

## **Table of Contents**

**State/Territory Name: New Jersey**

**State Plan Amendment (SPA) #: 20-0008**

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



---

**Financial Management Group**

November 18, 2020

Jennifer Jacobs  
Assistant Commissioner  
Department of Human Services  
Division of Medical Assistance and Health Services  
State of New Jersey  
P.O. Box 712  
Trenton, New Jersey 08625

RE: State Plan Amendment (SPA) TN 20-0008

Dear Ms. Jacobs:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State Plan submitted under transmittal number (TN) 20-0008. Effective July 3, 2020, this amendment authorizes \$54,500,000 in GME payments made on behalf of individuals enrolled in the NJCW Demonstration for the first three months of state fiscal year 2021.

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 20-0008 is approved effective July 3, 2020. The CMS-179 and approved plan pages are enclosed.

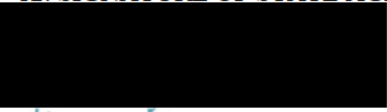

If you have any questions, please contact Novena James-Hailey at (617) 565-1291 or [Novena.JamesHailey@cms.hhs.gov](mailto:Novena.JamesHailey@cms.hhs.gov).

Sincerely,

A solid black rectangular box redacting the signature of the sender.

For  
Rory Howe  
Acting Director

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER:  <b>20-0008-MA</b>	2. STATE  <b>New Jersey</b>
<b>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE  <b>July 3, 2020</b>	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION:  <b>Social Security Act Section 1902(a)(13)</b>		7. FEDERAL BUDGET IMPACT  <b>FFY 2020: \$ 27,250,000</b> <b>FFY 2021: \$0</b>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Attachment 4.19-A Pages I-227(d) (e) (f)</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  <b>Same</b>	
10. SUBJECT OF AMENDMENT:  <b>SFY 2020 Extension GME Distribution Methodology</b>			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <b>Not required, pursuant to 7.4 of the Plan</b>	
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED			
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO:  <b>Jennifer Jacobs, Assistant Commissioner</b> <b>Division of Medical Assistance and Health Services</b> <b>P.O. Box 712, #26</b> <b>Trenton, NJ 08625-0712</b>	
13. TYPED NAME: <b>Carole Johnson</b>			
14. TITLE: <b>Commissioner</b>			
15. DATE SUBMITTED: <b>8/27/2020</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:		18. DATE APPROVED:  11/18/20	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL:  July 3, 2020		20.  AL: For	
21. TYPED NAME:  Rory Howe		22. TITLE:  Acting Director	
23. 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)

**12.4 Distribution of Graduate Medical Education (GME) Made on Behalf of Individuals enrolled in New Jersey’s Comprehensive Waiver (NJCW) Demonstration.**

- (a) Effective for State fiscal year 2020 Extension, \$54,500,000 in GME payments (paid in 3 equal monthly payments) made on behalf of individuals enrolled in the NJCW Demonstration shall be distributed for the 3 month extension to all eligible acute care teaching hospitals according to the following table. An eligible acute care teaching hospital is defined as any acute care hospital with GME interns and residents Full Time Equivalencies (FTEs).

