**SAMPLE TEMPLATE– 2017 MBQIP Waiver

Note: Submission of waiver does not guarantee hospital is eligible for FY2017 Flex funds**
This is a request to waive the penalty for the MBQIP reporting requirement for the grant year from September 1, 2017 – August 31, 2018 due to extenuating circumstances and/or other reasons. We understand that this waiver is only effective until August 31, 2018. The hospitals requesting this waiver and their reasons/situations for not submitting data for each MBQIP Quality Domain within the reporting periods are:

1. *CCN and Hospital Name*
	1. Patient Safety
		1. *Please state each of the reasons and situation*
	2. Patient Engagement
		1. *Please state each of the reasons and situation*
		2. *Example: patients do not meet criteria, no patients returned the survey*
	3. Care Transitions
		1. *Please state each of the reasons and situation*
	4. Outpatient
		1. *Please state each of the reasons and situation*
	5. Other
		1. *Please state other reasons that may have occurred during this reporting period*
2. *CCN and Hospital Name*
	1. Patient Safety
		1. *Please state each of the reasons and situation*
	2. Patient Engagement
		1. *Please state each of the reasons and situation*
		2. *Example: patients do not meet criteria, no patients returned the survey*
	3. Care Transitions
		1. *Please state each of the reasons and situation*
	4. Outpatient
		1. *Please state each of the reasons and situation*
	5. Other
		1. *Please state other reasons that may have occurred during this reporting period*
		2.

Please see attached for documents that are relevant to our case.
Example documents to support a MBQIP reporting waiver:

1. Copy of the QualityNet “Case Status Summary Report” for each of the reporting periods
2. Tracking sheet of HCAHPS surveys sent out

*(Signature) (Date)*

*Name, Flex Program Manager*