Du (Con	te lone Identified (MMDDTT) upleted By The CMS Team Lead)	Brief Description Of Iouse (Completed By The CMS Team Lead)	Condition Language (Completed By The CMS Team Lead)	Related to Pre-Audit Ione Summary?	Pre-Andit Ione Summary Number (If Applicable) (Completed By The CMN Team Lead)	Detailed Description of the Iome (Explain what happened) (Remaining fields to be completed by Sponsor)	Rost Cause Analysis for the Iosse (Explain why it happened)	Methodology - Describe the process that was undertaken to determine the # of members impacted	# of Drugs Affected	List Of Drugs Affected	# of Members Impacted	Actions Taken to Resolve System/Operational Iones	Date System/Operational Remediation Initiated (MM/DD/YY)	Date System/Operational Remediation Completed (MM/DD/VV)	Actions Taken to Rossive Negatively Impacted Beneficiaries Including Outmach Description and Status	Date Beneficiary Outreach and Remediation Initiated (MM/DD/YX)	Date Beneficiary Outreach and Remediation Completed (MM/DG/VY)

GPI 14 or GCN	NDC (11 digits; no hyphens or spaces)	RxCUI	Drug Name	Number of Impacted Members

Cardholde	ID Contract ID	Plon ID	Effective Date of Enrollment (MM/EG/VV)	Is beneficiary currently enrolled? (UN)	Date of Service Date of Re- (MM DD/Y) (MM DD	Time of Reject Chain (HIMMSS Military time	GP114 ar GCN	NDC (II digit; a ligglant or space	n Dong Name & Strongth	Dang Quantity	Dang Days Supply	Proceeding Error Code #2: (NCPDP reject code causing chân to reject)	Processing Error Meg #1: Plantancy Mescaging	Plantacy Error Cade #2	armacy Error Msg #2 Code #	Plantacy Effect Mog #3	Pharmecy Pharm Error Error: Code 84 84	toy Pharmacy fog Error I Code #5	Marmary Pla inter Mag 85	remocy Patient Date of Paid Core Type Residence Nii En (M2	Subsequent So ain - Enter Ch wer received II: (00/VI)	Time of Ber ubsequent Paid him. Enter N/A to ver received (BBMMSS) Re Military time)	umber of Days oreficieny West Without Medication (Farget or ordered - Enter NNA Farewer meetived	offer Time of Paid Claim for Related Dong - Enter NO. If never received (HHMMSS-Military time)	Related Drug GPI to or GCN	Related Dang NDC (11 digits; as hyphens or spaces)	Rolated Drug Name & Strength	Related Dang R Quantity 1	Dajes Supply	Compound Code	Ingredient Dieg Cost (S) Fo	encing Total Drug e (5) Cost (5)	Patient Paid Amount (5)	Type Padent Residence (e.g., LTC)
	_ (1			,				1 -																		1