# Applicable to

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Entity** | QHBPC[[1]](#endnote-1) | QHPC[[2]](#endnote-2) | QHPMC[[3]](#endnote-3) | QHIC[[4]](#endnote-4) | QTZ[[5]](#endnote-5) | If other, please specify. | |
| **State** | Iowa | Illinois | Minnesota | Wisconsin | | If other, please specify. | |
| **Product Line** | All Insured Product Lines (Does not include self-funded) | | | | | Self-Funded |  |
|  | Commercial HMO  Commercial PPO  Commercial POS | | Individual ACA Exchange  Individual ACA Non-Exchange  Individual Pre-2010  Medicaid-BadgerCare Plus  Medicaid-SSI | | | Medicare Advantage  Medicare Select  Medicare Supplement  State/Local  D-SNP | |

# Enforcement

Workforce members who violate this policy will be subject to disciplinary actions, up to and including termination of employment. Workforce members have a duty to report suspected or actual noncompliance. Failure to do so may result in disciplinary action leading up to and including termination.

# Review, Revision and Distribution

This policy and any material revisions to this policy require the approval of **Compliance Officer(s)**.

External requests for access to this P&P (from network partners, sister companies, etc.) should be directed to **Compliance Officer9s)**.

This document will be updated periodically to reflect changing business and technology requirements or at least annually, whichever is sooner. All change requests should be directed to the document owner.

# Document Logistics & Revision History

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| --- | --- |
| **Document Owner:** | AVP, Compliance & Government Regulatory Operations and Senior Director, Deputy General Counsel – Compliance Services |
| **Next Review:** | March 2024 |

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| **Description of Changes** | **Name, Title, or Committee** | **Date** |
| **Creation** | Tina Shuda, Sr. Compliance Analyst | 5/1/2017 |
| **Reviewed/Revised** | Kelly Skifton and Kristie Breunig | 3/6/2023 |
| **Approved** | Compliance Committee | 4/20/2023 |
| **Note:** Only keep the initial creation, last revision, and last approval dates. Previous versions must be archived for 10 years. | | |

# Purpose

The purpose of this policy is to describe the procedures followed to identify if a vendor is a First Tier, Downstream and Related Entity (FDR), evaluate vendor compliance risks and conduct routine monitoring and auditing as part of Quartz’s oversight of FDRs to ensure FDR compliance with Federal Healthcare Program (Medicare, Federally Facilitated Marketplace and Medicaid) regulations.

# Policy

Quartz maintains signed written agreements with all providers, agencies, and administrative vendors that describe the scope of the business arrangement, performance expectations, reporting responsibilities and consequences for failure to meet contractual requirements. Prior to contract execution, each agency and administrative vendor request that will be servicing any of the following product lines (MA\QHP\BadgerCare\Medicaid-SSI\D-SNP) is reviewed by the Compliance Team to identify if the vendor qualifies as an FDR. This determination in made based on completion of the Compliance Questionnaire. If the delegated entity is determined to be an FDR, Quartz ensures all required language is included in the contract agreement and/or addendum to verify commitment with compliance requirements related to the delegated function.

# Definitions

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| **Abuse** | Includes actions that may, directly or indirectly, result in: unnecessary costs to Federal Healthcare Programs, improper payment, payment for services that fail to meet professionally recognized standards of care, or services that are medically unnecessary. Abuse involves payment for items or services when there is no legal entitlement to that payment and the provider has not knowingly and/or intentionally misrepresented fact to obtain payment. Abuse cannot be differentiated categorically from fraud, because the distinction between “fraud” and “abuse” depends on specific facts and circumstances, intent and prior knowledge and available evidence, among other factors. |
| **CMS** | Centers for Medicare and Medicaid Services |
| **Code of Conduct (COC)** | The document that sets forth Quartz’s ethical standards and core values and is designed to guide employee conduct when performing their daily work. |
|  |  |
| **Delegated Entities** | First Tier, Downstream or Related Entities (FDRs) who contracts with Quartz to perform administrative or health care service functions related Federal Healthcare Programs product lines. |
| **Delegated Entity** | A business relationship between the organization and a first-tier entity to perform functions that otherwise would be the responsibility of the organization to perform. A delegate may receive the authority to act on an organization’s behalf, but the organization is accountable for any functions or responsibilities that are delegated to other entities whether the functions are provided by the first-tier or other downstream entities. |
| **Downstream Entity** | Any party that enters into a written arrangement, below the level of the arrangement between a sponsor and a First-Tier Entity for provision of administrative services or health care services to eligible individuals under the Federal Healthcare Programs. (e.g., hospitals within a health system or credentialing verification organization) |
| **DSNP** | Dual Eligible Special Need Plans |
| **FDR** | First Tier, Downstream or Related Entity as defined in 42 CFR 423.4 |
| **Federal Healthcare Programs** | Medicare, FFM, and Medicaid |
| **FFM** | Federally Facilitated Marketplace |
| **First Tier Entity** | Any party that enters into a written arrangement, acceptable to CMS, with a Federal Healthcare Program to provide:   * Administrative services (e.g., marketing, utilization management, quality management, application processing, enrollment, or disenrollment functions, claims processing, adjudicating organization determinations, appeals and grievances, provider credentialing, application processing); or * Health care services to eligible individuals under the Federal Healthcare Programs (e.g., independent practice association, pharmacy benefit manager, hospital) |
| **Fraud** | Knowingly and willfully executing, or attempting to execute, a scheme or artifice to defraud any health care benefit program or to obtain (by means of false or fraudulent pretenses, representations, or promises) any of the money or property owned by, or under the custody or control of, any health care benefit program. 18 U.S.C. § 1347. |
| **FWA** | Fraud, waste, and abuse |
| **Internal Audit** | An audit conducted by auditors who are employed by Quartz. |
| **MA** | Medicare Advantage |
| **MAPD** | Medicare Advantage Prescription Drug |
| **Medicaid-SSI** | Supplemental Security Income |
| **Monitoring Activities** | Regular reviews of FDRs’ operational functions performed as part of normal operations to confirm ongoing compliance and to ensure that corrective actions are effective and are carried out in a timely manner. |
| **Related Entity** | Any entity that is related to the sponsor by common ownership or control and either: (1) performs some of the sponsor’s management functions under a contract or delegation; (2) furnishes services to Federal Healthcare Program, eligible individuals under an oral or written agreement; or (3) leases real property or sells materials to the sponsor at a cost of more than $2,500 during a contract period. (42 C.F.R. § 423.501) |
| **Waste** | Is the overutilization of services, or other practices that, directly or indirectly, result in unnecessary costs to Federal Healthcare Programs. Waste is generally not considered to be caused by criminally negligent actions but rather misuse of resources. |

# Related Documents

Prv.R 002 Provider Contracting Policy

Prv.R 005 Medicare FDR Compliance

Quartz Contract Implementation Form

IS.SEC.0210 Vendor Security Due Diligence Policy

# Requirements

42 C.F.R. §§ 422.503 (b)(4)(vi) and 423.504 (b)(4)(vi)

[Medicare Managed Care Manual Chapter 21 – Compliance Program Guidelines, and Prescription Drug Benefit Manual Chapter 9 – Compliance Program Guidelines](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/mc86c21.pdf)

45 C.F.R. § 156.340 Standards for downstream and delegated entities

45 C.F.R. § Part 155 Exchange Establishment Standards and Other Related Standards Under the ACA

45 C.F.R. § Part 156 Health Insurance Issuer Standards Under the ACA, Including Standards Related to Exchanges

Article XIV Contractual Relationship. B. Subcontractors, BadgerCare Contract

# Procedure

Quartz is committed to ongoing evaluation and oversight of compliance across all operational areas of their FDRs to reduce potential findings through:

* Identification and classification
* Risk Evaluation Process
* Onboarding and Education
* Auditing and Monitoring

**FDR Identification, Classification and Risk Evaluation Process**

* **Provider Affairs Contracts**

Prior to contracting with a new provider or amending an existing provider agreement, Provider Affairs is responsible for:

* + Preparing the agreement
  + Completing the Contract Interpretation Document
  + Saving the contracting documentation in the provider’s DocuSign folder on the P-drive
  + Sending an alert to the Contract Manager for Peer Review
  + Reviewing the Agreement and the Contract Interpretation Document within assigned Mini-Team meeting
  + Sending an alert to the Provider Affairs Contract Associate to route through DocuSign for review and signature

The Contract Interpretation Document will assist Provider Affairs with identifying the appropriate regulatory addenda to be included with the agreement or amendment.

Providers who perform health care services for federal healthcare programs will always be an FDR, therefore, prior to contracting with a provider that includes Quartz Medicare Advantage, Provider Affairs is responsible for ensuring the provider completes a [Quartz Medicare Advantage FDR Annual Compliance Attestation](https://quartzbenefits.com/wp-content/uploads/docs/providers/medicare-advantage/forms/attachment-15-medicare-advantage-fdr-annual-compliance-attestation9b5c3905b67d447092f2db0e3dea4ca5.pdf) and attests to full compliance with CMS compliance program requirements outlined in the attestation. Once the provider completes the [Quartz Medicare Advantage FDR Annual Compliance Attestation](https://quartzbenefits.com/wp-content/uploads/docs/providers/medicare-advantage/forms/attachment-15-medicare-advantage-fdr-annual-compliance-attestation9b5c3905b67d447092f2db0e3dea4ca5.pdf), compliance with CMS compliance program requirements must be confirmed by a member of the Compliance Team before Medicare Advantage will be added to the agreement or amendment. If the provider does not complete a [Quartz Medicare Advantage FDR Annual Compliance Attestation](https://quartzbenefits.com/wp-content/uploads/docs/providers/medicare-advantage/forms/attachment-15-medicare-advantage-fdr-annual-compliance-attestation9b5c3905b67d447092f2db0e3dea4ca5.pdf) as requested or if the provider does not meet CMS compliance program requirements, follow-up will be required by Provider Affairs prior to deciding on contracting with the provider.

* **Agency Contracts**

Prior to initiating a contract with a new agency, or amending an existing agency agreement, the Sales Team is responsible for preparing the agreement or amendment. The Sales Team is accountable for adding the agency to Venminder, Quartz’s internal vendor management tool and collecting the appropriate questionnaires and forwarding necessary oversight tasks as bulleted below.

* + If the agency will be servicing any of the following product lines (MA\QHP\BadgerCare\Medicaid SSI\DSNP), the Sales Team is required to complete a [Compliance Questionnaire](file:///P:\Compliance\Venminder\Quartz%20Compliance%20Questionnaire_02282022.xlsx) in Venminder. The Sales Team is accountable for the accuracy and completeness of the information on the Compliance Questionnaire.
  + Prior to contracting with an agency that includes Quartz Medicare Advantage, Agent Appointments is responsible for ensuring the agency completes a [Quartz Medicare Advantage FDR Annual Compliance Attestation](https://quartzbenefits.com/wp-content/uploads/docs/providers/medicare-advantage/forms/attachment-15-medicare-advantage-fdr-annual-compliance-attestation9b5c3905b67d447092f2db0e3dea4ca5.pdf) and attests to full compliance with CMS compliance program requirements outlined in the attestation. Once the agency completes the [Quartz Medicare Advantage FDR Annual Compliance Attestation](https://quartzbenefits.com/wp-content/uploads/docs/providers/medicare-advantage/forms/attachment-15-medicare-advantage-fdr-annual-compliance-attestation9b5c3905b67d447092f2db0e3dea4ca5.pdf), compliance with CMS compliance program requirements must be confirmed by a member of the Compliance Team before Medicare Advantage will be added to the agreement or amendment. If the agency does not complete a [Quartz Medicare Advantage FDR Annual Compliance Attestation](https://quartzbenefits.com/wp-content/uploads/docs/providers/medicare-advantage/forms/attachment-15-medicare-advantage-fdr-annual-compliance-attestation9b5c3905b67d447092f2db0e3dea4ca5.pdf) as requested or if the agency does not meet CMS compliance program requirements, follow-up will be required by Agent Appointments prior to deciding on contracting with the agency.
  + The Sales Team will assign an oversight task to the Compliance Team to review the [Compliance Questionnaire](file:///P:\Compliance\Venminder\Quartz%20Compliance%20Questionnaire_02282022.xlsx). The Compliance Team will conduct an analysis via the information provided on the Compliance Questionnaire and will determine the following:
    - If vendor will be classified as a delegated entity. A delegated entity may be an FDR.
    - Identification of regulatory addenda to be included in the agreement or amendment
    - When FDR onboarding and education is required
  + The Compliance Team must sign off on all assigned oversight tasks prior to final contract execution through DocuSign.
  + If the agency has access to or performs a function/service which creates, receives, maintains, or transmits PHI, the Sales Team will require the agency to complete a [Quartz HIPAA Security Due Diligence Questionnaire (500 or more)](https://rsd.venminder.com/clients/9420a234-9ecb-4f0a-b257-aa7cc9aa11b5/questionnaires/questionnaire-library) if over 500 member records, and the [Quartz HIPAA Security Due Diligence Questionnaire (500 or less)](https://rsd.venminder.com/clients/9420a234-9ecb-4f0a-b257-aa7cc9aa11b5/questionnaires/questionnaire-library) if under 500 member records. The Sales Team will assign an oversight task to the Information Security Team to review the completed Quartz HIPAA Security Due Diligence Questionnaires and determine a security risk level.
  + The Sales Team will assign an oversight task to the Sourcing & Vendor Management (SVM) Team to perform an Office of the Inspector General (OIG) and General Services Administration (GSA) System for Award Management (SAM) exclusion list screening of any potential agency prior to contracting to ensure the agency is not excluded, debarred, suspended, or suspected of wrongdoing. Proof of exclusion list screening results will be stored in Quartz’s exclusion screening application software program. If any findings are identified, the SVM Team will contact the Sales Teams to review and investigate.
* **Administrative Vendor Contracts**

