

## 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 IMED Cost Containment Solution, now HSI, Health System Intl', to provide pharmacy benefit management services for the City and County of Denver's workers' compensation program through December 31, 2013.

**3. Requesting Agency:**

Risk Management

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

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

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

This ordinance approves the contract with IMED Cost Containment Solution, now HSI, Health System Intl', through December 31, 2013. Total contract amount in year one will be \$650,000. IMED Cost Containment Solution, now HSI, Health System Intl', provides pharmacy benefit management services for the City's Workers' Compensation Program. Their primary responsibility is for managing the purchasing, dispensing, and reimbursing of prescription drugs.

**\*\*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:** CE05007
- b. **Duration:** December 31, 2013
- c. **Location:** All
- d. **Affected Council District:** All
- e. **Benefits:** Manage the purchasing, dispensing and reimbursing of prescription drugs for City EE's
- f. **Costs:** \$650,000

**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: \_\_\_\_\_