Kevin Corbett | Chief Executive Officer

J. Kevin Stitt | Governor

OHCA 2021-03

Jan. 28, 2021

RE: Yearly Compliance with the Deficit Reduction Act of 2005 - FFY 2020

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 that receive in aggregate at least \$5 million in Medicaid payments per Tax ID number for federal fiscal year 2020 (Oct. 1, 2019 to Sept. 30, 2020).

Attached is an attestation form that needs to be completed and faxed to 405-530-3256, Attention: Rebecca Cochran.

If you have any questions regarding the letter or enclosures, please contact Rebecca Cochran at: 405-522-7191 or by email at rebecca.cochran@okhca.org.

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

Sincerely,

Melody Anthony

State Medicaid Director

Melody anthony





Attestation of Compliance with Section 6032 of the Federal Deficit Reduction Act FFY2020

Provider Name:				
Tax ID Number:				
E-mail Address:				
Address:				
Stre	et	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 Exe	ecutive Officer/Pr	resident/or Designe	e Date	
Print or Type Name a	nd Title		_	
Please fax to:				
Or mail to:	•) 530-3256 Rebecca Cochran		
Or mail to:		ealth Care Authority n Integrity - Rebeco	<i>*</i>	

4345 N. Lincoln Blvd. Oklahoma City, Oklahoma 73105