January 29, 2021

The Honorable Dennis Levinson County Executive of Atlantic County 1333 Atlantic Avenue, 8th Floor Atlantic City, NJ 08401

Dear Mr. Levinson,

Thank you for submitting your proposed Fee and Expenditure Report for the New Jersey County Option Hospital Fee Pilot Program on December 10, 2020. This Report has been under public review from December 24, 2020 through January 15, 2021. Please refer to the correspondence dated December 23, 2020 for those details.

The 21-day public review period concluded on January 15, 2021. Below are the comments that were received for Atlantic County's Program:

- 1. 29 comments were received from various stakeholders at Shore Medical Center, including the President/CEO, expressing their dissatisfaction with Shore's reimbursement share. The comments are attached. Please be aware these comments were received requesting the state reject Atlantic County's Fee and Expenditure Report based on the notion that the hospitals in Atlantic County did not have sufficient time to review the second model provided by the County's consultants after the State provided corrected data, and this resulted in a hurried, inequitable funding allocation for Shore Medical Center. On the grounds of meeting the regulatory framework and ensuring the proposal submitted to CMS for approval of the local tax assessment for hospitals within your jurisdiction is compliant with federal regulations, no change will be made upon the adoption in response to the comments.
- 2. Requests for Fee and Expenditure Reports were received from the following stakeholders; Fee and Expenditure Reports have been disseminated to all who requested them:
  - Tim Hanlon, Shore Medical Center
  - Patricia Quinn, O'Conco Healthcare Consultants
  - Margaret King, Myers and Stauffer
  - Joanne Tyo, Acuity Healthcare
  - Scott B. Stolbach, Ocean Healthcare Management
  - Michael Keevey, RWJ Barnabas
  - Frank Blee, AtlantiCare

At this time, the NJ Department of Human Services (the Department) has approved your local hospital assessment program and it will be submitted to CMS for federal review and approval. Atlantic County's program continues to be considered for a potentially effective date of July 1, 2021, pending CMS approval. Regarding the comments in number 1 above, the state will refer Shore Medical Center back to Atlantic County to consider any disagreements with the submitted model.

Next steps for implementation of the program include:

- 1. State drafts IGT agreement between Atlantic County and State to outline provisions for the non-federal share of Medicaid payments to Atlantic County.
- 2. County must pass ordinance in compliance with N.J.A.C. 10:52B-2.2.
- 3. State submits preprint, quality parameters to CMS for approval for an effective date of July 1, 2021. Please see the <a href="Revised Preprint">Revised Preprint</a> form released by CMS on January 8, 2021 for more information.
- 4. State and Atlantic County finalize IGT agreement.

Please direct all questions to <a href="mailto:Dmahs.hospcountyfee@dhs.nj.gov">Dmahs.hospcountyfee@dhs.nj.gov</a>. The Department will notify you upon CMS approval of the Program.

Sincerely,

**Brian Francz** 

But Turo

Chief Financial Officer, Department of Human Services



Date: 12 / 10 / 20
Subject: New Jersey County Option Hospital Fee Pilot Program Fee and Expenditure Report
County: Atlantic County
county
<b>GENERAL</b> 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 pilot program?
July 1, 2021
2. List of all licensed hospitals located in your county:  Please Include: Name, address, facility ownership (for profit, NFP or government owned) <b>and</b> type of facility (acute care, psychiatric, rehabilitation, children's, LTACH, Specialty)
Please see "Attachment A" for full list of hospitals located in Atlantic 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:

4. If the county plan <b>proposes to exempt</b> 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)	atio
5. The law creating the County Option Hospital Fee Pilot 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 contracted legal counsel, Eyman Associates, implemented a comprehensive process of consulting and gathering feedback from all hospitals within the jurisdiction. The County began with a hospital kick-off call to educate every affected hospital on the intent and goals of the pilot 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 affected hospit in completing the state's data, DSH template, and attestation forms. Once all data was collected, hospitals were again invited to participate in a discussion of available options for both the fee and payment componer of the program. The contractor hosted follow-up calls requested by select hospitals to answer questions and discuss concerns unique to those facilities and obtained written feedback from each affected hospital to info the County's decision.	als nts
6. Please describe the basis of the proposed fee – e.g. net patient revenue, days of care, discharges? (N.J.A.C. 10:5	52B)
The County proposes to assess a fee on inpatient hospital services, structured as a uniform dollar amount per non-Medicare discharge 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.	

