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State/Territory Name: NJ

State Plan Amendment (SPA) #: 23-0015

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S3-14-28
Baltimore, Maryland 21244-1850



Financial Management Group

April 8, 2024

Carole Johnson
Commissioner
Medical Assistance and Health Services
Department of Human Services
CN 12 Quakerbridge Plaza
Trenton, New Jersey 08625-0712

RE: NJ 23-0015

Dear Ms. Johnson,

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State Plan submitted under transmittal number (TN) 23-0015. This SPA updates the individual provider payment allocations for the SFY 2024 Graduate Medical Education (GME) Supplemental Program and adds a method for redistributing overpayments .

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1923 and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR Part 447. This letter is to inform you that New Jersey 23-0015 is approved effective July 1, 2023. The CMS-179 and approved plan pages are enclosed.

If you have any additional questions or need further assistance, please contact Douglas Spitler at Douglas.Spitler@cms.hhs.gov

Sincerely,



Rory Howe
Director

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 3 — 0 0 1 5

2. STATE

NJ

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION

Social Security Act 1902(a)(13)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2023 \$ 4,320,000
b. FFY 2024 \$ 12,960,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-A Page I-227(g)(1)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

same

9. SUBJECT OF AMENDMENT

SFY 2024 Graduate Medical Education (GME) Supplemental Program

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME
Sarah Adelman

13. TITLE
Commissioner, Department of Human Services

14. DATE SUBMITTED
9/21/23

15. RETURN TO

Jennifer Langer Jacobs, Assistant Commissioner
Division of Medical Assistance and Health Services
P.O. Box 712, Mail Code #26
Trenton, NJ 08625-0712

FOR CMS USE ONLY

16. DATE RECEIVED
9/21/2023

17. DATE APPROVED
April 8, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2023

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Rory Howe

21. TITLE OF APPROVING OFFICIAL
Director, FMG

22. REMARKS

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State of New Jersey**

**Reimbursement for In-State Acute Care Inpatient Hospital Services Graduate Medical
Education (GME) and Indirect Medical Education (IME)
GME Supplemental Program**

Effective for State Fiscal Year (SFY) 2024, the GME Supplemental (GME-S) Subsidy equals \$24,000,000. Payments in substantially equal monthly payments shall be made to eligible hospitals in the following manner:

HOSP NO	HOSPITAL NAME	SFY 2024 GME-S
2	Newark Beth Israel Medical Center	\$3,454,224
6	St. Mary's General Hospital	\$24,793
14	Cooper Hospital/University MC	\$5,278,812
16	CarePoint Health - Christ Hospital	\$306,320
19	St. Joseph's University Medical Center	\$2,722,250
27	Trinitas Regional Medical Center	\$496,405
40	CarePoint Health - Hoboken University Medical Center	\$282,945
58	New Bridge Medical Center (Bergen Regional)	\$428,807
70	St. Peter's University Hospital	\$1,031,170
74	Jersey City Medical Center	\$1,569,851
92	Capital Health Regional Medical Center	\$426,421
96	St. Michael's Medical Center	\$762,049
119	University Hospital	\$5,789,569
324	Inspira Medical Center – Vineland	\$1,426,385
	TOTAL	\$24,000,000

Distribution of GME-S in the Event of a Hospital Closure or Hospital Acquisition During or After SFY 2024: In the event of a hospital closure or hospital acquisition, GME-S allocations that would have been provided to the closed hospital are to be redistributed to the acquiring hospital. If the acquiring hospital is not receiving GME-S FTEs from the closed or acquired hospital, the GME-S amount will be redistributed to all eligible hospitals by applying the current SFY GME-S payment formula excluding the closed or acquired hospital from the payment formula.

The appeal process for distribution of GME-S is the same as the appeal process for GME.

23-0015 MA NJ

TN: 23-0015 MA (NJ)

Approval Date: April 8, 2024

Supersedes: 22-0013 MA (NJ)

Effective Date: July 1, 2023