FY 26 Internal Audit – Compliance Program Effectiveness (CPE) Assessment

July 2026

UT Southwestern
Medical Center

Office of Institutional Compliance
and Audit Services

Background, Scope, and Approach

A Compliance Program Effectiveness (CPE) assessment was performed to evaluate UTSW's current-state compliance program maturity and identify practical opportunities for continued enhancement.

Background

- UTSW's Compliance Program was assessed against a comprehensive maturity model framework developed in alignment with regulatory compliance program guidance.
- The assessment focused on current-state maturity and opportunities to strengthen program governance and execution.
- The results are intended to support management action planning and future-state compliance program maturation.

Scope

- Covered 11 compliance program elements, including tone at the top, risk assessment, lines of communication, policies and procedures, oversight and responsibility, training and education, auditing, monitoring, response and prevention, enforcement and discipline, and third-party oversight.
- Considered program documentation, evidence of operating practices, reporting, workflows, technology enablement, and cross-functional accountability.

Approach

- Reviewed relevant program materials, governance reporting, policies, work plans, templates, and other supporting evidence.
- Conducted stakeholder interviews and synthesized themes across compliance, legal, operational, and governance perspectives.
- Mapped observations to attribute testing and the maturity framework, assigned element-level ratings, and developed recommendations for enhancement.

Assessment output: element-level maturity ratings, observations, and recommendations to support management action plans and follow-up

Executive Summary

Overall takeaway

UTSW has a mature and well-established Compliance Program. OIG Compliance Program Guidance provides the baseline framework for an effective program; this assessment used detailed testing attributes to evaluate maturity in practice and identify practical, recommendations to support continued maturation.

How to read the maturity ratings

The maturity scale is industry-agnostic and is not intended to imply that every compliance program element should achieve an "optimized" rating. There is no single "correct" maturity level. In practice, many organizations determine that a "managed" or "enhanced" level is both appropriate and sustainable given their objectives, risk profile, and available resources. As a result, a "managed" rating should not be viewed as a negative assessment, but rather as an indication that the process is operating effectively and with appropriate oversight.

Our recommendations are therefore not intended to elevate all elements to the highest maturity level. Instead, they focus on targeted opportunities to strengthen consistency, documentation, visibility, and feedback mechanisms where doing so would provide the greatest value for UTSW, considering its size, complexity, and risk profile.

Program-level strengths

Strength 1

Leadership, culture, and communication
Strong leadership support and governance; stakeholders overwhelmingly described Compliance as accessible, responsive, collaborative, and solution-oriented.

Strength 2

Risk assessment and training
Structured enterprise-wide risk assessment and mature annual training practices with stakeholder review, tracking, and defined escalation.

Strength 3

Auditing and governance visibility
Meaningful audit activity across high-risk areas with reporting through governance channels and corrective action follow-up.

Core maturation opportunities

Opportunity 1

Clarify ownership and feedback loops
Define routing, handoffs, escalation, and how issues inform future program activities.

