

ANNUAL REPORT ON

INTERNAL AUDIT ACTIVITY

FOR

**THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER
AT SAN ANTONIO**

FISCAL YEAR 2007

FY 2007 Annual Internal Audit Report

Purpose of the Annual Report: To provide information on the benefits and effectiveness of the internal audit function. In addition, the annual report assists central oversight agencies in their work planning and coordinating efforts.

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I. Internal Audit Plan for Fiscal Year 2007

Audit Areas	FY 2007 Accomplishment of Plan
UT System Requested	
External Audit of Financial Statements - 2006	Completed
External Audit of Financial Statements - 2007	In progress. More work in FY2008
Protection of Social Security Numbers	Completed
Protection of Digital Research Data	Completed
Effort Reporting	Completed
Medical Billing Compliance Program	Completed
Research Compliance Program	Completed. Report to be issued.
President Expenditures	Completed
UT Medicine Financial Reporting	Completed. Report to be issued.
Payment Card Industry Data Security Standards	Completed
Externally Required	
Practice Plans Financial Review/Receivables & Allowance	Completed
Family Practice Residency Program	Completed
SAO FY 2006 A-133 Research and Development	Completed
Joint Admission Medical Program	Completed
Risk Based: Institutional	
RAHC Funds Management	Completed
Student Services Program	Completed
Decentralized Grant Administration	Completed
Risk Based: Auditable Areas	
MSRDP Charge Capture - Surgery	Completed. Report to be issued.
Patient Scheduling & Registration	Carry-forward to FY 2008
MSRDP Charge Capture - Medicine & Pediatrics	Completed
IT Infrastructure - Central Computing Facility	Completed. Report to be issued.
IT Security - Risk Assessment Process	Deferred until FY 2008
Manage IT Human Resources	Carry-forward to FY 2008
IT Planning and Financial Mgmt	Completed
Consulting: PeopleSoft Human Capital Management (HCM) Upgrade	Upgrade implemented in July 2007.
Consulting: EPIC - Patient Billing System Implementation	In progress. More work in FY2008
Consulting – General, Compliance, Financial, Information Technology	Completed
Change in Management - Anesthesiology, Neurosurgery, IRB	Completed
Follow-Up - Institutional Follow-up 1 st and 3 rd quarters	Completed
Audit Projects and Special Request Audits	
UT System Requests	Completed
Willed Body Program	Completed. Report to be issued.
Other Projects	
UT System Requests	Completed
Annual Internal Audit Report	Completed
Annual Audit Plan	Completed
Training provided by IA	Completed
Internal Audit Committee	Completed
External Quality Assurance Review Follow-up	Completed
Investigations	Completed
Reserve for other Special Requests	Completed

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II. External Quality Assurance Review

Please see attached .pdf file for Executive Summary of External Quality Assurance Review dated July 7, 2005.



QAR cover letter.pdf

In April 2007, we had a follow-up on the 2005 External Quality Assurance Review. Please see attached .pdf file for the Follow-Up report.



Follow up 2005
External Review.p

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III. List of Audits Completed

Report No.	Report Date	Name of Report	High-Level Audit Objective(s)	Observations/ Findings and Recommendations	Current Status	Fiscal Impact/ Other Impact
06-13	Sept 27, 2006	Student Services	To evaluate the activities of student services for effectiveness. We completed audit procedures to determine if the Office of Student Services provided programs and services which help students achieve their goals.	<p>The audit identified valuable student services offered at UTHSCSA. Successful planning of orientation, campus activities, and graduation were recognized. Responsive and cooperative staff, communication of services offered, and helpful advisory services were also among the accolades of student services.</p> <p>Areas for student services enhancement were also identified during the audit. Recommendations included:</p> <ul style="list-style-type: none"> ▪ Improving accuracy of Student Health Services Recordkeeping and Billing, ▪ Extension of available hours for the Student Health Clinic, ▪ Acceptance of Online Credit Card Payments for transcripts, and ▪ Reduction of employee turnover in the Registrar’s Office to improve customer satisfaction. <p>Subsequent to the audit, the management of the Student Health Clinic was transferred to the School of Nursing and the issues noted were addressed. In addition, the Registrar’s Office began accepting online payments for applications and was working with IMIS on the ability to accept online payments for transcripts. Also, the Registrar’s Office was working on several ways to improve the customer service skills of their staff.</p>	<p>Implemented</p> <p>Implemented</p> <p>In progress</p> <p>In progress</p>	Improve efficiency and effectiveness of student services activities.

