

Date: 2 / 13 /2025

Subject: New Jersey County Option Hospital Fee Program Fee and Expenditure Report

County: Union County

GENERAL

Describe the proposed hospital fee program the county intends to enact by providing details on all of the elements listed below.

FEE PROGRAM

1. What is the county's proposed effective date of the fee program?

July 1, 2025

2. List of all licensed hospitals located in your county:

Please Include: Name, address, facility ownership (for profit, NFP or government owned) **and** type of facility (acute care, psychiatric, rehabilitation, children's, LTACH, Specialty)

Please see "Attachment A" for full list of hospitals located in Union County.

3. Federal law and regulations require all hospitals in a jurisdiction to be taxed, unless a specific process is followed to exempt particular hospitals – a process that includes meeting a statistical test.

Does the county plan on excluding any hospitals from the fee program? ☒ No ☐ Yes

If so, please list name(s) and type of facility:

Please note that Mountainview Behavioral Hospital (formerly known as Cornerstone Behavioral Health) is not being included in the fee. Pursuant to 42 CFR 433.68(c)(1), a provider assessment is considered to be broad based if it is imposed on all providers of the applicable services "furnished by all non-Federal, non-public providers." The County proposes to make the determination as to whether the hospital is non-public based on the most recently filed cost report available at the time of modeling. Therefore, the proposed fee will be imposed on all non-Federal, non-public providers of inpatient hospital services. As a result, no waiver is necessary and the statistical test is not required.

4. If the county plan **proposes to exempt** particular hospitals/classes of hospitals, please provide a policy justification for excluding those specific hospitals/classes of hospitals from the fee program. (If not, please leave blank)

Policy justifications support the definition of non-public hospital as implemented by the County. Utilization data for calendar year 2023 is the most recently available reliable data for the purpose of establishing the County's hospital assessment; however, Mountainview Behavioral Hospital was County-owned until mid-October 2024 and, therefore, all of its calendar year 2023 revenues reflected the Hospital's operations as a public provider. Further, until such time as the Hospital is contracted with Medicaid MCOs in the state, the state continues to pay the Hospital through New Jersey's State Aid program, which supports indigent care at county-owned psychiatric hospitals. In light of the state's continued treatment of the Hospital as a public provider for the purpose of payment, its services are appropriately excluded from the assessment under 42 C.F.R. 433.68(c)(1).

5. The law creating the County Option Hospital Fee Program requires that counties consult with affected hospitals within their jurisdiction prior to submitting the Fee and Expenditure Report to the Commissioner of Human Services. Please detail when and how county officials consulted with affected hospitals.

The County, through its contractor, Eyman Partners, implemented a comprehensive process of educating, consulting with, and gathering feedback from all acute care hospitals within the jurisdiction, and developing criteria to evaluate potential models. The process began with an introductory call with the hospitals to educate them on the intent and goals of the program, the relevant state and federal requirements, and the information required to inform the County's Fee and Expenditure report. The County's contractor, including its technical subcontractor, supported hospitals in the County in completing the state's data, DSH limit, and attestation forms. Once all data was collected, hospitals were again invited to participate in discussion of available options for both the fee and payment components of the program. The contractor collected written feedback from each acute care hospital in the County to inform the County's selection of a final model.

6. Please describe the basis of the proposed fee – e.g. net patient revenue, days of care, discharges? (N.J.A.C. 10:52B)

The County proposes to assess a fee on inpatient hospital services, structured as a fee per discharge excluding Medicaid for services furnished within the County's jurisdiction. Those hospitals that have provider-based facilities located outside the county, have segregated their in-county from out-of-county services and only the services provided within the County will be assessed. The County has used calendar year 2023 data, inflated through 2026, as the source for calculating the fees.

7. Will the basis for the proposed fee exclude Medicare and /or Medicaid data?

Yes, it will exclude Medicaid data.

8. What is the proposed fee rate or fee amount?

Please specify if different fee rates or amounts will be applied to inpatient versus outpatient services and identify respective notes/ amounts.

The proposed fee is \$2,459.26 per discharge.

9. Will the same fee rate or fee amount apply to all hospitals included in the fee program? ☐ No ☒ Yes

If not, please describe which fee rate or amount is proposed to be applied to each hospital and the policy rationale.

10. If the fee program is not uniform or broad based, one or more statistical tests must be passed for the fee to comply with federal regulations. If the proposed fee program is **not broad-based** or **not uniform**, please provide a copy of the federally compliant statistical test(s) in an excel document. ☒ N/A ☐ Attached

Information on federally compliant statistical test (s) can be accessed at 42 CFR § 433.68

- Permissible health care-related taxes.

