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| **MASTER AUDIT TOOL** |
| **Contract Name:**  |  |
| **Contract Dates:** | **From:**  |  | **To:** |  |
| **Name of Annual Auditor(s)** |  |  |
| **Dates of Period being Audited**  | **From:** |  | **To:** |

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| **PROCEDURE*** This document is to be completed and filed in the contract’s Liberty QualityCare folder under: **\\lhc-rds\operations\CONTRACTS, ACTIVE**
* This tool will be developed at the commencement of a new contract and updated/revised with **every** amendment.
* Use verbatim text relative to the requirements and deliverables identified in the contract (long sections may be paraphrased).
* Clearly state the period of time being covered in the review.
* Scoring will be as either “X” (representing that it is MET) or “O” (representing that it is NOT MET – which includes partially met).
	+ If an item is NOT APPLICABLE, “N/A” will be indicated with detail or evidence as to why this item is “N/A.”
* Compliance with each item will be verified on the audit form by confirming completed forms, policies, and/or documentation.
* Documents that support a deliverable as “MET” should be referenced in the “Evidence” column and should be filed with this document in Liberty QualityCare folder.
* For any items identified as NOT MET (O), a corrective action plan must be developed and implemented immediately and documented on the Annual Audit Review Tool.
	+ The corrective action plan must be filed along with the Audit Tool in the contract’s Liberty QualityCare folder.
* The Contract Compliance Annual Audit is completed when all contractual requirements and deliverables have been evaluated and all corrective actions have been implemented.
* The annual audit will be signed off on by the Executive/Program Director, Director of New Business Implementation (if a new contract), Contract Manager, and COO and maintained in the contract management folders.

\*The SOP with addition information about completing this Contract Audit Tool can be on ESS under [SOPs](http://www.libertyhealthcare.com/upload/Contract%20Compliance%20Audit%20Policy%202016-07-22.pdf).  |

| **RATING:** (**X**=MET  **0**=NOT MET  **N/A=**NOT APPLICABLE) | **ORIGINAL AUDIT** | **CORRECTIVE ACTION** |
| --- | --- | --- |
|  |  |  |  |  |  |  |
| **LINE #** | **REQUIREMENT/DELIVERABLE** | **Page** | **Rating** | ***EVIDENCE OF COMPLIANCE OR*** ***CORRECTIVE ACTION PLAN*** | **Rating** | ***EVIDENCE THAT CORRECTIVE ACTION PLAN IS IN PLACE*** |
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 **AUDIT ENDORSEMENT:**

By signing below, I agree that:

* ALL ITEMS HAVE BEEN REVIEWED AND NECESSARY CORRECTIVE ACTION FOR FULL COMPLIANCE HAS BEEN TAKEN.
* SUPPORTING DOCUMENTATION WILL BE FILED AWAY WITH THIS DOCUMENT i.e. RFP, RFP RESPONSE, CONTRACTS, CONTRACT MODIFICATIONS, WRITTEN DOCUMENTATION OR REFERENCE OF AGREED MODIFICATIONS, AND EVIDENCE TO SUPPORT RESPONSES.

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 **EXECUTIVE/PROGRAM DIRECTOR DATE**

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 **CONTRACT MANAGER SIGNATURE DATE**

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 **COO SIGNATURE DATE**

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 **DIRECTOR OF NEW BUSINESS IMPLEMENTATION DATE**