

Official Abstract

RFP 1684 DHCAA-SM Southeast Wisconsin Medicaid Managed Care Organizations

Total Points Available to Each Proposal = 5,250 (2,500 Technical + 250 Bonus + 2,500 Cost)

Proposal Scores: Technical & Bonus Only (2,750 Points Available)					
PROPOSERS:	Compcare Health Services Insurance Corporation dba CommunityConnect Health Plan	UnitedHealthcare	Abri Health Plan, Inc.	Children's Community Health Plan	Managed Health Services Insurance Corp.
Points Earned: Technical & Bonus Only	1,993.540	1,971.555	1,924.880	1,736.580	1,591.120

Proposal Scores: Combined Technical & Bonus + Cost (5,250 Overall TOTAL Points Available)					
PROPOSERS:	UnitedHealthcare	Abri Health Plan, Inc.	Children's Community Health Plan	Compcare Health Services Insurance Corporation dba CommunityConnect Health Plan	Managed Health Services Insurance Corp.
Points Earned: Technical & Bonus Only	1,971.555	1,924.880	1,736.580	1,993.540	1,591.120
Points Earned: Cost Only*	2,500.000	2,271.265	2,269.643	1,815.714	2,174.880
Overall TOTAL Score	4,471.555	4,196.145	4,006.223	3,809.254	3,766.000

*Cost Points Calculation		
Proposer	Cost Proposed	Points Earned
UnitedHealthcare	\$12.71	2,500.000
Abri Health Plan, Inc.	\$13.99	2,271.265
Children's Community Health Plan	\$14.00	2,269.643
Managed Health Services Insurance Corp.	\$14.61	2,174.880
Compcare Health Services Insurance Corporation dba CommunityConnect Health Plan	\$17.50	1,815.714

Cost Scores are calculated by awarding 100% of the points (2,500) to the lowest cost proposed (\$12.71). Other Cost Proposals are scored by dividing the lowest cost proposed by each remaining cost proposed and multiplying the result by the 2,500 cost points available.

Copies of the five (5) Cost Proposals are part of this file.

12-Apr-2010

**Southeast Wisconsin Medicaid Managed Care Organizations RFP
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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.

Proposer Name: **UnitedHealthcare of Wisconsin, Inc.**

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.

Proposer's Administrative PMPM cost: \$ 12.71

Name, Title, and Signature of person attesting to the authenticity of this Cost Proposal:

Name: **Jeffrey J. Nohl**

Title: **President & CEO**

Signature: _____



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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.

Proposer Name: Abri Health Plan, Inc.

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.

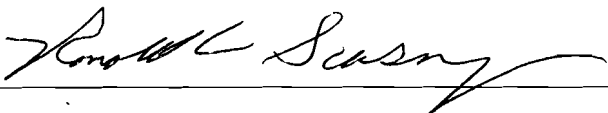
In the box below, Proposers must submit a single amount expressed as a per member per month (PMPM) cost carried out to the second decimal point.

Proposer's Administrative PMPM cost: \$ 13 . 99

Name, Title, and Signature of person attesting to the authenticity of this Cost Proposal:

Name: Ronald L. Scasny

Title: President

Signature: 

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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.

Proposer Name: Children's Community Health Plan

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.

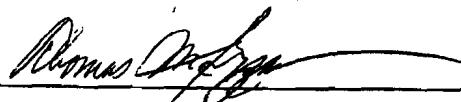
In the box below, Proposers must submit a single amount expressed as a per member per month (PMPM) cost carried out to the second decimal point.

Proposer's Administrative PMPM cost: \$ <u>14.00</u>

Name, Title, and Signature of person attesting to the authenticity of this Cost Proposal:

Name: Thomas M. Gazzana

Title: President

Signature: 

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**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.

Proposer Name: Managed Health Services Insurance Corp.

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.

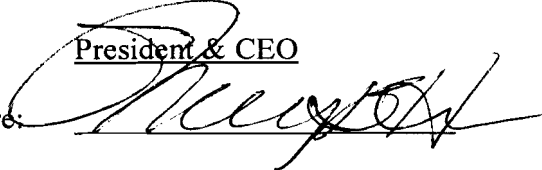
In the box below, Proposers must submit a single amount expressed as a per member per month (PMPM) cost carried out to the second decimal point.