<https://www.govinfo.gov/content/pkg/CFR-2018-title42-vol4/xml/CFR-2018-title42-vol4-sec433-68.xml>

11. While the transfers to the state from the county must occur quarterly, what is the planned timing for collecting the fee – quarterly, monthly, biannually?

☒ Quarterly ☐ Monthly ☐ Biannually ☐ Other _____

12. What interest and/or penalties will be imposed for failure to pay the fee?

In the event a hospital fails to remit the fee by the due date, the County will add interest to the amount due, not to exceed 1.5% of the outstanding payment amount per month, reflected on the following quarter's invoice. The County may also seek the application of a lien.

13. What appeal process will be established to resolve any disputes related to the fee program?

Upon federal approval of the program, the County will officially notify hospitals that the fee program will take effect, and of the amount of the quarterly fee they will be required to pay throughout the program. The hospitals will have 15 days from receipt of that notice to contest the fee amount, by submitting a letter, including any supporting documents, to the County specifying the basis for the appeal. In the event the County assesses interest on a hospital, the hospital may appeal the decision to impose interest and/or the amount of the interest within 15 days after the receipt of the notice assessing interest.

14. How will hospitals be notified of their fee obligation and any other related operational requirements under the fee program?

In addition to the annual notice notifying the hospitals that the fee program will take effect, and of the annual quarterly fee amounts they will be required to pay under the program, the County will send each hospital quarterly invoices notifying them of their fee obligation and the payment deadline at least 20 days in advance of each quarterly due date.

15. Please provide any additional pertinent information that you believe would be helpful in describing the program.

The County proposes that the amount of the assessment collected from the Rehab Hospital at Raritan Bay, operated by CareOne, be utilized for County Option payments made to Bergen County hospitals, as the services provided at the Rehab Hospital at Raritan Bay will be paid through the Bergen County program. Similarly, the County proposes that the amount of the assessment collected from Kindred Hospital of Rahway be utilized for County Option payments made to Passaic County hospitals, as the services provided at Kindred Hospital of Rahway will be paid through the Passaic County program.

This Fee & Expenditure report was prepared by the County's contractors who have nationwide experience working with these types of programs. The County has relied extensively on their expertise in developing the model, responding to these questions and assuring compliance with state and federal rules. The signed certification below relies in large part on the work and advice of the contractors.

PROPOSED PAYMENT PROGRAM

As part of the program, counties may submit a proposed payment methodology detailing how program funds will be distributed to hospitals and the basis of the distribution. However, as the single State agency for the Medicaid Program, the Department's role is to review the proposed programs to assure that the assessment design and proposed expenditure methodology, if provided, comply with federal regulations governing such programs. A county's proposed payment method must include details on elements listed below.

1. What is the proposed basis for determining the hospital payment amounts?

The County proposes a state directed payment, to be implemented as a uniform increase to Medicaid Managed Care inpatient payments across three payment classes: acute general inpatient hospital services, acute psychiatric inpatient hospital services under private ownership as of the most recent Medicare cost reporting period, and acute outpatient hospital services. The County proposes to create the separate class for psychiatric hospitals because of the significant difference in patient acuity in these specialty hospitals. The increase in inpatient payments would be implemented as a \$26,886.09 per discharge add-on for the acute general hospitals and a \$10,369.33 per discharge add-on for the private psychiatric hospital (Summit Oaks). The increase in outpatient payments for the acute class would be implemented as a per visit add-on of \$814.65.

The inpatient payments have been calculated using a Federal Medical Assistance Percentage (FMAP) of 69.602% for the acute and specialty inpatient hospital services classes and 70.339% for the acute outpatient hospital services class. In each case, we began by calculating the FMAP based on the mix of Medicaid, expansion and CHIP patients in the state's CY2023 encounter data provided to the County by DMAHS on 12/18/2024.

The payment methodology would be the same for all hospitals in a class, thereby directing the expenditures equally, using the same terms of performance, as required by 42 CFR 438.6(c)(2)(ii)(B). Details of the calculation of this payment methodology are contained in the attached model, prepared by the County's contractors, who can provide additional information as needed.

