

DecisionMaster® WAREHOUSE



Multiproject Health Plan Management Report

City and County of Broomfield

Cost Comparison 2010 - 2012



Prepared by:

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Project ID 4826

Methodology & Enrollment Summary

Your company's medical claim analysis has been prepared by HUB International, providing a report for comparative purposes. The claims data was analyzed using a proprietary claims analysis system called Decision Master® Warehouse. Decision Master Warehouse is a Web-based claims analysis tool that empowers you with detailed information about your claims-costs trends, spotting problems with utilization and offering solutions for managing and reducing claims costs. The table below shows the names of the individual projects used in this report, as well as the reporting periods for paid claims.

Methodology

This exhibit summarizes the reports you have selected, and enables you to easily compare the total paid, employees, and enrollees.

Project ID: 229983	
Project Name	Entire Group
Reporting Period	01/01/10 - 12/31/10
Total Paid	\$2,503,341.83
Employees	463
Enrolled	1142
Carrier	Anthem BCBS of Colorado

Project ID: 251186	
Project Name	Entire Group
Reporting Period	01/01/11 - 12/31/11
Total Paid	\$3,899,296.08
Employees	477
Enrolled	1181
Carrier	Anthem BCBS of Colorado

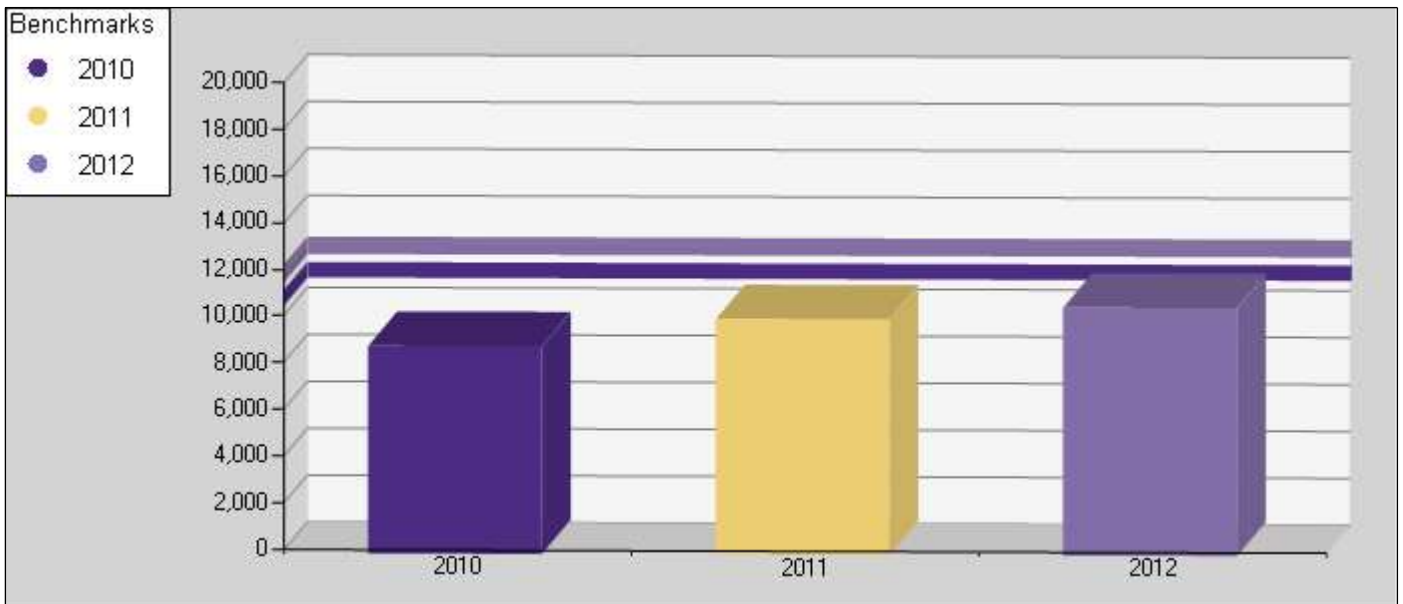
Project ID: 275670	
Project Name	Entire Group
Reporting Period	01/01/12 - 12/31/12
Total Paid	\$3,403,540.00
Employees	487
Enrolled	1118
Carrier	Anthem BCBS of Colorado

Health Plan Cost

Your company's health care costs per employee include administrative, fixed, and variable costs based on chosen projects. The claim amounts represent claims paid, but not necessarily incurred, during the reporting period.

