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

|  |
| --- |
| **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*** | |
|  |  |  |  |  |  |  | |
|  |  |  |  |  |  |  | |
|  |  |  |  |  |  |  | |
|  |  |  |  |  |  |  | |
|  |  |  |  |  |  |  | |
|  |  |  |  |  |  |  | |
|  |  |  |  |  |  |  | |
|  |  |  |  |  |  |  | |
|  |  |  |  |  |  |  | |
|  |  |  |  |  |  |  | |
|  |  |  |  |  |  |  | |
|  |  |  |  |  |  |  | |
|  |  |  |  |  |  |  | |
|  |  |  |  |  |  |  | |
|  |  |  |  |  |  |  | |
|  |  |  |  |  |  |  | |
|  |  |  |  |  |  |  | |
|  |  |  |  |  |  |  | |
|  |  |  |  |  |  |  | |

**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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EXECUTIVE/PROGRAM DIRECTOR DATE**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONTRACT MANAGER SIGNATURE DATE**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COO SIGNATURE DATE**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DIRECTOR OF NEW BUSINESS IMPLEMENTATION DATE**