

Southwest Florida Water Management District - ITN 003-19 Stop Loss Insurance - Attachment 4 - Medical Large Claimant Report

Company: SW FL WATER MGMT DISTRICT
 Group: 78159
 High Cost Claims Threshold: 50000
 Current Paid Period: From 01/2016 to 12/2016
 Prior Paid Period: From 01/2015 to 12/2015

High Cost Claims Summary_2016

CURRENT					Inpatient		Outpatient		Professional		Pharmacy			
Rank	Div	Relationship	Diagnosis Description	Days	Admits	Paid Amt	Visits	Paid Amt	Services	Paid Amt	# of Rx	Paid Amt	Total Paid Amt	Total Billed Amt
1	003	SUBSCRIBER	STREPTOCOCCAL SEPTICEMIA; OTHER GENERAL SYMPTOMS; CELLULITIS AND ABSCESS OF UNSPECIFIED SITE	20	1	\$118,255.58	13	\$6,822.31	859	\$64,764.87	42	\$9,898.02	\$199,740.78	\$675,772.42
2	R03	SUBSCRIBER	ACUTE MYELOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION; ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY; MYELODYSPLASTIC SYNDROME, UNSPECIFIED	51	5	\$106,276.51	21	\$25,160.03	255	\$37,092.84	21	\$424.09	\$168,953.47	\$660,954.17
3	003	DEPENDENT	UNSPECIFIED ULCERATIVE COLITIS; REGIONAL ENTERITIS OF UNSPECIFIED SITE; MISSING OR UNKNOWN DIAGNOSIS CODE	0	1	\$0.00	7	\$153,745.68	31	\$3,878.09	20	\$11,126.03	\$168,749.80	\$391,277.14
4	003	SUBSCRIBER	PRIMARY LOCALIZED OSTEOARTHRITIS, LOWER LEG; PALPITATIONS; KNEE JOINT REPLACEMENT BY OTHER MEANS	8	2	\$137,518.49	16	\$5,307.38	116	\$11,520.24	18	\$13.76	\$154,359.87	\$259,823.27
5	003	DEPENDENT	CONGENITAL PNEUMONIA; SINGLE LIVEBORN, BORN IN HOSPITAL, DELIVERED WITHOUT MENTION OF CESAREAN DELIVERY; RESPIRATORY DISTRESS SYNDROME IN NEWBORN	19	2	\$131,624.27	13	\$0.00	39	\$15,943.15	3	\$59.80	\$147,627.22	\$506,526.90
6	R03	DEPENDENT	OTHER CONGENITAL ANOMALIES OF GREAT VEINS; PARTIAL CONGENITAL ANOMALOUS PULMONARY VENOUS CONNECTION; MISSING OR UNKNOWN DIAGNOSIS CODE	3	1	\$66,066.61	2	\$42,886.58	70	\$18,623.32	12	\$985.21	\$128,561.72	\$298,899.01
7	003	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; MULTIPLE MYELOMA, IN RELAPSE; MULTIPLE MYELOMA IN REMISSION	0	1	\$0.00	1	\$2,195.26	11	\$431.28	12	\$119,081.53	\$121,708.07	\$256,753.91
8	003	DEPENDENT	MISSING OR UNKNOWN DIAGNOSIS CODE; OBSESSIVE-COMPULSIVE DISORDERS; OTHER AND UNSPECIFIED BIPOLAR DISORDERS	0	1	\$0.00	1	\$0.00	76	\$6,474.41	41	\$105,415.66	\$111,890.07	\$136,657.52
9	003	SUBSCRIBER	CEREBRAL CYSTS; NEOPLASM OF UNSPECIFIED NATURE OF BRAIN; HEADACHE	10	1	\$77,119.24	1	\$4,203.67	39	\$16,395.42	3	\$10.13	\$97,728.46	\$223,669.45
10	003	SPOUSE	MAJOR DEPRESSIVE DISORDER, RECURRENT EPISODE, UNSPECIFIED; MAJOR DEPRESSIVE DISORDER, RECURRENT EPISODE, SEVERE, WITHOUT MENTION OF PSYCHOTIC BEHAVIOR; MISSING OR UNKNOWN DIAGNOSIS CODE	0	1	\$0.00	17	\$68,137.65	116	\$21,159.04	24	\$2,458.67	\$91,755.36	\$200,403.24
11	003	SPOUSE	CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY; INTERMEDIATE CORONARY SYNDROME; MISSING OR UNKNOWN DIAGNOSIS CODE	0	1	\$0.00	3	\$73,800.88	46	\$4,993.40	42	\$7,084.55	\$85,878.83	\$343,724.09
12	003	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED; DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE I [JUVENILE TYPE], UNCONTROLLED	0	1	\$0.00	1	\$3,524.00	86	\$19,244.64	45	\$60,418.28	\$83,186.92	\$135,668.01

