

Date Issue Identified CCYMMDD (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-Alert Issue Summary? (Completed By: The CMS Team Lead) (Y/N)	Pre-Alert Issue Summary Number (Completed By: The CMS Team Lead (If applicable))	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)	Mitigation - Describe the process that was undertaken to determine the # of members impacted	# of Disputes Affected	List Of Disputes Affected	# of Members Impacted	Actions Taken to Remedy System/Operational Issues	Date System/Operational Remediation Initiated CCYMMDD	Date System/Operational Remediation Completed CCYMMDD	Actions Taken to Remedy Negatively Impacted Beneficiaries Including Outreach Description and Dates	Date Beneficiary Outreach and Remediation Initiated CCYMMDD	Date Beneficiary Outreach and Remediation Completed CCYMMDD
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CDAG_CDM_Impact

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

Number of	Location of	Project	Project Name / Description	Responsible Party / Organization	Start Date	End Date	Project Status	Project Budget	Project Funding Source	Project Description	Project Objectives	Project Results	Project Impact	Project Evaluation	Project Recommendations	Project Lessons Learned	Project Contact Information	Project Website