



State of New Jersey

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MEDICAID FRAUD DIVISION
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JOSH LICHTBLAU
Director

MEMORANDUM

Date: April 30, 2025
To: Designated Compliance Officer
From: Christian Angelucci, Administrative Analyst
Office of State Comptroller, Medicaid Fraud Division *Sent via Electronic Mail.*

**RE: CALENDAR YEAR 2025
CERTIFICATION OF COMPLIANCE AND DOCUMENTATION SUBMISSION
SECTION 6032 OF THE FEDERAL DEFICIT REDUCTION ACT OF 2005, 42 U.S.C. §1396a(a)(68)**

Section 6032 of the Federal Deficit Reduction Act of 2005 requires entities that received or made payments of \$5 million or more (aggregate) in Title XIX funds during the previous federal fiscal year (October 1, 2023 – September 30, 2024) to assist in preventing, detecting and addressing fraud, waste and abuse in federal health care programs by taking certain actions, including:

- Establishing written policies for employees, contractors and agents that provide detailed information about federal and state false claims statutes and penalties, and whistleblower protections.
- Educating employees, contractors and agents on the policies and procedures for detecting and preventing fraud, waste and abuse.
- Providing information in the employee handbook, if one exists, about federal and state false claims statutes, penalties and whistleblower protections.

The New Jersey Medicaid Program has identified your entity as having received payments of \$5 million, or more, in Title XIX funds. Ultimately, it is the responsibility of each entity to determine whether it meets the \$5 million threshold and, thus, must submit a completed Certification, regardless of whether such entity is identified by the New Jersey Medicaid Program.

If the aggregated payments for your entities meets the \$5 million threshold, please complete and return the attached Section 6032 Certification Form no later than 30 days from the date of this electronic mail.

Please note: the certification form and questionnaire has been updated for Calendar Year 2025; please use the updated form.

If you are reporting for multiple entities, and the responses for each are the same, you may submit one Certification Form. Please be sure to include the names, Medicaid identification numbers, NPI numbers and IRS identification numbers for **each entity** for which you are reporting.

Specific entities are required to submit documentation annually, as part of the certification process. These entities include, Managed Care Organizations, the New Jersey Division of Developmental Disabilities Community Care Waiver Unit and the New Jersey Early Intervention System Program. For all other entities, a randomly selected sample of entities will be required to submit documentation. **You are receiving this notification because your entity is either required to submit documentation annually or has been selected to provide documentation for this calendar year.** Attached please find the Document Submission Requirements that list the documents that must be submitted with your certification.

Completed certification forms and required documentation should be emailed to Section6032@osc.nj.gov within 30 days of the date of this electronic mail.

Compliance with Section 6032 is a condition of participation in all Title XIX programs. Failure to comply could result in termination of your organization's provider agreement with the Medicaid program and/or other sanctions.

Please feel free to contact me with questions. Thank you in advance for your attention to this matter.

By: ____/s/ Christian Angelucci
Sincerely,

Christian Angelucci
Administrative Analyst, Medicaid
Fraud Division Office of the State
Comptroller
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Trenton, NJ 08625
609-789-5179
Section6032@osc.nj.gov

Attachments:

- CY2025 Section 6032 Certification Form
- CY2025 Section 6032 Document Submission Requirements
- CY2025 Section 6032 Documentation Required Memo
- New Jersey DMAHS Newsletter Volume 33 Number 02 (NEW - 2023)
- New Jersey DMAHS Newsletter Volume 33 Number 03 (NEW – 2023)
- [Frequently Asked Questions \(FAQ\) about the Federal Deficit Reduction Act of 2005, developed by the Federal Government](#)