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State/Territory Name: New Jersey

State Plan Amendment (SPA) #: 20-0019

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 20-0019

Dear Ms. Jacobs:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State Plan submitted under transmittal number (TN) 20-0019. Effective October 1, 2020, this amendment continues authorization for Graduate Medical Education (GME) payments made on behalf of individuals enrolled in the New Jersey CW Demonstration in the amount of \$163,500,000 to be paid in 9 equal monthly payments.

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 20-0019 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.


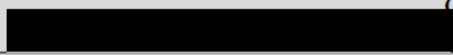
Sincerely,

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: 20-0019-MA	2. STATE New Jersey
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		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 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 Section 1902(a)(13)		7. FEDERAL BUDGET IMPACT FFY 2020: \$ 0 FFY 2021: \$ 81,750,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-A Pages I-227(d) (e) (f)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT <i>(If Applicable)</i> : Same	
10. SUBJECT OF AMENDMENT: SFY 2021 GME Distribution Methodology			
11. GOVERNOR'S REVIEW <i>(Check One)</i> : <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Not required, pursuant to 7.4 of the Plan <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: 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: 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. 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
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 2021, \$163,500,000 in GME payments (paid in 9 equal monthly payments) made on behalf of individuals enrolled in the NJCW Demonstration shall be distributed 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).

AtlantiCare Regional MC - Mainland	1,992,382
Capital Health Medical Center - Hopewell	77,869
Capital Health Regional Medical Center	1,681,908
CarePoint Health - Bayonne Medical Center	1,363,253
CarePoint Health - Christ Hospital	1,150,399
CarePoint Health - Hoboken University Medical Center	1,822,377
CentraState Medical Center	239,881
Cooper Hospital/University MC	24,214,007
Deborah Heart and Lung Center	465,315
Englewood Hospital and Medical Center	1,324,902
Hackensack UMC - Mountainside	771,500
Hackensack UMC - Palisades	2,582,767
Hackensack University Medical Center	7,535,434
Hunterdon Medical Center	292,151
Inspira Medical Center - Mullica Hill	280,424
Inspira Medical Center - Vineland	7,060,579
Jefferson Cherry Hill Hospital	4,066,478
Jersey City Medical Center	5,039,077
Jersey Shore University Medical Center	3,962,601
JFK Medical Center	934,442
Monmouth Medical Center	5,222,063
Morristown Medical Center	3,837,809
New Bridge Medical Center	763,679
Newark Beth Israel Medical Center	13,577,086
Ocean Medical Center	92,343
Overlook Medical Center	1,497,384
Penn Medicine Princeton Medical Center	426,928
Raritan Bay Medical Center - Perth Amboy	882,621

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State of New Jersey

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Education (GME) and Indirect Medical Education (IME)

Robert Wood Johnson University Hospital	11,927,749
RWJ University Hospital - Somerset	272,187
St. Barnabas Medical Center	6,064,353
St. Francis Medical Center	675,786
St. Joseph's University Medical Center	12,881,231
St. Luke's Warren Hospital	233,025
St. Mary's General Hospital	95,102
St. Michael's Medical Center	2,906,482
St. Peter's University Hospital	5,162,507
Trinitas Regional Medical Center	2,364,674
University Hospital	24,828,390
Virtua Marlton Hospital	823,095
Virtua Memorial Hospital	340,241
Virtua Our Lady of Lourdes Hospital	1,628,572
Virtua Willingboro Hospital	138,951
TOTAL	163,500,000

- (b) Distribution of Graduate Medical Education (GME) in the Event of a Hospital Closure or Hospital Acquisition During or After State Fiscal Year (SFY) 2021: 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 calculation error is limited to a mathematical mistake made by the Department or

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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

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TN: 20-0019 MA (NJ)

Approval Date: 3/4/21

Supersedes: TN: 19-0008 MA (NJ)

Effective Date: 10/1/20