Methodology

This exhibit shows trends in your company's overall health care costs from project to project.



Project ID	Project Name	Project Period	Employee Cost	Benchmark	%Over/Under
229983	2010	01/01/10 - 12/31/10	\$8,875.12	\$10,757.29	-17.50%
251186	2011	01/01/11 - 12/31/11	\$10,066.30	\$11,757.35	-14.38%
275670	2012	01/01/12 - 12/31/12	\$10,606.28	\$11,796.49	-10.09%

For More Information

Health Plan cost trends from project to project can reflect network, cost, plan design and utilization changes. Focus on the cause and use the drill-down tools to uncover additional details within each individual project.

High Cost Claimants

2010		2011		2012	
High Cost Claims	26.45%	High Cost Claims	44.10%	High Cost Claims	24.39%
Other Claims	73.55%	Other Claims	55.90%	Other Claims	75.61%
Paid	Diagnosis	Paid	Diagnosis	Paid	Diagnosis
\$112,659.96	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED SITE	\$462,806.66	MALIGNANT NEOPLASM OF CARDIA	\$152,663.00	MALIGNANT NEOPLASM OF RECTUM
\$79,889.06	DEGENERATION OF LUMBAR OR LUMBOSACRAL INTERVERTEBRAL DISC	\$417,057.88	COMPLICATIONS OF TRANSPLANTED HEART	\$128,706.26	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY
\$68,250.70	MALIGNANT NEOPLASM OF BRONCHUS AND LUNG UNSPECIFIED	\$180,279.03	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	\$107,625.64	SECONDARY MALIGNANT NEOPLASM OF BRAIN AND SPINAL CORD
\$65,889.22	COR ATHERO NAT ART TRANSPLNT HT	\$153,655.10	TRAUMATIC PNEUMOTHORAX WITHOUT OPEN WOUND INTO THORAX	\$106,254.03	ESSENTIAL AND OTHER SPECIFIED FORMS OF TREMOR
\$65,826.97	RADIOTHERAPY	\$119,985.21	MALIGNANT NEOPLASM OF PARATHYROID GLAND	\$62,348.55	CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY
\$64,646.78	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	\$117,067.94	SECONDARY MALIGNANT NEOPLASM OF BONE AND BONE MARROW	\$60,130.29	AFTERCARE FOLLOW ORGAN TRANSPLANT
\$62,562.99	OSTEOARTHRISIS UNSPECIFIED WHETHER GENERALIZED OR LOCALIZ...	\$90,239.67	ACQUIRED SPONDYLOLISTHESIS	\$56,905.43	ACQUIRED SPONDYLOLISTHESIS
\$54,217.32	OSTEOARTHRISIS LOCALIZED NOT SPECIFIED WHETHER PRIMARY OR...	\$70,450.66	SECONDARY MALIGNANT NEOPLASM OF BRAIN AND SPINAL CORD	\$52,329.08	MALIGNANT NEOPLASM OF BREAST (FEMALE) UNSPECIFIED SITE
\$47,234.56	MALIGNANT NEOPLASM OF TONSIL	\$54,460.39	MALIGNANT NEOPLASM OF ADRENAL GLAND	\$52,190.99	CHRONIC MAXILLARY SINUSITIS
\$40,917.34	LACERATION OF KIDNEY WITHOUT OPEN WOUND INTO CAVITY	\$53,564.73	CLEFT PALATE WITH CLEFT LIP BILATERAL INCOMPLETE	\$50,858.73	MALIGNANT NEOPLASM OF LIVER SECONDARY
\$662,095	High Cost Paid	\$1,719,568	High Cost Paid	\$830,012	High Cost Paid
\$1,841,247	All Other Paid	\$2,179,728	All Other Paid	\$2,573,528	All Other Paid
\$649,435	Liability	\$868,716	Liability	\$734,763	Liability
\$2,503,342	Total Plan Paid	\$3,899,296	Total Plan Paid	\$3,403,540	Total Plan Paid

For More Information...

Examining high cost claimants allows your company to observe how a small number of participants can be responsible for a large percentage of total claims. View the **High Cost Claims Cube** to examine the specific diagnoses that make up each of the high cost claimants.

