Maryland Insurance Administration's Report on the Medical Professional Liability Insurance Rate Stabilization Subsidy for 2006



December 1, 2005

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I. Introduction:

Chapter 1, Laws of Maryland 2005 (Senate Bill 836) created the Maryland Health Care Provider Rate Stabilization Fund, which consists primarily of premium tax revenue collected from health maintenance organizations and managed care organizations. The Fund is divided into three sub-funds: the Rate Stabilization Account, the Medical Assistance Program Account, and a third component consisting of funds that are not allocated to either the Rate Stabilization Account or the Medicaid Account.

Monies allocated to the Rate Stabilization Account are to be used to pay authorized medical professional liability insurance premium subsidies ("State Subsidies") to medical professional liability insurers who wish to participate in the Fund ("Participating Insurers") on behalf of policyholders who are eligible health care providers.

State Subsidies are available only to licensed physicians and certified midwives. State Subsidies are not available to corporate entities through which they practice or to other health care providers.

The Fund replaced the Maryland Medical Professional Liability Insurance Rate Stabilization Fund that had been created by Chapter 5, Laws of Maryland 2004 (Special Session).

II. Annual Reporting:

Pursuant to SB 836 (2005), §19-806 of the Insurance Article requires that on or before December 1 of each year from 2005 to 2007, the Commissioner shall report to the Legislative Policy Committee, in accordance with §2-1246 of the State Government Article, the following:

- 1) The subsidy factor for the following calendar year;
- 2) The money available to each medical professional liability insurer; and
- 3) The number of health care providers by classification and geographical territory eligible to receive a State Subsidy from the Rate Stabilization Account.

III. Subsidy Factor:

For the initial subsidy year (2005), according to the statutory formula, the State Subsidy available for eligible policyholders is the amount of premium increase that is greater than 5% of the approved rates in effect one year prior to the date the policy was issued. However, the statutory formula is different for policies effective in calendar year (Subsidy Year) 2006.

For policies with an effective date during Subsidy Year 2006, the State Subsidy is to be calculated as the policyholder's premium for the prior year times the 2006 Subsidy Factor. Premium increases resulting from the imposition of a surcharge and/or the loss of a discount due to the policyholder's loss experience are not subsidized and are subtracted from the calculation of the premium before the State Subsidy is calculated.

In State fiscal year 2007, §19-803(b)(3) of the Insurance Article allocates \$45,000,000 to pay State Subsidies for Subsidy Year 2006. Pursuant to §19-803(d)(1) of the Insurance Article, the Commissioner may provide up to 5% of any year's allocation to pay State Subsidies for the policyholders of a medical professional liability insurer that did not earn premiums for coverage to health care providers in the previous calendar year in Maryland.

For policies with an effective date during Subsidy Year 2006, the State Subsidy provided is a percentage of the policyholder's premium for the prior year that equals the quotient, measured as a percentage of the balance of the Rate Stabilization Account for the current calendar year divided by the aggregate amount of premiums for medical professional liability insurance that would have been paid by health care providers at the approved rate during the prior calendar year (the "2006 Subsidy Factor").

Based upon the statutory allocation of funds for 2006 State Subsidies, divided by the aggregate amount of premiums for medical professional liability insurance that would have been paid by policyholders eligible for a State Subsidy at the approved rates during the prior year, the Administration has determined the 2006 Subsidy Factor to be 25%. The Bulletin issued by the Administration on the 2006 Subsidy factor and procedures for calculating 2006 State Subsidies and obtaining reimbursements from the Rate Stabilization Account can be found at Exhibit 1.

IV. Subsidies Available to Each Medical Professional Liability Insurer:

Exhibit 2 illustrates for each medical professional liability insurer participating in the Rate Stabilization Fund during Subsidy Year 2005, the amount allocated for State Subsidies for Subsidy Year 2006. As previously noted, pursuant to §19-803(d)(1) of the Insurance Article, the Commissioner may provide up to 5% of any year's allocation to pay State Subsidies for the policyholders of a medical professional liability insurer that did not earn premiums for coverage to health care providers in the previous calendar year in Maryland. In this regard, the Administration has received an application for a Certificate of Authority from the Maryland Healthcare Providers Insurance Exchange, a Maryland-domiciled insurance company that anticipates writing medical professional liability insurance in Maryland in 2006. (See Exhibit 3). Accordingly, the Administration has allocated 5% of the total allocation to the Rate Stabilization Account for 2006 State Subsidies for future eligible policyholders of this new carrier. If additional carriers enter the Maryland market that were not writing medical professional liability insurance in Maryland in 2005, §19-803(d)(1) provides that funds allocated to current Participating Insurers may need to be reduced on a pro-rata basis.

V. Providers Eligible to Receive Subsidy

Exhibit 4 summarizes the number of health care providers by classification and geographical territory eligible to receive a State Subsidy from the Rate Stabilization Account. This information was compiled from data received from the four insurance carriers participating in the Rate Stabilization Account in 2005.

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MIA BULLETIN 05-18

TO:

Property and Casualty Insurance Companies Holding Certificates of Authority to

Write Medical Professional Liability Insurance Business in Maryland

SUBJECT:

Maryland Health Care Provider Rate Stabilization Fund - Rate Stabilization Account - 2006 Subsidy Factor and Procedures for Calculating 2006 State

Account - 2006 Subsidy Factor and Procedures for Calculating 2006 State Subsidies and Obtaining Reimbursements from the Rate Stabilization Account

DATE:

November 29, 2005

MIA Bulletin 05-7, Procedures for Obtaining Reimbursements from the Maryland Health Care Provider Rate Stabilization Fund - Rate Stabilization Account, described in detail how Chapter 1, Laws of Maryland 2005 (Senate Bill 836) created the Maryland Health Care Provider Rate Stabilization Fund (the "Fund"), which consists primarily of premium tax revenue collected from health maintenance organizations and managed care organizations. The Fund is divided into three sub-funds: the Rate Stabilization Account (the "RS Account"); the Medical Assistance Program Account (the "Medicaid Account"); and a third component consisting of funds that are not allocated to either the RS Account or the Medicaid Account.

Monies allocated to the RS Account are to be used to pay authorized medical professional liability insurance premium subsidies ("State Subsidies") to medical professional liability insurers who wish to participate in the Fund ("Participating Insurers") on behalf of policyholders who are eligible health care providers.

For Subsidy Year 2005¹, according to the statutory formula, the State Subsidy available for eligible policyholders is the amount of premium increase that is greater than 5% of the

The term "Subsidy Year" is used to specify which policies issued by a Participating Insurer are eligible for specified State Subsidies. As an example, Subsidy Year 2005 refers to policies that, pursuant to §19-805(b)(1) of the Insurance Article, are subject to rates that were approved for an initial effective date on or after January 1, 2005, but prior to January 1, 2006. For a Participating Insurer that sought and obtained a rate increase on new and renewal business that became effective on January 1, 2005, Subsidy Year 2005 would run from January 1, 2005 through December 31, 2005 and Subsidy Year 2006 would run from January 1, 2006 through December 31, 2006. For a Participating Insurer that sought and obtained a rate increase on new and renewal business that became effective on April 1, 2005, Subsidy Year 2005 would run from April 1, 2005 through March 31, 2006 and Subsidy Year 2006 would run from April 1, 2006 through March 31, 2007.

approved rates in effect one year prior to the date the policy was issued. However, the statutory formula is different for policies effective in Subsidy Year 2006. The purpose of this Bulletin is to advise participating insurers of the Subsidy available for Subsidy Year 2006. In addition, this Bulletin provides Participating Insurers with information and instructions for Subsidy Year 2006 as to: a) how State Subsidies are to be calculated; b) the procedures and forms to be used by Participating Insurers when applying to the RS Account for reimbursement; and c) what Participating Insurers must do to prepare for the statutorily mandated annual audit of their reimbursement requests.

2006 Subsidy Factor

For state fiscal year 2007, §19-803(b)(3) of the Insurance Article allocates \$45,000,000 to pay subsidies for calendar (subsidy) year 2006. Pursuant to §19-803(d)(1) of the Insurance Article, the Commissioner may provide up to 5% of any year's allocation to pay subsidies for the policyholders of a medical professional liability insurer that did not earn premiums for coverage to health care providers in the previous calendar year in Maryland.

For policies with an effective date during Subsidy Year 2006, the subsidy provided is a percentage of the policyholder's premium for the prior year that equals the quotient, measured as a percentage of the balance of the rate stabilization account for the current calendar year divided by the aggregate amount of premiums for medical professional liability insurance that would have been paid by health care providers at the approved rate during the prior calendar year (the "2006 Subsidy Factor").

Based upon the statutory allocation of funds for 2006 subsidies, divided by the aggregate amount of premiums for medical professional liability insurance that would have been paid by policyholders eligible for a subsidy at the approved rates during the prior year, the Administration has determined the 2006 Subsidy Factor to be 25%.

For insurers writing medical professional liability insurance in Maryland in 2005, the 25% 2006 Subsidy Factor is to be applied as described below to determine the subsidy amount for each eligible health care provider. For any new medical professional liability insurance carriers that enter the Maryland market in 2006, the subsidy factor may be different, but in no instances will it exceed 25%. If additional carriers do enter the Maryland market, §19-803(d)(1) provides that funds allocated to current participating insurers may need to be reduced on a prorata basis.

Procedures for Calculating 2006 State Subsidies and Obtaining Reimbursements from the Rate Stabilization Account

Calculating 2006 State Subsidies

For policies with an effective date during Subsidy Year 2006, the State Subsidy is to be calculated as the policyholder's premium for the prior year (as clarified below) times the 2006.

Subsidy Factor. Premium increases resulting from the imposition of a surcharge and/or the loss of a discount due to the policyholder's loss experience are not subsidized and are subtracted from the calculation of the premium before the State Subsidy is calculated.

Under §19-805(e) of the Insurance Article, Participating Insurers are required to calculate the amount of the State Subsidy they expect their eligible policyholders to receive and to notify those policyholders of that amount on an annual basis. Each notice must give eligible policyholder the opportunity to decline the State Subsidy.

In calculating the State Subsidy for Subsidy Year 2006 applicable to each eligible policyholder who does not decline the State Subsidy, the Administration recommends that Participating Insurers utilize the following methodology in order to conform to the requirements that the Administration has developed for evaluating and auditing requests for reimbursement from the Rate Stabilization Account:

- 1. Determine the rating factors applicable to the policyholder at the time that the 2006 Subsidy Year policy was issued (e.g., medical specialty, applicability of discounts, etc., exclusive of those factors related to loss experience). These are the 2006 Subsidy Year Rating Factors.
- 2. Calculate the amount of premium that would have been charged to the policyholder in the current year (Subsidy Year 2006) by applying the policyholder's 2006 Subsidy Year Rating Factors to the approved rates in effect in 2005. This is the 2005 Rate Premium.

Please note that the 2005 Rate Premium may be different than the actual premium charged to the policyholder in 2005. This is because the 2005 Rate Premium should be computed using the policyholder's 2006 Subsidy Year Rating Factors, which may have changed since the time the previous policy was issued. For example, a policyholder may have changed from working part time to full time, or may have changed specialties.

- 3. Multiply the 2005 Rate Premium by the 2006 Subsidy Factor. This is the 2006 State Subsidy.
- 4. Subtract the 2006 State Subsidy from the 2006 premium that would have been billed to the policyholder, calculated in accordance with the 2006 rates and 2006 rating factors. This is the 2006 Subsidized Premium.

Applying for Reimbursement

I. Rate Stabilization Account Reimbursement Form

§19-805(e) of the Insurance Article provides that a Participating Insurer seeking reimbursement from the RS Account on behalf of eligible policyholders must apply for reimbursement, on at least an annual basis, on a form and in the manner approved by the Commissioner. Attached to this Bulletin is the 2006 "Rate Stabilization Account Reimbursement Form" which has been adopted by the Commissioner. Each Participating Insurer is required to

complete this form and to deliver it to the Administration in order to obtain reimbursement from the RS Account.

The Form and the supporting Schedules (the "quarterly report") are to be completed and filed with the Administration on a quarterly basis. Each Participating Insurer should file their quarterly reports as soon as practicable after they have determined with reasonable certainty the amount of the State Subsidy reimbursement the Participating Insurer is eligible for in that quarter (See further comments on determining the reimbursement amount under the heading "Timing of Reimbursement Requests"). Any changes to the reimbursement amount for a quarter as a result of transactions processed after the report is filed (e.g., for new policies, endorsements and cancellations) should be adjusted for in the next quarterly report. Once filed, the Commissioner has a 60-day period in which to review the reimbursement requests.

The quarterly report will show: a) the amount of the State Subsidy in aggregate for all policies written or renewed from the beginning of Subsidy Year 2006 to the end of the period covered by the report, calculated in the manner described above under "Calculating 2006 State Subsidies"; b) the reimbursement amount previously requested on prior quarterly reports for the subsidy year; and c) the reimbursement amount requested with the current report. In this regard, the reports for the year will be cumulative.

