

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: 3-11-2019

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.)*

Mitchell International Inc.; #102118; 201418934; contract amendment to extend the term to December 31, 2020, and add \$725,000 for 2019 and 2020 costs. Contract was awarded by RFP on 1-1-2015. Increase term by 1 year; New expiration date 12-31-20. Medical Services 603100/65100/2558210. **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 third amendment to the contract with Mitchell International, Inc. through December 31, 2020, and adds \$725,000 to current contract. Mitchell International provides pharmacy benefit management services for the City and County of Denver workers' compensation program. Agency currently involved in 10 month data conversion with integrations being built with current pharmacy vendor.

****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:** 201418934
- b. **Duration:** 1-1-2020 thru 12-31-2020
- c. **Location:** All
- d. **Affected Council District:** All
- e. **Benefits:** Pharmacy benefit management services on all workers' compensation claims.
- f. **Costs:** New Total Contract Amount will be \$2,000,000.00

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: RR19 0285

Date Entered: _____

Revised 08/16/10