ORDINANCE/RESOLUTION REQUEST

Please mark one: Bill Request o	or 🛭 Resolutio	Date of Request: August 10, 2020 on Request	
1. Type of Request:			
	ental Agreement (IG	A) Rezoning/Text Amendment	
☐ Dedication/Vacation ☐ Appropriation/		☐ DRMC Change	
Other:	Bupplemental	DRIVIC Change	
_ omer.			
2. Title: (Start with <i>approves, amends, dedicates</i> , etc., acceptance, contract execution, contract amendmen		pany or contractor and indicate the type of request: grant ange, supplemental request, etc.)	
Agency, through contract control number SOCSV2	202055468, for HCPF al incentives up to \$92	are Policy and Financing (HCPF), Colorado's Medicaid's County Medicaid Incentive Program Agreement which 27,571.46 for the current state fiscal year based upon	
3. Requesting Agency: Denver Human Services			
4. Contact Person:			
Contact person with knowledge of proposed ordinance/resolution	Contact p Council	person to present item at Mayor-Council and	
Name: Louise Kuipers	Name:	Rachel Flank Goldberg	
Email: Louise.Kuipers@denvergov.org	Email:	Rachel.FlankGoldberg@denvergov.org	
5. General description or background of proposed The Colorado Department of Health Care Policy and Fi Human Services to provide incentive funding when/if the	inancing (HCPF), the she program meets out	State Medicaid Agency, is contracting with Denver	
6. City Attorney assigned to this request (if applica	able):		
Gabrielle Corica			
7. City Council District: City Wide			
8. **For all contracts, fill out and submit accompa	nnying Key Contract	Terms worksheet**	
F	Key Contract Ter	ms	
To be comp	oleted by Mayor's Legi	islative Team:	
Resolution/Bill Number: BR20 0820 Date Entered:			

Vendor/Contractor Name: State of Colorado acting by and through the Department of Health Care Policy and Financing				
Contract con	trol number: SOCSV202055468			
Location: Denver, Colorado				
Is this a new	contract? Yes No Is th	nis an Amendment? Yes No	If yes, how many?	
Contract Ter	m/Duration:			
7/1/2020-6/30	/2021			
Contract Am		nended amount and new contract tota		
	Current Contract Amount (A)	Additional Funds (B)	Total Contract Amount (A+B)	
	n/a	\$927,571.46	\$927,571.46	
	G			
	Current Contract Term	Added Time 12 Months	New Ending Date 6/30/2021	
The proposed new revenue contract creates financial incentives for counties that achieve certain incentive performance standards related to Medicaid eligibility and cooperation with other Medicaid related entities. In order to reduce backlogs, ensure timeliness of eligibility determinations and compliance with program guidelines. SFY 2020-21 Incentives Payment Table Eligibility Performance Incentive Payment 15%: \$139,135.72 Exceptional Eligibility Performance Incentive Payment 5%: \$46,378.57 Continuous Eligibility Performance Incentive Payment 20%: \$185,514.29 Training and Quality Performance Incentive Payment 30%: \$278,271.44 Cybersecurity Performance Incentive Payment 30%: \$278,271.44 Total Maximum Available for all Performance Incentive Payments \$927,571.46 Was this contractor selected by competitive process? N/A If not, why not? This is revenue from the State				
Has this cont	ractor provided these services to t	he City before? 🛛 Yes 🗌 No		
Source of funds: State of Colorado				
Is this contract subject to: \[\begin{array}{cccccccccccccccccccccccccccccccccccc				
WBE/MBE/DBE commitments (construction, design, Airport concession contracts): N/A				
To be completed by Mayor's Legislative Team:				

Type of Contract: Revenue Agreement

Resolution/Bill Number: BR20 0820

Date Entered:

Who are the subcontractors to this contract? N/A				
	To be completed by Mayor's Legisla	tive Team:		
Resolution/Bill Number: BR20 0820		Date Entered:		