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)	Number	Detailed Description of the Issue	Root Cause Analysis for the Issue (Explain why it happened)	Methodology - Describe the process that was undertaken to determine the # of members impacted # of Drugs Affected	List Of Drugs Affected	# 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)

GPI 14 or GCN	NDC (11 digits; no hyphens or spaces)	RxCUI	Drug Name	Number of Impacted Members	Protected Class (Y/N)

Cardholder II	Contract ID Plan ID	Effective Date of Enrollment (MM/DD/YY)	Is beneficiary currently enrolled? (Y/N)	NDC (11 digits; no hyphens or spaces)	Drug Name	Request type - CD or RD	Expedited CD or RD? receive (Y/N) (MM/DD/	Time request was received (HHMMSS-Military time) Was the request approved or denied?	Date request was approved/denied (MM/DD/YY)	Date of written notification (MM/DD/YY) Time of written notification (HHMMSS - Militar time)	If decision or notification was untimely, was the case forwarded to the IRE? (Y/N)	Number of hours ecision/effectuation untimely (N/A if not applicable)	Number of hours notification untimely (N/A if not applicable)	Dates of adjudicated claims after decision date (MM/DD/YY)	Did beneficiary ever receive the originally requested medication as evidenced by a paid claim? (Y/N)	If yes in column V, indicate number of elapsed days from date of receipt of request.	Date issue was resolved or remediated (MM/DD/YY)	Brief summary of issue resolution (e.g. new notification letter and reason, prescriber contact and outcome, beneficiary received medication)	If approval was not granted, provide brief explanation (ex: outreach to MD showed member is on similar medication and no longer needs the medication)	Request type (e.g., tiering exception; non-formulary exception; Part B vs. Part D; DMR; Other)	<other data="" requested=""></other>	<other data="" requested=""></other>