

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: 11-22-2017

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.)*

CorVel Corporation; #6232; 201419255; contract amendment to extend the term to December 31, 2019. Contract was awarded by RFP on 1-1-2015. Increase term by 2 years; New expiration date 12-31-19. Professional Services 601000/65100/2558110.

3. Requesting Agency: Department of Finance, Cash, Risk and 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:

Resolution approves the amendment to the contract with CorVel Corporation through December 31, 2019. CorVel Corporation provides bill review services for the City's Workers' Compensation Program and reviews all bills and medical reports for accuracy, medical necessity, and applies Colorado State Fee schedule and negotiated provider discounts.

****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:** 201419255
- b. **Duration:** 1-1-2018 thru 12-31-2019
- c. **Location:** All
- d. **Affected Council District:** All
- e. **Benefits:** Fee Schedule and PPO Reductions on all workers' compensation medical bills.
- f. **Costs:** Current Total Contract Amount = \$1,425,000

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: _____