

**The University of Texas MD Anderson Cancer Center
Internal Audit Annual Report for FY2023**

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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 Website

The Fiscal Year 2024 audit plan, as approved by the Institutional Audit Committee, will be posted on the MD Anderson external website as part of the Fiscal Year 2023 SAO Annual Report. The Fiscal Year 2023 SAO Annual Report, including summaries of reports, will be posted on the MD Anderson external website within 30 days of approval by the President but not later than November 1, 2023, as required.

The following matrix provides a summary of the weaknesses and action taken by management for projects on the Fiscal Year 2023 Audit Plan, as required by Texas Government Code, Section 2102.015:

Report No.	Report Date	Name of Report	Recommendations	Summary of Action Taken	Progress: <ul style="list-style-type: none"> · Fully Implemented · Substantially Implemented · Incomplete/Ongoing · Not Implemented
22-108	11/2/2022	Division of Procedural and Therapeutics Review	Internal Audit recommended that the Division enhance the administrative infrastructure and improve controls/processes over charge capture, asset management and personnel management.	Management agreed to invest in the infrastructure required to administratively support the division. Additionally, management will implement controls regarding other areas noted.	Substantially Implemented
22-218	11/23/2022	Stem Cell Transplantation Departmental Review	Internal Audit recommended that Stem Cell Transplantation improve controls in the areas of charge capture, clinical trial billing, as well as asset, grants, and personnel management.	Management agreed to enhance controls and processes in the areas identified.	Substantially Implemented
22-219	11/28/2022	Pulmonary Medicine Departmental Review	Internal Audit recommended the Department of Pulmonary Medicine improve controls in the areas of charge capture, clinical trials, financial and grants management, assets, and personnel.	Management agreed with the observations and implemented action plans to address each of the reported issues.	Substantially Implemented

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Report No.	Report Date	Name of Report	Recommendations	Summary of Action Taken	Progress: · Fully Implemented · Substantially Implemented · Incomplete/Ongoing · Not Implemented
23-101	3/29/2023	Cloud Services Cost Management	Internal Audit recommended that web-based storage or cloud service purchases on ProCards be restricted and that management work with Information Services to ensure any purchases meet cybersecurity requirements	Management agrees with the observations made and will enhance processes to strengthen controls.	Substantially Implemented
F23-102A	2/28/2023	Revenue Reconciliations – Division of Pharmacy	Internal Audit recommended that the Division continue to enhance revenue reconciliations by establishing thresholds for variances.	Management agrees to implement a threshold for reviewing variances when they occur.	Fully Implemented
23-102B	3/24/2023	Revenue Reconciliations – Diagnostic Operations	Internal Audit recommended that the Division ensure comprehensive revenue reconciliations are performed.	Management agrees to develop revenue reconciliation standards and instill a retention requirement to save documentation. Additionally, management will work with Financial Controls to develop process to reconcile revenue daily	Incomplete/On-going
23-102C	4/2/2023	Revenue Reconciliations – Diagnostic Imaging	Internal Audit recommended that the Division ensure comprehensive revenue reconciliations are performed.	Management agrees to develop revenue reconciliation standards and instill a retention requirement to save documentation.	Incomplete/On-going
23-103	6/29/2023	Agency Contract Labor	Internal Audit recommended that payment processes and controls be improved to ensure that payments are based on approved timecards and duplicate payments are prevented. Additionally, improvements to policy and contract language were recommended.	Management agrees with observations and will implement processes to resolve all risks noted.	Incomplete/On-going
23-104	8/30/2023	Departmental Review – Anatomical Pathology	Internal Audit recommended that the Department of Anatomical Pathology enhance controls and processes in relation to revenue reconciliation, asset management, shipments, and leave management.	Management agreed with the observations and developed action plans to address each area.	Incomplete/On-going

