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State/Territory Name: New Jersey

State Plan Amendment (SPA) NJ: 24-0011

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



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-24-0011

Dear Commissioner Woods,

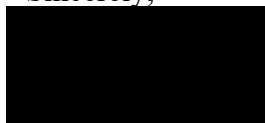
We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) NJ-24-0011. This amendment revises the distribution of Graduate Medical Education Trauma payments for the State Fiscal Year 2025.

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-24-0011 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.

Sincerely,



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 1

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 \$ 14,578,000

b. FFY 2025 \$ 43,703,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-A Page I-227(g)(2)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

new

9. SUBJECT OF AMENDMENT

SFY 2025 Graduate Medical Education Trauma (GME-T) 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

12. TYPED NAME

Sarah Adelman

13. TITLE

Commissioner, Department of Human Services

14. DATE SUBMITTED

09/24/24

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

09/24/2024

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

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 Trauma (GME-T)

Effective for State Fiscal Year (SFY) 2025, \$84,500,000 in GME-T payments (paid in 12 equal monthly payments) shall be distributed to all eligible State's Level I and Level II Trauma Centers according to the following table

HOSP NO	HOSPITAL NAME	SFY 2025 GME-T
640	Atlanticare Regional Medical Center	\$2,399,014
92	Capital Health Regional Medical Center	\$2,955,558
14	Cooper Hospital/University MC	\$21,822,311
1	Hackensack University Medical Center	\$6,241,987
74	Jersey City Medical Center	\$3,760,238
73	Jersey Shore University Medical Center	\$4,287,372
15	Morristown Medical Center	\$2,907,927
38	Robert Wood Johnson University Hospital	\$9,138,631
19	St. Joseph's University Medical Center	\$9,132,066
119	University Hospital	\$21,854,897
TOTAL		\$84,500,000

Distribution of GME-T 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-T 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-T full-time equivalents (FTEs) from the closed or acquired hospital, the GME-T amount will be redistributed to all eligible hospitals by applying the current SFY GME-T payment formula excluding the closed or acquired hospital from the payment formula.

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

24-0011