

Valla F. Wilson, CIA, CRMA, CHIAP
Vice President & Chief Audit Executive



Office of Internal Audit

October 30, 2020

Office of the State Auditor
1501 North Congress Ave.
Austin, TX 78701

Dear Office of the State Auditor:

We have prepared this report on the activities of The University of Texas Southwestern Medical Center's (Medical Center) Office of Internal Audit in compliance with the requirements established in the Texas Internal Auditing Act (Texas Government Code, Section 2102). This report provides information on our FY 2020 and 2021 audit plans, audits completed and recommendations. The FY 2020 Audit activities focused primarily on Institutional risk-based areas including patient care, information technology, compliance, core business processes, and other areas based on risk analysis as well as key externally requested audits.

Our recommendations will help enhance the effectiveness of Medical Center operations by improving internal controls such as the reliability and integrity of financial information, safeguarding of assets, compliance with applicable policies and procedures, economical and efficient use of resources and accomplishment of goals and objectives.

We appreciate the opportunity to participate in this process. For further information about the contents of this report and/or to request copies of audit reports, please contact me at 214-648-6106.

Sincerely,

Valla F. Wilson, Vice President and Chief Audit Executive, Office of Internal Audit

cc: Tabatha Vasquez, Texas Governor's Office of Budget and Policy Division
Jerry McGinty, Legislative Budget Board
Daniel K. Podolsky, M.D., President, The University of Texas Southwestern Medical Center

**The University of Texas
Southwestern Medical Center
Internal Audit Annual Report for Fiscal Year 2020**



October 30, 2020

THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER

INTERNAL AUDIT ANNUAL REPORT FOR FISCAL YEAR 2020

TABLE OF CONTENTS

- I. Compliance with Texas Government Code, Section 2102.015: Posting the Internal Audit Plan, Internal Annual Report, and Other Audit Information on Internet Web site
 - II. Internal Audit Plan for Fiscal Year 2020
 - III. Consulting Services and Non-Audit Services Completed
 - IV. External Quality Assurance Review (Peer Review)
 - V. Internal Audit Plan for Fiscal Year 2021
 - VI. External Audit Services Procured in Fiscal Year 2020
 - VII. Reporting Suspected Fraud and Abuse
-

I. Compliance with Texas Government Code, Section 2102.015:
Posting the Internal Audit Plan, Internal Audit Annual Report, and Other
Audit Information on Internet Web site

The UT Southwestern Office of Internal Audit prepares an annual report and submits the report before November 1 of each year to the Legislative Budget Board, the Sunset Advisory Commission, the State Auditor and the Governor’s Office of Budget and Policy Division. In accordance with House Bill 16, these reports have been made available on the UT Southwestern website.

Past reports (including required annual Internal Audit Plans) can be seen at:
<http://www.utsouthwestern.edu/legal/required-documents.html>

II. Audit Plan for Fiscal Year 2020

FY 2020 Audit Plan - Based on approved plan modified in FY 2020	Budget	% of Total
Assurance Engagements		
Graduate Medical Education <i>Completed; Report was issued on 04/01/20</i>	400	
Research Participant Payment Card Audit <i>Completed; Report was issued on 04/01/20</i>	900	
Animal Resource Center - Controlled Substance Audit <i>Cancelled, included in FY2021 Plan</i>	0	
Asset Management Audit <i>Completed; Report was issued on 07/01/20</i>	350	
Controlled Substance Audit <i>In Process; Report will be issued in Q1 FY2021</i>	300	
Ambulatory - Procurement Audit <i>In Process; Report will be issued in Q1 FY2021</i>	300	
Business Affairs - Employee Relations Audit <i>Cancelled</i>	0	
Institutional Advancement - Office of Technology Development Audit <i>Deferred until FY 2021</i>	0	
Human Resources - Recruiting Audit <i>Completed; Report was issued on 07/01/20</i>	500	

UT Southwestern Medical Center
Internal Audit Annual Report for Fiscal Year 2020

FY 2020 Audit Plan - Based on approved plan modified in FY 2020	Budget	% of Total
Revenue Cycle - Charge Capture Review/Reconciliation Audit <i>Completed, report was issued on 10/13/2020</i>	200	
Revenue Cycle - Cash Collections Audit <i>Completed, report was issued on 09/30/2020</i>	200	
CORE Facilities/Recharge Center Audit <i>Cancelled; included in FY2021 plan</i>	0	
Change in Management Reviews for Key Leaders <i>In Process; Report will be issued in Q1 FY2021</i>	400	
Payroll Confirmation Audit <i>Cancelled due to inclusion in Compliance Workplan</i>	0	
Third Party Vendor Relationships Audit <i>Cancelled, included in FY2021 Audit Plan</i>	0	
Research Data Protection and Validation Audit <i>Cancelled; included in FY21 plan</i>	0	
UTS 142.1 Compliance and Monitoring Plan Audit <i>Completed; Report was issued on 01/03/20</i>	100	
IT - Cybersecurity Network Security Audit <i>Cancelled due to ongoing strategic management initiative</i>	0	
IT - Business Continuity Preparedness - Critical Data Backup and Network Resiliency Audit <i>Cancelled, included in FY2021 Plan</i>	0	
IT - General Controls Audit <i>Cancelled, included in FY21 Plan</i>	0	
Assurance Engagement Subtotal	3,650	23.4%
Advisory and Consulting Engagements		
Consulting General <i>Completed</i>	800	
Sponsored Programs Administration Consulting <i>Replaced with Research Participant Payment System Audit which is added to Assurance Audits</i>	0	

UT Southwestern Medical Center
Internal Audit Annual Report for Fiscal Year 2020

FY 2020 Audit Plan - Based on approved plan modified in FY 2020	Budget	% of Total
COVID-19 Consulting Activities <i>In Process; Report will be issued Q1 FY2021</i>	200	
System Development Consulting (Risk areas such as project management, controls design, data conversion, user testing, and security access) <i>Completed</i>	150	
Epic System Consulting <i>Completed</i>	150	
IT - Continuous Monitoring <i>Completed</i>	150	
Facilities Management Consulting <i>Completed</i>	50	
Admissions Process Review <i>Cancelled; Replaced with other COVID-19 related priorities</i>	0	
Institutional Clinical Trials Initiative <i>Completed</i>	200	
Capital Projects <i>Completed</i>	100	
SWHR Consulting <i>Completed</i>	100	
Management training offerings such as Internal Control & Fraud Awareness/Leadership Foundations Training and Other courses and presentations <i>Completed</i>	150	
ERM Initiative <i>Completed, included in FY2021 Plan</i>	200	
Institutional Committee Meetings <i>Completed</i>	250	
Advisory and Consulting Subtotal	2500	16.1%
Required Engagements		
Joint Admission Medical Program (JAMP) Audit <i>Completed; Report was issued on 01/09/20</i>	200	
Texas Higher Education Coordinating Board (THECB) Audit <i>Completed; Report was issued on 01/09/20</i>	100	

UT Southwestern Medical Center
Internal Audit Annual Report for Fiscal Year 2020

FY 2020 Audit Plan - Based on approved plan modified in FY 2020	Budget	% of Total
Texas SB20 Compliance Audit <i>Cancelled; included in Ambulatory Procurement Audit</i>	0	
T&E - Direct Reports Audit <i>Cancelled; included in FY2021 Audit Plan</i>	0	
T&E - President's Office (support to UT System) <i>Cancelled, not included in UT System Audit</i>	40	
Annual Financial Report Audit Support <i>Completed, no report issued</i>	400	
Proportional Funding of Benefits Review <i>Completed; Report was issued on 08/11/20</i>	200	
Required Engagements Subtotal	940	6.0%
Investigations		
Investigations <i>Completed</i>	2200	
Investigations Subtotal	2,200	14.1%
Reserve		
Audit Plan Reserve for Emerging Risks <i>Completed</i>	800	
FY 19 Project Carryforward <i>Completed</i>	1240	
General Reserve Subtotal	2,040	13.0%
Follow Up		
Q1 Follow Up <i>Completed</i>	150	
Q2 Follow Up <i>Completed</i>	150	
Q3 Follow Up <i>Completed</i>	150	
Q4 Follow Up <i>Completed</i>	150	
Follow Up Subtotal	600	3.8%
Development - Operations		

