

DPH48500

Agency Technical Option Submission

Department of Public Health

Signed (Agency Head)	Title	Date
<i>R. Ayala</i>	<i>Commissioner</i>	<i>12/15/17</i>

Fund	Agency Priority	Adjustment Title	FY 2019 Amount	FY 2020 Amount
12004 - Insurance Fund				
	0	Adjustment to Reduce FY19 Immunization Appropriation	(1,391,498)	0
	Total		(1,391,498)	0
Total			(1,391,498)	0

Department of Public Health

12004 - Insurance Fund

Adjustment Type:

Agency Title:

Agency Description:

Agency Priority:  System ID:

SID	Agency 2019
Financials	
12563 - Immunization Services	(1,391,498)
Total Financials	(1,391,498)

Department of Public Health

12004 - Insurance Fund

Adjustment Type: 999 - Miscellaneous/Other - Other

Agency Title: Adjustment to Reduce FY19 Immunization Appropriation

Agency Description: Recommendation to reduce the FY19 Appropriation for the Immunization State Vaccination Program to reflect the reimbursement of monies from TRICARE.

Agency Priority: 0

System ID: 8450

SID	Agency 2019
Financials	
12563 - Immunization Services	(1,391,498)
Total Financials	(1,391,498)

State Vaccination Program Assessment  
TRICARE Payment Acceptance Form

The undersigned signatory represents that he/she is fully authorized to execute this Agreement on behalf of the State vaccination program (the " Program") indicated below. As such, the Program confirms acceptance of settlement with respect to the following amount(s) and period(s) specified below:


Assessment(s) for Time Period(s): December 23, 2010 – June 2017

Upon transfer by Automated Clearing House (" ACH") transaction or bank check deposited in the mail, Certified Mail, Return Receipt Requested, to the mailing address set forth below in the amount of \$1,391,497.83 ("Stipulated sum"), \$480,998.54 of which was provided on September 29, 2017, the Program agrees as follows:

1. The Stipulated sum is accepted as the full and final payment for the specified assessment(s).
2. All corresponding interest, penalties, late or other charges, if any, are hereby waived.
3. No other action or attempts to collect shall be undertaken.
4. All of the specified assessment(s) shall be deemed "PAID IN FULL," and the Program will so report to any third party making inquiry.

The Program acknowledges that the National Defense Authorization Act of FY 2017, Section 719, provides the Department of Defense with discretionary authority to reimburse an entity carrying out a State vaccination program for the cost of vaccines provided to TRICARE covered beneficiaries through such Program in the amount assessed by such Program, though not to exceed the amount that the Department would otherwise reimburse an entity under the TRICARE program for providing the vaccines. By accepting the Stipulated sum, the Program shall completely release, acquit, and forever discharge the Government, Department of Defense, Defense Health Agency, TRICARE, and any and all Managed Care Support Contractors (MCSCs) (including, but not limited to, their and its past and present officers, directors, employees, agents, stockholders, attorneys, servants, representatives, divisions, departments, acquisitions, offices, parents, subsidiaries, affiliates, and partners, and the predecessors, successors, heirs, executors, administrators, and assigns of each of the foregoing) (hereinafter collectively referred to as "Releasees") from any and all claims, demands, actions, suits, causes of action, appeals, whether asserted as a class, individually, or otherwise, damages whenever incurred, and liabilities of any nature whatsoever (including costs, penalties, and attorney's fees) that Program ever had, now has, or hereafter can, shall, or may have against Releasees, whether known or unknown, on account of or arising out of or resulting from vaccines that are, will be, or have been provided through the Program to TRICARE covered beneficiaries for the assessment time period(s) specified above.

By:   
Signed

Witness:   
Signed

Print Name: Raul Pino, M.D., M.P.H.

Witness Name: Dana Jensen  
Printed

Name of Program: CT Dept. of Public Health  
Health Immunization Program

Date: 12-14-17

Mailing Address:

410 Capital Ave  
Street  
Hartford, CT 06106  
City, State, Zip

State of: Connecticut

In the event that the Stipulated sum is not received within ninety (90) days from the above-stated Date, this form shall be voidable thereafter by its Signer, provided, however, that any attempt to void this form shall be ineffective if the Stipulated sum is subsequently received and not promptly returned to TRICARE.

Connecticut							
State FY	Period for Assessment	Connecticut Annual Assessment Amount Per Covered Life	TRICARE Population Period	TRICARE Covered Life Population in Time Period	Total Payment	Paid in FY17	Difference
2011	July 2010 - June 2011	\$5.12	5/1/2010	9,091	\$46,544.56	\$16,627.81	\$29,916.74
2012	July 2011 - June 2012	\$5.12	5/1/2011	17,152	\$87,818.30	\$29,905.02	\$57,913.28
2013	July 2012-July 2013	\$10.23	5/1/2012	16,995	\$173,861.32	\$59,689.00	\$114,172.31
2014	July 2013 - June 2014	\$11.54	5/1/2013	16,367	\$188,909.11	\$66,671.63	\$122,237.48
2015	July 2014 - June 2015	\$17.08	5/1/2014	16,130	\$275,479.28	\$97,034.90	\$178,444.38
2016	July 2015 - June 2016	\$18.09	5/1/2015	15,999	\$289,427.39	\$102,376.35	\$187,051.04
2017	July 2016 - June 2017	\$19.84	5/1/2016	16,606	\$329,457.88	\$108,691.87	\$220,766.01
2018	July 2017-June 2018	TBD	5/1/2017	16,808	TBD		
					<u>\$1,391,497.83</u>	<u>\$480,996.59</u>	<u>\$910,501.24</u>

NOTE: In the July 2010 - June 2011 time period, the TRICARE covered life population was 17,464. Because DHA can only pay for the period Dec 23, 2010 on, we multiplied the 17,464 lives by a factor of 190/365 to reflect the 190 days from Dec 23, 2010 through Jun 30, 2011. This is equivalent to 9,091 covered lives, which we used in the spreadsheet above.

Amount paid 9/29/17	<u>\$480,998.54</u>
Amount - underreported	(\$1.95)

	Total amount	Paid in 9/29/17	Difference to be paid
Amount to be paid in 2017	\$1,391,497.83	\$480,998.54	<u>\$910,499.29</u>