

ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team
at 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 to provide pharmacy benefit management services for the City and County of Denver's workers' compensation program through December 31, 2012.

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 through December 31, 2012. Total contract amount in year one will be \$650,000. IMED Cost Containment Solution 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, 2012
- 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: _____