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Ellen M. Buettner | Chief Executive Officer

J. Kevin Stitt | Governor

OHCA 2025-03

January 21, 2025

**RE: Yearly Compliance with the Deficit Reduction Act of 2005 – FFY 2025**

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 2025 (Oct. 1, 2023 to Sept. 30, 2024). The \$5 million takes into consideration payments made from the State Medicaid Agency, OHCA and/or one of the contracted managed care entities (Aetna, Humana, Oklahoma Complete Health, DentaQuest or LIBERTY Dental Plan).

Attached is an attestation form that needs to be **completed** and emailed to [DRAresponses@okhca.org](mailto:DRAresponses@okhca.org) to the attention of Program Integrity - DRA. Please return the form by Feb. 28, 2025.

If you have any questions regarding the letter or enclosures, please contact Program Integrity by email at [DRAresponses@okhca.org](mailto:DRAresponses@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  
mysooner care.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 2024**

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

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

Email 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:**

[DRResponses@okhca.org](mailto:DRResponses@okhca.org)

**Or mail to:**

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



**ADDRESS**

4345 N. Lincoln Blvd.  
Oklahoma City, OK 73105



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