<b>AtlantiCare Regional MC - Mainland</b>	<b>664,127.40</b>
<b>Capital Health Medical Center - Hopewell</b>	<b>25,956.24</b>
<b>Capital Health Regional Medical Center</b>	<b>560,635.86</b>
<b>CarePoint Health - Bayonne Medical Center</b>	<b>454,417.77</b>
<b>CarePoint Health - Christ Hospital</b>	<b>383,466.21</b>
<b>CarePoint Health - Hoboken University Medical Center</b>	<b>607,459.11</b>
<b>CentraState Medical Center</b>	<b>79,960.17</b>
<b>Cooper Hospital/University MC</b>	<b>8,071,335.60</b>
<b>Deborah Heart and Lung Center</b>	<b>155,105.10</b>
<b>Englewood Hospital and Medical Center</b>	<b>441,634.11</b>
<b>Hackensack UMC - Mountainside</b>	<b>257,166.78</b>
<b>Hackensack UMC - Palisades</b>	<b>860,922.42</b>
<b>Hackensack University Medical Center</b>	<b>2,511,811.38</b>
<b>Hunterdon Medical Center</b>	<b>97,383.63</b>
<b>Inspira Medical Center - Mullica Hill</b>	<b>93,474.69</b>
<b>Inspira Medical Center - Vineland</b>	<b>2,353,526.28</b>
<b>Jefferson Cherry Hill Hospital</b>	<b>1,355,492.52</b>
<b>Jersey City Medical Center</b>	<b>1,679,692.29</b>
<b>Jersey Shore University Medical Center</b>	<b>1,320,866.88</b>
<b>JFK Medical Center</b>	<b>311,480.55</b>
<b>Monmouth Medical Center</b>	<b>1,740,687.54</b>
<b>Morristown Medical Center</b>	<b>1,279,269.51</b>
<b>New Bridge Medical Center</b>	<b>254,559.78</b>
<b>Newark Beth Israel Medical Center</b>	<b>4,525,695.24</b>
<b>Ocean Medical Center</b>	<b>30,780.90</b>
<b>Overlook Medical Center</b>	<b>499,127.85</b>
<b>Penn Medicine Princeton Medical Center</b>	<b>142,309.23</b>
	<b>294,207.00</b>
<b>Raritan Bay Medical Center - Perth Amboy</b>	

20-0008

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)

<b>Robert Wood Johnson University Hospital</b>	<b>3,975,916.24</b>
<b>RWJ University Hospital - Somerset</b>	<b>90,728.88</b>
<b>St. Barnabas Medical Center</b>	<b>2,021,450.85</b>
<b>St. Francis Medical Center</b>	<b>225,262.03</b>
<b>St. Joseph's University Medical Center</b>	<b>4,293,743.79</b>
<b>St. Luke's Warren Hospital</b>	<b>77,674.98</b>
<b>St. Mary's General Hospital</b>	<b>31,700.83</b>
<b>St. Michael's Medical Center</b>	<b>968,827.29</b>
<b>St. Peter's University Hospital</b>	<b>1,720,835.52</b>
<b>Trinitas Regional Medical Center</b>	<b>788,224.68</b>
<b>University Hospital</b>	<b>8,276,129.91</b>
<b>Virtua Marlton Hospital</b>	<b>274,364.92</b>
<b>Virtua Memorial Hospital</b>	<b>113,413.71</b>
<b>Virtua Our Lady of Lourdes Hospital</b>	<b>542,857.30</b>
<b>Virtua Willingboro Hospital</b>	<b>46,317.03</b>
<b>TOTAL</b>	<b>54,500,000.00</b>

- (b) Distribution of Graduate Medical Education (GME) in the Event of a Hospital Closure or Hospital Acquisition During or After State Fiscal Year (SFY) 2020 Extension: In the event of a hospital closure or hospital acquisition, GME 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 FTEs from the closed or acquired hospital, the GME amount will be redistributed to all eligible hospitals by applying the current SFY GME payment formula excluding the closed or acquired hospital from the payment formula.
- (c) Appeal process for distribution of Graduate Medical Education (GME)
- (a) In the event that a hospital elects to appeal the subsidy allocation, the following procedure is to be adhered to:
1. A hospital which suspects that the subsidy payment schedule reflects a calculation error shall notify the New Jersey Department of Health Executive Director of the Office of Healthcare Financing in writing of the suspected calculation error within 15 working days of issuance of the schedule. A

20-0008

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)

calculation error is limited to a mathematical mistake made by the Department or data not matching the actual source documents used to calculate the GME payment. If upon review it is determined by the Department of Health that the appeal finds an error was made and the error is confirmed and would constitute at least a five percent change in the hospital's allocation amount, a revised industry-wide subsidy payment schedule will be issued.

2. A notice by a hospital of an intent to appeal the amount of its allocation indicated on the subsidy payment schedule, for reasons other than a calculation error, shall be submitted in writing to the New Jersey Department of Health Executive Director of the Office of Healthcare Financing within 15 working days of issuance of the particular subsidy payment schedule. Within 30 working days of issuance of the subsidy payment schedule, the hospital shall submit to the Executive Director two copies of its appeal, describing in

20-0008