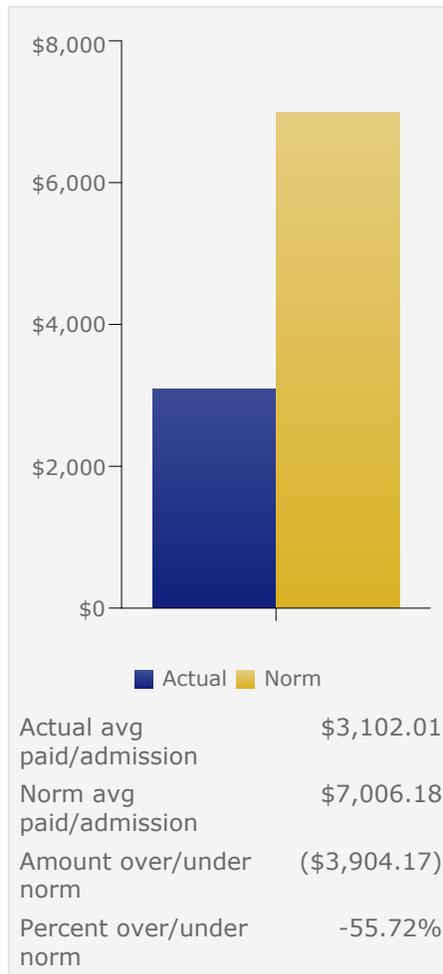
Gauge inpatient utilization for behavioral health care, focusing on frequency and cost of admissions. For this report, the data includes:

- Admissions to an inpatient facility for overnight stays related to substance abuse or mental health.
- Facility fees, such as hospital room and board, supplies, and ancillary services.
- Professional services fees, such as physician, surgeon, and anesthesiologist.

Admissions per 1000



Average Paid per Admission



Total Paid



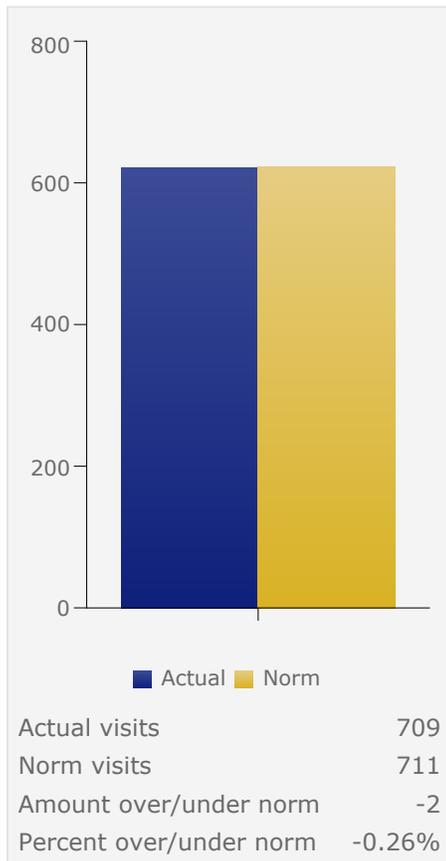
Points to consider:

- Is your plan design competitive?
- Have you considered an employee assistance program (EAP)?
- Does your network include high-quality, low-cost providers?