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Report No.	Report Date	Name of Report	Recommendations	Summary of Action Taken	Progress: · Fully Implemented · Substantially Implemented · Incomplete/Ongoing · Not Implemented
23-105	1/3/2023	Departmental Review – Genitourinary Medical Oncology	Internal Audit recommended that management of Genitourinary Medical Oncology enhance controls and processes related to grants management, revenue cycle, IT assets, financial management, and personnel management.	Management agreed with the observations and developed action plans to address each area.	Substantially Implemented
23-106	8/30/2023	Departmental Audit - Colon and Rectal Surgery	Internal Audit recommended that management of Colon and Rectal Surgery enhance controls and processes in relation to revenue cycle, grants management, shipments, asset management, financial management, and personnel/leave management.	Management agreed with the observations and developed action plans to address each area.	Incomplete/On-going
23-107	Excepted from Public Disclosure				
23-112	3/1/2023	Investigational Drug Review	Internal Audit recommended that Investigational Pharmacy Services expand temporary and permanent storage capacity, maintain and monitor cold storage units, enhance employee safety, and strengthen access controls.	Management agreed with the observations and developed action plans to address each area.	Substantially Implemented
23-118	3/16/2023	Executive Travel and Business Entertainment	Internal Audit did not identify any reportable observations.	Not applicable	Not Applicable
23-119	8/29/2023	President's Housing, Travel and Entertainment	Internal Audit did not identify any reportable observations.	Not applicable	Not Applicable
23-120	Excepted from Public Disclosure				
23-122	8/16/2023	Departmental Review - Nuclear Medicine	Internal Audit recommended that management of Nuclear Medicine improve controls over clinical trials, assets, procurement cards and extramural leave.	Management agreed to enhance controls and processes.	Incomplete/On-going
23-208	Excepted from Public Disclosure				
23-401	Excepted from Public Disclosure				
23-402	Excepted from Public Disclosure				
23-403	Excepted from Public Disclosure				

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Report No.	Report Date	Name of Report	Recommendations	Summary of Action Taken	Progress: · Fully Implemented · Substantially Implemented · Incomplete/Ongoing · Not Implemented
23-404 & 23-405	Excepted from Public Disclosure				

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II. Internal Audit Plan for Fiscal Year 2023

The following matrix details the status of the Fiscal Year 2023 Audit Plan:

Project No.	Project Title	Report Date	Project Status
<i>Risk-Based Audits</i>			
MDA23-100	No Surprises Act Compliance	Pending	In Progress
MDA23-101	Cloud Services Cost Management	3/29/2023	Complete
MDA23-102	Revenue Reconciliations	2/28/2023	Complete
MDA23-103	Agency Contract Labor	6/29/2023	Complete
MDA23-104	Departmental Audit - Anatomical Pathology	8/30/2023	Complete
MDA23-105	Departmental Audit - Genitourinary Medical Oncology	1/3/2023	Complete
MDA23-106	Departmental Audit - Colon & Rectal Surgery	8/30/2023	Complete
MDA23-107	Excepted from Public Disclosure	4/28/2023	Complete
MDA23-108	Excepted from Public Disclosure	Pending	In Progress
MDA23-109	Grants and Contracts - Closeouts	Pending	In Progress
MDA23-110	Discharge Planning	Pending	In Progress
MDA23-111	Physicians Referral Service (PRS) Review	Pending	In Progress
MDA23-112	Investigational Drug Review	3/1/2023	Complete
MDA23-113	Audit Process Innovation – Phase I	8/31/2023	Complete
MDA23-114	Excepted from Public Disclosure	Implementation Delayed	Cancelled
MDA23-115	Facilities Management Activities/Construction - Deferred Maintenance	Risk Raking re-evaluated	Cancelled
MDA23-116	Management Involvement on Co-Sourced Construction Projects	N/A	Complete
MDA23-117	Management Involvement on other Co-Sourced Projects	N/A	Complete
MDA23-118	Executive and Faculty Travel and Business Entertainment	3/20/2023	Complete
MDA23-119	Presidential Travel and Business Entertainment	8/29/2023	Complete
MDA23-120	Excepted from Public Disclosure	4/3/2023	Complete
MDA23-122	Departmental Review - Nuclear Medicine	8/16/2023	Complete
MDA23-123	Epic Revenue Cycle Workqueue Management Review	Pending	In Progress
<i>Information Technology Audits</i>			
MDA23-400	Excepted from Public Disclosure	Implementation delayed	Cancelled
MDA23-401	Excepted from Public Disclosure	3/20/2023	Complete
MDA23-402	Excepted from Public Disclosure	Pending	In Progress
MDA23-403	Excepted from Public Disclosure	3/20/2023	Complete
MDA23-404	Excepted from Public Disclosure	8/30/2023	Complete
MDA23-405	Excepted from Public Disclosure	8/30/2023	Complete
MDA23-406	Excepted from Public Disclosure	8/31/2023	Complete
MDA23-407	Excepted from Public Disclosure	Risk managed by other assurance function	Cancelled
MDA23-408	Management Involvement on Co-Sourced IT Projects	N/A	Complete

