

# 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: 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 for the provision of bill review and repricing services for the City's Workers' Compensation program by CorVel Corporation through December 31, 2017.**

CorVel Healthcare Corporation #6232; Amendment to 201419255; Increase by \$950,000; Total contract amount \$1,425,000; Increase term by 2 years; New expiration date 12/31/17 Professional Services; 604600/65100/2558110

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 CorVel Corporation through December 31, 2017. Total contract amount by year 3 will be \$1,425,000. 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:** FINAN-201419255-02
- b. **Duration:** 01/01/2016-12/31/2017
- c. **Location:** All
- d. **Affected Council District:** All
- e. **Benefits:** Fee Schedule and PPO Reductions on all workers' compensation medical bills
- f. **Costs:** \$950,000.00

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: \_\_\_\_\_