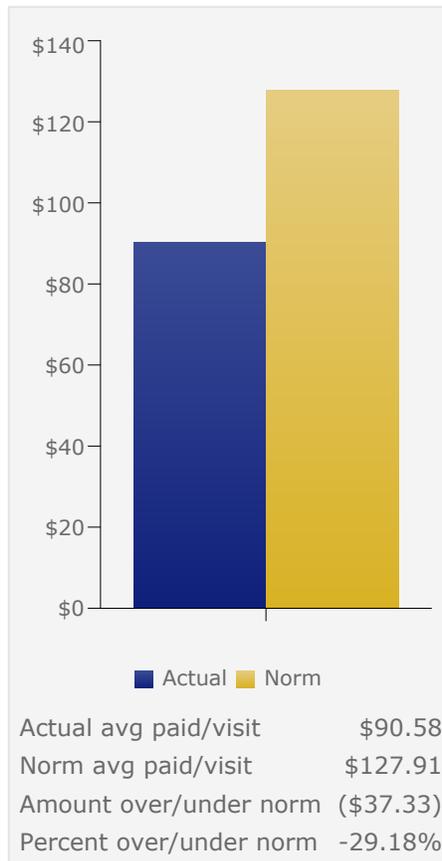
Outpatient Behavioral Health

Gauge your plan's outpatient behavioral health utilization and costs compared to that of your peers. For this report, the data includes claims that occurred in an outpatient setting for substance abuse or mental health diagnoses.

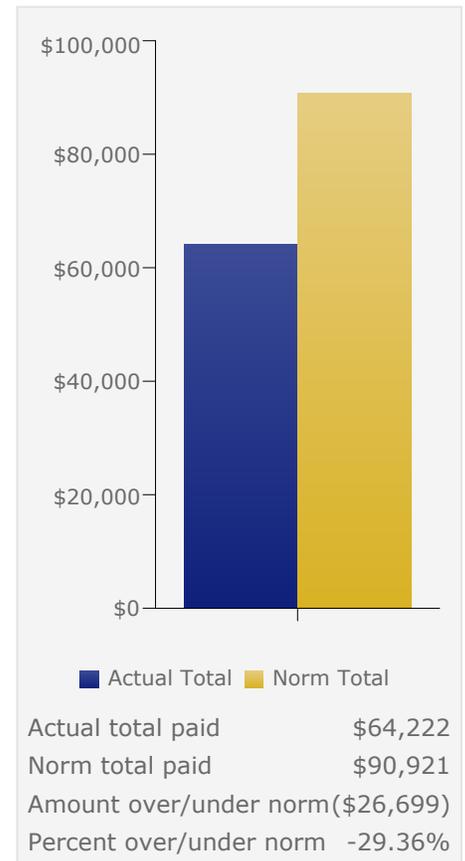
Visits per 1000



Average Paid per Visit



Total Paid



Points to consider:

- Do you have an effective employee assistance program (EAP)?
- Is word-of-mouth winning out over network communication? If so, is it driving network utilization toward out-of-network providers?

Analysis by Major Diagnostic Category

Evaluate your costs for all possible diagnoses grouped as major diagnostic categories, as established by the American Medical Association.

