

Commercial Audit Compliance Email Template – Audit Requirement

Subject: Provider Action Required: Provider Relief Programs Commercial Audit Elements Follow-Up

Dear Valued Provider,

The Health Resources and Services Administration (HRSA) has reviewed the audit of (**Provider Name**)’s Provider Relief Fund (PRF) and American Rescue Plan Rural Distribution or Claims Reimbursement to Health Care Providers and Facilities for Testing, Treatment, and Vaccine Administration for the Uninsured Distribution (Uninsured Program or UIP) for the period of availability ending **Month XX, Year**.

We have found the report does not include one or more items listed below:

- Auditor's Report on Internal Control over Financial Reporting and on Compliance and Other Matters
- Schedule of Federal Expenditures/Revenue is missing AL/CFDA Number and/or Period of Availability
- Schedule of Federal Expenditures/Revenue
- Financial Statements required for Single Audits
- Opinion on Financial Statements
- Corrective Action Plan
- Audit Findings, if applicable

As part of the commercial audit compliance process, we are requesting an update to your audit report for the item(s) above. If you believe this information is in error, please provide documentation demonstrating that your organization’s audit report is compliant with the related federal regulations.

Please provide your response to this email by 11:59 PM Eastern on **Date**. If you have questions regarding this email, please respond to this email.

Thank you in advance for your cooperation.

Provider Relief Fund Commercial Audit Resolution and Disputes Team
Division of Financial Integrity

Public Burden Statement: The purpose of this information collection is to follow 45 CFR 75 Subpart F for Provider Relief Program funding. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB Control Number for this information collection is 0906-XXXX and is valid until MM/DD/20XX. Public reporting burden for this collection of information is estimated to average xx hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance

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Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or
paperwork@hrsa.gov.