**UT Southwestern Medical Center
Internal Audit Annual Report for Fiscal Year 2020**

FY 2020 Audit Plan - Based on approved plan modified in FY 2020	Budget	% of Total
Annual Internal Audit Report <i>Completed</i>	100	
Audit Committee Reporting <i>Completed</i>	500	
FY21 Risk Assessment and Audit Plan Development <i>Completed</i>	400	
External Audit Support (i.e., State Auditor's Office (SAO) and other agencies) <i>Completed</i>	100	
Staff/Management Meetings <i>Completed</i>	750	
Quality Assurance Review <i>Completed</i>	350	
Development - Operations Subtotal	2,200	14.1%
Development - Initiatives and Education		
Training for Internal Audit <i>Completed</i>	800	
Internal Audit Development <i>Completed</i>	450	
System Audit Initiatives (workgroups, committees, research, etc.) <i>Completed</i>	250	
Development - Initiatives and Education Subtotal	1,500	9.5%
Total	15,630	

Explanation of Deviations from Fiscal Year 2020 Audit Plan

The FY 2020 Audit Plan noted above represents a modified plan that was approved by the Institutional Audit Committee in April 2020 and in October 2020. Modifications to the audit plan were due to several reasons, including unplanned changes in staff and available staff hours, and further assessment of risks (approximately a year after original assessment) which revealed certain areas were undergoing reorganization or other management initiatives. The modified plan represented a reduction in total FY 2020 hours from 19,690 to 15,630. Key changes included:

- COVID-19 Consulting activities added due to implementation of new regulations, guidance, policies and pandemic response activities.
- Reduced consulting project hours to allow for time to complete key risk based audits scheduled for FY2020.
- Reduced Change in Management Reviews for Key Leaders Audit hours with a new risk assessment and new leader self-assessment approach.
- Cancelled Business Affairs – Employee Relations Audit due to timing of planned implementation of new tracking system.
- Deferred Institutional Advancement - Office of Technology Development Audit to early FY2021 due to recent reorganization and program reengineering.
- Cancelled Core Facilities/Recharge Center Audit. This audit will be included in FY2021 plan as a recurring audit.
- Cancelled Payroll Confirmation Audit. This audit is now included in Office of Compliance Workplan.
- Cancelled Research Data Protection and Validation Audit. This audit will be included in FY2021 plan as a recurring audit.
- Cancelled IT - Cybersecurity Network Security Audit due to ongoing strategic management initiative and UT System focus on cybersecurity.
- Cancelled Texas SB20 Compliance Audit due to inclusion of state compliance requirements in Ambulatory Procurement Audit.
- Moved three audits from the FY20 Audit Plan to FY2021 that are still considered key risk areas.

Compliance with the Purchasing and Contracting Requirements for Higher Education Institutions

Senate Bill 20 (84th Legislative Session) made several modifications and additions to Texas Government Code (TGC) and Texas Education Code (TEC) related to purchasing and contracting. Effective September 1, 2015, TEC 51.9337 requires that, *“The chief auditor of an institution of higher education shall annually assess whether the institution has adopted the rules and policies required by this section and shall submit a report of findings to the state auditor.”*

The FY20 Ambulatory Procurement Audit included a review of the TEC 51.9337 compliance elements. The Chief Audit Executive concluded that the Medical Center was in compliance with the purchasing and contracting requirements for higher education institutions. Based on the review of current institutional policy and the UT System Board of Regents’ Rules and Regulations, UT Southwestern Medical Center has generally adopted all of the rules and policies required by TEC 51.9337. Review and revision of institutional and system policy is an ongoing process. These rules and policies will continue to be assessed annually to ensure continued compliance with TEC 51.9337.

