Issue number	Program Area Impacted (CPE, FA, CDAG, ODAG, SNP-MOC, MTM)	Description of the issue (explain what happened)	Root cause analysis of the issue (explain why it happened)	# of members impacted	Date issue identified (MM/DD/YY)	Date issue previously disclosed to CMS (if applicable, MM/DD/YY)	To whom the issue was disclosed (first and last name)	Was the issue fully remediated in the sponsor's system and for beneficiaries? Y/N	Description of system/operational remediation	Date system/operational remediation initiated (MM/DD/YY)	Date system/operational remediation completed (MM/DD/YY)	Description of remediation for negatively impacted beneficiaries	Date beneficiary outreach and remediation initiated (MM/DD/YY)	Date beneficiary outreach and remediation completed (MM/DD/YY)