Prior to initiating a contract with a new vendor, or amending an existing vendor agreement, or Statement of Work:

* + The business owner must notify the Sourcing & Vendor Management (SVM) Team regarding any potential contracting by completing a [Vendor Sourcing Intake Request](https://uwhealth.service-now.com/quartz_sp?id=sc_cat_item&sys_id=003163601b6db850f77199ba234bcb39&sysparm_category=b8512b601b6db850f77199ba234bcb54) through ServiceNow. The SVM Team will work with the business owner to understand their business strategy and requirements, and will come up with a plan to address their needs.
  + If a vendor will be servicing any of the following product lines (MA\QHP\BadgerCare\Medicaid SSI\DSNP), the vendor business owner is required to complete a [Compliance Questionnaire](file:///P:\Compliance\Venminder\Quartz%20Compliance%20Questionnaire_02282022.xlsx) through Quartz’s internal vendor management tool, Venminder. The vendor business owner is accountable for the accuracy and completeness of the information on the Compliance Questionnaire.
  + The SVM Team will assign an oversight task to the Compliance Team to review the [Compliance Questionnaire](file:///P:\Compliance\Venminder\Quartz%20Compliance%20Questionnaire_02282022.xlsx). The Compliance Team will conduct an analysis via the information provided on the Compliance Questionnaire and will determine the following:
    - If vendor will be classified as a delegated entity. A delegated entity may be an FDR.
    - Identification of regulatory addenda to be included in the agreement or amendment
    - When FDR onboarding and education is required
  + The Compliance Team must sign off on all assigned oversight tasks prior to final contract execution through DocuSign.
  + The SVM Team will perform an Office of the Inspector General (OIG) and General Services Administration (GSA) System of Award Management (SAM) exclusion screening of any potential vendors prior to contracting to ensure the vendor is not excluded, debarred, suspended, or suspected of wrongdoing. Proof of the exclusion list screening results will be stored in Quartz’s exclusion screening application software program. If any findings are identified, the SVM Team will contact the Compliance Team for review and investigation.

Contracts which are **exempt** and would never require a completed Compliance Questionnaire include:

* Employer Group or Customer Group contracts
* ETF contracts
* DHS contracts
* Business Associate Agreements (BAA’s)
* Non-Disclosure Agreements (NDA’s)
* Data exchange agreements
* Event agreements
* Intercompany agreements

Quartz will utilize factors recommended by CMS to determine if the delegated entity is an FDR and the risk level assigned to the delegated entity. These factors include the following:

* The function to be performed by the delegated entity;
* Whether the function is something Quartz is required to do or provide under its contract with CMS, the applicable federal regulations or CMS guidance;
* To what extent the function directly impacts enrollees;
* To what extent the delegated entity interacts with enrollees, either orally or in writing;
* Whether the delegated entity has access to beneficiary information or personal health information (PHI);
* Whether the delegated entity has decision-making authority (e.g., enrollment vendor deciding time frames) or whether the entity strictly takes direction from the sponsor;
* The extent to which the function places the delegated entity in a position to commit health care fraud, waste, or abuse; and
* The risk that the entity could harm enrollees or otherwise violate Medicare program requirements or commit FWA.

Contracts/agreements with delegated entities will be evaluated against the above referenced factors. Factors will be assigned a Risk Level by the SVM Team using the criteria below (High, Medium, Low). Delegated entities that conduct activities that could potentially harm a member, pose an opportunity for FWA, and/or provide access to PHI naturally receive a higher risk level.

