Date Identified CCYY/MM/DD (Completed By The CMS Team Lead)	Brief Description Of Issue (Completed By The CMS Team Lead) (Completed By The CMS Team Lead)	Related to Pre-Audit Issue Summary? (Completed By The CMS Team Lead) (Y/N) (Completed By The CMS 1 Lead) (If applicable)	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	CONTRACTOR	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

Enrollee ID	Contract	D Plan ID	Effective Date of Enrollment CCYY/MM/DD	Is beneficiary currently enrolled? (Y/N) Date grievance/ complaint was received CCYY/MM/DD	Time grievance/ complaint was received (HHMMSS- Military time) How was the complain (Oral or	ceived Enrollment/Disenrollment; Plan Benefits; Coverage	Description of the grievance	Was the grievance, complaint processe under the expedited timeframe? (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) CCYY/MM/DD	Time or al notification provided to enrollee (if no or al notification, please indicate N/A) (HHMMSS-Military time)	Date written notification of resolution provided to enrollee CCYY/MM/DD	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) CCYY/MM/DD	Description of the appeal disposition (request approved/denied on redetermination)	Date of appeal disposition CCYY/MM/DD