



CHANGING THE
WORLD
THEIR FUTURE,
OUR MISSION

FY2023 Term Contract:	Employer Direct Clinical Services #427-23-0
Awarded To:	1. <u>Mission Doctors Group</u> 2. <u>DL Stinson, LLC</u>
Term:	Three Years
Term Period :	January 2023 – December 2026

MISSION CISD RSQ # 427-32-0

Direct Clinical Services

December 7, 2022

Carlisle Insurance
An Acrisure Partner



General Clinical Information

	(1)	(2)
1. General Business Information	DL Stinson	Mission Doctors Group
Number of Locations	1	3
Location	Mission	Mission
Business Hours	8:00 A - 8:00 P Mon - Th 8:00 A - 7:00 P Fri 9:00 A - 1:00 P Sat	8: 00 A - 5:00 P Mon - Fri
Years Founded	12 Years	26 Years
3 Year Medical Utilization		
<i>Paid Per Member Per Month</i>	6.35	\$0.06
<i>Paid Per Service</i>	56.12	\$51.62
<i>Professional Visits</i>	8707	81
<i>Professional Services</i>	13204	127
<i>Average Services Per Visit</i>	1.52	1.57

General Questionnaire

Questions		(1) DL Stinson	(2) Mission Doctors Group
Insurance			
1	Upon award, will your firm be able to provide Professional Liability in limits of \$1,000,000 for each claim and in the aggregate?	Yes	Yes
Qualifications			
2	Please provide a full and detailed explanation of all the services being offered by your facility. Please include this information in a separate attachment.	Primary care, urgent care, wellness, radiology services	Primary care, chronic condition management, cardiology intervention, orthopedic management and surgery, obstetrics and gynecological services, pediatric medicine
3	Are you willing to agree to set a "Not to Exceed" office wait time for District insureds?	Yes	Yes
	a. If yes, what is the wait time guarantee?	60 mins for walk-in 45 mins for sick call 30 mins for appointment/mobile check-in	30 mins
5	Are you willing to guarantee same-day walk-in service for District insureds?	Yes	Yes
	a. What are the limits on slots available per day, if any?	Unlimited	6
	b. Which days of the week have limits, if any?	None	None
5	Do you offer services before and/or after regular business hours and on weekends and holidays?	Yes	No
	a. Which days, if any?	8:00 A - 8:00 P Mon - Th 8:00 A - 7:00 P Fri 9:00 A - 1:00 P Sat	will be addressed on an as needed basis
	b. List all hours of operation	8:00 A - 8:00 P Mon - Th 8:00 A - 7:00 P Fri 9:00 A - 1:00 P Sat	M - F 8:00 A - 5:00 P
6	Are you willing to provide free employee health and wellness outreach education, including sponsoring "Lunch & Learn" or similar events?	Yes	Yes
	a. If yes, is there a limit on outreach events and or sponsorships (available hours, number of events and/or sponsorship dollar limits)?	Yes	Yes
	b. Explain:	Once a month	Two per month
7	Are you willing to accept patients for treatment of work-related injuries or illnesses under the applicable State Workers Compensation Fee schedule?	Yes	Yes
8	Is your facility currently a member of the Blue Cross Blue Shield network of providers?	Yes	Yes
9	Have you ever been denied membership or cancelled by a medical provider network?	No	No
10	Will you provide HIPAA-compliant utilization reports on a monthly basis (number of patient visits per day, patient type, time in, time out, total wait time, per patient, etc.)?	Yes	Yes
11	Did you attach the qualification summary, as per the specifications, including resumes of the experience, qualifications, education, licensure and training for key professionals and including?	Yes	Yes
12	Does your facility offer advance imaging services?	Yes	Yes
	If so, please list services offered:	X-Ray	X-Ray
		CT Scan	CT Scan
		Stress Test	Ultrasound
		Ultrasound	MRI Scan
			Nuclear Medicine
13	Please list the services available for minor emergent wound care, broken bones, burns and punctures	N/A	Minor, non-emergent wound closure, fractures, spine, etc.
14	Does your facility offer services for mental health?	Yes	No
15	Has your facility ever had a HIPAA breach? If so, please provide details.	No	No
16	Does your facility provider patients with an online portal? If so, please explain.	Yes - NextGen Healthcare to schedule appointments, chat with providers and staff, consult via telemedicine, view balances/billing and request referrals	Yes - Clinical Works
17	Does your proposal include performance guarantees? If so, please explain.	No	No
18	Please describe your process to ensure billing accuracy. Please describe safe guards to eliminate incorrect billing or duplications.	Not Listed	CPT code documented by the physician in the medical record and then generated on professional fee billing form and sent through clearing house to the insurance carrier for claims adjudication
	a. If there is a mistake in the amount billed to the District, please describe your process for repaying the District and any performance discounts paid back to the District.	Not Listed	revised and sent to the insurance carrier for adjustment
19	Do you handle lab testing and bloodwork in-house? If so, please list all services provided in-house.	Yes	Yes
	a. If lab needs to be referred to an outside facility, please describe process and business relationship with facility.	Not needed	Minor point of care testing for physicians office with referral to Mission Regional Medical Center lab or lab of choice for BCBS for other extensive testing
20	Does your offer on-site services at district facilities to provide patient consultations or follow ups?	Yes	Yes
Total:		19 out of 20	20 out of 20

