

ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team
at MileHighOrdinance@DenverGov.org by 9 a.m. Friday. Contact the Mayor's Legislative team with questions

Date of Request: 01/16/2025

Please mark one: ☒ Bill Request or ☐ Resolution Request

Please mark one: The request directly impacts developments, projects, contracts, resolutions, or bills that involve property and impact within .5 miles of the South Platte River from Denver's northern to southern boundary? (Check map [HERE](#))

☐ Yes ☒ No

1. Type of Request:

☐ Contract/Grant Agreement ☒ Intergovernmental Agreement (IGA) ☐ Rezoning/Text Amendment

☐ Dedication/Vacation ☐ Appropriation/Supplemental ☐ DRMC Change

☐ Other:

2. Title:

Amends a Revenue Intergovernmental Agreement with Colorado Department of Health Care Policy and Financing (HCPF) to add \$1,271,659.77 for a new total of \$4,661,712.95 to continue receiving payments from HCPF as incentive for providing Medicaid eligibility-related work within the County of Denver. No change to contract duration, citywide (SOCSV-202263930-00/SOCSV-202263930-05).

3. Requesting Agency: Denver Human Services (DHS)

4. Contact Person:

Contact person with knowledge of proposed ordinance/resolution (e.g., subject matter expert)	Contact person for council members or mayor-council
Name: Christian Maddy	Name: Crystal Porter, Tami Tapia
Email: christian.maddy@denvergov.org	Email: crystal.porter@denvergov.org , tami.tapia@denvergov.org

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

DHS shall perform all Medicaid eligibility-related work within Denver County as required under C.R.S. §25.5-1-101 et seq. HCPF and DHS share the costs of this work performed by DHS as defined in those statutes.

The purpose of this IGA is to create and revise performance-based benchmarks and deliverables for county departments of human/social services to achieve certain performance standards related to County Administration, Medical Assistance Eligibility, and cooperation with other Medical Assistance-related entities. DHS has the ability to earn Performance Incentive Payments to reimburse a portion of cost sharing by meeting targets, benchmarks, and/or deliverables as outlined in the IGA.

6. City Attorney assigned to this request (if applicable): Raana Haidari

7. City Council District: Citywide

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: IGA > \$500K

Vendor/Contractor Name (including any dba's): Colorado Department of Health Care Policy and Financing

Contract control number (legacy and new): (SOCSV-202263930-00/SOCSSV-202263930-05)
(Jaggaer)

Location: Citywide

Is this a new contract? ☐ Yes ☒ No **Is this an Amendment?** ☒ Yes ☐ No **If yes, how many?** 5

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

Original Contract: SOCSV-202263930-00 Jaggaer: 7/01/2021 to 6/30/2023

Amendment 1: SOCSV-202263930-01 Jaggaer: 7/01/2021 to 6/30/2023

Amendment 2: SOCSV-202263930-02 Jaggaer: 7/01/2021 to 6/30/2024

Amendment 3: SOCSV-202263930-03 Jaggaer: 7/01/2021 to 6/30/2024

Amendment 4: SOCSV-202263930-04 Jaggaer: 7/01/2021 to 6/30/2025

Proposed Amendment 5: SOCSV-202263930-05 Jaggaer: 7/01/2021 to 6/30/2025

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

<i>Current Contract Amount</i> <i>(A)</i>	<i>Additional Funds</i> <i>(B)</i>	<i>Total Contract Amount</i> <i>(A+B)</i>
\$3,390,053.18	\$1,271,659.77	\$4,661,712.95

<i>Current Contract Term</i>	<i>Added Time</i>	<i>New Ending Date</i>
7/01/2021 to 6/30/2025	No Change	6/30/2025

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?** This is a Revenue IGA

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

Source of funds: Federal, received through CO State

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Date Entered: _____

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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