

**The University of Texas MD Anderson Cancer Center
Internal Audit Annual Report for FY2024**

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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 2024 SAO Annual Report. The Fiscal Year 2024 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, 2024, as required.

The following matrix provides a summary of the weaknesses and action taken by management for projects on the Fiscal Year 2024 Audit Plan, as required by Texas Government Code, Section 2102.015:

Report No.	Report Date	Name of Report	Recommendations	Summary of Action Taken	Progress: · Fully Implemented · Substantially Implemented · Incomplete/Ongoing · Not Implemented	
23-100	11/30/2023	<i>Excepted from Public Disclosure</i>				
23-108	6/4/2024	<i>Excepted from Public Disclosure</i>				
23-109	9/11/2023	Grants and Contacts Closeout	Internal Audit recommended that Grants and Contracts management strengthen processes to ensure more efficient and timely project closeouts.	Management agreed with the observations and recommendations and has developed action plans to be implemented.	Substantially Implemented	
23-110	10/2/2023	<i>Excepted from Public Disclosure</i>				
23-111	10/5/2023	Physicians Referral Service - Professional Service Agreements	Internal Audit recommended that PRS management implement a centralized oversight function to ensure adequate monitoring of KPIs as well as to enhance stakeholder education and training.	Management agreed with the observations and recommendations and has developed action plans to be implemented.	Incomplete/Ongoing	
23-123	10/23/2023	EPIC Revenue Cycle Workqueue Management	Internal Audit recommended that management strengthen oversight of Epic revenue cycle workqueues as well as to formalize processes related to missing/inactive workqueue owners.	Management agreed with the observations and recommendations and has developed action plans to be implemented.	Incomplete/Ongoing	

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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	
23-209	9/29/2023	<i>Excepted from Public Disclosure</i>				
24-101	4/1/2024	Cardiopulmonary Center Review	Internal Audit recommended that management improve controls over charge capture, asset management and timecard approvals.	Management agreed with the observations and recommendations and has developed action plans to be implemented.	Incomplete/Ongoing	
24-103	8/29/2024	<i>Excepted from Public Disclosure</i>				
24-105	4/3/2024	Capital Program Maturity Assessment	Internal Audit recommended that management strengthen controls over Capital program processes.	Management agreed with the observations and recommendations and has developed action plans to be implemented.	Incomplete/Ongoing	
24-111	8/26/2024	Executive Travel and Business Entertainment	Internal Audit recommended that management strengthen controls to ensure expenditures are allowable and charged to the appropriate funding source.	Management agreed with the observations and recommendations and has developed action plans to be implemented.	Incomplete/Ongoing	
24-117	6/28/2024	Head and Neck Center Review	Internal Audit recommended that Head & Neck Center management strengthen controls over charge capture processes.	Management agreed with the observations and recommendations and has developed action plans to be implemented.	Incomplete/Ongoing	
24-204	4/3/2024	<i>Excepted from Public Disclosure</i>				
24-207	8/12/2024	Texas Education Code 51.3525 & UTS 197	Internal Audit recommended that management develop a centralized monitoring function to ensure compliance with state law and UTS rule 197.	Management agreed with the observations and recommendations and has developed action plans to be implemented.	Incomplete/Ongoing	
24-400	6/27/2024	<i>Excepted from Public Disclosure</i>				
24-401	4/3/2024	<i>Excepted from Public Disclosure</i>				
24-402	4/2/2024	<i>Excepted from Public Disclosure</i>				
24-403	7/31/2024	<i>Excepted from Public Disclosure</i>				
24-406	8/12/2024	<i>Excepted from Public Disclosure</i>				
24-408	8/28/2024	<i>Excepted from Public Disclosure</i>				

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II. Internal Audit Plan for Fiscal Year 2024

The following matrix details the status of the Fiscal Year 2024 Audit Plan:

