

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

UT Southwestern
Medical Center

Office of Internal Audit Services

October 29, 2021

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 Services in compliance with the requirements established in the Texas Internal Auditing Act (Texas Government Code, Section 2102). This report provides information on our FY2021 and FY2022 audit plans and audits completed. The FY2021 Audit Plan includes audit and consulting activities focused primarily on Institutional risk-based areas including revenue cycle, information technology, compliance, core business processes, and other areas based on risk analysis as well as requested audits.

Our recommendations are designed to help enhance the effectiveness of Medical Center operations by improving internal controls such as the reliability and integrity of financial and operational 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 214-447-0995.

Sincerely,



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

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 2021**



October 29, 2021

THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER

INTERNAL AUDIT ANNUAL REPORT FOR FISCAL YEAR 2021

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

Past Audit Reports can be seen at: <https://www.utsystem.edu/documents/audit-reports-institution>.

II. Audit Plan for Fiscal Year 2021

FY 2021 Audit Plan Based on approved plan modified in FY 2021	Budget	% of Total
Assurance Engagements		
Cash Management Audit <i>Completed; Report was issued on March 18, 2021</i>	250	
Payroll Operations Audit <i>Completed; Report issued on September 27, 2021</i>	300	
Student Services (previously Enrollment Services Audit) <i>Completed; Report was issued on May 20, 2021</i>	300	
Contracts Management Audit <i>Deferred to FY2022</i>	350	
Export Controls Audit <i>Deferred to FY2022</i>	350	
Medical Device Credit Audit <i>Completed; Report issued on September 7, 2021</i>	250	
Revenue Cycle - Off Site Clinic Operations (Frisco Campus) Audit <i>Deferred to FY2022</i>	0	
Revenue Cycle - Customer Service Operations Audit <i>Completed; Report was issued on June 10, 2021</i>	300	
Revenue Cycle - Patient Registration and Authorization Audit <i>Completed; Report was issued on March 16, 2021</i>	300	

**UT Southwestern Medical Center
Internal Audit Annual Report for Fiscal Year 2021**

FY 2021 Audit Plan Based on approved plan modified in FY 2021	Budget	% of Total
Revenue Cycle - Denials Management Audit <i>Deferred to FY2022</i>	0	
Institutional Advancement - Office of Technology Development Audit (OTD) <i>Completed; Report was issued on May 18, 2021</i>	350	
Revenue Cycle - Charge Capture Review/Reconciliation Audit <i>In process, will be completed in Q1 FY2022</i>	200	
CORE Facilities/Recharge Center Audit <i>Cancelled per FY2021 Audit Modification</i>	0	
Change in Management Reviews for Key Leaders <i>Completed; Report was issued on February 25, 2021</i>	800	
Third Party Vendor Relationships Audit <i>Completed; Report was issued on June 3, 2021</i>	250	
Sponsored Programs Administration (SPA) Audit - Post Award Closeout Process <i>Completed; Report issued on September 24, 2021</i>	300	
Research Data Protection and Validation Audit <i>Completed; Report issued on September 29, 2021</i>	150	
UTS 142.1 Compliance and Monitoring Plan Audit <i>Completed; Report issued on December 9, 2020</i>	100	
T&E - Direct Reports Audit <i>Cancelled per FY2021 Audit Modification</i>	0	
T&E - President's Office (support to UT System) <i>Cancelled per FY2021 Audit Modification</i>	0	
Animal Resource Center – Controlled Substances <i>Completed; Report was issued on January 21, 2021</i>	100	
IT - Cybersecurity Network Security Audit <i>Completed; Report issued on September 29, 2021</i>	250	
IT - Change Management for Roles and Entitlements Audit <i>Cancelled per FY2021 Audit Modification</i>	0	
IT - Use of Bots/Artificial Intelligence Audit <i>Cancelled per FY2021 Audit Modification</i>	300	
IT - Payment Card Industry Compliance Audit <i>Completed; Report was issued on March 17, 2021</i>	250	

