

**Instructions:** Provide a list of all disclosed issues of noncompliance that are relevant to the program areas and scope of universe being audited. A disclosed issue is one that has been reported to CMS prior to the date of the audit engagement letter. Issues identified by CMS through on-going monitoring or other account management/oversight activities during the plan year are not considered disclosed. This template is due within 5 business days after the receipt of the engagement letter. Please upload this completed spreadsheet to the HPMS Audit Module as follows: Data Upload tab, Level Association "Audit", File Type "Supplemental File", document name "Pre-audit Issue Summary".

Issue number	Program Area Impacted	Description of the issue (explain what happened)	Root cause analysis of the issue (explain why it happened)	# of enrollees impacted	Date issue identified Submit in CCYY/MM/DD format (e.g., 2020/01/01)	Date issue disclosed to CMS Submit in CCYY/MM/DD format (e.g., 2020/01/01)	To whom the issue was disclosed (first and last name)	Was the issue fully remediated in the Sponsoring organization's system and for enrollees? Y/N	Description of system/operational remediation	Date system/operational remediation initiated Submit in CCYY/MM/DD format (e.g., 2020/01/01)	Date system/operational remediation completed Submit in CCYY/MM/DD format (e.g., 2020/01/01)	Description of remediation for negatively impacted enrollees	Date enrollee outreach and remediation initiated Submit in CCYY/MM/DD format (e.g., 2020/01/01)	Date enrollee outreach and remediation completed Submit in CCYY/MM/DD format (e.g., 2020/01/01)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1395 (Expires 05/31/2024). This is a mandatory information collection. The time required to complete this information collection is estimated to average 701 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Office, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. \*\*\*\*CMS Disclosure\*\*\*\* Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact [part\\_c\\_part\\_d\\_audit@cms.hhs.gov](mailto:part_c_part_d_audit@cms.hhs.gov).