Date Issue Identified (MM/DD/YY) (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	Actions Taken to Resolve System/Operational Issues	Date System/Operational Remediation Initiated (MM/DD/YY)	Date System/Operational Remediation Completed (MM/DD/YY)	Actions Taken to Resolve Negatively Impacted Beneficiaries Including Outreach Description and Status	Date Beneficiary Outreach and Remediation Initiated (MM/DD/YY)	Date Beneficiary Outreach and Remediation Completed (MM/DD/YY)

Cardholder ID	Contract ID	Plan ID	Claim Number	Request type: OD or Recon	Expedited OD or Recon? (Y/N)	Date request was received (MM/DD/YY)	Time the request was received (expedited only) (HHMMSS- Military time)	Diagnosis	Issue Description -- List type of service (e.g., SNF/IRF/PT/OT)	Level of service (e.g., inpatient/ outpatient/ ER/urgent care)	If an OD/reconsideration was requested under the expedited timeframe, did the plan determine the request did not meet expedited criteria and instead process the OD/reconsideration under the standard timeframe? (Y/N/NA)	Was a timeframe extension taken? (Y/N/NA)	If an extension was taken, did the plan notify the member of the reason(s) for the delay and of their right to file an expedited grievance? (Y/N/NA)	Was the request approved or denied?	Date approved--plan level (enter N/A if not applicable) (MM/DD/YY)	Time approved--plan level (expedited only) (HHMMSS- Military time)	If denied, was the request denied for lack of medical necessity? (Y/N/NA)	Date denied--plan level (MM/DD/YY)	Time denied--plan level (expedited only) (HHMMSS- Military time)	Date oral notification provided to enrollee (if no oral notification, indicate N/A) (HHMMSS- Military time)	Time oral notification provided (if no oral notification, indicate N/A) (expedited only) (HHMMSS- Military time)	Date written notification provided to enrollee (MM/DD/YY)	Time written notification provided to enrollee (expedited only) (HHMMSS- Military time)	Date written notification provided to provider (MM/DD/YY)	If request denied or untimely, date enrollee/ notified request has been forwarded to IRE (MM/DD/YY)	Date of receipt of IRE/ALJ/MAC decision (MM/DD/YY)	Time of receipt for IRE/ALJ/MAC decision (expedited only) (HHMMSS- Military time)	Date effectuated in plan's system (MM/DD/YY)	Time effectuated in plan's system (expedited only) (HHMMSS- Military time)	Was interest paid on the claim? (Y/N/NA)	Did the beneficiary receive the drug/service? (Y/N)	Plan directed care? (Y/N)	If plan directed care, amount of enrollee liability ($)	Amount enrollee paid in response to receiving notice of liability ($)	If enrollee paid, amount ($)	Amount enrollee reimbursed ($)	Date enrollee reimbursed (MM/DD/YY)