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)	Pre-Audit Issue Summary Number (Completed By The CMS Team Lead) (If applicable)	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 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

Enrollee ID	Contract ID	Plan ID	Claim Number (enter N/A if not available)	Person who made the request (CE, NCP, R, RR)	Type of Request (grievance, pre-service OR, pre-service reconsideration, NCP claim, DMR, NCP reconsideration, DMR)	Provider Type (CP/NCP/NA)	Date the request was received CCYY/MM/DD	Time the request was received (HH:MM:SS Military time)	Issue Description	Is this an expedited or standard request (E/S)	Date the request was dismissed CCYY/MM/DD	Time the request was dismissed (HH:MM:SS - Military time)	Reason for Dismissal (e.g., no AOR, no WOL, untimely filing)	Date written notification provided to enrollee/provider CCYY/MM/DD	Time written notification provided to enrollee/provider (HH:MM:SS - Military time)	Appealed to IRE (Y/N)	Date forwarded to IRE CCYY/MM/DD	If plan directed case, amount of enrollee liability ($)	Amount enrollee paid in response to receiving notice of liability ($)	If enrollee paid, amount ($)	Amount enrollee reimbursed ($)	Date enrollee reimbursed CCYY/MM/DD