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State/Territory Name: NJ

State Plan Amendment (SPA) #: 21-0009

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



Financial Management Group

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 21-0009

Dear Ms. Jacobs:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State Plan submitted under transmittal number (TN) 21-0009. Effective July 1, 2021, this amendment continues authorization for \$24,000,000 in Graduate Medical Education Supplemental (GME-S) Subsidy payments made on behalf of individuals enrolled in the New Jersey CW Demonstration.

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 21-0009 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. James Hailey @cms.hhs.gov.

Sincerely,

For Rory Howe Director

Enclosures

| TRANSMITTAL AND NOTICE OF APPROVAL OF | 1. TRANSMITTAL NUMBER: | 2. STATE |
|--|--|--------------------------------|
| | 1. TRANSMITTIE NOMBER. | 2.517112 |
| STATE PLAN MATERIAL | 21-0009-MA | New Jersey |
| FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES | 3. PROGRAM IDENTIFICATION: TI | |
| FOR: CENTERS FOR MEDICARE AND MEDICALD SERVICES | SOCIAL SECURITY ACT (MEDIC | CAID) |
| TO: REGIONAL ADMINISTRATOR | 4. PROPOSED EFFECTIVE DATE | |
| CENTERS FOR MEDICARE AND MEDICAID SERVICES | July 1, 2021 | |
| DEPARTMENT OF HEALTH AND HUMAN SERVICES | 8 | |
| 5. TYPE OF PLAN MATERIAL (Check One): | | |
| 1 <u></u> | CONSIDERED AS NEW PLAN | |
| COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME | | h amendment) |
| 6. FEDERAL STATUTE/REGULATION CITATION: | 7. FEDERAL BUDGET IMPACT | |
| Social Security Act Section 1902(a)(13) | FFY 2021: \$ 3m | |
| | FFY 2022: \$ 9m | |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: | 9. PAGE NUMBER OF THE SUPERS | SEDED PLAN SECTION |
| | OR ATTACHMENT (If Applicable): | |
| Attachment 4.19-A Page I-227(g)(1) | Same | |
| | | |
| | | |
| 10. SUBJECT OF AMENDMENT: | <u> </u> | |
| 10. SUBJECT OF AMENDMENT: | | |
| SFY2022 GME Supplemental Program | | |
| 11. GOVERNOR'S REVIEW (Check One): | | |
| ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT | ☑ OTHER, AS SPECIFIED: | |
| GO TERRITOR B STITLE REPORTED TO COMMENT | | |
| | Not required, purs | uant to 7.4 of the Plan |
| ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED | Not required, purs | |
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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 2022, 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:

| Capital Health Regional Medical Center | 423,847 |
|---|------------|
| CarePoint Health - Christ Hospital | 304,471 |
| CarePoint Health - Hoboken University Medical | |
| Center | 281,237 |
| Cooper Hospital/University MC | 5,246,943 |
| Inspira Medical Center - Vineland | 1,417,774 |
| Jersey City Medical Center | 1,560,373 |
| New Bridge Medical Center (Bergen Regional) | 426,218 |
| Newark Beth Israel Medical Center | 3,433,370 |
| St. Francis Medical Center | 169,536 |
| St. Joseph's Medical Center | 2,705,815 |
| St. Michael's Medical Center | 757,449 |
| St. Peter's University Hospital | 1,024,944 |
| Trinitas Regional Medical Center | 493,408 |
| University Hospital | 5,754,615 |
| | |
| TOTAL | 24,000,000 |

21-0009 MA NJ

TN: 21-0009 MA (NJ) Approval Date:

Supersedes: 20-0020 MA (NJ) Effective Date: