| Date Issue Identified CCYY/MM/DD (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 (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 Drugs Affected | List Of Drugs Affected | # of Members Impacted | Actions Taken to Resolve System/Operational Issues | Date System/Operational Remediation Initiated CCYY/MM/DD | Date System/Operational Remediation Completed CCYY/MM/DD | Actions Taken to Resolve Negatively Impacted Beneficiaries Including Outreach Description and Status | Date Beneficiary Outreach and Remediation Initiated CCYY/MM/DD | Date Beneficiary Outreach and Remediation Completed CCYY/MM/DD |
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| GPI 14 or GCN | NDC (11 digits; no hyphens or spaces) | RxCUI | Drug Name | Number of Impacted Members | Protected Class (Y/N) |
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| Enrollee | D Contract ID | Plan ID | Effective Date of Enrollment CCYY/MM/DD | Is beneficiary currently enrolled? (Y/N) | GPI 14 or GCN | NDC (11 digits; no hyphens or spaces) | Drug Name | Request type - CD or RD | Expedited CD or RD? (Y/N) | Date request was received (CCYY/MM/DD) | Time request was received (HHMMSS-Military time) | Was the request approved or denied? | Date requestwas approved/denied (CCYY/MM/DD) | Date of written notification (CCYY/MM/DD) | Time of written notification (HHMMSS- Military time) | If decision or notification was untimely, was the case forwarded to the IRE? (Y/N) | Number of hours decision/effectmation untimely (N/A if not applicable) | Number of hours notification untimely (N/A if not applicable) | Dates of adjudicated claims after decision date (CCYY/MMDD) | Did beneficiary everreceive the originally requested medication as evidenced by a paidclaim? (Y/N) | If yes in column V, indicate number of elapsed days from date of receipt of request. | Date issue was resolved or remediated (CCYY/MM/DD) | 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., fiering exception; non-formulary exception; Part B vs. Part D; DMR; Other) | <other data="" requested=""></other> | <other data="" requested=""></other> |
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