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Project No.	Project Title	Report Date	Project Status
<i>Carry-Forward Audits</i>			
MDA22-218CF	Departmental Audit - Stem Cell (including Financial Clearance Process)	11/23/2022	Complete
MDA22-219CF	Departmental Audit - Pulmonary Medicine Departmental Review	11/28/2022	Complete
MDA22-108CF	Departmental Audit - Procedural and Therapeutics	11/2/2022	Complete
MDA22-404CF	Excepted from Public Disclosure	Pending process revisions	Cancelled
MDA22-803CF	Excepted from Public Disclosure	2/28/2023	Complete
<i>Required Audits (Externally and Internally)</i>			
MDA23-300	FY 2022 Financial Statement Audit (year-end)	Report issued by Deloitte at UT System level	Complete
MDA23-301	FY 2023 Financial Statement Audit (interim)	Report issued by Deloitte at UT System level	Complete
MDA23-302	Annual Report to the State Auditor	10/11/2022	Complete
MDA23-303	Procurement Compliance Assessment	6/6/2023	Complete
<i>Risk-Based Consulting Projects</i>			
MDA23-200	Enterprise Risk Management (ERM)	Consulting Project – Verbal comments provided to management	Complete
MDA23-201	CARES Act Funding	Consulting Project – Verbal comments provided to management	Complete
MDA23-202	Supply Chain Consulting	Risk addressed through external assessment	Cancelled
MDA23-203	Excepted from Public Disclosure	Implementation Delayed	Cancelled
MDA23-204	Grants and Contracts Consulting	Consulting Project – Verbal comments provided to management	Complete
MDA23-205	Excepted from Public Disclosure	10/31/2022	Complete
MDA23-206	Drug Diversion Consulting	Consulting Project – Verbal comments provided to management	Complete
MDA23-207	Criminal Background Checks	Consulting Project – Verbal comments provided to management	Complete
MDA23-208	Excepted from Public Disclosure	3/27/2023	Complete
MDA23-209	Excepted from Public Disclosure	Pending	In Progress
MDA23-210	General Consultation with Management	N/A	Complete
MDA23-211	Institutional Committee Participation	N/A	Complete
<i>Investigations</i>			
MDA23-800	Excepted from Public Disclosure	8/30/2023	Complete
<i>Follow-up</i>			
MDA23-500	Quarterly Reporting / Monitoring Activities	N/A	Complete
MDA23-501	Validation Activities - Phase I	2/28/2022	Complete
MDA23-502	Validation Activities - Phase II	8/31/2022	Complete

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Project No.	Project Title	Report Date	Project Status
MDA23-503	Technology and Innovation Follow-up Validation Activities	N/A	Complete
<i>Development - Operations</i>			
-	Internal / External Quality Assurance Activities	N/A	Complete
-	Internal Audit Committee Preparation / Participation	N/A	Complete
-	Institutional Risk Assessment & Work Plan Development	N/A	Complete
-	Audit Strategic Planning	N/A	Complete
-	Technology and Innovation Risk Assessment FY 24	N/A	Complete
<i>Development – Initiatives & Education</i>			
-	UT System Coordination	N/A	Complete
-	Audit Management Software Preparation (Risk Assessment and Training)	N/A	Complete
-	Professional Organization / Association Participation	N/A	Complete
-	Training / Continuing Professional Education	N/A	Complete