Clinical Staff Questionnaire

	(1)	(2)
Number of Providers	DL Stinson	Mission Doctors Group
Physician	1	4
Board Certified	No	3 Yes, 1 No
Average Years of Experience	30	18
Nurse Practitioner	0	0
Board Certified	N/A	N/A
Average Years of Experience	N/A	N/A
Physician Assistant	2	0
Board Certified	Yes	N/A
Average Years of Experience	3	N/A
Medical Assistant	5	3
Board Certified	No	0
Average Years of Experience	15	Not Answered
Wellness/Health Coordinator/Coach	1	0
Average Years of Experience	30	N/A
Office Manager	1	1
Average Years of Experience	Not Answered	Not Answered
Other Staff (If Applicable)	0	3
Average Years of Experience	n/a	Not Answered
Total Providers	3	4
Provider Average Years of Experience	16.00	Unknown - Not Answered
Total Staff	9	11

PROVIDER QUESTIONAIR CONTINUED		DL Stinson	Mission Doctors Group
1	Does your facility include a medical director?	Yes	No
2	How many nurse practitioner and physician assistance does your medical director and/or physician oversee?	2	None
3	Are background checks performed on all practitioners?	No - licensing agent provides background checks	Yes
4	Do you provide medical malpractice insurance for your providers?	Yes	Yes
5	How many patients are you providers expected to see in an hour?	4	3-4
6	a. Do you limit the maximum amount of patients seen by your providers within an hour?	No	No
7	Please describe your process for outside referrals?	Not Answered	Patient assessed and appropriate referral and authorization will be obtained in accordance with the insurers utilization review if warranted
8	Will the District be billed under your physician(s) for all office visits?	Yes	Yes
9	If a patient is seen by a nurse practitioner or physician assistance, will the District be billed under the mid-level? If not, please explain process.	Yes	Yes
10	Does your facility sponsor staff's continued education requirements? If so, please describe program.	Yes	Yes - provided to all employed physicians and required to show proof of credentialing/recredentialing

November 2021 - October 2022 Professional Services Utilization

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
CPT Description	Number of claims	Billed	Discounted	Discount Percentage	Allowed	Average Cost Per Claim	Member Share	District Share	District Share Percentage
OFFICE VISIT (PCP)	10536	\$1,900,932.84	\$1,037,407.51	55%	\$862,653.78	\$81.88	\$245,463.42	\$617,190.36	72%
OFFICE VISIT (SPC)	3470	\$681,236.78	\$353,601.79	52%	\$326,146.88	\$93.99	\$134,473.73	\$191,673.15	59%
PREV VISIT (ALL AGES)	1959	\$394,208.68	\$188,835.36	48%	\$205,373.32	\$104.84	\$2,026.60	\$203,346.72	99%
X-RAY	445	\$33,607.52	\$21,648.62	64%	\$11,958.90	\$26.87	\$2,051.66	\$9,907.24	83%
MRI	137	\$89,521.97	\$69,023.27	77%	\$20,498.70	\$149.63	\$12,202.62	\$8,296.08	40%
CT SCAN	250	\$69,648.88	\$52,383.76	75%	\$16,929.87	\$67.72	\$11,062.23	\$5,867.64	35%
VACCINE	1524	\$187,919.07	\$74,905.12	40%	\$113,013.95	\$74.16	\$130.00	\$112,883.95	100%
ULTRASOUND (NON-OB)	863	\$200,355.57	\$137,506.60	69%	\$62,779.36	\$72.75	\$5,959.27	\$56,820.09	91%
ULTRASOUND (OB)	343	\$95,144.26	\$67,597.67	71%	\$27,546.59	\$80.31	\$3,610.19	\$23,936.40	87%
TOTAL/AVERAGES	19527	\$3,652,575.57	\$2,002,909.70	61%	\$1,646,901.35	\$83.57	\$416,979.72	\$1,229,921.63	74%