III. Consulting Services and Non-Audit Services Completed

Activity	Impact
COVID-19 Consulting Activities	Assessment of COVID-19 pandemic response processes and controls for revenue and expenses due to implementation of new regulations.
Performed investigations of certain complaints received through Medical Center's <i>EthicsLine</i> .	Provides the Medical Center with investigation resources and identifies opportunities for enhancement of existing controls.
Capital Construction Projects	Participates in monthly audit progress meetings, along with management to review initial observations, discuss implementation of action plans and reviews reports issued by the construction audit firms.
Animal Resource Center – Application Controls	Coordinate with Office of Compliance to review security and change management controls in application used to manage operations, support research activities and facilitate billing to principal investigators.
Data Use Agreement (DUA) Workgroup	Collaborates with leaders in key research operational areas to identify improvements needed to address DUA related risks and processes across the Medical Center.
Robotic Process Automation Consulting	Consulting with Provost Office leaders to review process documentation and training as the Medical Center launched the first robotic automation process, the UTSW Digital Worker, to aid department leaders in reconciling and validating monthly payroll expense.
Payment Card Industry (PCI) Compliance / Merchant Card Processor Reporting	Consulting with Information Security and Accounting and Fiscal Services to review merchant card reporting updates and security measures and discuss areas for process improvements.
Epic System Consulting	Coordinates with management to provide input and guidance on risks, internal controls and best practices.

Activity	Impact
Business Resumption and Disaster Recovery Planning	Provides independent consultation and guidance to help the Medical Center address Emergency preparedness and Business Continuity risks.
Coordination of External Audits	Provides operational support for the following: State Auditor's Office single statewide audit (A-133 and Financial portions), Deloitte Financial Audit (Interim and Year-end).
Internal Control and Fraud Awareness Training	Provides training to Medical Center management and employee on internal controls and fraud awareness.
Leadership Foundations – Internal Audit Awareness Leadership Training	Provides training to Leadership Foundations class participants on the role of internal audit, leaderships role for internal control framework, fraud prevention and reporting responsibilities.
<p>Internal Audit has had participation in the following Committees or work groups:</p> <ul style="list-style-type: none"> • African American Employee - Business Resource Group • Business Administrative Systems Governance Committee • EleVate Advisory Group • Engagement Steering Committee • Executive Compliance Committee • Financial Administrative Group • Historically Underutilized Businesses Coordinating (HUB) Committee • Information Systems Acquisition Committee • Information Security and Privacy Steering Committee • Master Data Management - Master Reports Management Governance • Office365 Taskforce • President's Council on Diversity and Inclusion (PCDI) • Policy Executive Committee 	Participates in committees and focused groups, providing consultation on process improvement, development of new processes, institutional initiatives, emerging issues in risk management, and audit initiatives.

Activity	Impact
<ul style="list-style-type: none"> • Revenue Integrity Committee • SWHR Executive Compliance Committee • Student System Steering Committee • University and Professional Billing Compliance Committee (UPBCC) • UT System Shared TeamMate Project – Technical Team • UT System TeamMate Governance Committee • UT System IT Risk Assessment Methodology Steering Committee • UT System Consulting Workgroup Co-Chair • UT System External Quality Assurance Vendor Review Team 	
<p>Professional Involvement in Outside Audit Professional Organizations</p>	<p>Provides professional assistance or participation in the following associations and committees of the associations: Association of Healthcare Internal Auditors (AHIA), Institute of Internal Auditors (IIA), Information Systems Audit and Control Association (ISACA), Association of College and University Auditors (ACUA).</p>

IV. External Quality Assurance Review (Peer Review)

A Quality Assurance Self-Assessment was completed in FY 2020 with external validation completed in Q4 FY 2020. Independent consultants from Baker Tilly performed the external validation review. The next Quality Assurance review is scheduled for FY2023.

