

## **EXHIBIT A**

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

<b>CURRENTLY APPROVED</b>	<b>CHANGE TO NOTICE</b>	<b>EXPLANATION</b>
<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: <a href="mailto:AltFormat@cms.hhs.gov">AltFormat@cms.hhs.gov</a>.</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 <a href="http://Medicare.gov/about-us/accessibility-nondiscrimination-notice">Medicare.gov/about-us/accessibility-nondiscrimination-notice</a>, 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>