UT Southwestern Medical Center
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FY 2021 Audit Plan Based on approved plan modified in FY 2021	Budget	% of Total
IT - General Controls Audit <i>Deferred to FY2022</i>	350	
IT - Telehealth Audit <i>Completed; Report was issued on May 12, 2021</i>	300	
IT - Privileged Access & Domain Access Audit <i>Completed; Report issued on September 29, 2021</i>	250	
IT - Change Management Review <i>Deferred to FY2022</i>	200	
IT - Decentralized Computing Audit <i>Cancelled per FY2021 Audit Modification</i>	0	
Assurance Engagement Subtotal	6,550	39.7%
Advisory and Consulting Engagements		
Consulting General <i>Completed</i>	100	
Consulting and Advisory Services for COVID-19 Response Activities <i>Completed</i>	150	
Consulting and Advisory Services for Racial Injustice and Bias <i>Completed</i>	100	
System Development Consulting (Risk areas such as project management, controls design, data conversion, user testing, and security access) <i>Completed</i>	250	
Information Resources Consulting <i>Completed</i>	250	
Epic System Consulting <i>Completed</i>	213	
IT - Continuous Monitoring <i>Completed</i>	150	
Facilities Management Consulting <i>Completed</i>	150	
Institutional Clinical Trials Initiative <i>Completed</i>	500	

UT Southwestern Medical Center
Internal Audit Annual Report for Fiscal Year 2021

FY 2021 Audit Plan Based on approved plan modified in FY 2021	Budget	% of Total
SWHR Consulting <i>Completed</i>	50	
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</i>	200	
Institutional Committee Meetings <i>Completed</i>	250	
Advisory and Consulting Subtotal	2,563	20.0%
Required Engagements		
Texas Higher Education Coordinating Board (THECB) Audit <i>Completed; Report was issued on December 20, 2020</i>	100	
Texas Education Code §51.9337 Compliance Audit <i>In process, will be issued in Q1 FY2022</i>	100	
Annual Financial Report Audit Support <i>Completed</i>	400	
Required Engagements Subtotal	600	3.0%
Investigations		
Investigations <i>Completed</i>	2100	
Investigations Subtotal	2,100	11.0%
Reserve		
Audit Plan Reserve for Emerging Risks <i>Completed</i>	150	
FY 20 Audit Plan Carryforward <i>Completed</i>	1518	
General Reserve Subtotal	1,668	6.5%

UT Southwestern Medical Center
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FY 2021 Audit Plan Based on approved plan modified in FY 2021	Budget	% of Total
Follow Up		
Q1 Follow Up / Sustainability <i>Completed</i>	150	
Q2 Follow Up / Sustainability <i>Completed</i>	150	
Q3 Follow Up/ Sustainability <i>Completed</i>	150	
Q4 Follow Up/ Sustainability <i>Completed</i>	150	
Follow Up Subtotal	600	3.0%
Development - Operations		
Annual Internal Audit Report <i>Completed</i>	100	
Audit Committee Reporting <i>Completed</i>	500	
FY22 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>	150	
Staff/Management Meetings <i>Completed</i>	750	
Quality Assurance Review <i>Completed</i>	150	
Development - Operations Subtotal	2,050	10.3%
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>	150	

UT Southwestern Medical Center
Internal Audit Annual Report for Fiscal Year 2021

FY 2021 Audit Plan Based on approved plan modified in FY 2021	Budget	% of Total
Development - Initiatives and Education Subtotal	1,400	7.3%
Total	17,531	100%

Explanation of Deviations from Fiscal Year 2021 Audit Plan

The FY 2021 Audit Plan noted above represents a modified plan that was approved by the Institutional Audit Committee during FY2021. Modifications to the audit plan are necessary to keep up with emerging and shifting institutional risks, further assessment of risks and other reasons such as unplanned changes in staffing and staff availability. This allows us to better assess the plan and make proposed changes in a more fluid manner. The modified plan represented a reduction in total FY 2021 hours from 19,990 to 17,531. Key changes included:

- Revenue Cycle – Offsite Clinic Operations (Frisco Campus) – Deferred to minimize staff exposure in clinical environment due to COVID-19.
- Revenue Cycle – Denials Management Audit – Cancelled since denials management risks have been addressed in other audits.
- T&E – President's Office (support to UT System) & President's Direct Report – UT Southwestern was not selected for audit by UT System in the current fiscal year.
- Direct Report Audit was deferred due to limited travel activity for the last year.
- IT – General Controls Audit – this was a carryforward that was cancelled and included as recurring audit in the updated plan.
- IT – Business Continuity Preparedness – This audit was deferred to provide sufficient time for the Information Security function to complete and test the newly structured Security Incident Response Plan (SIRP).
- Core Facilities/Recharge Center Audit – This was cancelled since this area is regarded as lower risk given past audit results and action plans have been implemented across the Core facilities.