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13	003	SPOUSE	MISSING OR UNKNOWN DIAGNOSIS CODE; ACQUIRED SPONDYLOLISTHESIS; SPINAL STENOSIS OF LUMBAR REGION, WITHOUT NEUROGENIC CLAUDICATION	0	1	\$0.00	15	\$27,987.25	83	\$11,035.21	36	\$43,429.78	\$82,452.24	\$402,446.03
14	003	DEPENDENT	REGIONAL ENTERITIS OF UNSPECIFIED SITE; OTHER AND UNSPECIFIED NONINFECTIOUS GASTROENTERITIS AND COLITIS; REGIONAL ENTERITIS OF SMALL INTESTINE	0	1	\$0.00	6	\$78,367.67	20	\$2,921.15	7	\$97.86	\$81,386.68	\$199,604.68
15	R03	SPOUSE	MISSING OR UNKNOWN DIAGNOSIS CODE; ACUTE KIDNEY FAILURE, UNSPECIFIED; VITREOUS HEMORRHAGE	2	1	\$12,473.54	2	\$3,689.60	51	\$4,350.98	19	\$60,745.37	\$81,259.49	\$172,594.71
16	R03	SUBSCRIBER	MALIGNANT NEOPLASM OF PROSTATE; MISSING OR UNKNOWN DIAGNOSIS CODE; DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED	7	2	\$21,002.93	19	\$38,711.01	55	\$6,807.53	21	\$10,879.77	\$77,401.24	\$169,735.87
17	003	SUBSCRIBER	UNSPECIFIED PERIPHERAL VASCULAR DISEASE; OTHER GENERAL SYMPTOMS; ATHEROSCLEROSIS OF NATIVE ARTERIES OF THE EXTREMITIES WITH REST PAIN	4	2	\$48,756.29	7	\$16,960.08	69	\$9,553.57	30	\$1,144.80	\$76,414.74	\$430,316.29
18	003	SPOUSE	OTHER SPECIFIED CARDIAC DYSRHYTHMIAS; MISSING OR UNKNOWN DIAGNOSIS CODE; GENERALIZED ANXIETY DISORDER	0	1	\$0.00	2	\$53,733.31	48	\$6,301.59	63	\$3,193.85	\$63,228.75	\$164,723.87
19	003	SUBSCRIBER	ACUTE MYOCARDIAL INFARCTION OF INFEROPOSTERIOR WALL, INITIAL EPISODE OF CARE; CHEST PAIN, UNSPECIFIED; SPECIAL SCREENING FOR MALIGNANT NEOPLASM OF PROSTATE	2	1	\$51,966.03	5	\$4,832.60	24	\$2,073.47	10	\$357.69	\$59,229.79	\$102,363.10
20	003	DEPENDENT	MISSING OR UNKNOWN DIAGNOSIS CODE; UNSPECIFIED EPILEPSY WITH INTRACTABLE EPILEPSY; HEAD INJURY, UNSPECIFIED	0	1	\$0.00	1	\$3,794.00	45	\$21,911.82	46	\$32,305.83	\$58,011.65	\$148,937.35
21	C03	SUBSCRIBER	ATRIAL FIBRILLATION; MISSING OR UNKNOWN DIAGNOSIS CODE; AORTIC VALVE DISORDERS	0	1	\$0.00	1	\$48,354.31	31	\$3,971.54	16	\$1,634.10	\$53,959.95	\$188,701.30
22	003	SPOUSE	MISSING OR UNKNOWN DIAGNOSIS CODE; DIVERTICULITIS OF COLON (WITHOUT MENTION OF HEMORRHAGE); OTHER AND UNSPECIFIED NONINFECTIOUS GASTROENTERITIS AND COLITIS	0	1	\$0.00	2	\$2,494.51	8	\$1,533.36	28	\$48,596.63	\$52,624.50	\$103,517.71
23	003	SUBSCRIBER	THORACIC OR LUMBOSACRAL NEURITIS OR RADICULITIS, UNSPECIFIED; INTERVERTEBRAL LUMBAR DISC DISORDER WITH MYELOPATHY, LUMBAR REGION; MISSING OR UNKNOWN DIAGNOSIS CODE	1	1	\$39,681.00	1	\$483.92	73	\$10,011.05	35	\$2,419.88	\$52,595.85	\$137,996.54
24	003	SPOUSE	MISSING OR UNKNOWN DIAGNOSIS CODE; MULTIPLE SCLEROSIS; ENLARGEMENT OF LYMPH NODES	0	1	\$0.00	2	\$1,596.04	19	\$1,150.04	10	\$48,320.31	\$51,066.39	\$71,916.08
Total				127	19	\$810,740.49	146	\$666,787.74	2,285	\$302,142.01	604	\$570,101.60	\$2,349,771.84	\$6,382,982.66

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PRIOR					Inpatient		Outpatient		Professional		Pharmacy			
Rank	Div	Relationship	Diagnosis Description	Days	Admits	Paid Amt	Visits	Paid Amt	Services	Paid Amt	# of Rx	Paid Amt	Total Paid Amt	Total Billed Amt
1	003	SUBSCRIBER	AORTIC VALVE DISORDERS; OTHER PRIMARY CARDIOMYOPATHIES; MISSING OR UNKNOWN DIAGNOSIS CODE	19	1	\$180,208.82	27	\$21,505.95	161	\$23,509.79	38	\$9,100.47	\$234,325.03	\$535,838.46
2	003	SPOUSE	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY; ENCOUNTER FOR ANTINEOPLASTIC IMMUNOTHERAPY; NODULAR LYMPHOMA OF LYMPH NODES OF MULTIPLE SITES	0	1	\$0.00	33	\$186,386.67	51	\$4,134.65	32	\$3,750.08	\$194,271.40	\$941,046.30
3	R03	SUBSCRIBER	MALIGNANT NEOPLASM OF HEAD OF PANCREAS; MALIGNANT NEOPLASM OF PANCREAS, PART UNSPECIFIED; SEPTICEMIA DUE TO SERRATIA	18	3	\$78,808.26	33	\$58,178.68	248	\$45,780.42	45	\$2,211.71	\$184,979.07	\$552,302.04
4	003	DEPENDENT	UNSPECIFIED ULCERATIVE COLITIS; LEFT SIDED ULCERATIVE (CHRONIC) COLITIS; MISSING OR UNKNOWN DIAGNOSIS CODE	0	1	\$0.00	11	\$172,976.75	18	\$2,125.28	9	\$9,556.26	\$184,658.29	\$455,838.74
5	R03	SUBSCRIBER	THORACIC ANEURYSM WITHOUT MENTION OF RUPTURE; CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY; OSTIUM SECUNDUM TYPE ATRIAL SEPTAL DEFECT	10	1	\$132,880.83	1	\$7,592.08	98	\$35,586.60	13	\$678.48	\$176,737.99	\$305,228.34
6	003	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; MULTIPLE MYELOMA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION; NEOPLASM OF UNCERTAIN BEHAVIOR OF SKIN	0	1	\$0.00	1	\$2,245.64	28	\$1,621.27	13	\$120,661.75	\$124,528.66	\$262,871.43
7	003	DEPENDENT	REGIONAL ENTERITIS OF UNSPECIFIED SITE; REGIONAL ENTERITIS OF SMALL INTESTINE WITH LARGE INTESTINE; ABDOMINAL PAIN, OTHER SPECIFIED SITE	13	1	\$30,209.26	8	\$82,757.29	59	\$7,139.91	6	\$3,651.64	\$123,758.10	\$325,209.83
8	R03	SPOUSE	CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY; CORONARY ATHEROSCLEROSIS OF UNSPECIFIED TYPE OF VESSEL, NATIVE OR GRAFT; OTHER CHRONIC DERMATITIS DUE TO SOLAR RADIATION	10	1	\$96,948.73	8	\$13,553.69	61	\$8,336.22	32	\$386.82	\$119,225.46	\$716,769.11
9	003	SPOUSE	MISSING OR UNKNOWN DIAGNOSIS CODE; REGIONAL ENTERITIS OF UNSPECIFIED SITE; REGIONAL ENTERITIS OF SMALL INTESTINE	9	2	\$50,542.48	2	\$5,482.91	57	\$7,065.41	32	\$34,847.37	\$97,938.17	\$160,957.89
10	003	DEPENDENT	MISSING OR UNKNOWN DIAGNOSIS CODE; SOCIAL PHOBIA; OTHER CONVULSIONS	1	1	\$5,957.66	5	\$9,150.00	80	\$6,929.71	36	\$74,736.01	\$96,773.38	\$244,177.83
11	003	SUBSCRIBER	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF FEMALE BREAST; MALIGNANT NEOPLASM OF BREAST (FEMALE), UNSPECIFIED SITE; OTHER (ABNORMAL) FINDINGS ON RADIOLOGICAL EXAMINATION OF BREAST	0	1	\$0.00	6	\$11,222.32	214	\$82,126.83	12	\$38.60	\$93,387.75	\$196,282.90
12	003	SPOUSE	MISSING OR UNKNOWN DIAGNOSIS CODE; HYPERTROPHY OF BREAST; ACQUIRED ABSENCE OF BREAST AND NIPPLE	2	1	\$10,430.22	6	\$35,036.16	126	\$20,832.34	117	\$15,946.45	\$82,245.17	\$250,550.08
13	003	SUBSCRIBER	CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY; CHRONIC FRONTAL SINUSITIS; ABDOMINAL PAIN, RIGHT LOWER QUADRANT	1	1	\$48,587.36	1	\$4,592.22	73	\$20,140.87	42	\$902.77	\$74,223.22	\$146,250.05

