

EXHIBIT A

Coverage Decision Letter CMS-10716

CHANGE CROSSWALK 30 DAY NOTICE TO FINAL VERSION

Form-English	Change to Form	Explanation
Throughout form	Made corrections to plan instruction formatting.	Changed to more closely align with other CMS model notices developed for Medicare-Medicaid Plans under the Financial Alignment Initiative capitated model demonstrations.
Page 1, heading.	Added language to plan instruction: <i>[Insert additional field(s) as needed or when required by state, such as provider or Member Medicaid ID]</i>	Edited to clarify a plan has the flexibility to insert additional fields as needed and not only when required by the state.
Page 2, section titled "There are two kinds of appeals."	Added plan instruction to last paragraph in this section: <i>[Delete if the letter is for a denial of a Part B drug:</i>	Changed to clarify that a plan may remove language that does not apply to a Part B drug.
Page 3, section titled "How to appeal."	Changed language in the following sentence: If you call, we'll send you a notice letter that says what you told us on the phone.	Edited to improve readability.
Page 3, section titled "How to keep getting your <service <i>or</i> item> during your appeal."	Added language to the first bullet in this section: You must appeal and ask our plan to continue getting your <service <i>or</i> item>	Edited to clarify that a beneficiary must appeal to continue benefits during the appeal process.

Form-English	Change to Form	Explanation
Page 4, section titled “How to keep getting your <service <i>or</i> item> during your appeal.”	Added the following language to plan instruction in the first bullet in this section: <i>Insert date in bold text</i>	Changed to correct an omitted instruction.
Page 4, section titled “How to keep getting your <service <i>or</i> item> during your appeal.”	Changed language in the fourth bullet in this section: If your <doctor <i>or</i> health care provider> is filing the appeal for you and you want to keep getting your <service <i>or</i> item> to continue ,	Edited to improve readability.
Page 4, section titled “What happens next.”	Added plan instruction: <i>[Insert if appropriate: (also called a <state-specific term for Fair Hearing>)]</i> .	Changed to provide flexibility for a plan to insert a state-specific term when applicable.
Page 4, section titled “What to do if you need help with your appeal.”	Changed language and formatting of the third bullet in this section. Mail or fax the signed statement to us at: <plan address for representative requests> or fax it to us at <plan fax number for representative requests>	Changed to improve readability.
Page 5, end of the letter.	Added plan instruction at the end of the letter: You can get this document for free in <i>[Insert, as appropriate: <non-English language(s)> or]</i> other formats, such as large print, braille, or audio. Call <toll-free phone and TTY numbers, days and hours of operation>.	Changed to account for the removal of the plan instruction noted below.

Form-English	Change to Form	Explanation
Page 5, plan instruction at end of document.	Deleted the following plan instruction: <i>[Plans are subject to the notice requirements under Section 1557 of the Affordable Care Act. For more information, visit https://www.hhs.gov/civil-rights/for-individuals/section-1557.]</i>	Removed this instruction to conform to other CMS notices, such as CMS-10003.

Form-Spanish	Change to Form	Explanation
Throughout form	Made corrections to plan instruction formatting.	Changed to more closely align with other CMS model notices developed for Medicare-Medicaid Plans under the Financial Alignment Initiative capitated model demonstrations.
Page 1, heading.	Added language to plan instruction: <i>[Insert additional field(s) as needed or when required by state, such as provider or Member Medicaid ID]</i>	Edited to clarify a plan has the flexibility to insert additional fields as needed and not only when required by the state.
Page 2, section titled “Hay dos clases de apelaciones.”	Added plan instruction to last paragraph in this section: <i>[Delete if the letter is for a denial of a Part B drug:</i>	Changed to clarify that a plan may remove language that does not apply to a Part B drug.
Page 3, section titled “Cómo apelar.”	Changed language in the following sentence: Si llama, le enviaremos una notificación carta que incluye lo que usted nos dijo por teléfono.	Edited to improve readability.

