



Official use only

APAC – 1a Waiver of Reporting Requirements Form

Oregon Revised Statutes (ORS) [442.372](#) and [442.373](#) establish who must report data to APAC and authorizes OHA to set reporting times and content by rule. ORS [442.993](#) establishes a civil penalty for failure to comply. Oregon Administrative Rules (OAR) [409-025](#) provide additional information on APAC mandatory reporters, schedules, content and compliance.

Use this waiver form if you are an APAC mandatory reporter requesting an annual waiver of all APAC reporting requirements. A completed form must be submitted **at least 60 days prior to the applicable submission deadline**. If OHA denies the waiver request, your organization will be responsible for submitting data as outlined in Appendices A-G and 1-2 by the dates published in the [Data Submission Schedule](#).

Submit completed forms to: APAC.Admin@odhsoha.oregon.gov

Section 1. Mandatory reporter information

Date:

Reporting entity name:

Name of organization

Mandatory reporter name:

Name of organization required to report to APAC if different than *Reporting entity name*

Organization type:

Commercial carrier

Pharmacy Benefits Manager

Third Party Administrator

Coordinated Care Organization

Doing business as:

Name of business active in Oregon if different than *Mandatory reporter name*

APAC Payer ID:

Section 2. Point of contact information

First and Last name:

Title:

Mailing address:

Number and street or PO Box

City

State

Zip

Email:

Phone:

Section 3. Waiver request details and justification

- a. Number of covered lives in Oregon for reportable lines of business:
- b. Special considerations in determination of mandatory reporter under OAR 409-025-0110
 - Dual Eligible Special Needs Plans
 - Part D Medicare
 - Plan offered on health insurance exchange
 - PEBB/OEBB coverage
- c. Explain why the waiver is requested and whether it relates to all files or a specific file

c. Waiver previously granted? Yes No If yes, date:

Signature: _____

Date: _____

OFFICIAL OHA USE ONLY - Decision on request

Waiver to report to APAC is: Approved Denied

If approved, end date: _____

Date waiver request received: _____

Date of decision: _____

Signature: _____

Printed name: _____