Colorado All Payer Claims Database Claims Submission Opt-In Form



CENTER FOR IMPROVING **VALUE** IN HEALTH CARE

Employers submitting data to the Colorado All Payer Claims Database (CO APCD)

VALUE IN HEALTH CARE
have the opportunity to evaluate their performance compared to the rest of Colorado and identify alternative options
that can lead to benefit designs focused on high quality, lower cost care. Including claims in the CO APCD can also help
employers understand the differences between negotiated rates for services and procedures in order to select high
value benefit products for their organization.

Take action now and ensure that your company's health care claims are part of this valuable state resource.

To request that your organization's claims information is submitted to the CO APCD, please fill out the information below regarding your company and the Administrative Services Only ("ASO") or Third Party Administrator ("TPA") organization that services your health insurance plan. If your ASO/TPA changes after you opt-in to submitting, please provide updated information to CIVHC and communicate your choice with your new ASO/TPA.

Confirmation of Notification Received:

CIVHC will send an email confirmation that your ERISA Entity Opt-In Form has been received.

Employer Name:	Employer Address:		
Employer Contact Name:	Employer Contact Email:		
Employer Contact Phone:	Enrolled lives in Colorado:		
ASO/TPA Name:	ASO/TPA Contact:		
ASO/TPA Contact Email:	ASO/TPA Contact Phone:		
On this day of, chosen to opt-in to CO APCD data submissions.	I hereby declare that	(Employer Name)	has
Authorized Signature: Name:	Title:		
Signature:	Email/Phone		

For questions regarding this form, data submissions or the CO APCD, please contact us at 720.583.2095 or ColoradoAPCD@civhc.org.

Completed opt-in forms can be scanned and emailed or mailed to CIVHC at 950 S Cherry Street, Suite 208, Denver CO, 80246.