Project No.	Project Title	Report Date	Project Status
<u>Risk-Based Audits</u>			
MDA24-100	Departmental Audit - Neurosurgery	Pending	In Progress
MDA24-101	Cardiopulmonary Center Review	4/1/2024	Complete
MDA24-102	Pharmacy Controlled Substances	Pending	In Progress
MDA24-103	Excepted from Public Disclosure	8/29/2024	Complete
MDA24-104	ACCC Operational Review	Audit project cancelled due to process improvements underway	Cancelled
MDA24-105	Capital Program Maturity Assessment	4/3/2024	Complete
MDA24-106	Accounts Payable Recovery Audit	Audit project postponed until FY25 allowing for engagement of external vendor	Postponed
MDA24-107	Third Party Risk Management (Non-IT)	Risk managed by other assurance functions	Cancelled
MDA24-108	Physicians Referral Service (PRS) Review	Achieved coverage through the performance of other audits	Cancelled
MDA24-109	Incentive Plan Review	Achieved coverage through the performance of other audits	Cancelled
MDA24-110	Excepted from Public Disclosure	Risk managed by other assurance functions	Cancelled
MDA24-111	Executive and Faculty Travel and Business Entertainment	8/26/2024	Complete
MDA24-112	Presidential Travel and Business Entertainment	Pending	In Progress
MDA24-113	Management Involvement on Co-Sourced Construction Projects	N/A	Complete
MDA24-114	Management Involvement on other Co-Sourced Projects	N/A	Complete
MDA24-115	Audit Innovation - Phase II	N/A	Complete
MDA24-116	Excepted from Public Disclosure	Project completed in FY23	Cancelled
MDA24-117	Head and Neck Center Review	6/28/2024	Complete
<u>Information Technology Audits</u>			
MDA24-400	Excepted from Public Disclosure	6/27/2024	Complete
MDA24-401	Excepted from Public Disclosure	4/3/2024	Complete
MDA24-402	Excepted from Public Disclosure	4/1/2024	Complete
MDA24-403	Excepted from Public Disclosure	7/30/2024	Complete
MDA24-404	Excepted from Public Disclosure	Implementation delayed until FY25	Postponed
MDA24-405	Excepted from Public Disclosure	Risk managed by other assurance functions	Cancelled
MDA24-406	Excepted from Public Disclosure	8/12/2024	Complete

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Project No.	Project Title	Report Date	Project Status
MDA24-408	Excepted from Public Disclosure	8/28/2024	Complete
MDA24-407	Management Involvement on Co-Sourced IT Projects	N/A	Complete
<u>Carry-Forward Audits</u>			
MDA23-100CF	Excepted from Public Disclosure	12/5/2023	Complete
MDA23-123CF	EPIC Work Queue Management	10/23/2023	Complete
MDA23-109CF	Grants and Contracts - Closeout	8/14/2023	Complete
MDA23-110CF	Excepted from Public Disclosure	9/29/2023	Complete
MDA23-111CF	Physicians Referral Service (PRS) Review	10/5/2023	Complete
MDA23-209CF	Excepted from Public Disclosure	10/2/2023	Complete
MDA23-108CF	Excepted from Public Disclosure	6/4/2024	Complete
<u>Required Audits (Externally and Internally)</u>			
MDA24-300	FY 2023 Financial Statement Audit (year-end)	Report issued by Deloitte at UT System level	Complete
MDA24-301	FY 2024 Financial Statement Audit (interim)	Report issued by Deloitte at UT System level	Complete
MDA24-302	Annual Report to the State Auditor	10/10/2023	Complete
MDA24-303	Procurement Compliance Assessment	3/18/24	Complete
<u>Risk-Based Consulting Projects</u>			
MDA24-200	Enterprise Risk Management (ERM)	Consulting Project – Verbal comments provided to management	Complete
MDA24-201	Segregation of Duties and Account Reconciliation	10/25/2023	Complete
MDA24-202	Drug Diversion Consulting	Consulting Project – Verbal comments provided to management	Complete
MDA24-203	Model Governance, Implementation and Lifecycle Mgmt	Pending	In Progress
MDA24-204	Excepted from Public Disclosure	4/3/2024	Complete
MDA24-205	General Consultation with Management	N/A	Complete
MDA24-206	Institutional Committee Participation	N/A	Complete
MDA24-207	TEC 51.3525 and UTS 197 Compliance Audit	8/12/2024	Complete
<u>Investigations</u>			
MDA24-800	Excepted from Public Disclosure	10/3/2023	Complete
MDA24-801	Excepted from Public Disclosure	11/30/2023	Complete
MDA24-802	Excepted from Public Disclosure	8/19/2024	Complete
MDA24-803	Excepted from Public Disclosure	4/18/2024	Complete
<u>Follow-up</u>			
MDA24-500	Quarterly Reporting / Monitoring Activities	8/31/2024	Complete
MDA24-501	Validation Activities - Phase I	2/28/2023	Complete
MDA24-502	Validation Activities - Phase II	8/31/2024	Complete
MDA24-503	Technology and Innovation Follow-up Validation Activities	N/A	Complete
<u>Development - Operations</u>			