The directed payments would be provided on a quarterly basis, paid to the managed care organizations as a separate payment term. The four quarterly payments would each be equal to 25% of the projected annual rate increase amount. These projected rates, which are estimated in the attached model, are based on the state's CY2023 encounter data. A final reconciliation adjustment would be determined after the end of the year for all hospitals, based on actual services provided, keeping the relative distribution of payments across the classes as modeled. In this way, the payments would meet the federal requirement at 42 CFR 438.6(c)(2)(ii)(A) that directed payments "be based on the utilization and delivery of services."

2. The purpose of the County Option Hospital Fee Program is to increase financial resources through the Medicaid/NJ FamilyCare program to support local hospitals and to ensure that they continue to provide necessary services to low-income residents. How will the payments be utilized to effectuate this purpose?

The resources generated from the County Option Hospital Fee Program will help to stabilize the hospitals' financial positions, particularly in view of the low base Medicaid rates in the state compared to the average commercial rate, and, consequently, will strengthen their capacity to provide access to quality comprehensive and essential healthcare services to low income County residents as well as encourage the hospitals to expand their provision of Medicaid services.

OTHER COUNTY REQUIREMENTS

CHECK BOX TO CONFIRM COMPLETION AND/OR AGREEMENT

- ☒ The county has provided the state with all calculations for the fee, the proposed payments, and the statistical test.
- ☒ The county understands that the funds created from this program are to increase financial resources through the Medicaid/NJ FamilyCare program to support local hospitals in providing necessary services to low-income residents.
- ☒ The county understands that at least 90% of the fee amounts collected will be transferred to the state to be used as the non-federal share for federally matched hospital payments.
- ☒ The county understands that at least 1% of the fee amounts collected will be transferred to the state for the state's administrative costs.
- ☒ The county understands that fees to be collected may not exceed ~~2.5%~~ 5% of the net patient revenue of hospitals included in the fee program.
- ☒ The following FORMS and ATTESTATION must be submitted with the Fee and Expenditure Report for each hospital located in the county (Include all source documents)
- ☒ Data Form for County Option Template Hospital Fee Program ☒ Preliminary DSH Calculation
- ☒ Attestation
Signed by each hospital located in the county.

ATTESTATION

NEW JERSEY COUNTY OPTION HOSPITAL FEE PROGRAM FEE AND EXPENDITURE ATTESTATION

CERTIFICATION BY COUNTY OFFICER OR ADMINISTRATOR

I hereby certify that I have examined the Fee & Expenditure Report for the reporting periods specified and that to the best of my knowledge and belief it is true, correct and complete statement prepared from the county option hospital fee state data set created from reports submitted by the hospitals within the county's jurisdiction in accordance with applicable instructions, except as noted. I understand that misrepresentation or falsification of any information contained in this report may be punishable by criminal, civil and administrative action, fine and/or imprisonment under state or federal law.

Signed

Edward J. Oatman

County Officer or Administrator

Name:

Edward

Oatman

Full Name (Printed)

Title:

COUNTY MANAGER

Date:

2, 3, 25

Email Address:

EOATMAN@UCNJ.ORG

Attachment A

New Jersey County Option Hospital Fee Program

List of hospitals located in Union County

Overlook Medical Center

99 Beauvoir Avenue

Summit, NJ 07901

- General Acute Hospital
- Non-profit

RWJ at Rahway

865 Stone Street

Rahway, NJ 07065

- General Acute Hospital
- Non-profit

Trinitas Regional Medical Center

225 Williamson Street

Elizabeth, NJ 07202

- General Acute Hospital
- Non-profit

The Rehab Hospital at Raritan Bay

225 Williamson Street

Elizabeth, NJ 07202

- LTACH
- For Profit

Kindred Hospital of Rahway

865 Stone Street

4th Floor

Rahway, NJ 07065

- LTACH

- For Profit

Mountainview Behavioral Health (f/k/a Cornerstone Behavioral Health)

40 Watchung Avenue

Berkeley Heights, NJ 07922

- Psychiatric Hospital
- Public (*based on most recently filed cost report)

Summit Oaks Hospital

19 Prospect Street

Summit, NJ 07901

- Psychiatric Hospital
- For-profit

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New Jersey County Option Hospital Fee Program: Union County, NJ (SFY26)
Model for Assessment and Interim Payment Distribution