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14	003	DEPENDENT	INJURY TO OTHER SPECIFIED INTRATHORACIC ORGANS WITHOUT MENTION OF OPEN WOUND INTO CAVITY; LUNG CONTUSION WITHOUT MENTION OF OPEN WOUND INTO THORAX; DIABETES WITH KETOACIDOSIS, TYPE I [JUVENILE TYPE], UNCONTROLLED	16	3	\$54,631.70	5	\$3,550.91	108	\$10,629.57	32	\$5,083.52	\$73,895.70	\$470,355.42
15	003	DEPENDENT	CLOSED FRACTURE OF BASE OF SKULL WITH SUBARACHNOID, SUBDURAL, AND EXTRADURAL HEMORRHAGE, NO LOSS OF CONSCIOUSNESS; EXTRADURAL HEMORRHAGE FOLLOWING INJURY, WITHOUT MENTION OF OPEN INTRACRANIAL WOUND, NO LOSS OF CONSCIOUSNESS; SUBARACHNOID HEMORRHAGE FOLLOWING INJURY, WITHOUT MENTION OF OPEN INTRACRANIAL WOUND, NO LOSS OF CONSCIOUSNESS	8	1	\$39,984.15	4	\$6,150.62	29	\$18,796.58	2	\$20.12	\$64,951.47	\$168,572.73
16	R01	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; RHEUMATOID ARTHRITIS; ORGANIC SLEEP APNEA, UNSPECIFIED	0	1	\$0.00	12	\$1,630.85	145	\$11,503.78	144	\$51,715.76	\$64,850.39	\$309,698.09
17	003	SUBSCRIBER	CIRRHOSIS OF LIVER WITHOUT MENTION OF ALCOHOL; ESOPHAGEAL VARICES WITHOUT MENTION OF BLEEDING; MISSING OR UNKNOWN DIAGNOSIS CODE	6	1	\$44,552.43	3	\$5,315.61	56	\$5,680.26	29	\$2,024.98	\$57,573.28	\$97,676.56
18	003	DEPENDENT	ANOMALOUS ATRIOVENTRICULAR EXCITATION; TENOSYNOVITIS OF FOOT AND ANKLE; PAIN IN JOINT, PELVIC REGION AND THIGH	(1)	(1)	\$53,858.66	27	\$0.00	5	(\$15.39)	38	\$0.00	\$53,843.27	\$121,454.41
19	003	DEPENDENT	PYODERMA GANGRENOSUM; OPEN WOUND OF HIP AND THIGH, WITHOUT MENTION OF COMPLICATION; HYPOPOTASSEMIA	13	2	\$28,002.61	7	\$3,189.99	137	\$21,334.30	22	\$826.68	\$53,353.58	\$109,809.56
20	003	SPOUSE	MISSING OR UNKNOWN DIAGNOSIS CODE; THORACIC OR LUMBOSACRAL NEURITIS OR RADICULITIS, UNSPECIFIED; MULTIPLE SCLEROSIS	0	1	\$0.00	18	\$583.00	65	\$4,588.84	50	\$47,046.03	\$52,217.87	\$121,195.52
21	003	SPOUSE	POSTLAMINECTOMY SYNDROME, LUMBAR REGION; MISSING OR UNKNOWN DIAGNOSIS CODE; OTHER GENERAL SYMPTOMS	0	1	\$0.00	5	\$13,001.26	119	\$25,786.49	73	\$11,668.53	\$50,456.28	\$150,580.35
Total				125	18	\$855,603.17	196	\$644,102.60	1,938	\$363,633.73	779	\$394,854.03	\$2,258,193.53	\$6,642,665.64

