

Date Identified (YYYYMMDD) Completed By: The CMS Team Lead	Brief Description Of Issue (Completed By: The CMS Team Lead)	Confidential Language (Completed By: The CMS Team Lead)	Related to Pre-Auth Issue Summary? (Completed By: The CMS Team Lead)	Pre-Auth Issue Summary Number of 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 root cause	Member Impact %/N	Member Impact Details (Access to Care, Related Com, etc.)	Actions Taken to Resolve System/Operational Issues	Date System/Operational Remediation Initiated (YYYYMMDD)	Date System/Operational Remediation Completed (YYYYMMDD)	Actions Taken to Resolve Issues, Including Outreach Description and Name	Date Outreach and Remediation Initiated (YYYYMMDD)	Date Outreach and Remediation Completed (YYYYMMDD)

SNP-MOC\_Training\_Impact

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)