Last Edit Date: 2.13.2025

1	2	3	4	5	6	7	8	9 = 5 + 8	10	11 = 9 + 10
CCN	Provider	Fee Assessment								
		Discharges exc. Medicaid	Assessment Rate	Hospital Assessment		Assessment Rate	Hospital Assessment	Hospital Assessment	Hospital Assessment Transferred from/(to) Another County	Hospital Assessment Total
310024	Rahway (RWJBH)	4,259	\$ 2,459.26	10,473,999		\$ -	-	\$ 10,473,999	\$ -	\$ 10,473,999
310027	Trinitas (RWJBH)	5,702	\$ 2,459.26	14,022,715		\$ -	-	\$ 14,022,715	\$ -	\$ 14,022,715
310051	Overlook (AHS)	17,608	\$ 2,459.26	43,302,696		\$ -	-	\$ 43,302,696	\$ -	\$ 43,302,696
310108	JFK Muhlenberg (HMH)	-	\$ 2,459.26	-		\$ -	-	\$ -	\$ -	\$ -
312018	CareOne at Trinitas	87	\$ 2,459.26	213,956		\$ -	-	\$ 213,956	\$ (213,956)	\$ -
312020	Kindred - Rahway	137	\$ 2,459.26	336,919		\$ -	-	\$ 336,919	\$ (336,919)	\$ -
313300	Children's Spec. (RWJBH)	-	\$ 2,459.26	-		\$ -	-	\$ -	\$ -	\$ -
314001	Summit Oaks	1,510	\$ 2,459.26	3,713,487		\$ -	-	\$ 3,713,487	\$ -	\$ 3,713,487
999	Total	29,303	-	72,063,772		\$ -	-	\$ 72,063,772	\$ (550,875)	\$ 71,512,897
	<i>RWJBH</i>	<i>9,961</i>		<i>24,496,714</i>		<i>-</i>	<i>-</i>	<i>24,496,714</i>	<i>-</i>	<i>24,496,714</i>

NPSR Reduction Factor

(a1) Assessment

County Aggregate Assessment (Exh. A)

Share funded by assessment

Assessment Basis

Assessment Rate

(a2) Assessment

County Aggregate Assessment (Exh. A)

Share funded by assessment

Assessment Basis

Assessment Rate

Variance due to rounding

(b) Net Funds Available for Distribution

Hospital Assessment Prior to Transfers

Assessment exc. County & State Admin. Fees

Less: Balance of Transfer to Another County

Assessment exc. County & State Admin. Fees, Net of Transfers

County

State

Inpatient

Outpatient

Percentage of Net Assessment

Net Assessment

Federal Match %

Federal Match

Subtotal

Less: MMCO Admin. Fee

Net Funds Available to Hospitals

Variance due to rounding

\$ 72,063,772

\$ 64,857,395

\$ (495,788)

\$ 64,361,607

\$ 39,260,580

\$ 25,101,027

\$ 69,602%

\$ 89,893,867

\$ 129,154,447

\$ (7,878,421)

\$ 121,276,026

\$ 39,00%

\$ 25,101,027

\$ 70.339%

\$ 59,524,977

\$ 84,626,004

\$ (5,162,186)

\$ 79,463,818

\$ 72,063,772

\$ 64,857,395

\$ (495,788)

\$ 64,361,607

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\$ 25,101,027

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\$ (5,162,186)

\$ 79,463,818

\$ 72,063,772

\$ 64,857,395

1	2	12	13	14	15	16	17 = 12 * 15	18 = 13 * 16	19 = 17 + 18	22	23	24 = 22 + 23	25	26	27 = 19 - 11 - 26	28 = 27 / 11
CCN	Provider	Payment Distribution Prior to DSH Limit								DSH Payback					Net Impact	
		MMCO Discharges (CY23)	MMCO OP Visits (CY23)	Class	Distribution Rate #1 (c)	Distribution Rate #2 (c)	Distribution Amount #1	Distribution Amount #2	Medicaid Directed Payment Amount	DSH Over/(Under) per Hospital DSH Template (Line 37)	COHP Payment per DSH Template (Line 27)	DSH Over/(Under) exc. COHP Payment Reported by Hosp	DSH Payback?	DSH Payback Amount (Limited to CC Pmt.)	Net Impact	Net Impact %
310024	Rahway (RWJBH)	395	11,575	1	\$ 26,886.09	\$ 814.65	\$ 10,620,006	\$ 9,429,574	\$ 20,049,579	(14,388,219)	remove	(14,388,219)	No	-	\$ 9,575,580	91%
310027	Trinitas (RWJBH)	1,779	36,245	1	\$ 26,886.09	\$ 814.65	\$ 47,830,354	\$ 29,526,989	\$ 77,357,343	(38,720,116)	-	(38,720,116)	Yes	7,311,288	\$ 56,023,340	400%
310051	Overlook (AHS)	1,818	49,724	1	\$ 26,886.09	\$ 814.65	\$ 48,878,912	\$ 40,507,657	\$ 89,386,568	(36,107,975)	-	(36,107,975)	No	-	\$ 46,083,872	106%
310108	JFK Muhlenberg (HMH)			9	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	No	-	\$ -	-
312018	CareOne at Trinitas			9	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	No	-	\$ -	-
312020	Kindred - Rahway			9	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	No	-	\$ -	-
313300	Children's Spec. (RWJBH)			9	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	No	-	\$ -	-
314001	Summit Oaks	1,345		2	\$ 10,369.33	\$ -	\$ 13,946,749	\$ -	\$ 13,946,749	-	-	-	No	-	\$ 10,233,262	276%
999	Total	5,337	97,544	-	-	-	\$ 121,276,020	\$ 79,464,220	\$ 200,740,239	(89,216,310)	\$ -	\$ (89,216,310)	(x)	\$ 7,311,288	\$ 121,916,054	170%
	RWJBH	2,174	47,820				58,450,360	38,956,563	97,406,922	(53,108,335)	-	(53,108,335)		7,311,288	65,598,920	268%