Form-Spanish	Change to Form	Explanation
Page 4, section titled “Cómo seguir recibiendo su <servicio <i>or</i> artículo> durante su apelación.”	Added language to the first bullet in this section: Usted debe tiene que apelar y pedir a nuestro plan seguir recibiendo su <servicio <i>or</i> artículo>	Edited to clarify that a beneficiary must appeal to continue benefits during the appeal process.
Page 4, section titled “Cómo seguir recibiendo su <servicio <i>or</i> artículo> durante su apelación.”	Added the following language to plan instruction in the first bullet in this section: <i>Insert date in bold text</i>	Changed to correct an omitted instruction.
Page 4, section titled “Cómo seguir recibiendo su <servicio <i>or</i> artículo> durante su apelación.”	Changed language in the fourth bullet in this section: Si su <médico <i>or</i> proveedor de cuidado de la salud> está presentando la apelación en su nombre y usted quiere que continuar recibiendo su <servicio <i>or</i> artículo> continúe ,	Edited to improve readability.
Page 4, section titled “Qué sucede después.”	Added plan instruction: <i>[Insert if appropriate: (lo que también conocemos cómo <state-specific term for Fair Hearing>)]</i> .	Changed to provide flexibility for a plan to insert a state-specific term when applicable.
Page 5, section titled “Qué debe hacer si necesita ayuda con su apelación.”	Changed language and formatting of the third bullet in this section. Envíenos, por correo o fax , la declaración firmada por correo a: <plan address for representative requests> o por fax al <plan fax number for representative requests>	Changed to improve readability.

Form-Spanish	Change to Form	Explanation
Page 5, end of the letter.	Added language and a plan instruction at the end of the letter: Usted puede obtener este documento de forma gratuita en inglés <i>[Insert, as appropriate: <non-English language(s)>]</i> u otros formatos, como en letra grande, braille, o audio. Llame al <toll-free phone and TTY numbers, days and hours of operation>. La llamada es gratuita.	Changed to account for the removal of the plan instruction noted below.
Page 5, plan instruction at end of document.	Deleted the following plan instruction: <i>[Plans are subject to the notice requirements under Section 1557 of the Affordable Care Act. For more information, visit https://www.hhs.gov/civil-rights/for-individuals/section-1557.]</i>	Removed this instruction to conform to other CMS notices, such as CMS-10003.

Instructions	Change to Instructions	Explanation
Throughout instructions.	Added phrase “blue instruction to the plan” where necessary and instead of “instructional brackets”.	Changed to clearly identify where plans should edit the document.
Page 1, section titled “When should the plan use this letter?”	Edited the reference to a document in the first paragraph of this section. the Notice of Denial of Medical Coverage (or Payment) (NDMCP) form (CMS-10003-NDMCP)	Changed to match the title of the document.

Instructions	Change to Instructions	Explanation
Page 1, section titled “When should the plan use this letter?”	Edited the reference to a document in the second paragraph of this section. Notice of Denial of Medicare Part D Prescription Drug Coverage, for Part D denials	Changed to match the title of the document.
Page 1, section titled “Formatting and language requirements.”	Edited the following language in the first bullet of this section. The letter contains text in pointed brackets < > when a piece of data must be inserted the plan must insert particular information into the document, and the data it is either :	Changed to improve readability.
Page 1, section titled “Formatting and language requirements.”	Edited the following language in the second bullet of this section. Plans must ensure that no blue italicized text remains and that blue non-italicized text is changed to black text in the Coverage Decision Letters that plans send to members.	Changed to clarify how plans should customize the form.
Page 2, section titled “Heading instructions.”	Edited the following language in the second bullet of this section. Member name <i>[Insert Member name]</i> :	Corrected language to match form.
Page 3, section titled “Heading instructions.”	Added language to plan instruction in the fourth bullet of this section. <i>[Insert additional field(s) as needed or when plan is required by state to include specific information in the letter, such as provider or Member Medicaid ID]</i>	Changed to correspond with a change to the form.

Instructions	Change to Instructions	Explanation
Page 3, section titled "Heading instructions."	Edited the following language in the fifth bullet of this section: If the plan operates in a state that requires contracted plans to include additional fields in this table-heading, add those fields.	Corrected term.
Page 3, section titled: "First paragraph of letter."	Edited the first sentence and added a second sentence to the second bullet in this section: In the first and second and third sentences of this paragraph, replace "Medicaid" with the state-specific term for Medicaid, if applicable. If the state-specific term does not include the word "Medicaid," plans should add "(Medicaid)" after the first use of the state-specific term.	Corrected a reference to the form and added language based on comments regarding using "Medicaid" along with the state specific term.
Page 3, section titled: "Second paragraph of letter."	Removed italics in this section and edited the last sentence of the first paragraph of this section. If the denial involves a payment request, insert the "payment for ..." text shown in the bracketed heading-options instruction to the plan.	Corrected formatting and changed language to improve readability.