August 26, 2020



Ms. Valla Wilson, Vice President of Internal Audit, Chief Audit Executive
The University of Texas Southwestern Medical Center

In July 2020, The University of Texas Southwestern Medical Center (UT Southwestern) Internal Audit (IA) function, the Office of Internal Audit (OIA), completed a self-assessment of internal audit activities in accordance with guidelines published by the Institute of Internal Auditors (IIA) for the performance of a quality assessment review (QAR). UT Southwestern OIA in collaboration with UT System engaged an independent review team consisting of internal audit professionals with extensive higher education and healthcare experience to perform an independent validation of OIA's QAR self-assessment. The primary objective of the validation was to verify the assertions made in the QAR report concerning IA's conformity to the IIA's *International Standards for the Professional Practice of Internal Auditing* (the IIA Standards) and Code of Ethics, Generally Accepted Government Auditing Standards (GAGAS), and the relevant requirements of the Texas Internal Auditing Act (TIAA).

The IIA's *Quality Assessment Manual* suggests a scale of three ratings, "generally conforms," "partially conforms," and "does not conform." "Generally conforms" is the top rating and means that an internal audit activity has a charter, policies, and processes that are judged to be in conformance with the Standards. "Partially conforms" means deficiencies in practice are noted that are judged to deviate from the Standards, but these deficiencies did not preclude the IA activity from performing its responsibilities in an acceptable manner. "Does not conform" means deficiencies are judged to be so significant as to seriously impair or preclude the IA activity from performing adequately in all or in significant areas of its responsibilities.

Based on our independent validation of the QAR performed by OIA, we agree with OIA's overall conclusion that the internal audit function "**Generally Conforms**" with the Institute of Internal Auditors' *International Standards for the Professional Practice of Internal Auditing* and Code of Ethics, as well as with OIA's conclusions regarding GAGAS and TIAA requirements. Our review noted strengths as well as opportunities for enhancing the internal audit function.

This information has been prepared pursuant to a client relationship exclusively with, and solely for the use and benefit of, The University of Texas System Administration and UT Southwestern and is subject to the terms and conditions of our related contract. Baker Tilly disclaims any contractual or other responsibility to others based on its use and, accordingly, this information may not be relied upon by anyone other than The University of Texas System Administration and UT Southwestern.

The review team appreciates the cooperation, time, and candid feedback of executive leadership, stakeholders, and OIA personnel.

Very truly yours,

Baker Tilly Virchow Krause, LLP

Baker Tilly Virchow Krause, LLP, trading as Baker Tilly, is an independent member of Baker Tilly International. Baker Tilly International Limited is an English company. Baker Tilly International provides no professional services to clients. Each member firm is a separate and independent legal entity, and each describes itself as such. Baker Tilly Virchow Krause, LLP, is not Baker Tilly International's agent and does not have the authority to bind Baker Tilly International or act on Baker Tilly International's behalf. None of Baker Tilly International, Baker Tilly Virchow Krause, LLP, nor any of the other member firms of Baker Tilly International has any liability for each other's acts or omissions. The name Baker Tilly and its associated logo is used under license from Baker Tilly International Limited.

V. Internal Audit Plan for Fiscal Year 2021

The internal audit plan for FY 2021 was developed using a risk assessment process that involved gaining a deeper understanding of the organization and its strategic plan and institutional priorities. The process involved meeting with key leaders of the organization to identify key objectives and risks to achieving the objectives, as well as other risks to the institution, taking into account risks identified in the previous year's risk assessment. As a result of the process, we captured high and medium risks and determined those that are auditable risks to be included in our FY 2021 Internal Audit Plan. In October 2020, the FY2021 Plan was updated to include three projects carried forward from FY2020 based on end of year risk assessment.

FY 2021 Audit Plan	Budget	% of Total
Assurance Engagements		
Cash Management Audit	250	
Payroll Operations Audit	300	
Enrollment Services Audi	300	
Contracts Management Audit	350	
Animal Resource Center – Controlled Substances Audit	100	
Export Controls Audit	350	
Medical Device Credit Audit	250	
Revenue Cycle - Off Site Clinic Operations (Frisco Campus) Audit	300	
Revenue Cycle - Customer Service Operations Audit	300	
Revenue Cycle - Patient Registration and Authorization Audit	300	
Revenue Cycle - Denials Management Audit	250	
Institutional Advancement - Office of Technology Development Audit	350	
Revenue Cycle - Charge Capture Review/Reconciliation Audit	200	
CORE Facilities/Recharge Center Audit	200	

