## **ORDINANCE/RESOLUTION REQUEST**

Please email requests to the Mayor's Legislative Team at <u>MileHighOrdinance@DenverGov.org</u> by **3:00pm on** <u>Monday</u>.

## \*All fields must be completed.\*

Incomplete request forms will be returned to sender which may cause a delay in processing.

				Date of Request:
Ple	ase mark one:	🔀 Bill Request	or	<b>Resolution Request</b>
1.	Has your agend	ey submitted this request in th	e last 12	12 months?
	<b>Yes</b>	🛛 No		
	If yes, plea	se explain:		
2.		licates the type of request: grav		please include <u>name of company or contractor</u> and <u>contract control number</u> ptance, contract execution, amendment, municipal code change,
		for the provision of bill review a through December 31, 2013.	and repri	pricing services for the City's workers' compensation program by CorVel
3.	Requesting Age	ency:		
	Risk Manageme	nt		
4.	<ul><li>Name: Ra</li><li>Phone: 72</li></ul>	: (With actual knowledge of p. ymond Sibley 0-913-3349 ymond.Sibley@denvergov.org	roposed	ed ordinance/resolution.)
5.	<ul> <li>will be available</li> <li>Name: Ra</li> <li>Phone: 72</li> </ul>	e for first and second reading, i ymond Sibley		d ordinance/resolution <u>who will present the item at Mayor-Council and who</u> <u>ssary</u> .)
6.	General descri	ption of proposed ordinance i	ncluding	ing contract scope of work if applicable:
	be \$720,000	. CorVel Corporation provides	bill revi	rporation through December 31, 2013 Total contract amount in one year will eview services for the City's Workers' Compensation Program and reviews al necessity and applies Colorado State Fee schedule and negotiated provider
	** <b>Please compl</b> enter N/A for the		iplete fie	fields may result in a delay in processing. If a field is not applicable, please
	a. Contra	act Control Number: CE060	02	

b.	Duration:	Through December 31, 2013
c.	Location:	All
d.	Affected Council District:	All
e.	Benefits:	Fee Schedule and PPO Reductions on all Workers' Comp medical bills
f.	Costs:	\$700,00

7. Is there any controversy surrounding this ordinance? (Groups or individuals who may have concerns about it?) Please explain.

No



## **CITY AND COUNTY OF DENVER**

Finance Office Risk Management Workers' Compensation Unit

201 WEST COLFAX DEPARTMENT 1105 DENVER, CO 80202-4705 PHONE: (720) 913-3330 FAX: (720) 913-3184

Interoffice Memorandum

TO:	City Council, Finance Committee
FROM:	Raymond F. Sibley, Director of Risk Management
DATE:	October 16, 2012
RE:	Contract with CorVel Corporation

This is a request to approve an agreement with CorVel Corporation for services related to the City's workers compensation program.

All medical bills for services provided to claimants under the City and County of Denver's workers' compensation program are reviewed and compared to corresponding medical reports to determine accuracy and medical necessity. After each medical bill is verified and approved it is adjusted to comply with the Colorado State fee schedule and specific pricing agreements between the providing physicians/vendors, the City and/or CorVel Corporation.

The City has contracted with CorVel Corporation to provide these services for over 10 years. A competitive process (RFP) was initiated in 2009 and a new contract was awarded to CorVel Corporation pursuant to XO8. A competitive process will be initiated in 2014 for services beginning January 1, 2015.

After reviewing and repricing the City pays the approved amounts to specific physicians/vendors. This process has saved significant amounts over the last few years.

	Amount Billed	Amount Paid	Reduction/Savings
2006	9,916,444	4,403,166	5,513,267
2007	11,146,769	4,103,973	7,042,734
2008	11,524,877	4,976,848	7,548,130
2009	9,639,760	3,030,973	6,608,788
2010	12,090,943	3,258,407	8,755,908
2011	9,175,675	2,823,307	6,352,368

Savings over the last 5 years have ranged from 55-65% of total billed charges.

Fees paid to CorVel are generated in three ways:

- 23% of savings identified through professional review and hospital line item review.
- 20% of savings realized through pricing contracts between CorVel and physician/vendor.
- \$4.50 per bill for review and adjustment.

Fees vary annually depending on the number of workers' compensation claims and the volume of medical services provided/bills received.

P-0.1-00000		
2010	\$500,585	Paid
2011	\$487,099	Paid
2012	\$350,000	Estimated
2013	700,000	Budgeted

This is the fourth year of the contract entered into as a result of the 2009 competitive process.

Please contact me if you have questions or require additional information.

To be completed by Mayor's Legislative Team:

SIRE Tracking Number:

Date Entered:

RFS:gla

To be completed by Mayor's Legislative Team: