



Legislation Text

File #: 22-0049, Version: 1

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

**Date Submitted:** 1-10-22

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

**Subject Matter Expert Name:**

Name: Devron McMillin

Email: Devron.McMillin@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 resolution approving an Fifth Amendatory Agreement between the City and County of Denver and Corvel Healthcare Corporation by adding money to provide medical bill review and re-pricing services for the City's self-insured/self-administered Workers' Compensation Program.**

Amends a contract with CorVel Healthcare Corporation by adding \$700,000 for a new total of \$2,775,000 and three months for a new end date of 3-31-22 to provide medical bill review and re-pricing services for the City's self-insured/self-administered Workers' Compensation program (FINAN - 202160988-06). The last regularly scheduled Council meeting within the 30-day review period is on 2-28-22. The Committee approved filing this item at its meeting on 1-18-22.

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

**Contract Control Number:** FINAN - 202160988-06

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

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

RFP for bill review and fee scheduling was conducted and awarded to a new vendor, Rising Medical Solutions. This Resolution Request amends the contract with our current vendor, CorVel Corporation, through March 31, 2022 to allow for implementation and go-live with new vendor. Scope of services includes review of all Workers' Compensation medical bills to ensure invoicing is accurate/reduced correctly per the Colorado Workers' Compensation Act annually designated fee schedule for pricing of all services.

**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?**

Competitive process

**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?**

January 1, 2015 - January 1, 2022

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

3 months

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

January 1, 2015 - March 31, 2022

***If cost changing***

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

\$2,075,000

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

\$700,000

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

\$2,775,000

***If terms changing***

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