



Opt-In Form for Claims Data Submission to CT All-Payer Claims Database

Connecticut Employers Offering Self-Funded Insured Health Plans

By submitting data to the Connecticut All-Payer Claims Database ([CT-APCD](#)), Connecticut employers gain the ability to compare the cost and quality of the care received by their employees to that provided by other state commercial plans. This supports improved benefit design and promotes high-quality, low-cost care. The data also will support statewide efforts to contain the cost of care – which is rising at an unsustainable rate – for employer-sponsored plans and to monitor the factors contributing to cost growth. The CT-APCD is HIPAA-compliant, secure, and confidential, and masks members' identities.

To authorize the Administrative Services Only (“ASO”) or Third-Party Administrator (“TPA”) organization that administers your employee health benefits plan(s) to submit data on your behalf, please complete and sign this form and return it to the Connecticut Office of Health Strategy (OHS) at ohs.apcd@ct.gov.

If the ASO/TPA who administers your plan changes after your organization has opted into data submissions to the CT-APCD, please provide updated information to OHS and notify your new ASO/TPA of this arrangement.

OHS will confirm receipt of your signed Opt-In Form.

Employer Name

ASO/TPA Name

Employer Contact Name

ASO/TPA Contact Name

Employer Contact Phone

ASO/TPA Contact Phone

Employer Contact Email

ASO/TPO Contact Email

Number of Lives Covered under Employer Plan(s)

*On this, the _____ day of _____, I hereby declare that _____ has
chosen to opt into CT-APCD data submissions. (Employer Name)*

Authorized Signature

Signature

Date

Print Name

Title

For questions regarding this form, or to learn more about data submissions to the CT-APCD, please contact OHS at (860) 418-7001 or via email at ohs.apcd@ct.gov

Completed Opt-In Forms can be emailed to the Office of Health Strategy at ohs.apcd@ct.gov