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State/Territory Name: New Jersey

State Plan Amendment (SPA) #: 20-0020

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 AND HUMAN SERVICES

Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S2-26-12 Baltimore, MD 21244-1850



Financial Management Group

March 4, 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 20-0020

Dear Ms. Jacobs:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State Plan submitted under transmittal number (TN) 20-0020. Effective October 1, 2020, this amendment continues authorization for \$18,000,000 in Graduate Medical Education (GME) Supplemental 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 20-0020 is approved effective October 1, 2020. 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.

Sincerely,

For Rory Howe Acting Director

Enclosures

CENTERS FOR MEDICARE AND MEDICAID SERVICES	1	OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL		
	20-0020-MA	New Jersey
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TI	TLE XIX OF THE
TOR. CENTERS TOR MEDICARE MIND MEDICARD SERVICES	SOCIAL SECURITY ACT (MEDIC	(AID)
TO PROTOLLY AND WORD ATOP	/ PROPOSED PERFORMED ATT	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
CENTERS FOR MEDICARE AND MEDICAID SERVICES	October 1, 2020	
DEPARTMENT OF HEALTH AND HUMAN SERVICES		
5. TYPE OF PLAN MATERIAL (Check One):		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☐ AMENDMENT		
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COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME 6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT	i amenament)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT	
Social Security Act Section 1002(a)(12)		
Social Security Act Section 1902(a)(13)	FFY 2020: \$ 0	
	FFY 2021: \$ 9,000,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS	
	OR ATTACHMENT (If Applicable):	
Attachment 4.19-A Page I-227(g)(1)	Same	
10. SUBJECT OF AMENDMENT:		
SFY2021 GME Supplemental Program		
11. GOVERNOR'S REVIEW (Check One):		
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPEC	CIFIED:
		
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COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		uant to 7.4 of the Plan
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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 2021, the Graduate Medical Education Supplemental Subsidy equals \$18,000,000. Payments in substantially equal monthly payments shall be made to eligible hospitals in the following manner:

Capital Health Regional Medical Center	303,263.76
CarePoint Health - Christ Hospital	201,438.16
CarePoint Health - Hoboken University Medical Center	316,507.56
Cooper Hospital/University MC	4,313,624.04
Hackensack UMC - Palisades	449,193.85
Inspira Medical Center - Vineland	1,248,122.33
Jersey City Medical Center	891,975.98
New Bridge Medical Center	130,419.48
Newark Beth Israel Medical Center	2,410,572.20
St. Francis Medical Center	118,626.74
St. Joseph's University Medical Center	2,276,519.61
St. Michael's Medical Center	509,675.88
Trinitas Regional Medical Center	415,471.26
University Hospital	4,414,589.15
TOTAL	18,000,000.00

20-0020 MA NJ

TN: 20-0020 MA (NJ) Approval Date: 3/4/21

Supersedes: 20-0009 MA (NJ) Effective Date: 10/1/20