

Chapter 12a: Discrimination—Clinical Appropriateness Review: Supporting Documentation and Justification

Please fill in the following information. Complete one form for each benefit design deficiency identified in the Non-Discrimination Clinical Appropriateness Review.

Date: _____

Health Insurance Oversight System (HIOS) Issuer ID: _____

State: _____

Drug List IDs: _____

Medical Condition: _____

Class: _____

Drug: _____

Justification for Benefit Design: _____

If you do not have enough space here to list your justifications, print out another form to augment them as needed.