

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

Appendix F

Maximum Enrollment Level

Instructions: Proposers must fully complete this worksheet according to the criteria listed below and submit as part of the Technical Requirements response.

Proposer Name: _____

Anticipated Contract Effective Date: June 1, 2010

Anticipated Date Service Delivery Begins: August 1, 2010

As prescribed in Section 5 of this RFP, Proposers must indicate a maximum enrollment level for the entire RFP region. The maximum enrollment level must be no less than 25,000 members. The HMO must have the capacity to provide services to the maximum enrollment level indicated in the box below in accordance with the Badger Care Plus contract (Appendix A to this RFP).

If the HMO is awarded a contract, the HMO's chosen maximum enrollment level will be fixed for approximately the first eighteen (18) months of the contract. After then, the maximum enrollment level may be increased or decreased to a level that is mutually agreed upon between the Department and the HMO.

Failure to complete and return this document will result in exclusion from additional consideration in this RFP process.

Please indicate in the box below whether the HMO chooses to enroll an unlimited number of members or to designate a maximum enrollment level.

<input type="checkbox"/> Unlimited number of members. <input type="checkbox"/> Maximum enrollment level of _____ members.
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Name, Title, and Signature of person attesting to the authenticity of this information:

Name: _____

Title: _____

Signature: _____