	Audit / Project cancelled / postponed
	Audit / Project added to Plan

Compliance with the Benefits Proportionality Audit Requirements for Higher Education Institutions:

At the request of the Governor, an internal audit of the proportionality of higher education benefits process was performed during fiscal year 2022. The audit examined fiscal year 2020 and 2021. The audit ensured compliance with Rider 8, page III-46 of the General Appropriations Act (87th Legislature). A consistent audit methodology has been deployed across UT System that assessed the reporting process and accuracy of benefits funding information provided to the State Comptroller.

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 MD Anderson Cancer Center Internal Audit Department conducted this required assessment for fiscal year 2023, and found the following:

Based on review of current institutional policy and the UT System Board of Regents’ Rules and Regulations, MD Anderson Cancer Center has generally adopted all of the rules and policies required by TEC 51.9337. Review and revision of institutional and

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System policy is an ongoing process. These rules and policies will continue to be assessed annually to ensure continued compliance with TEC 51.9337.

No significant changes have been made since the assessment was conducted.

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III. Consulting Services and Non-audit Services Completed

Project No.	Project Title	Report Date	Project Objective	Services / Observations / Results / Recommendations
23-113	Audit Process Innovation – Phase I	8/31/2023	Using an external vendor, explore and develop technological tools as part of the departmental initiative to improve the efficiency of the audit process and increase audit coverage. This project will impact an operational area, to be determined.	Internal Audit collaborated with an external vendor to develop a dashboard of institutional risk factors utilizing available data. At the end of Phase I, the vendor delivered a plan for the design and build of the dashboard.
23-200	Enterprise Risk Management	Consulting – Facilitated ERM Initiative	Coordinate with management to continue enhancement of an enterprise risk management framework for the institution.	Internal Audit continues to collaborate with the ERM team throughout the year. Internal Audit exchanges information with the ERM team, ensures risks are aligned, and ensures no duplication of effort exists between our departments.
23-201	CARES Act Funding Consulting	8/31/2023	Perform a consulting engagement to ensure compliance with the various requirements of CARES Act funding.	Internal Audit consulted with management throughout the period to help ensure compliance with the various requirements of CARES Act funding.
23-204	Grants and Contracts Consulting	8/31/2023	In coordination with Institutional Compliance and Grants and Contracts, Internal Audit will make recommendations related to control processes, both centralized and decentralized, to ensure allowability of costs charged to grants, including but not limited to the accuracy of effort reporting.	Internal Audit continues to assist in identifying and providing guidance on mitigating potential compliance risks related to Grants and Contracts.
23-205	Excepted from Public Disclosure			
23-206	Drug Diversion Consulting	Consulting – Verbal Comments provided to Management	Participate in a consulting role on the Medication Diversion Prevention Program Committee.	Internal Audit participates on the Medication Diversion Prevention Program Committee, established to prevent, identify and address medication diversion risks. Internal Audit's role is to provide consultation regarding proposed actions to reduce insider threats.
23-207	Criminal Background Checks	Consulting – Verbal Comments provided to Management	Internal Audit will continue to partner with key stakeholders to ensure processes established around a comprehensive background check have been implemented for all employees, including faculty, as part of the on-boarding process.	Internal Audit facilitated communication between Human Resources, Supply Chain, and impacted process owners to discuss the implementation of criminal background checks.

