

ORDINANCE/RESOLUTION REQUEST

Please email requests to Kiki Turner
at Kiki.Turner@DenverGov.org by **noon on Friday**.

Date of Request:

Please mark one: Bill Request or Resolution Request

1. Type of Request:

- Contract/Grant Agreement Interagency Agreement (IAA) Rezoning/Text Amendment
 Dedication/Vacation Appropriation/Supplemental DRMC Change

2. **Title:** (Start with *approves, amends, dedicates*, etc., include name of company or contractor and indicate the type of request: grant acceptance, contract execution, contract amendment, municipal code change, supplemental request, etc.)

Approves a new contract with Rising Medical Solutions, Inc.. to provide re-pricing services for the City and County of Denver's self-insured/self-administered Workers' Compensation program.

3. **Requesting Agency:** Department of Finance; Division of Risk Management and Workers' Compensation

4. Contact Person:

Contact person with knowledge of proposed ordinance/resolution	Contact person to present item at Mayor-Council and Council
Name: Devron McMillin	Name: Devron McMillin
Email: Devron.McMillin@denvergov.org	Email: Devron.McMillin@denvergov.org

5. General description or background of proposed request. Attach executive summary if more space needed:

Contractor shall provide Workers' Compensation re-pricing services for the City's self-insured/self-administered Workers' Compensation program. The scope of services includes review of all Workers' Compensation medical bills to ensure invoicing is accurate/reduced correctly per the Colorado Workers' Compensation Act annually designated fee schedule for pricing of all services.

6. **City Attorney assigned to this request (if applicable):** Rob McDermott

7. **City Council District:** N/A

8. ****For all contracts, fill out and submit accompanying Key Contract Terms worksheet****

Key Contract Terms

Type of Contract: Professional Service Agreement

To be completed by Mayor's Legislative Team:

Resolution/Bill Number: RR22 0043

Date Entered: _____

Vendor/Contractor Name: Rising Medical Solution, LLC

Contract control number: FINAN-20216228

Location: N/A

Is this a new contract? Yes No Is this an Amendment? Yes No If yes, how many? ____

Contract Term/Duration (for amended contracts, include existing term dates and amended dates): December 31, 2026

Contract Amount (indicate existing amount, amended amount and new contract total):

<i>Current Contract Amount</i> (A)	<i>Additional Funds</i> (B)	<i>Total Contract Amount</i> (A+B)
\$0.00	0	\$2,000,000

<i>Current Contract Term</i>	<i>Added Time</i>	<i>New Ending Date</i>
	Five Years	12/31/2026

Scope of work:

Was this contractor selected by competitive process? Yes

Has this contractor provided these services to the City before? Yes No

Source of funds: Workers' Compensation Internal Service Fund

ELEVATE DENVER BOND:

Is this contract subject to: W/MBE DBE SBE XO101 ACDBE N/A

WBE/MBE/DBE commitments (construction, design, Airport concession contracts): N/A

Who are the subcontractors to this contract? N/A.

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