

## **Table of Contents**

**State/Territory Name: NJ**

**State Plan Amendment (SPA) #: 21-0008**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 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



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**Financial Management Group**

November 23, 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 21-0008

Dear Ms. Jacobs:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State Plan submitted under transmittal number (TN) 21-0008. Effective July 1, 2021, 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 \$218,000,000 for state fiscal year (SFY) 2022.

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 21-0008 is approved effective July 1, 2021. 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,

For  
Rory Howe  
Director

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER:  <b>21-0008-MA</b>	2. STATE  <b>New Jersey</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 1, 2021</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 2021: \$ 27.25m</b> <b>FFY 2022: \$ 81.75m</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 2022 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:	
13. TYPED NAME: <b>Sarah Adelman</b>		<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>	
14. TITLE: <b>Acting Commissioner</b>			
15. DATE SUBMITTED: 9/30/21			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: <b>9/30/2021</b>		18. DATE APPROVED: November 23, 2021	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>7/1/2021</b>		20. SIGNATURE OF REGIONAL OFFICIAL: For	
21. TYPED NAME: <b>Rory Howe</b>		22. TITLE: <b>Director, Financial Management Group</b>	
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 2022, \$218,000,000 in GME payments (paid in 12 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 Medical Center	2,754,881
Capital Health Medical Center - Hopewell	71,317
Capital Health Regional Medical Center	2,483,037
CarePoint Health - Bayonne Medical Center	1,351,727
CarePoint Health - Christ Hospital	1,850,473
CarePoint Health - Hoboken University Medical Center	1,712,201
CentraState Medical Center	374,239
Cooper Hospital/University MC	30,827,917
Deborah Heart and Lung Center	865,822
Englewood Hospital and Medical Center	1,536,472
Hackensack UMC - Mountainside	1,143,886
Hackensack UMC - Palisades	3,052,269
Hackensack University Medical Center	10,382,197
Hunterdon Medical Center	406,941
Inspira Medical Center - Vineland	8,366,609
Inspira Medical Center - Mullica Hill	314,680
Jefferson Health System	6,079,039
Jersey City Medical Center	9,277,070
Jersey Shore University Medical Center	5,031,717
JFK Medical Center	1,087,152
Lourdes Medical Center of BC (Virtua Willingboro Hosp)	105,046

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**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**  
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**Reimbursement for In-State Acute Care Inpatient Hospital Services Graduate Medical Education (GME) and Indirect Medical Education (IME)**

Monmouth Medical Center	8,466,677
Morristown Medical Center	5,135,309
New Bridge Medical Center (Bergen Regional)	2,636,540
Newark Beth Israel Medical Center	20,211,247
Ocean Medical Center	426,889
Our Lady of Lourdes MC (Virtua Our Lady of Lourdes H)	2,155,480
Overlook Medical Center	2,039,024
Penn Medicine Princeton Medical Center	536,136
Raritan Bay Medical Center	1,158,072
Robert Wood Johnson University Hospital	12,540,784
RWJ University Hospital - Somerset	381,908
St. Barnabas Medical Center	6,545,436
St. Francis Medical Center	1,021,663
St. Joseph's Medical Center	16,096,436
St. Luke's Warren Hospital	297,186
St. Mary's General Hospital	148,112
St. Michael's Medical Center	4,547,756
St. Peter's University Hospital	6,029,892
Trinitas Regional Medical Center	2,942,219
University Hospital	34,012,244
Virtua - West Jersey Health	833,042
Virtua-Mem. Hospital of Burlington County	763,256
	218,000,000

- (b) Distribution of Graduate Medical Education (GME) in the Event of a Hospital Closure or Hospital Acquisition During or After State Fiscal Year (SFY) 2022: 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)

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**Reimbursement for In-State Acute Care Inpatient Hospital Services Graduate Medical  
Education (GME) and Indirect Medical Education (IME)**

(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 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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