(c) Payment Distribution

Class	Class	Inpatient		Outpatient		Inpatient Distribution Rate		Outpatient Distribution Rate	
		%	Interim Payments	Distribution %	Interim Payments	MMCO Discharge	Pmt Rate	MMCO OP Visits	Pmt Rate
	1 Gen Acute	88.50%	\$ 107,329,283	100.00%	\$ 79,463,818	3,992	\$ 26,886.09	97,544	\$ 814.65
	2 Psych Acute	11.50%	\$ 13,946,743		\$ -	1,345	\$ 10,369.33	-	\$ -
	3		\$ -		\$ -	-	\$ -	-	\$ -
	4		\$ -		\$ -	-	\$ -	-	\$ -
	Total	100.00%	\$ 121,276,026	100.00%	\$ 79,463,818	5,337	(x)	97,544	(x)
			-		-				
			ok		ok				

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New Jersey County Option Hospital Fee Program: Union County, NJ (SFY26)
Model for Assessment and Interim Payment Distribution

Last Edit Date: 2.13.2025

Average Commercial Rate (ACR) Equivalent Analysis: Inpatient (SFY26)

		^x 1	^x 2	3 = 1 / 2	4	5 = 4 / 2	^x 6	7 = 6 / 2	set to zero 8	9 = 8 / 2	10 = 3+5+7+9	11	12 = 10 / 11
County	Payment Class	MMCO IP Payments (CY23) (Exhibit B)	MMCO Days (CY23) (Exh. B)	Avg. Medicaid MCO Enc. Payment per Day	COHP Directed Payment (per above)	COHP Directed Payment Per Day	QIP Estimated Payment (Exhibit C)	QIP Estimated Payment per Day	State Outpatient Directed Payment	State Outpatient Directed Payment per Day	Total Avg. Medicaid MC Payment per Day	Statewide Average Commercial Rate	% of ACR
Union	Gen Acute	\$ 48,568,719	28,585	\$ 1,699.10	\$ 107,329,271	\$ 3,754.74	\$ 9,966,409	\$ 348.66	\$ -	\$ -	\$5,802.50	\$ 6,680.20	86.86%
Union	Psych Acute	\$ 9,881,052	16,965	\$ 582.44	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$582.44	\$ 6,680.20	8.72%
Union		\$ -	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 6,680.20	NA
Union		\$ -	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 6,680.20	NA
Total		\$ 58,449,771	45,550		\$ 107,329,271		\$ 9,966,409		\$ -				

Average Commercial Rate (ACR) Equivalent Analysis: Outpatient (SFY26)

		^x 1	^x 2	3 = 1 / 2	4	5 = 4 / 2	set to zero 6	7 = 6 / 2	^x 8	9 = 8 / 2	10 = 3+5+7+9	11	12 = 10 / 11
County	Payment Class	MMCO OP Payments (CY23) (Exhibit B)	MMCO OP Visits (CY23) (Exhibit D)	Avg. Medicaid MCO Enc. Payment per Visit	COHP Directed Payment (per above)	COHP Directed Payment Per Visit	QIP Estimated Payment	QIP Estimated Payment per Visit	State Outpatient Directed Payment (Exhibit D)	State Outpatient Directed Payment per Visit	Total Avg. Medicaid MC Payment per Visit	Statewide Average Commercial Rate	% of ACR
Union	Gen Acute	\$ 60,359,965	97,544	\$ 618.80	\$ 79,464,220	\$ 814.65	\$ -	\$ -	\$ 14,128,950	\$ 144.85	\$1,578.29	\$ 1,730.87	91.19%
Union	Psych Acute	\$ -	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 1,730.87	NA
Union		\$ -	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 1,730.87	NA
Union		\$ -	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 1,730.87	NA
Total		\$ 60,359,965	97,544		79,464,220		-		\$ 14,128,950				

