Chapter 12c: Discrimination—Treatment Protocol Supporting Documentation and Justification

Please fill in the following information. Use one form for each deficiency identified in the Treatment Protocol Calculator review.

Date:

Health Insurance Oversight System (HIOS) Issuer ID:

State:

HIOS Plan IDs:

Medical Condition:

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.