ATTACHMENT I

COST SCHEDULE

Vendor Name _DBMS, INC.___

Service	**Plan Year 15** **7/1/14 – 6/30/15** **PPPM Rate**	**Plan Year 16** **7/1/15 – 6/30/16** **PPPM Rate**	**Plan Year 17** **7/1/16 – 6/30/17** **PPPM Rate**	**Plan Year 18** **7/1/17 – 6/30/18** **PPPM Rate**	**Plan Year 19** **7/1/18 – 6/30/19** **PPPM Rate**
Implementation Fees	$0.00	$0.00	$0.00	$0.00	$0.00
Case management/Large case management	$1.40	$1.41	$1.43	$1.43	$1.43
Pre-certification	$1.03	$1.04	$1.05	$1.05	$1.05
Concurrent review	(Inlcuded in precert)	(Inlcuded in precert)	(Inlcuded in precert)	(Inlcuded in precert)	(Inlcuded in precert)
Out-patient services pre-certification	(Inlcuded in precert)	(Inlcuded in precert)	(Inlcuded in precert)	(Inlcuded in precert)	(Inlcuded in precert)
Retrospective review	(Inlcuded in precert)	(Inlcuded in precert)	(Inlcuded in precert)	(Inlcuded in precert)	(Inlcuded in precert)
Management reporting	(Inlcuded)	(Inlcuded)	(Inlcuded)	(Inlcuded)	(Inlcuded)
Communication materials, printing, mailing charges, etc.	(Inlcuded)	(Inlcuded)	(Inlcuded)	(Inlcuded)	(Inlcuded)
Other (please be specific)	N/A	N/A	N/A	N/A	N/A