**6.2 Service Performance Guarantee**

The College is requesting that the following performance guarantees be included in your proposal. Each standard is to be measured semi-annually.

|  |  |  |
| --- | --- | --- |
| **Implementation Performance Guarantees** | **Performance Commitment** | **Semi-Annual Financial Penalty Amount** |
| ID card delivery | 98% of ID cards mailed within 10 business days of receipt of complete and accurate eligibility data | 0.033% |
| SPD delivery | SPDs available as of plan effective date | 0.033% |
| Service Center call readiness | Service Center(s) ready to respond to customer inquiries as of plan effective date | 0.033% |
| Secure Internet Portals | Employer and member portals fully functional and available to College and participants on first day of open enrollment | 0.033% |
| Overall satisfaction with implementation services performance standards | Based on a mutually agreed upon satisfaction survey. Standard will be measured and reported to College annually after open enrollment implementation. | 0.033% |
| **Ongoing Performance Guarantees** | **Performance Commitment** | **Financial Penalty Amount** |
| ID card production (ongoing) | 98% of ID cards mailed within 10 business days of receipt of complete and accurate eligibility data. | 0.033% |
| SPD delivery (ongoing) | SPD available on effective date of plan changes. | 0.033% |
| Claims Processing | Time to process: 94% of claims processed in 10 business days from the date a claim is received to the date it is processed excluding weekends and holidays (clean claims only). | 0.033% |
|  | Financial accuracy: 98% financial accuracy | 0.033% |
| Member Services | Toll-free telephone line: Established and operational 90 days prior to the effective date of plan and 95% functional at all times. | 0.033% |
|  | Average speed of answer: Guarantee that 80% of calls answered by live representative within 30 seconds or less. | 0.033% |
|  | Abandonment rate: Guarantee that the call abandonment rate will be 4% or less. | 0.033% |
|  | Resolution of eligibility issues: Response rate of 3 business days to correct eligibility issues. | 0.033% |
| Service Manager | Response within 24 hours | 0.033% |
| Transition of Care | Once members are identified, outreach will be made within 10 business days or the close of open enrollment. | 0.033% |

Semi-annual financial penalty amount is not to exceed $12,500, maximum $25,000 per year.

Proposers must agree to the service performance agreement allowing for financial penalties for non-conformance to identified standards and the details for this agreement including financial penalties. Provide your company's understanding and acceptance of these terms, label this **Response to 1.1** and include in Tab VII of the proposal.

**10. Questionnaire**

Responses to this section should be included in Tab IV of your proposal and labeled with the appropriate number of the question.

1. How many CDHP/HRA plans does your company administer in Florida? How many members do these plans cover?
2. Does your company administer HRA balances internally or through a contracted third party entity? If through a third party, which entity? For how long has this company provided the service for you?
3. Is your company capable of administering 2014, 2015 and 2016 HRA balances as reported by the incumbent carrier?
4. How many public sector clients does your company administer in Florida? How many members do these plans cover?
5. What is the average length of time for approval for those services requiring authorization?
6. What is your company’s average length of stay for hospitalization of commercial HMO members located in Miami-Dade County? In Broward County? In Palm Beach?
7. Does your company have a network in Monroe County?
8. How often are your physician contracts renewed?
9. Describe your procedure for terminating physicians including communications to plan sponsors and members, the time frames involved and continuity of care provisions.
10. Describe your procedure for adding physicians including need analysis and how often it is performed.
11. How many physician contracts were terminated in 2015 based on Quality Assurance or member service issues?
12. What is your network physician turnover ratio for 2015 in Miami-Dade and Broward Counties combined?

HMO POS

Primary Care \_\_\_\_\_\_\_\_ % \_\_\_\_\_\_\_\_ %

Specialty Care \_\_\_\_\_\_\_\_ % \_\_\_\_\_\_\_\_ %

1. Is there any pending litigation regarding your firm as it relates to your proposed services? If so, list the nature, date and amount of damages requested.
2. Provide the number of complaints registered against your company in 2015 with the State of Florida, Department of Insurance. If possible, categorize by type and plan.

HMO POS

Quality care \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Claims \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Benefits \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Total \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

1. Does your company anticipate any changes in your physician network in 2017 other than normal turnover? If yes, please describe these changes in general.
2. Is your company under review or currently subject to sanctions from the state health insurance or consumer protection agencies in any state where your company services members? If yes, please provide details.
3. Is your company willing to actively recruit specific providers currently utilized and identified by the College that are not currently in your network? Describe your efforts to recruit, including an estimate of the number of days from initial contact to contract completion.
4. What are your company’s standards for considering that it has a satisfactory quantity and choice of provider under contract for a given service area? Specifically address the quantity of providers in proportion to membership and the required traveling distance and acceptable levels of choice.
5. How do you measure provider performance and quality? Be specific. What metrics do you make available to members to identify and select high performance/efficient providers? What incentives, if any, do you offer providers that meet your performance criteria?
6. If a primary care physician has a closed practice, will your company’s enrollment system allow a new member to enroll if he/she is currently a patient of that physician through a different health plan?
7. What are your company’s standard appointment waiting times for an initial check-up, non-urgent problem, routine follow-up and urgent care? Describe how these waiting times are monitored to ensure compliance and optimal customer service.
8. Are physicians required to exclusively order testing, labs and durable medical equipment through network providers?
9. Who is financially responsible if a network physician refers to a non-network provider?
10. How do you process claims for non-contracted hospital-based providers and services when selection is beyond the control of the patient? How can you protect the member from being incorrectly billed and having to dispute these claims, for example for emergency room services?
11. If covered services are not available within the contracted network, how will members obtain necessary services? What fee schedule or payment approach do you utilize for these benefits and services?
12. Describe how your organization will ensure that providers in your network utilize in-network laboratory and diagnostic testing services? Are your in-network providers contractually obligated to send members to in-network lab and diagnostic testing centers? If not, describe the process for claims from non-network providers when selection is beyond the control of the member.
13. What is the current percentage of HMO primary care physicians in Miami-Dade and Broward Counties who are accepting new patients? POS primary care?
14. In what areas outside of South Florida does your company maintain a provider network that would be available College members?
15. What is the contract renewal date of your current contract with Baptist Health Systems? With Jackson Memorial Health Systems? With Memorial Health Systems?
16. How does your company handle retroactive enrollment and cancellations? What are the time limitations relative to processing retroactive eligibility adjustments?
17. Does your company have the capability to enter corrections to eligibility records in real time? Do the corrections show up at providers (including pharmacies) in real time? If not, what is the delay?
18. If eligibility cannot be confirmed in real time at a pharmacy, is there a procedure in place to process the pharmacy claim? If the procedure is something other than the member paying retail price and submitting a claim for reimbursement, describe that procedure.
19. Which company manages the mental health and substance dependency benefits for your members? Is this company independent or a wholly owned subsidiary of your company?
20. What is the procedure for obtaining authorizations that may be required for mental health/substance dependency services? Include approval timeframes and description of procedures in place to ensure timely authorizations.
21. What is the process for obtaining authorization for physical therapy? Include approval timeframes and description of procedures your company has implemented to ensure timely approval and the procedure to appeal a denial of service and a description of the circumstances under which additional visits beyond the plan maximums would be approved.
22. Within the past two years, have there been any significant developments in your organization (e.g., changes in ownership, legal structure, merger/acquisition, personnel reorganization, change in business emphasis, etc.)? If so, describe.
23. Do you anticipate any change in the company’s basic ownership structure of any other significant changes in its organization within the next 24 months?
24. Are all of your proposed plans filed and approved with the Florida Department of Insurance? If yes, please list the date approved for each plan.
25. Where are your company’s claims and customer service offices located? Are there any plans to locate those offices out of the country?
26. Do your member services representatives have multi-lingual capabilities? If so, in what languages other than English are services available?
27. Does your member services department have the ability to serve hearing and visually disabled members? Describe the services that are available for these members.
28. Is your company willing to provide a representative for regularly scheduled on-site visits?
29. Please provide details on your company’s CDHP/HRA plan education..
30. Does your company expect to make any major system changes (move locations, upgrades, etc.) in the next 24 months? If so, what is the anticipated impact on clients?
31. How does your claim system identify potential COB claim situations and maintain COB information on file?
32. What is the process for reviewing your drug formulary and how often do you change your formulary?
33. What additional programs do you have that promote the utilization of generic medications?
34. What steps are being taken to encourage the transition of members from brand name drugs to newly-available generics?
35. Does your company have agreements with Accountable Care Organizations that measure and reward providers for utilizing best practices resulting in improved outcomes. Please list any agreements in place in South Florida.
36. Please provide your company's website address and list the services and capabilities for employers and members available at that site. Provide a password for viewing the member site.
37. Does your company assign unique ID numbers to members or are Social Security numbers used as ID? If unique ID numbers are used, describe how they are generated.
38. List the name, title, phone number, mobile phone number, address and email address of the person in your organization who would be responsible for the overall servicing of this account.
39. How often is your online directory updated for deletions and additions of providers
40. How does your company communicate formulary, network and plan changes to the employer and employees?

