

ORDINANCE/RESOLUTION REQUEST

Date of Request: 9/8/2017

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:** Requests approval for a Third amendment with the Colorado Department of Health Care Policy and Financing (HCPF), Colorado’s Medicaid Agency, through contract control number 2014-19599-03, for HCPF’s County Medicaid Incentive Program Agreement which will allow Denver Department Human Services to earn incentives up to \$976,516.35 for the current state fiscal year based upon meeting specific program outcomes as found in the agreement.

3. **Requesting Agency:**
Denver Department of Human Services

4. **Contact Person:**
▪ **Name:** Ron Mitchell
▪ **Phone:** 720-944-2903
▪ **Email:** Ron.Mitchell@denvergov.org

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6. **General description of proposed ordinance including contract scope of work if applicable:**
The Colorado Department of Health Care Policy and Financing (HCPF), the State Medicaid Agency, is contracting with Denver to provide incentive funding when/if the program meets outcomes as outlined in the contract. The total dollar amount of the contract will reflect an amount of \$3,920,318.38. Excluding the current year’s request, Denver has captured the following amounts in incentives since the inception of this contract:

- SFY14-15: \$533,256.00
- SFY15-16: \$814,704.73
- SFY16-17: \$810,296.56

- a. **Contract Control Number:** 2014-19599-03
- b. **Duration:** July 1, 2017 – June 30, 2018
- c. **Location:** Denver Department of Human Services
- d. **Affected Council District:** All
- e. **Benefits:** Maximum Incentive Funding of \$976,516.35
- f. **Costs:** None

7. Is there any controversy surrounding this ordinance? Please explain. No

To be completed by Mayor’s Legislative Team:

SIRE Tracking Number: _____

Date Entered: _____