

BILL/ RESOLUTION REQUEST

- 1. Title:** Amends a contract with Integrated Prescription Solutions, Inc. to increase its amount by \$800,000 (new contract total: \$1,275,000) and extend the term by 2 years (new expiration date: 12-31-17) for pharmacy benefit management services related to the City's workers' compensation program (FINAN-201418934-02).

- 2. Requesting Agency:** Department of Finance

- 3. Contact Person *with actual knowledge of proposed ordinance***
Name:Ray Sibly
Phone:
Email:

- 4. Contact Person *with actual knowledge of proposed ordinance who will present the item at Mayor Council and who will be available for first and second reading, if necessary***
Name:
Phone:
Email:

- 5. Describe the proposed ordinance, including what the proposed ordinance is intended to accomplish, who's involved**
 - a. Scope of Work**

 - b. Duration**

 - c. Location**

 - d. Affected Council District**

 - e. Benefits**

 - f. Costs**

- 6. Is there any controversy surrounding this ordinance, groups or individuals who may have concerns about it? Please explain.**

Bill Request Number: RR15-0930

Date: 11/24/2015