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1	R03	SUBSCRIBER	ACUTE MYELOID LEUKEMIA IN REMISSION; PNEUMONIA, ORGANISM UNSPECIFIED; UNSPECIFIED SEPTICEMIA	27	5	\$384,889.00	46	\$59,429.91	173	\$23,137.39	62	\$2,538.72	\$469,995.02	\$1,046,952.46
2	R03	SUBSCRIBER	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF FEMALE BREAST; ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY; MISSING OR UNKNOWN DIAGNOSIS CODE	0	5	\$0.00	15	\$69,990.48	215	\$191,099.46	48	\$6,206.87	\$267,296.81	\$486,956.42
3	003	SUBSCRIBER	AORTIC VALVE DISORDERS; ATRIAL FIBRILLATION; MISSING OR UNKNOWN DIAGNOSIS CODE	7	2	\$195,337.47	35	\$11,992.21	78	\$17,591.86	52	\$10,639.59	\$235,561.13	\$398,160.17
4	003	DEPENDENT	ULCERATIVE (CHRONIC) PROCTITIS; LEFT SIDED ULCERATIVE (CHRONIC) COLITIS; REGIONAL ENTERITIS OF UNSPECIFIED SITE	0	5	\$0.00	9	\$188,010.01	29	\$4,458.18	11	\$8,944.49	\$201,412.68	\$476,995.07
5	003	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; MULTIPLE MYELOMA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION; DISORDER OF BONE AND CARTILAGE, UNSPECIFIED	0	5	\$0.00	2	\$16,001.27	29	\$1,314.84	12	\$151,162.44	\$168,478.55	\$350,346.72
6	003	SPOUSE	OTHER AND UNSPECIFIED ANGINA PECTORIS; MISSING OR UNKNOWN DIAGNOSIS CODE; INTERMEDIATE CORONARY SYNDROME	6	1	\$137,822.54	3	\$5,562.02	53	\$7,256.38	39	\$7,648.45	\$158,289.39	\$209,968.38
7	003	DEPENDENT	MISSING OR UNKNOWN DIAGNOSIS CODE; OTHER AND UNSPECIFIED BIPOLAR DISORDERS; OTHER GENERAL SYMPTOMS	0	5	\$0.00	46	\$0.00	76	\$6,011.99	39	\$110,345.27	\$116,357.26	\$137,797.72
8	003	SPOUSE	MALIGNANT NEOPLASM OF HEPATIC FLEXURE; MALIGNANT NEOPLASM OF TRANSVERSE COLON; MISSING OR UNKNOWN DIAGNOSIS CODE	3	1	\$66,312.67	1	\$2,985.00	72	\$11,637.00	29	\$3,808.94	\$84,743.61	\$224,509.12
9	003	SUBSCRIBER	DIAPHRAGMATIC HERNIA WITHOUT MENTION OF OBSTRUCTION OR GANGRENE; OTHER DIGESTIVE SYSTEM COMPLICATIONS; INTESTINAL INFECTION DUE TO OTHER ORGANISM, NEC	12	3	\$61,995.31	2	\$5,658.00	73	\$11,885.25	9	\$714.72	\$80,253.28	\$205,006.34
10	003	SPOUSE	MISSING OR UNKNOWN DIAGNOSIS CODE; OTHER COMPLICATIONS DUE TO OTHER INTERNAL ORTHOPEDIC DEVICE, IMPLANT, AND GRAFT; SPECIAL SCREENING FOR MALIGNANT NEOPLASMS, COLON	0	5	\$0.00	29	\$21,765.54	60	\$4,235.36	30	\$51,397.61	\$77,398.51	\$175,247.00
11	003	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED; DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE I [JUVENILE TYPE], UNCONTROLLED	0	5	\$0.00	1	\$4,347.70	68	\$14,784.81	54	\$57,725.55	\$76,858.06	\$127,549.19
12	003	SUBSCRIBER	ACUTE APPENDICITIS WITH GENERALIZED PERITONITIS; UNSPECIFIED ESSENTIAL HYPERTENSION; PERITONEAL ABSCESS	11	1	\$70,890.65	46	\$0.00	52	\$5,347.94	26	\$1.96	\$76,240.55	\$757,238.17
13	003	SUBSCRIBER	CALCULUS OF KIDNEY; ABDOMINAL PAIN, UNSPECIFIED SITE; HYPERTROPHY OF NASAL TURBINATES	1	1	\$41,878.53	6	\$15,203.53	42	\$9,275.23	22	\$191.57	\$66,548.86	\$188,607.13

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14	003	SPOUSE	MISSING OR UNKNOWN DIAGNOSIS CODE; HEMANGIOMA OF SKIN AND SUBCUTANEOUS TISSUE; MULTIPLE SCLEROSIS	0	5	\$0.00	46	\$0.00	3	\$233.02	10	\$66,245.00	\$66,478.02	\$82,359.00
15	C03	SPOUSE	FITTING AND ADJUSTMENT OF URINARY DEVICE; LEIOMYOMA OF UTERUS, UNSPECIFIED; UNSPECIFIED RETENTION OF URINE	0	5	\$0.00	2	\$57,658.38	30	\$6,275.40	3	\$0.00	\$63,933.78	\$359,811.43
16	003	SUBSCRIBER	UNSPECIFIED SEPTICEMIA; SEPTICEMIA DUE TO ESCHERICHIA COLI (E. COLI); OTHER GENERAL SYMPTOMS	16	2	\$52,396.50	3	\$4,115.11	44	\$3,454.43	32	\$3,640.72	\$63,606.76	\$212,344.65
17	003	DEPENDENT	REGIONAL ENTERITIS OF UNSPECIFIED SITE; REGIONAL ENTERITIS OF SMALL INTESTINE; OTHER SPECIFIED NONINFLAMMATORY DISORDER OF VAGINA	0	5	\$0.00	6	\$53,909.13	26	\$1,862.64	7	\$51.80	\$55,823.57	\$200,517.13
18	003	SPOUSE	MISSING OR UNKNOWN DIAGNOSIS CODE; SYNCOPE AND COLLAPSE; OTHER MALAISE AND FATIGUE	0	5	\$0.00	5	\$23,246.09	134	\$11,122.01	113	\$20,871.91	\$55,240.01	\$212,907.44
19	R03	SUBSCRIBER	MALIGNANT NEOPLASM OF PANCREAS, PART UNSPECIFIED; MALIGNANT NEOPLASM OF HEAD OF PANCREAS; OTHER FOLLOW-UP EXAMINATION	0	5	\$0.00	6	\$31,420.76	180	\$21,779.55	17	\$29.15	\$53,229.46	\$186,474.93
20	003	SUBSCRIBER	PRIMARY LOCALIZED OSTEOARTHRISIS, LOWER LEG; MISSING OR UNKNOWN DIAGNOSIS CODE; DIVERTICULOSIS OF COLON WITH HEMORRHAGE	2	1	\$7,267.00	6	\$20,842.33	122	\$8,265.69	66	\$14,782.40	\$51,157.42	\$268,694.76
Total				85	17	\$1,018,789.67	177	\$592,137.47	1,559	\$361,028.43	681	\$516,947.16	\$2,488,902.73	\$6,308,443.23