**11. Required Forms**

**11.1 Proposal Form**

**PROPOSER’S IDENTIFICATION**

Name of Organization:

Address:

Contact Person:

Telephone Numbers

Daytime:

After Hours/Mobile:

Fax:

Email:

**PROPOSER’S GROUP REPRESENTATIVE OR ACCOUNT EXECUTIVE**

Name of Firm:

Address:

Group Representative or

Account Executive:

Telephone Numbers

Daytime:

After Hours/Mobile:

Fax:

Email:

**11.2** **Proposer’s Warranty**

The undersigned person by the undersigned’s signature affixed hereon warrants that:

A. The undersigned is an officer, partner or a sole proprietor of the firm and the enclosed proposal is submitted on behalf of the firm;

B. The undersigned has carefully reviewed all the materials and data provided on the firm’s proposal on behalf of the firm, and, after specific inquiry, believes all the material and data to be true and correct;

C. The proposal offered by the firm is in full compliance with the Minimum Qualifications of Proposer set forth in Section **Error! Reference source not found.** of this ITN;

D. The firm authorizes MDC, its staff or consultants to contact any of the references provided in the proposal and specifically authorizes such references to release either orally or in writing any appropriate data with respect to the firm offering this proposal;

E. The undersigned has been specifically authorized to issue a contract in full compliance with all requirements and conditions, as set forth in this ITN other than those deviations noted above;

F. If this proposal is accepted, the contract will be issued as proposed.

Name of Firm

Signature of Authorized Representative

Title of Authorized Representative

Date Signed by Authorized Representative

**11.3 Non-Discrimination in Employment Form**

Section 301, Executive Order 10925, March 6, 1961, 26 FR 1977

as amended by Executive Order 11114, June 22, 1963, 28 FR 6485

“During the performance of this contract the firm agrees as follows:

“(1) The firm will not discriminate against any employee or applicant for employment because of race, creed, color, or national origin. The firm will take affirmative action to ensure that applicants are employed, and that employees are treated during employment without regard to their race, creed, color, or national origin. Such action shall include, but not be limited to, the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The firm agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the contracting officer setting forth the provision of this non-discrimination clause.

“(2) The firm will, in all solicitations or advertisements for employees placed by or on behalf of the firm, state that all qualified applicants will receive consideration for employment without regard to race, creed, color or national origin.

“(3) The firm will send to each labor union or representative of workers with which he has a collective bargaining agreement or other contract or understanding, a notice, to be provided by the agency contracting officer advising the said labor union or workers’ representative of the firm’s commitments under this section, and shall post copies of the notice inconspicuous places available to employees and applicants for employment.

“(4) The firm will comply with all provisions of Executive Order No. 10925 of March 6, 1961, as amended, and of the rules, regulations, and relevant orders of the President’s Committee on Equal Employment Opportunity created thereby.

“(5) The firm will furnish all information and reports required by Executive Order No. 10925 of March 6, 1961, as amended, and by the rules, regulations and orders of the said Committee, or pursuant thereto, and will permit access to his books, records, and accounts by the contracting agency and the Committee for the purposes of investigation to ascertain compliance with such rules, regulations and orders.

“(6) In the event of the firm’s noncompliance with the non-discrimination clauses of this contract or with any of the said rules, regulations or orders, this contract may be canceled, terminated, or suspended in whole or in part and the firm may be declared ineligible for further Government contracts in accordance with procedures authorized in Executive Order No. 10925 of March 6, 1961, as amended, and such other sanctions may be imposed and remedies invoked as provided in the said Executive Order or by rule, regulation, or order of the President’s Committee on Equal Employment Opportunity, or as otherwise provided by law.

“(7) The firm will include the provisions of paragraphs (1) through (7) in every subcontract or purchase order unless exempted by rules, regulations, or orders of the President’s Committee on Equal Employment Opportunity issued pursuant to section 303 of Executive Order No. 10925 of March 6, 1961, as amended, so that such provisions will be binding upon each subcontractor or vendor. The firm will take such action with respect to any subcontract or purchase order as the contracting agency may direct as a means of enforcing such provisions, including sanctions for noncompliance: Provide, however, that in the event the firm becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the contracting agency, the firm may request the United States to enter into such litigation to protect the interests of the United States.”