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Report No.	Report Date	Name of Report	High-Level Audit Objective(s)	Observations/ Findings and Recommendations	Current Status	Fiscal Impact/ Other Impact
06-17	Mar 9, 2007	Decentralized Grants Administration	To evaluate internal controls of decentralized grants administration and test selected expenditures.	<p>From a sample of nine departments, we noted the following internal controls and procedures should be improved over financial management of grant accounts.</p> <ul style="list-style-type: none"> • Two had inadequate segregation of duties over receiving and depositing check receipts and reconciling the departments' accounts. One did not restrictively endorse checks immediately upon receipt. • Four had inadequate segregation of duties over preparing and approving requisitions. • Two did not ensure department management and PIs reviewed the completed account reconciliations with the supporting documentation. One did not ensure the reconciliations had all of the supporting documentation prior to review by management and PIs. Three did not have written account reconciliation procedures. • One had some expenses on their grant accounts that did not have supporting documentation. One department paid subrecipient invoices that were reviewed and approved by the PI. However, the subrecipient invoices did not have detail support that verified the subrecipient charges. One department had two grant accounts with deficit balances. • Four did not provide formal training to the PIs regarding appropriate financial management of the grants. 	<p>Implemented</p> <p>Implemented</p> <p>Implemented</p> <p>Implemented</p> <p>In progress</p>	<p>Reduce the risk of loss, errors, irregularities, and fraud due to inadequate internal controls.</p> <p>Reduce risk of non-compliance with grant requirements.</p>

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Report No.	Report Date	Name of Report	High-Level Audit Objective(s)	Observations/ Findings and Recommendations	Current Status	Fiscal Impact/ Other Impact
07-01	Oct 18, 2006	President Expenditures	To determine if internal controls over the processing of expenditures in the President's Office were adequate, and if all travel and entertainment expenses incurred by and for the President or his spouse during fiscal year 2006 were related and necessary to the institution's operations and made in accordance with State regulations, and U.T. System and institutional guidelines.	No discrepancies noted. Expenditures appeared appropriate.	N/A	Reduce the risk of loss, errors, irregularities, and fraud due to inadequate internal controls.
07-02	Jan 22, 2007	Institutional Follow-Up 1 st Quarter	To follow-up on prior audit issues as required by IIA Standards.	Adequate corrective action was 27 out of 50 recommendations had been fully implemented. Corrective action on 21 outstanding recommendations was partially implemented and 2 had not yet started.	In progress	
07-03	Oct 27, 2006	Joint Admissions Medical Program	To verify the accuracy of the Joint Admissions Medical Program (JAMP) Annual Financial Reports for fiscal years 2005 and 2006. In addition, expenditures were reviewed to determine if they were properly authorized, supported, recorded, and related to the Joint Admission Medical Program; made in accordance with the JAMP Council Expenditure Guidelines; and in accordance with institutional policies and procedures.	The JAMP Annual Financial Reports were fairly presented and the selected expenditures were appropriate.	N/A	Reduce risk of non-compliance with JAMP Council requirements.

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Report No.	Report Date	Name of Report	High-Level Audit Objective(s)	Observations/ Findings and Recommendations	Current Status	Fiscal Impact/ Other Impact
07-04	Mar 29, 2007	Protection of Social Security Numbers	UT System Business Process Memorandum 66 <i>Protecting the Confidentiality of Social Security Numbers</i> (BPM 66) requires all UT institutions to protect the confidentiality of social security numbers (SSNs). The audit objective was to evaluate the university's program for compliance with BPM 66.	The UTHSCSA had established an effective compliance program and implemented required security measures according to the BPM implementation deadlines. The institution continues making satisfactory progress related to four remaining requirements with a compliance deadline of September 1, 2007. Also, the January 2007 status report to UT System accurately reported the status of BPM 66 requirements.	N/A	Reduce the risk of loss of data due to inadequate IT security measures. Increase compliance with federal and state regulations.
07-05	Dec 19, 2006	Family Practice Residency Program	To determine whether revenues and expenditures were properly presented in the Annual Financial Report and expenditures were made in accordance with Coordinating Board guidelines.	No discrepancies noted. Expenditures appeared allowable.	N/A	Reduce risk of non-compliance with Texas Higher Education Coordinating Board requirements.

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Report No.	Report Date	Name of Report	High-Level Audit Objective(s)	Observations/ Findings and Recommendations	Current Status	Fiscal Impact/ Other Impact
07-06	Jan 3, 2007	Practice Plans Financial Review	To determine whether the financial condition of the practice plans were fairly presented in the Annual Financial Report, and if the plans complied with UT System policies.	<p>The practice plans were materially presented on the AFR and maintained the required minimum fund balances.</p> <p>Variations in practice plan assets, revenues and expenditures between fiscal years 2005 and 2006 were reasonable.</p> <p>Management complied with selected provisions of relevant UT System policies.</p> <p>The Medical Practice Plan bylaws were in compliance with UT System policy and management was in material compliance with the bylaws.</p> <p>Selected expenditures paid from the medical practice plan funds (including travel and entertainment) were properly approved and made in accordance with written policies.</p>	N/A	<p>Maintain solvency of the practice plans.</p> <p>Reduce risk of non-compliance with UT System policies.</p>

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Report No.	Report Date	Name of Report	High-Level Audit Objective(s)	Observations/ Findings and Recommendations	Current Status	Fiscal Impact/ Other Impact
07-07	Jun 18, 2007	Payment Credit Industry (PCI) Data Security Standards	Major credit card companies jointly adopted Payment Card Industry Data Security Standards (PCI/DSS) and all organizations that store, process, or transmit credit card data are required to comply with PCI/DSS provisions. This audit was to determine if UTHSCSA and UT Medicine complied with PCI/DSS requirements.	<p>The overall risk for the UTHSCSA and UT Medicine was low based on the minimal number of credit cards processed by the organizations, and was further minimized by the use of PCI/DSS compliant systems or services, and isolation of credit card processing systems from the enterprise network. Both organizations will further advance compliance by implementing the following operational improvements.</p> <p>Business Affairs should revise and communicate institutional policies requiring departments processing credit cards to abide by PCI/DSS requirements.</p> <p>Information Security Office (ISO) should include appropriate discussion of PCI/DSS requirements in all appropriate training. ISO should enhance the information security risk assessment and monitoring process to provide on-going assurance of the protection of credit card information. The ISO should work with high risk departments to ensure full compliance with PCI/DSS requirements.</p> <p>Information Management should work with the Library to isolate its credit card data from the enterprise network. The Library should identify and implement a PCI/DSS-compliant alternative for processing credit card transactions.</p> <p>IMS should verify all systems processing credit card information are appropriately isolated from the central IT operation.</p> <p>UT Medicine should develop and implement a plan for bringing its IT operation into full compliance with the PCI/DSS.</p>	<p>In progress</p> <p>In progress</p> <p>In progress</p> <p>In progress</p>	<p>Increase compliance with credit card companies requirements.</p>

