

Date Issue Identified (CCYYMMDD) (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)

Envelope ID	Contract ID	Plan ID	Claim Number	Request type: (U or R) or None	Expedited ORR or None? (Y/N)	Date request was received (CCY/M/DD)	Time the request was received (expedited only) (HH:MM:SS, Military time)	Diagnosis	Issue Description - List type of service (e.g., SNR/PTOT)	If an ORR/acceleration was requested under the expedited timeframe, did the plan determine the request did not meet expedited criteria and instead process the ORR/acceleration under the standard timeframe? (Y/N/A)	Was a standard extension taken? (Y/N/A)	If an extension was taken, did the plan notify the member of the reasons for the delay and of their right to file an expedited request? (Y/N/A)	Was the request approved or denied?	Date approval - plan level (only N/A if not applicable) (CCY/M/DD)	Time approval - plan level (expedited only) (HH:MM:SS, Military time)	If denied, was the request denied for lack of medical necessity? (Y/N/A)	Date denied - plan level (CCY/M/DD)	Time denied - plan level (expedited only) (HH:MM:SS, Military time)	Date and notification provided to member if oral notification, indicate N/A (expedited only) (CCY/M/DD)	Time oral notification provided if oral notification, indicate N/A (expedited only) (HH:MM:SS, Military time)	Date written notification provided to member (CCY/M/DD)	Time written notification provided (HH:MM:SS, Military time)	Date written notification provided to provider (CCY/M/DD)	Date of receipt of HEL, AEL, MAC, or RMA (CCY/M/DD)	Time of receipt for HEL, AEL, MAC, or RMA (HH:MM:SS, Military time)	Date effectuated in plan's system (expedited only) (HH:MM:SS, Military time)	Time effectuated in plan's system (expedited only) (HH:MM:SS, Military time)	Was interest paid on the claim? (Y/N/A)	Did the beneficiary receive the employer's? (Y/N)	Plan allowed case? (Y/N)	If plan allowed case, amount of member liability (\$) (Y/N)	Amount member paid in response to receiving notice of liability (\$) (Y/N)	If member paid, amount (\$) (Y/N)	Amount employer reimbursed (\$) (Y/N/A)	Date member reimbursed (CCY/M/DD)			