

# City and County of Broomfield

Entire Group

January 1, 2015 - December 31, 2015



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Project Id 340500

## 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, 2015 to December 31, 2015, 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	529
Number of single contracts	224
Number of single + 1 contracts	0
Number of single + 2 contracts	0
Number of family contracts	305
<b>Total enrolled</b>	<b>1,269</b>

## Health Plan Cost

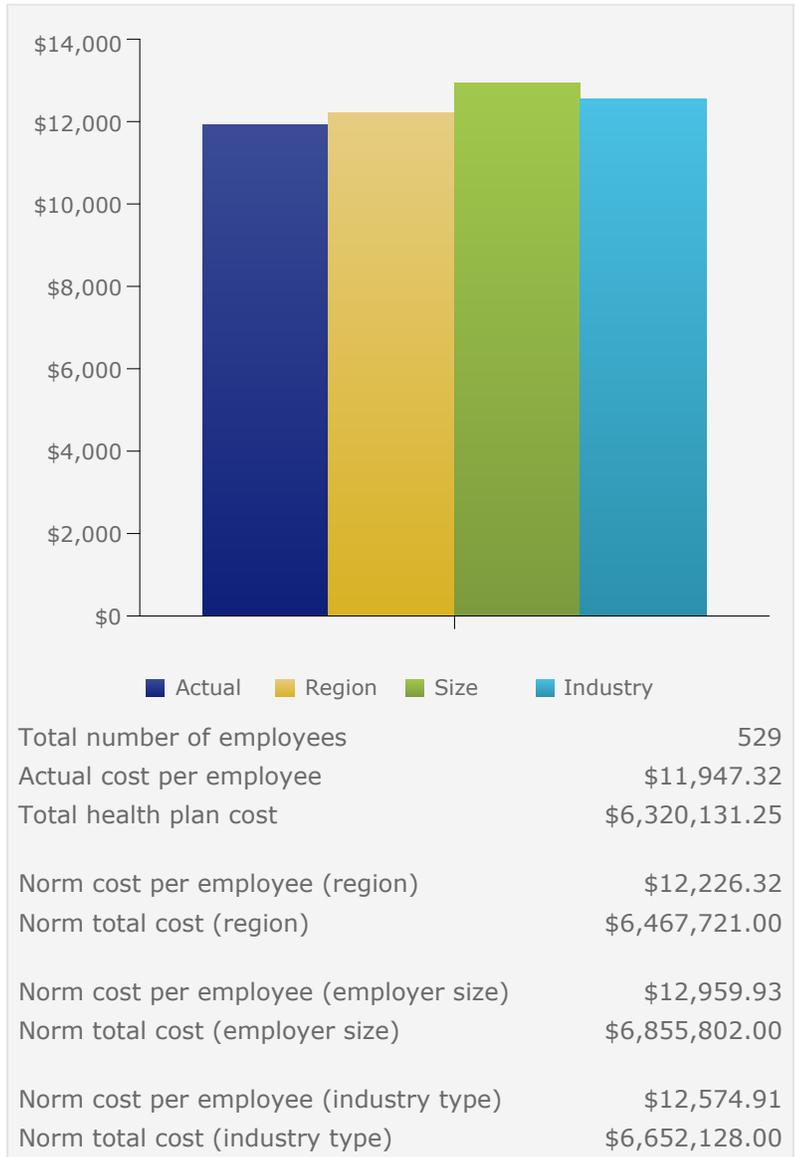
Gauge how your total health plan expense per employee compares to that of other similarly sized employers in your region and industry. Keep in mind:

- 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

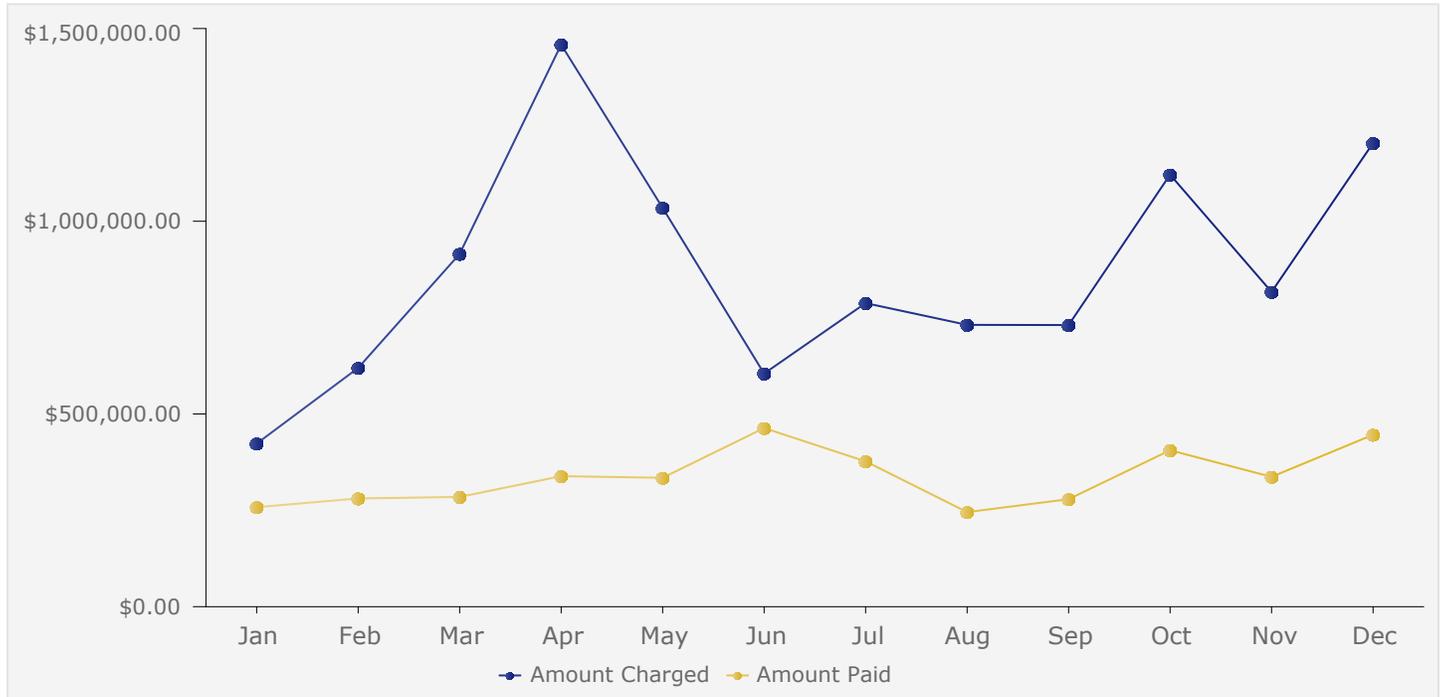
### Points to consider:

- 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)	\$6,908.71	\$3,654,706
Prescription drug costs	\$2,918.65	\$1,543,965
Administrative costs/premium	\$2,119.96	\$1,121,460
Actual cost	\$11,947.32	\$6,320,131
Region benchmark	\$12,226.32	\$6,467,721
Employer size benchmark	\$12,959.93	\$6,855,802
Industry type benchmark	\$12,574.91	\$6,652,128

