

**ORDINANCE/RESOLUTION REQUEST**

Please email requests to the Mayor’s Legislative Team  
at [MileHighOrdinance@DenverGov.org](mailto:MileHighOrdinance@DenverGov.org) by **3:00pm on Monday**.

***\*All fields must be completed.\****  
*Incomplete request forms will be returned to sender which may cause a delay in processing.*

**Date of Request:** \_\_\_\_\_

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

**1. Has your agency submitted this request in the last 12 months?**

**Yes**                       **No**

**If yes, please explain:**

**2. Title:** *(Include a concise, one sentence description – please include name of company or contractor and contract control number - that clearly indicates the type of request: grant acceptance, contract execution, amendment, municipal code change, supplemental request, etc.)*

A contract with Concentra to provide primary medical care for City and County of Denver employees utilizing the Workers’ Compensation Program.

**3. Requesting Agency:**

Risk Management

**4. Contact Person:** *(With actual knowledge of proposed ordinance/resolution.)*

- **Name:** Raymond Sibley
- **Phone:** 720-913-3349
- **Email:** Raymond.Sibley@denvergov.org

**5. Contact Person:** *(With actual knowledge of proposed ordinance/resolution who will present the item at Mayor-Council and who will be available for first and second reading, if necessary.)*

- **Name:** Raymond Sibley
- **Phone:** 720-913-3349
- **Email:** Raymond.Sibley@denvergov.org

**6. General description of proposed ordinance including contract scope of work if applicable:**

Ordinance approves the contract with Concentra to provide primary care through a second medical facility as required by law to all employees who are using the Workers Compensation Program.

***\*\*Please complete the following fields:** (Incomplete fields may result in a delay in processing. If a field is not applicable, please enter N/A for that field.)*

- a. Contract Control Number:** CE81011
- b. Duration:** 12 months
- c. Location:** All
- d. Affected Council District:** All
- e. Benefits:** Provide State mandated services
- f. Costs:** \$350,000

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

No

*To be completed by Mayor’s Legislative Team:*

SIRE Tracking Number: \_\_\_\_\_

Date Entered: \_\_\_\_\_



# 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 Concentra

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This is a request to approve an agreement with Concentra to provide primary care medical services to the City's Workers' Compensation program for a sixth contract year.

In 2007 a legislative change was made by the state requiring all employers to offer a choice of medical providers to injured workers beginning January 1, 2008. The City changed the municipal code to allow this and a competitive process was performed to select a second provider. Denver Health Medical Center was already providing these services.

Concentra was selected as the second provider to comply with the new statutory requirement and the City entered into a contract beginning January 1, 2008. An RFP will be initiated in 2013 and a new contract awarded with the selected vendor.

In addition Concentra provides employment related medical services on request for the City; such as pre-employment physicals, fit for duty exams DOT drug testing. Concentra has become the primary source for these services to DIA due to its location and the closure of the Denver Health Clinic last year.

Although Denver Health Medical Center has been the primary choice of City employees, the use of Concentra has increased and will continue to do so. The chart below shows Workers' Compensation Program costs only.

	Amount Billed
2008	46,790
2009	166,498
2010	138,328
2011	218,788
2012	300,000 est.
2013	350,000 projection

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

RFS:gla

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Date Entered: \_\_\_\_\_