

Table of Contents

State/Territory Name: **New Jersey**

State Plan Amendment (SPA) #: **20-0018**

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

March 4, 2021

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 20-0018

Dear Ms. Jacobs:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State Plan submitted under transmittal number (TN) 20-0018. Effective October 1, 2020 through June 30, 2021, this amendment continues reimbursement authority for New Jersey's Charity Care Subsidy DSH program for \$201,750,000.

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 20-0018 is approved effective October 1, 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: 20-0018-MA	2. STATE New Jersey
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE October 1, 2020	
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: Social Security Act 42 U.S.C. 1396r-4		7. FEDERAL BUDGET IMPACT: FFY 2020 \$0 FFY 2021 \$100,875,000.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <ul style="list-style-type: none"> • Attachment 4.19-A Page I-262 • Attachment 4.19-A Page I-262.1 • Attachment 4.19-A Page I-262.2 		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): <ul style="list-style-type: none"> • Attachment 4.19-A Page I-262. • Attachment 4.19-A Page I-262.1 • Attachment 4.19-A Page I-262.2 	
10. SUBJECT OF AMENDMENT: SFY 2021 Charity Care Subsidy			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Not required, pursuant to 7.4 of the Plan <input type="checkbox"/> 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, Mail Code #1 Trenton, NJ 08625-0712	
13. TYPED NAME: Carole Johnson			
14. TITLE: Commissioner, Department of Human Services			
15. DATE SUBMITTED: 12/7/20			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 12/7/2020		18. DATE APPROVED: 3/4/21	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/1/2020		20. SIGNATURE OF REGIONAL OFFICIAL:  For	
21. TYPED NAME: Rory Howe		22. TITLE: Director, Financial Management Group	

23. REMARKS:



**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Reimbursement for Instate Acute Care Inpatient Hospital Services
Disproportionate Share Hospital**

3. Health Care Subsidy Fund – Charity Care Subsidy

- a) The charity care subsidy totaling \$ 201,750,000 shall be distributed according to the following table in State Fiscal Year (SFY) 2021:

20-0018-MA (NJ)

TN: 20-0018 MA (NJ)

Approval Date: 3/4/21

Supersedes: 20-0007-MA (NJ)

Effective Date: 10/1/20

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Reimbursement for Instate Acute Care Inpatient Hospital Services
Disproportionate Share Hospital**

AtlantiCare Regional MC - City	6,368,991
AtlantiCare Regional MC - Mainland	1,036,655
Bayshore Community Hospital	66,506
Cape Regional Medical Center	59,068
Capital Health Medical Center - Hopewell	792,564
Capital Health Regional Medical Center	12,361,957
CarePoint Health - Bayonne Medical Center	438,968
CarePoint Health - Christ Hospital	7,373,677
CarePoint Health - Hoboken University Medical Center	8,400,769
CentraState Medical Center	237,945
Chilton Medical Center	54,472
Clara Maass Medical Center	523,202
Community Medical Center	235,753
Cooper Hospital/University MC	13,764,275
Deborah Heart and Lung Center	332,547
East Orange General Hospital	2,692,678
Englewood Hospital and Medical Center	804,273
Hackensack UMC - Mountainside	75,989
Hackensack UMC - Palisades	7,569,283
Hackensack UMC - Pascack Valley	16,684
Hackensack University Medical Center	1,401,451
Hackettstown Regional Medical Center	21,750
Holy Name Medical Center	201,497
Hudson Regional Hospital	24,844
Hunterdon Medical Center	160,910
Inspira Medical Center - Elmer	31,761
Inspira Medical Center - Vineland	333,477
Inspira Medical Center - Mullica Hill	98,442
Jefferson Cherry Hill Hospital	113,448
Jefferson Stratford Hospital	142,610
Jefferson Washington Twp Hospital	157,179
Jersey City Medical Center	1,653,749
Jersey Shore University Medical Center	728,277
JFK Medical Center	818,600
Lourdes Medical Center of Burlington Cty.	136,006
Memorial Hospital of Salem County	21,133
Monmouth Medical Center	1,050,483

20-0018-MA (NJ)

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Reimbursement for Instate Acute Care Inpatient Hospital Services
Disproportionate Share Hospital**

Monmouth Medical Center - Southern	502,386
Morristown Medical Center	749,919
New Bridge Medical Center	12,342,499
Newark Beth Israel Medical Center	2,643,128
Newton Medical Center	32,807
Ocean Medical Center	167,711
Our Lady of Lourdes Medical Center	394,096
Overlook Medical Center	376,755
Raritan Bay Medical Center - Old Bridge	23,311
Raritan Bay Medical Center - Perth Amboy	157,373
Riverview Medical Center	135,650
Robert Wood Johnson University Hospital	1,999,527
RWJ University Hospital - Hamilton	182,063
RWJ University Hospital - Rahway	93,239
RWJ University Hospital - Somerset	268,793
Shore Medical Center	68,422
Southern Ocean Medical Center	66,321
St. Barnabas Medical Center	389,938
St. Clare's Hospital - Denville	181,161
St. Clare's Hospital - Dover	202,801
St. Francis Medical Center	517,049
St. Joseph's University Medical Center	33,891,490
St. Joseph's Wayne Medical Center	239,511
St. Luke's Warren Hospital	90,576
St. Mary's General Hospital	3,279,132
St. Michael's Medical Center	1,062,284
St. Peter's University Hospital	2,989,801
Trinitas Regional Medical Center	23,387,231
University Hospital	44,003,058
University MC of Princeton - Plainsboro	220,224
Valley Hospital	236,509
Virtua-Mem. Hospital of Burlington County	231,730
Virtua-West Jersey Health Sys. - Marlton	223,028
Virtua-West Jersey Health Sys. - Voorhees	98,602
TOTAL	201,750,000

20-0018-MA (NJ)

TN: 20-0018 MA (NJ)

Approval Date: 3/4/21

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