Date Identified (AMADDEYY) (Completed By The CMS Team Lead)	Brief Description Of Iona (Completed By The CMS Team Lead)	Condition Language (Completed By The CMS Team Lead)	Pre-Audit Ione Summary Number (If Applicable) (Completed By The CMS Team Lead)	Detailed Description of the Ione (Explain what happened) (Bernalning fields to be completed by Spensor)	Root Cano Analysis for the Issue (Explain why II happened)	Methodology - Describe the process that was undertaken to determine the θ impacted	Member Impact XIN	Member Impact Detalls (Access to Care, Delayed Care, etc.)	Actions Taken to Resolve System/Operational Ionics	Date System/Operational Remediation Instituted (MM/DDFYY)	Date System/Operational Remediation Completed (MM/DD/YY)	Actions Taken to Resolve Iouse, Including Outroach Description and Status	Date Outruch and Remediation Initiated (MM/DD/YY)	Date Outreach and Remediation Completed (MM/DD/YY)

Cardholder ID (If member impact)	Beneficiary Name (If member impact)	Contract ID	Plan ID	Plan Type	Provider/Staff/ICT Name	MOC Training Date	Next Training Due Date	Provider/Staff/ICT Involvement with Member Care/Coordination (Describe)	MOC Processes Impacted (HRA, ICT, and/or ICP completion, etc.)	Sponsor's Clarifying Comments (if applicable)