

**Southeast Wisconsin Medicaid Managed Care Organizations RFP  
1684 DHCAA-SM**

**Appendix B**

**Cost Proposal**

**Instructions:** Proposers are to fully complete this worksheet according with the criteria listed below. The Cost Proposal must be submitted in accordance with the requirements stated in Section 3.3 of the RFP.

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Proposer Name: \_\_\_\_\_

Anticipated Contract Effective Date: June 1, 2010

Anticipated Date Service Delivery Begins: August 1, 2010

Pursuant to the specifications in Section 8 of the RFP, Proposers must submit a Cost Proposal for the administrative costs associated with administering the BadgerCare Plus Standard and Benchmark Plans in accordance with the terms of the BadgerCare Plus contract (Appendix A to the RFP). The administrative cost will represent the funding necessary for the HMO to cover the non-medical costs required of the BadgerCare Plus contract.

In the box below, Proposers must submit a single amount expressed as a per member per month (PMPM) cost carried out to the second decimal point.

<b>Proposer's Administrative PMPM cost: \$_____ . _____</b>
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Name, Title, and Signature of person attesting to the authenticity of this Cost Proposal:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_