Date locus CC (Co CM	Identified (YOMM/DD inpleted By The S Team Lead)	Brief Description Of Ionus (Completed By The CMS Team Lead)	Condition Language (Completed By The CMS Team Lead)	Related to Pre-Audit Ione Summary? (Y/N)	Pre-Audit Ione Summary Number (If Applicable) (Completed By The CMS Team Lead)	Detailed Description of the Some (Kupinia what lappened) (Remaining Solds to be completed by Sponsor)	Rost Casse Analysis for the Issue (Explain why it happened)	Methodology - Describe the process that was undertaken to determine the # of members impacted	# of Brugs Affected	List Of Drugs Affected	# of Members Impacted	Actions Taken to Results System/Operational Souss	Date System/Operational Remediation Initiated CC YY/MM/DD	Date System/Operational Remediation Completed CCYV/MM/DD	Actions Taken to Resolve Negatively Impacted Benediciaries Including Outreach Description and Status	Date Beneficiary Outreach and Remediates Initiated CCYY/MM/DD	Date Beneficiary Ostroach and Reuse distina Completed CCYV/MM/DD

GPI 14 or GCN	NDC (11 digits; no hyphens or spaces)	RxCUI	Drug Name	Number of Impacted Members

Cardholder	Medicare Beneficiary Identifier (MBI)	Contract ID	Plan ID	Effective Date of Enrollment CCYYMMED	Is beneficiary currently carded? (VIN)	Data of Service CCTY/MMDD	Date of Rejected Claim CCYYMMED	Time of Rejecte Chains (HHMMSS- Military time)	d GPI H or GCN	NDC (11 digit; no hyphens or spaces)	Drug Name & Strongs	h Drug Quantity	Drug Days Supply	ProceedingError Code #1: (NCTBT reject order caming chim to reject)	Proceeding Error Meg #1: Pharmacy Messaging	Placemacy Error Code #2	Pharmacy Error Mog 92 Pharm Cude	Pharmacy En Meg #3	or Flurmacy Plus Error Erro Code #4	rmacy Planma r Meg Error r4 Cude #	y Plantacy Error Mog E #5	Pharmacy Patien Service Type Residen	Date of Subsequent Paid Claim - Enter NAITuver receive CCVVMMEDD	Time of Subsequent Paid Chains EnterNA difactor received (HIMMNNS- Military time)	Number of Days Beneficiary West Without Medication (Target or Related) - Enter NA if never received	Date of Paid Claimfor a Related Drug - Eater NIX if newer received CCTY/MMDD	Time of Paid Claim for a Related Drug - Enter NAAI never received (HHMMSS-Miltary time)	RelatedDrug GP114 erGCN	RelatedDrug NDC (114ght; ashtyphens or spaces)	Related Drug Name & Strength	Robred Drug Quantity	Related Drug Days Supply	Compound Code	Ingredient Cost (1%)	Kopendag Teta Fee (S) Ca	Drug Patient P. Amount (id Pharmacy Sea S) Type	Patient Residence (e.g., LTC)