7. Will the basis for the proposed fee exclude Medicare and /or Medicaid data?
Yes. The discharges assessed will exclude Medicare discharges.
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 assessment rate will be \$1,264.05 per non-Medicare discharge.
9. Will the same fee rate or fee amount apply to all hospitals included in the fee program? No Ves  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 <b>not broad-based</b> or <b>not uniform</b> , 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

In the event a hospital fails to remit the fee by the due date, the County may apply in amount due, not to exceed 1.5% of the outstanding payment amount per month, reflection of the following quarter's invoice.	
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 t will take effect, and of the amount of the quarterly fee they will be required to pay the program. The hospitals will have 15 days from receipt of that notice to contest the fe submitting a letter, including any supporting documents, to the County specifying the appeal. The County will specify in its ordinance a process for an appeal of interest c payments and/or the amount of the interest assessed in the event a hospital fails to by the due date.	roughout the ee amount, by e basis for the harges on late
14. How will hospitals be notified of their fee obligation and any other related operational requir fee program?	ements under the
The County will send each hospital quarterly invoices notifying them of their fee oblique payment deadline at least 20 days in advance of each quarterly due date.	gation and the
15. Please provide any additional pertinent information that you believe would be helpful in describing	ng the program.
This Fee & Expenditure report was prepared by the County's contracted attorneys we nationwide experience working with these types of programs. The County has relied their expertise in developing the model, responding to these questions and assuring state and federal rules. The signed certification below relies in large part on the world the contracted attorneys.	l extensively on compliance with

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

### **PROPOSED PAYMENT PROGRAM**

As part of the pilot program, counties may submit a proposed payment methodology detailing how pilot 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 that the state implement a managed care directed payment in the form of a uniform rate increase to Medicaid managed care payments. The increase would be implemented as a dollar add-on per Medicaid managed care day projected to be \$2,134.10 per diem. The proposed eligible class is all hospitals whose main campus is located within Atlantic County. While the imposition of the fee is limited to services furnished within the County, the directed payment would include all services provided by the hospital, regardless of the location of the services. The payment methodology would be the same for all hospitals, thereby directing the expenditures equally, using the same terms of performance, as required by 42 CFR 438.6(c)(2)(i)(B). Details of the calculation of this payment methodology are contained in the attached model, prepared by our contractors, and we will make our contractors available to the state to answer any questions about it or 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 (apart from monthly capitation payments to the plans). The four quarterly payments would each be equal to 25% of the projected annual rate increase amount (which is estimated in the attached model, based on the state's CY2019 encounter data forwarded to us by DMAHS on 8/27/20). A final reconciliation adjustment would be determined after the end of the year, based on actual services provided, and the first quarterly payment of the subsequent year would be adjusted (upwards or downwards) by the reconciliation amount. In this way, the payments would meet the federal requirement at 42 CFR 438.6(c)(2)(i)(A) that directed payments be "based on the utilization and delivery of services."

Throughout the County's consultation process, affected hospitals consistently raised concerns regarding potential constraints on cash flow upon payment of the fee. Many of these hospitals are already facing precarious financial conditions, which have been exacerbated as a result of the COVID-19 pandemic. It is precisely these resource constraints that have galvanized support throughout the state for this critical pilot program. To curb the fee's potential to trigger liquidity problems and financial instability, the County stresses the imperative of minimizing the time between the hospitals' payment of the fee and the distribution of the managed care directed payment to the hospitals. It is our hope that the state will establish a timeline that will ensure payments are distributed in the most timely manner possible. Towards that end, based on hospital feedback, the County requests that the managed care organizations be directed to make the requisite payments to the hospitals within 10 calendar days of receipt of the payments from the state.

Moreover, because our proposed model would impose very little, if any, administrative burden on the managed care organizations, requiring them simply to make the directed payments in the amounts provided by the state, it is our understanding that they will be permitted to retain no more of the directed payment amounts provided to them than the amount necessary to cover their incremental HMO premium fee costs (currently 5%). The contract language with the managed care organizations should reflect this requirement in order to ensure that the program complies with the intended purpose of supporting local hospitals.

The County anticipates that the state would work with the participating hospitals in developing an evaluation plan for the program and any associated quality reporting requirements.