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| --- | --- | --- |
| **High Risk Level** | **Medium Risk Level** | **Low Risk Level** |
| Potential for **substantial** (if found deficient and/or noncompliant) direct member impact or interaction, access to PHI, delegated services, opportunity for fraud, waste and abuse, potential for enrollee harm. | Potential for **noticeable** (if found deficient and/or noncompliant) direct member impact or interaction, access to PHI, delegated services, opportunity for fraud, waste and abuse, potential for enrollee harm. | Will be placed under special review and/or corrective action (if found deficient and/or noncompliant) direct member impact or interaction, access to PHI, delegated services, opportunity for fraud, waste and abuse, potential for enrollee harm. |

If the vendor has access to or performs a function/service which creates, receives, maintains, or transmits PHI, the SVM Team will require the vendor to complete a [Quartz HIPAA Security Due Diligence Questionnaire (500 or more)](https://rsd.venminder.com/clients/9420a234-9ecb-4f0a-b257-aa7cc9aa11b5/questionnaires/questionnaire-library) if over 500 member records, and the [Quartz HIPAA Security Due Diligence Questionnaire (500 or less)](https://rsd.venminder.com/clients/9420a234-9ecb-4f0a-b257-aa7cc9aa11b5/questionnaires/questionnaire-library) if under 500 member records. The Information Security Team will be responsible for reviewing the completed Quartz HIPAA Security Due Diligence Questionnaires and determining a security risk level.

The Compliance Team in collaboration with the SVM Team, will maintain a master list of all FDRs charged with performing administrative functions related to Quartz federal healthcare programs, which is updated as new delegates are contracted with and approved. This list will be made available to CMS upon request.

**Medicare Advantage FDR Onboarding and Training and Education**

Effective communication between Quartz and its FDRs is critical to ensure successful relationships. Quartz will incorporate effective compliance training and education for all FDRs in its Compliance Program.

Through the initial onboarding process and prior to contracting with a provider, agency or administrative vendor that include Quartz Medicare Advantage, Provider Affairs, Agent Appointments, and Compliance will provide FDRs with an onboarding kickoff letter that provides details and resources regarding Medicare compliance program requirements. FDRs will be provided with a copy of Quartz’s Medicare Advantage FDR Compliance Program Requirements Guide to help the FDR in understanding and meeting their compliance obligations under its contract with Quartz. FDRs will be asked to complete and submit the [Quartz Medicare Advantage FDR Annual Compliance Attestation](https://quartzbenefits.com/wp-content/uploads/docs/providers/medicare-advantage/forms/attachment-15-medicare-advantage-fdr-annual-compliance-attestation9b5c3905b67d447092f2db0e3dea4ca5.pdf), which is utilized to demonstrate the FDRs compliance with Medicare compliance program requirements. Once the provider, agency or administrative vendor completes the [Quartz Medicare Advantage FDR Annual Compliance Attestation](https://quartzbenefits.com/wp-content/uploads/docs/providers/medicare-advantage/forms/attachment-15-medicare-advantage-fdr-annual-compliance-attestation9b5c3905b67d447092f2db0e3dea4ca5.pdf), compliance with CMS compliance program requirements must be confirmed by a member of the Compliance Team before Medicare Advantage will be added to the agreement. If the provider, agency or administrative vendor does not complete a [Quartz Medicare Advantage FDR Annual Compliance Attestation](https://quartzbenefits.com/wp-content/uploads/docs/providers/medicare-advantage/forms/attachment-15-medicare-advantage-fdr-annual-compliance-attestation9b5c3905b67d447092f2db0e3dea4ca5.pdf) as requested or if they do not meet CMS compliance program requirements, follow-up will be required by the appropriate department prior to deciding on contracting with a provider, agency or administrative vendor.

To communicate Quartz’ compliance expectations to FDRs, Compliance will ensure FDRs receive a copy of Quartz’s Code of Conduct and applicable compliance policies at the time of contracting and annually thereafter. Quartz makes its Conduct of Conduct and compliance program policies available on the [FDR webpage](https://quartzbenefits.com/providers/providers-medicare-advantage-resources/medicare-advantage-fdr-compliance/) at [www.quartzbenefits.com](http://www.quartzbenefits.com)

FDRs are required to deliver general compliance and fraud, waste, and abuse (FWA) training to all employees and downstream entities, distribute Quartz’s Code of Conduct or their own Code of Conduct and/or compliance program policies within 90 days of hire or the effective date of contracting, and annually thereafter. FDRs must maintain documentation that their employees and downstream entities completed general compliance and FWA training, distribution of the Code of Conduct or compliance program policies, and completed exclusion list screenings for at least 10 years.