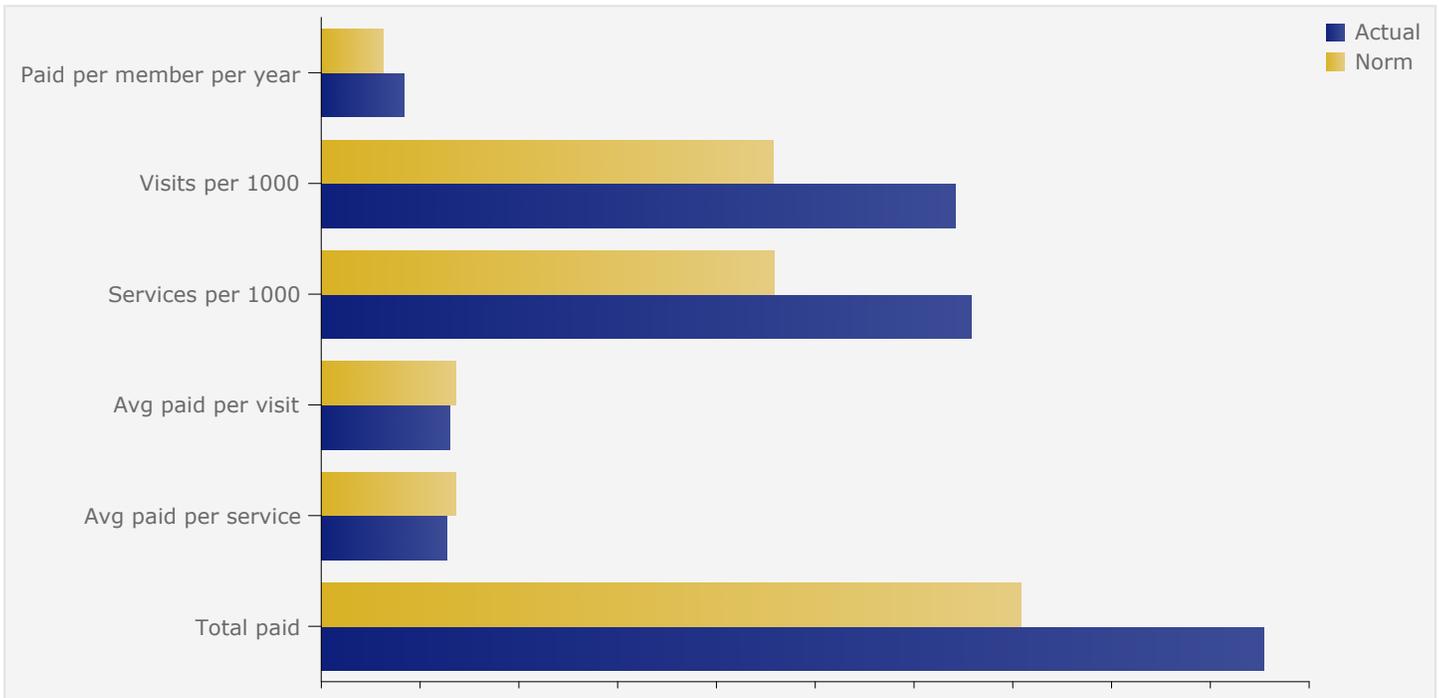
MDC	Total Paid	Actual % of Total	Norm Total Paid	Norm % of Total	\$ Over/(Under)
Factors Influencing Health Status	\$543,528	13.95%	\$311,638	8.00%	\$231,890
Nervous System	\$410,542	10.54%	\$233,729	6.00%	\$176,813
Pregnancy, Childbirth and the Puerperium	\$193,195	4.96%	\$116,864	3.00%	\$76,330
Musculoskeletal System	\$799,812	20.53%	\$740,140	19.00%	\$59,672
Eye	\$86,390	2.22%	\$38,955	1.00%	\$47,435
Newborns and Other Neonates	\$64,324	1.65%	\$38,955	1.00%	\$25,369
Mental Diseases and Disorders	\$130,603	3.35%	\$116,864	3.00%	\$13,739
Alcohol/Drug Use	\$51,580	1.32%	\$38,955	1.00%	\$12,625
Injury, Poisoning and Toxic Effects of Drugs	\$50,345	1.29%	\$38,955	1.00%	\$11,390
Other	\$2,946	0.08%	\$0	0.00%	\$2,946
Burns	\$218	0.01%	\$0	0.00%	\$218
Blood and Blood-forming Organs	\$38,589	0.99%	\$38,955	1.00%	(\$366)
Endocrine, Nutritional and Metabolic	\$155,169	3.98%	\$155,819	4.00%	(\$650)
Circulatory System	\$378,947	9.73%	\$389,548	10.00%	(\$10,600)
Male Reproductive System	\$11,262	0.29%	\$38,955	1.00%	(\$27,692)
Infectious and Parasitic Diseases	\$48,247	1.24%	\$77,910	2.00%	(\$29,662)
Skin, Subcutaneous Tissue and Breast	\$164,573	4.22%	\$194,774	5.00%	(\$30,201)
Hepatobiliary System and Pancreas	\$47,433	1.22%	\$77,910	2.00%	(\$30,476)
Ear, Nose, Mouth and Throat	\$163,314	4.19%	\$194,774	5.00%	(\$31,460)
Female Reproductive System	\$59,827	1.54%	\$116,864	3.00%	(\$57,037)
Respiratory System	\$134,088	3.44%	\$194,774	5.00%	(\$60,686)
Myeloproliferative & Poorly Diff. Neoplasms	\$76,051	1.95%	\$155,819	4.00%	(\$79,769)
Kidney and Urinary Tract	\$60,762	1.56%	\$155,819	4.00%	(\$95,057)
Digestive System	\$223,733	5.74%	\$350,593	9.00%	(\$126,860)

Points to consider:

- Are there any specific categories that could be further examined to assess whether a disease management strategy would be effective?
- How do catastrophic claims affect specific categories?