2. The purpose of the County Option Hospital Fee Pilot 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?

Atlantic County hospitals collectively provide nearly \$106 million in unreimbursed health care services to uninsured and low-income patients throughout the County. Moreover, all of the hospitals have been significantly impacted by the COVID-19 pandemic. The new resources generated from the County Option Hospital Fee Pilot Program will help to stabilize the hospitals' financial position and strengthen their capacity to continue providing access to comprehensive and essential health care services to low income Atlantic County residents.

Please note that the County reserves the right to use its 9% share of the fee proceeds for any purpose it deems appropriate.

### **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% 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) ✓ Preliminary DSH Calculation Template ☑ Data Form for County Option **Hospital Fee Program** Attestation

#### **ATTESTATION**

NEW JERSEY COUNTY OPTION HOSPITAL FEE PILOT PROGRAM
FEE AND EXPENDITURE ATTESTATION

#### **CERTIFICATION BY COUNTY OFFICER OR ADMINISTRATOR**

Signed by each hospital located in the county.

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 Signed County Officer or Administrator  Name: Dennis Levin Son  Full Name (Printed)	
County Officer or Administrator	
Name: Dennis Levingson	
Full Name (Printed)	
Title: COUNTY EXECUTIVE	Date: 12 / 10 / 20
Email Address: dewees - jacqueline Caclink.org	OR
Email Address: dewees - jacqueline Caclink.org  delrosso-jerry Caclink.org	

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#### Attachment A

### New Jersey County Option Hospital Fee Program List of hospitals located in Atlantic County

#### **Atlanticare Regional Medical Center - City Campus**

1925 PACIFIC AVENUE ATLANTIC CITY, NJ 08401

- General Acute Care
- Non-profit

#### **Atlanticare Regional Medical Center - Mainland Campus**

65 JIMMIE LEEDS ROAD POMONA, NJ 08240

- General Acute Care
- Non-profit

#### **Acuity Specialty Hospital Of New Jersey**

1925 PACIFIC AVENUE 5TH FLOOR ATLANTIC CITY, NJ 08401

- General Acute Care
- For profit

#### **Bacharach Institute for Rehabilitation**

61 W JIMMIE LEEDS ROAD POMONA, NJ 08240

- General Acute Care
- Non-profit

#### **Shore Medical Center**

100 MEDICAL CENTER WAY SOMERS POINT, NJ 08244

- General Acute Care
- Non-profit

Fee Basis: \$1,264.05 per Non-Medicare Discharge

Medicaid Managed Care Directed Payment: \$2,134.10 per Diem

Total Fee Receipts	\$26,778,865
County's Resource	\$2,410,098
State's Resource	\$267,789
Non-federal Share of Medicaid Payments	\$24,100,979

HOSPITAL	Fees Paid	Medicaid Managed Care Directed Payments	Lost DSH Payments
AtlantiCare RMC	\$21,747,953	\$48,813,180	\$0
Shore Memorial	\$4,640,322	\$9,247,038	\$0
Bacharach	\$329,917	\$2,343,238	\$0
Acuity Specialty	\$60,674	\$0	\$0
	\$26,778,865	\$60,403,456	\$0

Fee Basis: \$1,264.05 per Non-Medicare Discharge

Medicaid Managed Care Directed Payment: \$2,134.10 per Diem

\$1,264.05 Fee per Non-Medicare Discharge fee rate = d<sub>sum</sub> / c<sub>sum</sub>

		a	b	c = a - b	d = c * fee rate
	HOSPITAL	2018 Discharges	2018 Medicare Discharges	2018 Non-Medicare Discharges	Fee Receipts
	AtlantiCare RMC	30,244	13,039	17,205	\$21,747,953
Inpatient	Shore Memorial	8,529	4,858	3,671	\$4,640,322
Discharge Basis	Bacharach	1,033	772	261	\$329,917
	Acuity Speciality	334	286	48	\$60,674
	Total IP	40,140	18,955	21,185	\$26,778,865

Total Fee Receipts	\$26,778,865	f = e
County Resource	\$2,410,098	g = f * 9%
State Resource	\$267,789	h = g * 1%
State Share Medicaid Payments	\$24,100,979	i = f - g - h
Est Effective FMAP	62.00%	j
State + Federal Share of Medicaid Payments	\$63,423,628	k = i / (1 - j)
5% HMO Assessment	\$3,020,173	I = k - m
State + Federal Share of Medicaid Payments Going to Hospitals	\$60,403,456	m = k / 1.05

