

**Eligibility and Claims Data Reporting Opt-In
for Self-Funded ERISA Plans**



Several states have laws requiring third-party administrators, health insurers and other entities to report health care eligibility and claims to the state for compilation in a database referred to as an “All-Payer Claims Database” (APCD). Such reports may contain encrypted protected health information (PHI) and personally identifiable information (PII). APCDs are state-mandated initiatives that require the collection of data from a variety of payer sources, including private and public payers and government employee plans. APCDs facilitate the collection, analysis and distribution of health care data, and promote access of quality and cost-effective health care services. The purpose of APCDs is to facilitate a meaningful understanding of the health care delivery system by providing access to timely and accurate data essential to improving quality, reducing costs and promoting transparency.

The data is transmitted via secure portals either to data management vendors or directly to the states in compliance with established rules.

As a result of the U.S. Supreme Court decision in *Gobeille v. Liberty Mutual Insurance Company*, Cigna does not submit eligibility and claims data of self-funded plans subject to ERISA to any state APCDs without the consent of the plan sponsor.

Our records indicate that your self-funded plan is subject to ERISA. Accordingly, if you wish to consent to Cigna including your plan’s self-funded claims and health care service information in reports Cigna submits to the states, please complete and return the Eligibility and Claims Reporting Opt-In Form that is provided along with this communication. In addition, the states of New Hampshire and Utah require third-party administrators to use a state-approved form to opt in to participation in that state’s APCD. Those forms are being provided to you along with the generic form. If your Plan consents to having your data included in the APCD reports, please sign the generic form, as well as the state-specific forms if any employees reside in or your policy originated in those states.

Your consent will remain in effect until revoked by you and will apply to all of your Plan’s Cigna products and to all state reporting applicable to such products. You may revoke the Plan’s consent at any time by giving at least 90 days’ advance written notice to the address indicated on the Eligibility and Claims Reporting Opt-In Form.

The *Gobeille* decision does not impact non-ERISA self-funded employer-sponsored health plans or insured plans; Cigna will continue to submit data for such plans where required.