Updated Scope Audits and Consulting Activities

- IT - Use of Bots/Artificial Intelligence Audit – The scope for this audit was updated and recategorized to a Consulting project to provide insight and added value as the institution continues in developing robotic process automation (RPA).
- There were additional FY20 carryforward project hours (completed in FY21 Q1) that were more than budgeted and impacted available hours in the FY21 Audit Plan.

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, completed in January 2021, included a review of the TEC 51.9337 compliance elements. In Q4 FY2021 we completed 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
Research Revenue Cycle Improvement Initiative	Participates in strategic discussions for evaluating current clinical research processes, defining roles and responsibilities, identifying technology improvements and recommendations for future state critical clinical research activities.
Contracts Management Consulting	Provides periodic feedback on Right to Audit contract clauses and data access provisions in response to Contracts Management team requests during contract negotiations with vendors.
COVID-19 Consulting Activities	Provides 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.
System Development Consulting (Risk areas such as project management, controls design, data conversion, user testing, and security access)	Consulting for major IT system development projects
Information Resources Consulting	Consulting for Information Resources initiatives, including plans to update the software purchase evaluation and third-party vendor risk monitoring processes.
Consulting General	Consulting with leaders on emerging risks and other leader requests.

Activity	Impact
Consulting and Advisory Services for Racial Injustice and Bias	Serves as Executive Sponsor for the African American Employee Resource group and provides consulting on management initiatives to address diversity, equity and inclusion.
Supply Chain Purchase Order Process	Consulting to provide an independent assessment of purchase order process based on special requests and investigations activities and provide insights on process improvements.
Credit Card/Payment Card Industry (PCI) Compliance Consulting	Consulting with Information Security, Revenue Cycle and Accounting and Fiscal Services for evaluation of credit card device controls, department processes and controls, inventory management and security measures and identify process improvements and increased controls.
Epic System Consulting	Coordinates with management to provide input and guidance on risks, controls and best practices.
Coordination of External Audits	Provides operational support for external audits including State Auditor's Office single statewide audit (A-133 and Financial portions), Deloitte Financial Audit (Interim and Year-end).
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 Executive Sponsor • Business Administrative Systems Governance Committee • Six-Year Strategic Plan Administrative & Academic Operations Committee • Six-Year Strategic Plan Human Talent & Work Environment Committee 	Participates in committees and focused groups, providing consultation on process improvement, , institutional initiatives, emerging issues and audit initiatives.

Activity	Impact
<ul style="list-style-type: none"> • Clinical Research Advisory Board • 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 • Revenue Integrity Committee • University and Professional Billing Compliance Committee (UPBCC) • UT System Shared TeamMate Project – Technical Team • UT System TeamMate Governance Committee 	
<p>Professional Involvement in Outside Audit Professional Organizations</p>	<p>Provides professional assistance or participation for the following associations and committees: 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 and provided an overall assessment of generally conforms, which is the top rating. 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

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V. Internal Audit Plan for Fiscal Year 2022

The internal audit plan for FY 2022 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 2022 Internal Audit Plan. In October 2021, the FY2022 Plan was updated to include projects carried forward from FY2021 based on end of year risk assessment.

**UT Southwestern Medical Center
Internal Audit Annual Report for Fiscal Year 2021**

FY 2022 Audit Plan	Budget	% of Total
Assurance Engagements		
Asset Management Audit	300	
CARES Funding Audit	200	
Center / Institute Controls Audit	300	
Change In Management Reviews for Key Leaders	800	
Clinical Research Audit	300	
Expense Management Audit - Equipment Maintenance	250	
Patient Access Audit	250	
Physical Access Audit	250	
Research Data Protection and Validation Audit	300	
Revenue Cycle - Billing Audit	250	
Revenue Cycle - Charge Capture Review/Reconciliation Audit	150	
Revenue Cycle - Off Site Operations (Frisco Medical Center Campus) Audit	400	
Revenue Cycle - Patient Account Credit Balances Audit	300	
Sponsored Programs Administration Audit - Clinical Trials Billing	300	
Supply Chain - Receiving and Distribution Audit	300	
T&E - Direct Reports Audit	50	
Third Party Vendor Relationships Audit	250	
Tissue Collection, Storage and Security Audit	300	

**UT Southwestern Medical Center
Internal Audit Annual Report for Fiscal Year 2021**

FY 2022 Audit Plan	Budget	% of Total
UTS 142.1 Compliance and Monitoring Plan Audit	100	
IT - FERPA Security Assessment	200	
IT - CyberSecurity Audit	200	
IT - Data Center Relocation Audit	150	
IT - Disaster Recovery & Business Continuity Audit	300	
IT - General Controls Audit	300	
IT - Network Security Audit	250	
IT - Role & Access Review – Epic	200	
IT - Role & Access Review – PeopleSoft	180	
IT - RPA & Use of Bots Audit	300	
IT - Workforce Optimization & Remote Work Audit	200	
Assurance Engagements Subtotal	7,630	38.3%
Advisory and Consulting Engagements		
Capital Projects	200	
Consulting and Advisory Services for Racial Injustice and Bias	100	
Consulting General	500	
Contracts Management Consulting	150	

**UT Southwestern Medical Center
Internal Audit Annual Report for Fiscal Year 2021**

FY 2022 Audit Plan	Budget	% of Total
Epic System Consulting	250	
ERM Initiative	400	
Facilities Management Consulting	150	
Human Resources Consulting	150	
Information Resources Consulting	250	
Institutional Clinical Trials Initiative	500	
Institutional Committee Meetings	250	
IT - Continuous Monitoring	300	
Management training offerings such as Internal Control & Fraud Awareness/Leadership Foundations Training and Other courses and presentations	400	
SWHR Consulting	300	
System Development Consulting (Risk areas such as project management, controls design, data conversion, user testing, and security access)	250	
Advisory and Consulting Engagements Subtotal	4,150	20.9%

UT Southwestern Medical Center
Internal Audit Annual Report for Fiscal Year 2021

FY 2022 Audit Plan	Budget	% of Total
Required Engagements		
Texas Higher Education Coordinating Board (THECB) Audit	100	
Texas Education Code §51.9337 Compliance Audit	20	
Proportional Funding of Benefits Audit (see note below)	200	
JAMP Audit	50	
Willed Body Audit	250	
Annual Financial Report Audit Support	400	
Required Engagements Subtotal	1,020	5.1%
Investigations		
Investigations	2100	
Investigations Subtotal	2,100	10.6%
Reserve		
Audit Plan Reserve for Emerging Risks	800	
FY2021 Audit Plan Carryforward	200	
Reserve Subtotal	1,000	5.0%
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	3.0%

**UT Southwestern Medical Center
Internal Audit Annual Report for Fiscal Year 2021**

FY 2021 Audit Plan	Budget	% of Total
Development - Operations		
Annual Internal Audit Report	50	
Audit Committee Reporting	500	
FY2022 Risk Assessment and FY2023 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	2,000	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	7.0%
Total Budgeted Hours	19,900	100%

Proportional Funding of Benefits will be performed to address the benefits proportionality audit requirement prescribed in Rider 8, page III-48, the General Appropriations Act (86th Legislature).

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 2021

During FY2021, the Medical Center contracted with an external provider to conduct a consulting review of the purchase order process at the request of management. The following is a list of audits completed by outside agencies at the Medical Center in FY2021.

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 Services (CMS)	Complex & automated claim audits performed by Performant, CMS external contractor
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
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
State Auditor's Office (SAO)	Audit A-133 Statewide Single Audit for FY 2019 (Research & Development Cluster follow up on prior year findings)

External Auditor/ Organization	Purpose
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
UT System Audits	
Deloitte	Annual Financial Report (AFR) Audit (FY2020 Year End Testing and FY2021 Interim Testing)
Deloitte	Agreed Upon Procedures & Network Settlement Review performed of Southwestern Health Resources (SWHR) by Deloitte
Deloitte	Schedule of Expenditures of Federal Awards for the United States Department of Education Student Financial Assistance Cluster for the 2019-2020 Program Award Year

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 ([Internal Audit: Administrative Offices - UT Southwestern, Dallas, Texas](#)) 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).