

Item Identifier (CCY/MS/ID) (Completed by The CMS Team Lead)	Brief Description of Item (Completed by The CMS Team Lead)	Condition Category (Completed by The CMS Team Lead)	Related to Pre-Auth Issue Statement? (Completed by The CMS Team Lead)	Pre-Auth Issue Statement Number (If Applicable) (Completed by The CMS Team Lead)	Detailed Description of the Item (Includes what happened, Remedial Steps to be completed by Sponsor)	Root Cause Analysis for the Issue (Includes what happened)	Methodology - Describe the process that was undertaken to determine the # impacted	Monitor Impact %	Monitor Impact Details (Access to Care, Delayed Care, etc.)	Action Taken to Resolve System/Operational Issues	Does System/Operational Remediation Relieve? (CCY/MS/ID)	Does System/Operational Remediation Complete? (CCY/MS/ID)	Action Taken to Resolve Issues, Including Outreach Description and Source	Date Outreach and Remediation Initiated (CCY/MS/ID)	Date Outreach and Remediation Complete (CCY/MS/ID)

Enrollee ID (If member 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 (RRA, ICT, and/or ICP completion, etc.)	Sponsor's Clarifying Comments (If applicable)