PRIOR					Inpatient		Outpatient		Professional		Pharmacy			
Rank	Div	Relationship	Diagnosis Description	Days	Admits	Paid Amt	Visits	Paid Amt	Services	Paid Amt	# of Rx	Paid Amt	Total Paid Amt	Total Billed Amt
1	003	SUBSCRIBER	STREPTOCOCCAL SEPTICEMIA; OTHER GENERAL SYMPTOMS; CELLULITIS AND ABSCESS OF UNSPECIFIED SITE	20	1	\$118,255.58	13	\$6,822.31	859	\$64,764.87	42	\$9,898.02	\$199,740.78	\$675,772.42
2	R03	SUBSCRIBER	ACUTE MYELOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION; ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY; MYELODYSPLASTIC SYNDROME, UNSPECIFIED	51	5	\$106,276.51	21	\$25,160.03	255	\$37,092.84	21	\$424.09	\$168,953.47	\$660,954.17
3	003	DEPENDENT	UNSPECIFIED ULCERATIVE COLITIS; REGIONAL ENTERITIS OF UNSPECIFIED SITE; MISSING OR UNKNOWN DIAGNOSIS CODE	0	1	\$0.00	7	\$153,745.68	31	\$3,878.09	20	\$11,126.03	\$168,749.80	\$391,277.14
4	003	SUBSCRIBER	PRIMARY LOCALIZED OSTEOARTHRISIS, LOWER LEG; PALPITATIONS; KNEE JOINT REPLACEMENT BY OTHER MEANS	8	2	\$137,518.49	16	\$5,307.38	116	\$11,520.24	18	\$13.76	\$154,359.87	\$259,823.27
5	003	DEPENDENT	CONGENITAL PNEUMONIA; SINGLE LIVEBORN, BORN IN HOSPITAL, DELIVERED WITHOUT MENTION OF CESAREAN DELIVERY; RESPIRATORY DISTRESS SYNDROME IN NEWBORN	19	2	\$131,624.27	13	\$0.00	39	\$15,943.15	3	\$59.80	\$147,627.22	\$506,526.90

High Cost Claims Summary_2017

Company: SW FL WATER MGMT DISTRICT

Group: 78159

High Cost Claims Threshold: 50000

Current Paid Period: From 01/2017 to 12/2017

Prior Paid Period: From 01/2016 to 12/2016

PRIOR					Inpatient		Outpatient		Professional		Pharmacy			
Rank	Div	Relationship	Diagnosis Description	Days	Admits	Paid Amt	Visits	Paid Amt	Services	Paid Amt	# of Rx	Paid Amt	Total Paid Amt	Total Billed Amt
6	R03	DEPENDENT	OTHER CONGENITAL ANOMALIES OF GREAT VEINS; PARTIAL CONGENITAL ANOMALOUS PULMONARY VENOUS CONNECTION; MISSING OR UNKNOWN DIAGNOSIS CODE	3	1	\$66,066.61	2	\$42,886.58	70	\$18,623.32	12	\$985.21	\$128,561.72	\$298,899.01
7	003	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; MULTIPLE MYELOMA, IN RELAPSE; MULTIPLE MYELOMA IN REMISSION	0	1	\$0.00	1	\$2,195.26	11	\$431.28	12	\$119,081.53	\$121,708.07	\$256,753.91
8	003	DEPENDENT	MISSING OR UNKNOWN DIAGNOSIS CODE; OBSESSIVE-COMPULSIVE DISORDERS; OTHER AND UNSPECIFIED BIPOLAR DISORDERS	0	1	\$0.00	1	\$0.00	76	\$6,474.41	41	\$105,415.66	\$111,890.07	\$136,657.52
9	003	SUBSCRIBER	CEREBRAL CYSTS; NEOPLASM OF UNSPECIFIED NATURE OF BRAIN; HEADACHE	10	1	\$77,119.24	1	\$4,203.67	39	\$16,395.42	3	\$10.13	\$97,728.46	\$223,669.45
10	003	SPOUSE	MAJOR DEPRESSIVE DISORDER, RECURRENT EPISODE, UNSPECIFIED; MAJOR DEPRESSIVE DISORDER, RECURRENT EPISODE, SEVERE, WITHOUT MENTION OF PSYCHOTIC BEHAVIOR; MISSING OR UNKNOWN DIAGNOSIS CODE	0	1	\$0.00	17	\$68,137.65	116	\$21,159.04	24	\$2,458.67	\$91,755.36	\$200,403.24
11	003	SPOUSE	CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY; INTERMEDIATE CORONARY SYNDROME; MISSING OR UNKNOWN DIAGNOSIS CODE	0	1	\$0.00	3	\$73,800.88	46	\$4,993.40	42	\$7,084.55	\$85,878.83	\$343,724.09
12	003	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED; DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE I [JUVENILE TYPE], UNCONTROLLED	0	1	\$0.00	1	\$3,524.00	86	\$19,244.64	45	\$60,418.28	\$83,186.92	\$135,668.01
13	003	SPOUSE	MISSING OR UNKNOWN DIAGNOSIS CODE; ACQUIRED SPONDYLOLISTHESIS; SPINAL STENOSIS OF LUMBAR REGION, WITHOUT NEUROGENIC CLAUDICATION	0	1	\$0.00	15	\$27,987.25	83	\$11,035.21	36	\$43,429.78	\$82,452.24	\$402,446.03
14	003	DEPENDENT	REGIONAL ENTERITIS OF UNSPECIFIED SITE; OTHER AND UNSPECIFIED NONINFECTIOUS GASTROENTERITIS AND COLITIS; REGIONAL ENTERITIS OF SMALL INTESTINE	0	1	\$0.00	6	\$78,367.67	20	\$2,921.15	7	\$97.86	\$81,386.68	\$199,604.68
15	R03	SPOUSE	MISSING OR UNKNOWN DIAGNOSIS CODE; ACUTE KIDNEY FAILURE, UNSPECIFIED; VITREOUS HEMORRHAGE	2	1	\$12,473.54	2	\$3,689.60	51	\$4,350.98	19	\$60,745.37	\$81,259.49	\$172,594.71
16	R03	SUBSCRIBER	MALIGNANT NEOPLASM OF PROSTATE; MISSING OR UNKNOWN DIAGNOSIS CODE; DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED	7	2	\$21,002.93	19	\$38,711.01	55	\$6,807.53	21	\$10,879.77	\$77,401.24	\$169,735.87
17	003	SUBSCRIBER	UNSPECIFIED PERIPHERAL VASCULAR DISEASE; OTHER GENERAL SYMPTOMS; ATHEROSCLEROSIS OF NATIVE ARTERIES OF THE EXTREMITIES WITH REST PAIN	4	2	\$48,756.29	7	\$16,960.08	69	\$9,553.57	30	\$1,144.80	\$76,414.74	\$430,316.29