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Project No.	Project Title	Report Date	Project Status
-	Internal / External Quality Assurance Activities	N/A	Complete
-	Internal Audit Committee Preparation / Participation	N/A	Complete
-	Institutional Risk Assessment & Work Plan Development FY 24	N/A	Complete
-	Audit Strategic Planning	N/A	Complete
-	Technology and Innovation Risk Assessment FY 24	N/A	Complete
<u>Development – Initiatives & Education</u>			
-	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 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 2024, 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 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
24-115	Audit Process Innovation – Phase II	N/A	Using an external vendor, implement a dashboard of risk factors utilizing institutional data.	Dashboard was implemented and deployed.
24-200	Enterprise Risk Management	N/A	Collaborate with the ERM team in the identification and assessment of emerging and existing institutional strategic risks.	Internal Audit continues to collaborate and coordinate with the ERM team throughout the year to ensure connected risk management. Internal Audit exchanges information with the ERM team, evaluates emerging/evolving risks, and assesses alignment of risks.
24-201	Segregation of Duties and Account Reconciliation	10/25/2023	To consult with Financial Controls to ensure that prior recommendations have been remediated and to identify potential concerns that may arise from departmental subcertifications.	Internal Audit assessed the monitoring activities being performed related to financial reporting. No issues or concerns were identified.
24-202	Drug Diversion Consulting	Consulting – Verbal Comments provided to Management	Participate in a consulting role on the Medication Diversion Prevention Program Committee.	Internal Audit participates in a consulting role on the Medication Diversion Prevention Program Committee, established to prevent, identify and address medication diversion risks.
24-204	<i>Excepted from Public Disclosure</i>			
24-300	Support for FY 2023 Financial Statement Audit (Year End)	12/31/2023	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.
24-301	Support for FY 2024 Financial Statement Audit (interim)	8/31/2024	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.
24-302	Annual Report to State Auditor	10/10/2023	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).
24-303	Procurement Compliance Assessment (TEC 51.9337)	3/18/2024	To assess compliance with Texas Education Code 51.9337 related to state procurement requirements.	No recommendations issued by Internal Audit.
---	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)



January 2024

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

In August 2023, The University of Texas MD Anderson Cancer Center (UT MDACC) Internal Audit (IA) department 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 MDACC 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 UT MDACC 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,

A handwritten signature in black ink that reads "Baker Tilly US, LLP".

Baker Tilly US, LLP

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V. Internal Audit Plan for Fiscal Year 2025

FY 2025 Audit Plan	Original Budget	Percent of Total	General Objective/Description
Assurance Engagements			
Charge Capture Audit	650		Using data analytics determine if charges are captured for services performed in various clinical areas.
Spot Agreements	600		Assess the controls in place over spot agreements to determine whether the institution collected the contracted amount for services rendered.
Operational Review of Northwest Surgical Center	850		Using a risk-based approach and in coordination with the IT Co-Source Team, assess key operational activities, including the people, processes and technology to determine if the Northwest Surgical Center is performing as designed and intended by senior leaders. This review will include a review of charge capture for Pharmacy and Diagnostic Imaging Services.
Major Capital Equipment Management and Governance Assessment	900		Using an external vendor, conduct an assessment of the governance and strategy related to major capital equipment. Coordinate with the Institutional Medical Device Committee and other related process owners.
Facilities Workforce Strategy Assessment	350		Using an external vendor, conduct an assessment of the workforce strategy and governance for staffing and hiring processes.
Accounts Payable Recovery Audit	500		Using an external vendor, review Accounts Payable data to identify for potential duplicate payments, supplier credits, rebates, allowances, etc.
Clinical Trials	500		Using a risk-based approach, evaluate controls and processes over selected key clinical trial activity.
Denials Appeals Process	500		To determine the adequacy and effectiveness of processes and controls in place related to the denials appeals.
Transformation of Work	500		To determine compliance with new policies around transformation of work, including compliance with travel requirements.
President's Travel and Business Entertainment	50		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.

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FY 2025 Audit Plan	Original Budget	Percent of Total	General Objective/Description
Management Involvement on other Co-Sourced Projects	200		To oversee/facilitate audits of other co-sourced activities.
<i>Technology and Innovation Engagements Co-sourced</i>			
Excepted from Public Disclosure	400		
Excepted from Public Disclosure	450		
Excepted from Public Disclosure	450		
Excepted from Public Disclosure	450		
Excepted from Public Disclosure	400		
Excepted from Public Disclosure	300		
Excepted from Public Disclosure	500		
Excepted from Public Disclosure	350		
Excepted from Public Disclosure	300		
Excepted from Public Disclosure	400		
Management Involvement on Co-Sourced IT Projects	250		To oversee/facilitate audits of IT activities.
Assurance Engagements Subtotal	10,000	50%	
Advisory Engagements			
Enterprise Risk Management	50		Collaborate with the ERM team in the identification and communication of emerging and existing institutional strategic risks. (Ongoing)
Exclusive Acquisition Justification (EAJs) / Emergency Agreements	50		Analyze data and provide additional insights to the Corporate Compliance Committee on the nature and justification of EAJs and Emergency Contracts.
Segregation of Duties and Account Reconciliations (UTS 142)	100		To consult with Financial Controls to ensure that prior recommendations have been remediated and to identify potential concerns that may arise from departmental subcertifications.

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FY 2025 Audit Plan	Original Budget	Percent of Total	General Objective/Description
Accounts Receivable Consulting	400		To consult with management on controls over accounts receivable, including the escalation process.
Excepted from Public Disclosure	400		
General Consultation with Management	50		To consult with management on various high-risk topics.
Institutional Committee Participation	100		To participate, in a consulting role, on committees within the institution.
Advisory Engagement Subtotal	1,150	6%	
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	3%	
Reserve			
Reserve for Investigations	400		Reserve will be used to respond to any investigative requests throughout the year.
Reserve for Carryforward Engagements	177		Reserve will be used to complete any outstanding FY24 projects not completed by August 31.
Reserve for Just-In-Time Auditing/Advisory Services	400		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	977	5%	

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FY 2025 Audit Plan	Original Budget	Percent of Total	General Objective/Description
Follow-Up			
Quarterly Reporting / Monitoring Activities	50		To report on follow-up validation activity.
Validation Activities - Phase I	425		To conduct follow-up on outstanding recommendations for quarters 1 and 2.
Validation Activities - Phase II	425		To conduct follow-up on outstanding recommendations for quarters 3 and 4.
Technology and Innovation Follow-up Validation Activities	200		To conduct follow-up on outstanding Technology and Innovation recommendations.
Facilities Follow-up (KPMG)	200		To conduct follow-up on outstanding Facilities recommendations.
Follow-Up Subtotal	1,300	7%	
Operations			
Internal Quality Assurance Activities	300		To conduct on-going reviews of audits/projects for compliance with the International Institute of Internal Auditors (IIA) standards.
Internal Audit Committee Preparation / Participation	400		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	2,400		To perform strategic planning and manage the overall audit activity. This will include ensuring compliance with the new Global IIA Standards that become effective January 1, 2025.
Technology, Data and Innovation Risk Assessment FY26	250		Updating of the IT risk assessment and audit work plan.
Facilities Risk Assessment FY26 (KPMG)	50		Updating of the Facilities risk assessment and audit work plan.
Operations Subtotal	3,900	20%	

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FY 2025 Audit Plan	Original Budget	Percent of Total	General Objective/Description
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.
Training / Continuing Professional Education	1,200		To provide training and continuing professional education to audit staff in accordance with audit standards.
Initiatives and Education Subtotal	1,800	9%	
Total Budgeted Hours	19,687	100%	

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Additional “high” risks identified but not included in the FY 2025 Work Plan are found in the following areas. Many of these risks are mitigated by other initiatives throughout the institution.

- Human Resources
- Supply Chain
- Financial Management
- Revenue Cycle
- Patient Safety and Quality Processes
- Research
- Governance and Strategy
- Business Continuity Management

Internal Audit aligned the risk assessment with the Institution’s Strategic Plan. We partnered with executive leadership, key risk owners, and Enterprise Risk Management to identify key risks to the institution. We leveraged data from a multitude of sources as part of our methodology. We then developed a risk-based plan in accordance with the International Standards for the Professional Practice of Internal Auditing. Finally, 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).
- Benefits Funding Proportionality, and the risk of benefits not being paid proportionate to the source of funding, resulting in excessive reimbursement from State appropriated funds.
- 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 2024

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 Management/Construction Internal Audit Co-Sourcing	KPMG
Excepted from Public Disclosure	Baker Tilly
Excepted from Public Disclosure	Protiviti

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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
Mid Campus Building 1, Suite 1MC6.3427
7707 Bertner Ave., Houston, TX 77030
Unit 1640
Phone: 713-745-6636
Fax: 713-563-4324
Email: Institutional_Compliance@MDAnderson.org