EXHIBIT A

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

CURRENTLY APPROVED	CHANGE 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 text was erroneously removed from the notice and is being reinserted to clarify that plans should enter the term "Part B drug" and not "Part B", when applicable.
The "Fast Appeal" section reads: 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*****}** after we get your appeal. You can ask for a fast appeal if you or your doctor believe your health could be seriously harmed by waiting up to 30 days for a decision. You cannot request an expedited appeal if you are asking us to pay you back for a {*medical service/item or Part B drug*} you've already received. **We'll automatically give you a fast appeal if a doctor asks for one for you or if your doctor**	Bracketed text related to Part B drug timeframes has been reinserted in both paragraphs of this section to read: We'll give you a decision on a fast appeal within **72 hours** [Insert timeframe for expedited internal plan Medicaid appeals, if different] after we get your appeal. You can ask for a fast appeal if you or your doctor believe your health could be seriously harmed by waiting up to {insert appropriate timeframe for medical service/item or Part B drug: ***30 days, 7 days***} for a decision. You cannot request an expedited appeal if you are asking us to pay you back for a {*medical service/item or Part B*	This bracketed text was erroneously removed from the notice and is being reinserted for accuracy and to account for Part B drug timeframes.

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supports your request. If you ask for a fast appeal without support from a doctor, we'll decide if your request requires a fast appeal. If we don't give you a fast appeal, we'll give you a decision within 30 days.	*drug*} you've already received. **We'll automatically give you a fast appeal if a doctor asks for one for you or if your doctor supports your request.** If you ask for a fast appeal without support from a doctor, we'll decide if your request requires a fast appeal. If we don't give you a fast appeal, we'll give you a decision within {insert appropriate timeframe for medical service/item or Part B drug: ***30 days, 7 days}***.	
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 include your reason for being late.	If you're asking for an appeal and missed the deadline, you may request an extension and should include your reason for being late.	This text was erroneously removed from the notice and is being reinserted to specify an enrollee may ask for a good cause extension.
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	**"What happens next?"** 'If you ask for an appeal and we continue to deny your request for {payment of} a {medical service/item	Removed language regarding enrollees receiving a decision letter because plans are not required to send notification to an enrollee if

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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.	or Part B drug or Medicaid drug, we'll automatically send your case to an independent reviewer.	a denial is upheld and their case is forwarded to the IRE.