

**ORDINANCE/RESOLUTION REQUEST**

Please email requests to the Mayor’s Legislative Team  
at [MileHighOrdinance@DenverGov.org](mailto: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: - 9-24-2013**

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 HSI, Health System Intl’, to provide pharmacy benefit management services for the City and County of Denver’s workers’ compensation program through December 31, 2014.

**3. Requesting Agency:**

Cash Risk and Capital Funding

**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 HSI, Health System Intl’, through December 31, 2014. Total contract amount in year one will be \$650,000. HSI, Health System Intl’, 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, 2014
- 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: \_\_\_\_\_