

## **Table of Contents**

**State/Territory Name: New Jersey**

**State Plan Amendment (SPA) #: NJ 19-0009**

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, Maryland 21244-1850



**Financial Management Group**

---

December 4, 2019

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

RE: State Plan Amendment (SPA) 19-0009

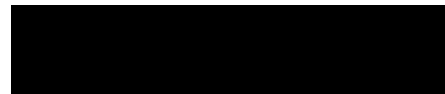
Dear Ms. Jacobs:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number 19-0009. This amendment continues New Jersey's Graduate Medical Education Supplemental program for state fiscal year 2020.

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 447 Subpart C. We have found that the proposed reimbursement methodology complies with applicable requirements and, therefore, have approved them with an effective date of July 1, 2019. We are enclosing the CMS-179 and the amended approved plan page.

If you have any questions, please call Charlene Holzbour at (609) 882-4103 Extension 104.

Sincerely,



Kristin Fan  
Director

cc:

R. Weaver  
R. Holligan  
T. Brady  
C. Holzbour

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES

TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE AND MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER

19-0009-MA

2. STATE

New Jersey

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

July 1, 2019

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 2019: \$ 4,020,000

FFY 2020: \$ 12,060,000

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:

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:

TYPED NAME: Carole Johnson

14. TITLE: Commissioner

15. DATE SUBMITTED: 9/30/19

16. RETURN TO:

Jennifer Langer Jacobs, Assistant Commissioner  
Division of Medical Assistance and Health Services  
P.O. Box 712, #26  
Trenton, NJ 08625-0712

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

18. DATE APPROVED: DEC 04 2019

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JUL 01 2019

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Johnson, Edm

22. TITLE:

DIRECTOR, PMG

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, the Graduate Medical Education Supplemental Subsidy equals \$24,000,000. Payments in substantially equal monthly payments shall be made to eligible hospitals in the following manner:

AtlantiCare Regional MC - Mainland	531,638.60
Capital Health Regional Medical Center	354,057.20
CarePoint Health - Christ Hospital	198,604.09
CarePoint Health - Hoboken University Medical Center	428,292.16
Cooper Hospital/University MC	5,899,675.27
Jersey City Medical Center	1,493,311.40
New Bridge Medical Center	26,304.80
Newark Beth Israel Medical Center	4,057,002.69
St. Francis Medical Center	200,890.20
St. Joseph's University Medical Center	3,315,365.71
St. Mary's General Hospital	24,322.83
St. Michael's Medical Center	511,760.27
Trinitas Regional Medical Center	571,466.53
University Hospital	6,387,308.25
<b>TOTAL</b>	<b>24,000,000.00</b>

19-0009 MA NJ

TN: 19-0009 MA (NJ)

Approval Date: DEC 04 2019

Supersedes: 18-0012 MA (NJ)

Effective Date: JUL 01 2019