Opportunity 2

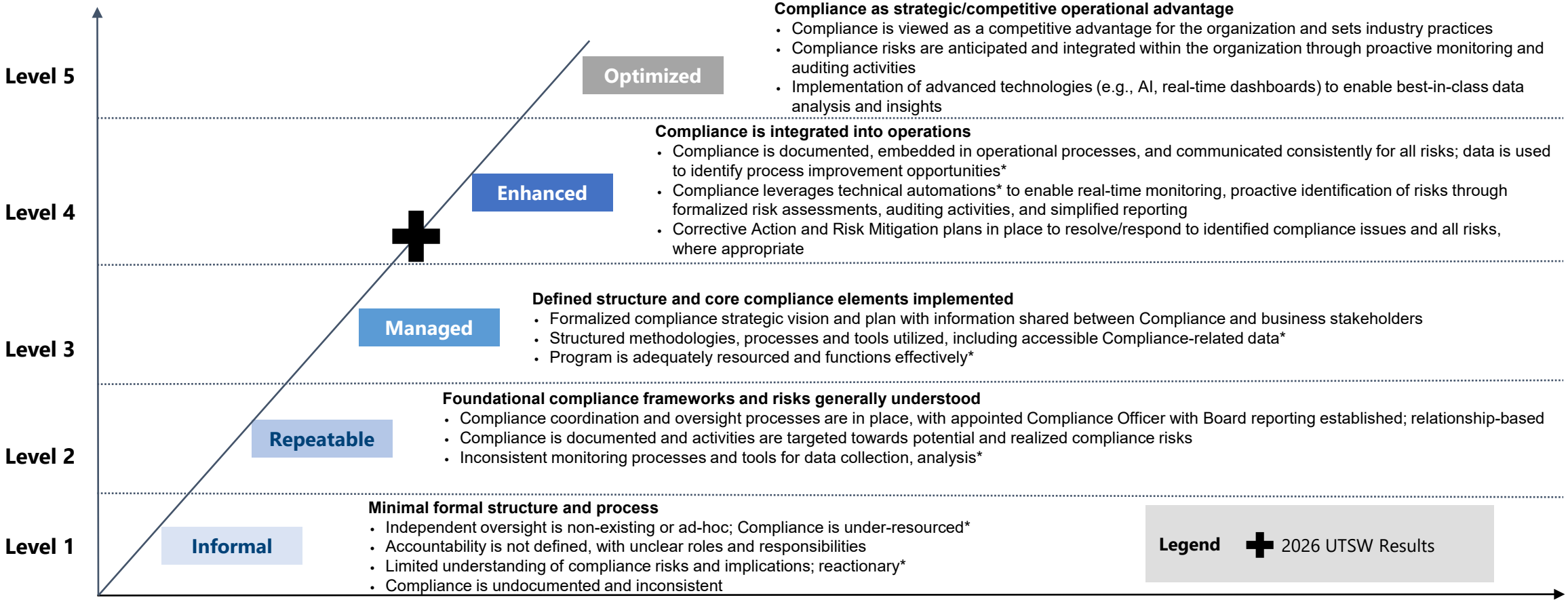
Memorialize key compliance practices
Document core methodologies, expectations, decisions, and follow-up practices.

Opportunity 3

Standardize monitoring and third-party oversight
Set minimum monitoring expectations and organize vendor controls into a broader oversight framework.

Overall Compliance Program Maturity

Our assessment considered the overall maturity of UTSW's Compliance Program against a comprehensive compliance framework and robust compliance maturity model. The maturity scale below represents the measurement of the effectiveness of existing elements of Compliance evaluated. UTSW's Compliance Program should consider the complexity, resources, and investment required to reach future state compliance maturity levels. There is no "right place" on this scale as needs and priorities change relative to how the business evolves.



Compliance: Maturity Rating by Element

The UTSW Compliance program was assessed against elements of a proprietary evaluation framework and maturity scale. Observations and recommendations were identified for continued enhancement and maturation of the program.

Element	Assessment
Tone at the Top	
Risk Assessment	
Lines of Communication	
Oversight and Responsibility	
Policies and Procedures	
Training	

Element	Assessment
Auditing	
Monitoring	
Response and Prevention	
Enforcement and Discipline	
Third Party Oversight	

✚ Indicates approaching next maturity level

Detailed Assessment, Opportunities, and Recommendations

Tone at the Top

Tone at the Top reflects leadership's commitment to compliance and the extent to which compliance expectations are communicated, reinforced, and integrated into governance, accountability, and strategic decision-making across the organization.

Overall maturity: Level 4 - Enhanced

Leadership commitment is clear through established governance, executive engagement, and recurring reporting. The next maturity step is to make compliance involvement in major decisions more consistent, visible, and documented across the enterprise.

Observations	Opportunities for Improvement
• Compliance is often involved in operational matters; however, because involvement depends on informal outreach and leader judgment, Compliance may not always be engaged before new services proceed, including; partnerships, technology uses, workflow changes, or other initiatives with elevated risk. • Interviews identified uncertainty about when to involve Compliance, Legal, HR, Faculty Affairs, Internal Audit, operational leadership, or senior executive leadership, which may result in matters being elevated before the right operational owner is engaged or before roles, decision-making responsibilities, and next steps are aligned.	• Develop a Compliance intake guide or checklist for new services, partnerships, technology uses, operational changes, vendor arrangements, and other higher-risk activities. • Create a clear escalation and handoff guide defining when to involve Compliance, Legal, HR, Faculty Affairs, Internal Audit, Privacy, operational leadership, and senior executive leadership.

