

Date Issue Identified CCY/MM/DD (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 Resolution Initiated CCY/MM/DD	Date System/Operational Resolution Completed CCY/MM/DD	Action Taken to Resolve Negatively Impacted Beneficiaries Including Outreach Description and Status	Date Beneficiary Outreach and Resolution Initiated CCY/MM/DD	Date Beneficiary Outreach and Resolution Completed CCY/MM/DD

Enrollee ID	Contract ID	Plan ID	Claim Number	Contracted or non-contracted provider	Date the request was received CCYY/MM/DD	Diagnosis	Item Description -- List type of service (e.g., SNF/HLT/POT)	Date denied CCYY/MM/DD	Date written notification provided to enrollee CCYY/MM/DD	Date written notification provided to provider CCYY/MM/DD	Did the non-contract provider bill the enrollee? (Y/N)	If the non-contract provider billed the enrollee, the amount (\$) billed	If the non-contract provider billed the enrollee, the amount (\$) the enrollee paid	Date enrollee paid amount reimbursed to enrollee CCYY/MM/DD	Amount enrollee paid reimbursed to enrollee