Exhibit A



County Option Hospital Fee Program: Union County, NJ (SFY26)
Maximum Fee Assessment

Last Edit Date: 2.5.2025

Net Patient Service Revenue (SFY25) - Net of COHP Exclusions -				Net Patient Service Revenue (SFY26) - Net of COHP Exclusions -						
Table 1. Maximum Aggregate Assessment (N.J.A.C. 10:52B-2.1 Limit)	FYE	2019 Data Forms	2019 Data + Inflation Factor ^(a)	FYE	2023 Data Forms Inpatient	2023 Data Forms Outpatient	2023 Data Forms Total	2023 Data Inpatient + Inflation Factor ^(a)	2023 Data Outpatient + Inflation Factor ^(a)	2023 Data Total + Inflation Factor ^(a)
Rahway (RWJBH)		\$ -	\$ -	12/31	\$ 73,265,002	\$ 56,569,981	\$ 129,834,983	\$ 79,492,527	\$ 61,378,429	\$ 140,870,957
Trinitas (RWJBH)		\$ -	\$ -	12/31	\$ 122,430,631	\$ 98,897,463	\$ 221,328,094	\$ 132,837,235	\$ 107,303,747	\$ 240,140,982
Overlook (AHS)		\$ -	\$ -	12/31	\$ 472,424,565	\$ 415,484,301	\$ 887,908,866	\$ 512,580,653	\$ 450,800,467	\$ 963,381,120
JFK Muhlenberg (HMH)		\$ -	\$ -	12/31	\$ -	\$ 7,171,013	\$ 7,171,013	\$ -	\$ 7,780,549	\$ 7,780,549
CareOne at Trinitas		\$ -	\$ -	12/31	\$ 8,086,217	\$ -	\$ 8,086,217	\$ 8,773,545	\$ -	\$ 8,773,545
Kindred - Rahway		\$ -	\$ -	12/31	\$ 19,671,485	\$ -	\$ 19,671,485	\$ 21,343,561	\$ -	\$ 21,343,561
Children's Spec. (RWJBH)		\$ -	\$ -	12/31	\$ -	\$ 23,837,643	\$ 23,837,643	\$ -	\$ 25,863,843	\$ 25,863,843
Summit Oaks		\$ -	\$ -	12/31	\$ 29,207,105	\$ 1,319,073	\$ 30,526,178	\$ 31,689,709	\$ 1,431,194	\$ 33,120,903
Total		\$ -	\$ -		\$ 725,085,005	\$ 603,279,474	\$ 1,328,364,479	\$ 786,717,230	\$ 654,558,229	\$ 1,441,275,460
Limit Requirement: N.J.A.C. 10:52B-2.1	2.5%	\$ -	\$ -	5.0%	\$ 36,254,250	\$ 30,163,974	\$ 66,418,224	\$ 39,335,862	\$ 32,727,911	\$ 72,063,773
Limit Requirement: Federal (6%)	6.0%	\$ -	\$ -	6.0%	\$ 43,505,100	\$ 36,196,768	\$ 79,701,869	\$ 47,203,034	\$ 39,273,494	\$ 86,476,528
Maximum Aggregate Assessment		\$ -	\$ -		\$ 36,254,250	\$ 30,163,974	\$ 66,418,224	\$ 39,335,862	\$ 32,727,911	\$ 72,063,773
Market Basket - Weighted (informational only)			1.2265					1.085	1.085	1.085

(a) Inflation Factor

2019 - 2025 (CMS MBI Q2)		
Year	CMS Market Basket	Inflation Factor 2019-2025
2020	1.0210	1.0210
2021	1.0250	1.0465
2022	1.0510	1.0999
2023	1.0470	1.1516
2024	1.0330	1.1896
2025	1.0310	1.2265

