Date Identified (MM/DD/YY) (Completed by Team Lead)	Brief Description Of Issue (Completed by Team Lead)	Condition Language (Completed by Team Lead)	Related to Pre-Audit Issue Summary? (Y/N) (Completed by Team Lead)	Pre-Audit Issue Summary Number (Completed by Team Lead) (If Applicable)	Detailed Description of the Issue (Explain what happened) (Remaining fields to be Completed By The Part C 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	Beneficiary Name	Contract ID	Plan ID	Plan Type	Effective Date of Enrollment (MM/DD/YY)	Was an HRA Conducted? (Y/N)	If an HRA Was Conducted, Were Needs Identified? (Y/N)	If an HRA Was Conducted and Needs Were Identified, Was an ICP Created? (Y/N)	If an ICP Was Created, Were the Identified Needs Addressed? (Y/N)	Was an ICT Created? (Y/N)	Were ICT Meetings Conducted at Least Annually? (Y/N)	Is There Evidence That the PCP Was Invited to Participate on the Beneficiary's ICT? Y/N