

EXHIBIT 1

RFP 6198 Evaluation Sheet for Employee Health Clinic Operations & Management Services

Respondent's Business Name					CareHere, LLC- BAFO		CareHere, LLC		Concentra -BAFO		Concentra		Cerner Corporation		Marathon Health Inc,		We Care, TLC		Denton Community Health Clinic		Vera Whole Health	
Principal Place of Business (City and State)					Brentwood, TN		Brentwood, TN		Addison, TX		Addison, TX		Kansas City, MO		Winooski, Vermont		Lake Mary, FL		Denton, Texas		Seattle, WA	
ITEM	Quantity	Time Period	UOM	Type of Service Requested	Cost of Service	Total Cost of Service	Cost of Service	Total Cost of Service	Cost of Service	Total Cost of Service	Cost of Service	Total Cost of Service	Cost of Service	Total Cost of Service	Cost of Service	Total Cost of Service	Cost of Service	Total Cost of Service	Cost of Service	Total Cost of Service	Cost of Service	Total Cost of Service
Implementation (One Time Costs)																						
1	1	1	EA	Implementation Fees	\$ -	\$ -	\$ -		\$ 40,500.00	\$ 40,500.00	\$ 40,500.00	\$ 40,500.00	\$ 79,800.00	\$ 79,800.00	\$ 111,972.00	\$ 111,972.00	\$ 5,250.00	\$ 5,250.00	\$ 20,000.00	\$ 20,000.00	\$ 346,450.00	\$ 346,450.00
2	1	1	EA	Transition Costs/Fees	\$ -	\$ -	\$ -		\$ 23,000.00	\$ 23,000.00	\$ -		\$ -		Included in implementation cost above		\$ -	\$ -	\$ 50,000.00	\$ 50,000.00		\$ -
3	1	1	EA	Data Transfer Costs/Fees	\$ -	\$ -	\$ -		\$ 7,000.00	\$ 7,000.00	\$ -		\$ -		Included in implementation cost above		\$ -	\$ -	\$ 10,000.00	\$ 10,000.00	\$ 31,000.00	\$ 31,000.00
Monthly Cost																						
4	1500	12	PEPM	Overall Per Employee Per Month (PEPM) Clinic Administrative Cost/Fees (YR 1)	\$ 20.00	\$ 360,000.00	\$ 20.00	\$ 360,000.00	\$ 12.82	\$ 230,760.00	\$ 10.03	\$ 180,540.00	\$ 21.39	\$ 385,020.00	\$ 22.71	\$ 408,780.00	\$ 20.00	\$ 360,000.00	\$ 21.00	\$ 378,000.00	\$ 29.00	\$ 522,000.00
	1500	12	PEPM	Overall Per Employee Per Month (PEPM) Clinic Administrative Cost/Fees (YR 2)	\$ 20.00	\$ 360,000.00	\$ 20.00	\$ 360,000.00	\$ 13.46	\$ 242,298.00	\$ 10.53	\$ 189,567.00	\$ 15.23	\$ 274,176.00	\$ 22.71	\$ 408,780.00	\$ 20.00	\$ 360,000.00	\$ 21.00	\$ 378,000.00	\$ 29.58	\$ 532,440.00
	1500	12	PEPM	Overall Per Employee Per Month (PEPM) Clinic Administrative Cost/Fees (YR 3)	\$ 20.00	\$ 360,000.00	\$ 20.00	\$ 360,000.00	\$ 14.13	\$ 254,412.90	\$ 11.06	\$ 199,045.35	\$ 15.73	\$ 283,140.00	\$ 22.71	\$ 408,780.00	\$ 20.00	\$ 360,000.00	\$ 21.00	\$ 378,000.00	\$ 30.17	\$ 543,060.00
	1500	12	PEPM	Overall Per Employee Per Month (PEPM) Clinic Administrative Cost/Fees (YR 4)	\$ 20.00	\$ 360,000.00	\$ 20.00	\$ 360,000.00	\$ 14.84	\$ 267,133.55	\$ 11.61	\$ 208,997.62	\$ 15.44	\$ 277,920.00	\$ 22.71	\$ 408,780.00	\$ 21.00	\$ 378,000.00	\$ 21.00	\$ 378,000.00	\$ 30.78	\$ 554,040.00
	1500	12	PEPM	Overall Per Employee Per Month (PEPM) Clinic Administrative Cost/Fees (YR 5)	\$ 20.00	\$ 360,000.00	\$ 20.00	\$ 360,000.00	\$ 15.58	\$ 280,490.22	\$ 12.19	\$ 219,447.50	\$ 15.97	\$ 287,460.00	\$ 22.71	\$ 408,780.00	\$ 22.05	\$ 396,900.00	\$ 21.00	\$ 378,000.00	\$ 31.39	\$ 565,020.00
5	1500	12	PEPM	Disease Management Administration Costs (if not included in above PEPM fee)	\$ -	\$ -	\$ -		\$ -		\$ -		\$ -		Included in fixed fee	Included in fixed fee	\$ -	\$ -	\$0	\$ -		\$ -
6	1500	12	PEPM	Wellness Program (if not included in above PEPM fee)	\$ -	\$ -	\$ -		\$ -		\$ -		\$ -		Included in fixed fee	Included in fixed fee	\$ -	\$ -	\$3	\$ 54,000.00		\$ -
7	900	12	EA	Supplement #1 - HRA Biometric Costs (if not included in above PEPM fee - Question L12.))	\$ -	\$ -	\$ -		23.18	\$ 104,310.00	\$ -		\$ -	89.75	\$ 403,875.00	\$ 50.00	\$ 45,000.00	\$ 25.50	\$ 114,750.00	included with HRA and PEPM	\$ 35.22	\$ 31,698.00
8	5	12	MO	Malpractice Insurance (question L.9)	\$ 438.75	\$ 26,325.00	\$ 438.75	\$ 26,325.00	included	\$ -	included	\$ -	included		Included in fixed fee	Included in fixed fee	included		\$ 20,000.00	\$ 100,000.00	included	
Total Five Year Cost						\$1,826,325.00		\$1,826,325.00		\$1,449,904.67		\$1,038,097.47		\$1,991,391.00		\$2,200,872.00		\$1,974,900.00		\$2,124,000.00		\$3,125,708.00

Staffing Hourly Rates (ranges)																			
ITEM			UOM	Type of Service Requested	Cost of Service		Cost of Service	Cost of Service	Cost of Service	Cost of Service	Cost of Service	Cost of Service	Cost of Service	Cost of Service	Cost of Service	Cost of Service	Cost of Service	Cost of Service	Cost of Service
9			HR	Physician (MD or DO)	\$116.22		\$116.22	\$ 133.33	\$ 133.33	\$ 133.33	included	\$ 205,000.00	Does not include benefit load of 25%	\$ 135.54	190,000 to 220,000	\$ 142,775.00	personnel costs, including CMEs, incentive pay, taxes, benefits, insurance, etc.		
10			HR	Nurse Practioner (NP)	\$88.40		\$88.40	\$ 117.89	\$ 117.89	\$ 117.89	included	\$ 110,000.00	Does not include benefit load of 25%	\$ 65.39	90,000 - 110,000	\$ 233,775.00			
11			HR	Physician's Assistant (PA)	NA		NA	\$ 117.89	\$ 117.89	\$ 117.89	included	\$ 110,000.00	Does not include benefit load of 25%		\$ -	N/A			
12			HR	Nurse (LVN)	NA		NA				included	\$ 70,000.00	Does not include benefit load of 25%		\$ -	N/A			
13			HR	Nurse (RN)	NA		NA				included	\$ 70,000.00	Does not include benefit load of 25%	\$ 51.00	70,000 to 80,000	\$ 71,800.00			
14			HR	Medical Assistant (MA)	\$20.80		\$20.80	\$ 23.88	\$ 23.88	\$ 23.88	included	\$ 36,000.00	Does not include benefit load of 25%	\$ 25.00	31,200 to 35,360	\$ 215,400.00			
15			HR	Office Administration	NA		NA				included	\$ 35,000.00	Does not include benefit load of 25%	\$ -	\$0				

