



## Legislation Details (With Text)

**File #:** 17-1033      **Version:** 1

**Type:** Bill      **Status:** Passed

**File created:** 9/12/2017      **In control:** Safety, Housing, Education & Homelessness Committee

**On agenda:** 10/9/2017      **Final action:**

**Title:** A bill approving a proposed Agreement Amendment No. 3 between the City and County of Denver and the State of Colorado Department of Health Care Policy and Financing, for incentive payments for timely Medicaid determinations.  
Amends a contract with the Colorado Department of Health Care Policy and Financing (HCPF), Colorado's Medicaid Agency, to add one year for a new end date of 6-30-18 for HCPF's County Medicaid Incentive Program Agreement to allow the Denver Department of Human Services to earn incentives up to \$976,516.35 from the current state fiscal year based upon meeting specific program outcomes (2014-19599-03). The last regularly scheduled Council meeting within the 30-day review period is on 10-23-17. The Committee approved filing this bill by consent on 9-20-17.

**Sponsors:**

**Indexes:** Debra Bartleson

**Code sections:**

**Attachments:** 1. BR17 1033 DHS HCPF Medicaid Incentive Program Agreement Request, 2. BR17 1033 DHS HCPF Medicaid Incentive Program Agreement Terms, 3. Co HCPF - RevenueBid- 201419599-03.pdf, 4. CR17-1033\_Resolution\_ColoradoDepartmentofHCPF.pdf, 5. CB17-1033\_Filed\_Bill\_CoDeptofHealthCarePolicy&Financing.pdf, 6. 17-1033 Filed\_Bill\_CoDeptofHealthCarePolicy&Financing.docx.pdf, 7. 17-1033 - signed.pdf, 8. 17-1033 Filed Bill\_Proposed Agreeemtn 3 betwen City & State of Colorado Dept of Health Care Policy & Financing

Date	Ver.	Action By	Action	Result
10/10/2017	1	Mayor	signed	
10/10/2017	1	Council President	signed	
10/9/2017	1	City Council	placed upon final consideration and do pass	Pass
10/2/2017	1	City Council	ordered published on first reading	
9/20/2017	1	Safety, Housing, Education & Homelessness Committee	approved by consent	

### [Contract Request Template \(Contracts; IGAs; Leases\)](#)

**Date Submitted:** 09-12-17

**Requesting Agency:** Department of Human Services  
**Division:**

- **Name:** Ron Mitchell
- **Phone:** 720-944-2903
- **Email:** Ron.Mitchell@denvergov.org

**Item Title & Description:**  
*(Do not delete the following instructions)*

These appear on the Council meeting agenda. Initially, the requesting agency will enter a 2-3 sentence description. Upon bill filling, the City Attorney's Office should enter the title above the description (the title should be in **bold** font).

Both the title and description must be entered between the red "title" and "body" below. Do **not** at any time delete the red "title" or "body" markers from this template.

**A bill approving a proposed Agreement Amendment No. 3 between the City and County of Denver and the State of Colorado Department of Health Care Policy and Financing, for incentive payments for timely Medicaid determinations.**

Amends a contract with the Colorado Department of Health Care Policy and Financing (HCPF), Colorado's Medicaid Agency, to add one year for a new end date of 6-30-18 for HCPF's County Medicaid Incentive Program Agreement to allow the Denver Department of Human Services to earn incentives up to \$976,516.35 from the current state fiscal year based upon meeting specific program outcomes (2014-19599-03). The last regularly scheduled Council meeting within the 30-day review period is on 10-23-17. The Committee approved filing this bill by consent on 9-20-17.

**Affected Council District(s) or citywide?** Citywide

**Contract Control Number:** 2014-19599-03

**Vendor/Contractor Name (including any "DBA"):** Colorado Department of Health Care Policy and Financing (HCPF)

**Type and Scope of services to be performed:**

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.

**Location (if applicable):**

**WBE/MBE/DBE goals that were applied, if applicable (construction, design, Airport concession contracts):**

**Are WBE/MBE/DBE goals met (if applicable)?**

**Is the contract new/a renewal/extension or amendment?**

**Was this contractor selected by competitive process or sole source?**

**For New contracts**

**Term of initial contract:**

**Options for Renewal:**

**How many renewals (i.e. up to 2 renewals)?**

**Term of any renewals (i.e. 1 year each):**

**Cost of initial contract term:**

**Cost of any renewals:**

**Total contract value council is approving if all renewals exercised:**

**For Amendments/Renewals Extensions:**

**Is this a change to cost/pricing; length of term; terms unrelated to time or price (List all that apply)?**

***If length changing***

**What was the length of the term of the original contract?**

**What is the length of the extension/renewal?**

**What is the revised total term of the contract?**

***If cost changing***

**What was the original value of the entire contract prior to this proposed change?**

**What is the value of the proposed change?**

**What is the new/revised total value including change?**

***If terms changing***

**Describe the change and the reason for it (i.e. compliance with state law, different way of doing business etc.)**