

## **Table of Contents**

**State/Territory Name: New Jersey**

**State Plan Amendment (SPA) NJ: 24-0010**

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 & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S3-14-28  
Baltimore, Maryland 21244-1850



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**Financial Management Group**

December 18, 2024

Gregory Woods  
Assistant Commissioner  
Division of Medical Assistance and Health Services  
P.O. Box 712, Mail Code #26  
Trenton, NJ 08625-0712

Reference: TN NJ-24-0010

Dear Commissioner Woods,

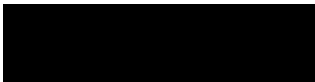
We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) NJ-24-0010. This amendment revises the distribution of Graduate Medical Education (GME) and Indirect Medical Education (IME) supplemental payments for the State Fiscal Year 2025.

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 447 Subpart C.

This is to inform you that Medicaid State plan amendment NJ-24-0010 is approved effective July 1, 2024. The CMS-179 and the amended plan page(s) are attached.

If you have any additional questions or need further assistance, please contact Robert Bromwell at (410)-786-5914 or [Robert.Bromwell@cms.hhs.gov](mailto:Robert.Bromwell@cms.hhs.gov).

Sincerely,



Rory Howe  
Director  
Financial Management Group

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 4 — 0 0 1 0

2. STATE

NJ

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX  XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION

Social Security Act 1902(a)(13)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 5,862,000  
b. FFY 2025 \$ 17,585,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-A Page I-227(g)(1)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

same

9. SUBJECT OF AMENDMENT

SFY 2025 Graduate Medical Education (GME) Supplemental Program

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

[Redacted Signature]

12. TYPED NAME  
Sarah Adelman

13. TITLE  
Commissioner, Department of Human Services

14. DATE SUBMITTED  
9/24/24

15. RETURN TO

Gregory Woods, Assistant Commissioner  
Division of Medical Assistance and Health Services  
P.O. Box 712, Mail Code #26  
Trenton, NJ 08625-0712

**FOR CMS USE ONLY**

16. DATE RECEIVED  
9/24/2024

17. DATE APPROVED  
December 18, 2024

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
July 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL

[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL  
Rory Howe

21. TITLE OF APPROVING OFFICIAL  
Director, Financial Management Group

22. 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 (SFY) 2025, the GME Supplemental (GME-S) Subsidy equals \$34,000,000. Payments in substantially equal monthly payments shall be made to eligible hospitals in the following manner:

<b>HOSP NO</b>	<b>HOSPITAL NAME</b>	<b>SFY 2025 GME-S</b>
2	Newark Beth Israel Medical Center	\$4,190,134
6	St. Mary's General Hospital	\$454,471
14	Cooper Hospital/University MC	\$8,499,218
16	CarePoint Health - Christ Hospital	\$200,093
19	St. Joseph's University Medical Center	\$3,574,538
27	Trinitas Regional Medical Center	\$571,386
40	CarePoint Health - Hoboken University Medical Center	\$479,452
58	New Bridge Medical Center (Bergen Regional)	\$367,692
70	St. Peter's University Hospital	\$1,375,290
74	Jersey City Medical Center	\$1,472,426
92	Capital Health Regional Medical Center	\$1,152,513
96	St. Michael's Medical Center	\$1,078,103
119	University Hospital	\$8,526,800
324	Inspira Medical Center - Vineland	\$2,057,883
	<b>TOTAL</b>	<b>\$34,000,000</b>

Distribution of GME-S in the Event of a Hospital Closure or Hospital Acquisition During or After SFY 2025: In the event of a hospital closure or hospital acquisition, GME-S 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-S FTEs from the closed or acquired hospital, the GME-S amount will be redistributed to all eligible hospitals by applying the current SFY GME-S payment formula excluding the closed or acquired hospital from the payment formula.

The appeal process for distribution of GME-S is the same as the appeal process for GME.

24-0010 MA NJ

TN: 24-0010 MA (NJ)

Approval Date: December 18, 2024

Supersedes: 23-0015 MA (NJ)

Effective Date: 7/1/24