Technology is not a primary differentiator in this Compliance element. There is an opportunity however for light-touch enablement through standardized intake/checklist tools for new services or strategic initiatives.

Risk Assessment

Risk Assessment reflects the organization's ability to identify, evaluate, prioritize, and respond to compliance and regulatory risks in a structured way that informs work planning, monitoring, auditing, and mitigation activities across the organization.

Overall maturity: Level 4 - Enhanced

UTSW has a structured, enterprise-wide risk assessment process that uses technology-enabled survey input, interviews, facilitated sessions, external source review, and quantitative and qualitative analysis to prioritize risks and inform the Compliance Work Plan Audit Plan. The opportunity to move toward optimized is to more clearly document how audit results, monitoring trends, CAPs, mitigation progress, and changing external risks update risk levels and future priorities.

Observations	Opportunities for Improvement
• UTSW has a documented, enterprise-wide risk assessment process that uses survey input, interviews, facilitated sessions, external source review, and impact / probability scoring to prioritize compliance risks. Results are communicated through governance and used to inform the Compliance Work Plan and Internal Audit Plan. • The process incorporates both quantitative and qualitative inputs and includes calibration with Internal Audit. The opportunity is to more clearly document how completed audits, monitoring trends, CAPs, mitigation progress, and external changes update risk levels and future priorities.	• Maintain a risk-to-action view showing each key risk, planned response, responsible function, status, and whether the response is Compliance-led, Internal Audit-led, management-led, or jointly coordinated. • Document how audit results, monitoring activity, CAP status, mitigation progress, and emerging external risks influence changes to risk rankings, resource allocation, strategy, and future work plan priorities.

There is opportunity to further strengthen workflow-enabled tracking from risk identification through scoring, work plan response, mitigation status, reassessment, and priority changes over time.

Lines of Communication

Lines of Communication reflects the organization's ability to communicate compliance expectations, provide accessible reporting channels, promote non-retaliation, and route concerns through formal intake, escalation, investigation, and closure processes across the enterprise.

Overall maturity: Level 4 - Enhanced

UTSW maintains multiple reporting channels, centralized intake and triage through SAI360, and a mature liaison structure. The next step is to strengthen consistency in how compliance messages are reinforced across departments and how employees receive visibility into actions taken in response to reported concerns.

Observations	Opportunities for Improvement
• Reporting channels are well established, and concerns are centralized, triaged, and routed through SAI360; however, survey and interview feedback indicates continued concern about retaliation, which may affect employees' willingness to report openly. • The Compliance Liaison Program provides a useful communication channel, but liaison seniority and department-level representation vary, which may lead to inconsistent reinforcement of key compliance messages across departments.	• Continue targeted communication on reporting and non-retaliation, including anonymity, confidentiality, protections from retaliation, and the importance of providing enough detail to support review. • Share periodic aggregate "you said / we did" updates showing de-identified themes, actions taken, and improvements made in response to reported concerns. • Clarify expectations for Compliance Liaisons and department leaders regarding how key compliance messages should be shared, reinforced, and documented.

The main opportunity is to further standardize workflow documentation for acknowledgments, status updates, escalations, and closure visibility across reporting channels. AI could support case categorization or routing suggestions.

Oversight and Responsibilities

Oversight and Responsibility reflects how governance bodies, executive leadership, the Chief Compliance and Audit Officer, and supporting committees are structured to oversee the compliance program, support independence, and drive accountability across the organization.

Overall maturity: Level 4 - Enhanced

Governance is well established, and Compliance has access to executive leadership and governing bodies. The principal maturity opportunity is to make decision rights, routing, and ownership more explicit when matters cross functions, including investigations, privacy, HR, faculty, legal, and operational issues.

Observations	Opportunities for Improvement
• Roles across Compliance, Legal, HR, Internal Audit, Faculty Affairs, Privacy, and operations are generally understood, and matters are triaged through existing channels. However, complex or cross-functional matters would benefit from clearer decision rights, handoffs, and ownership expectations.	• Further develop the investigation manual to include a responsibility matrix that defines decision rights, escalation points, handoffs, and ownership across Compliance, Legal, HR, Internal Audit, Faculty Affairs, Privacy, and operational leadership. • Create issue-routing guidance for leaders that explains where to take common matters, including employee concerns, faculty issues, billing concerns, research matters, privacy issues, retaliation, regulatory inquiries, and corrective action follow-up. • Reinforce expectations with operational leaders on when to engage Compliance, when to escalate, who owns remediation, and how management should document and sustain corrective actions.