The Rate Stabilization Account Reimbursement Form consists of 4 parts. The Summary Information Page seeks aggregate information regarding the amount of the reimbursement requested. Specifically, Participating Insurers are required to provide:

- The number of eligible policyholders on whose behalf reimbursements are being requested at the time that the Form is submitted;
- The aggregate premium charged by the insurer at the 2006 Subsidy Year approved rates, for those policyholders covered by the request, exclusive of 2006 Subsidy Year premium surcharges or loss of discounts due to policyholders' loss experience;
- The aggregate premium determined by the insurer by applying the 2006 Subsidy Year rating factors to rates in effect during the 2005 subsidy year for those policyholders covered by the request, exclusive of premium surcharges or loss of discounts due to policyholders' loss experience;
- The gross 2006 State Subsidy;
- The amount of the net 2006 State Subsidy to be requested in future quarterly reports (i.e., for policies that pay on an installment basis, the portion of the State Subsidies related to installment payments that are due in future periods);
- The amount of any dividend to be declared by a Participating Insurer which is a mutual company;

- The amount of 2006 State Subsidy to be applied to 2007 Subsidy Year policies as directed by the insured;
- The net amount of the 2006 State Subsidy reimbursement requested;
- The amount of the net 2006 State Subsidy reimbursement previously requested on prior quarterly reports; and,
- The amount of net 2006 State Subsidy reimbursement requested with the current quarter report.

Schedule A seeks similar information, broken down by geographic territory and provider classification.

Schedule B requires Participating Insurers to provide the Administration with several examples of how the insurer computed the State Subsidy for individual policyholders. While circumstances will vary from insurer to insurer, the Administration expects each insurer to provide a sufficient number of examples (e.g., 5 to 10 examples) to demonstrate that the insurer properly computed the State Subsidy under the various scenarios encountered. The examples should demonstrate that the State Subsidy for the policy in question represents the premium for the 2006 Subsidy Year rating factors at the rates in effect one year before the date that the policy was issued times the 2006 Subsidy Factor. In addition, the examples should demonstrate that the State Subsidy does not include the amount by which any rate increase results from premium surcharges and/or the loss of discounts due to the providers' loss experience. The Schedule B format included in this Bulletin is an example only. Individual carriers may submit an alternative format that reflects their rating scheme, provided that similar information is provided.

Finally, Schedule C requires Participating Insurers to report the names, classifications and geographical territories of all eligible policyholders who have elected not to receive a State Subsidy.

An electronic version of the Rate Stabilization Account Reimbursement Form will be posted with this Bulletin on the Administration's web site (www.mdinsurance.state.md.us) under 'Insurer Services' - 'Bulletins' - 'Examination & Auditing' - '2005 Bulletins'.

II. Timing of Reimbursement Requests

The Administration's objective is to provide State Subsidy reimbursements to Participating Insurers as close as possible to the date the Participating Insurers would have received the related premium from their policyholders.

For carriers whose policyholders renew on a single, common date, four quarterly reports will need to be filed for Subsidy Year 2006. For carriers whose policyholder renewals are staggered throughout Subsidy Year 2006, up to eight quarterly reports will be required to address

all policies for Subsidy Year 2006 (i.e., reports will be required until the last policy written or renewed in a Subsidy Year has expired, which could be up to two years, or eight quarters, from the date the first policy for a Subsidy Year was written or renewed).

Each quarterly report should request reimbursement for an amount of the 2006 State Subsidies proportionate to the amount of premiums due to the Participating Insurer during that quarter (up to the date of the end of the period covered by the report). For policies that were due to be paid in full during that quarter, the Participating Insurer should request reimbursement for 100% of the related State Subsidies. For policies that are paid on an installment basis, the Participating Insurer should request reimbursement for the portion of State Subsidies equal to the portion of the annual premiums due to the Participating Insurer during that quarter. For example, if a policyholder pays premiums in equal installments due each quarter, the Participating Insurer should request reimbursement for 25% of the related State Subsidy each quarter. Appropriate adjustments should be reported for policy endorsements and cancellations.

In the event that a policyholder elects to have the 2006 State Subsidy applied against the policyholder's 2007 premium, the Participating Insurer should request reimbursement for that amount in the 2006 quarterly report filed immediately prior to the start of Subsidy Year 2007.

Finally, the Administration is aware of circumstances where policy endorsements affecting 2006 policies may be recorded up to two years after the end of the 2006 Subsidy Year. To the extent that such a policy endorsement is processed and the endorsement would change the 2006 State Subsidy amount due to the policyholder, the Participating Insurer should submit another quarterly report and either request an additional State Subsidy payment or provide a refund to the Administration.

Preparing for the Audit

Senate Bill 836 requires the Commissioner or the Commissioner's designee to conduct an annual audit to verify the information submitted by each Participating Insurer applying for reimbursement from the Rate Stabilization Account. For each policyholder for whom the insurer requests reimbursement from the Rate Stabilization Account, the insurer will need to maintain and make available for audit purposes sufficient documentation to support the accuracy of the State Subsidies disbursed. This documentation shall include:

- (1) The 2006 Subsidy Year policy and rate computation, including details of all premium discounts and surcharges, including premium surcharges and discounts lost due to a health care provider's loss experience;
- (2) The policy and rate computation for the policy issued one year before the date that the 2006 Subsidy Year policy was issued, including details of all premium discounts and surcharges, including premium surcharges and discounts lost due to a health care provider's loss experience; and
- (3) A computation of the amount of the State Subsidy for each eligible policyholder.

For audit purposes, Participating Insurers will need to maintain documentation of how the State Subsidy applicable to each individual policyholder was determined and totaled to support the aggregate Rate Stabilization Account reimbursement amount requested. The Administration may request additional information it deems necessary to verify the accuracy of the reimbursement amount requested by a particular insurer.

Administration Contact

Questions concerning this bulletin may be directed to Lester C. Schott, Associate Commissioner, at 410-468-2119.

ames V. McMahan, III

Abting Insurance Commissioner

SUMMARY INFORMATION

		Page 1 of 3
(1)	Period covered by this report	, 200_ , 200_
(2)	Number of policyholders for whom subsidies are being requested	
(3)	Aggregate premium charged by the insurer at the 2006 approved rates, for those policyholders covered by this request, exclusive of 2006 surcharges or loss of discounts due to loss experience	\$
(4)	Aggregate premium determined by the insurer by applying to the 2005 rates the 2006 rating factors for those policyholders covered by this request exclusive of 2006 surcharges or loss of discounts due to loss experience	\$
(5)	Gross 2006 State Subsidy amount	\$
(6)	2006 State Subsidy reimbursement amount to be requested in future quarterly reports (i.e., for new or renewal policies written that pay on an installment basis, the portion of the State Subsidies related to installment payments that are due in future periods)	\$
(7)	Gross 2006 State Subsidy reimbursement amount [(5) – (6)]	\$
(8)	Amount of any dividend declared by a Participating Insurer that is a mutual insurer	\$
(<u>9</u>)	Amount of 2006 State Subsidies to be applied to 2007 Subsidy Year policies as directed by the insured	\$
(10)	Net 2006 State Subsidy reimbursement amount [(7) - (8) - (9)]	\$
(11) Net 2006 State Subsidy reimbursement amount requested in prior quarterly reports	\$
(12	Net 2006 State Subsidy reimbursement amount requested	\$

SUMMARY INFORMATION

Page 2 of 3

For th	e amount on line 5 of Page 1 of 3:	
(1)	Gross State Subsidy amount for which payment of 100% of premium was due as of the report date	\$
(2)	For policies written or renewed in the first quarter of Subsidy Year 2006 that pay on an installment basis, the portion of the Gross State Subsidy amount for which payment of premium was due as of the report date	\$
(3)	For policies written or renewed in the first quarter of Subsidy Year 2006 that pay on an installment basis, the portion of the Gross State Subsidy amount for which payment of premium is due in future periods	\$
(4)	For policies written or renewed in the second quarter of Subsidy Year 2006 that pay on an installment basis, the portion of the Gross State Subsidy amount for which payment of premium was due as of the report date	\$
(5)	For policies written or renewed in the second quarter of Subsidy Year 2006 that pay on an installment basis, the portion of the Gross State Subsidy amount for which payment of premium is due in future periods	\$
(6)	For policies written or renewed in the third quarter of Subsidy Year 2006 that pay on an installment basis, the portion of the Gross State Subsidy amount for which payment of premium was due as of the report date	\$
(7)	For policies written or renewed in the third quarter of Subsidy Year 2006 that pay on an installment basis, the portion of the Gross State Subsidy amount for which payment of premium is due in future periods	\$
(8)	For policies written or renewed in the fourth quarter of Subsidy Year 2006 that pay on an installment basis, the portion of the Gross State Subsidy amount for which payment of premium was due as of the report date	\$
(9)	For policies written or renewed in the fourth quarter of Subsidy Year 2006 that pay on an installment basis, the portion of the Gross State Subsidy amount for which payment of premium is due in future periods	

NOTE – See the attached "Summary Information Worksheet" for additional guidance on the preparation of this schedule.

SUMMARY INFORMATION

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ATTACHED SCHEDULES

Schedule A: Summary by Classification and Geographical Territory.

Schedule B: Providers Electing to Not Receive State Subsidies.

Schedule C: State Subsidy Computation Examples.

CERTIFICATION

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MARYLAND INSURANCE ADMINISTRATION RATE STABILIZATION ACCOUNT REIMBURSEMENT FORM SCHEDULE A: SUMMARY BY CLASSIFICATION AND GEOGRAPHICAL TERRITORY

	Grand Totals - All Territories Combined	Territory 2 (e.g., Western Maryland) Classification (e.g., Anesthesiology) Total Territory 2	Total Territory 1	Territory I (e.g., Baltimore County) Classification (e.g., Anesthesiology)	Geographical Territory Provider Classification	
T-6	Σ# (NOTE I)	Σ#	Σ#	#	Requested	Number of Policyholders for Whom Subsidies are Being
on section of the Rate Stabili	Σx (NOTE 2)	Y ×	Σx	×	Experience	Premium Charged at the 2006 Approved Rate Exclusive of 2006 Surcharges or Loss of Discounts Due to Loss
zation Account Reimbursement l	(NOTE 3)	λ. 3	<u> </u>	11 4	A D D D D D D D D D D D D D D D D D D D	Premium Applying to the 2005 Rate the 2006 Rating Factors Exclusive of 2006 Surcharges or Loss of Discounts Due to Loss
The section of the Rate Stabilization Account Reimbursement Form Summary Information sheet	$\frac{\sum (Y \times \text{subsidy factor})}{\text{(NOTE 4)}}$	Y x subsidy factor $\sum (Y \times \text{subsidy factor})$		Y x subsidy factor		State Subsidy Amount

NOTE 2 - Grand Total should equal the amount reported on line 3 of the Summary Information section of the Rate Stabilization Account Reimbursement Form Summary Information sheet NOTE 4 - Grand Total should equal the amount reported on line 5 of the Summary Information section of the Rate Stabilization Account Reimbursement Form Summary Information sheet NOTE 3 - Grand Total should equal the amount reported on line 4 of the Summary Information section of the Rate Stabilization Account Reimbursement Form Summary Information sheet

MARYLAND INSURANCE ADMINISTRATION RATE STABILIZATION ACCOUNT REIMBURSEMENT FORM SCHEDULE B: STATE SUBSIDY COMPUTATION EXAMPLES

Components of Premium Classification: State Rating Territory: Year of Policy: Other (Specify) Other (Specify)				·
•		NOTE I	NOTE 2	NOTE 3
		Actual 2005 Subsidy Year Premium	2005 Rate Premium	Actual 2006 Subsidy Year Premium
I. Base Rate		10,000	10,000	12,000
II. Premium Discounts not due to I Discount 1 - 2005 Rate Discount 1 - 2006 Rate Discount 2 - 2005 Rate Discount 2 - 2006 Rate III. Premium Surcharges not due to Surcharge 1 - 2005 Rate Surcharge 1 - 2006 Rate	0.00% 0.00% 0.00% 0.00% 0.00% 0.00%	0	0	0 0
Surcharge 2 - 2005 Rate Surcharge 2 - 2006 Rate	0.00% 0.00%	0		
IV. Premium Surcharges and Disc Surcharge - 2005 Rate Surcharge - 2006 Rate Discount - 2005 Rate Discount - 2006 Rate	2.00% 3.00% 4.00%	200		(1) 360 (2)
Net Premium to Insured		9,800	10,000	12,360
2006 Subsidy Factor			x 25%	
2006 State Subsidy			2,500	(2,500)
2006 Subsidy Year Subsidized Pro	emium			9,860

NOTE 1 - This column represents the actual premium charged to the policyholder during 2005, before a subsidy.

NOTE 2 - This column represents the premium that would have been charged to the policyholder for a policy issued at the approved rates in effect one year before the date that the Subsidy Year 2006 policy was issued, using the policyholder's Subsidy Year 2006 Rating Factors.