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Report No.	Report Date	Name of Report	High-Level Audit Objective(s)	Observations/ Findings and Recommendations	Current Status	Fiscal Impact/ Other Impact
07-08	Jun 19, 2007	Medical Billing Compliance Program – Internal Control Review	To evaluate the Medical Billing Compliance Program to ensure that it encompasses all of the elements for an effective compliance program, as outlined by the U.S. Department of Health and Human Services Office of Inspector General <i>Compliance Program Guidelines for Third-Party Medical Billing Companies</i> .	<p>UT Medicine should complete the remaining written policies and procedures for medical coding and billing and formalize the disciplinary actions for non-compliance.</p> <p>UT Medicine should complete the procedures and implementation of monitoring coders after their initial 90 days of employment.</p> <p>UT Medicine should provide a formal quarterly report to the Office of Compliance and Consultation indicating the results of their monitoring of coders.</p>	<p>In progress</p> <p>In progress</p> <p>Implemented</p>	Increase compliance with federal requirements.
07-09	Feb 26, 2007	Anesthesiology – Internal Control Review	To determine whether internal controls within the Department of Anesthesiology were adequate to safeguard assets and ensure compliance with selected institutional policies and procedures.	<p>Overall, the department had adequate internal controls over the majority of the categories. However, internal controls should be strengthened as follows:</p> <ul style="list-style-type: none"> • The departmental policies and procedures manual should be updated periodically. • The responsibilities of preparing deposits and reconciling departmental accounts should be segregated. • A departmental policy should be developed regarding usage of additional services payments. 	<p>Implemented</p> <p>Implemented</p> <p>Implemented</p>	Reduce the risk of loss, errors, irregularities, and fraud to due to inadequate controls.

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Report No.	Report Date	Name of Report	High-Level Audit Objective(s)	Observations/ Findings and Recommendations	Current Status	Fiscal Impact/ Other Impact
07-10	Feb 23, 2007	Neurosurgery – Internal Control Review	To determine whether internal controls within the Department of Neurosurgery were adequate to safeguard assets and ensure compliance with selected institutional policies and procedures.	Overall, the department had adequate internal controls over the majority of the categories. However, internal controls over cash receipts should be strengthened as follows: <ul style="list-style-type: none"> • Segregate responsibility for preparing and depositing cash receipts and reconciling departmental accounts. • Maintain a check log to document checks received. The reconciler of accounts should ensure all checks recorded on the check log are credited to the departmental accounts. 	Implemented Implemented	Reduce the risk of loss, errors, irregularities, and fraud to due to inadequate controls.
07-12	Jun 22, 2007	RAHC Funds Management	To determine whether funds designated for the Regional Academic Health Center (RAHC) were properly expended in support of its mission.	Support department expenditures should be monitored to ensure charges to RAHC funds benefit the RAHC campuses. Also, Library expenditures benefiting both the RAHC and San Antonio campuses should be properly allocated. Duties for processing additional service payments at the RAHC Harlingen campus should be segregated. Duties for the processing and approval of requisitions in the Department of Epidemiology & Biostatistics should be segregated.	In progress In progress Implemented	Reduce the risk of loss, errors, irregularities, and fraud to due to inadequate controls.

