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State/Territory Name: NJ

State Plan Amendment (SPA) #: 23-0016

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 23-0016

Dear Ms. Johnson,

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State Plan submitted under transmittal number (TN) 23-0016. This SPA introduces GME Trauma language into the states plan.

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 23-0016 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 6

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 \$ 15,210,000
b. FFY 2024 \$ 45,630,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-A Page I-227(g)(2)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

new

9. SUBJECT OF AMENDMENT

SFY 2024 Graduate Medical Education Trauma (GME-T) 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, Financial Management Group

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 Trauma (GME-T)

Effective for State Fiscal Year (SFY) 2024, \$84,500,000 in GME-T payments (paid in 12 equal monthly payments) shall be distributed to all eligible State's Level I and Level II Trauma Centers according to the following table

HOSP NO	HOSPITAL NAME	SFY 2024 GME-T
640	Atlanticare Regional Medical Center	\$1,812,633
92	Capital Health Regional Medical Center	\$1,629,995
14	Cooper Hospital/University MC	\$20,246,895
1	Hackensack University Medical Center	\$6,820,821
74	Jersey City Medical Center	\$6,104,879
73	Jersey Shore University Medical Center	\$3,304,834
15	Morristown Medical Center	\$3,380,019
38	Robert Wood Johnson University Hospital	\$8,246,141
19	St. Joseph's University Medical Center	\$10,593,439
119	University Hospital	\$22,360,345
TOTAL		\$84,500,000

Distribution of GME-T 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-T 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-T full-time equivalents (FTEs) from the closed or acquired hospital, the GME-T amount will be redistributed to all eligible hospitals by applying the current SFY GME-T payment formula excluding the closed or acquired hospital from the payment formula.

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

22-0016