

| <b>Change #</b> | <b><u>Form</u></b> | <b><u>Change</u></b>   | <b><u>Current Location</u></b> | <b><u>Reason</u></b>  |
|-----------------|--------------------|--|--------------------------------|---|
| 1               | CMS-10065          | Update form so that it adheres to CMS' current forms formatting by adding the Department of Health and Human Services logo, and moving the form number, OMB number and expiration date to the right vertical margin. | All over                       | CMS Office of Communication prefers all forms to have a similar appearance so that the form is easily recognized as a CMS form  |
| 2               | CMS-10065          | Create space at top of form for fill areas for patient name, patient number, hospital name and hospital address  | Top of page 1                  | Previous version required the hospital to insert the hospital name and any other hospital information at the top of the page but there was no indicator line identifying what that information was. The revision has the patient and hospital names identified and located together for easy reference. |
| 3               | CMS-10065          | Under "Your Rights as a Hospital Inpatient:" revised language to use plain language and to focus on information most important to hospital patients when they get this notice  | First section on page 1        | Remove bullets 2 and 5. Simplify language in bullets 1, 3 and 4. Modify content to what the patient needs to know immediately about their rights and discharge.   |
| 4               | CMS-10065          | Changed second section heading from "Your Right to Appeal Your Hospital Discharge:" to "Your Can Appeal Your Hospital Discharge:"  | Second section on page 1       | Revised all bullets in this section to shorten each statement, write each in plain language and focus only on key issues that patients need to file an appeal.  |
| 5               | CMS-10065          | Remove third section "How to Ask For an Appeal of your Hospital Discharge"   | Third section on page 1        | Remove this heading and revise some of this information and include it in section 2.  |
| 6               | CMS-10065          | Rename fourth section "If You Miss The Deadline to Request An Appeal, You May Have Other Appeal Rights:" to "What Happens After I Appeal?"   | Fourth section on page 2       | Change heading and revise information to make information easy to understand about what the next steps will be.   |