Paid Claims by Claimant

This table displays your claimant distribution based on the designated paid categories.

Methodology

Paid categories are the net paid dollars by the designated dollar ranges. Reversals are included in <\$0-\$249 category.

	2010	2011	2012
<\$0	0.17%	0.00%	0.40%
\$0-\$249	33.82%	28.84%	27.74%
\$250-\$499	16.13%	18.79%	17.51%
\$500-\$749	9.15%	11.64%	12.07%
\$750-\$999	6.38%	6.23%	6.39%
\$1000-\$2499	17.77%	16.96%	16.87%
\$2500-\$4999	6.64%	8.40%	7.99%
\$5000-\$9999	6.13%	4.90%	5.76%
\$10,000-\$24,999	2.42%	2.41%	3.04%
\$25,000-\$49,999	0.43%	0.91%	1.28%
\$50,000-\$99,999	0.60%	0.33%	0.48%
\$100,000-\$149,999	0.09%	0.17%	0.24%
\$150,000-\$499,999	0.00%	0.33%	0.08%
\$500,000-\$999,999	0.00%	0.00%	0.00%
\$1,000,000+	0.00%	0.00%	0.00%

For More Information

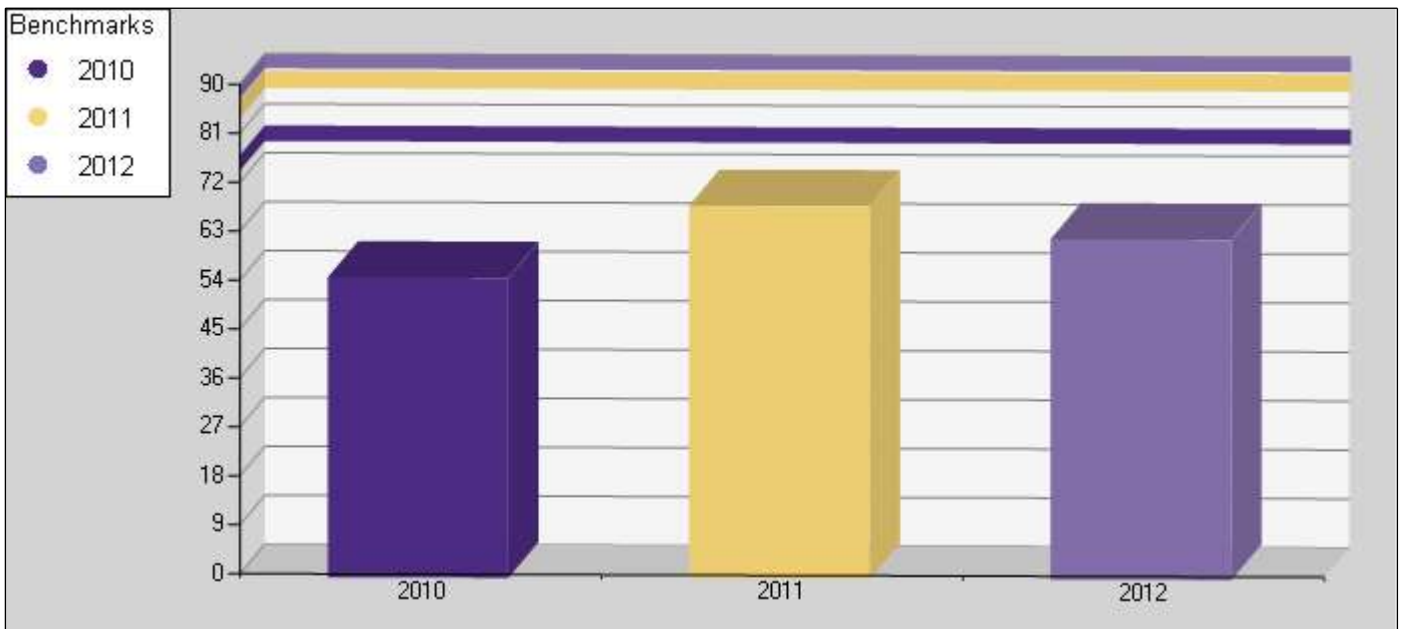
This view provides details on the frequency of claimants in the various paid categories. Use this information to assess the impact of plan designs, such as consumer-driven plans, on your population.