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Project No.	Project Title	Report Date	Project Objective	Services / Observations / Results / Recommendations
23-300	Support for FY 2022 Financial Statement Audit (Year End)	12/31/2022	To assist Deloitte with testing relating to the External Financial Statement Audit.	Internal Audit assisted the external financial statement auditors with interim testing. Observations and recommendations will be made by Deloitte to management.
23-301	Support for FY 2023 Financial Statement Audit (interim)	8/31/2023	To assist Deloitte with testing relating to the External Financial Statement Audit.	Internal Audit assisted the external financial statement auditors with interim testing. Observations and recommendations will be made by Deloitte to management.
23-302	Annual Report to State Auditors	12/10/2022	To report Internal Audit's activities to the Texas State Auditor as required by Texas Internal Auditing Act.	Internal Audit prepared the required Annual Report to the State Auditor's Office (SAO).
23-303	TEC 51.9337 Procurement Compliance Assessment	6/6/2023	To assess compliance with Texas Education Code 51.9337 related to state procurement requirements.	No recommendations issued by Internal Audit.
23-406	Excepted from Public Disclosure			
- - -	Various Investigations	Various methods of communication	To conduct investigations as necessary.	Information was provided to appropriate levels of management.

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IV. External Quality Assurance Review (Peer Review)



September 1, 2020

Ms. Sherri Magnus, Vice President & Chief Audit Officer
The University of Texas M.D. Anderson Cancer Center

In July 2020, The University of Texas M.D. Anderson Cancer Center (UT MDACC) internal audit (IA) function 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). UTMDACC IA engaged an independent review team consisting of internal audit professionals with extensive higher education and healthcare experience to perform an independent validation of IA'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 IA, we agree with IA'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 IA'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 The UT M.D. Anderson Cancer Center 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 The University of Texas M.D. Anderson Cancer Center.

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

Very truly yours,

Baker Tilly Virchow Krause, LLP

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V. Internal Audit Plan for Fiscal Year 2024

FY 2024 Audit Plan	Original Budget	Percent of Total	General Objective/Description
Assurance Engagements			
Departmental Audit (TBD)	800		To provide a general assessment of the financial, administrative, and compliance controls within the selected department.
Ambulatory Centers/Clinics	800		To review financial and administrative processes for selected centers.
Pharmacy Controlled Substances	600		To assess the controls in place over ordering, receiving, administering, and accounting for controlled substances located in various Pharmacy locations, including but not limited to the vault, IV rooms, HALs and surgical areas. This will include reviewing the process established to account for waste and transfers to other locations.
Excepted from Public Disclosure	600		
ACCC Operational Review	800		To conduct a risk-based operational review of the Acute Cancer Care Center, including but not limited to, charge capture, wait times, and other high-risk areas.
Facilities Mgt/Construction Activities	500		To conduct a review of key construction activities and/or processes. Reviews will be co-sourced, utilizing staff with construction expertise.
Accounts Payable Recovery Audit	600		Using an external vendor, review of Accounts Payable data to identify for potential duplicate payments, supplier credits, rebates, allowances, etc.
Third Party Risk Management (Non-IT)	500		Assess the process used to evaluate and monitor risks and threats when engaging third party (non-IT) vendors.
Physicians Referral Service (PRS) Review - TBD	500		Using a risk-based approach, review the controls and processes in place for a select PRS activity.
Excepted from Public Disclosure	500		
Excepted from Public Disclosure	600		

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Executive and Faculty Travel and Business Entertainment	200		To determine if travel and entertainment activities and expenditures of executive management and faculty are conducted in accordance with UT System and MDACC policy.
Presidential Travel and Business Entertainment	100		To determine if travel and entertainment activities and expenditures of the President and spouse are conducted in accordance with UT System and MDACC policy.
Management Involvement on Co-Sourced Construction Projects	200		To oversee/facilitate audits of construction activities.
Management Involvement on other Co-Sourced Projects	250		To oversee/facilitate audits of other co-sourced activities.
<u>Technology and Innovation Engagements</u>			
<u>Co-sourced</u>			
Excepted from Public Disclosure	400		
Excepted from Public Disclosure	400		
Excepted from Public Disclosure	450		
Excepted from Public Disclosure	550		
Excepted from Public Disclosure	400		

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FY 2024 Audit Plan	Original Budget	Percent of Total	General Objective/Description
<u>Internal</u>			
Excepted from Public Disclosure	500		
Excepted from Public Disclosure	500		
Management Involvement on Co-Sourced IT Projects	250		To oversee/facilitate audits of IT activities.
Assurance Engagements Subtotal	11000	47.8%	
Advisory Engagements			
Enterprise Risk Management (ERM)	50		Collaborate with the ERM team in the identification and communication of emerging and existing institutional strategic risks. (Ongoing)
Excepted from Public Disclosure	100		
Drug Diversion Consulting	50		Participate in a consulting role on the Medication Diversion Prevention Committee.
Excepted from Public Disclosure	500		
Excepted from Public Disclosure	300		
General Consultation with Management	200		To consult with management on various high-risk topics.
Institutional Committee Participation	200		To participate, in a consulting role, on committees within the institution.
Advisory Engagement Subtotal	1400	6.1%	

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FY 2024 Audit Plan	Original Budget	Percent of Total	General Objective/Description
Required Engagements			
Support for FY 2023 Financial Statement Audit (year-end)	220		To assist Deloitte with testing relating to the External Financial Statement Audit.
Support for FY 2024 Financial Statement Audit (interim)	200		To assist Deloitte with testing relating to the External Financial Statement Audit.
Annual Report to the State Auditor	100		To report Internal Audit's activities to the Texas State Auditor as required by Texas Internal Auditing Act.
Procurement Compliance Assessment	40		To assess compliance with Texas Education Code 51.9337 related to state procurement requirements.
Required Engagement Subtotal	560	2.4%	
Investigations			
Reserve for Investigations	500		Reserve will be used to respond to any investigative requests throughout the year.
Investigation Subtotal	500	2.3%	
Reserve			
Reserve for Carryforward Engagements	250		Reserve will be used to complete any outstanding FY23 projects not completed by August 31.
Reserve for Just-In-Time Auditing/Advisory Services	1,306		Reserve will be used to respond to management's requests in high-risk areas, as well as to address changing risks in our environment throughout the year.
Reserve Subtotal	1556	6.8%	

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FY 2024 Audit Plan	Original Budget	Percent of Total	General Objective/Description
Follow-Up			
Quarterly Reporting / Monitoring Activities	200		To report on follow-up validation activity.
Validation Activities - Phase I	500		To conduct follow-up on outstanding recommendations for quarters 1 and 2.
Validation Activities - Phase II	500		To conduct follow-up on outstanding recommendations for quarters 3 and 4.
Technology and Innovation Follow-up Validation Activities	250		To conduct follow-up on outstanding Technology and Innovation recommendations.
Follow-Up Subtotal	1450	6.3%	
Development - Operations			
Internal / External Quality Assurance Activities	650		To conduct on-going reviews of audits/projects for compliance with the International Institute of Internal Auditors (IIA) standards.
Internal Audit Committee Preparation / Participation	500		To prepare audit committee materials and participate in quarterly meetings.
Institutional Risk Assessment and Work Plan Development	500		To update the comprehensive risk assessment and Work Plan.
Audit Strategic Planning	2,080		To perform strategic planning and manage the overall audit activity.
Technology and Innovation Risk Assessment FY25	250		Updating of the IT risk assessment and audit work plan.
Development - Operations	3980	17.3%	
Development – Initiatives and Education			
UT System Coordination	200		To participate in UT System initiatives, including selection of new automated audit management application.
Audit Management Software Transition and Training	400		To implement the new audit management software application, and to train team on new audit management system.

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FY 2023 Audit Plan	Original Budget	Percent of Total	General Objective/Description
Professional Organization / Association Participation	100		To participate in the IIA Houston Chapter Annual Conference.
Training / Continuing Professional Education	1,850		To provide training and continuing professional education to audit staff in accordance with audit standards.
Development - Initiatives and Education Subtotal	2550	11.1%	
Total Budgeted Hours	22,996	100.0%	

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Additional “high” risks identified but not included in the FY 2024 Work Plan are found in the following areas. Many of these risks are mitigated by other initiatives throughout the institution.