Instructions	Change to Instructions	Explanation
Page 4, in “Section titled: You have the right to appeal our decision.”	Edited the following language in the first paragraph of this section: ...based on whether the coverage decision is for a service or item and whether the decision is for a service/item that was a doctor or another type of health care provider ordered a doctor or other health care provider ordered the service/item described in the letter and whether the denial is for a service or item.	Changed to match language used in the “how to appeal” section later in the instructions.
Page 5, in “Section titled: There are two kinds of appeals.”	Added the following sentence to the end of this section: The plan should delete the last paragraph in this section when this letter is for a denial of a Part B drug.	Added language to clarify a plan instruction inserted in the form.
Page 5, in “Section titled: How to appeal.”	Moved the second paragraph to the first paragraph and edited the following language in this section: Throughout this section, the plan should insert the proper terms (“doctor,” or “health care provider,” “service,” or “item”) as indicated by the fields with in each instance of pointed brackets,	Reordered language to match the order of form. Changed language to match language used in the “how to appeal” section later in the instructions.
Page 5, in “Section titled: How to appeal.”	Added “toll-free” in pointed brackets before phone numbers.	Changed to match format of the form.
Page 5, in “Section titled: How to appeal.”	Added the following sentence: If the plan does not use the term “Member Services,” the plan should replace it with the term they use.	Changed to provide flexibility for a plan to insert a plan-specific term when applicable.

Instructions	Change to Instructions	Explanation
Page 5, in “Section titled: How to appeal.”	Added the following sentence: <i>The plan should insert the term “Evidence of Coverage,” “Member Handbook,” “Enrollee Handbook,” or other term the plan uses in the fields indicated by blue instructional brackets to the plan.</i>	Changed to correspond with a change to the form.
Page 5, in “Section titled: How to appeal.”	Added the following language to the last sentence in this section: <i>In the third sentence,</i> the plan should also insert the website where members...	Changed to improve readability.
Page 5, in “Section titled: How to appeal.”	Added the following sentence: The plan may include a QR code along with the web address.	Changed to provide flexibility for a plan to insert a QR code.
Page 6, in “Section titled: What happens next.”	Added the following sentence to the end of this section: If the state uses a different term for Fair Hearing, the plan may insert the state-specific term in parentheses as indicated in the blue instruction to the plan.	Changed to provide flexibility for a plan to insert a state-specific term when applicable.

Instructions	Change to Instructions	Explanation
Page 6, in “Section titled: Get help and more information.”	Added the following sentences to the end of the first bullet in this section: If the plan does not use the term “Member Services,” the plan should replace it with the term they use. The plan should also insert the plan’s web address in the <plan website> field. The plan may use the web address that provides information about the plan’s appeals process. The plan may include a QR code along with the web address.	Added to provide flexibility for a plan to insert the plan specific term for “member services”, an appeals specific web address when available, and a QR code.
Page 7, in “Section titled: Get help and more information.”	Edited the following language in the third bullet of this section: The plan should also insert in the appropriate field the state-specific name and contact information for the SHIP program in the state.	Changed to clarify how plans should customize the form.
Page 7, in “Section titled: Get help and more information.”	Edited the following language in the fourth bullet of this section: The plan should insert “Medicaid” or the state-specific name for the Medicaid agency and contact information in the pointed brackets appropriate field.	Changed to clarify how plans should customize the form.
Page 7, section titled: “End of Document.”	Edited the section title as follows: End of Letter Document footer	Changed section title to clarify that the language described in this section should appear at the end of the letter and not as a document footer.

Instructions	Change to Instructions	Explanation
Page 7, section titled: "End of Document."	Edited the following language in this section: At the end of the letter, the plan should also include the toll-free phone and TTY numbers and hours of operation that members and their doctors or representatives should use to obtain a copy of the letter in other formats.At the end of the letter, the plan should include information on how to get the letter for free in non-English languages or alternate formats, including the plan's toll-free phone and TTY numbers and days and hours of operation. Plans should insert the languages that they are required to translate as indicated in the field with pointed brackets.	Changed to improve readability and to more closely align with other CMS model notices developed for Medicare-Medicaid Plans under the Financial Alignment Initiative capitated model demonstrations.