



Legislation Text

File #: 20-1161, Version: 1

**Contract Request Template (Contracts; IGAs; Leases)**

**Date Submitted:** 10-14-20

**Requesting Agency:** Finance  
**Division:**

**Subject Matter Expert Name:** Kiki Turner  
**Email Address:** Kiki.Turner@denvergov.org  
**Phone Number:**

**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 resolution approving a proposed Fourth Amendatory Agreement between the City and County of Denver and CorVel Healthcare Corporation for bill review services for the City's Workers' Compensation program for the review of bills and medical reports.**

Amends a contract with CorVel Corporation by adding \$350,000 for a new total of \$2,075,000 and one year for a new end date of 12-31-21 for bill review services for the city's workers' compensation program for the review of bills and medical reports for accuracy and medical necessity (201419255; 202054699). The last regularly scheduled Council meeting within the 30-day review period is on 11-30-20. The Committee approved filing this item at its meeting on 10-27-20.

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

**Contract Control Number:** Alfresco #201419255 - Jaggaer #202054699

**Vendor/Contractor Name (including any "DBA"):** CorVel Corporation

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

Resolution approves the amendment to the contract with CorVel Corporation through December 31, 2021 and adds \$350,000 to contract amount. CorVel Corporation provides bill review

services for the City's Workers' Compensation Program and reviews all bills and medical reports for accuracy, medical necessity, and applies Colorado State Fee schedule and negotiated provider discounts.

**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?**

6 years

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

1

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

7 years

***If cost changing***

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

\$1,725,000

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

\$350,000

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

\$2,075,000

***If terms changing***

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