Inpatient Admissions per 1000

This exhibit shows your admission utilization across selected projects. For the purposes of this report, inpatient provider utilization is defined as the number of instances your company's plan participants were admitted to inpatient facilities for overnight treatment (including those who did not have surgery).

Methodology

Inpatient paid amounts include: facility fees (hospital room and board, supplies, and ancillary charges); and professional services charges (physician fees, surgeon fees and anesthesiologist fees).



Project ID	Project Name	Project Period	Admissions	Benchmark	%Over/Under
229983	2010	01/01/10 - 12/31/10	55.17	75.51	-26.94%
251186	2011	01/01/11 - 12/31/11	68.59	85.40	-19.69%
275670	2012	01/01/12 - 12/31/12	62.61	88.80	-29.49%

For More Information

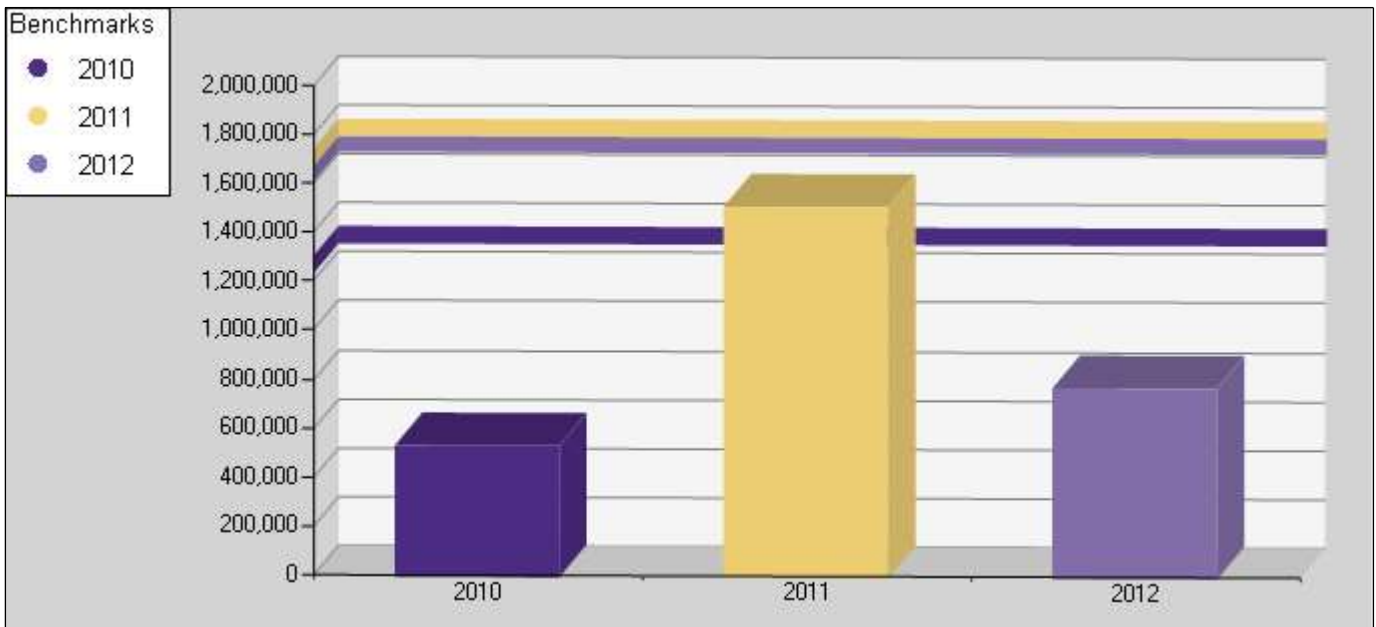
This exhibit shows your admission utilization across selected projects. If this is an area of concern, consider strengthening the admission review or implementing case management.

Inpatient Total Paid

For the purposes of this report, inpatient provider utilization is defined as the number of instances your company's plan participants were admitted to inpatient facilities for overnight treatment (including those who did not have surgery).

Methodology

This analysis shows the total claim dollars paid in an inpatient setting. The factors for total paid claims include the frequency and per admission cost.