*** The above table is for illustrative purposes only. Data was provided from BCBS and is subject to change with future participation and utilization. Projections were forecasted by historic utilization and are not guaranteed.*

*** Financial impact is established by Mission CISD utilization as a whole and does not take into account any specific medical facility*

Office Visit Utilization

Reduced Copay & Additional Discount Analysis at 5%

1	Service Category Group	Medical			
2	Service Category	Professional			
3	Place of Service Description	Office Visit			
4	Specialty / PCP Flag Indicator	PCP			
		Base Plan	High Ded. Plan	High Plan	All Plans
5	Primary Care Copay	\$30	\$40	\$20	
6	Deductible	\$750 / \$2,250	\$1,250 / \$2,500	\$250 / \$750	
7	Coinsurance	80%	70%	80%	
		3 Years of Claim Data			
8	Number of Subscribers	435	301	1383	2119
9	Number of members	629	385	2229	3243
10	Number of Visits with a Copay	6174	17484	5145	28803
11	Number of Services	14767	40687	11847	67301
12	Average Number of Services Per Visit	2.39	2.33	2.30	2.34
13	Total Services Billed	\$1,532,749	\$4,674,305	\$1,364,503	\$7,571,557
14	Discount (\$)	\$789,684	\$2,370,373	\$715,319	\$3,875,376
15	Discount	52%	51%	52%	52%
16	Allowed	\$742,751	\$2,304,148	\$1,087,657	\$4,134,555
17	Employee Copay Share	\$184,410	\$699,360	\$102,900	\$986,670
18	Employee Share Deductible	\$7,541	\$26,321	\$712,755	\$746,618
19	Employee Share Coins	\$263	\$1,763	\$876	\$2,901
20	Employee Out of Pocket	\$192,214	\$727,444	\$112,434	\$1,032,091
21	Average Cost of Visit	\$120.30	\$131.79	\$211.40	\$463
22	Average Share of Visit through Copay	\$29.87	\$40.00	\$20.00	\$90
23	Additional Savings with Discount +5%	\$39,484	\$118,519	\$35,766	\$193,769
24	Additional Expense Per Visit with \$15	\$91,800	\$437,100	\$25,725	\$554,625
25	Additional Expense Per Visit with \$10	\$122,670	\$524,520	\$51,450	\$698,640
26	Additional Expense Per Visit with \$5	\$153,540	\$611,940	\$77,175	\$842,655
27	Additional Expense Per Visit with \$15 Minus Savings	\$52,316	\$437,100	\$25,725	\$515,141
28	Additional Expense Per Visit with \$10 Minus Savings	\$83,186	\$524,520	\$51,450	\$659,156
29	Additional Expense Per Visit with \$5 Minus Savings	\$114,056	\$611,940	\$77,175	\$803,171
30	Total Number of Office Visits (3 Years)	79286			
31	Number of Office Visits with Copay (3 Years)	28803			
32	Average Utilization Annually	36%			
33	Number of members	629	385	2229	3242
34	Number of Visits with a Copay	741	2098	617	3456
35	Number of Services	1772	4882	1422	8076
36	Total Services Billed	\$183,930	\$576,498	\$163,740	\$924,168
37	Not Covered	\$38	-\$26	\$0	\$12
38	Covered	\$183,892	\$560,942	\$163,741	\$908,575
39	Discount	\$94,762	\$284,445	\$85,838	\$465,045
40	Discount	52%	51%	52%	52%
41	Allowed	\$89,130	\$276,498	\$130,519	\$496,147
42	Employee Copay Share	\$22,129	\$83,923	\$12,348	\$118,400
43	Employee Share Deductible	\$905	\$3,159	\$51,318	\$55,382
44	Employee Share Coins	\$32	\$211.51	\$105	\$348.16
45	Employee Total Share	\$23,066	\$87,293	\$63,772	\$174,130
46	Average Cost of Visit	\$120.30	\$131.79	\$211.40	\$463.49
47	Average Share of Visit through Copay	\$29.87	\$40.00	\$20.00	\$89.87
48	Additional Savings with Discount +5%	\$4,738.11	\$14,222.24	\$4,291.91	\$23,252
49	Additional Expense Per Visit with \$15	\$11,016	\$52,452	\$3,087	\$66,555
50	Additional Expense Per Visit with \$10	\$14,720	\$62,942	\$6,174	\$83,837
51	Additional Expense Per Visit with \$5	\$18,425	\$73,433	\$9,261	\$101,119
52	Additional Expense Per Visit with \$15 Minus Savings	\$6,277.89	\$38,229.76	-\$1,204.91	\$43,303
53	Additional Expense Per Visit with \$10 Minus Savings	\$9,982.29	\$48,720.16	\$1,882.09	\$60,585
54	Additional Expense Per Visit with \$5 Minus Savings	\$13,686.69	\$59,210.56	\$4,969.09	\$77,866