Current tools support reporting, investigations, and visibility into compliance activities. The primary technology opportunity is to support clearer routing, ownership, escalation, and follow-up documentation for cross-functional matters, particularly where responsibilities span Compliance, Legal, HR, Faculty Affairs, Privacy, Internal Audit, and operations.

Policies and Procedures

Policies and Procedures reflects the organization's ability to establish, maintain, approve, distribute, and monitor standards of conduct and operational policies in a way that supports compliance, accountability, and consistent execution across the enterprise.

Overall maturity: Level 3 – Managed (approaching enhanced)

UTSW has a defined institutional policy process with legal review, executive approval, and established review cycles. The opportunity is to strengthen visibility into policy-like content maintained outside the central policy library and clarify when department procedures should follow the institutional policy process.

Observations	Opportunities for Improvement
• Operational policies with compliance implications are included across the Handbook and other policy areas; however, decentralized materials can limit visibility into documents tied to compliance risk areas, owners, regulatory drivers, training, or monitoring activities. • Although UTSW has an established institutional policy process with legal review, executive approval, and review cycles, some policy lifecycle steps, including approvals and signatures, appear to rely on manual Policy Office coordination outside the policy system. This may reduce workflow automation, limit visibility into approval status, and increase the risk of documentation or tracking gaps. • Institutional policies are largely centralized; however, certain operational, academic, faculty, or specialized materials may appropriately remain outside the central policy repository, creating an opportunity to clarify authoritative sources and navigation expectations.	• Create a targeted inventory of key compliance-related policies or policy-like documents that links them to risk areas, owners, regulatory requirements, and related training or monitoring expectations. • Continue strengthening use of SAI360 for policy lifecycle tracking where practical, while recognizing that some approvals, signatures, and stakeholder follow-up may continue to require hands-on Policy Office support. • Clarify which policy-related materials are expected to reside in the central repository and which may appropriately remain with operational, academic, faculty, or other specialized owners. • Develop guidance to help stakeholders distinguish between institutional policies, department procedures, faculty or academic documents, and other policy-related materials, including when Policy Office review or consultation is appropriate.

SAI360 supports policy management, review-cycle alerts, approvals, and central publication. Opportunities remain to reduce manual tracking where practical, improve user adoption, and continue onboarding policy-related content maintained outside the central repository.

Training and Education

Training and Education reflects the organization's ability to provide timely, role-appropriate, and risk-informed compliance education; document completion; measure effectiveness; and align training activities with compliance risks, operational needs, and enterprise learning processes.

Overall maturity: Level 4 - Enhanced

Training is organized, stakeholder-reviewed, and tracked across annual and new hire compliance education. The next maturity step is to strengthen enterprise visibility into specialized and role-based training expectations and better demonstrate whether training improves understanding, behavior, or risk outcomes.

Observations	Opportunities for Improvement
• Annual compliance training content is reviewed with identified stakeholders, with edits and approvals tracked; however, there is not a centralized view of all specialized or role-based compliance training expectations across high-risk areas. • Training effectiveness is measured primarily through completion and participation, creating an opportunity to better assess whether training improves understanding, behavior, or risk outcomes in higher-risk areas.	• Develop a consolidated role-based training inventory that identifies audience, owner, cadence, course content, and completion expectations for high-risk compliance topics. • Use existing completion data and dashboards to identify gaps by department, role, course, or workforce group, including non-employee populations where applicable. • Add targeted effectiveness measures for selected high-risk training, such as scenario questions, knowledge checks, follow-up reviews, or trend monitoring tied to the issue the training was intended to address.

Taleo Learn / Oracle reporting and training dashboards support enterprise deployment and completion tracking. Additional opportunities include centralized reporting for specialized and role-based training, curriculum mapping by risk area, and effectiveness analytics beyond completion.

Auditing

Auditing reflects the organization's ability to develop and execute a risk-based compliance audit plan, perform audits with appropriate access and oversight, communicate results, track remediation, and use audit activity to strengthen compliance across the organization.