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Report No.	Report Date	Name of Report	High-Level Audit Objective(s)	Observations/ Findings and Recommendations	Current Status	Fiscal Impact/ Other Impact
07-14	Jun 14, 2007	Effort Reporting	The University of Texas System Policy 163 (UTS 163) – <i>Guidance on Effort Reporting Policies</i> requires each institution to comply with federal guidelines and regulations regarding Effort Certification of Individuals on Sponsored Programs. The objective of this audit was to evaluate and test compliance with UTS 163.	<p>The institution was making satisfactory progress in implementing UTS 163.</p> <p>The following areas were still in progress:</p> <ul style="list-style-type: none"> ➤ Written policies and procedures for Institutional Base Salary, Management of Effort Commitments, Cost Sharing, Cost Transfers, and Effort Certification were either in draft form or needed revisions to include additional attributes required by UTS 163. ➤ Specialized on-line training for Effort Reporting was in development. 	<p>Implemented</p> <p>Implemented</p>	<p>Reduce the risk of loss, errors, irregularities, and fraud to due to inadequate controls.</p> <p>Reduce risk of non-compliance with grant requirements.</p>
07-15	Jun 22, 2007	Protection of Research Data	UT System Policy 165 (UTS 165), <i>Information Resources Use and Security</i> , requires each institution to implement risk-based security safeguards to protect Sensitive Digital Data (SDD). This audit evaluated and tested compliance with UTS 165 as it relates to Digital Research Data (DRD).	The institution had not developed a specialized training program for the protection of DRD and had not fully implemented a compliance monitoring process.	In progress	Reduce the risk of loss of data due to inadequate IT security measures.
07-16	May 10, 2007	Institutional Follow-Up 3 rd Quarter	To follow-up on prior audit issues as required by IIA Standards.	<p>Adequate corrective action was 22 out of 36 recommendations had been fully implemented.</p> <p>Corrective action on 12 outstanding recommendations was partially implemented and 2 had not yet started.</p>	<p>In progress</p>	

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Report No.	Report Date	Name of Report	High-Level Audit Objective(s)	Observations/ Findings and Recommendations	Current Status	Fiscal Impact/ Other Impact
07-20	Jul 30, 2007	Institutional Review Board – Internal Control Review	To determine whether internal controls within the Institutional Review Board were adequate to safeguard assets and ensure compliance with selected institutional policies and procedures.	<p>The efficiency of the account reconciliation process should be improved.</p> <p>The department should limit the amount of overtime compensation paid to exempt employees for the performance of their regular job duties.</p> <p>The department should continue working on collecting fees for all IRB reviews completed.</p>	<p>Implemented</p> <p>Implemented</p> <p>In progress</p>	Reduce the risk of loss, errors, irregularities, and fraud to due to inadequate controls.

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IV. List of Consulting Engagements and Non-audit Services Completed

Report No.	Report Date	Name of Report	High-Level Objective(s)	Observations/ Results and Recommendations	Current Status	Fiscal Impact/ Other Impact
07-C-18		PeopleSoft HCM Upgrade	To evaluate the reasonableness of project controls, determine whether all significant project risks have been identified, determine whether there are appropriate project controls to mitigate those risks, and monitor the effectiveness of key controls.	<ul style="list-style-type: none"> Project plan – Appropriate for project size. Project charter – Business need documentation needed clarification. Project Budget – Needed explanation of why budget was less than consultants estimate. Risk Management Plan – Needed further development. 	Project was successfully completed in July 2007.	Improve efficiency of Human Resources, Payroll, Benefits, and Budget business processes.
07-C-19		EPIC Patient Billing Implementation	<ul style="list-style-type: none"> Assist UT Medicine in development of Project Charter Assist in risk identification, documentation, assessment, and mitigation strategies. 	<ul style="list-style-type: none"> Project was professionally managed using vendor’s proven implementation strategy. Vendor provided point-in-time project quality assurance reviews and reporting. 	<ul style="list-style-type: none"> Implementation phase – First 3 clinics successfully implemented in September 2007. Rollout plan revised to include multiple “mini” implementations rather than one “big bang” implementation. Implementation time frame extended with approval of UT Medicine board and management. 	Increase revenue, improve productivity, improve patient satisfaction, improve quality of care, improve patient safety, support compliance efforts, and improve interoperability with Partner Systems.