Office Visit Utilization

Reduced Copay & Additional Discount Analysis at 7%

1	Service Category Group	Medical			
2	Service Category	Professional			
3	Place of Service Description	Office Visit			
4	Specialty / PCP Flag Indicator	PCP			
		Base Plan	High Ded. Plan	High Plan	All Plans
5	Primary Care Copay	\$30	\$40	\$20	
6	Deductible	\$750 / \$2,250	\$1,250 / \$2,500	\$250 / \$750	
7	Coinsurance	80%	70%	80%	
		3 Years of Claim Data			
8	Number of Subscribers	435	301	1383	2119
9	Number of members	629	385	2229	3243
10	Number of Visits with a Copay	6174	17484	5145	28803
11	Number of Services	14767	40687	11847	67301
12	Average Number of Services Per Visit	2.39	2.33	2.30	2.34
13	Total Services Billed	\$1,532,749	\$4,674,305	\$1,364,503	\$7,571,557
14	Discount (\$)	\$789,684	\$2,370,373	\$715,319	\$3,875,376
15	Discount	52%	51%	52%	52%
16	Allowed	\$742,751	\$2,304,148	\$1,087,657	\$4,134,555
17	Employee Copay Share	\$184,410	\$699,360	\$102,900	\$986,670
18	Employee Share Deductible	\$7,541	\$26,321	\$712,755	\$746,618
19	Employee Share Coins	\$263	\$1,763	\$876	\$2,901
20	Employee Out of Pocket	\$192,214	\$727,444	\$112,434	\$1,032,091
21	Average Cost of Visit	\$120.30	\$131.79	\$211.40	\$463
22	Average Share of Visit through Copay	\$29.87	\$40.00	\$20.00	\$90
23	Additional Savings with Discount +7%	\$55,278	\$165,926	\$50,072	\$271,276
24	Additional Expense Per Visit with \$15	\$91,800	\$437,100	\$25,725	\$554,625
25	Additional Expense Per Visit with \$10	\$122,670	\$524,520	\$51,450	\$698,640
26	Additional Expense Per Visit with \$5	\$153,540	\$611,940	\$77,175	\$842,655
27	Additional Expense Per Visit with \$15 Minus Savings	\$36,522	\$437,100	\$25,725	\$499,347
28	Additional Expense Per Visit with \$10 Minus Savings	\$67,392	\$524,520	\$51,450	\$643,362
29	Additional Expense Per Visit with \$5 Minus Savings	\$98,262	\$611,940	\$77,175	\$787,377
30	Total Number of Office Visits (3 Years)	79286			
31	Number of Office Visits with Copay (3 Years)	28803			
32	Average Utilization Annually	36%			
33	Number of members	629	385	2229	3242
34	Number of Visits with a Copay	741	2098	617	3456
35	Number of Services	1772	4882	1422	8076
36	Total Services Billed	\$183,930	\$576,498	\$163,740	\$924,168
37	Not Covered	\$38	-\$26	\$0	\$12
38	Covered	\$183,892	\$560,942	\$163,741	\$908,575
39	Discount	\$94,762	\$284,445	\$85,838	\$465,045
40	Discount	52%	51%	52%	52%
41	Allowed	\$89,130	\$276,498	\$130,519	\$496,147
42	Employee Copay Share	\$22,129	\$83,923	\$12,348	\$118,400
43	Employee Share Deductible	\$905	\$3,159	\$51,318	\$55,382
44	Employee Share Coins	\$32	\$211.51	\$105	\$348.16
45	Employee Total Share	\$23,066	\$87,293	\$63,772	\$174,130
46	Average Cost of Visit	\$120.30	\$131.79	\$211.40	\$463.49
47	Average Share of Visit through Copay	\$29.87	\$40.00	\$20.00	\$89.87
48	Additional Savings with Discount +7%	\$6,633.35	\$19,911.13	\$6,008.68	\$32,553
49	Additional Expense Per Visit with \$15	\$11,016	\$52,452	\$3,087	\$66,555
50	Additional Expense Per Visit with \$10	\$14,720	\$62,942	\$6,174	\$83,837
51	Additional Expense Per Visit with \$5	\$18,425	\$73,433	\$9,261	\$101,119
52	Additional Expense Per Visit with \$15 Minus Savings	\$4,382.65	\$32,540.87	-\$2,921.68	\$34,002
53	Additional Expense Per Visit with \$10 Minus Savings	\$8,087.05	\$43,031.27	\$165.32	\$51,284
54	Additional Expense Per Visit with \$5 Minus Savings	\$11,791.45	\$53,521.67	\$3,252.32	\$68,565

