



State of New Jersey

CALENDAR YEAR 2025

CERTIFICATION OF COMPLIANCE

SECTION 6032 OF THE FEDERAL DEFICIT REDUCTION ACT OF 2005,
42 U.S.C. §1396a(a)(68)

Entity Name: _____

Date: _____

DEFINITIONS

(For purposes of this certification, the following definitions apply.)

Entity: Provider that received or made payments of \$5 million or more (aggregate) in Title XIX funds during the previous federal fiscal year.

Parent Entity: Entity certifying on behalf of related entities that follow the same policies and procedures.

Section 6032 Policies: Written policies and procedures regarding prevention and detection of fraud, waste and abuse in federal healthcare programs in compliance with Section 6032 of the Deficit Reduction Act.

Contractor: Any vendor, subcontractor, agent or other person who, on behalf of the entity or parent entity, furnishes, or otherwise authorizes the furnishing of Medicaid health care items or services, performs billing or coding functions, or is involved in monitoring of health care provided by the entity.

CERTIFICATION QUESTIONNAIRE

1. Please indicate whether the entity's Section 6032 Policies include:

a. Detailed information about the role of the following federal and state statutes in preventing and detecting fraud, waste and abuse in Medicaid (and other federally funded programs,) including the statutes' penalties and whistleblower protections.

i. Section 6032 of the Federal Deficit Reduction Act of 2005, 42 U.S.C. §1396a(a)(68);

Yes_____ No_____

ii. Federal False Claims Act, 31 U.S.C. § 3729 – 3733;

Yes_____ No_____

iii. Federal Program Fraud Civil Remedies Act, 31 U.S.C. § 3801 – 3812;

Yes_____ No_____

- iv. New Jersey Medical Assistance and Health Services Act – Criminal Penalties, N.J.S.A. 30:4D-17(a)–(d);
Yes_____ No_____
- v. New Jersey Medical Assistance and Health Services Act – Civil Remedies, N.J.S.A. 30:4D-7.h.; N.J.S.A. 30:4D-17(e) – (i); N.J.S.A. 30:4D-17.1.a;
Yes_____ No_____
- vi. New Jersey Health Care Claims Fraud Act, N.J.S.A. 2C:21-4.2 and 4.3; N.J.S. 2C:51-5;
Yes_____ No_____
- vii. New Jersey Conscientious Employee Protection Act, N.J.S.A. 34:19-1 et seq;
Yes_____ No_____
- viii. New Jersey False Claims Act, N.J.S.A. 2A:32C-1 et seq; and
Yes_____ No_____
- ix. New Jersey Insurance Fraud Prevention Act, N.J.S.A 17:33A-1 et seq. (*New in 2021.*)
Yes_____ No_____

- b. Detailed provisions regarding the entity’s policies and procedures for detecting, preventing and reporting fraud, waste and abuse. (Additional reporting methods must include the New Jersey Medicaid Fraud Division at 888-937-2835 or <https://www.nj.gov/comptroller/about/work/medicaid/complaint.shtml> (*updated 2021*) and the New Jersey Insurance Fraud Prosecutor Hotline at 877-55-FRAUD or <https://www.njoag.gov/report-fraud/>)
Yes_____ No_____

- c. Monthly Background Checks, using the following databases, as outlined in the New Jersey Division of Medical Assistance and Health Services Newsletter Volume 33, Number 02 (NEW - 2023):

- i. New Jersey Office of the State Comptroller Medicaid Fraud Division Ineligible Provider Report:

https://www.nj.gov/comptroller/doc/nj_debarment_list.pdf (*updated 2021*);

Yes_____ No_____

- ii. Federal exclusions database (mandatory): <https://exclusions.oig.hhs.gov/>;

Yes_____ No_____

- iii. N.J. Treasurer’s exclusions database (mandatory):

<https://www.nj.gov/treasury/revenue/debarment/>;

Yes_____ No_____

- iv. N.J. Division of Consumer Affairs licensure databases (mandatory, if applicable):

<http://www.njconsumeraffairs.gov/Pages/verification.aspx>;

Yes_____ No_____ Not Applicable_____

Entity Name:_____

- v. N.J. Department of Health licensure and certification database, including: Nursing Home Administrators, Certified Assisted Living Administrators, Certified Nurse Aides/Personal Care Assistants, and Certified Medication Aides (mandatory, if applicable):
<http://njna.psiexams.com/search.jsp>;

Yes_____ No_____ Not Applicable_____

- vi. Federal exclusions and licensure database (optional and fee-based):

<https://www.npdb.hrsa.gov/hcorg/pds.jsp>.

Yes_____ Not Applicable_____

2. Are the entity's contractors (including the contractors' employees) required to comply with the entity's Section 6032, either by contract or otherwise?

Yes_____ No_____ Not Applicable (*There are no contractors.*)_____

3. Within the last twelve (12) months, have the entity's Section 6032 policies been disseminated and education provided to:

- a. All entity employees, managers, and board members, if applicable; and

Yes_____ No_____

- b. All contractors, vendors and agents, if applicable, (including contractors' employees)?

Yes_____ No_____ Not Applicable (*There are no contractors.*)_____

4. Has the entity's Employee Handbook been disseminated to employees and does it include specific discussion of the following:

- a. The statutes listed in Question 1a(i) through 1a(viii) above;

Yes_____ No_____ Not Applicable (*There is no Employee Handbook.*)_____

- b. Employees' rights to whistleblower protections; and

Yes_____ No_____ Not Applicable (*There is no Employee Handbook.*)_____

- c. The entity's policies and procedures for preventing, detecting and reporting fraud, waste and abuse?

Yes_____ No_____ Not Applicable (*There is no Employee Handbook.*)_____

If you answered "No" to any questions, please submit a Corrective Action Plan outlining how and when you will be fully compliant with Section 6032 of the Deficit Reduction Act.



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CERTIFICATION FORM

I certify on behalf of _____ that the foregoing answers are true and correct to the best of my knowledge. I further certify that the documents, which substantiate those answers, will be submitted for review by the State immediately, upon request. I understand that, if this certification is false or fraudulent, or if the entity that I represent fails to comply with Section 6032 of the federal Deficit Reduction Act of 2005, 42 U.S.C. §1396a(a)(68), I and the entity that I represent may be subject to any applicable civil, administrative and/or criminal sanctions provided by law.

| Certification | |
|-----------------------|--|
| Signature | |
| Print Name and Title | |
| Date of Certification | |

| Entity Information (Please use a separate sheet for multiple entities.) | |
|---|--|
| Medicaid Provider Identification Number(s) | |
| National Provider Identifier (NPI) Number(s) | |
| Tax Identification Number(s) | |

| Contact Information | |
|--|--|
| Provider or Parent Entity contact person | |
| Telephone number | |
| E-mail address | |

If you are certifying on behalf of multiple entities under the same parent entity and cannot fit all of the information on this sheet, you may include a separate sheet listing the Name, Medicaid ID, NPI and Tax ID of each entity.

Please email completed forms to Section6032@osc.nj.gov.