Overall maturity: Level 4 - Enhanced

UTSW has a formal compliance auditing approach with defined audit activities across high-risk areas, documented governance reporting, and tools that support sampling, audit execution, findings review, and corrective action follow-up in key domains. The next maturity step is to strengthen consistency across audit areas in how findings, CAP status, repeat issues, validation results, and remediation trends are aggregated and used to improve controls, education, and future audit coverage.

Observations	Opportunities for Improvement
• UTSW has defined audit activities across high-risk areas, with results, findings, corrective actions, and domain-level trends reported through governance committees. The opportunity is to further consolidate cross-domain audit insights and more explicitly connect them to risk recalibration, future audit coverage, education, policy updates, monitoring changes, and control improvements.	• Create or enhance an enterprise audit insights view that consolidates repeat findings, CAP status, validation results, root causes, common control gaps, and remediation trends across audit domains, and use those insights to inform future planning and control improvements.

Current technology appears sufficient for reporting visibility but not yet fully centralized for findings and closure validation. The main opportunity is an enterprise repository or workflow for audit results, remediation, and evidence of closure.

Monitoring

Monitoring reflects the organization's ability to perform ongoing oversight of compliance risks, track key indicators, identify issues in a timely manner, and use monitoring results to support remediation, escalation, auditing, and risk-informed decision-making.

Overall maturity: Level 3 - Managed

UTSW performs recurring monitoring across several high-risk compliance areas, with activities reflected in the Compliance Work Plan and reported through governance channels. The opportunity is to make monitoring expectations more consistent across domains, including how thresholds, exceptions, follow-up actions, escalation, and use of results are documented.

Observations	Opportunities for Improvement
• Recurring monitoring activities are performed across several high-risk areas, including controlled substances, billing, privacy, research, academics, and exclusion screening; however, monitoring expectations are not consistently defined across domains for owner, cadence, data source, threshold, follow-up action, escalation, and reporting. • Monitoring results are reported through work plan updates, dashboards, KPIs, and committee materials; however, the connection between monitoring results and resulting actions, such as education, corrective action, expanded review, work plan changes, or audit activity, is not always consistently documented. • Some areas have more mature monitoring practices and reporting tools than others, creating an opportunity to use stronger domain-level monitoring practices as models for other high-risk compliance areas.	• Define minimum documentation expectations for recurring monitoring activities, including owner, cadence, data source, threshold or risk indicator, follow-up action, escalation path, and reporting forum. • Make the link between monitoring results and follow-up actions more explicit, so trends, exceptions, or repeat issues clearly connect to education, corrective action, expanded review, audit activity, or work plan changes. • Use mature domain-level monitoring practices as internal models for other high-risk areas, especially where risks involve recurring activity, repeat findings, manual tracking, or significant regulatory exposure.

Dashboards and reporting support monitoring in several areas. The opportunity is to strengthen consistency in how thresholds, exceptions, follow-up actions, and escalation are documented across monitoring activities.

Response and Prevention

Response and Prevention reflects the organization's ability to investigate reported issues, identify root causes, implement and monitor corrective actions, report significant matters appropriately, maintain supporting documentation, and prevent recurrence through structured response processes.

Overall maturity: Level 3 - Managed

UTSW has established intake, triage, investigation, reporting, and corrective action practices, with significant matters routed through Compliance, Legal, operational, HR, and governance channels. The next maturity step is to further standardize how significant matters are documented from issue identification through root cause, corrective action, validation, and prevention.

Observations	Opportunities for Improvement
• Response practices are in place and appropriately vary by issue type, risk area, and responsible function; however, minimum documentation expectations are not consistently defined for significant matters, including root cause, corrective action ownership, retained evidence, validation, and prevention steps. • Escalation decisions are made based on issue severity, regulatory risk, financial impact, and leadership involvement; however, documented criteria are not consistently defined across issue types, creating risk that similar matters may be escalated, reported, or documented differently. • Response activity is visible through case management, ECC reporting, operational follow-up, and team-level tracking; however, information on open CAPs, repeat issues, validation status, overpayment-related matters, regulatory matters, and prevention actions is not yet consistently consolidated into an enterprise-wide view.	• Define minimum documentation expectations for significant response activities, including root cause, corrective action owner, due date, retained evidence, validation status, escalation decisions, and prevention steps. • Clarify escalation criteria for higher-risk matters, including when to involve Legal, executive leadership, regulators, overpayment review, self-disclosure analysis, or additional governance reporting. • Create a consolidated response view for significant matters, focused on open CAPs, overdue items, repeat themes, validation status, regulatory matters, overpayments, and prevention actions.

