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.

Mandatory Reporter Exemption Attestation Form

This form is intended to be submitted along with an APAC-1a waiver request form via email to apac.admin@odhsoha.oregon.gov to meet OAR 409-025-0110(3)(a).

By completing and returning this form the entity listed below attests that it is not required to report to APAC because it does not cover 5,000 or more Oregon lives in any of the following lines of business:

- Medicare Part C and D
- Individual
- Small Employer health insurance
- Large group
- Associations and trusts
- Non-ERISA, self-insured plans

Organizations offering the following types of coverage are not subject to the 5,000 covered lives threshold and should report regardless of enrollment size:

- Dual Eligible Special Needs Plans
- Medicare Part D
- PEBB/OEBB
- Plans offered on the Health Insurance Exchange

If any entity plans to voluntarily submit ERISA data, this form is not required. The entity should continue submitting data as usual.

Section 1. Mandatory Reporter Information

Mandatory Reporter (entity name):

Entity Type:

- ☐ Commercial Carrier
- ☐ Pharmacy Benefits Manager
- ☐ Third Party Administrator

There are many self-funded plans which do not report under ERISA. Only ERISA-covered self-funded plans are exempt from reporting to state all payer claims databases.

Section 2. Number of Covered Lives

Number of Oregon Covered Lives in ERISA self-funded plans:

Number of Oregon covered lives in reportable lines of business:

Number of total covered lives in Oregon:

Section 3. Entity Contact Information

Enter the contact information of the person filing this request.

Name:

Title:

Mailing Address:

Phone:

Email:

I have confirmed the information reporter above is accurate and I have the authority to request this waiver.

Signature Date: