ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team
at MileHighOrdinance@DenverGov.org by **9 a.m. Friday.** Contact the Mayor's Legislative team with questions

Date of Request: 7/23/2026

1. **Please mark one:** ☐ **Bill Request** **or** ☒ **Resolution Request**

2. **Does this request directly impact property within .5 miles of the South Platte River (Check map HERE)** ☐ **Yes** ☒ **No**

3. **Does this item fall under XO 66 (Prop 123) requiring it to skip Mayor-Council** ☐ **Yes** ☒ **No**

4. **Do you need to request a Waiver Request for this item** ☐ **Yes** ☒ **No**

5. **Type of Request:**

☒ **Contract/Grant Agreement** ☐ **Intergovernmental Agreement (IGA)** ☐ **Rezoning/Text Amendment**

☐ **Dedication/Vacation** ☐ **Appropriation/Supplemental** ☐ **DRMC Change** ☐ **Other:**

6. **Title:** (Start with *approves, amends, dedicates*, etc., include name of company or contractor and indicate the type of request: grant acceptance, contract execution, contract amendment, municipal code change, supplemental request**,** etc.)

Amends an agreement with Rising Medical Solutions, LLC to add $600,000.00 for a new total of $2,600,000.00 and to add five years for a new end date of 12-31-2031 to provide medical bill review and re-pricing services for the City and County of Denver's self-insured/self-administered Workers' Compensation program, citywide (FINAN-202160228/FINAN-202683987-02).

7. **Requesting Agency:** Department of Finance; Division of Risk Management and Workers' Compensation

8. **Contact Person:**

Contact person with knowledge of proposed ordinance/resolution (e.g., subject matter expert)	Contact person for council members or mayor-council
Name: Devron McMillin-Morrison	Name: Laura Swartz
Email: Devron.McMillin-Morrison @denvergov.org	Email: Laura Swartz@denvergov.org

9. **General description or background. Attach executive summary if more space needed:** Rising Medical Solutions, LLC provides medical bill review and repricing services for the city's self-insured and self-administered Workers' Compensation program. This includes receipt of all claimant medical bills, review and application of State Division of Workers' Compensation fee schedule, application of usual/customary medical billing data, verification of correct diagnostic coding and appropriateness of billing to procedure. Rising Medical reviews on average 1,454 bills per month/17,448 per year; $2,025,000 invoiced per month/$24,300,000 per year. Upon selection via an RFP in 2022, full integration of the program took two years. An extension of the contract to add an additional 5 years allows for uninterrupted operations of critical medical claim review and payment.

10. **City Attorney assigned to this request (if applicable): Rob McDermott**

11. **City Council District: City-Wide**

****For all contracts, fill out and submit accompanying Key Contract Terms worksheet****

To be completed by Mayor's Legislative Team:

Resolution/Bill Number: _____ Date Entered: _____

Key Contract Terms

Type of Contract: (e.g. Professional Services > $500K; IGA/Grant Agreement, Sale or Lease of Real Property):

Vendor/Contractor Name (including dba): Rising Medical Solutions, LLC

Contract control number (legacy and new): FINAN-202160228/FINAN-202683987

Location: City Wide

Is this a new contract? ☐ **Yes** ☒ **No** **Is this an Amendment?** ☒ **Yes** ☐ **No** **If yes, how many? 02_____**

Contract Term/Duration (for amended contracts, include existing term dates and amended dates):
Current: January 1, 2022 – December 31, 2026
Amended: January 1, 2022 – December 31, 2031

Contract Amount (indicate existing amount, amended amount and new contract total):

Current Contract Amount (A)	*Additional Funds (B)*	*Total Contract Amount (A+B)*
$2,000,000	$600,000	$2,600,000

Current Contract Term	*Added Time*	*New Ending Date*
1/1/2022 – 12/31/2026	5 Years	12/31/2031

Scope of work:

Provides Workers' Compensation bill review and repricing services for the city's self-insured and self-administered Workers' Compensation program.

Was this contractor selected by competitive process? Yes **If not, why not?**

Has this contractor provided these services to the City before? ☒ **Yes** ☐ **No**

Source of funds: Workers' Compensation Internal Service Fund

Is this contract subject to: ☐ **W/MBE** ☐ **DBE** ☐ **SBE** ☐ **XO101** ☐ **ACDBE** ☒ **N/A**

WBE/MBE/DBE commitments (construction, design, Airport concession contracts): N/A

Who are the subcontractors to this contract? N/A

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