NOTE 3 - This column represents the actual premium charged to the policyholder in Subsidy Year 2006 at the approved rate.

NOTE 4 - The insurer will need to adjust the formulas for computing discounts and surcharges based upon its own rating mechanism.

NOTE 5 - Senate Bill 836 provides that the State Subsidy may not include the amount of a rate increase resulting from a premium surcharge or the loss of a discount due to a health care provider's loss experience. In order to properly exclude these from the computation of the State Subsidy, the insurer should report these amounts as follows:

- (1) Surcharges: The 2006 Subsidy Year Surcharges due to Loss Experience are not included in the 2005 Rate Premium column.
- (2) Discounts Lost due to Loss Experience: If a policyholder qualified for a discount for the policy issued one year before the date that the 2006 Subsidy Year policy was issued, but was no longer eligible for or has had a reduction in that discount for the policy issued in the 2006 Subsidy Year, the insurer should include the discount on this line in the 2005 rate premium column. This will ensure that the additional premium the policyholder is paying because of the loss of or reduction in the discount is not included when the 2006 Subsidy Factor is applied.

MARYLAND INSURANCE ADMINISTRATION RATE STABILIZATION ACCOUNT REIMBURSEMENT FORM SCHEDULE C: PROVIDERS ELECTING TO NOT RECEIVE STATE SUBSIDIES

Provider Name	Provider Classification	Provider Geographical Territory
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SUMMARY INFORMATION WORKSHEET

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100% of Subsidy	100% of Subsidy	100% of Subsidy	100% of Subsidy	100% of Subsidy	1000/ of C	2000	Zum.	State Subsidies included on Page 1, Line (2):
Year 2006	2006 Filing	Filing	Filing	Filing	Filing	Filing	Filling	
for Subsidy	Subsidy Year	Year 2006	Year 2006	Year 2006	Year 2006	Year 2006	Vear 2006	
Final Report	Seventh	Sixth Subsidy	Fifth Subsidy	Fourth Subsidy	Third Subsidy	Second Subsidy	First Subsidy	

Note: The purpose of this page is to provide guidance to Participating Insurers on the amount of State Subsidy funds that should be requested in the quarterly reports for policies that are paid in full and those that pay on an installment basis. This worksheet can be used to develop the information reported on page 2 of the Summary Information portion of the quarterly reports.

The portions of the installment payments shown above (e.g., 25%) are for illustration purposes only. The Participating Insurer should include an amount of the 2006 State Subsidies proportionate to the amount of the installment payments due through the end of the period covered by the report.

The State Subsidy amounts included in each cell above should be the amounts related to premiums payments actually due on or before the ending date of the period covered by the report. State Subsidy reimbursement amount for a amounts related to premium payments due in the quarter, but after the ending date of the period covered by the report, should be included in the next quarterly report. Any changes to the reimbursement amount for a quarter as a result of transactions processed after the report is filed (e.g., policy endorsements and cancellations) should be adjusted for in the next quarterly report.

Maryland Insurance Administration Rate Stabilization Account 2006 Allocation Amount for Each Participating Insurer

	200	06 Allocation Amount
Medical Mutual Liability Insurance Society of Maryland	\$	32,650,000
NCRIC, Inc.		2,100,000
The Doctors Company, an Interinsurance Exchange		5,050,000
Medical Protective Company	•	2,950,000
Subtotal - Current Participating Insurers	\$	42,750,000
Allocation under §19-803(d)(1) of the Insurance Article (NOTE 1)		2,250,000
Total Subsidy Year 2006 Allocation	\$	45,000,000

NOTE 1: Pursuant to §19-803(d)(1) of the Insurance Article, the Commissioner may provide up to 5% of any year's allocation to pay subsidies for the policyholders of a medical professional liability insurer that did not earn premiums for coverage to health care providers in the previous calendar year in Maryland. This amount represents a 5% allocation to a new carrier that has applied for a Certificate of Authority to write medical professional liability insurance in Maryland.

SEMMES, BOWEN & SEMMES

A PROFESSIONAL CORPORATION ATTORNEYS AT LAW

ALAN N. GAMSE, Principal Direct Dial: 410-576-4734 Direct Facsimile: 410-576-4875 Email: agamse@semmes.com 250 WEST PRATT STREET BALTIMORE, MARYLAND 21201

TELEPHONE 410-539-5040

FACSIMILE 410-539-5223

WWW.SEMMES.COM

September 23, 2005

OFFICES IN
HAGERSTOWN, MARYLAND
McLEAN, VIRGINIA
SALISBURY, MARYLAND
WASHINGTON, D.C.

FIGENCE

SEP 26 2005

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VIA FACSIMILE (410) 468-2086 AND REGULAR MAIL

The Honorable Alfred W. Redmer, Jr. Insurance Commissioner of the State of Maryland Maryland Insurance Administration 525 St. Paul Place Baltimore, MD 21202-2272

D --

Maryland Healthcare Providers Insurance Exchange Request to Participate in and Obtain Reimbursement from the

Maryland Healthcare Provider Rate Stabilization Fund

Dear Commissioner Redmer:

I represent the principals who are endeavoring to establish a Maryland domiciled reciprocal insurance company to be named Maryland Healthcare Providers Insurance Exchange (the "Exchange"). We expect to make our filing with the Insurance Administration for a Certificate of Authority within the next few days, and our business plan is to start writing policies which will be effective beginning January 1, 2006.

The purpose of this letter is to request that, the Exchange be allowed to participate in the Maryland Healthcare Provider Rate Stabilization Fund (the "Fund") and that sufficient monies be reserved in the Fund to allow this participation and reimbursement. Obviously this request is contingent upon the licensure of the Exchange by the Insurance Administration.

Please advise us if any further actions are necessary on our part in order to participate in this Fund. We will be happy to submit whatever application forms or to provide such further information as may be required.

EXHIBIT 3

SEMMES, BOWEN & SEMMES

A PROFESSIONAL CORPORATION

The Honorable Alfred W. Redmer, Jr. September 23, 2005 Page 2

Thank you for your consideration.