Legal Name of Proposer

By:

Signature (manual)

By:

Name (typed)

Date:

**11.4 Statement, Public Entity Crimes**

**SWORN STATEMENT PURSUANT TO SECTION 287.133(3)(A),**

**FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES**

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENSE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to **MIAMI DADE COLLEGE** [name of the public entity]

by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [print individual’s name and title]

for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[print name of submitting sworn statement]

whose business address is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

and (if applicable) its Federal Employer Identification Number (FEIN) is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

1. I understand that a “public entity crime” as defined in Paragraph Section 287.133 (1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
2. I understand that “convicted” or “conviction” as defined in Paragraph 287.133 (1)(b), **Florida Statutes**, means a finding of guilt or conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non jury trial, or entry of a plea of guilty or nolo contendere.
3. **I understand that an “affiliate” as defined in Paragraph 287.133 (1)(a), Florida Statutes, means:**
4. **A predecessor or successor of a person convicted of a public entity crime; or**
5. **An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term “affiliate” includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm’s length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.**
6. **I understand that a “person” as defined in Paragraph 287.133 (1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term** **“person” includes those** **officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an entity.**
7. **Based on information and belief, the statement, which I have marked below is true in relation to the entity submitting this sworn statement. [Indicate which statement applies.]**

**\_\_\_\_\_ Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.**

**\_\_\_\_\_ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.**

**\_\_\_\_\_ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or against who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement** **on the convicted vendor list.** **[Attach a copy of the final order]**

**I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THATH THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.**

**[Signature]**

Sworn to and subscribed before me this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2016

Personally known \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OR Produced identification \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public – State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My commission expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Type of Identification) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Printed, typed or stamped commission name of notary public)

**11.5 Fully Insured Premium Form**

Proposers must provide the monthly unit premium for the Plans listed below.

**Dual Option**

|  |  |
| --- | --- |
| **CDHP/HRA Plan** | |
| **Coverage Type** | **Monthly Premium** |
| Employee Only |  |
| Employee and Spouse or Domestic Partner |  |
| Employee and Child or Children |  |
| Employee and Family |  |
| Rate Guarantee Period |  |
| **POS Plan** | |
| **Coverage Type** | **Monthly Premium** |
| Employee Only |  |
| Employee and Spouse or Domestic Partner |  |
| Employee and Child or Children |  |
| Employee and Family |  |
| Rate Guarantee Period |  |

**Retiree Out-of-Area Plan**

|  |  |
| --- | --- |
| **Coverage Type** | **Monthly Premium** |
| Retiree Only |  |
| Retiree and Spouse or Domestic Partner |  |
| Retiree and Child or Children |  |
| Retiree and Family |  |
| Rate Guarantee Period |  |

|  |  |
| --- | --- |
| Pooling level included in rates |  |
| Current medical and prescription drug trends for groups this size and location |  |
| Multiple year rate guarantee or renewal parameters |  |

**11.6 Network Summary**

**(\*Do Not Include Psychiatric Hospitals)**

Include the ***number of providers, not doctor's offices,*** by County. Include only those primary care physicians who are accepting patients. ***If a provider has more than one office, he or she should be counted only once.*** Include this form in Tab III of your response and in Excel format on the required CD.

|  |  |  |  |
| --- | --- | --- | --- |
| **HMO Network** | **Broward** | **Miami-Dade** | **Palm Beach** |
| ***Primary Care Physicians*** | | | |
| Family Practice |  |  |  |
| General Practice |  |  |  |
| Internal Medicine |  |  |  |
| Pediatricians |  |  |  |
| Total Primary Care |  |  |  |
| ***Specialists*** | | | |
| OB/GYN |  |  |  |
| All Other |  |  |  |
| Total Specialists |  |  |  |
| Total All Physicians |  |  |  |
| Full Service Hospitals\* |  |  |  |
|  |  |  |  |
| **POS Network** | **Broward** | **Miami-Dade** | **Palm Beach** |
| ***Primary Care Physicians*** | | | |
| Family Practice |  |  |  |
| General Practice |  |  |  |
| Internal Medicine |  |  |  |
| Pediatricians |  |  |  |
| Total Primary Care |  |  |  |
| ***Specialists*** | | | |
| OB/GYN |  |  |  |
| All Other |  |  |  |
| Total Specialists |  |  |  |
| Total All Physicians |  |  |  |
| Full Service Hospitals\* |  |  |  |
|  |  |  |  |
| **PPO Network** | **Broward** | **Miami-Dade** | **Palm Beach** |
| ***Primary Care Physicians*** | | | |
| Family Practice |  |  |  |
| General Practice |  |  |  |
| Internal Medicine |  |  |  |
| Pediatricians |  |  |  |
| Total Primary Care |  |  |  |
| ***Specialists*** | | | |
| OB/GYN |  |  |  |
| All Other |  |  |  |
| Total Specialists |  |  |  |
| Total All Physicians |  |  |  |
| Full Service Hospitals\* |  |  |  |