2023 - 2026 (CMS MBI v.2024Q2)				
Cost Report FYE	Midpoint of Cost FYE	Inflation Factor Midpoint of Cost Report Period	Inflation Factor Midpoint of SFY (1/1/2026)	Inflation Factor
3/31	Q4 22	1.172	1.312	1.119
6/30	Q1 23	1.188	1.312	1.104
9/30	Q2 23	1.196	1.312	1.097
10/31	Q2 23	1.196	1.312	1.097
12/31	Q3 23	1.209	1.312	1.085

Source: <https://www.cms.gov/data-research/statistics-trends-and-reports/medicare-program-rates-statistics/market-basket-data>

	Tax	Net Tax	Status
(b) Tax Assessments from Other Counties			
319999 Not Applicable	- 90%	-	Not Applicable
319999 Not Applicable	- 90%	-	Not Applicable

Exhibit B



County Option Hospital Fee Program: Union County, NJ (SFY26)
Medicaid MCO Encounter Data to Develop Interim Payments

Last Edit Date: 2.13.2025

Medicaid Managed Care, CY 2023
(Source: DMAHS, 12/18/2024 Run Date)

CCN	Provider	MMCO Days (CY23)	MMCO Discharges (CY23)	MMCO IP Payments (CY23)	MMCO OP Visits (CY23)	MMCO OP Payments (CY23)	MMCO Total Payments (CY23)	MMCO Encounter Data set to 0, Tax transferred out to:
310024	Rahway (RWJBH)	3,299	395	5,747,263	11,575	6,310,674	12,057,937	
310027	Trinitas (RWJBH)	14,154	1,779	21,918,257	36,245	16,962,989	38,881,246	
310051	Overlook (AHS)	11,132	1,818	20,903,199	49,724	37,086,302	57,989,501	
310108	JFK Muhlenberg (HMH)	-	-	-	-	-	-	Middlesex
312018	CareOne at Trinitas	-	-	-	-	-	-	Bergen
312020	Kindred - Rahway	-	-	-	-	-	-	Passaic
313300	Children's Spec. (RWJBH)	-	-	-	-	-	-	Middlesex
314001	Summit Oaks	16,965	1,345	9,881,052	-	-	9,881,052	
Total Net of Exclusions		45,550	5,337	58,449,771	97,544	60,359,965	118,809,736	
Federal Match (exc. Txfrs)		71.295%	69.602%	69.943%	70.339%	73.115%		

Exhibit B-1

NJ County Option Hospital Fee Program

Last Edit Date: 2.13.2025

CY 2023 Encounter Data Inpatient

Union County

CALENDAR YEAR 2023 (DMAHS) - Data Date: 12-18-2024

Medicare ID Roll-up	Txfr Out	Facility Name	Days				Discharges				Payments			
			CHIP	Expansion	Medicaid	CY 2023	CHIP	Expansion	Medicaid	CY 2023	CHIP	Expansion	Medicaid	CY 2023
310024		RWJBH Rahway	1	1,773	1,525	3,299	1	225	169	395	30,247	2,891,982	2,825,034	5,747,263
310027		Trinitas	896	5,076	8,182	14,154	93	691	995	1,779	835,509	8,727,643	12,355,105	21,918,257
310051		Overlook	228	5,847	5,057	11,132	62	801	955	1,818	437,632	11,099,847	9,365,719	20,903,199
310108	x	JFK - Muhlenberg	457	5,904	6,909	13,270	126	853	1,120	2,099	977,802	12,307,596	13,026,560	26,311,957
312018	x	Care One at Trinitas	0	194	195	389	0	2	3	5	0	236,254	278,821	515,075
312020	x	Kindred - Rahway	0	95	454	549	0	2	3	5	0	189,316	717,504	906,820
313300	x	Children's Specialized	1,168	70	6,086	7,324	47	1	168	216	4,273,095	255,377	22,282,863	26,811,336
314001		Summit Oaks	1,537	10,556	4,872	16,965	165	778	402	1,345	1,208,024	5,480,416	3,192,612	9,881,052

County Total	4,287	29,515	33,280	67,082	494	3,353	3,815	7,662	7,762,311	41,188,430	64,044,218	112,994,959
% of Total	6%	44%	50%	100%	6%	44%	50%	100%	7%	36%	57%	100%
Federal Match Rate	65%	90%	50%		65%	90%	50%		65%	90%	50%	
FMAP - Inpatient		68.558%				68.472%				65.611%		
County Net of Txfr Out	2,662	23,252	19,636	45,550	321	2,495	2,521	5,337	2,511,413	28,199,887	27,738,470	58,449,771
% of Total	6%	51%	43%	100%	6%	47%	47%	100%	4%	48%	47%	100%
Federal Match Rate	65%	90%	50%		65%	90%	50%		65%	90%	50%	
FMAP - Inpatient Net of Txfr Out		71.295%				69.602%				69.943%		