FDRs are deemed to have met FWA training requirements through enrollment into Parts A or B of the Medicare program or through accreditation as a supplier of DMEPOS. However, deemed FDRs are not exempt from distributing general compliance training to their employees and Downstream Entities.

Quartz developed a [Medicare Advantage FDR Annual Compliance Attestation](https://quartzbenefits.com/wp-content/uploads/docs/providers/medicare-advantage/forms/attachment-15-medicare-advantage-fdr-annual-compliance-attestation9b5c3905b67d447092f2db0e3dea4ca5.pdf) as part of its efforts to validate each contracted FDR has met applicable Medicare compliance program requirements. An authorized representative must attest that its organization and any of its Downstream Entities are in compliance with Medicare compliance program requirements.

The Medicare Advantage compliance attestation must be submitted within 90 days of the effective date of contracting, and annually thereafter. Each year, Quartz notifies FDRs via email of the deadline to submit an annual compliance attestation. Quartz may accept an FDR-created attestation as long as the attestation is sufficiently similar to Quartz’s attestation. The Medicare Advantage compliance attestation will confirm an FDR is in compliance with requirements relating to the following:

* Completion of general compliance and FWA training/education and maintain record of completion
* Distribution of the Code of Conduct and/or compliance program policies and maintaining record of distribution
* Completion of OIG/GSA exclusion list screenings and maintaining record prior to hiring and monthly thereafter checks
* Make employees aware of reporting mechanisms – how to report suspected FWA and other compliance concerns and reporting compliance concerns to Quartz
* Report and identification of offshore operations
* Auditing and monitoring of Downstream Entities
* Record retention – maintenance of documentation to support the attestation for at least 10 years

If an FDR fails to submit a completed attestation by the deadline or fails to satisfy any Medicare compliance program requirements, such failures may lead to issuance of a corrective action plan or other contractual remedies (e.g., contract termination).

**Medicare Advantage Monitoring and Auditing**

Quartz maintains the ultimate responsibility for fulfilling the terms and conditions of its contract with CMS, and meeting the Federal Healthcare Program requirements. CMS may hold Quartz accountable for the failure of its FDRs to comply with Federal Healthcare Program requirements.

Quartz conducts auditing and monitoring of our FDRs to ensure they maintain an effective compliance program that meets Federal Healthcare compliance program requirements, have systems in place to train employees regarding FWA (if no deemed status) and general compliance, distribute the Code of Conduct and/or compliance policies, perform OIG/GSA exclusion list screenings for all employees prior to hire, and monthly. FDRs are required to cooperate and participate in these activities, which may require the FDR to procedure evidence that supports the attestation. FDRs are also required to provide periodic reports to Quartz on their delegated activities to ensure compliance with Federal Healthcare Program compliance requirements.

The Compliance Team will review the master list of all FDRs charged with performing administrative or healthcare service functions related to Quartz Federal Healthcare Programs on an annual basis to identify high-risk first tier entities, and will select a reasonable number of FDRs to audit. Compliance program summary reports for each FDR are tracked by the Compliance Team.

All FDRs are monitored by their responsible operational business owner on an ongoing basis as part of normal operations to track and analyze trends to manage issue of non-compliance more promptly. Business owner monitoring reports must be submitted on the [Compliance Auditing & Monitoring Summary Form](https://quartz-intranet--simpplr.visualforce.com/apex/simpplr__FileDetail?fileId=0695f000006GNtKAAW) to the Compliance Officer(s). Any deficiencies identified during the monitoring activities must be corrected via a [Corrective Action Plan](file:///P:\Compliance\Auditing%20&%20Monitoring\Compliance%20CAP%20Template.pdf) (CAP) and must be implemented timely and/or as specified in accordance with contractual and delegation agreements. Quartz Compliance Officer(s) and Compliance Analyst will have oversight of FDRs to address, track and ensure resolution of any compliance issues identified.

Should Quartz FDRs fail to correct deficiencies or identified issues of non-compliance according to the criteria of the corrective action plan issued. Quartz reserves the right to revoke the delegation agreement or specify other remedies in instances of non-compliance, which the FDR fails to satisfactorily implement the corrective action.

1. [↑](#endnote-ref-1)
2. [↑](#endnote-ref-2)
3. [↑](#endnote-ref-3)
4. [↑](#endnote-ref-4)
5. [↑](#endnote-ref-5)