- Human Resources
- Technology Innovation
- Philanthropy
- Supply Chain
- Financial Management
- Revenue Cycle
- Patient Safety and Quality Processes
- Auxiliary Enterprises
- Academic Instruction
- Research
- Governance and Strategy

Our risk assessment methodology included interviews with various levels of management in the institution. Additionally, we leveraged information obtained by the Enterprise Risk Management team, as well as a multitude of other data inputs. Identified risks were aligned with the institutional strategic plan. For each identified risk, impact and probability were assessed. Our work plan was developed from the highest risk areas in the institution that are not already being addressed by other mitigation strategies. In addition to the inputs to the risk assessment discussed above, our methodology included consideration, if any, of risks associated with:

- The applicable information technology risks related to Title 1, Texas Administrative Code, Chapter 202 (Information Security Standards).
- Methods for ensuring compliance with contract processes and controls and for monitoring agency contracts, according to Texas Government Code, Section 2102.005(b).

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VI. External Audit Services Procured in Fiscal Year 2023

Service	Provider
Opinion on financial statements of UT MD Anderson Cancer Center	Deloitte
Opinion on financial statements of UT MD Anderson Physicians Network	Deloitte
Opinion on financial statements of UT MD Anderson Services Corporation	Deloitte
Information Technology Internal Audit Co-Sourcing	PricewaterhouseCoopers
Facilities Internal Audit Co-Sourcing	KPMG
Excepted from Public Disclosure	Protiviti
Excepted from Public Disclosure	Baker Tilly

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VII. Reporting Suspected Fraud and Abuse

The screenshot shows a SharePoint page titled "Corporate Fraud & Abuse" under the "Institutional Compliance" department. The page includes a navigation menu at the top with options like "Home", "Resources & Support", "Billing & Reimbursement Compliance", and "Ethics & Conflicts of Interest". The main content area is divided into several sections: "Corporate Fraud & Abuse" with a definition of fraud, "Resources" with links to external and internal documents, "Related Policies" with links to internal policies, "Our Ethics & Conflicts of Interest Team" with profiles of five team members, and a "Contact Us" section with address and contact information.

Corporate Fraud & Abuse

The [Association of Certified Fraud Examiners](#) defines fraud as any intentional or deliberate act to deprive another of property or money through guile, deception, or other unfair means. Corporate or Occupational Fraud includes such categories as corruption (conflicts of interest, bribery, illegal gratuities), asset misappropriation (cash larceny, skimming), and fraudulent statements (both financial and non-financial).

Faculty, trainees/students, and other members of MD Anderson's workforce should remember:

MD Anderson's Compliance Hotline, 1-800-789-4448, is a toll-free number that individuals may use to report suspected wrongdoing, fraud, risk, abuse, and violations of federal or state laws and help MD Anderson combat corporate fraud.

Individuals may also report suspected fraud, waste, and abuse involving state resources to the [State Auditor's Office's Hotline](#) at 1-800-TX-AUDIT (1-800-892-8348). Additional information may be found on the [State Auditor's Office](#) website.

Resources

- Association of Certified Fraud Examiners
- Hospital Compliance Plan - MD Anderson Cancer Center
- Texas State Auditor's Office - Investigations & Audit Support
- MD Anderson's Standards of Conduct: Do the Right Thing
- MD Anderson's Hospital Compliance Plan

Related Policies

- Internal Control Policy (MD Anderson Institutional Poli...
- Ethics for State Employees Policy (MD Anderson...
- Use of State-Owned Property, Equipment...

Our Ethics & Conflicts of Interest Team

- Ingraham, Ryan R**
Sr Legal Officer & Director
- Muhammad, Amber M**
Asst Legal Officer
- Markantonis, Allison**
Assoc Dir, Institutional Compl
- Molin, Melissa**
Sr Compliance Analyst
- Waters, Ashley Marie**
Sr Compliance Analyst
- Wilcox, Misty D**
Sr Compliance Analyst

Contact Us

Ethics & Conflicts of Interest
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