



State use only

APAC – 1b Deadline Extension of Reporting 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 extension form if you are an APAC mandatory reporter requesting a deadline extension for a quarterly submission. A completed request for deadline extension must be submitted at least 14 days prior to applicable submission deadline under OAR 409-025-0140. If the need for an extension is identified after the submission date, additional information on why the need was not discovered earlier may be required.

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:

optional

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. Deadline extension request details and justification

OAR [409-025-0120](#) establishes the data layout, format and quality required for APAC compliance. OAR [409-025-0130](#) establishes the submission schedule.

a. Which data file(s) are affected?

Claims

Appendix A – Eligibility

Appendix B – Medical Claims

Appendix C – Pharmacy Claims

Appendix D – Dental Claims

Appendix E – Provider

Appendix F – Subscriber Billed Premium

Appendix G – Control Totals

Payment Arrangement Files

Appendix 1 – Payment Arrangement File

Appendix 2 – Payment Arrangement Control

b. Explain your request (what date change for the files indicated above):

c. Extensions in past 24 months: _____ Date of last extension: _____
(count) (month/year)

d. Explain the extenuating circumstances of your organization that supports an extension at this time:

e. If an extension request is granted, OHA’s expectation is that grantees continue to work to meet the deadlines and requirements as quickly as possible. Explain steps and resources that will be used to become fully compliant (i.e., meet statutory deadlines or data quality in the future):

f. Anticipated date for full compliance with law and rule:

Signature:

Date:

OFFICIAL OHA USE ONLY - Decision on request

Extension to _____
(Date)

Approved

Denied

Date extension request received: _____

Date of decision: _____

Signature: _____

Printed name: _____