Proposer's Administrative PMPM cost: \$14.61.

Name, Title, and Signature of person attesting to the authenticity of this Cost Proposal:

Name: Sherry B. Husa

Title: President & CEO

Signature: 

**Southeast Wisconsin Medicaid Managed Care Organizations RFP
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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.

Proposer Name: Compcare Health Services Insurance Corporation
dba CommunityConnect

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.

Proposer's Administrative PMPM cost: \$ 17 . 50

Name, Title, and Signature of person attesting to the authenticity of this Cost Proposal:

Name: Kevin R. Hayden

Title: President, State Sponsored Business

Signature: 

RFP 1684 DHCAA-SM

Southeast Wisconsin Medicaid Managed Care Organizations

PROPOSER: *Abri Health Plan, Inc.*

RFP SECTION	Evaluator 1	Evaluator 2	Evaluator 3	Evaluator 4	Evaluator 5	Totals
6.1 : 1A	6.75	7.2	6.3	7.2	2.7	30.15
6.1 : 2A	24.3	21.6	18.9	21.6	16.2	102.6
6.1 : 3A	4.8	4.8	4.8	5.4	4.2	24
6.1 : 4A HEDIS	24.9	24.9	24.9	24.9	24.9	124.5
6.1 : 5A	12.75	10.5	10.5	9	9	51.75
6.1 : 6A	16.8	16.8	14.4	19.2	16.8	84
6.1 : 7A	12	10.5	9	12	9	52.5
6.1 : 8A	19.2	19.2	14.4	19.2	14.4	86.4
6.1 : 9A	20.4	19.2	14.4	21.6	16.8	92.4
6.1 : 10A	19.2	14.4	14.4	19.2	14.4	81.6
6.1 : 11A	16.8	19.2	16.8	21.6	16.8	91.2
6.1 : 12A	19.2	19.2	14.4	19.2	16.8	88.8
6.1 : 13A	20.4	19.2	12	20.4	14.4	86.4
6.1 : 14A	9.6	7.2	7.2	10.2	7.2	41.4
6.2 : 1B	23.04	20.16	17.28	23.04	17.28	100.8
6.2 : 2B	36.72	34.56	30.24	34.56	30.24	166.32
6.2 : 3B	13.6	12.8	8	13.6	9.6	57.6
6.2 : 4B	17	16	12	17	14	76
6.2 : 5B	16	12	14	16	14	72
6.2 : 6B	12.8	12.8	9.6	13.6	11.2	60
6.2 : 7B	12.8	12.8	9.6	12	11.2	58.4
6.3 : 1C	10.2	6	4.8	7.2	6	34.2
6.3 : 2C	23.8	22.4	19.6	22.4	16.8	105
Total Technical	393.06	363.42	307.52	390.1	313.92	1768.02
7.3 : 1A	4.6	2.76	1.84	3.68	2.76	15.64
7.3 : 2A	3.68	2.76	1.84	3.68	2.76	14.72
7.3 : 3A	4.6	2.76	1.84	3.68	2.76	15.64
7.3 : 4A	1.84	1.38	1.38	1.38	1.38	7.36
7.3 : 5A	1.84	2.3	1.38	1.84	1.38	8.74
7.3 : 6A	1.84	1.38	3.22	3.68	3.22	13.34
7.3 : 7A	1.725	1.725	3.45	4.025	2.875	13.8
7.3 : 8A	2.3	2.3	2.875	4.025	2.875	14.375
7.3 : 9A	2.3	2.3	2.875	4.025	2.875	14.375
7.3 : 1B	3.91	2.76	2.76	3.22	3.22	15.87
7.3 : 2B	4.6	4.6	4.6	4.6	4.6	23
Total IDS Bonus	33.235	27.025	28.06	37.835	30.705	156.86
Total Combined Technical & Bonus	426.295	390.445	335.58	427.935	344.625	1924.88
Cost Score						2271.265
Final Overall Score						4196.145

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PROPOSER: *Children's Community Health Plan*

RFP SECTION	Evaluator 1	Evaluator 2	Evaluator 3	Evaluator 4	Evaluator 5	Totals
6.1 : 1A	8.1	5.4	7.2	6.75	6.3	33.75
6.1 : 2A	21.6	16.2	16.2	21.6	18.9	94.5
6.1 : 3A	5.4	3.6	4.2	4.2	3.6	21
6.1 : 4A HEDIS	12	12	12	12	12	60
6.1 : 5A	13.5	7.5	9	9	6	45
6.1 : 6A	18	14.4	14.4	14.4	19.2	80.4
6.1 : 7A	12.75	7.5	9	12	12	53.25
6.1 : 8A	16.8	14.4	16.8	16.8	19.2	84
6.1 : 9A	21.6	14.4	14.4	19.2	16.8	86.4
6.1 : 10A	19.2	14.4	12	14.4	14.4	74.4
6.1 : 11A	16.8	14.4	9.6	16.8	14.4	72
6.1 : 12A	19.2	14.4	14.4	15.6	16.8	80.4
6.1 : 13A	14.4	14.4	12	16.8	16.8	74.4
6.1 : 14A	9.6	7.2	7.2	8.4	9.6	42
6.2 : 1B	24.48	17.28	17.28	20.16	20.16	99.36
6.2 : 2B	34.56	25.92	38.88	30.24	30.24	159.84
6.2 : 3B	11.2	9.6	11.2	11.2	11.2	54.4
6.2 : 4B	18	14	10	14	14	70
6.2 : 5B	17	14	14	14	14	73
6.2 : 6B	12.8	9.6	9.6	9.6	8	49.6
6.2 : 7B	13.6	11.2	9.6	10.4	12.8	57.6
6.3 : 1C	7.2	6	4.8	8.4	8.4	34.8
6.3 : 2C	23.8	16.8	14	22.4	22.4	99.4
Total Technical	371.59	284.6	287.76	328.35	327.2	1599.5
7.3 : 1A	2.76	2.76	3.68	4.6	3.68	17.48
7.3 : 2A	2.76	2.76	3.68	4.6	3.68	17.48
7.3 : 3A	2.76	1.84	3.68	4.6	3.68	16.56
7.3 : 4A	3.68	1.38	1.38	1.38	1.38	9.2
7.3 : 5A	3.68	1.84	1.38	4.14	2.76	13.8
7.3 : 6A	4.14	1.84	1.38	3.22	3.22	13.8
7.3 : 7A	3.45	1.725	1.725	1.725	1.725	10.35
7.3 : 8A	3.45	1.725	1.725	1.725	2.875	11.5
7.3 : 9A	3.45	1.725	1.725	1.725	4.025	12.65
7.3 : 1B	3.68	2.76	1.38	3.22	3.22	14.26
7.3 : 2B	0	0	0	0	0	0
Total IDS Bonus	33.81	20.355	21.735	30.935	30.245	137.08
Total Combined Technical & Bonus	405.4	304.955	309.495	359.285	357.445	1736.58
Cost Score						2269.643
Final Overall Score						4006.223

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Southeast Wisconsin Medicaid Managed Care Organizations

PROPOSER: *Compcare Health Services Insurance Corporation dba CommunityConnect Health Plan*

RFP SECTION	Evaluator 1	Evaluator 2	Evaluator 3	Evaluator 4	Evaluator 5	Totals
6.1 : 1A	6.3	7.2	7.2	7.2	7.2	35.1
6.1 : 2A	24.3	21.6	21.6	24.3	21.6	113.4
6.1 : 3A	4.8	4.8	4.8	5.4	4.8	24.6
6.1 : 4A HEDIS	30.9	30.9	30.9	30.9	30.9	154.5
6.1 : 5A	6	7.5	6	9	7.5	36
6.1 : 6A	16.8	16.8	9.6	19.2	16.8	79.2
6.1 : 7A	12	12	7.5	12	10.5	54
6.1 : 8A	19.2	19.2	12	20.4	16.8	87.6
6.1 : 9A	19.2	16.8	16.8	16.8	12	81.6
6.1 : 10A	19.2	14.4	12	16.8	16.8	79.2
6.1 : 11A	21.6	19.2	14.4	19.2	14.4	88.8
6.1 : 12A	21.6	16.8	14.4	18	16.8	87.6
6.1 : 13A	21.6	16.8	14.4	19.2	19.2	91.2
6.1 : 14A	10.8	7.2	7.2	9.6	9.6	44.4
6.2 : 1B	28.8	23.04	23.04	25.92	23.04	123.84
6.2 : 2B	34.56	34.56	30.24	34.56	34.56	168.48
6.2 : 3B	14.4	12.8	9.6	12.8	11.2	60.8
6.2 : 4B	18	18	14	16	14	80
6.2 : 5B	16	14	14	16	16	76
6.2 : 6B	12.8	9.6	9.6	10.4	8	50.4
6.2 : 7B	14.4	12.8	9.6	12.8	11.2	60.8
6.3 : 1C	10.8	8.4	6	9.6	9.6	44.4
6.3 : 2C	25.2	22.4	19.6	22.4	22.4	112
Total Technical	409.26	366.8	314.48	388.48	354.9	1833.92
7.3 : 1A	3.68	2.76	1.84	2.76	2.76	13.8
7.3 : 2A	2.76	2.76	1.84	2.76	2.76	12.88
7.3 : 3A	3.68	2.76	1.84	2.76	2.76	13.8
7.3 : 4A	4.14	1.38	0.92	1.38	1.38	9.2
7.3 : 5A	4.14	3.68	0.92	3.22	1.38	13.34
7.3 : 6A	4.14	3.68	0.92	1.38	1.38	11.5
7.3 : 7A	3.45	2.3	1.15	4.025	4.025	14.95
7.3 : 8A	4.025	2.3	1.15	4.025	4.025	15.525
7.3 : 9A	4.025	2.3	1.15	4.025	4.025	15.525
7.3 : 1B	4.14	2.76	1.38	4.14	3.68	16.1
7.3 : 2B	4.6	4.6	4.6	4.6	4.6	23
Total IDS Bonus	42.78	31.28	17.71	35.075	32.775	159.62
Total Combined Technical & Bonus	452.04	398.08	332.19	423.555	387.675	1993.54
Cost Score						1815.714
Final Overall Score						3809.254

RFP 1684 DHCAA-SM

Southeast Wisconsin Medicaid Managed Care Organizations

PROPOSER: *Managed Health Services Insurance Corp.*

RFP SECTION	Evaluator 1	Evaluator 2	Evaluator 3	Evaluator 4	Evaluator 5	Totals
6.1 : 1A	7.65	6.3	7.2	8.1	8.1	37.35
6.1 : 2A	22.95	18.9	21.6	21.6	24.3	109.35
6.1 : 3A	5.1	4.8	4.8	5.4	4.8	24.9
6.1 : 4A HEDIS	12	12	12	12	12	60
6.1 : 5A	7.5	6	7.5	9	9	39
6.1 : 6A	9.6	14.4	12	16.8	16.8	69.6
6.1 : 7A	9	9	6	10.5	10.5	45
6.1 : 8A	7.2	14.4	14.4	19.2	16.8	72
6.1 : 9A	16.8	16.8	14.4	16.8	19.2	84
6.1 : 10A	16.8	12	14.4	18	16.8	78
6.1 : 11A	16.8	14.4	12	18	16.8	78
6.1 : 12A	14.4	14.4	14.4	19.2	19.2	81.6
6.1 : 13A	19.2	12	14.4	19.2	19.2	84
6.1 : 14A	8.4	7.2	8.4	9.6	8.4	42
6.2 : 1B	18.72	17.28	20.16	23.04	23.04	102.24
6.2 : 2B	25.92	21.6	30.24	34.56	34.56	146.88
6.2 : 3B	6.4	9.6	11.2	13.6	11.2	52
6.2 : 4B	12	12	14	16	16	70
6.2 : 5B	12	12	16	14	10	64
6.2 : 6B	11.2	11.2	11.2	12	11.2	56.8
6.2 : 7B	9.6	9.6	11.2	12.8	11.2	54.4
6.3 : 1C	6	8.4	8.4	9.6	9.6	42
6.3 : 2C	19.6	14	22.4	22.4	19.6	98
Total Technical	294.84	278.28	308.3	361.4	348.3	1591.12
7.3 : 1A	0	0	0	0	0	0
7.3 : 2A	0	0	0	0	0	0
7.3 : 3A	0	0	0	0	0	0
7.3 : 4A	0	0	0	0	0	0
7.3 : 5A	0	0	0	0	0	0
7.3 : 6A	0	0	0	0	0	0
7.3 : 7A	0	0	0	0	0	0
7.3 : 8A	0	0	0	0	0	0
7.3 : 9A	0	0	0	0	0	0
7.3 : 1B	0	0	0	0	0	0
7.3 : 2B	0	0	0	0	0	0
Total IDS Bonus	0	0	0	0	0	0
Total Combined Technical & Bonus	294.84	278.28	308.3	361.4	348.3	1591.12
Cost Score						2174.88
Final Overall Score						3766

