EXHIBIT A

Notice of Denial of Medical Coverage (or Payment) CMS-10003-NDMCP CHANGE CROSSWALK

NOTICE	CHANGES TO NOTICE	EXPLANATION
On Page 1 under section: **Why did we deny your request?** On Page 2 under section: **How to ask for an appeal with {health plan name} Step 1:** On Page 3 under section: **"What happens next?"**	Changed all terms that stated "Part B or Medicaid drug" to "Part B drug or Medicaid drug".	This change was made to better clarify plans should enter the term "Part B drug" and not "Part B", when applicable.
On page 2, within **"Fast Appeal"** paragraph under section **"There are 2 kinds of appeals with {health plan name}".** **Fast Appeal** - We'll give you a decision on a fast appeal within {insert appropriate timeframe for medical service/item or Part B or Medicaid drug: ***72 hours, 24 hours}***	**Fast Appeal** – We'll give you a decision on a fast appeal within 72 hours. [Insert timeframe for expedited internal plan Medicaid appeals, if different]	Corrected error for fast appeal timeframes and added language for plans to insert the fast appeal timeframe for a Medicaid appeal, if different than 72 hours.
On page 2, under section **"How to ask for an appeal with {health plan name}**":	If you're asking for an appeal and missed the deadline, you may request an extension and	Added language to specify an enrollee may ask for a good cause extension.

NOTICE	CHANGES TO NOTICE	EXPLANATION
If you're asking for an appeal and missed the deadline, you may include your reason for being late.	should include your reason for being late.	
On page 3 under section **"How to ask for an appeal with {health plan name}":** **For a Standard Appeal:** Mailing Address: {In Person Delivery Address:} {Phone:} {TTY Users Call:} Fax:	**"How to ask for an appeal with {health plan name}":** **For a Standard Appeal:** Mailing Address: {In Person Delivery Address:} {Phone:} {TTY Users Call:} Fax:	Restored curly brackets around "Phone" under standard appeals. Plans are not required to accept verbal requests for appeals and curly brackets provide plans the option to add a phone number.
On page 3, under section **"What happens next?"** If you ask for an appeal, we will send you another letter with a decision to tell you if we approve or deny your request. If we continue to deny your request for {*payment of*} a {medical service/item or Part B or Medicaid drug}, we'll send you a written decision and automatically send your case to an independent reviewer.	**"What happens next?"** **'**If you ask for an appeal and we continue to deny your request for {*payment of*} a {medical service/item or Part B drug or Medicaid drug, we'll automatically send your case to an independent reviewer.	Removed language regarding enrollees receiving a decision letter because plans are not required to send notification to an enrollee if a denial is upheld and their case is forwarded to the IRE.

INSTRUCTIONS	CHANGES TO INSTRUCTIONS	EXPLANATION
On all pages throughout various sections of the instructions, there is use of the term “Part B or Medicaid drug”.	Changed “Part B or Medicaid drug” to “Part B drug or Medicaid drug”	This change was made to better clarify plans should enter the term “Part B drug” and not “Part B”, when applicable.
On page 2, under **Section Titled: Why did we deny your request?** Plans that provide both Medicare and Medicaid benefits (e.g., integrated Dual Special Needs Plans) should determine if the request for payment or coverage concerns a service or item covered under the plan’s Medicare or Medicaid benefits.	**Section Titled: Why did we deny your request?** **Additional instructions for Medicare Advantage Prescription Drug plans (MA-PDs) and Medicare Part B drugs that may be covered under Part D:** Where an MA-PD has determined that the requested drug is covered under Part D, insert the following additional text: *“This request was denied under your Medicare Part B benefit; however, coverage/payment for the requested drug(s) has been approved under Medicare Part D {include an explanation of the conditions of approval in a readable and understandable format}. If you think Medicare Part B should cover this drug for you, you may appeal.”*	Added instructions for MA-PDs to include an explanation in the denial rationale for enrollees if a Part B drug may be covered under Part D. Also added a heading to clearly distinguish where instructions are specific to plans that provide both Medicare and Medicaid benefits.

INSTRUCTIONS	CHANGES TO INSTRUCTIONS	EXPLANATION
	Additional instructions for plans that provide both Medicare and Medicaid benefits: Plans that provide both Medicare and Medicaid benefits[1] (e.g., integrated Dual Special Needs Plans) should determine if the request for payment or coverage concerns a service or item covered under the plan's Medicare or Medicaid benefits.	