

Date Identified (CCY/NNMMDD) (Completed By: The CMS Team Lead)	Event Description Of Issue (Completed By: The CMS Team Lead)	Condition Language (Completed By The CMS Team Lead)	Related to Pre-Audit Issue Summary? (Y/N) (Completed By: The CMS Team Lead)	Pre-Audit Issue Summary Number (If Applicable) (Completed By: The CMS Team Lead)	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	Actions Taken to Remedy System/Operational Issues	Date System/Operational Remediation Initiated (CCY/NNMMDD)	Date System/Operational Remediation Completed (CCY/NNMMDD)	Actions Taken to Remedy Negatively Impacted Beneficiaries Including Outreach Description and Status	Date Beneficiary Outreach and Remediation Initiated (CCY/NNMMDD)	Date Beneficiary Outreach and Remediation Completed (CCY/NNMMDD)

Enrollee ID	Beneficiary Name	Contract ID	Plan ID	Element Affected - Enrollment, HRA/ICP, MOC	Effective Date of Enrollment (CCYY/MM/DD)	Initial HRA Deadline - Effective enrollment date + 90 days (CCYY/MM/DD)	Initial HRA Date (CCYY/MM/DD)	Initial HRA # of Days Late	Audit Period Annual HRA Date (CCYY/MM/DD)	Prior HRA Date (CCYY/MM/DD)	Annual HRA # of Days Late	Initial ICP Date (CCYY/MM/DD)	Date of Most Recent ICP (CCYY/MM/DD)	Basis of Most Recent ICP	Date of Prior ICP Update (CCYY/MM/DD)	Basis of Prior ICP	Other #1 (if applicable)	Other #2 (if applicable)	Other #3 (if applicable)	Sponsor's Clarifying Comments (if applicable)