Fee Basis: \$1,264.05 per Non-Medicare Discharge

Medicaid Managed Care Directed Payment: \$2,134.10 per Diem

Total Inpatient Hospital Enhanced Payments	\$60,403,456	a
Inpatient Hospital Add-On Payment	\$2,134.10	$b = a / c_{sum}$

**Medicaid Managed Care Directed Payments** 

Medicaid Managed Care Directed Payments	С	d = b * c
HOSPITAL	PATIENT DAYS	PAYMENTS
AtlantiCare RMC	22,873	48,813,180
Shore Memorial	4,333	9,247,038
Bacharach	1,098	2,343,238
Acuity Speciality	0	0
	28.304	\$60,403,456

h= \$0; if e < f h = -g; if e > f AND if (e-f) > gh = f - e: if e > f AND if (e - f) < a

		e = d	f	g	h = f - e; if $e > f$ AND if $(e - f) < g$	
		Medicaid		Charity Care &		
HOSPITAL	Fees Paid	Managed Care	DSH Room	Managed Care	HRSF-MH	Lost DSH Payments
HOSTITAL		Directed		Payments	2000 Don't dyments	
		Payments				
AtlantiCare RMC	\$21,747,953	\$48,813,180	\$90,425,260	\$9,874,196	\$0	
Shore Memorial	\$4,640,322	\$9,247,038	\$13,628,009	\$91,228	\$0	
Bacharach	\$329,917	\$2,343,238	\$2,774,963	\$0	\$0	
Acuity Speciality	\$60,674	\$0	\$0	\$0	\$0	
	\$26,778,865	\$60,403,456			\$0	

# Calculation of the 2.5% Fee Cap

In Accordance with N.J.A.C. 10:52B-2.1(b)(4)

	Net Patient	Fee Cap
	Service Revenue	ree Cap
INPATIENT	-	
AtlantiCare RMC	\$467,063,842	\$11,676,596
Shore Memorial	\$85,941,247	\$2,148,531
Bacharach	\$22,964,420	\$574,111
Acuity Specialty	\$23,136,547	\$578,414
Total IP	\$599,106,056	\$14,977,651
OUTPATIENT		
AtlantiCare RMC	\$359,414,946	\$8,985,374
Shore Memorial	\$103,325,778	\$2,583,144
Bacharach	\$9,307,832	\$232,696
Acuity Specialty	\$0	\$0
Total OP	\$472,048,556	\$11,801,214
Total IP + OP	\$1,071,154,612	\$26,778,865

Fee Basis: \$1,264.05 per Non-Medicare Discharge

Medicaid Managed Care Directed Payment: \$2,134.10 per Diem

<b>Total Fee Receipts</b>	\$26,778,865
County's Resource	\$2,410,098
State's Resource	\$267,789
Non-federal Share of Medicaid Payments	\$24,100,979

HOSPITAL	Fees Paid	Medicaid Managed Care Directed Payments	Lost DSH Payments
AtlantiCare RMC	\$21,747,953	\$48,691,147	\$0
Shore Memorial	\$4,640,322	\$9,223,921	\$0
Bacharach	\$329,917	\$2,337,379	\$0
Acuity Specialty	\$60,674	\$0	\$0
	\$26,778,865	\$60,252,447	<b>\$0</b>

Fee Basis: \$1,264.05 per Non-Medicare Discharge

Medicaid Managed Care Directed Payment: \$2,134.10 per Diem

\$1,264.05 Fee per Non-Medicare Discharge fee rate = d<sub>sum</sub> / c<sub>sum</sub>

		a	b	c = a - b	d = c * fee rate
	HOSPITAL	2018 Discharges	2018 Medicare Discharges	2018 Non-Medicare Discharges	Fee Receipts
	AtlantiCare RMC	30,244	13,039	17,205	\$21,747,953
Inpatient	Shore Memorial	8,529	4,858	3,671	\$4,640,322
Discharge Basis	Bacharach	1,033	772	261	\$329,917
	Acuity Speciality	334	286	48	\$60,674
	Total IP	40,140	18,955	21,185	\$26,778,865