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Southeast Wisconsin Medicaid Managed Care Organizations

PROPOSER: *UnitedHealthcare*

RFP SECTION	Evaluator 1	Evaluator 2	Evaluator 3	Evaluator 4	Evaluator 5	Totals
6.1 : 1A	8.1	7.2	8.1	7.2	8.1	38.7
6.1 : 2A	24.3	18.9	21.6	20.25	18.9	103.95
6.1 : 3A	5.4	4.8	4.8	5.4	5.4	25.8
6.1 : 4A HEDIS	31.8	31.8	31.8	31.8	31.8	159
6.1 : 5A	7.5	7.5	10.5	9	6	40.5
6.1 : 6A	16.8	14.4	19.2	14.4	14.4	79.2
6.1 : 7A	10.5	9	10.5	10.5	12	52.5
6.1 : 8A	19.2	16.8	19.2	19.2	19.2	93.6
6.1 : 9A	19.2	14.4	14.4	19.2	19.2	86.4
6.1 : 10A	19.2	12	16.8	14.4	9.6	72
6.1 : 11A	19.2	14.4	14.4	19.2	16.8	84
6.1 : 12A	19.2	16.8	16.8	16.8	19.2	88.8
6.1 : 13A	21.6	14.4	14.4	18	21.6	90
6.1 : 14A	9.6	8.4	8.4	8.4	9.6	44.4
6.2 : 1B	23.04	17.28	20.16	20.16	23.04	103.68
6.2 : 2B	30.24	25.92	34.56	30.24	34.56	155.52
6.2 : 3B	12.8	12.8	9.6	12.8	12.8	60.8
6.2 : 4B	18	14	16	16	18	82
6.2 : 5B	16	14	14	17	16	77
6.2 : 6B	12.8	9.6	9.6	12.8	12.8	57.6
6.2 : 7B	12.8	9.6	12.8	12	11.2	58.4
6.3 : 1C	10.8	9.6	8.4	8.4	10.8	48
6.3 : 2C	25.2	19.6	22.4	22.4	25.2	114.8
Total Technical	393.28	323.2	358.42	365.55	376.2	1816.65
7.3 : 1A	2.76	1.84	1.84	2.76	3.68	12.88
7.3 : 2A	2.76	1.84	1.84	2.76	3.68	12.88
7.3 : 3A	3.22	1.84	1.84	2.76	3.68	13.34
7.3 : 4A	3.68	1.38	1.84	1.38	3.22	11.5
7.3 : 5A	3.22	1.38	0.92	3.22	3.22	11.96
7.3 : 6A	3.68	1.84	1.84	4.14	3.22	14.72
7.3 : 7A	2.3	1.725	1.15	4.025	4.025	13.225
7.3 : 8A	3.45	2.875	1.725	4.025	4.025	16.1
7.3 : 9A	2.875	2.3	1.725	2.875	4.025	13.8
7.3 : 1B	3.68	1.84	2.76	4.14	3.68	16.1
7.3 : 2B	0	4.6	4.6	4.6	4.6	18.4
Total IDS Bonus	31.625	23.46	22.08	36.685	41.055	154.905
Total Combined Technical & Bonus	424.905	346.66	380.5	402.235	417.255	1971.555
Cost Score						2500
Final Overall Score						4471.555