**UT Southwestern Medical Center
Internal Audit Annual Report for Fiscal Year 2020**

FY 2021 Audit Plan	Budget	% of Total
Change In Management Reviews for Key Leaders	800	
Third Party Vendor Relationships Audit	250	
Sponsored Programs Administration Audit - Post Award Closeout Process	300	
Research Data Protection and Validation Audit	300	
Animal Resource Center – Controlled Substances Audit	100	
UTS 142.1 Compliance and Monitoring Plan Audit	100	
T&E - Direct Reports Audit	50	
T&E - President's Office (support to UT System)	40	
IT – General Controls Audit	100	
IT – Business Continuity Preparedness – Critical Data Backup and Network Resiliency Audit	200	
IT - Cybersecurity Network Security Audit	250	
IT - Change Management for Roles and Entitlements Audit	250	
IT – General Controls Audit	100	
IT - Business Continuity Preparedness - Critical Data Backup and Network Resiliency Audit	200	
IT - Use of Bots/Artificial Intelligence Audit	300	
IT - Payment Card Industry Compliance Audit	250	
IT - General Controls Audit	350	
IT - Telehealth Audit	300	
IT - Decentralized Computing Audit	250	

**UT Southwestern Medical Center
Internal Audit Annual Report for Fiscal Year 2020**

Assurance Engagements Subtotal	8,290	40.7%
FY 2021 Audit Plan	Budget	% of Total
Advisory and Consulting Engagements		
Consulting General	500	
Consulting and Advisory Services for COVID-19 Response Activities	150	
Consulting and Advisory Services for Racial Injustice and Bias	100	
System Development Consulting (Risk areas such as project management, controls design, data conversion, user testing, and security access)	250	
Information Resources Consulting	250	
Epic System Consulting	250	
IT - Continuous Monitoring	300	
Facilities Management Consulting	150	
Institutional Clinical Trials Initiative	500	
Capital Projects	200	
SWHR Consulting	300	
Management training offerings such as Internal Control & Fraud Awareness/Leadership Foundations Training and Other courses and presentations	400	
ERM Initiative	400	
Institutional Committee Meetings	250	

UT Southwestern Medical Center
Internal Audit Annual Report for Fiscal Year 2020

Advisory and Consulting Engagements Subtotal	4,000	19.6%
FY 2021 Audit Plan	Budget	% of Total
Required Engagements		
Texas Higher Education Coordinating Board (THECB) Audit	100	
Texas Education Code §51.9337 Compliance Audit *	100	
T&E - Direct Reports Audit	50	
Annual Financial Report Audit Support	400	
Required Engagements Subtotal	650	3.2%
Investigations		
Investigations	2100	
Investigations Subtotal	2,100	10.3%
Reserve		
Audit Plan Reserve for Emerging Risks	800	
FY2020 Audit Plan Carryforward	500	
Reserve Subtotal	1,300	6.4%
Follow Up		
Q1 Follow Up / Sustainability	150	
Q2 Follow Up / Sustainability	150	
Q3 Follow Up / Sustainability	150	
Q4 Follow Up / Sustainability	150	
Follow Up Subtotal	600	2.9%

**UT Southwestern Medical Center
Internal Audit Annual Report for Fiscal Year 2020**

FY 2021 Audit Plan	Budget	% of Total
Development - Operations		
Annual Internal Audit Report	100	
Audit Committee Reporting	500	
FY2022 Risk Assessment and Audit Plan Development	400	
External Audit Support (i.e., State Auditor's Office (SAO) and other agencies)	150	
Staff/Management Meetings	750	
Quality Assurance Review Wrap Up / QAIP Activities	150	
Development - Operations Subtotal	2,050	10.1%
Development - Initiatives and Education		
Training for Internal Audit	800	
Internal Audit Development	450	
System Audit Initiatives (workgroups, committees, research, etc.)	150	
Development - Initiatives and Education Subtotal	1,400	9.9%
Total Budgeted Hours	20,390	100%

* Indicates coverage in capital budget controls, or any other limitation or restriction in the General Appropriations Act as well as contract management.