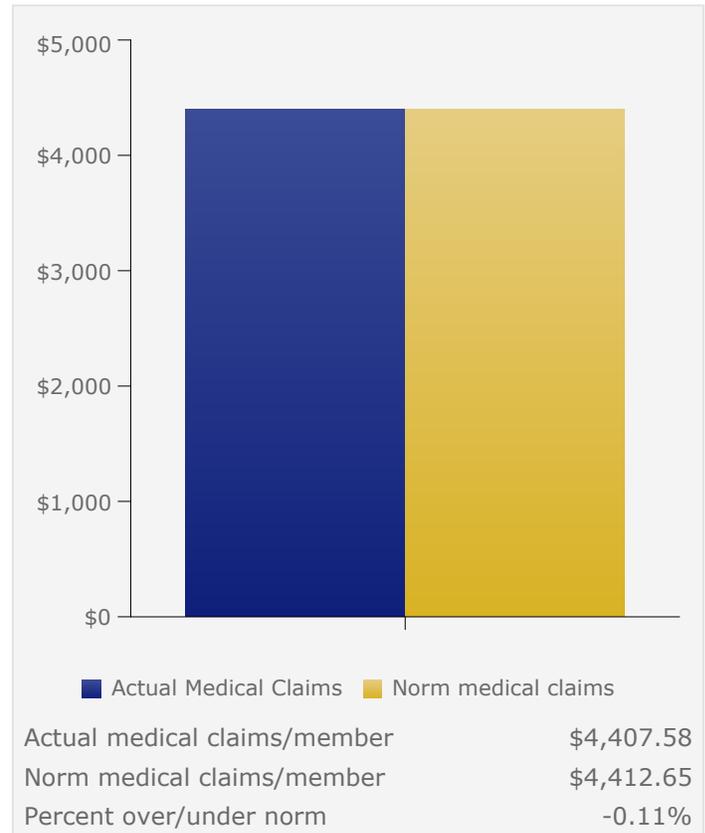
Norm source: "Employer Health Benefits 2015 Annual Survey", The Henry J. Kaiser Family Foundation and Health Research and Educational Trust, September 2015

## 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:

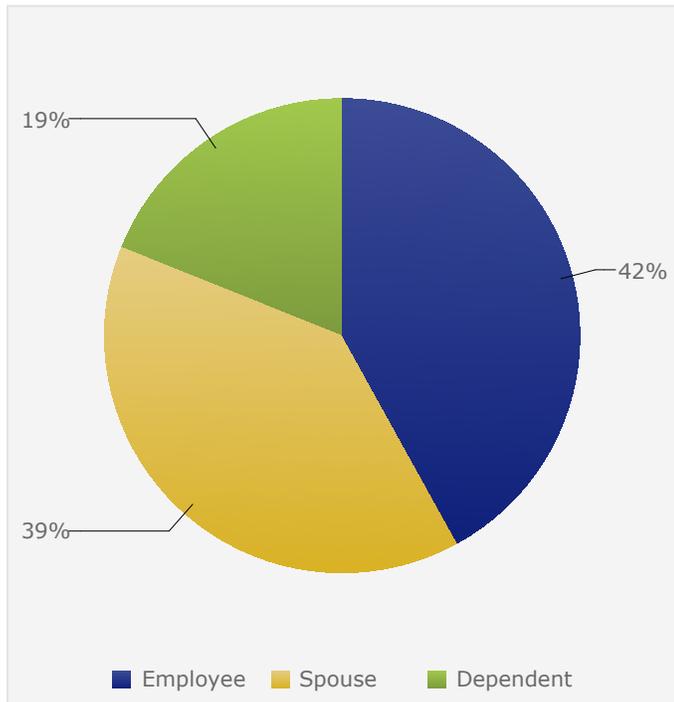
- Are your costs in-line with that of your peers?
- Is your plan design competitive?
- Do any specific utilization and cost patterns suggest areas of opportunity?
- Are your high costs claims appropriately managed?
- Do you encourage preventive care for your plan participants?
- Would a disease management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



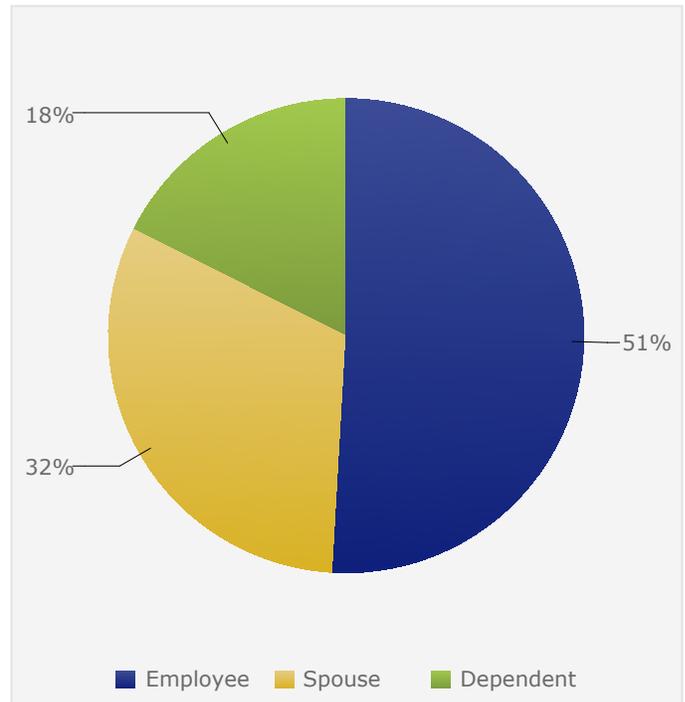
# Employee vs. Dependent Claims

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	\$1,698,772	\$2,061,073	-17.58%
Spouse	\$1,584,364	\$1,275,922	24.17%
Dependent	\$766,124	\$712,265	7.56%

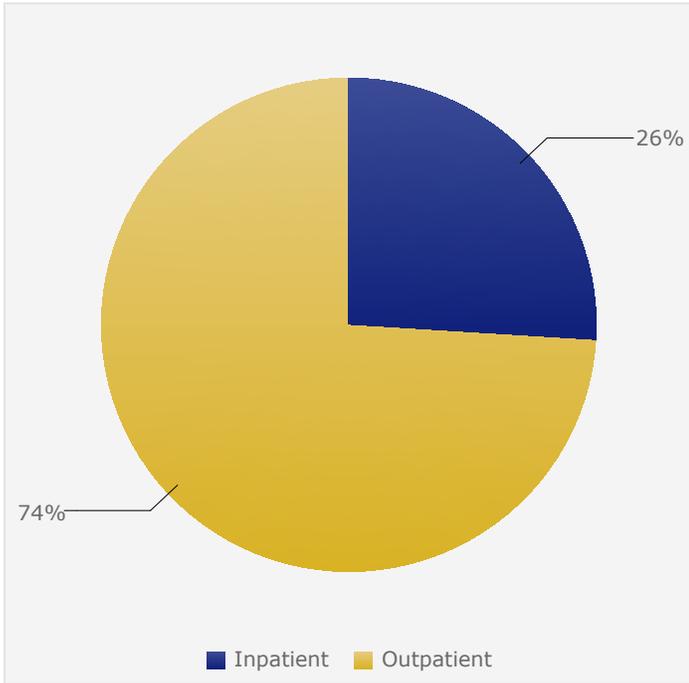
**Points to consider:**

- 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?