Services Proposal Pricing: Services (If not included within PEPM pricing)																								
ITEM			UOM	Type of Service Requested	Cost of Service	Total Cost of Service	Cost of Service	Total Cost of Service	Cost of Service	Total Cost of Service	Cost of Service	Total Cost of Service	Cost of Service	Total Cost of Service	Cost of Service	Total Cost of Service	Cost of Service	Total Cost of Service	Cost of Service	Total Cost of Service	Cost of Service	Total Cost of Service		
16	1088	5	EA	Cholesterol Test (Lipid Panel--HDL/LDL, Total Cholesterol, Triglycerides)	\$ 5.10	\$ 27,744.00	\$ 5.10	\$ 27,744.00	\$6.00	\$ 32,640.00	\$6.00	\$ 32,640.00	\$ 2.75	\$ 14,960.00	\$ 5.00	\$ 27,200.00	\$ 2.00	\$ 10,880.00	\$ 6.35	\$ 34,544.00	\$ 5.85	\$ 31,824.00		
17	1088	5	EA	Blood Sugar Test (Fasting and Non-Fasting)	\$ 2.80	\$ 15,232.00	\$ 2.80	\$ 15,232.00	\$ 2.56	\$ 13,926.40	\$ 2.56	\$ 13,926.40	\$ 3.50	\$ 19,040.00	\$ 4.25	\$ 23,120.00	\$ 2.00	\$ 10,880.00	\$ 2.36	\$ 12,838.40	\$ 0.40	\$ 2,176.00		
18	1048	5	EA	A1C Test	\$ 4.00	\$ 20,960.00	\$ 4.00	\$ 20,960.00	\$ 4.65	\$ 24,366.00	\$ 4.65	\$ 24,366.00	\$ 6.00	\$ 31,440.00	\$ 6.00	\$ 31,440.00	\$ 4.00	\$ 20,960.00	\$ 6.50	\$ 34,060.00	\$ 9.59	\$ 50,251.60		
19	180	5	EA	Strep Test (Rapid and Regular)	\$ 1.33	\$ 1,197.00	\$ 1.33	\$ 1,197.00	\$ 7.32	\$ 6,588.00	\$ 7.32	\$ 6,588.00	\$ 15.08	\$ 13,572.00	\$ 7.50	\$ 6,750.00	\$ 11.75	\$ 10,575.00	\$ 3.87	\$ 3,483.00	\$ 7.81	\$ 7,029.00		
20	39	5	EA	Flu Test	\$ 13.56	\$ 2,644.20	\$ 13.56	\$ 2,644.20	\$ 12.00	\$ 2,340.00	\$ 12.00	\$ 2,340.00	\$ 225.00	\$ 43,875.00	\$ 14.00	\$ 2,730.00	\$ 12.00	\$ 2,340.00	\$ 12.66	\$ 2,468.70	\$ 17.00	\$ 3,315.00		
21	540	5	EA	Flu Shot	\$ 11.50	\$ 31,050.00	\$ 11.50	\$ 31,050.00	\$ 17.80	\$ 48,060.00	\$ 17.80	\$ 48,060.00	\$ 27.50	\$ 74,250.00	\$ 26.00	\$ 70,200.00	\$ 10.50	\$ 28,350.00	\$ 16.62	\$ 44,874.00	\$ 22.00	\$ 59,400.00		
22	37	5	EA	Tetanus Shot	\$ 30.65	\$ 5,670.25	\$ 30.65	\$ 5,670.25	\$ 24.00	\$ 4,440.00	\$ 24.00	\$ 4,440.00	\$ 96.00	\$ 17,760.00	\$ 35.00	\$ 6,475.00	\$ 23.55	\$ 4,356.75	\$ 30.77	\$ 5,692.45	\$ 43.33	\$ 8,016.05		
23		5	EA	Hepatitis A Vaccinations	\$ 45.40	0	\$ 45.40	\$ -	\$ 55.00	0	\$ 55.00	\$ -	\$ 105.00	0	\$ 72.00	0	\$ 14.30	0	\$ 65.61	0	\$ 77.11	0		
		5	EA	Hepatitis B Vaccinations	\$ 25.10	0	\$ 25.10	\$ -	\$ 31.00	0	\$ 31.00	\$ -	0	0		0		0		0		0		
24		5	EA	Pregnancy Test (Blood)	\$ 10.00	0	\$ 10.00	\$ -	\$ 39.00	0	\$ 39.00	\$ -	\$ 6.50	0	\$ 10.00	0	\$ 9.00	0	\$ 11.25	0	\$ 1.11	0		
25			EA	Lab Draw Fees	Included		Included		no additional fees		no additional fees	\$ 8.00		\$ 10.00		\$ -		\$ -		N/A				
26			EA	Lab Processing Fees	Included		Included		no additional fees		no additional fees				\$ -		\$ -		\$ -		\$ -		N/A	
27			EA	EKG	Included		Included		The only additional expense is the cost of the machine itself (Approximately \$10,000)		The only additional expense is the cost of the machine itself (Approximately \$10,000)			N/A		Not included in Y1	\$ -		\$ -		\$ -		N/A	
						\$ 104,497.45		\$ 104,497.45		\$ 132,360.40		\$ 132,360.40		\$ 214,897.00		\$ 167,915.00		\$ 88,341.75		\$ 137,960.55		\$ 162,011.65		
				PEPM FEE + LAB COSTS		\$1,930,822.45		\$1,930,822.45		\$1,582,265.07		\$1,170,457.87		\$2,206,288.00		\$2,368,787.00		\$2,063,241.75		\$2,261,960.55		\$3,287,719.65		

