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? (Y/N) (Completed By The CMS Team Lead)	Pre-Audit Issue Summary Number (If Applicable) (Completed By The CMS Team Lead)	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 # impacted	Member Impact Y/N	Member Impact Details (Access to Care, Delayed Care, etc.)	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 Issue, Including Outreach Description and Status	Date Outreach and Remediation Initiated (CCYY/MM/DD)	Date Outreach and Remediation Completed (CCYY/MM/DD)

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 (HRA, ICT, and/or ICP completion, etc.)	Sponsor's Clarifying Comments (if applicable)