Current systems support case documentation and reporting. The practical technology opportunity is a consolidated view across issue types.

Enforcement and Discipline

Enforcement and Discipline reflects the organization's ability to apply disciplinary standards for compliance-related misconduct, define accountability, retain supporting documentation, address screening-related issues, and reinforce confidentiality and performance expectations across the workforce.

Overall maturity: Level 3 - Managed

UTSW has established discipline and accountability pathways through policies, HR processes, faculty and learner governance, operational management, and a defined matrix for annual training noncompletion. The opportunity is to improve consistency and visibility into significant compliance-related outcomes while respecting separate employment, faculty, learner, vendor, and confidentiality processes.

Observations	Opportunities for Improvement
• UTSW has defined enforcement and discipline processes, including HR discipline procedures and a tiered matrix for annual compliance training noncompletion across workforce groups. The opportunity is to define whether similar escalation expectations should apply to other recurring or substantiated compliance issues. • Compliance-related discipline may be handled through HR, Faculty Affairs, GME, or operational leadership depending on workforce group and issue type. As a result, Compliance may not always have visibility into final outcomes, decision rationale, or follow-up for significant matters. • Escalation expectations are not as clearly defined for all recurring or substantiated issues, such as failure to report, repeated corrective action noncompletion, privacy, billing/coding, diversion, conflicts, or retaliation.	• Develop a generalized compliance accountability framework to guide consistent evaluation of substantiated compliance issues, while preserving discretion for specialized HR, faculty, learner, vendor, and operational processes. • Establish common escalation factors, such as intent, severity, impact, recurrence, role expectations, cooperation, and corrective action history, to support consistent decision-making. • Define minimum visibility and documentation expectations for significant outcomes, including decision owner, rationale, action category, and follow-up or monitoring needs.

The opportunity is to improve visibility into significant compliance-related outcomes, repeat issues, recommendation acceptance, and management follow-up without centralizing confidential HR, faculty, learner, or vendor records.

Third Party Oversight

Third-Party Oversight assesses the organization's ability to identify, mitigate, and monitor compliance and regulatory risks arising from external relationships, including vendors, contractors, and collaborators, and the degree to which these activities are governed through a consistent, enterprise-wide framework.

Overall maturity: Level 2 - Repeatable

UTSW has documented supplier screening, export-control review, contract review, and issue-escalation practices across Procurement / Supply Chain, Accounting, Export Control, Legal, Compliance, and operations. The opportunity is to connect these activities into a broader third-party oversight framework that defines vendor-level risk ranking, Compliance involvement, ongoing monitoring, and reporting across the vendor lifecycle.

Observations	Opportunities for Improvement
• UTSW has documented processes for certain third-party compliance risks, including supplier screening, restricted party review, export control assessment, contracting restrictions, and escalation for prohibited or higher-risk entities. However, these activities are not yet organized under a broader third-party compliance oversight framework that defines Compliance's role across onboarding, renewal, monitoring, and issue escalation. • Ongoing monitoring and communication of third-party compliance expectations occurs for certain vendors and risk areas, but UTSW has not yet consistently defined risk-based expectations for vendor compliance monitoring, documentation, escalation, training, or attestations across higher-risk third parties.	• Develop a third-party compliance oversight framework that builds on existing supplier screening, export control, EO-48, contracting, and escalation processes, and defines Compliance's role across onboarding, renewal, monitoring, issue escalation, and remediation. • Establish risk-based compliance monitoring expectations for higher-risk third parties, including documentation requirements, monitoring cadence, escalation triggers, training or attestation expectations, and evidence of follow-up.

Enhanced reporting or workflow functionality could help track higher-risk third parties, monitoring cadence, issue escalation, and follow-up documentation.

Management Action Plans (MAPs)

MAPs apply to elements rated Managed or below where an intended action has been identified. Compliance Program Assessments are intended to identify opportunities for continued maturation; therefore, MAPs are not required for elements where UTSW has determined that no further action is needed at this time.

