

ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor’s Legislative Team

at MileHighOrdinance@DenverGov.org by **3:00pm on Monday**. Contact the Mayor’s Legislative team with questions

Date of Request: 8/19/2022

Please mark one: **Bill Request** or **Resolution Request**

1. Type of Request:

- Contract/Grant Agreement** **Intergovernmental Agreement (IGA)** **Rezoning/Text Amendment**
- Dedication/Vacation** **Appropriation/Supplemental** **DRMC Change**
- Other:**

2. Title: Approves an Option Letter #1 to Revenue Agreement with Colorado Department of Health Care Policy and Financing for maximum contractual commitment of \$1,855,142.92 for the term of the contract from 7/01/2021 to 6/30/2023 through contract control number SOCSV-202263930 Jaggaer.

4. Contact Person:

Contact person with knowledge of proposed ordinance/resolution	Contact person to present item at Mayor-Council and Council
Name: Mimi Scheuermann	Name: Laura Tateyama
Email: mimi.scheuermann@denvergov.org	Email: laura.tateyama@denvergov.org

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

DHS requests authorization to approve Option Letter #1 to Revenue Agreement with Colorado Department of Health Care Policy and Financing that extends the original term from 7/01/2021 through 6/30/2023 and adds another \$927,571.46 for a new contract maximum of \$1,855,142.92. The relevant contract control number is SOCSV-202263930 Jaggaer. This contract will support the ability of Denver Human Services to achieve certain performance standards related to County Administration and Medical Assistance Eligibility in cooperation with Medical Assistance related entities, such as Colorado Department of Health Care Policy and Financing.

The original award was incorrectly processed as an amendment instead of a new agreement. This action corrects that error.

6. City Attorney assigned to this request (if applicable): Andrew Riester

7. City Council District: City wide

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

To be completed by Mayor’s Legislative Team:

Resolution/Bill Number: _____

Date Entered: _____

Key Contract Terms

Type of Contract: Contract/Grant Agreement

Vendor/Contractor Name: Colorado Department of Health Care Policy and Financing

Contract control number: SOCSV-202263930 Jaggaer

Location: Denver, CO

Is this a new contract? Yes No **Is this an Amendment/Option Letter?** Yes No **If yes, how many?** 1

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

Original Contract: SOCSV- 202055468-00 Jaggaer; 7/1/2020 to 6/30/2021

Option Letter 1: SOCSV-202263930-00 Jaggaer: 7/01/2021 to 6/30/2023

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)
\$927,571.46	\$927,571.46	\$1,855,142.92

<i>Current Contract Term</i>	<i>Added Time</i>	<i>New Ending Date</i>
7/01/2021	Twenty four (24) months	6/30/2023

Scope of work:

- Provide DHS with financial incentives to improve efficiency and accuracy as to eligibility determinations for Medical Assistance benefits.
- Assist DHS in the process of achieving certain performance standards related to County Administration and Medical Assistance Eligibility in cooperation with Medical Assistance related entities, such as Colorado Department of Health Care Policy and Financing.
- Provide DHS with performance data for comparative analytics for the purposes of qualifying for the financial incentives under the contract.

Was this contractor selected by competitive process? No.

If not, why not? N/A

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

To be completed by Mayor's Legislative Team:

Resolution/Bill Number: _____

Date Entered: _____

Source of funds: State Settlement

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

WBE/MBE/DBE commitments (construction, design, Airport concession contracts): No

Who are the subcontractors to this contract? N/A

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Date Entered: _____