

ATTACHMENT "A"

PRICING SCHEDULE BID SHEET

ADMINISTRATION OF HOME AND COMMUNITY BASED SERVICES

Company Name: _____ Contact: _____

Address: _____ Telephone: _____

_____ Fax: _____

FEI# _____ E-mail: _____

OHCA shall make a per member per month (PMPM) payment to the Contractor based on the number of unduplicated enrolled members received by the Contractor from OHCA as of the first calendar day of each month. For example, if the Contractor has received 300 enrolled members from OHCA on May 1, 2012 the Contractor shall invoice OHCA for the month of May 2012 on or after May 31, 2012 for an amount equal to the PMPM rate submitted during the RFP process multiplied by 300 members. This is payment in full for all staff, benefits, supplies, and equipment required to provide the services detailed in this RFP.

Per Member/Per Month: \$ _____

Signature: _____ Date: _____

Title: _____