

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: 10-10-2016

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.)*

Occupational Health Centers of the Southwest, PA PC.; 201313774; contract amendment to extend the term to December 31, 2018. Contract was awarded by RFP on 1-1-2014. Provider will act as designated medical provider under the Workers' Compensation Act and Rules of Procedure of the State of Colorado.

3. Requesting Agency: Cash, Risk & Capital Funding

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 Occupational Health Centers of the Southwest through December 31, 2018. Total contract amount by year 5 will be \$4,200,000. Occupational Health Centers of the Southwest acts as a designated medical provider under the Workers' Compensation Act and Rules of Procedure of the State of Colorado. City employees are given two choices for care when an alleged injury is reported. Occupational Health Centers of the Southwest (Concentra) or Denver Health.

****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 – please do not leave blank.)*

- a. **Contract Control Number:** 201313774
- b. **Duration:** 1-1-2017 thru 12-31-2018
- c. **Location:** n/a
- d. **Affected Council District:** All
- e. **Benefits:** City must provide two designated medical providers to injured employees.
- f. **Costs:** \$2,400,000

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: _____