Exhibit B-2

NJ County Option Hospital Fee Program
CY 2023 Encounter Data Outpatient
Union County

Last Edit Date: 2.13.2025

CALENDAR YEAR 2023 (DMAHS) - Data Date: 12-18-2024

Medicare ID Roll-up	Txfr Out	Facility Name	Visits				Payments			
			CHIP	Expansion	Medicaid	CY 2023	CHIP	Expansion	Medicaid	CY 2023
310024		RWJBH Rahway	1,206	6,282	4,087	11,575	\$ 466,226	\$ 3,739,929	\$ 2,104,519	\$ 6,310,674
310027		Trinitas	3,106	15,813	17,326	36,245	\$ 1,012,958	\$ 8,715,136	\$ 7,234,895	\$ 16,962,989
310051		Overlook	6,345	23,507	19,872	49,724	\$ 2,673,806	\$ 20,868,531	\$ 13,543,965	\$ 37,086,302
310108	x	JFK - Muhlenberg	6,798	21,269	21,412	49,479	\$ 3,008,778	\$ 15,158,299	\$ 11,570,005	\$ 29,737,082
312018	x	Care One at Trinitas	0	0	0	0	\$ -	\$ -	\$ -	\$ -
312020	x	Kindred - Rahway	0	0	0	0	\$ -	\$ -	\$ -	\$ -
313300	x	Children's Specialized	13,262	67	36,830	50,159	\$ 7,552,828	\$ 29,799	\$ 21,008,873	\$ 28,591,500
314001		Summit Oaks	0	0	0	0	\$ -	\$ -	\$ -	\$ -

<10 converted to 1	County Total	30,717	66,938	99,527	197,182	14,714,597	48,511,693	55,462,256	118,688,546
	% of Total	16%	34%	50%		12%	41%	47%	
	Federal Match Rate	65%	90%	50%		65%	90%	50%	
	FMAP - Outpatient		65.92%				68.21%		
	County Net of Txfr Out	10,657	45,602	41,285	97,544	4,152,991	33,323,596	22,883,379	60,359,965
	% of Total	11%	47%	42%	100%	7%	55%	38%	100%
	Federal Match Rate	65%	90%	50%		65%	90%	50%	
	FMAP - Outpatient Net of Txfr C		70.34%				73.12%		

Exhibit C



County Option Hospital Fee Program: Union County, NJ (SFY26)
QIP Payment Estimate

Last Edit Date: 1.9.2025

Estimate based on MY2

CCN	Provider	MY2 Behavioral Health Performance Payment	MY2 Maternal Health Performance Payment	QIP MY2 Payments used as Estimated Payment SFY 2026	Notes
310024	Rahway (RWJBH)	707,246	-	707,246	Campus is o/p, QIP assigned to Middlesex not eligible not eligible not eligible not eligible
310027	Trinitas (RWJBH)	5,183,837	1,142,673	6,326,510	
310051	Overlook (AHS)	1,848,579	1,084,074	2,932,653	
310108	JFK Muhlenberg (HMH)	-	-	-	
312018	CareOne at Trinitas	-	-	-	
312020	Kindred - Rahway	-	-	-	
313300	Children's Spec. (RWJBH)	-	-	-	
314001	Summit Oaks	-	-	-	
County Total		7,739,662	2,226,747	9,966,409	

Exhibit D



County Option Hospital Fee Program: Union County, NJ (SFY26) State Directed Outpatient Payment (Interim SFY25)

Last Edit Date: 1.9.2025

CCN	Provider	MMCO OP SDP Payment per Visit (estimate)	MMCO Outpatient State Directed Payment (Interim)	Notes
310024	Rahway (RWJBH)	\$ 150	\$ 2,170,200	
310027	Trinitas (RWJBH)	\$ 200	\$ 8,800,200	
310051	Overlook (AHS)	\$ 50	\$ 3,158,550	
310108	JFK Muhlenberg (HMH)	\$ 100	\$ 6,765,700	
312018	CareOne at Trinitas	-	\$ -	not eligible
312020	Kindred - Rahway	-	\$ -	not eligible
313300	Children's Spec. (RWJBH)	-	\$ -	not eligible
314001	Summit Oaks	-	\$ -	not eligible
County Total		- (x)	20,894,650	