

ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team

at [MileHighOrdinance@DenverGov.org](mailto: MileHighOrdinance@DenverGov.org) by **9 a.m. Friday**. Contact the Mayor's Legislative team with questions

Date of Request: 1/23/2024

Please mark one: Bill Request or Resolution Request

1. Type of Request:

- Contract/Grant Agreement Intergovernmental Agreement (IGA) Rezoning/Text Amendment
 Dedication/Vacation Appropriation/Supplemental DRMC Change
 Other:

2. Title: (Start with *approves, amends, dedicates*, etc., include name of company or contractor and indicate the type of request: grant acceptance, contract execution, contract amendment, municipal code change, supplemental request, etc.)

Approves a contract with Medicine for Business & Industry, LLC dba Workwell to provide medical treatment for employees injured on the job, pre the requirements of the Colorado Workers' Compensation Act. Vendor will also provide non-workers' compensation-related medical services, as may be requested by the City.

3. Requesting Agency: Finance/Risk Management and Workers' Compensation Division

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: Devron McMillin	Name: Devron McMillin
Email: Devron.McMillin@denvergov.org	Email: Devron.McMillin@denvergov.org

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

The Colorado Workers' Compensation Act requires employers provide at least four medical providers to treat employees injured on the job. MBI dba Concentra is one of 4 designated providers selected via an RFP to provide medical care as required in the Colorado Workers' Compensation Act. MBI dba Concentra will also provide non-workers' compensation-related medical services, as may be requested by the City, including but not limited to:

- Denver Police, Fire, and Sheriff post conditional job offer physical and fitness for duty evaluations
- Department of Transportation (DOT) physicals and drug screens
- Non-DOT drug and alcohol testing
- Human Performance Evaluation creation and assessment
- Respirator medical clearance
- Immunizations
- Hazmat medical review
- Infection control
- Assessments for exposure to lead and asbestos

6. City Attorney assigned to this request (if applicable): Rob McDermott

7. City Council District: N/A

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: (e.g. Professional Services > \$500K; IGA/Grant Agreement, Sale or Lease of Real Property): Professional Services

Vendor/Contractor Name (including any dba's): Medicine for Business & Industry, LLC dba Workwell

Contract control number (legacy and new): FINAN-202371565

Location: Citywide

Is this a new contract? Yes No Is this an Amendment? Yes No If yes, how many? _____

Contract Term/Duration (for amended contracts, include existing term dates and amended dates): 1/1/2024 – 12/31/2026

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

<i>Current Contract Amount</i> (A)	<i>Additional Funds</i> (B)	<i>Total Contract Amount</i> (A+B)
\$3,000,000	N/A	\$3,000,000

<i>Current Contract Term</i>	<i>Added Time</i>	<i>New Ending Date</i>
1/1/2024 – 12/31/2026	N/A	12/31/2026

Scope of work:

Provide initial and subsequent medical treatment for employee injuries or illnesses sustained in the workplace. Vendor will also provide non-workers' compensation-related medical services, as may be requested by the City.

Was this contractor selected by competitive process? yes If not, why not?

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

Source of funds: Workers' Compensation Internal Service Fund

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? None

To be completed by Mayor's Legislative Team:

Resolution/Bill Number: _____

Date Entered: _____