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	Contracted or non-contracted provider	Date the request was received (MM/DD/YY)	Diagnosis	Issue Description -- List type of service (e.g., SNF/HH/PT/OT) and level of service (e.g., inpatient/outpatient/ER/urgent care);	Date denied (MM/DD/YY)	Date written notification provided to enrollee (MM/DD/YY)	Date written notification provided to provider (MM/DD/YY)	Did the non-contract provider bill the enrollee? (Y/N)	If the non-contract provider billed the enrollee, the amount ($) billed	If the non-contract provider billed the enrollee, the amount ($) the enrollee paid	Date enrollee paid amount reimbursed to enrollee (MM/DD/YY)	Amount enrollee paid reimbursed to enrollee	Date affected non-contract providers were provided a description of the appeals process and notice containing the elements cited in MMCM Ch. 13, Sec 40.2.3 (MM/DD/YY)