Office Visit Utilization

Reduced Copay & Additional Discount Analysis at 9%

1	Service Category Group	Medical			
2	Service Category	Professional			
3	Place of Service Description	Office Visit			
4	Specialty / PCP Flag Indicator	PCP			
		Base Plan	High Ded. Plan	High Plan	All Plans
5	Primary Care Copay	\$30	\$40	\$20	
6	Deductible	\$750 / \$2,250	\$1,250 / \$2,500	\$250 / \$750	
7	Coinsurance	80%	70%	80%	
		3 Years of Claim Data			
8	Number of Subscribers	435	301	1383	2119
9	Number of members	629	385	2229	3243
10	Number of Visits with a Copay	6174	17484	5145	28803
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14	Discount (\$)	\$789,684	\$2,370,373	\$715,319	\$3,875,376
15	Discount	52%	51%	52%	52%
16	Allowed	\$742,751	\$2,304,148	\$1,087,657	\$4,134,555
17	Employee Copay Share	\$184,410	\$699,360	\$102,900	\$986,670
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20	Employee Out of Pocket	\$192,214	\$727,444	\$112,434	\$1,032,091
21	Average Cost of Visit	\$120.30	\$131.79	\$211.40	\$463
22	Average Share of Visit through Copay	\$29.87	\$40.00	\$20.00	\$90
23	Additional Savings with Discount +9%	\$71,072	\$213,334	\$64,379	\$348,784
24	Additional Expense Per Visit with \$15	\$91,800	\$437,100	\$25,725	\$554,625
25	Additional Expense Per Visit with \$10	\$122,670	\$524,520	\$51,450	\$698,640
26	Additional Expense Per Visit with \$5	\$153,540	\$611,940	\$77,175	\$842,655
27	Additional Expense Per Visit with \$15 Minus Savings	\$20,728	\$437,100	\$25,725	\$483,553
28	Additional Expense Per Visit with \$10 Minus Savings	\$51,598	\$524,520	\$51,450	\$627,568
29	Additional Expense Per Visit with \$5 Minus Savings	\$82,468	\$611,940	\$77,175	\$771,583
30	Total Number of Office Visits (3 Years)	79286			
31	Number of Office Visits with Copay (3 Years)	28803			
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40	Discount	52%	51%	52%	52%
41	Allowed	\$89,130	\$276,498	\$130,519	\$496,147
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43	Employee Share Deductible	\$905	\$3,159	\$51,318	\$55,382
44	Employee Share Coins	\$32	\$211.51	\$105	\$348.16
45	Employee Total Share	\$23,066	\$87,293	\$63,772	\$174,130
46	Average Cost of Visit	\$120.30	\$131.79	\$211.40	\$463.49
47	Average Share of Visit through Copay	\$29.87	\$40.00	\$20.00	\$89.87
48	Additional Savings with Discount +9%	\$8,528.59	\$25,600.03	\$7,725.44	\$41,854
49	Additional Expense Per Visit with \$15	\$11,016	\$52,452	\$3,087	\$66,555
50	Additional Expense Per Visit with \$10	\$14,720	\$62,942	\$6,174	\$83,837
51	Additional Expense Per Visit with \$5	\$18,425	\$73,433	\$9,261	\$101,119
52	Additional Expense Per Visit with \$15 Minus Savings	\$2,487.41	\$26,851.97	-\$4,638.44	\$24,701
53	Additional Expense Per Visit with \$10 Minus Savings	\$6,191.81	\$37,342.37	-\$1,551.44	\$41,983
54	Additional Expense Per Visit with \$5 Minus Savings	\$9,896.21	\$47,832.77	\$1,535.56	\$59,265