

Quality Assurance & Monitoring (QAM)

Report Issued: [Add Date]

Name of Review: [Add Review Name]

Business Unit reviewed: [Add Unit Name]

Review Period: [Add Date Reference for Period of Review]

Reporting Period: [Add Reporting Period]

To: [Add Recipients: Generally addressed to the owner of function – e.g., Claims VP/Manager if reviewing claims payments]

Cc: [Add Recipients to include Compliance, Legal, and relevant management of the business unit reviewed]

Reviewer: [Add name of reviewer]

Review Opinion – Effective (green), Needs improvement (yellow), Not effective (red)

Effective

[Provide a summary of the findings and corrective actions.]

Overview/Background: [Add what was reviewed, regulatory background, why it matters]

Previous Findings: [Indicate if previously reviewed, what were the findings]

Review Process: [What was the methodology? What data was reviewed? What was the source of the data?]

Findings/Action Plans: [What was the outcome of the results? Any specific findings? If so, how will the business unit reviewed correct? Training, coaching, procedural updates, and system enhancements]

Objectives: [Add content]

Resources: [Data, documents, regulatory information]