Date Identified (MMADD(YY) (Completed By The CMS Team Lead)	Brief Description Of Iona (Completed By The CMS Team Lend)	Condition Language (Completed By The CMS Team Lead)	Related to Pre-Andit Ionse Summary? (V/N) (Completed By The CMS Team Lead)	Pre-Audit Issue Summary Number (If Applicable) (Completed By The CMN Team Lead)	Detailed Description of the Iouse (Explain what happened) (Remaining fields to be completed by Spensor)	Root Cause Analysis for the Ionae (Explain why it happened)	. Methodology - Describe the process that was undertaken to determine the θ impacted	Member Impact XN	Member Impact Details (Access to Care, Delayed Care, etc.)	Actions Taken to Resolve System/Operational Iones	Date System/Operational Remediation Initiated (MM/DD/YY)	Date System/Operational Remediation Completed (MMDD133)	Actions Taken to Resolve Issues, Including Outwach Description and Status	Date Outreach and Remediation Initiated (MM/DD(YY)	Date Outreach and Remediation Completed (MMDD/13)

Cardho (If membe	older ID er 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)