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State/Territory Name: New Jersey

State Plan Amendment (SPA) #: NJ 18-0012

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approval SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S2-26-12 Baltimore, MD 21244-1850



Financial Management Group

January 29, 2019

Meghan Davey
State Medicaid Director
Department of Human Services
Division of Medical Assistance and Health Services
State of New Jersey
P.O. Box 712
Trenton, New Jersey 08625-0712

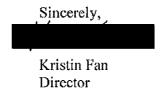
RE: State Plan Amendment (SPA) 18-0012

Dear Ms. Davey:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State Plan submitted under transmittal number (TN) 18-0012. Effective October 1, 2018 this amendment provides funding for supplemental Graduate Medical Education payments.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a) and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR Part 447. This letter is to inform you SPA 18-0012 is approved effective October 1, 2018. We are enclosing the CMS-179 and the approved plan pages.

If you have any questions, please contact Charlene Holzbaur at 609-882-4103 Ext. 104.



Enclosures

cc:

R. Holligan

R. Weaver

T. Brady

C. Holzbaur

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MUDICARE AND MEDICAID SERVICES		FORM APPROVED OMBAG OWN 649
TRANSMITTAL AND NOTICE OF APPROVAL OF	L. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	18-0012-MA	New Jersey
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE October 1, 2018	
5. TYPE OF PLAN MATERIAL (Check One);		
OMPLETE BLOCKS & THRU 10 IF THIS IS AN AME	CONSIDERED AS NEW PLAN NDMENT (Separate Transmittal for each	[3] AMENDMENT
6 FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT	
Social Security Act Section 1902(a)(13)	FFY 2019: \$ 16,190,476	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (It Applicable): New	
Attachment 4.19-A Page I-227(g)(1)(18)(6)		
16 SUBJECT OF AMENDMENT:		
GME Supplemental Program		
H GOVERNOR'S REVIEW (Check One);		Control of the second s
[] GOVERNOR'S OFFICE REPORTED NO COMMENT	(S) OTHER, AS SPECIFIED: Not required, pursuant to 7.4 of the Plan	
OMMEN IS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	, ,	int to 7.4 of the Man
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO	
William X	Meghan Davey, Director	
13. TYPED NAME: Carole Johnson	Division of Medical Assistance and Health Services	
14 ITH I: Commissioner	P.O. Box 712, #26	
Control of the Contro	Trenton, NJ 08625-0712	
15. DATE SUBMEFTED: 11/2.7/18		
17. DATE RECEIVED: FOR REGIONAL OFF	18 DATE ADDROVED	**************************************
70 To 1	JAN 29 Zui 9	
PLAN APPROVED - ONE		
19. EFFECTIVE DATE OF APPROVED METERIAL 2018	20. SIGNAZURE OF REGIONAL OFFI	JAL:

1/10/19 State requested Pen + Inh Change to
130x 8

22. TITLE: Director, FMG

23. REMARKS:

21. TYPED NAME: Kristin Fan

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 2019, the Graduate Medical Education Supplemental Subsidy equals \$24,285,714. Payments to eligible hospitals shall be made in the following manner:

Atlanticare Regional Medical Center	504,924.35
Capital Health Regional Medical Center	222,616.67
CarePoint Health - Christ Hospital	193,307.89
CarePoint Health - Hoboken University Medical Center	389,939.78
Cooper Hospital/University MC	5,066,237.86
Inspira Medical Center - Vineland	1,738,966.59
Jersey City Medical Center	1,466,360.67
New Bridge Medical Center (Bergen Regional)	15,011.00
Newark Beth Israel Medical Center	4,179,210.62
St. Francis Medical Center	189,124.20
St. Joseph's University Medical Center	3,120,234.84
St. Michael's Medical Center	852,692.70
Trinitas Regional Medical Center	590,968.81
University Hospital	5,756,118.02
TOTAL	24,285,714.00

18-0012 MA NJ

TN: 18-0012 MA (NJ)

Approval Date: JAN 29 2019

Supersedes: New Effective Date:

e: OCT **0 1 2018**