

# Discrimination—Language Supporting Documentation and Justification

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Please fill in the following information.

**HIOS Issuer ID:** \_\_\_\_\_

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**Applicable HIOS Plan IDs (Standard Component):** \_\_\_\_\_

\_\_\_\_\_

**Data Element(s) Flagged by HHS for Discriminatory Language:** \_\_\_\_\_

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\_\_\_\_\_

**Language Justification:** \_\_\_\_\_

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