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Report No.	Report Date	Name of Report	High-Level Objective(s)	Observations/ Results and Recommendations	Current Status	Fiscal Impact/ Other Impact
07-C-24		Change Management Taskforce	<ul style="list-style-type: none"> Define a Change Management process for use by various areas of the institution. Develop a Change Management policy and practice standard. 	Served in an advisory capacity during task force meetings, recommending best practices and commenting on various iterations of the draft policy and practice standard.	<ul style="list-style-type: none"> Policy and practice standard have been approved. Information Management and Services (IMS), the central computing department, contracted with a consulting firm in October 2007 to implement the practice standards within their organization for a pilot test. 	Enhance change management policies and procedures to address testing, documentation, and approval requirements for all change categories and risk levels.
07-C-27		Server Security Taskforce	Make recommendations regarding the security and cost-effective operations of server computers.	Served in an advisory capacity during task force meetings, recommending best practices and commenting on various iterations of the draft report to the Chief Information Officer (CIO).	Report is in final draft stage. Expected to be submitted to CIO in November 2007.	Enhance the security of server computers throughout the institution.

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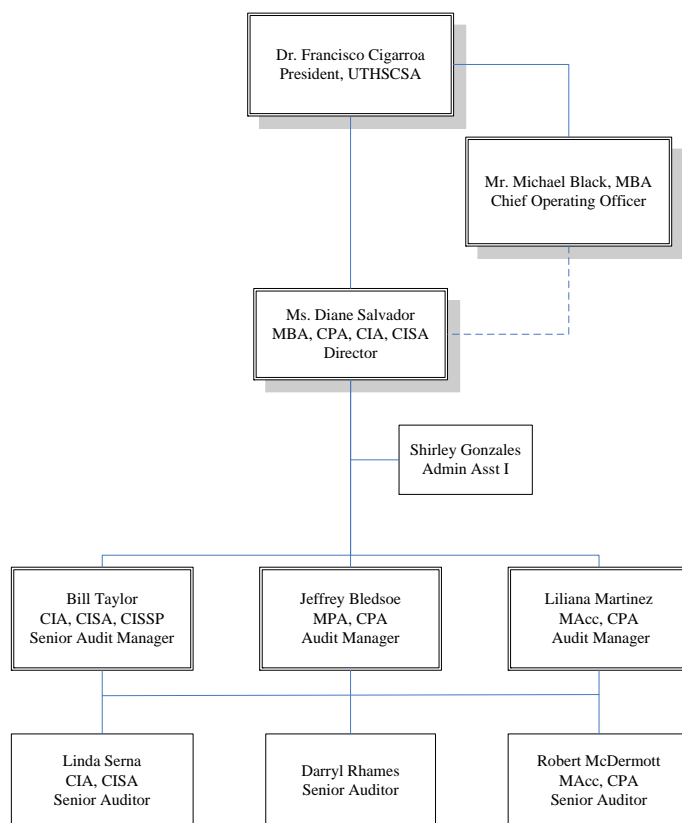
V. Organizational Chart

The university has an Audit Committee that is chaired by the President and meets every quarter. The Committee Members are as follows.

- President/Chair
- Chief Operating Officer
- Executive Vice President for Business Affairs
- Vice President for Research
- Vice President and Chief Information Officer
- Dean, School of Medicine
- Dean, Dental School
- Dean, School of Allied Health Sciences
- Director of Internal Audit
- Assistant VP/Chief Compliance Officer
- External, President of Frost Bank
- External, Former Member of the University Health System Board of Managers
- External, Former President of SW Research for Biomedical Research

The department's organizational chart is presented below.

UTHSCSA Office of Internal Audit



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VI. Report on Other Internal Audit Activities

