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State/Territory Name: New Jersey

State Plan Amendment (SPA) #: 20-0009

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 19, 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 20-0009

Dear Ms. Jacobs:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State Plan submitted under transmittal number (TN) 20-0009. Effective July 3, 2020, this amendment authorizes \$6,000,000 in Graduate Medical Education (GME) Supplemental Subsidy 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 20-009 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.

Sincerely,

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

For

Rory Howe
Acting Director

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 20-0009-MA	2. STATE New Jersey
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	4. PROPOSED EFFECTIVE DATE July 3, 2020	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		

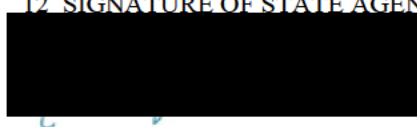
5. TYPE OF PLAN MATERIAL (Check One):
 NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: Social Security Act Section 1902(a)(13)	7. FEDERAL BUDGET IMPACT FFY 2020: \$ 3,000,000 FFY 2021: \$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-A Page I-227(g)(1)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same


10. SUBJECT OF AMENDMENT:
SFY20 Extension GME Supplemental Program

11. GOVERNOR'S REVIEW (Check One):
 GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
Not required, pursuant to 7.4 of the Plan
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Jennifer Jacobs, Assistant Commissioner Division of Medical Assistance and Health Services P.O. Box 712, #26 Trenton, NJ 08625-0712
13. TYPED NAME: Carole Johnson	
14. TITLE: Commissioner	
15. DATE SUBMITTED: 8/27/2020	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED:	18. DATE APPROVED: 11/19/20

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: July 3, 2020	20. SIGNATURE OF REGIONAL ADMINISTRATOR:  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)**

GME Supplemental Program

Effective for State fiscal year 2020 Extension, the Graduate Medical Education Supplemental Subsidy equals \$6,000,000. Payments in substantially equal monthly payments shall be made to eligible hospitals in the following manner:

Capital Health Regional Medical Center	101,087.91
CarePoint Health - Christ Hospital	67,146.06
CarePoint Health - Hoboken University Medical Center	105,502.53
Cooper Hospital/University MC	1,437,874.68
Hackensack UMC – Palisades	149,731.29
Inspira Medical Center – Vineland	416,040.78
Jersey City Medical Center	297,325.32
New Bridge Medical Center	43,473.15
Newark Beth Israel Medical Center	803,524.08
St. Francis Medical Center	39,542.25
St. Joseph's University Medical Center	758,839.86
St. Michael's Medical Center	169,891.95
Trinitas Regional Medical Center	138,490.41
University Hospital	1,471,529.73
TOTAL	6,000,000.00

20-0009 MA NJ

TN: 20-0009 MA (NJ)

Approval Date: 11/19/20

Supersedes: 19-0009 MA (NJ)

Effective Date: July 3, 2020