

Pre-Audit Issue Summary

| Issue number | Program Area Impacted (CPE, FA, CDAG, ODAG, SNP-AROC) | Description of the issue (explain what happened) | Root cause analysis of the issue (explain why it happened) | # of members impacted | Date issue identified (CCYY/MM/DD) | Date issue previously discussed to CMS (if applicable CCYY/MM/DD) | To whom the issue was discussed (first and last name) | Was the issue fully remediated in the sponsor's system and for benefit dates? Y/N | Description of system operational remediation | Date system operational remediation initiated (CCYY/MM/DD) | Date system operational remediation completed (CCYY/MM/DD) | Description of remediation for negatively impacted beneficiaries | Date benefitary outreach and remediation initiated (CCYY/MM/DD) | Date benefitary outreach and remediation completed (CCYY/MM/DD) |
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