

Date Identified CCYMMDD (Completed By The CMS Team Lead)	Brief Description Of Issue (Completed By The CMS Team Lead)	Condition Language (Completed By The CMS Team Lead)	Related to Pre-Audit Issue Summary? (Completed By The CMS Team Lead (Y/N))	Pre-Audit Issue Summary Number (Completed By The CMS Team Lead (If applicable))	Detailed Description of the Issue (Explain what happened) (Remaining fields to be Completed by Sponsor)	Root Cause Analysis for the Issue (Explain why it happened)	Methodology - Describe the process that was undertaken to determine the # of members impacted	# of Members Impacted	Action Taken to Resolve System Operational Issues	Date System Operational Remediation Initiated CCYMMDD	Date System Operational Remediation Completed CCYMMDD	Action Taken to Resolve Negatively Impacted Beneficiaries Including Outreach Description and Status	Date Beneficiary Outreach and Remediation Initiated CCYMMDD	Date Beneficiary Outreach and Remediation Completed CCYMMDD

Rowline ID	Contract ID	Plan ID	Effective Date of Enrollment CCY/NNMMDD	Is beneficiary reportedly deceased? (Y/N)	Date grievance complaint was received CCY/NNMMDD	Time grievance/ complaint was received (HH:MM:SS - Military time)	How was the grievance/ complaint received (oral or written)?	Category of the grievance/complaint, as determined, categories must include each of the following: Enrollment/Eligibility/Status; Plan Benefits; Coverage Determination; Appeal Process; Ratemaking; Confidentiality/Privacy; Quality of Care; Unpaid/late costs; Fraud & Abuse; Other	Description of the grievance	Was the grievance/ complaint processed under the expedited framework? (Y/N)	Was a third party submitted, initial? (Y/N)	If an extension was taken, did the plan notify the member of the extension? If so, provide the date and of their right to file an expedited grievance? (Y/NNNA)	Date oral notification provided to member (If no oral notification, please leave blank) (Y/N)	CCY/NNMMDD	Date oral notification provided to member (If no oral notification, please leave blank) (Y/N)	CCY/NNMMDD	Date written notification provided to member (If no written notification, please leave blank) (Y/N)	CCY/NNMMDD	Date written notification of resolution provided to member (HH:MM:SS - Military time)	Final number of times resolution has been grievance letter and review, to provide oral and written coverage determination (initials)	If appeal or coverage determination request was included with the grievance, date of member outreach	If sponsor offered member the opportunity to file an appeal, did the member accept? (Y/NNNA, Sponsor did not offer an appeal)	Date of appeal (Y/NNMMDD, did not allow the opportunity to file an appeal or member declined opportunity) CCY/NNMMDD	Description of the appeal disposition (request approved/denied or not determined)	Date of appeal disposition CCY/NNMMDD	