Monitoring

Current maturity: Level 3 - Managed

Recommendation(s): short form

- Define minimum documentation expectations for recurring monitoring (owner, cadence, data source, threshold, follow-up, escalation, reporting).
- Make the link between monitoring results and follow-up actions explicit (education, CAP, expanded review, audit, work-plan changes).
- Use more mature domain-level monitoring practices as models for other high-risk areas.

Recommendation, not a formal finding. Response is optional and light-touch; management retains ownership of actions and status updates.

Management Response

Intended action or direction:

Develop a monitoring inventory and dashboard summarizing key monitoring activities, risk indicators, findings, corrective actions, and trends for presentation through established governance committees.

Accountable owner:

Kim Pearce

Target timeframe:

January 2027

Response and Prevention

Current maturity: Level 3 - Managed

Recommendation(s) — short form

- Define minimum documentation expectations for significant response activities (root cause, CAP owner, due date, evidence, validation, prevention).
- Clarify escalation criteria for higher-risk matters (Legal, executive leadership, regulators, overpayment/self-disclosure review).
- Create a consolidated view of significant matters — open CAPs, repeat themes, validation status, regulatory and overpayment items.

Recommendation, not a formal finding. Response is optional and light-touch; management retains ownership of actions and status updates.

Management Response

Intended action or direction:

Establish periodic reviews of significant matters to identify recurring themes, systemic issues, and opportunities for proactive monitoring, education, policy enhancements, and risk mitigation.

Accountable owner:

Kim Pearce

Target timeframe:

January 2027

Enforcement and Discipline

Current maturity: Level 3 - Managed

Recommendation(s) — short form

- Develop a generalized compliance accountability framework for consistent evaluation of substantiated issues, preserving HR/faculty/learner discretion.
- Establish common escalation factors (intent, severity, impact, recurrence, cooperation, corrective-action history).
- Define minimum visibility and documentation expectations for significant outcomes (decision owner, rationale, action category, follow-up).

Recommendation, not a formal finding. Response is optional and light-touch; management retains ownership of actions and status updates.

Management Response

Intended action or direction:

Define and document common accountability and escalation factors, including intent, severity, regulatory impact, patient safety implications, recurrence, role expectations, cooperation, and corrective action history, to support consistent decision-making across issue types.

Accountable owner:

Kim Pearce

Target timeframe:

January 2027

Third Party Oversight

Current maturity: Level 2 - Repeatable

Recommendation(s) — short form

- Develop a third-party compliance oversight framework spanning onboarding, renewal, monitoring, issue escalation, and remediation.
- Establish risk-based monitoring expectations for higher-risk third parties (documentation, cadence, escalation triggers, training/attestation, follow-up).

Recommendation, not a formal finding. Response is optional and light-touch; management retains ownership of actions and status updates.

Management Response

Intended action or direction:

Perform periodic assessments of the Third-Party Compliance Oversight Program to evaluate effectiveness, identify gaps, and adjust monitoring expectations based on evolving risks and regulatory requirements.

Accountable owner:

Kim Pearce

Target timeframe:

January 2027

Appendix

Appendix A: Interview List

Interviewee	Title
Natalie Ramello	VP Chief Compliance and Audit Officer, Office of Institutional Compliance & Audit Services
Angela Magee	Director, Health System Compliance
Melanie Woodard	Director of Policy Office
Kim Pearce	Manager, Compliance Program Effectiveness
Meredith Thomas	Assistant Director Investigations
Joseph Nguyen	Director, Controlled Substance Compliance
Catherine Sembajwe-Reeves	Director, Compliance Research and Academics
Dr. William Daniel	VP and Chief Quality Officer
Erin Sine	VP and General Counsel of Legal Affairs
Dr. W.P. Andrew Lee	EVP-Academic Affairs
Dr. Daniel Podolsky	UTSW President
Chris Rubio	VP & Chief Operating Officer-Health System
Jeremy Falke	VP & Chief Human Resources Officer
Dr. Jonathan Efron	EVP Health System Affairs
Traci d'Auguste **Jessica Rivera**	VP and CEO, CUH AVP & COO CUH
Cameron Slocum	VP & COO for Academic Affairs
Sharonda Lawson	Director Sourcing/Contracting
Timothy Martin	Interim Associate VP, Supply Chain and Director of Purchasing

Thank you!