Very truly yours,

Alan N. Gamse

ANG/kln

cc: The Honorable Lester Schott v

Mr. Thomas Gaudiosi, President & CEO

Frederick Dreher, Esquire [via e-mail and regular mail]

Summary of Health Care Providers By Classification and Geographical Territory Eligible to Receive a Subsidy

GEOGRAPHICAL TERRITORY:	CLASSIFICATION	NUMBER
BALTIMORE CITY AND BALTIMORE	•	
COUNTY	:	
	ALLERGY	16
•	ANESTHESIOLOGY	79
	ANESTHESIOLOGY (INCLUDING OB)	125
1.	ANESTHESIOLOGY (OTHER THAN OB)	24 ·
	ANESTHESIOLOGY PAIN ONLY	1
	CARDIOLOGY	8
	CARDIOVASCULAR DISEASE (MINOR SURGERY)	28
	CARDIOVASCULAR DISEASE (NO SURGERY)	20
	CLINIC GROUPS	1
	DERMATOLOGY	2 .
	DERMATOLOGY (MINOR SURGERY)	14
	DERMATOLOGY (NO SURGERY)	. 30
	EMERGENCY MEDICINE (NO MAJOR SURGERY)	1
	EMERGENCY ROOM	2
	ENDOCRINOLOGY (NO SURGERY)	13
	FAMILY OR GENR'L PRACTICE (NO SURGERY)	133
	FAMILY OR GENR'L PRACTICE-MINOR SURGERY	. 4
	FORENSIC/LEGAL MEDICINE - EX PSYCHIATRY	2
	GASTROENTEROLOGY	5
•	GASTROENTEROLOGY - MINOR SURGERY	52
	GASTROENTEROLOGY - NO SURGERY	. 1
·	GENERAL MEDICINE	4
•	GENERAL PREVENTIVE MEDICINE NO SURGERY	. 3
	GENERAL SURGERY	1
	GENETICIST	1
	GERIATRICS NO SURGERY	-
		3
. •	GYNECOLOGY MAJOR SURGERY	9
	GYNECOLOGY MAJOR SURGERY	7 T
	GYNECOLOGY (MINOR SURGERY)	20
•	GYNECOLOGY (NO SURGERY)	2
	HAND & FOOT SURGERY	8
	HEMATOLOGY	5
	HEMATOLOGY - NO SURGERY	6
	HEMATOLOGY- ONCOLOGY	. 1
	HOSPITALIST/HOUSE STAFF	1
	IM NO SURGERY	9
	IM CARDIOLOGY MINOR SURGERY	. 2
	IM CARDIOLOGY NO SURGERY	1
	INFECTIOUS DISEASE NO SURGERY	8
	INTENSIVE CARE MEDICINE	3
	INTERNAL MEDICINE	34
	INTERNAL MEDICINE - MINOR SURGERY	15
	INTERNAL MEDICINE - NO SURGERY	436
•	MD CORPORATION	19
	NEOPLASTIC DISEASES - NO SURGERY	6
	NEPHROLOGY - NO SURGERY	27
	NEPHROLOGY - MINOR SURGERY	4
	NEUROLOGY	2
	NEUROLOGY INCLUDING CHILD - MINOR SURGERY	1
	NEUROLOGY INCLUDING CHILD - NO SURGERY	44
	NUCLEAR MEDICINE	7
	NUTRITION	2
	NURSE MIDWIVES	6
	OBSTETRICS & GYNECOLOGY	6
	OCCUPATIONAL MEDICINE	12
	ONCOLOGY OPTIMALMOLOGY MAJOR SUBCERY	6
	OPTHALMOLOGY MAJOR SURGERY	4

Summary of Health Care Providers By Classification and Geographical Territory Eligible to Receive a Subsidy

GROGD I DITTO I T THE TOTAL TO	CLASSIFICATION	משמאוווא
GEOGRAPHICAL TERRITORY: BALTIMORE CITY AND BALTIMORE	CLASSIFICATION	NUMBER
COUNTY		
	OPHTHALMOLOGY - MINOR SURGERY	2
	OPHTHALMOLOGY - NO SURGERY	16
•	ORTHOPEDIC EXCL. BACK	41
•	OTORHINOLORYNGOLOGY MINOR SURGERY	1 •
·	OTORHINOLORYNGOLOGY NO SURGERY	5
	PAIN MANAGEMENT	. 1
	PATHOLOGY	17
	PATHOLOGY (NO SURGERY)	35
	PEDIATRICS	18
	PEDIATRICS MINOR SURGERY	1
	PEDIATRICS (NO SURGERY)	153
	PHYSIATRY/PHYS MED & REHAB	26
	PHYSIATRY	. 1
	PHYSIATRY/PHYS MED & REHAB/ACUPUNCTURE	. 4
	PHYSICAL MEDICINE & REHAB	7
•	PHYSICIANS - N.O.C MINOR SURGERY	16
	PHYSICIANS - N.O.C NO SURGERY	34
•	PSYCHIATRY - INCLUDING CHILD	74
	PSYCHOANALYSIS	1
	PUBLIC HEALTH	. 2
•	PULMONARY DISEASES - MINOR SURGERY	11
	PULMONARY DISEASES - NO SURGERY	3
	PULMONARY MEDICINE	1
	RADIOLOGY	79
	RADIOLOGY - THERAPEUTIC	2
•	RADIOLOGY - DIAGNOSTIC - MINOR SURGERY	18
	RADIOLOGY - DIAGNOSTIC - NO SURGERY	-9
	RADIOLOGY INCLIVE	. 2
	RHEUMATOLOGY	2
	RHEUMATOLOGY - NO SURGERY	10
•	SHOCK THERAPY NOC	
	SURGEON - ABDOMINAL	1
	SURGEON - CARDIAC	1
	•	. 4
	SURGEON - CARDIOVASCULAR	1
	SURGEON - COLON AND RECTAL	7
	SURGEON - EMERGENCY MEDICINE	1
	SURGEON - FAMILY OR GENERAL PRACTICE	1
	SURGEON - GENERAL - N.O.C.	57
	SURGEON - GYNECOLOGY - FERTILITY/NO OB	31
	SURGEON - HAND	2
	SURGEON - NEUROLOGY (INCLUDING CHILD)	21
	SURGEON - OBSTETRICS & GYNECOLOGY	56
	SURGEON - OPHTHALMOLOGY	78
	SURGEON - ORTHOPEDIC	56
	SURGEON - OTORHINOLARYNGOLOGY	28
•	SURGEON - OTORHINOLARYNGOLOGY - PLASTIC	9
	SURGEON - PLASTIC	42
	SURGEON - THORACIC	12
	SURGEON - UROLOGICAL	23
	SURGEON - VASCULAR	27
	SURGICAL SPECIALTY	2
	SUSPENSION (1B)	3
	UROLOGY VICARIOUS CHARGE UNDER INDIVIDUAL DOCTOR	28
	VILAKIUDA LEMAKUELINI ER INDIVIDILAT TYD "YOD	ς

VICARIOUS CHARGE UNDER INDIVIDUAL DOCTOR

TOTAL

5

2,371

Summary of Health Care Providers By Classification and Geographical Territory Eligible to Receive a Subsidy