Activity	Impact
External Quality Assurance Review Follow-up	Internal Audit underwent a peer review follow-up in May 2007 to the 2005 External Quality Assurance Review.
UT Medicine Audit Committee	Internal Audit Director served on the UT Medicine Audit Committee as a resource related to audit issues. Internal Audit Director continued to assist in implementing the spirit of Sarbanes-Oxley at our affiliate, UT Medicine.
Institutional Compliance Committee	Internal Audit Director served on the Compliance Committee to assist in ensuring institutional compliance programs are developed to address institutionally identified risks.
Assistance with External Audits	Internal Audit assisted external auditors in conducting the following audits: UT System External Audit of Financial Statements conducted by Deloitte and SAO A-133 Audit of Federal Research Expenditures.
Information Technology consulting	Internal Audit personnel participated on the institutional Information Security Council and several task forces – HIPAA Security, Server Security and Change Management. Internal Audit provided advice on the PeopleSoft HR upgrade and implementation of EPIC Patient Billing System.
General Consulting & Training	Provided general consulting to various departments and senior management. Also, conducted quarterly training on risk assessment and internal controls for the campus community.
Professional & Networking	IT Audit Manager participated on the external quality assurance review for UT Health Science Center at Houston. Internal Audit Director served as treasurer for the Texas Association of College & University Auditors (TACUA) and is currently serving as President of TACUA. Director is member of San Antonio Chief Audit Executives, which meet quarterly. Hosted a Certified Internal Audit study group that included auditors from UTSA.

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VII. Internal Audit Plan for Fiscal Year 2008

FY 2008 Audit Plan Audit/Project	Budgeted Hours	% of Total
<i>UT System Requested</i>		
Financial: Annual Financial Statement Audit - FY 2007	1300	
IT: General Computer Controls for Annual Financial Statement Audit	150	
Financial: Annual Financial Statement Audit - FY 2008	110	
Financial: President Expenditures	50	
<i>Carry Forward</i> Financial: UT Medicine Financial Reporting - 2007	500	
Financial: UT Medicine Financial Reporting - 2008	350	
IT: IT Systems Change Management	370	
Governance and Research: Conflict of Interest	1300	
Subtotal	2830	32%
<i>Externally Required</i>		
Financial: SACS Financial Review	250	
Financial: Practice Plans Financial Review/Receivables & Allowance	360	
Financial: Family Practice Residency Program	110	
Financial: ARP/ATP Grants	220	
IT: TAC 202 Program Compliance	360	
Subtotal	1300	15%
<i>Risk Based: Institutional</i>		
<i>Audits</i>		
Education: South Texas Campuses - Internal Control Review	370	
Research: Research	350	
<i>Consulting</i>		
	60	
Subtotal	780	9%
<i>Risk Based: Auditable Area</i>		
<i>Patient Care</i>		
<i>Audits</i>		
Patient Care: Patient Customer Service	370	
Patient Care: Patient AR & Collections	420	
<i>Carry forward</i>		
Patient Care: Patient Scheduling & Registration	130	
<i>Information Technology</i>		
<i>Audits</i>		
IT audits listed under UT System Requested and Externally Required sections		
<i>Consulting</i>		
IT: Consulting with the Information Security Office	200	

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FY 2008 Audit Plan Audit/Project	Budgeted Hours	% of Total
IT: PeopleSoft Human Capital Management (HCM) Upgrade	100	
IT: Patient Billing System (EPIC) Implementation	120	
<i>Carry forward</i>		
IT Planning & Organization: Manage IT Human Resources	50	
<i>Consulting</i>	60	
Subtotal	1030	16%
Change in Management	400	4%
Follow-up	400	4%
Projects		
U. T. System Requests	100	
IA Annual Report	20	
Special Requests - Audits	400	
Audit Projects Subtotal	520	
Other Projects		
Annual Audit Plan	150	
Training provided by IA	40	
Internal Audit Committee	70	
Self-Assessment for External Quality Assurance Review	300	
External Quality Assurance Review - April 2008	100	
TeamMate Project	200	
Relocation of Department	90	
Investigations	200	
Reserve for other Special Requests	100	
Other Projects Subtotal	1250	
Projects Total	1670	20%
Total Hours	8930	100%

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VIII. External Audit Services Procured in Fiscal Year 2007

In Fiscal Year 2007, the Internal Audit assisted Deloitte and Touché in conducting an external audit of UTHSCSA's financial statements, as part of the UT System-wide financial statement audit. Internal Audit provided about 100 audit hours in assistance for the audit.