Date I (M (Comple To	ssue Identified M/DD/YY) ted By The CMS ram 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)	Summary Number	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)

Cardinider 10	Contract ID	Flan	Claim Number (rater NA if ant available)	Person with made the request (CP,	Type of Ecquesi (pricement, par survive CO, presservise reconsideration, NCP sistem, DAE, NCP mean-ideration, DAE	Date the request sus matriced (MMDDAYS)	Time the sequent was reviewed (JEDMDOS - Milliary line)	loar Drosijdin	Is this an expedited or standard request (EN)		Brason for Dismission (e.g., no. AOE, an WOL, unitarily Hings	Date without a metilication provided	Appealed to IEE	Date Investigation IRE (MMIDRATE)	If plan directed case, amount of custome hability (0)	paid in response in	If encodes paid, amount (3)	Annual suralize sciabacted (b)	Date candler reinformed (MARDEV1)