NUMBER

CLASSIFICATION

GEOGRAPHICAL TERRITORY: MONTGOMERY, PRINCE GEORGES, HOWARD, AND ANNE ARUNDEL COUNTIES

CDASSIFICATION	1(Oliabba
\mathbf{g}_{i}	
ALLERGY	44
ANESTHESIOLOGY	53
ANESTHESIOLOGY (INCLUDING OB)	98
ANESTHESIOLOGY (OTHER THAN OB)	30
CARDIOLOGY	24
CARDIOVASCULAR DISEASE (MINOR SURGERY)	95
CARDIOVASCULAR DISEASE (NO SURGERY)	44
CLINIC GROUPS	26
DERMATOLOGY	4
DERMATOLOGY (MINOR SURGERY)	45
DERMATOLOGY (NO SURGERY)	61
EMERGENCY MEDICINE (NO MAJOR SURGERY)	1
EMERGENCY ROOM	10
ENDOCRINOLOGY (NO SURGERY)	24
FAMILY OR GENR'L PRACTICE (NO SURGERY)	341
FAMILY OR GENR'L PRACTICE-MINOR SURGERY	16
FORENSIC/LEGAL MEDICINE - EX PSYCHIATRY	1
GASTROENTEROLOGY	11
GASTROENTEROLOGY - MINOR SURGERY	77
GASTROENTEROLOGY - NO SURGERY	4
GENERAL PRACTICE NO SURGERY	3
GENERAL PREVENTIVE MEDICINE NO SURGERY	. 2
GENERAL SURGERY	12
GENERAL SURGERY MINOR SURGERY	. 1
GENETICIST	. 3
GERIATRICS NO SURGERY	1
GYNECOLOGY	9
GYNECOLOGY MAJOR SURGERY	5
GYNECOLOGY (MINOR SURGERY)	36
GYNECOLOGY (NO SURGERY)	15
HEMATOLOGY	. 2
HEMATOLOGY - NO SURGERY	22
HOSPITALIST/HOUSE STAFF	24
IM NO SURGERY	35
IM ALLERGY NO SURGERY	1
IM CARDIOLOGY MINOR SURGERY	1
IM CARDIOLOGY NO SURGERY .	. 2
IM ENDOCRIN NO SURGERY	2
IM NEPHROLOGY NO SURGERY	4 2
IM ONCOLOGY NO SURGERY IM PULMONARY MINOR SURGERY	2
	2
IM PULMONARY NO SURGERY	4
IM RHEUMATOLOGY NO SURGERY INFECTIOUS DISEASE	1
INFECTIOUS DISEASE INFECTIOUS DISEASE NO SURGERY	11
INTENSIVE CARE MEDICINE	33
INTERNAL MEDICINE	72
INTERNAL MEDICINE - MINOR SURGERY	52
INTERNAL MEDICINE - NO SURGERY	605
MD CORPORATION	24
NEOPLASTIC DISEASES - MINOR SURGERY	1
NEOPLASTIC DISEASES - NO SURGERY	5
NEPHROLOGY - NO SURGERY	20
NEUROLOGY	2
NEUROLOGY INCLUDING CHILD - MINOR SURGERY	1
NEUROLOGY INCLUDING CHILD - NO SURGERY	79

Summary of Health Care Providers By Classification and Geographical Territory Eligible to Receive a Subsidy

GEOGRAPHICAL TERRITORY:
MONTGOMERY, PRINCE GEORGES,
HOWARD, AND ANNE ARUNDEL
COUNTIES

CLASSIFICATION	NUMBER
CLASSIFICATION	110,12024
, *	
NEUROSURGERY	9
NUCLEAR MEDICINE	3
NUTRITION	.1
NURSE MIDWIVES	19
OBSTETRICS & GYNECOLOGY	46 18
OCCUPATIONAL MEDICINE ONCOLOGY	10
OPTHALMOLOGY MAJOR SURGERY	13
OPHTHALMOLOGY - MINOR SURGERY	7 7
OPHTHALMOLOGY - WINYOK BURGERY	15
ORTHOPEDIC EXCL. BACK	11
OTOLAR YNGOLOGY	3
OTORHINOLORYNGOLOGY MAJOR SURGERY	1
PAIN MANAGEMENT	. 1
PATHOLOGY	20
PATHOLOGY (NO SURGERY)	42
PEDIATRICS	7
PEDIATRICS MINOR SURGERY	14
PEDIATRICS (NO SURGERY)	399
PHARMACOLOGY CLINICAL	3
PHYSIATRY/PHYS MED & REHAB	25
PHYSIATRY	1
PHYSIATRY/PHYS MED & REHAB/ACUPUNCTURE	11
PHYSICAL MEDICINE & REHAB	. 8
PHYSICIANS - N.O.C MINOR SURGERY	30
PHYSICIANS - N.O.C NO SURGERY	. 19
PSYCHIATRY - INCLUDING CHILD	67
PSYCHIATRY	17
PSYCHOTHERAPY	2
PSYCHOSOMATIC MEDICINE	. 1
PULMONARY DISEASES - MINOR SURGERY	13
PULMONARY DISEASES - NO SURGERY	. 6
PULMONARY MEDICINE	15
RADIATION THERAPY-NOC	1
RADIOLOGY - DIAGNOSTIC	41
RADIOLOGY - DIAGNOSTIC - MINOR SURGERY	65
RADIOLOGY - DIAGNOSTIC - NO SURGERY	. 64
RADIOLOGY INCL IVP	11
RHEUMATOLOGY	7
RHEUMATOLOGY - NO SURGERY	21
SURGEON - ABDOMINAL	1
SURGEON - CARDIAC	. 3
SURGEON - CARDIOVASCULAR	4
SURGEON - COLON AND RECTAL SURGEON - FAMILY OR GENERAL PRACTICE	1
SURGEON - FAMILY OR GENERAL PRACTICE SURGEON - GASTROENTEROLOGY	3
SURGEON - GENERAL - N.O.C.	59 ·
SURGEON - GENERAL - N.C.C. SURGEON - GYNECOLOGY - FERTILITY/NO OB	44
SURGEON - HAND	2
SURGEON - NEUROLOGY (INCLUDING CHILD)	12
SURGEON - OBSTETRICS & GYNECOLOGY	178
SURGEON - OPHTHALMOLOGY	96
SURGEON - ORTHOPEDIC	142
SURGEON - OTORHINOLARYNGOLOGY	57
SURGEON - OTORHINOLARYNGOLOGY - PLASTIC	12
SURGEON - PLASTIC	52