Project ID	Project Name	Project Period	Total Paid	Benchmark	%Over/Under
229983	2010	01/01/10 - 12/31/10	\$537,076.89	\$1,265,647.52	-57.57%
251186	2011	01/01/11 - 12/31/11	\$1,517,316.18	\$1,704,736.83	-10.99%
275670	2012	01/01/12 - 12/31/12	\$779,501.35	\$1,639,278.72	-52.45%

For More Information

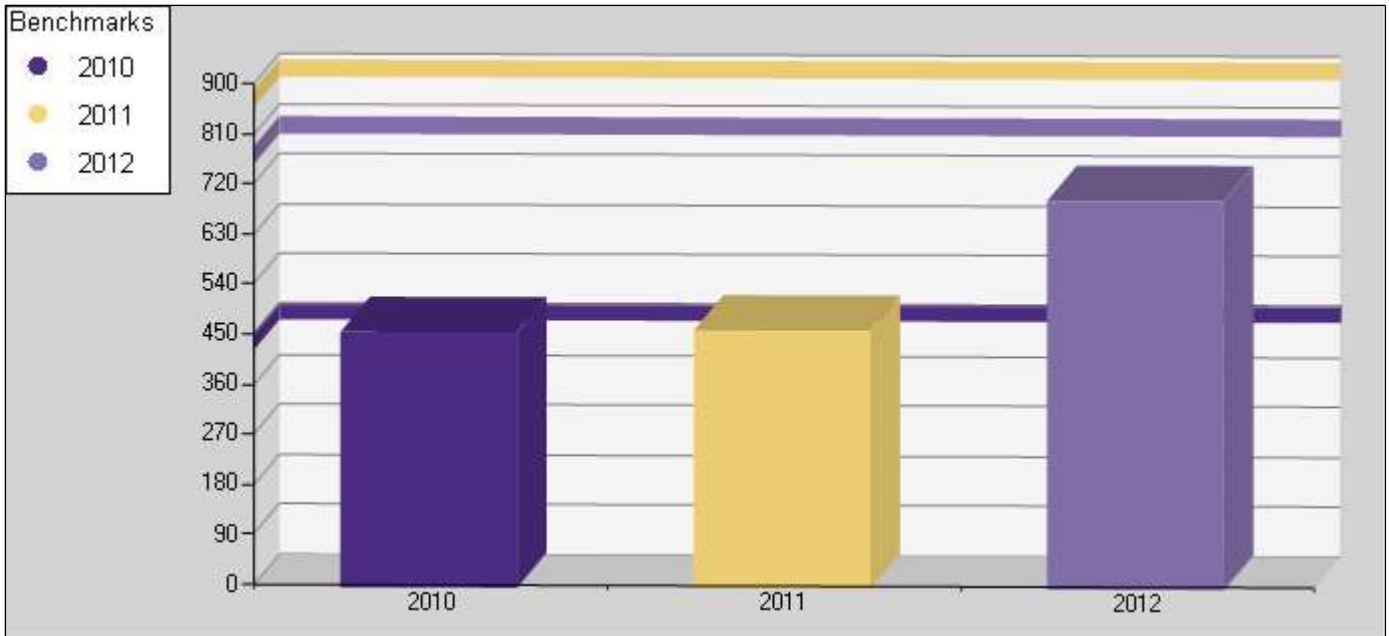
Directing employees to in-network or lower cost facilities, changing the plan design, or implementing a new network may improve cost increases in this care setting.

Emergency Room Paid Per Visit

This chart shows how your company's health care claim dollars were allocated for emergency room visits.

Methodology

Your company's claims were analyzed by a combination of place of service and service coding of emergency room, as designated by the claims administrator.



Project ID	Project Name	Project Period	Average Paid	Benchmark	%Over/Under
229983	2010	01/01/10 - 12/31/10	\$458.60	\$436.80	4.99%
251186	2011	01/01/11 - 12/31/11	\$463.62	\$872.90	-46.89%
275670	2012	01/01/12 - 12/31/12	\$698.78	\$769.99	-9.25%