High Cost Claims Summary_2017

Company: SW FL WATER MGMT DISTRICT

Group: 78159

High Cost Claims Threshold: 50000

Current Paid Period: From 01/2017 to 12/2017

Prior Paid Period: From 01/2016 to 12/2016

PRIOR					Inpatient		Outpatient		Professional		Pharmacy			
Rank	Div	Relationship	Diagnosis Description	Days	Admits	Paid Amt	Visits	Paid Amt	Services	Paid Amt	# of Rx	Paid Amt	Total Paid Amt	Total Billed Amt
18	003	SPOUSE	OTHER SPECIFIED CARDIAC DYSRHYTHMIAS; MISSING OR UNKNOWN DIAGNOSIS CODE; GENERALIZED ANXIETY DISORDER	0	1	\$0.00	2	\$53,733.31	48	\$6,301.59	63	\$3,193.85	\$63,228.75	\$164,723.87
19	003	SUBSCRIBER	ACUTE MYOCARDIAL INFARCTION OF INFEROPOSTERIOR WALL, INITIAL EPISODE OF CARE; CHEST PAIN, UNSPECIFIED; SPECIAL SCREENING FOR MALIGNANT NEOPLASM OF PROSTATE	2	1	\$51,966.03	5	\$4,832.60	24	\$2,073.47	10	\$357.69	\$59,229.79	\$102,363.10
20	003	DEPENDENT	MISSING OR UNKNOWN DIAGNOSIS CODE; UNSPECIFIED EPILEPSY WITH INTRACTABLE EPILEPSY; HEAD INJURY, UNSPECIFIED	0	1	\$0.00	1	\$3,794.00	45	\$21,911.82	46	\$32,305.83	\$58,011.65	\$148,937.35
21	C03	SUBSCRIBER	ATRIAL FIBRILLATION; MISSING OR UNKNOWN DIAGNOSIS CODE; AORTIC VALVE DISORDERS	0	1	\$0.00	1	\$48,354.31	31	\$3,971.54	16	\$1,634.10	\$53,959.95	\$188,701.30
22	003	SPOUSE	MISSING OR UNKNOWN DIAGNOSIS CODE; DIVERTICULITIS OF COLON (WITHOUT MENTION OF HEMORRHAGE); OTHER AND UNSPECIFIED NONINFECTIOUS GASTROENTERITIS AND COLITIS	0	1	\$0.00	2	\$2,494.51	8	\$1,533.36	28	\$48,596.63	\$52,624.50	\$103,517.71
23	003	SUBSCRIBER	THORACIC OR LUMBOSACRAL NEURITIS OR RADICULITIS, UNSPECIFIED; INTERVERTEBRAL LUMBAR DISC DISORDER WITH MYELOPATHY, LUMBAR REGION; MISSING OR UNKNOWN DIAGNOSIS CODE	1	1	\$39,681.00	1	\$483.92	73	\$10,011.05	35	\$2,419.88	\$52,595.85	\$137,996.54
24	003	SPOUSE	MISSING OR UNKNOWN DIAGNOSIS CODE; MULTIPLE SCLEROSIS; ENLARGEMENT OF LYMPH NODES	0	1	\$0.00	2	\$1,596.04	19	\$1,150.04	10	\$48,320.31	\$51,066.39	\$71,916.08
Total				127	19	\$810,740.49	146	\$666,787.74	2,285	\$302,142.01	604	\$570,101.60	\$2,349,771.84	\$6,382,982.66