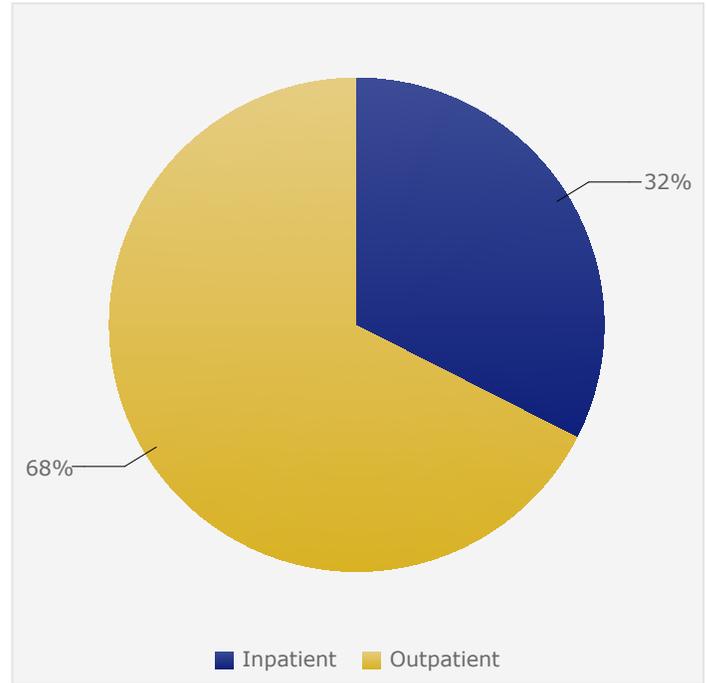
# Inpatient and Outpatient Claims

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	\$1,052,163.88	\$1,315,470.68	-20.02%
Outpatient	\$2,997,095.30	\$2,733,784.45	9.63%

**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?

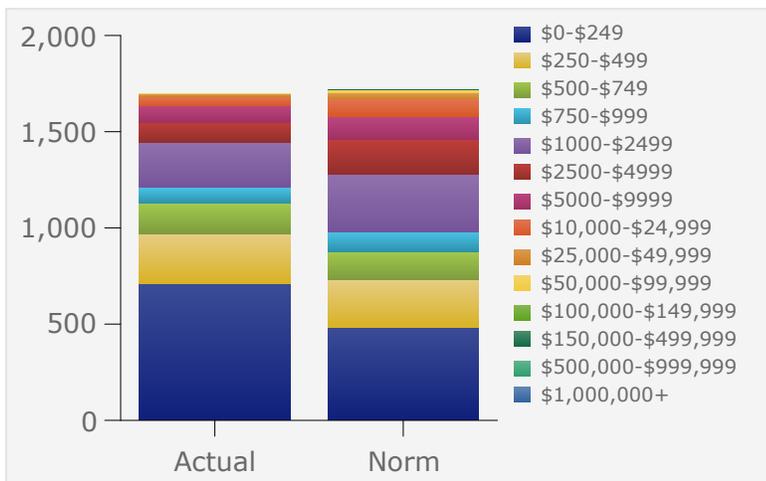
Norm source: Copyright ©2015 Truven Health Analytics Inc. MarketScan® Research Databases. All rights reserved.

# 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.

### Points to consider:

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

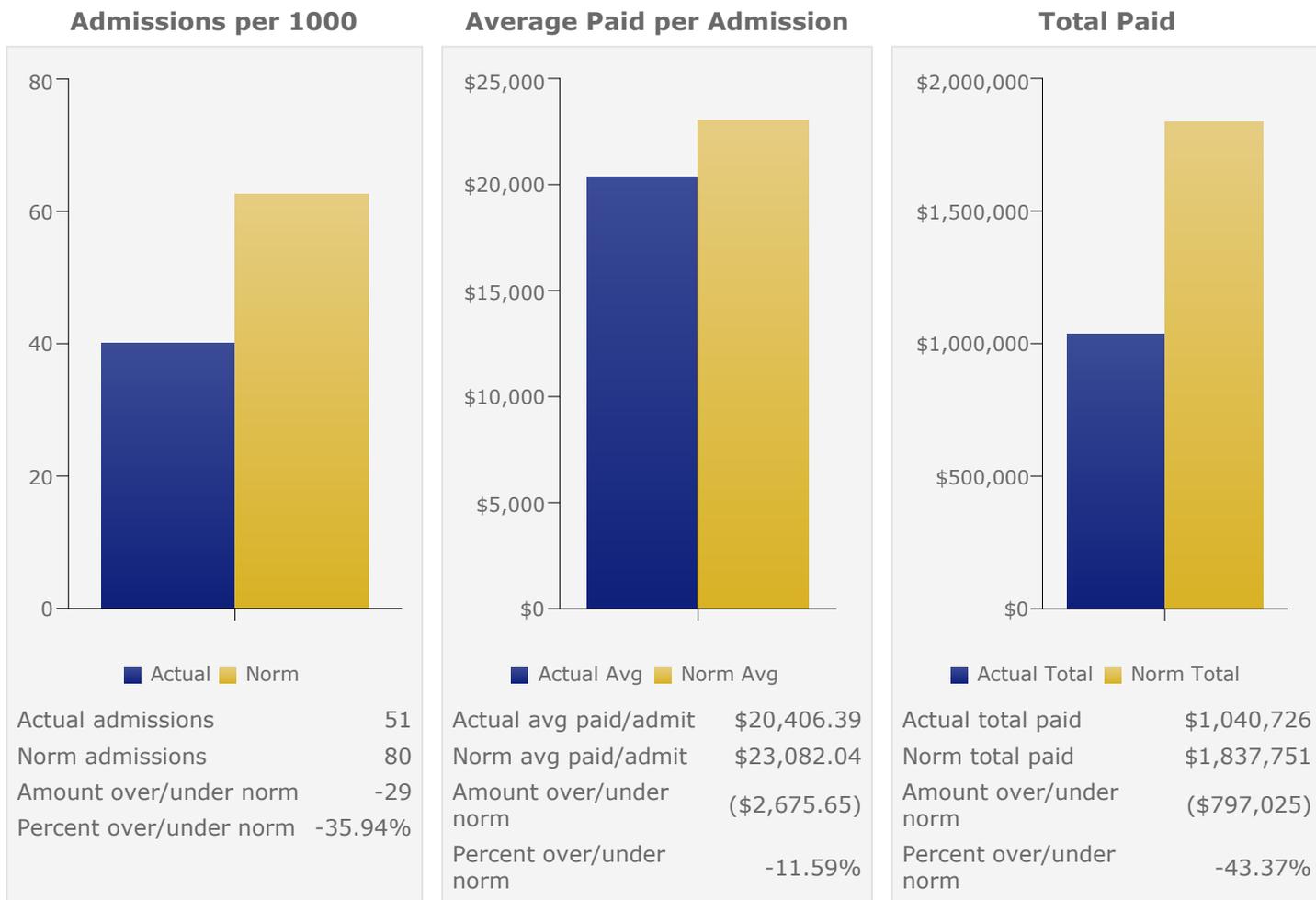


	Actual Claimant Count	Actual Percent of Total	Actual Cumulative Total	Norm Claimant Count	Norm Percent of Total	Norm Cumulative Total
\$0-\$249	710	41.16%	41.16%	484.72	28.10%	28.10%
\$250-\$499	258	14.96%	56.12%	244.09	14.15%	42.25%
\$500-\$749	161	9.33%	65.45%	149.04	8.64%	50.89%
\$750-\$999	81	4.70%	70.14%	100.05	5.80%	56.69%
\$1000-\$2499	234	13.57%	83.71%	298.94	17.33%	74.02%
\$2500-\$4999	106	6.14%	89.86%	180.61	10.47%	84.49%
\$5000-\$9999	84	4.87%	94.72%	120.92	7.01%	91.50%
\$10,000-\$24,999	50	2.90%	97.62%	91.08	5.28%	96.78%
\$25,000-\$49,999	12	0.70%	98.32%	32.60	1.89%	98.67%
\$50,000-\$99,999	5	0.29%	98.61%	14.66	0.85%	99.52%
\$100,000-\$149,999	2	0.12%	98.72%	3.80	0.22%	99.74%
\$150,000-\$499,999	2	0.12%	98.84%	3.45	0.20%	99.94%
\$500,000-\$999,999	0	0.00%	98.84%	0.00	0.00%	99.94%
\$1,000,000+	0	0.00%	98.84%	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:

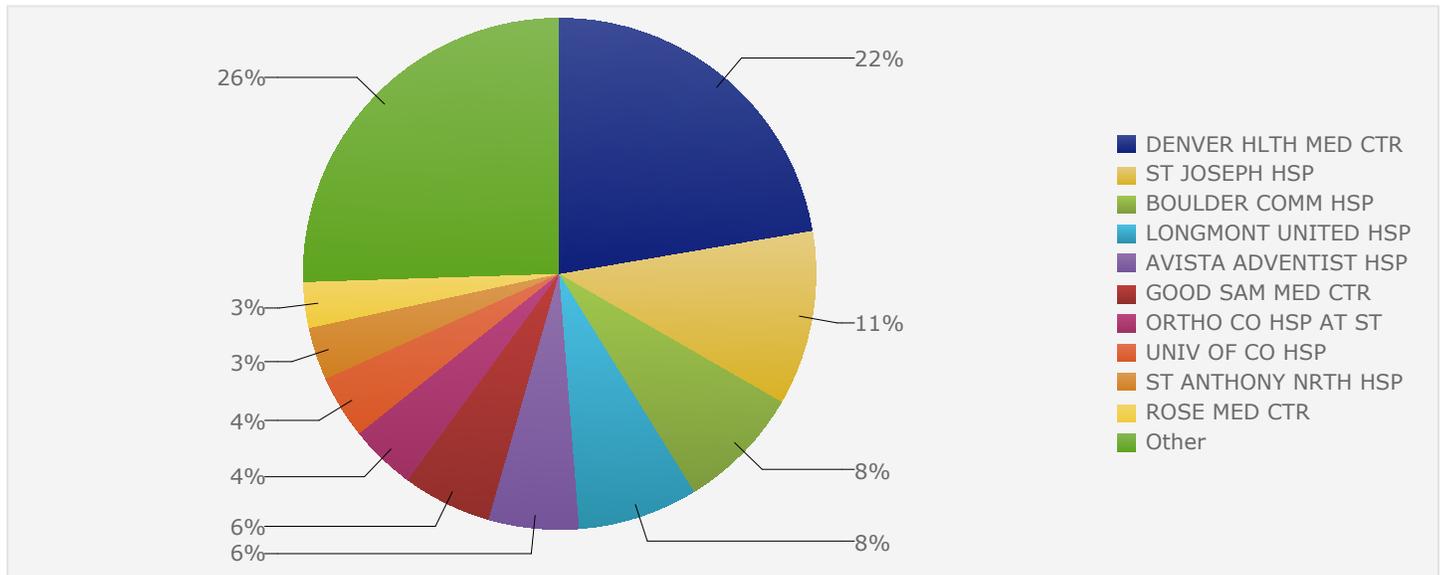
- What are common themes among admissions that could be addressed through education, wellness, or disease management?
- Are catastrophic claimants or provider contracting impacting costs?
- Is inpatient care appropriately managed?

# 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**



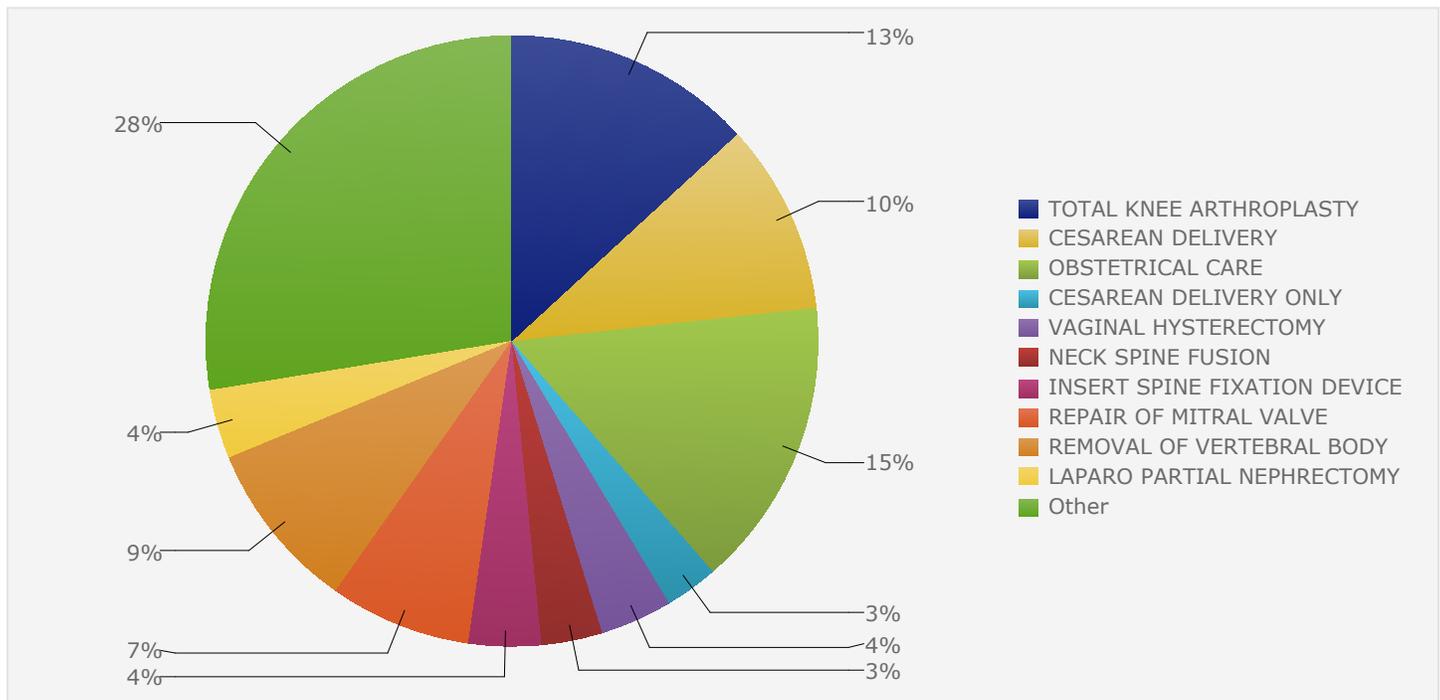
Inpatient Provider	Network	Number of Admits	Total Paid	Percent of All Paid
DENVER HLTH MED CTR	Yes	1	\$232,194	22.31%
ST JOSEPH HSP	Yes	3	\$114,553	11.01%
BOULDER COMM HSP	Yes	4	\$81,766	7.86%
LONGMONT UNITED HSP	Yes	4	\$78,877	7.58%
AVISTA ADVENTIST HSP	Yes	3	\$59,264	5.69%
GOOD SAM MED CTR	Yes	6	\$58,459	5.62%
ORTHO CO HSP AT ST	Yes	2	\$43,688	4.20%
UNIV OF CO HSP	Yes	2	\$41,612	4.00%
ST ANTHONY NRTH HSP	Yes	2	\$34,665	3.33%
ROSE MED CTR	Yes	1	\$30,110	2.89%

**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).



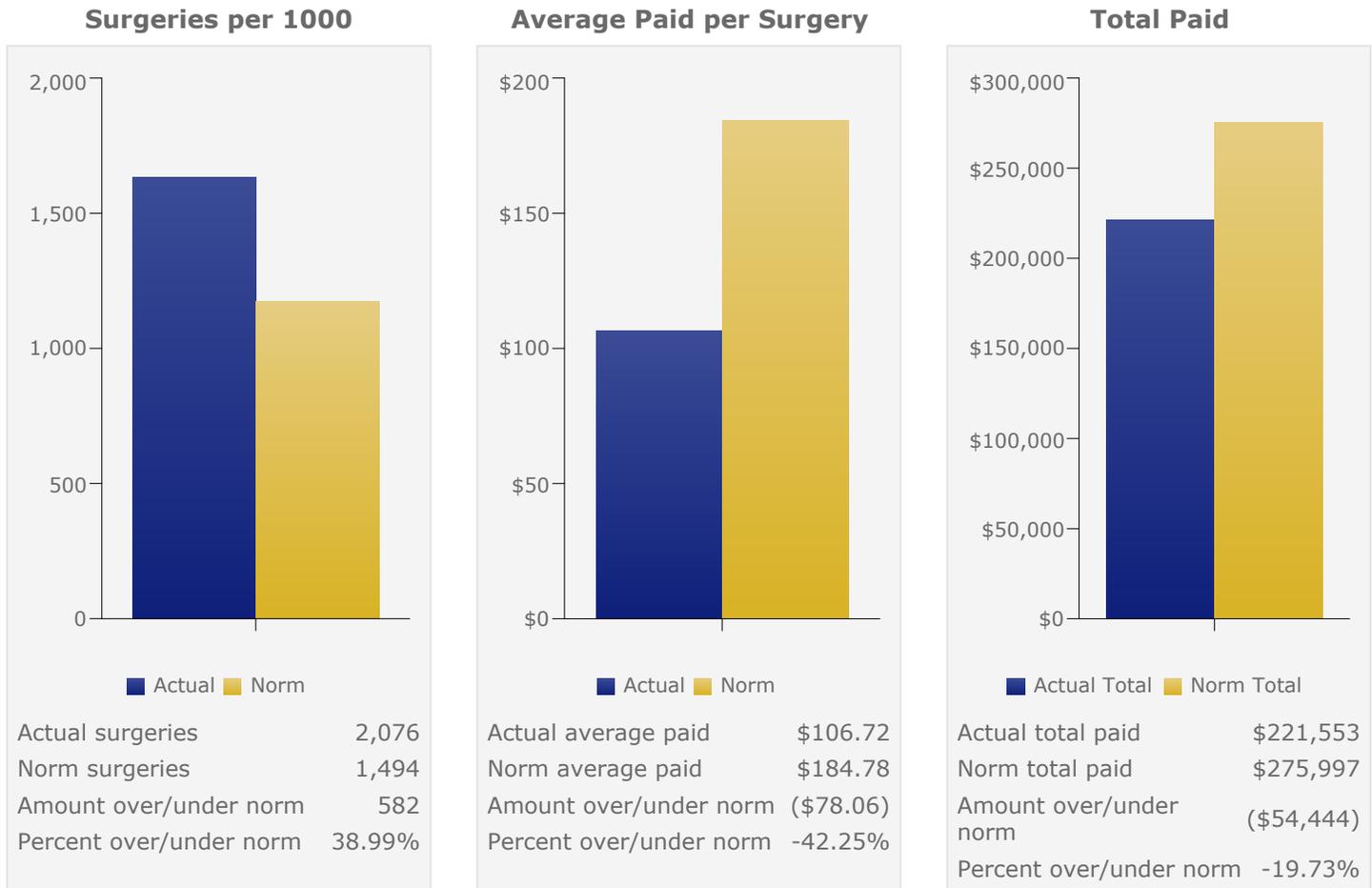
Procedure	Claimants	Total Paid	Average Paid	Percent of Total Paid
OBSTETRICAL CARE	4	\$7,361	\$1,840.34	15.32%
TOTAL KNEE ARTHROPLASTY	3	\$6,326	\$2,108.60	13.17%
CESAREAN DELIVERY	3	\$4,849	\$1,616.43	10.09%
REMOVAL OF VERTEBRAL BODY	2	\$4,327	\$2,163.29	9.00%
REPAIR OF MITRAL VALVE	1	\$3,600	\$3,600.44	7.49%
INSERT SPINE FIXATION DEVICE	2	\$1,842	\$921.22	3.83%
VAGINAL HYSTERECTOMY	1	\$1,836	\$1,835.95	3.82%
LAPARO PARTIAL NEPHRECTOMY	1	\$1,759	\$1,759.28	3.66%
NECK SPINE FUSION	2	\$1,551	\$775.70	3.23%
CESAREAN DELIVERY ONLY	2	\$1,349	\$674.57	2.81%

### 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).

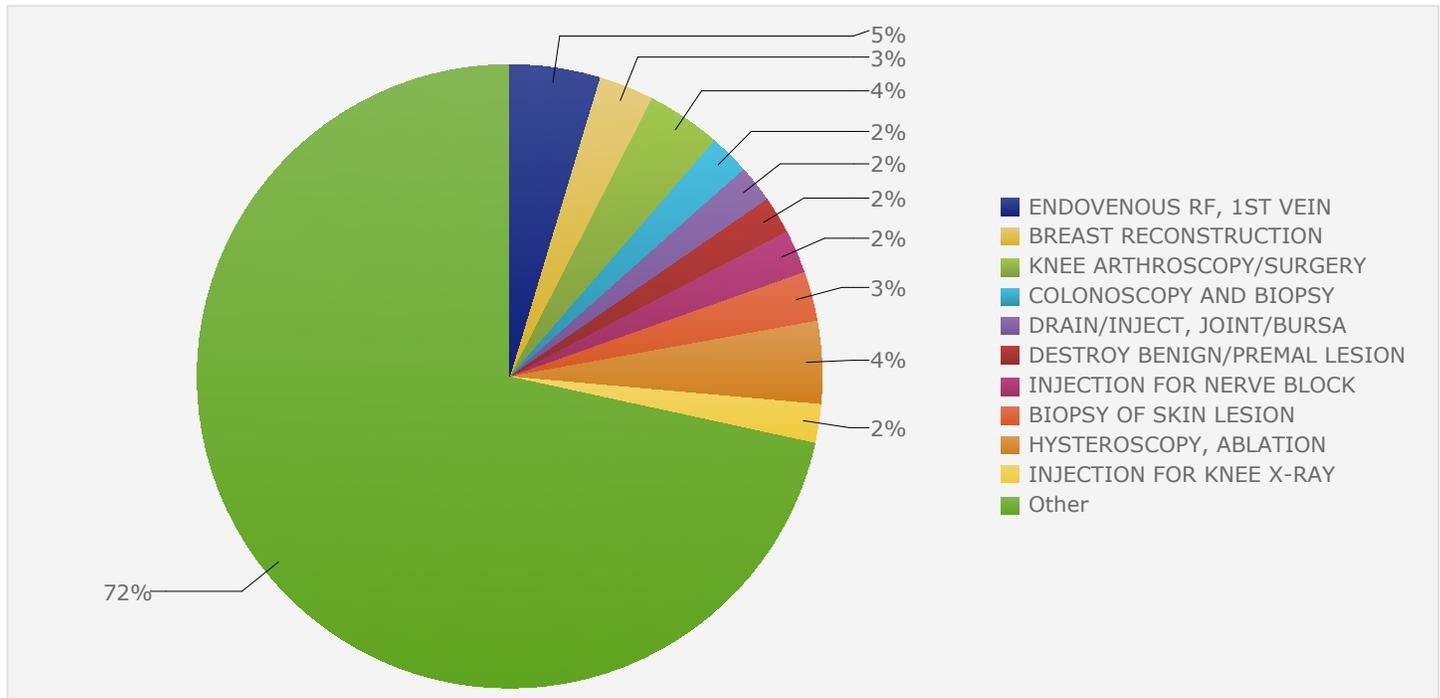


**Points to consider:**

- 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
ENDOVENOUS RF, 1ST VEIN	3	\$10,302	\$3,433.89	4.65%
HYSTEROSCOPY, ABLATION	5	\$9,469	\$1,893.86	4.27%
KNEE ARTHROSCOPY/SURGERY	10	\$8,527	\$852.71	3.85%
BREAST RECONSTRUCTION	2	\$6,318	\$3,159.22	2.85%
BIOPSY OF SKIN LESION	46	\$5,681	\$123.50	2.56%
INJECTION FOR NERVE BLOCK	9	\$5,025	\$558.35	2.27%
COLONOSCOPY AND BIOPSY	16	\$4,649	\$290.54	2.10%
INJECTION FOR KNEE X-RAY	4	\$4,425	\$1,106.37	2.00%
DRAIN/INJECT, JOINT/BURSA	34	\$4,277	\$125.78	1.93%
DESTROY BENIGN/PREML LESION	55	\$4,274	\$77.70	1.93%

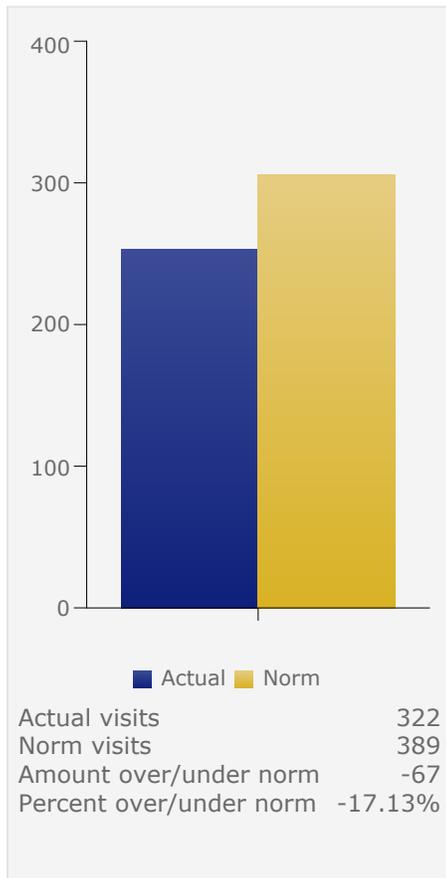
### Points to consider:

- 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?

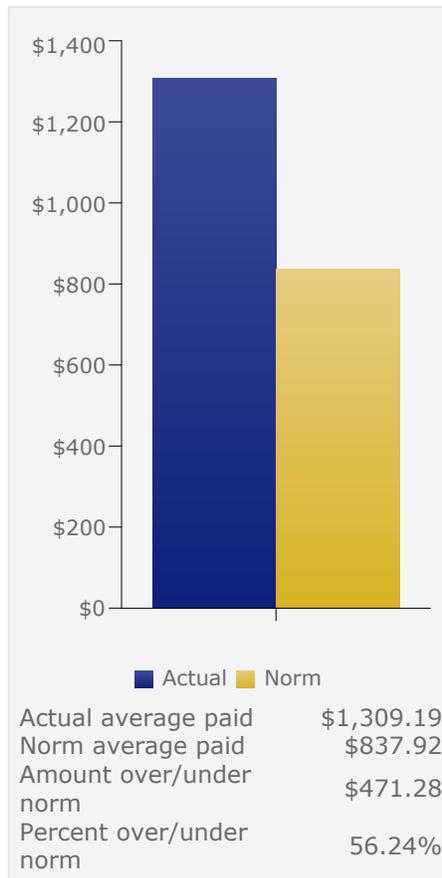
# Emergency Room Visits

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.

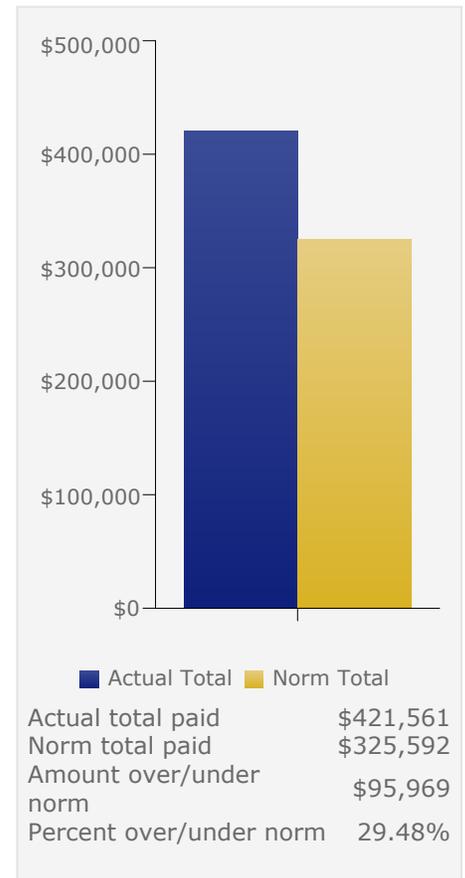
**Visits per 1000**



**Average Paid per Visit**



**Total Paid**



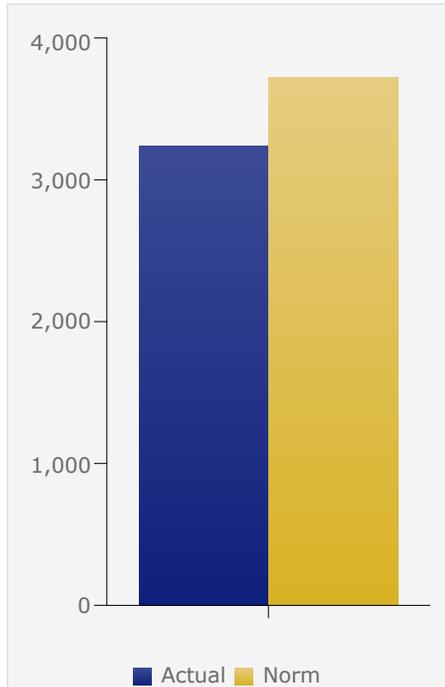
**Points to consider:**

- 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

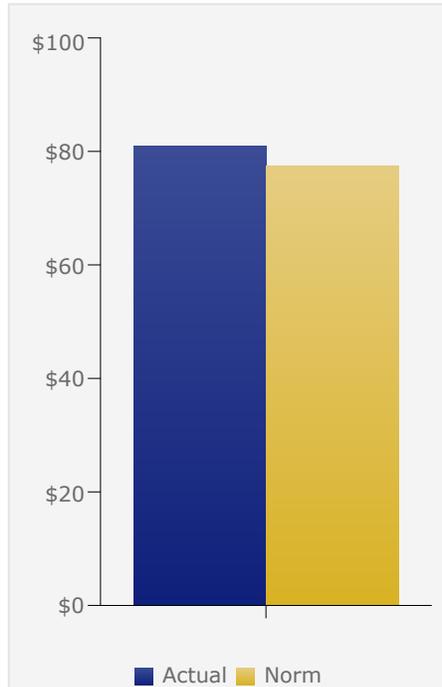
Gauge your plan's office visit utilization and costs compared to that of your peers. For this report, the data includes claims that were coded as office visit procedures.

### Visits per 1000



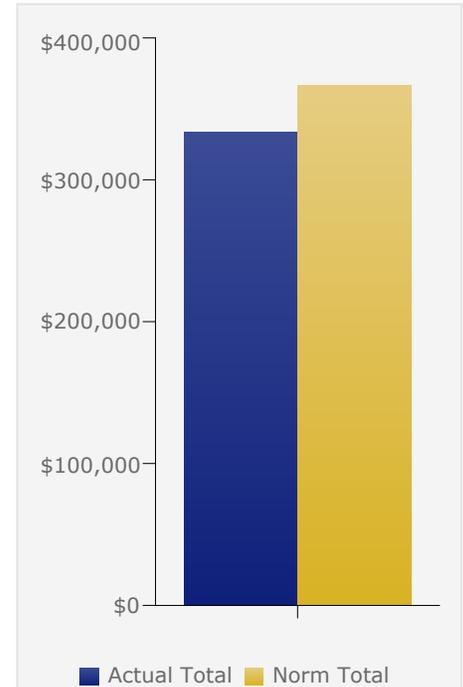
Actual visits	4,117
Norm visits	4,735
Amount over/under norm	-618
Percent over/under norm	-13.05%

### Average Paid per Visit



Actual avg paid/visit	\$81.13
Norm avg paid/visit	\$77.61
Amount over/under norm	\$3.52
Percent over/under norm	4.53%

### Total Paid



Actual total paid	\$334,023
Norm total paid	\$367,470
Amount over/under norm	(\$33,448)
Percent over/under norm	-9.10%

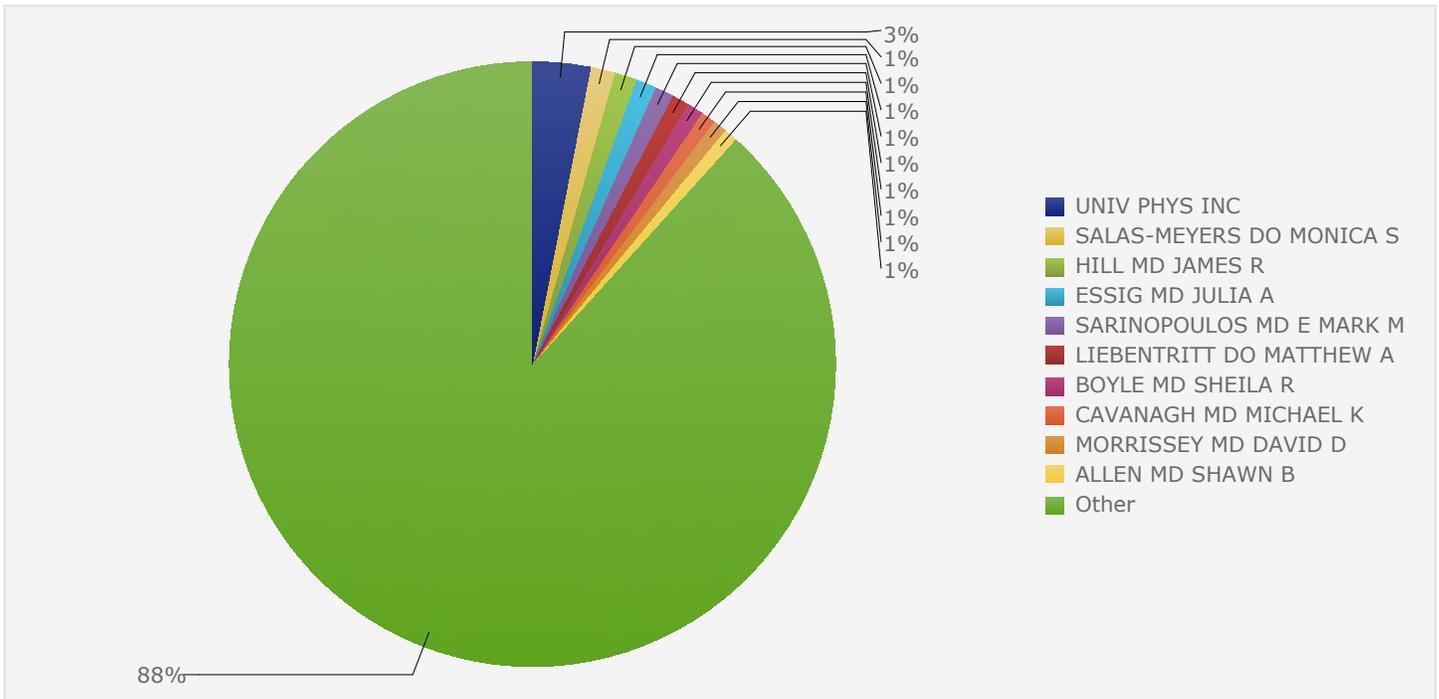
### Points to consider:

- 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



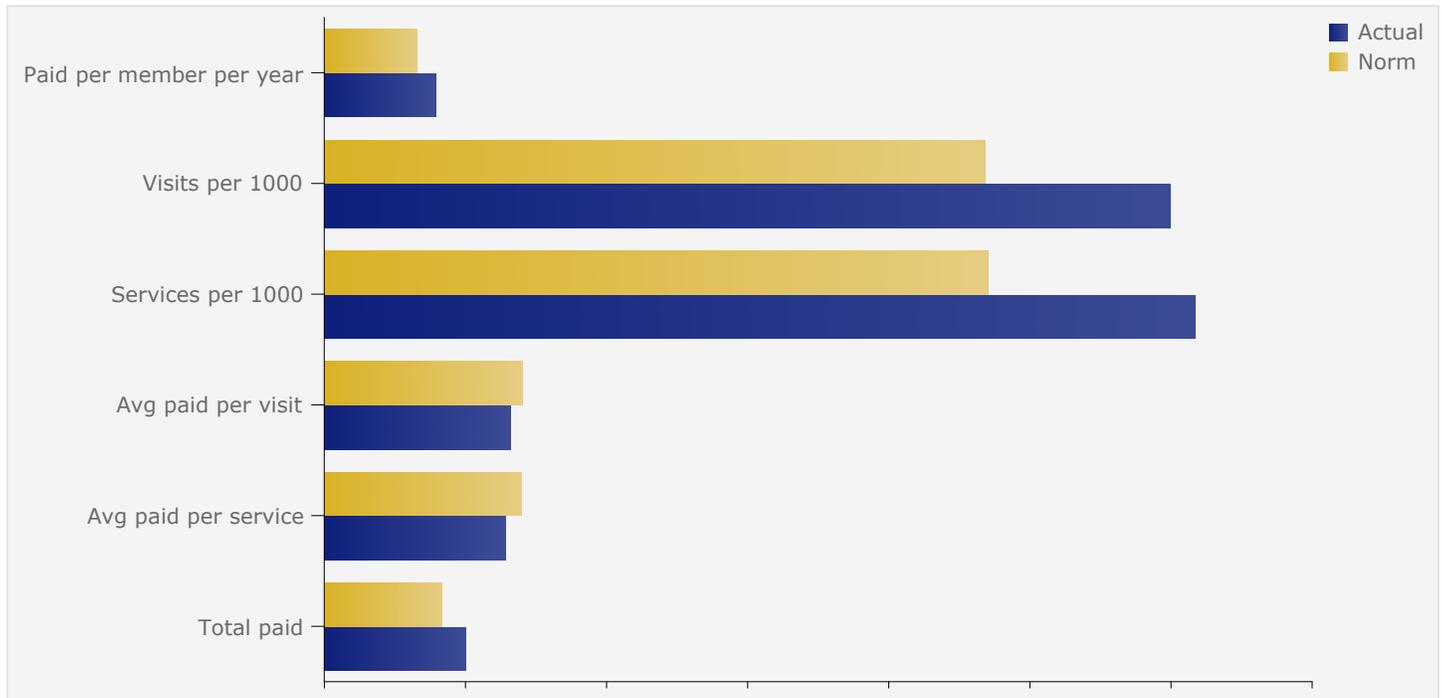
Provider Name	Network	Number of Visits	Total Paid	Percent of All Paid
UNIV PHYS INC	Yes	53	\$10,271	3.08%
SALAS-MEYERS DO MONICA S	Yes	57	\$4,299	1.29%
HILL MD JAMES R	Yes	54	\$4,010	1.20%
ESSIG MD JULIA A	Yes	42	\$3,628	1.09%
SARINOPOULOS MD E MARK M	Yes	42	\$3,353	1.00%
LIEBENTRITT DO MATTHEW A	Yes	31	\$3,049	0.91%
BOYLE MD SHEILA R	Yes	41	\$2,928	0.88%
CAVANAGH MD MICHAEL K	Yes	33	\$2,597	0.78%
MORRISSEY MD DAVID D	Yes	18	\$2,468	0.74%
ALLEN MD SHAWN B	Yes	39	\$2,435	0.73%

**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?

# Preventive Care

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



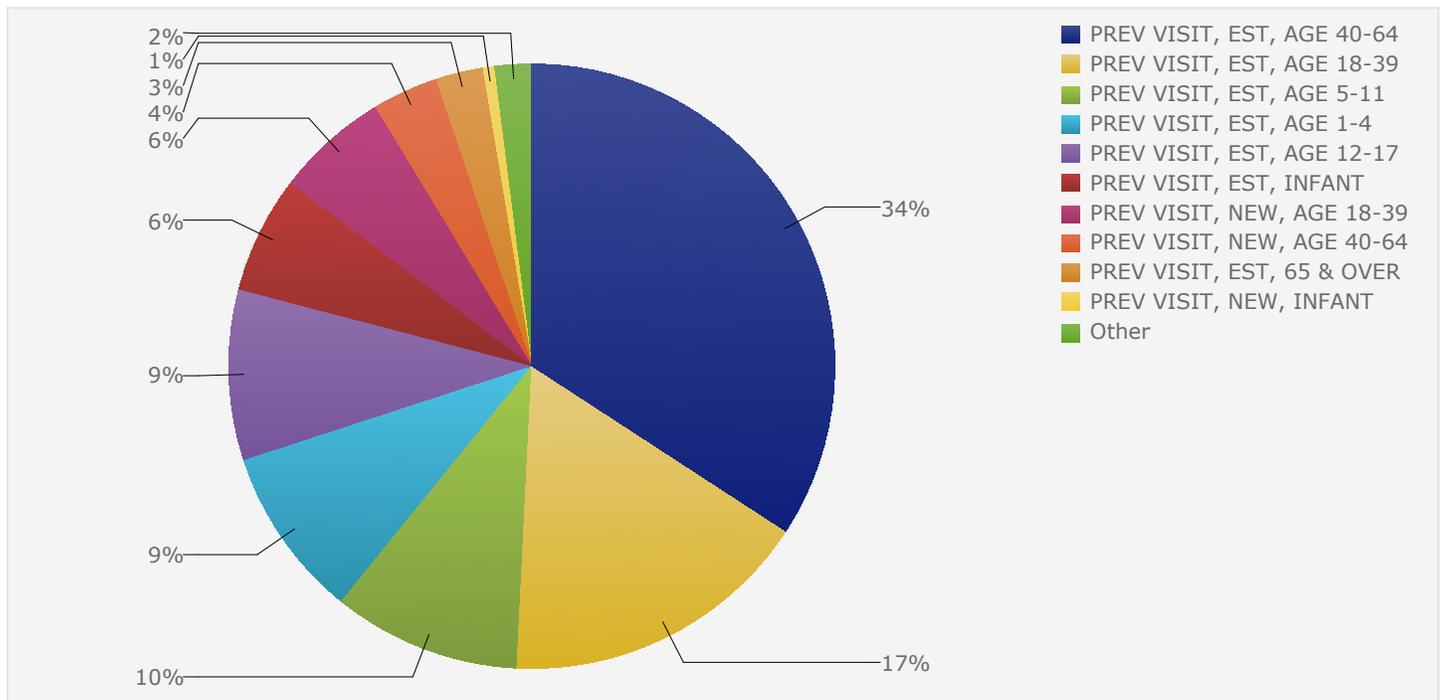
Preventive Care	Actual	Norm	Amount Over/Under Norm	Percent Over/Under Norm
Paid per member per year	\$79.06	\$65.58	\$13.49	20.57%
Visits per 1000	600	468	132	28.14%
Services per 1000	617	470	147	31.20%
Avg paid per visit	\$131.84	\$140.12	(\$8.28)	-5.91%
Avg paid per service	\$128.14	\$139.45	(\$11.31)	-8.11%
Total paid	\$100,333	\$83,218	\$17,115	20.57%

## 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	244	\$34,297.45	\$140.56	34.18%
PREV VISIT, EST, AGE 18-39	129	\$16,656.49	\$129.12	16.60%
PREV VISIT, EST, AGE 5-11	87	\$10,082.84	\$115.89	10.05%
PREV VISIT, EST, AGE 1-4	78	\$9,168.88	\$117.55	9.14%
PREV VISIT, EST, AGE 12-17	75	\$9,130.44	\$121.74	9.10%
PREV VISIT, EST, INFANT	65	\$6,279.29	\$96.60	6.26%
PREV VISIT, NEW, AGE 18-39	42	\$6,028.43	\$143.53	6.01%
PREV VISIT, NEW, AGE 40-64	25	\$3,521.71	\$140.87	3.51%
PREV VISIT, EST, 65 & OVER	16	\$2,533.70	\$158.36	2.53%
PREV VISIT, NEW, INFANT	8	\$616.17	\$77.02	0.61%

### 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	529			
Total Covered Lives	1,269			
Total Claim Charges	\$10,444,732.64			
Total Claim Payments	\$4,049,259.18			
Area	Actual	Norm	Difference	Experience
Health Plan Costs	\$11,947	\$12,226	<b>-2.28%</b>	Favorable
Medical Claims Costs	\$4,408	\$4,413	<b>-0.11%</b>	Favorable
Inpatient Analysis - Admissions/1000	40	63	<b>-35.94%</b>	Favorable
Inpatient Analysis - Average Paid/Admission	\$20,406	\$23,082	<b>-11.59%</b>	Favorable
Maternity Admissions/1000	7	25	<b>-72.07%</b>	Favorable
Maternity Average Paid/Admission	\$36,104	\$5,600	<b>544.76%</b>	Unfavorable
Outpatient Surgery/1000	1,636	1,177	<b>38.99%</b>	Unfavorable
Outpatient Surgery Average Paid	\$107	\$185	<b>-42.25%</b>	Favorable
Emergency Room Visits/1000	254	306	<b>-17.13%</b>	Favorable
Emergency Room Average Paid	\$1,309	\$838	<b>56.24%</b>	Unfavorable
Office Visits Visits/1000	3,244	3,731	<b>-13.05%</b>	Favorable
Office Visits Average Paid	\$81	\$78	<b>4.53%</b>	Acceptable
Chiropractic Visits/1000	431	189	<b>128.07%</b>	Unfavorable
Chiropractic Average Paid/Visit	\$14	\$17	<b>-17.35%</b>	Favorable
Physical Therapy Visits/1000	495	459	<b>7.91%</b>	Unfavorable
Physical Therapy Paid/Visit	\$16	\$15	<b>7.74%</b>	Unfavorable
Radiology Visits/1000	832	1,453	<b>-42.74%</b>	Favorable
Radiology Paid/Visit	\$106	\$303	<b>-65.06%</b>	Favorable
IPMH Admissions/1000	2	15	<b>-83.73%</b>	Favorable
IPMH Average Paid/Admission	\$7,805	\$6,312	<b>23.66%</b>	Unfavorable
Outpatient Mental Health Visits/1000	600	701	<b>-14.32%</b>	Favorable
Outpatient Mental Health Average Paid/Visit	\$82	\$171	<b>-51.76%</b>	Favorable

Norm source: "Employer Health Benefits 2015 Annual Survey", The Henry J. Kaiser Family Foundation and Health Research and Educational Trust, September 2015

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