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PERFORMANCE IMPROVEMENT PLAN

Waiver Request

## Instructions

Before completing this form, please refer to the PIP General Instructions.

**Narrative Responses:** Provide a concise but comprehensive response to each of the below questions (~ 500 words per question). Responses must provide sufficient detail for the reader to understand the justification for the request. Narrative responses will be posted publicly and should not contain nonpublic information.

**Attachments:** You may provide any information and documentation necessary to support Your request as attachments. Nonpublic clinical, financial, strategic or operational information You want the HPC to keep confidential pursuant to 958 CMR 10.14 should be included only in attachments, and must be clearly identified as confidential. You may submit numerical and tabular data as Microsoft Excel files.

## Contact Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PIP Entity Name: | | | *Click here to enter text.* | | |
| Date of Filing: | *Click here to enter text.* | | | | |
| Federal Tax ID #: | | | *Click here to enter text.* | | |
| Business Address 1: | | | | | *Click here to enter text*. |
| Business Address 2: | | | | | *Click here to enter text.* |
| City, State, Zip: | | *Click here to enter text.* | | | |
| Business Website: | | | | *Click here to enter text.* | |

**Contact Person Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name: | | *Click here to enter text.* | | | | |
| Salutation (Mr., Ms., Dr., etc.): | | | | *Text* | Title: | *Click here to enter text.* |
| Phone, Ext.: | | | *Click here to enter text.* | | | |
| Email: | *Click here to enter text.* | | | | | |

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| --- |
| I. Description of Your Organization |

Briefly describe Your organization.

*Click here to enter text.*

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| --- |
| II. Causes of Growth |

Describe the factors You have identified as the main cause(s) of Your excessive cost growth.

**Attachments:** Provide data and evidence to support Your narrative response.

*Click here to enter text.*

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| III. Justification for Waiver |

*You may address some or all of the criteria for approval of a waiver request, but should include, at a minimum, information not reasonably available to the HPC at the time the HPC Board voted to issue a PIP Notice to Your organization.*

Provide the reasons Your organization should be exempt from the requirement to file a PIP, along with all supporting information.

**Attachments:** Provide data and evidence to support Your narrative response.

*Click here to enter text.*

|  |
| --- |
| Certification |

By typing my name below, I certify that:

1. I have read 958 CMR 10.00: *Performance Improvement Plans* and the General Instructions.
2. I have read the Request for Waiver and any attachments and certify that the information contained therein is accurate and true.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Certified on the | *Day* | day of | *Month* | 20 | *Year* | under the pains and penalties of perjury. |

|  |  |
| --- | --- |
| Contact Person Name: | *Click here to enter text.* |

|  |  |
| --- | --- |
| Contact Person Title: | *Click here to enter text*. |