For More Information Title

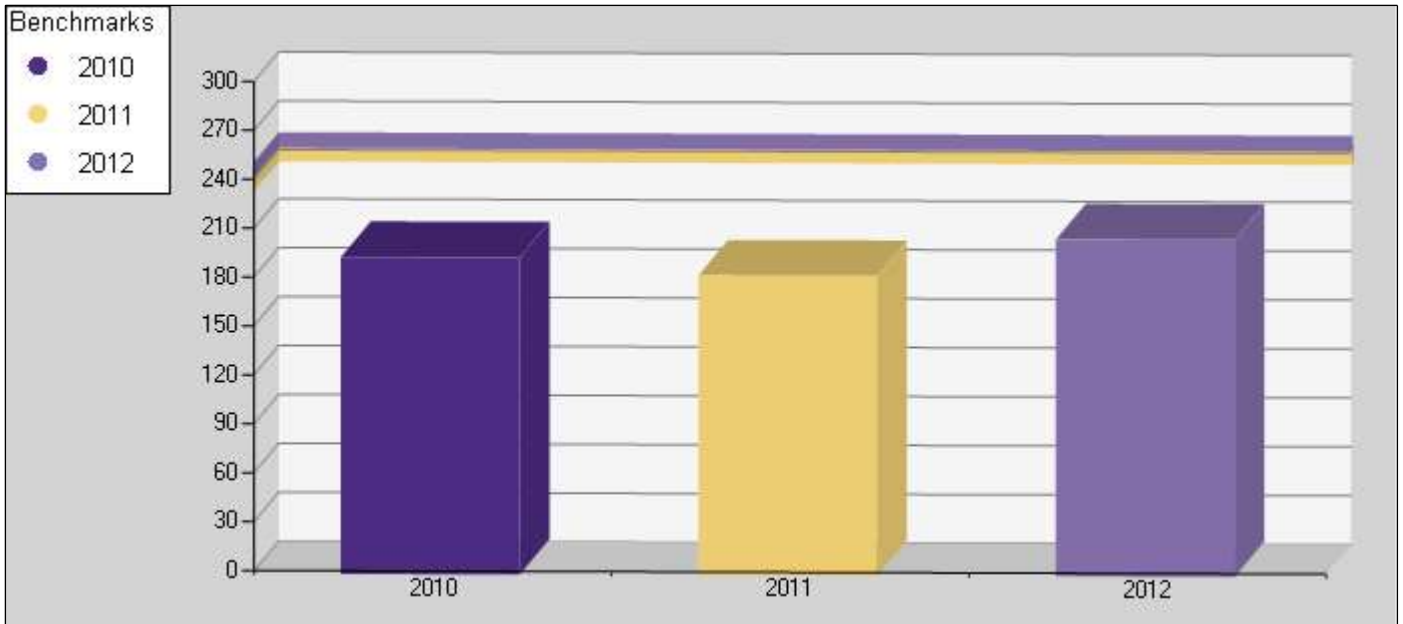
The average paid per visit cost in an emergency room setting can be influenced by plan design, proper location for the services, and network usage. Use this comparison to address these issues.

Emergency Room Visits Per 1000

This chart shows how your company's health care claim dollars were allocated for emergency room visits.

Methodology

Your company's claims were analyzed by a combination of place of service and service coding of emergency room, as designated by the claims administrator.



Project ID	Project Name	Project Period	Visits	Benchmark	%Over/Under
229983	2010	01/01/10 - 12/31/10	194.40	238.81	-18.60%
251186	2011	01/01/11 - 12/31/11	183.74	237.88	-22.76%
275670	2012	01/01/12 - 12/31/12	206.62	245.35	-15.78%

