

| 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 |
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| Enrollee ID | Contract ID | Plan ID | Effective Date of Enrollment CCYYMMDD | Is beneficiary currently enrolled? (Y/N) | Date grievance/complaint was received CCYYMMDD | Time grievance/complaint was received (HHMMSS-Military time) | How was the grievance/complaint received (Oral or Written) | Category of the grievance/complaint: if a minimum, categories must include each of the following: Enrollment/Disenrollment; Plan Benefits; Coverage Determinations; Appeals Process; Marketing; Confidentiality/Privacy; Quality of Care; Expedited cases; Fraud & Abuse; Other | Description of the grievance | Was the grievance/complaint processed under the expedited timeframe? (Y/N) | Was a timeframe extension taken? (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 member (if no oral notification, please indicate N/A) CCYYMMDD | Time oral notification provided to member (if no oral notification, please indicate N/A) (HHMMSS-Military time) | Date written notification of resolution provided to member CCYYMMDD | Time written notification of resolution provided to member (HHMMSS-Military time) | Brief summary of issue resolution (e.g. we've grievance letter and reason, procedure 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) CCYYMMDD | Description of the appeal disposition (request approved/denied on re-determination) | Date of appeal disposition CCYYMMDD | |
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