High Cost Claims Summary_2018

Company: SW FL WATER MGMT DISTRICT

Group: 78159

High Cost Claims Threshold: 50000

Current Paid Period: From 01/2018 to 08/2018

Prior Paid Period: From 01/2017 to 12/2017

CURRENT					Inpatient		Outpatient		Professional		Pharmacy			
Rank	Div	Relationship	Diagnosis Description	Days	Admits	Paid Amt	Visits	Paid Amt	Services	Paid Amt	# of Rx	Paid Amt	Total Paid Amt	Total Billed Amt
1	R03	SUBSCRIBER	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY; MALIGNANT NEOPLASM OF BREAST (FEMALE), UNSPECIFIED SITE; MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF FEMALE BREAST	0	2	\$0.00	12	\$310,349.92	17	\$728.89	31	\$1,001.93	\$312,080.74	\$497,646.81
2	003	SPOUSE	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED SITE; MALIGNANT CARCINOID TUMOR OF THE TRANSVERSE COLON; MISSING OR UNKNOWN DIAGNOSIS CODE	0	2	\$0.00	1	\$5,248.00	312	\$189,958.49	41	\$10,784.09	\$205,990.58	\$648,549.89
3	003	SUBSCRIBER	ACUTE MYOCARDIAL INFARCTION, SUBENDOCARDIAL INFARCTION, INITIAL EPISODE OF CARE; UNSPECIFIED VENOUS (PERIPHERAL) INSUFFICIENCY; INTERMEDIATE CORONARY SYNDROME	14	2	\$166,530.48	12	\$0.00	69	\$15,485.88	19	\$839.17	\$182,855.53	\$975,191.09
4	003	SUBSCRIBER	END STAGE RENAL DISEASE; KIDNEY DONOR; ACUTE VENOUS EMBOLISM AND THROMBOSIS OF INTERNAL JUGULAR VEINS	6	2	\$151,230.37	12	\$7,105.12	48	\$11,349.40	33	\$3,195.09	\$172,879.98	\$483,869.80
5	003	DEPENDENT	LEFT SIDED ULCERATIVE (CHRONIC) COLITIS; UNSPECIFIED ULCERATIVE COLITIS; MISSING OR UNKNOWN DIAGNOSIS CODE	0	2	\$0.00	5	\$115,613.03	22	\$2,470.49	7	\$6,544.68	\$124,628.20	\$301,331.41
6	003	DEPENDENT	UNSPECIFIED SEPTICEMIA; ACUTE RESPIRATORY FAILURE; RADIOTHERAPY	8	1	\$114,303.94	(1)	(\$709.44)	35	\$4,191.61	31	\$0.00	\$117,786.11	\$427,156.94
7	003	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; MULTIPLE MYELOMA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION; MULTIPLE MYELOMA IN REMISSION	0	2	\$0.00	1	\$2,612.93	14	\$1,900.94	6	\$111,148.64	\$115,662.51	\$247,131.18
8	003	DEPENDENT	REGIONAL ENTERITIS OF SMALL INTESTINE; REGIONAL ENTERITIS OF UNSPECIFIED SITE; ABDOMINAL PAIN, EPIGASTRIC	0	2	\$0.00	9	\$101,176.50	17	\$2,705.09	3	\$49.23	\$103,930.82	\$155,078.65
9	003	DEPENDENT	PRIMARY ATELECTASIS OF NEWBORN; RESPIRATORY DISTRESS SYNDROME IN NEWBORN; CHRONIC RESPIRATORY DISEASE ARISING IN THE PERINATAL PERIOD	0	2	\$0.00	12	\$0.00	202	\$100,076.31	31	\$0.00	\$100,076.31	\$197,471.64
10	003	SUBSCRIBER	OTHER PRIMARY CARDIOMYOPATHIES; MISSING OR UNKNOWN DIAGNOSIS CODE; OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	1	1	\$82,389.78	12	\$0.00	25	\$2,557.58	16	\$4,363.75	\$89,311.11	\$199,897.64
11	003	DEPENDENT	MISSING OR UNKNOWN DIAGNOSIS CODE; NARCOLEPSY, WITHOUT CATAPLEXY; HYPERSOMNIA, UNSPECIFIED	0	2	\$0.00	12	\$0.00	27	\$195.22	22	\$80,787.06	\$80,982.28	\$97,474.29
12	003	SPOUSE	MISSING OR UNKNOWN DIAGNOSIS CODE; OTHER SCREENING MAMMOGRAM; ROUTINE GYNECOLOGICAL EXAMINATION	0	2	\$0.00	12	\$0.00	5	\$483.50	9	\$70,947.78	\$71,431.28	\$167,906.32
13	003	SPOUSE	MALIGNANT NEOPLASM OF AXILLARY TAIL OF FEMALE BREAST; OTHER RHEUMATOID ARTHRITIS WITH VISCERAL OR SYSTEMIC INVOLVEMENT; PSORIATIC ARTHROPATHY	0	2	\$0.00	12	\$0.00	81	\$57,838.97	28	\$180.50	\$58,019.47	\$127,687.09

High Cost Claims Summary_2018

Company: SW FL WATER MGMT DISTRICT
 Group: 78159
 High Cost Claims Threshold: 50000
 Current Paid Period: From 01/2018 to 08/2018
 Prior Paid Period: From 01/2017 to 12/2017

CURRENT				Inpatient			Outpatient		Professional		Pharmacy			
Rank	Div	Relationship	Diagnosis Description	Days	Admits	Paid Amt	Visits	Paid Amt	Services	Paid Amt	# of Rx	Paid Amt	Total Paid Amt	Total Billed Amt
14	003	SUBSCRIBER	SPINAL STENOSIS IN CERVICAL REGION; SPINAL STENOSIS, UNSPECIFIED REGION OTHER THAN CERVICAL; STRICTURE AND STENOSIS OF ESOPHAGUS	4	1	\$49,204.23	12	\$0.00	29	\$7,843.23	4	\$0.00	\$57,047.46	\$126,584.86
15	003	SUBSCRIBER	UNSPECIFIED SEPTICEMIA; CIRRHOSIS OF LIVER WITHOUT MENTION OF ALCOHOL; OTHER GENERAL SYMPTOMS	12	1	\$46,148.54	12	\$0.00	68	\$5,838.91	2	\$90.28	\$52,077.73	\$113,276.71
16	003	SPOUSE	MISSING OR UNKNOWN DIAGNOSIS CODE; MULTIPLE SCLEROSIS; PRESBYOPIA	0	2	\$0.00	1	\$834.00	2	\$137.37	7	\$49,562.96	\$50,534.33	\$64,629.76
17	003	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; RHEUMATOID ARTHRITIS; NUCLEAR SCLEROSIS	0	2	\$0.00	4	\$1,988.43	99	\$13,837.16	41	\$34,671.96	\$50,497.55	\$90,709.81
Total				45	8	\$609,807.34	44	\$544,218.49	1,072	\$417,599.04	269	\$374,167.12	\$1,945,791.99	\$4,921,593.89

PRIOR				Inpatient			Outpatient		Professional		Pharmacy			
Rank	Div	Relationship	Diagnosis Description	Days	Admits	Paid Amt	Visits	Paid Amt	Services	Paid Amt	# of Rx	Paid Amt	Total Paid Amt	Total Billed Amt
1	R03	SUBSCRIBER	ACUTE MYELOID LEUKEMIA IN REMISSION; PNEUMONIA, ORGANISM UNSPECIFIED; UNSPECIFIED SEPTICEMIA	27	5	\$384,889.00	46	\$59,429.91	173	\$23,137.39	62	\$2,538.72	\$469,995.02	\$1,046,952.46
2	R03	SUBSCRIBER	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF FEMALE BREAST; ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY; MISSING OR UNKNOWN DIAGNOSIS CODE	0	5	\$0.00	15	\$69,990.48	215	\$191,099.46	48	\$6,206.87	\$267,296.81	\$486,956.42
3	003	SUBSCRIBER	AORTIC VALVE DISORDERS; ATRIAL FIBRILLATION; MISSING OR UNKNOWN DIAGNOSIS CODE	7	2	\$195,337.47	35	\$11,992.21	78	\$17,591.86	52	\$10,639.59	\$235,561.13	\$398,160.17
4	003	DEPENDENT	ULCERATIVE (CHRONIC) PROCTITIS; LEFT SIDED ULCERATIVE (CHRONIC) COLITIS; REGIONAL ENTERITIS OF UNSPECIFIED SITE	0	5	\$0.00	9	\$188,010.01	29	\$4,458.18	11	\$8,944.49	\$201,412.68	\$476,995.07
5	003	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; MULTIPLE MYELOMA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION; DISORDER OF BONE AND CARTILAGE, UNSPECIFIED	0	5	\$0.00	2	\$16,001.27	29	\$1,314.84	12	\$151,162.44	\$168,478.55	\$350,346.72
6	003	SPOUSE	OTHER AND UNSPECIFIED ANGINA PECTORIS; MISSING OR UNKNOWN DIAGNOSIS CODE; INTERMEDIATE CORONARY SYNDROME	6	1	\$137,822.54	3	\$5,562.02	53	\$7,256.38	39	\$7,648.45	\$158,289.39	\$209,968.38
7	003	DEPENDENT	MISSING OR UNKNOWN DIAGNOSIS CODE; *****, *****	0	5	\$0.00	46	\$0.00	76	\$6,011.99	39	\$110,345.27	\$116,357.26	\$137,797.72
8	003	SPOUSE	MALIGNANT NEOPLASM OF HEPATIC FLEXURE; MALIGNANT NEOPLASM OF TRANSVERSE COLON; MISSING OR UNKNOWN DIAGNOSIS CODE	3	1	\$66,312.67	1	\$2,985.00	72	\$11,637.00	29	\$3,808.94	\$84,743.61	\$224,509.12

High Cost Claims Summary_2018

Company: SW FL WATER MGMT DISTRICT

Group: 78159

High Cost Claims Threshold: 50000

Current Paid Period: From 01/2018 to 08/2018

Prior Paid Period: From 01/2017 to 12/2017

PRIOR					Inpatient		Outpatient		Professional		Pharmacy			
Rank	Div	Relationship	Diagnosis Description	Days	Admits	Paid Amt	Visits	Paid Amt	Services	Paid Amt	# of Rx	Paid Amt	Total Paid Amt	Total Billed Amt
9	003	SUBSCRIBER	DIAPHRAGMATIC HERNIA WITHOUT MENTION OF OBSTRUCTION OR GANGRENE; OTHER DIGESTIVE SYSTEM COMPLICATIONS; INTESTINAL INFECTION DUE TO OTHER ORGANISM, NEC	12	3	\$61,995.31	2	\$5,658.00	73	\$11,885.25	9	\$714.72	\$80,253.28	\$205,006.34
10	003	SPOUSE	MISSING OR UNKNOWN DIAGNOSIS CODE; OTHER COMPLICATIONS DUE TO OTHER INTERNAL ORTHOPEDIC DEVICE, IMPLANT, AND GRAFT; SPECIAL SCREENING FOR MALIGNANT NEOPLASMS, COLON	0	5	\$0.00	29	\$21,765.54	60	\$4,235.36	30	\$51,397.61	\$77,398.51	\$175,247.00
11	003	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED; DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE I [JUVENILE TYPE], UNCONTROLLED	0	5	\$0.00	1	\$4,347.70	68	\$14,784.81	54	\$57,725.55	\$76,858.06	\$127,549.19
12	003	SUBSCRIBER	ACUTE APPENDICITIS WITH GENERALIZED PERITONITIS; UNSPECIFIED ESSENTIAL HYPERTENSION; PERITONEAL ABSCESS	11	1	\$70,890.65	46	\$0.00	52	\$5,347.94	26	\$1.96	\$76,240.55	\$757,238.17
13	003	SUBSCRIBER	CALCULUS OF KIDNEY; ABDOMINAL PAIN, UNSPECIFIED SITE; HYPERTROPHY OF NASAL TURBINATES	1	1	\$41,878.53	6	\$15,203.53	42	\$9,275.23	22	\$191.57	\$66,548.86	\$188,607.13
14	003	SPOUSE	MISSING OR UNKNOWN DIAGNOSIS CODE; HEMANGIOMA OF SKIN AND SUBCUTANEOUS TISSUE; MULTIPLE SCLEROSIS	0	5	\$0.00	46	\$0.00	3	\$233.02	10	\$66,245.00	\$66,478.02	\$82,359.00
15	C03	SPOUSE	FITTING AND ADJUSTMENT OF URINARY DEVICE; LEIOMYOMA OF UTERUS, UNSPECIFIED; UNSPECIFIED RETENTION OF URINE	0	5	\$0.00	2	\$57,658.38	30	\$6,275.40	3	\$0.00	\$63,933.78	\$359,811.43
16	003	SUBSCRIBER	UNSPECIFIED SEPTICEMIA; SEPTICEMIA DUE TO ESCHERICHIA COLI (E. COLI); OTHER GENERAL SYMPTOMS	16	2	\$52,396.50	3	\$4,115.11	44	\$3,454.43	32	\$3,640.72	\$63,606.76	\$212,344.65
17	003	DEPENDENT	REGIONAL ENTERITIS OF UNSPECIFIED SITE; REGIONAL ENTERITIS OF SMALL INTESTINE; OTHER SPECIFIED NONINFLAMMATORY DISORDER OF VAGINA	0	5	\$0.00	6	\$53,909.13	26	\$1,862.64	7	\$51.80	\$55,823.57	\$200,517.13
18	003	SPOUSE	MISSING OR UNKNOWN DIAGNOSIS CODE; SYNCOPE AND COLLAPSE; OTHER MALAISE AND FATIGUE	0	5	\$0.00	5	\$23,246.09	134	\$11,122.01	113	\$20,871.91	\$55,240.01	\$212,907.44
19	R03	SUBSCRIBER	MALIGNANT NEOPLASM OF PANCREAS, PART UNSPECIFIED; MALIGNANT NEOPLASM OF HEAD OF PANCREAS; OTHER FOLLOW-UP EXAMINATION	0	5	\$0.00	6	\$31,420.76	180	\$21,779.55	17	\$29.15	\$53,229.46	\$186,474.93
20	003	SUBSCRIBER	PRIMARY LOCALIZED OSTEOARTHRITIS, LOWER LEG; MISSING OR UNKNOWN DIAGNOSIS CODE; DIVERTICULOSIS OF COLON WITH HEMORRHAGE	2	1	\$7,267.00	6	\$20,842.33	122	\$8,265.69	66	\$14,782.40	\$51,157.42	\$268,694.76
Total				85	17	\$1,018,789.67	177	\$592,137.47	1,559	\$361,028.43	681	\$516,947.16	\$2,488,902.73	\$6,308,443.23