

CALENDAR YEAR 2024 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 receive	ed or made payments of \$5 million or more (aggregate) in Title XIX funds during the previous
federal fiscal year.	
Parent Entity: Entity certify	ying on behalf of related entities that follow the same policies and procedures.
Section 6032 Policies: Writ	tten policies and procedures regarding prevention and detection of fraud, waste and abuse in
federal healthcare programs	s 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, o
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 inform	ation about the role of the following federal and state statutes in preventing and detecting
fraud, waste and	d abuse in Medicaid (and other federally funded programs,) including the statutes' penaltie
and whistleblow	ver protections.
i. Sect	tion 6032 of the Federal Deficit Reduction Act of 2005, 42 U.S.C. §1396a(a)(68);
Yes_	No
ii. Fed	eral False Claims Act, 31 U.S.C. § 3729 – 3733;
Yes_	No
iii. Fed	eral Program Fraud Civil Remedies Act, 31 U.S.C. § 3801 – 3812;

No_____

Yes____

		(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.	Detaile	d provisions regarding the entity's policies and procedures for detecting, preventing and reporting						
	fraud, v	waste and abuse. (Additional reporting methods must include the New Jersey Medicaid Fraud Division						
		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						
		/njinsurancefraud2.org/#report.)						
	Yes							
c.	Month	ly Background Checks, using the following databases, as outlined in the New Jersey Division of Medical						
	Assista	nce and Health Services Newsletter Volume 33, Number 02 (NEW - 2023):						
	i.	State of New Jersey debarment list (mandatory):						
		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):						
		http://www.state.nj.us/treasury/revenue/debarment/debarsearch.shtml;						
		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						
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iv. New Jersey Medical Assistance and Health Services Act – Criminal Penalties, N.J.S.A. 30:4D-17(a)–

		٧.	N.J. Dep	artment	of Hea	alth lice	nsure a	and cer	tification	database,	includ	1 :gnit	Nursing	Home
			Administ	rators, C	Certified	Assisted	Living	Admin	istrators,	Certified	Nurse	Aides/	'Persona	I Care
			Assistant	s, an	d Ce	ertified	Medi	cation	Aides	(mand	atory,	if	appli	icable):
			http://njr	na.psiexa	ms.com/	/search.js	<u>sp</u> ;							
			Yes	_	No		Not Ap	plicable __						
		vi.	Federal e	xclusions	and lice	nsure da	tabase (optional	and fee-l	pased):				
			https://w	ww.npdl	o.hrsa.gc	v/hcorg/	/pds.jsp.							
			Yes	-	Not Ap	oplicable _.		_						
2.	Are the	e entity's	s contracto	rs (includ	ling the o	contracto	ors' empl	loyees) r	equired t	o comply w	ith the	entity'	s Section	า 6032,
	either l	by contr	act or othe	erwise?										
	Yes		No		Not Ap	plicable	(There a	ire no co	ntractors	.)				
3.		the last	twelve (12) months	, have th	e entity'	s Section	1 6032 pc	olicies bee	en dissemir	ated ar	nd educ	cation pr	ovided
	to:													
	a.		ity employ			nd board	member	rs, if app	licable; a	nd				
	b.	All con	tractors, ve							ors' employ				
		Yes		No		Not Ap	plicable	(There a	ire no con	tractors.)		_		
4.	Has the	e entity'	s Employe	e Handbo	ook beer	ı dissemi	nated to	employ	vees and o	does it inclu	ude spe	cific di	scussion	of the
	followi	ng:												
	a.	The sta	atutes liste	d in Ques	stion 1a(i	i) througl	h 1a(viii)	above;						
		Yes		No		Not Ap	plicable	(There is	s no Empl	oyee Handl	ook.)_		_	
	b.	Employ	yees' rights	s to whist	leblowe	r protect	ions; and	d						
		Yes		No		Not Ap	plicable	(There is	s no Empl	oyee Handl	ook.)_		_	
	c.	The en	tity's polic	ies and p	rocedure	es for pre	venting,	detecti	ng and re _l	porting frac	ıd, was	te and	abuse?	
		Yes		No		Not Ap	plicable	(There is	s no Empl	oyee Handl	ook.)_			
								tive Acti	on Plan o	utlining ho	w and v	when y	ou will b	e fully
COI	mpliant	with Sec	ction 6032	of the De	eficit Ked	auction F	ACT.							

Entity Name:

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CERTIFICATION FORM

certify on behalf of		that the foregoing
answers are true and correct t	o the best of my know	wledge. I further certify that the documents, which substantiate those
answers, will be submitted fo	r review by the State	immediately, upon request. I understand that, if this certification is
false or fraudulent, or if the e	ntity that I represent	fails to comply with Section 6032 of the federal Deficit Reduction Act
of 2005, 42 U.S.C. §1396a(a)(6	58), I and the entity t	that I represent may be subject to any applicable civil, administrative
and/or criminal sanctions prov	vided by law.	
Certification		
Signature		
Print Name and Title		
Date of Certification		
Entity Information (Please u	•	or multiple entities.)
Medicaid Provider Identificat	ion Number(s)	
National Provider Identifier (NPI) Number(s)	
Tax Identification Number(s)		
Contact Information		
Provider or Parent Entity con	tact 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.