Preventive Care

Evaluate utilization and costs associated with preventive care, as defined by and compared to Truven Health Analytics Inc.



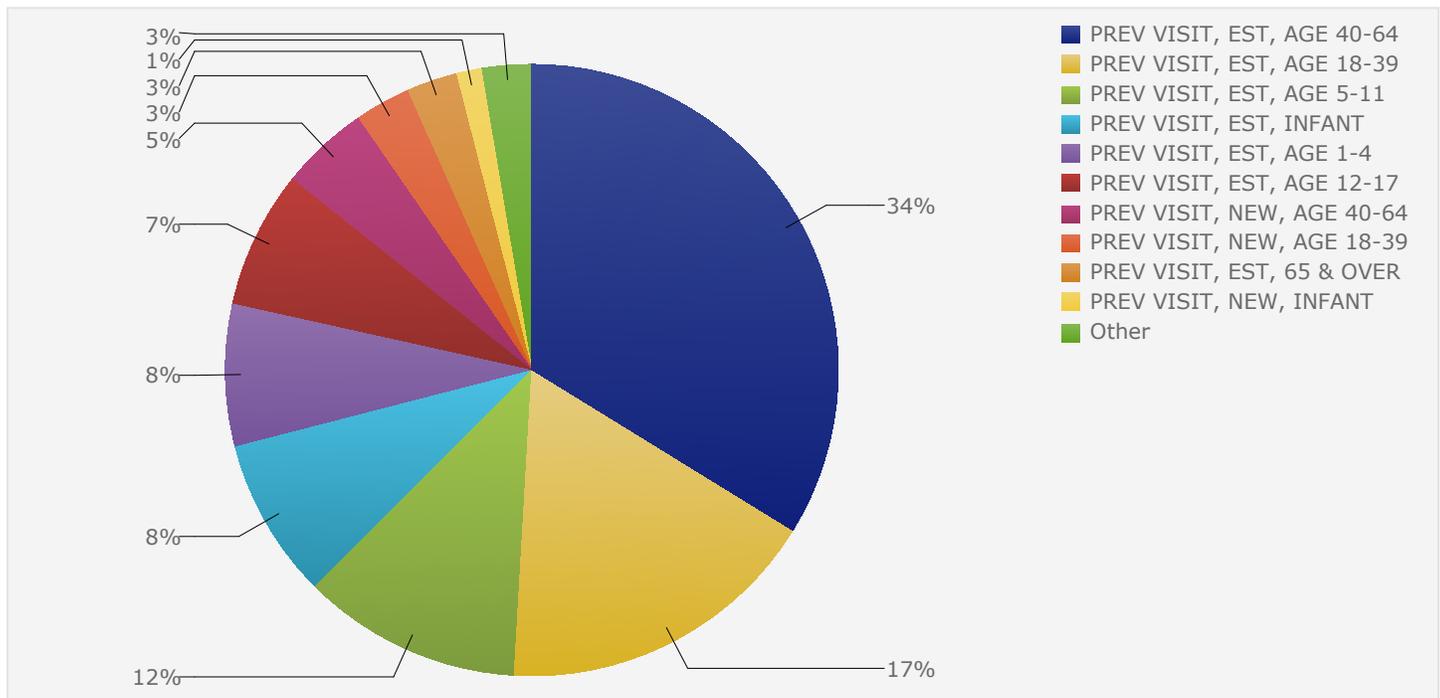
Preventive Care	Actual	Norm	Amount Over/Under Norm	Percent Over/Under Norm
Paid per member per year	\$83.77	\$62.18	\$21.59	34.72%
Visits per 1000	642	457	185	40.44%
Services per 1000	658	458	199	43.49%
Avg paid per visit	\$130.53	\$136.06	(\$5.53)	-4.07%
Avg paid per service	\$127.39	\$135.68	(\$8.29)	-6.11%
Total paid	\$95,417	\$70,824	\$24,593	34.72%

Points to consider:

- Are plan participants encouraged to use preventive care services?
- Are effective wellness initiatives in place to address needs relevant to your plan participants?