The following are risks identified as high or high/medium risks and are not included in our plan. They include:

- Execution of institutional strategic initiatives
- Monitoring of regulatory environment
- High quality patient care and safety
- Adequate governance to support infrastructure needs
- Preserve Medical Center brand while expanding business relationships

These risks are not included in the plan due to one or more of the following reasons:

- Risks areas are included in the Compliance Office plan
- Internal Audit performed an audit of the risk area within the last few years
- Management may have institutional initiatives focused on mitigation strategies for addressing risks
- Transition of leadership, programs or systems is planned or in progress
- Risks were not considered auditable.

VI. External Audit Services Procured in Fiscal Year 2020

During FY2020, the Medical Center did not procure internal audit assurance services from external providers. The following is a list of audits in progress or completed by outside agencies at the Medical Center in FY2020.

External Auditor/ Organization	Purpose
Federal Agency Audits	
Centers for Medicare & Medicaid Services (CMS)	Comprehensive Error Rate Testing (CERT) & selected DRG validation review
	Review of in-patient billing for drug wastage
	External CMS contractor review - NOVITAS Solutions - targeted probe and education review
Centers for Medicare & Medicaid Services (CMS)	Medical record requests & claim validation reviews - KEPRO (CMS assigned Beneficiary and Family Centered Care Quality Improvement Organization)
Centers for Medicare & Medicaid (CMS) Recovery Audit Contractor (RAC) requests	Routine recovery audit reviews
	Medicare RAC review via contractor, Cotiviti, LLC - Inpatient hospital additional documentation requests (ADR), outpatient hospital ADR's and professional billing ADRs
	Medicaid RAC review - Hospital Billing ADRs
Federal Office of Inspector General (United States OIG)	Compliance review of payments made by Novitas Solutions, Inc. to hospitals for certain advanced radiation therapy services
Food and Drug Administration (FDA)	Audit of a federally funded research study
State Agency Audits	
Cancer Prevention Research Institute of Texas - CPRIT (performed by Weaver)	Independent Auditor's Report - Schedule of Expenditures of State Awards for the CPRIT Program, and Report on Program Compliance and Internal Control over Compliance

External Auditor/ Organization	Purpose
State Auditor's Office (SAO)	Audit A-133 Statewide Single Audit for FY 2019 (Research & Development Cluster follow up on prior year findings)
State Comptroller's Office Post Payment Audit (State's Schedule of Expenditures of Federal Awards or SEFA)	Compliance Audit by the Fiscal Management Division of the Comptroller of Public Accounts to validate the Medical Centers' compliance for payroll, purchase, procurement and travel expenditures.
Texas Department of Health & Human Services (THHS)	Medical Record requests & claim validation reviews
Texas Office of Inspector General (Texas OIG)	Billing compliance review of drug modifier for Medical Services Account (MS Patient Account)
UT System Audits	
Baker Tilly	Required External Quality Assurance Review of the UT Southwestern Internal Audit function coordinated by UT System
Deloitte	Annual Financial Report (AFR) Audit (FY2019 Year End Testing and FY2020 Interim Testing)

VII. Reporting Suspected Fraud and Abuse

Actions taken to comply with Section 7.09, page IX-37, the General Appropriations Act (86th Legislature) and Texas Government Code, Section 321.022, *Coordination of Investigations*, include:

- UT Southwestern Medical Center Compliance home page provides a link to the Compliance Hotline web page (<https://www.utsouthwestern.edu/about-us/administrative-offices/compliance>). A toll-free number (1-877-507-7319) is also available to all staff and faculty to anonymously report suspected wrongdoing, including waste, fraud, abuse and violations of any federal or state laws.
- The Internal Audit web page provides a link to the State Auditor's Office (SAO) Hotline web page (<http://sao.fraud.state.tx.us>). You may also report suspected fraud, waste, and abuse to the State Auditor's Office Hotline at 1-800-TX-AUDIT (1-800-892-8348).