

Date 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)	Pre-Audit Issue Summary Number (Completed By The CMS Team Lead) (If applicable)	Detailed Description of the Issue (Explain what happened) (Remaining Details 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 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

