Date 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? (Y/N) (Completed By The CMS Team Lead)	Pre-Audit Issue Summary Number (If Applicable) (Completed By The CMS Team Lead)	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	Beneficiary Name	Contract ID	Plan ID	Element Affected - Enrollment, HRA/ICP, MOC	Effective Date of Enrollment (MM/DD/YY)	Initial HRA Deadline - Effective enrollment date + 90 days (MM/DD/YY)	Initial HRA Date (MM/DD/YY)	Initial HRA # of Days Late	Audit Period Annual HRA Date (MM/DD/YY)	Prior HRA Date (MM/DD/YY)	Annual HRA # of Days Late	Initial ICP Date (MM/DD/YY)	Date of Most Recent ICP (MM/DD/YY)	Basis of Most Recent ICP	Date of Prior ICP Update (MM/DD/YY)	Basis of Prior ICP	Other #1 (if applicable)	Other #2 (if applicable)	Other #3 (if applicable)	Sponsor's Clarifying Comments (if applicable)