Other formats and languages
You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the APAC Program at apac.admin@odhsoha.oregon.gov. We accept all relay calls.

APAC – 1a Waiver of Reporting Requirements Form

Use this waiver form if you been identified as an APAC mandatory reporter and want to request a yearly waiver from all APAC reporting requirements. You must submit a completed form at least 60 days before your reporting deadline. If OHA denies your waiver request, your organization must submit all required data (Appendices A–G and 1–2) by the deadlines listed 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):

Doing Business as (if applicable):

Organization type:

- ☐ Commercial Carrier
- ☐ Pharmacy Benefits Manager
- ☐ Third Party Administrator
- ☐ Coordinated Care Organization

Section 2. Point of Contact Information

First and Last name:

Title:

Mailing address:

City State Zip

Email: Phone:

Section 3. Waiver Request Details and Justification

a. Tell us how many people you cover in Oregon for each reportable line of business:

b. Select any of the following if they apply to the lines of business your organization provides in Oregon:

- ☐ Dual Eligible Special Needs Plans (D-SNP)
- ☐ Medicare Part D
- ☐ Health Plans offered on the Health Insurance Marketplace
- ☐ PEBB/OEBB coverage

c. Explain why the waiver is requested and whether it relates to all files or a specific file:

d. Has a waiver previously been granted for your organization?

☐ Yes ☐ No If yes, date:

Signature: Date:

Section 4. Program Determination (for OHA Use Only)

Mandatory Reporter Name:

APAC Payer ID (if applicable):

Waiver Decision:

- ☐ Approved
- ☐ Denied

If approved, the end date is:

Date the waiver request was received:

Date of Decision:

Reviewed by:

Signature: