

ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team
at MailHighOrdinance@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: 11/23/2015

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 to provide pharmacy benefit management services for the City and County of Denver's workers' compensation program.

Integrated Prescription Solutions, Inc. #94945; Amendment to 201418934; Increase by \$800,000; Total contract amount \$1,275,000; Increase term by 2 years; New expiration date 12/31/17 Medical Services; 603100/65100/2558210

3. **Requesting Agency:** Department of Finance/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 Integrated Prescription Solutions, Inc. through December 31, 2017. Total contract amount by year 3 will be \$1,275,000. Integrated Prescription Solutions, Inc. provides pharmacy benefit management services related to the City's workers' compensation program.

****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:** FINAN-201418934-02
- b. **Duration:** 01/01/2016-12/31/2017
- c. **Location:** All
- d. **Affected Council District:** All
- e. **Benefits:** Primary responsibility is for the managing the purchasing, dispensing and reimbursing of prescription drugs.
- f. **Costs:** \$800,000.00

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: _____