Rate Stabilization Account
Summary of Health Care Providers By Classification and Geographical Territory Eligible to Receive a Subsidy

GEOGRAPHICAL TERRITORY: MONTGOMERY, PRINCE GEORGES, HOWARD, AND ANNE ARUNDEL	CLASSIFICATION	NUMBER
COUNTIES	SURGEON - SPECIALTY	2
	SURGEON - THORACIC	7
	SURGEON - TRAUMATIC	8
	SURGEON - UROLOGICAL	· 52
	SURGEON - VASCULAR	28
	SUSPENSION (1B)	5
	THORACIC CONSULTATION	1
	URGENT CARE MEDICINE/NO HOSP. ER	7
·	UROLOGY	5
	VICARIOUS CHARGE UNDER INDIVIDUAL DOCTOR	25
	TOTAL	3,976

Summary of Health Care Providers By Classification and Geographical Territory Eligible to Receive a Subsidy

CLASSIFICATION

NUMBER

GEOGRAPHICAL TERRITORY:
REMAINDER OF STATE (Other than
Baltimore City, Anne Arundel, Baltimore,
Howard, Montgomery, and Prince Georges
Counties)

CLASSIFICATION	11	CHADEL
**	•	
•		
ALLERGY		12
ANESTHESIOLOGY		15
ANESTHESIOLOGY (INCLUDING OB)		83
ANESTHESIOLOGY (OTHER THAN OB)		8
CARDIOLOGY		2
CARDIOVASCULAR DISEASE (MINOR SURGERY)		56
CARDIOVASCULAR DISEASE (NO SURGERY)		22
CLINIC GROUPS		11
DENTAL LOCAL ANESTHOLOGY		1
DERMATOLOGY (MINOR SURGERY)		13
DERMATOLOGY (NO SURGERY)		22
EMERGENCY MEDICINE (NO MAJOR SURGERY)		28
EMERGENCY ROOM		5
ENDOCRINOLOGY		1
ENDOCRINOLOGY (NO SURGERY)		9
FAMILY OR GENR'L PRACTICE (NO SURGERY)		299
FAMILY OR GENR'L PRACTICE-MINOR SURGERY		12
GASTROENTEROLOGY		2
GASTROENTEROLOGY - MINOR SURGERY		39
GASTROENTEROLOGY - NO SURGERY		3
GENERAL MEDICINE		1
GENERAL PRACTICE NO SURGERY		1
GENERAL SURGERY		17
GYNECOLOGY		1
GYNECOLOGY MAJOR SURGERY		. 1
GYNECOLOGY (MINOR SURGERY)		11
GYNECOLOGY (NO SURGERY)		4
HEMATOLOGY		i
HEMATOLOGY - NO SURGERY		10
HOSPITALIST/HOUSE STAFF		12
IM MINOR SURGERY		2
IM NO SURGERY		13
IM INFECTIOUS DISEASE NO SURGERY		4
INTENSIVE CARE MEDICINE		6
INTENSIVE CARE MEDICINE INTERNAL MEDICINE		36
INTERNAL MEDICINE - MINOR SURGERY		33
INTERNAL MEDICINE - NO SURGERY	•	276
MD CORPORATION	•	11
NEOPLASTIC DISEASES - MINOR SURGERY	•	3
NEOPLASTIC DISEASES - NO SURGERY		4
NEPHROLOGY - MINOR SURGERY	,	. 2
NEPHROLOGY - NO SURGERY		14
NEUROLOGY INCLUDING CHILD - NO SURGERY		35
NUCLEAR MEDICINE		1
NURSE MIDWIVES		6
OBSTETRICS & GYNECOLOGY		14
OCCUPATIONAL MEDICINE		4
ONCOLOGY		2
OPTHALMOLOGY MAJOR SURGERY		5
OPHTHALMOLOGY - NO SURGERY		3
ORTHOPEDIC		21
ORTHOPEDIC EXCL. BACK		11
OTOLARYNGOLOGY		3
OTORHINOLORYNGOLOGY		2
PATHOLOGY		6
		•

Summary of Health Care Providers By Classification and Geographical Territory Eligible to Receive a Subsidy

CLASSIFICATION

GEOGRAPHICAL TERRITORY:
REMAINDER OF STATE (Other than
Baltimore City, Anne Arundel, Baltimore,
Howard, Montgomery, and Prince Georges
Counties)

PATHOLOGY (NO SURGERY)	20
PEDIATRICS	8
PEDIATRICS (NO SURGERY)	190
PHYSIATRY/PHYS MED & REHAB	12
PHYSIATRY	1
PHYSIATRY/PHYS MED & REHAB/ACUPUNCTURE	2
PHYSICAL MEDICINE & REHAB	3
PHYSICIANS - N.O.C MINOR SURGERY	13
PHYSICIANS - N.O.C NO SURGERY	5
PSYCHIATRISTS - EXTENDED	1
PSYCHIATRY - INCLUDING CHILD	39
PUBLIC HEALTH	4
PULMONARY DISEASES	4
PULMONARY DISEASES - MINOR SURGERY	14
PULMONARY DISEASES - NO SURGERY	4
RADIOLOGY - DIAGNOSTIC - MINOR SURGERY	57
RADIOLOGY - DIAGNOSTIC - NO SURGERY	16
RHEUMATOLOGY - MINOR SURGERY	1
RHEUMATOLOGY - NO SURGERY	9
SURGEON - ABDOMINAL	2
SURGEON - COLON AND RECTAL	2
SURGEON - GASTROENTEROLOGY	2
SURGEON - GENERAL - N.O.C.	50
SURGEON - GYNECOLOGY - FERTILITY/NO OB	22
SURGEON - HAND	1
SURGEON - NEUROLOGY (INCLUDING CHILD)	15
SURGEON - OBSTETRICS & GYNECOLOGY	73
SURGEON - OPHTHALMOLOGY	40
SURGEON - ORTHOPEDIC	50
SURGEON - OTORHINOLARYNGOLOGY	26
SURGEON - OTORHINOLARYNGOLOGY - PLASTIC	1
SURGEON - PLASTIC	24
SURGEON - THORACIC	12
SURGEON - UROLOGICAL	32
SURGEON - VASCULAR	19
SURGICAL SPECIALTY	2
SURGERY HAND & FOOT	1
SUSPENSION (1B)	5
URGENT CARE MEDICINE/NO HOSP. ER	7
UROLOGY	5
VICARIOUS CHARGE UNDER INDIVIDUAL DOCTOR	11
TOTAL	2,024
GRAND TOTAL	8,371

NUMBER