

EXHIBIT A

Notice of Denial of Medical Coverage (or Payment) CMS-10611- MOON CROSSWALK

CURRENTLY APPROVED	CHANGE TO NOTICE	EXPLANATION
<p>Non-discrimination language on page 4:</p> <p>CMS does not discriminate in its programs and activities. To request this publication in an alternative format, please call 1-800-MEDICARE or email: AltFormat@cms.hhs.gov.</p>	<p>You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit Medicare.gov/about-us/accessibility-nondiscrimination-notice, or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.</p>	<p>This is the updated standardized nondiscrimination language required on CMS forms and notices.</p>