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**Ellen M. Buettner** | Chief Executive Officer

**J. Kevin Stitt** | Governor

OHCA 2023-23

December 13, 2023

**RE: Yearly Compliance with the Deficit Reduction Act of 2005 – FFY 2023**

Dear Provider:

This letter is notification of your responsibilities regarding the Deficit Reduction Act of 2005. To be in compliance with the Oklahoma State Plan, this annual letter is distributed to providers who received in aggregate at least \$5 million in Medicaid payments per Tax ID number for Federal Fiscal Year 2023 (Oct. 1, 2022 to Sept. 30, 2023).

Attached is an attestation form that needs to be completed and emailed or faxed to 405-530-3208 to the attention of Teisha Berry.

If you have any questions regarding the letter or enclosures, please contact Teisha Berry at 405-522-7247 or by email at [teisha.berry@okhca.org](mailto:teisha.berry@okhca.org).

Thank you for your continued support and the services you provide to SoonerCare members.

Sincerely,

Traylor Rains  
State Medicaid Director



**ADDRESS**

4345 N. Lincoln Blvd.  
Oklahoma City, OK 73105



**WEBSITES**

[oklahoma.gov/ohca](http://oklahoma.gov/ohca)  
[mysoonerCare.org](http://mysoonerCare.org)



**PHONE**

Admin: 405-522-7300  
Helpline: 800-987-7767



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**Attestation of Compliance with Section 6032 of the Federal Deficit  
Reduction Act  
FFY 2023**

Provider Name: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State Zip Code

I hereby attest that, as a condition for receiving payments, I have read Section 6032 of the Deficit Reduction Act of 2005 (the Act), and have examined the entity's policies and procedures. Based on that review, the entity is in compliance with the requirements of the Act to educate employees and contractors concerning the Federal False Claims Act established under sections 3729 through 3733 of Title 31, United States Code, administrative remedies for false claims and statements established under Chapter 38 of Title 31, United States Code, and state laws pertaining to civil or criminal penalties for false claims and statements, and whistleblower protections under such laws, with respect to the role of such laws in preventing and detecting fraud, waste and abuse in federal health care programs.

\_\_\_\_\_  
Signature of Chief Executive Officer/President/or Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or Type Name and Title

**Please email to:**

**[Teisha.Berry@okhca.org](mailto:Teisha.Berry@okhca.org)**

**Please fax to:**

**405-530-3208**

**Or mail to:**

**Attention: Teisha Berry  
Oklahoma Health Care Authority  
Attn: Program Integrity - Teisha  
4345 N. Lincoln Blvd.  
Oklahoma City, Oklahoma 73105**



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4345 N. Lincoln Blvd.  
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