Date Identified (CCYY/MM/DD) (Completed by Team Lead)	Brief Description Of Issue (Completed by Team Lead)	Condition Language (Completed by Team Lead)	Related to Pre-Audit Issue Summary? (Y/N) (Completed by Team Lead)	Pre-Audit Issue Summary Number (Completed by Team Lead) (If Applicable)	Detailed Description of the Issue (Explain what happened) (Remaining fields to be Completed By The 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	Beneficiary Name	Contract ID	Plan ID	Plan Type	Effective Date of Enrollment (CCYY/MM/DD)	Was an HRA Conducted? (Y/N)	If an HRA Was Conducted, Were Needs Identified? (Y/N)	If an HRA Was Conducted and Needs Were Identified, Was an ICP Created? (Y/N)	If an ICP Was Created, Were the Identified Needs Addressed? (Y/N)	Was an ICT Created? (Y/N)	Were ICT Meetings Conducted at Least Annually? (Y/N)	Is There Evidence That the PCP Was Invited to Participate on the Beneficiary's ICT? Y/N

v. 12-2019