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? (Completed By The CMS Team Lead) (Y/N)	Pre-Audit Issue Summary Number (Completed By The CMS Team Lead) (If applicable)	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	Action 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	Contract ID	Plan ID	Effective Date of Enrollment (MM/DD/YY)	Is beneficiary currently enrolled? (Y/N)	Date grievance/ complaint was received (MM/DD/YY)	Time grievance/ complaint was received (HHMMSS- Military time)	How was the grievance/ complaint received (Oral or Written)	Category of the grievance/complaint; at a minimum, categories must include each of the following: Enrollment/Disenrollment; Plan Benefits; Coverage Determinations, Appeals Process; Marketing; Confidentiality/ Privacy; Quality of Care, Expedited cases; Fraud & Abuse; Other	Description of the grievance	Was the grievance/ complaint processed under the expedited timeframe? (Y/N)	Was a timeframe extension taken? (Y/N)	If an extension was taken, did the plan notify the member of the reason(s) for the delay and of their right to file an expedited grievance? (Y/N/NA)	Date oral notification provided to enrollee (if no oral notification, please indicate N/A) (MM/DD/YY)	Time oral notification provided to enrollee (if no oral notification, please indicate N/A) (HHMMSS- Military time)	Date written notification of resolution provided to enrollee (MM/DD/YY)	Time written notification of resolution provided to enrollee (HHMMSS- Military time)	Brief summary of issue resolution (e.g. new grievance letter and reason, prescriber contact and outcome, coverage determination initiated)	If appeal or coverage determination request was included with the grievance, date of member outreach.	If sponsor offered member the opportunity to file an appeal, did the member accept (Y/N/NA- Sponsor did not offer an appeal)	Date of appeal (N/A Sponsor did not offer the opportunity to file an appeal or member declined opportunity) (MM/DD/YY)	Description of the appeal disposition (request approved/denied on redetermination)	Date of appeal disposition (MM/DD/YY)