Preventive Care Top 10 Services

Evaluate your top preventive care services. This exhibit incorporates preventive care as defined by Truven Health Analytics Inc.



Service	Claims	Total Paid	Average Paid	Percent of Total Paid
PREV VISIT, EST, AGE 40-64	233	\$32,236.66	\$138.35	33.78%
PREV VISIT, EST, AGE 18-39	126	\$16,348.67	\$129.75	17.13%
PREV VISIT, EST, AGE 5-11	95	\$11,075.24	\$116.58	11.61%
PREV VISIT, EST, INFANT	79	\$8,064.31	\$102.08	8.45%
PREV VISIT, EST, AGE 1-4	63	\$7,160.02	\$113.65	7.50%
PREV VISIT, EST, AGE 12-17	57	\$6,905.49	\$121.15	7.24%
PREV VISIT, NEW, AGE 40-64	27	\$4,461.38	\$165.24	4.68%
PREV VISIT, NEW, AGE 18-39	23	\$2,802.52	\$121.85	2.94%
PREV VISIT, EST, 65 & OVER	17	\$2,560.60	\$150.62	2.68%
PREV VISIT, NEW, INFANT	11	\$1,270.66	\$115.51	1.33%

Points to consider:

- Are the types of services consistent with your demographics?
- Is there an opportunity to promote specific services through communication and education?

City and County of Broomfield

At - A - Glance

General Information				
Total Employees	501			
Total Covered Lives	1,139			
Total Claim Charges	\$10,296,827.28			
Total Claim Payments	\$3,895,475.70			
Area	Actual	Norm	Difference	Experience
Health Plan Costs	\$12,273	\$12,548	-2.20%	Favorable
Medical Claims Costs	\$4,418	\$5,150	-14.20%	Favorable
Inpatient Analysis - Admissions/1000	72	75	-4.22%	Favorable
Inpatient Analysis - Average Paid/Admission	\$12,383	\$22,027	-43.78%	Favorable
Maternity Admissions/1000	16	23	-31.23%	Favorable
Maternity Average Paid/Admission	\$8,145	\$5,061	60.95%	Unfavorable
Outpatient Surgery/1000	1,153	1,094	5.37%	Unfavorable
Outpatient Surgery Average Paid	\$166	\$188	-11.89%	Favorable
Emergency Room Visits/1000	236	319	-26.03%	Favorable
Emergency Room Average Paid	\$868	\$759	14.37%	Unfavorable
Office Visits Visits/1000	3,392	3,762	-9.82%	Favorable
Office Visits Average Paid	\$84	\$79	6.24%	Unfavorable
Chiropractic Visits/1000	4	184	-98.09%	Favorable
Chiropractic Average Paid/Visit	\$70	\$15	353.68%	Unfavorable
Physical Therapy Visits/1000	270	428	-36.84%	Favorable
Physical Therapy Paid/Visit	\$15	\$17	-14.55%	Favorable
Radiology Visits/1000	887	1,350	-34.30%	Favorable
Radiology Paid/Visit	\$129	\$272	-52.57%	Favorable
IPMH Admissions/1000	4	25	-82.19%	Favorable
IPMH Average Paid/Admission	\$3,102	\$7,006	-55.72%	Favorable
Outpatient Mental Health Visits/1000	622	624	-0.26%	Favorable
Outpatient Mental Health Average Paid/Visit	\$91	\$128	-29.18%	Favorable

Norm source: "Employer Health Benefits 2014 Annual Survey", The Henry J. Kaiser Family Foundation and Health Research and Educational Trust, September 2014.

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