



## Mandatory Reporter Exemption Attestation Form

This form, filed with the APAC-1a waiver request, meets OAR 409-025-0110(3)(a). By completing this form and returning it to OHA, the entity below states that it should not be required to report to APAC and attests it does not cover 5,000 or more lives in Oregon that fall into the following lines of business that are :

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

Organizations providing Dual Eligible Special Needs Plans, Medicare Part D, PEBB/OEBB coverage or plans offered on the health insurance exchange do not have the limit of 5,000 lives.

OHA will continue to accept data for ERISA self-insured plans on a voluntary basis. The inclusion of ERISA data helps to provide the most complete and representative view of health care pricing, spending, and utilization in Oregon. If an entity intends to voluntarily submit data, there is no need to complete this form; instead, the entity should submit data as usual.

Mandatory reporter:

Name of organization required to report to APAC

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.

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:

### Contact information of person filing request

Name:

Title:

Mailing address:

Number and street or PO Box

City

State

Zip

Phone:

Email:

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

Signature

Date