For More Information

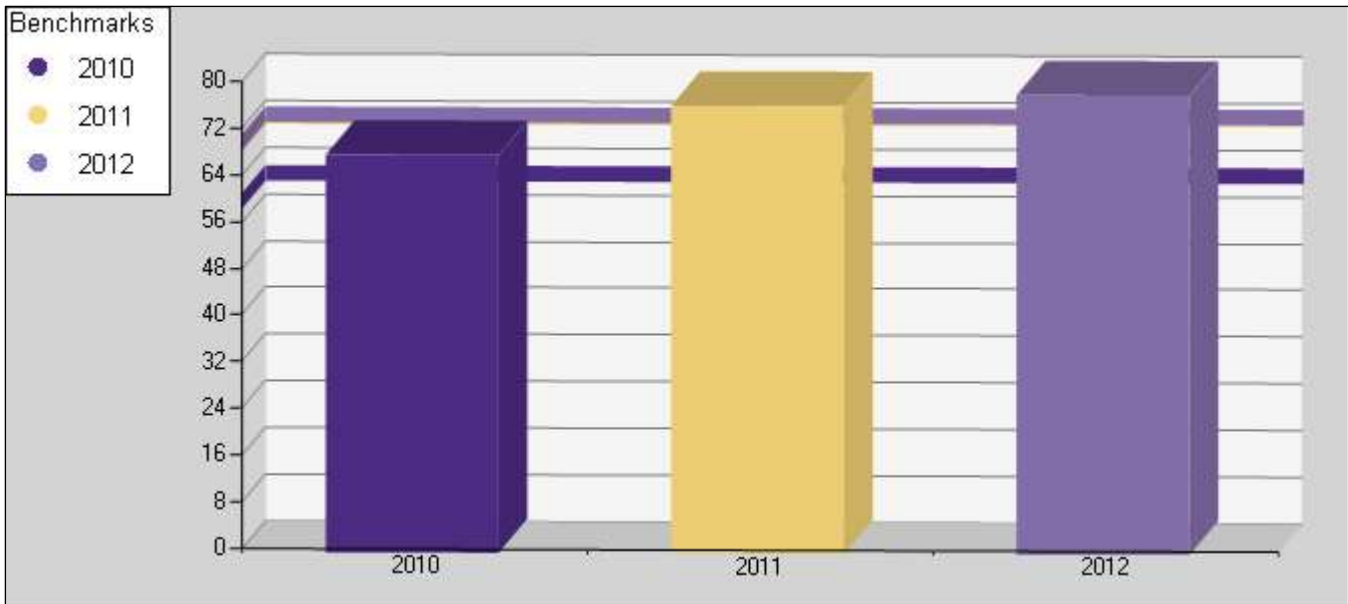
An emergency room is a very costly setting for treating non-urgent situations. Use this exhibit to review the trends in utilization and opportunities for patient education.

Office Visits Average Paid Per Visit

For this report, office visit utilization is defined as the number of instances your company's plan participants visited a clinic or office of a physician/practitioner for outpatient treatment.

Methodology

General office visits are defined by the occurrence of "office visit" or "consultation" procedure codes.



Project #	Project Name	Project Period	Average Paid	Benchmark	%Over/Under
229983	2010	01/01/10 - 12/31/10	\$68.06	\$59.50	14.39%
251186	2011	01/01/11 - 12/31/11	\$76.66	\$69.23	10.73%
275670	2012	01/01/12 - 12/31/12	\$78.64	\$69.38	13.35%

For More Information

Office visit costs are driven by plan design, network utilization, and network contracts. Compare the average paid per visit between projects to evaluate these components.

Wellness Visits

Methodology

Wellness visits are defined by codes that are included as preventive-type services by the U.S. Preventive Services Task Force (USPSTF).

People

Wellness Category	2010	2011	2012
Abdominal Aortic	24	30	26
Blood Pressure Screening	3	2	3
Breast Cancer (preventive medication)	0	0	0
Breast Cancer Genetic Risk Assessment	14	12	10
Breast Cancer Screening	136	150	123
Cervical Cancer Screening	217	218	193
Childhood Health Promotion	33	36	33
Cholesterol Screening	392	473	471
Colorectal Cancer Screening	28	30	19
Contraceptive Use - Prevention Intervention	11	11	16
Diabetes Screening	208	232	256
Healthy Pregnancy - Prenatal Diagnosis	41	42	35
Healthy Pregnancy - Rh(D) Incompatibility	3	2	2
Healthy Pregnancy - Rubella	1	3	2
Immunizations	381	390	353
Osteoporosis	6	8	6
Preventive Care Checkups	526	587	563
Preventive Medicine Counseling	0	5	3
Prostate Cancer Screening	71	94	75
Sexually Transmitted Infection Screenings	48	55	38
Smoking cessation treatment	0	2	2
Vision Screening (adult)	218	235	222
Vision screening (child)	58	95	102

Total Paid

Project #	Project Name	Wellness Paid	Wellness Paid %	Total Paid	Total Paid %
229983	2010	\$163,646	6.54%	\$2,503,342	93.46%
251186	2011	\$188,838	4.84%	\$3,899,296	95.16%
275670	2012	\$180,482	5.30%	\$3,403,540	94.70%

For More Information

Review the details of these wellness services in the **Wellness Cube** in Drill-Down. Spending plan dollars in the wellness category is a sound investment.