Total Fee Receipts	\$26,778,865	f = e
County Resource	\$2,410,098	g = f * 9%
State Resource	\$267,789	h = g * 1%
State Share Medicaid Payments	\$24,100,979	i = f - g - h
Est Effective FMAP	62.00%	j
State + Federal Share of Medicaid Payments	\$63,423,628	k = i / (1 - j)
5% HMO Assessment	\$3,171,181	I = k * 5%
State + Federal Share of Medicaid Payments Going to Hospitals	\$60,252,447	m = k - l

**Fee Basis**: \$1,264.05 per Non-Medicare Discharge

Medicaid Managed Care Directed Payment: \$2,134.10 per Diem

Total Inpatient Hospital Enhanced Payments	\$60,252,447	a
Inpatient Hospital Add-On Payment	\$2,128.76	b = a / c <sub>sum</sub>

Medicaid Managed Care Directed Payments

Medicald Managed Care Directed Layments	C	u – b C
HOSPITAL	PATIENT DAYS	PAYMENTS
AtlantiCare RMC	22,873	48,691,147
Shore Memorial	4,333	9,223,921
Bacharach	1,098	2,337,379
Acuity Speciality	0	0
	28.304	\$60,252,447

h= \$0; if e < fh = -g; if e > f AND if (e-f) > gh = f - e; if e > f AND if (e - f) < g

		e = d	f	g	h = f - e; if $e > f$ AND if $(e - f) < g$
HOSPITAL	Fees Paid	Medicaid Managed Care Directed Payments	DSH Room	Charity Care & HRSF-MH Payments	Lost DSH Payments
AtlantiCare RMC	\$21,747,953	\$48,691,147	\$90,425,260	\$9,874,196	\$0
Shore Memorial	\$4,640,322	\$9,223,921	\$13,628,009	\$91,228	<i>\$0</i>
Bacharach	\$329,917	\$2,337,379	\$2,774,963	\$0	<i>\$0</i>
Acuity Speciality	\$60,674	\$0	\$0	\$0	<i>\$0</i>
	\$26,778,865	\$60,252,447			\$0

# **Calculation of the 2.5% Fee Cap**

In Accordance with N.J.A.C. 10:52B-2.1(b)(4)

	a	b = a * 2.5%	
	Net Patient Service Revenue	Fee Cap	
INPATIENT	L		
AtlantiCare RMC	\$467,063,842	\$11,676,596	
Shore Memorial	\$85,941,247	\$2,148,531	
Bacharach	\$22,964,420	\$574,111	
Acuity Specialty	\$23,136,547	\$578,414	
Total IP	\$599,106,056	\$14,977,651	
OUTPATIENT			
AtlantiCare RMC	\$359,414,946	\$8,985,374	
Shore Memorial	\$103,325,778	\$2,583,144	
Bacharach	\$9,307,832	\$232,696	
Acuity Specialty	\$0	\$0	
Total OP	\$472,048,556	\$11,801,214	
Total IP + OP	\$1,071,154,612	\$26,778,865	Maximum Amount of Fee Recei

1	2	3	4	5	6	,	8	9	10
		a	b	С	d = a - b - c	e	f	g = d - e - f	h
	Hospital	Uncompensated Costs Before GME Payments	SPRY21 GME	SPRY21 Safety Net GME	Uncomp Costs (DSH Limit)	SPRY21 Charity Care Payment	SPRY21 HRSF Mental Health Payment	DSH Limit Room	2016 DSH Cost Percentage
310064	AtlantiCare RMC	\$95,758,352	\$2,656,508	\$0	\$93,101,844	\$9,874,196	\$0	\$83,227,648	33.10%
310047	Shore Memorial	\$12,700,681	\$0	\$0	\$12,700,681	\$91,228	\$0	\$12,609,453	21.95%
313030	Bacharach	\$2,727,477	\$0	\$0	\$2,727,477	\$0	\$0	\$2,727,477	14.39%
312023	Acuity Speciality	\$0	\$0	\$0	<i>\$0</i>	\$0	\$0	\$0	

T		1			
Data Form	Description	AtlantiCare	Shore	Bacharach	Acuity
Line	Description	Atlanticarc	Shore	Bacharach	Acuity
Ln 8	Base Yr IP Costs	\$121,735,315	\$21,197,254	\$1,805,638	\$104,063,727
Ln 16	Base Yr OP Costs	84,762,286	23,943,427	3,681,630	55,495,955
Ln 17	Base Yr Total Costs	206,497,601	45,140,680	5,487,268	159,559,682
Ln 18	Cost Inflator	1.282370681	1	1.1	1.00
	Add'l Cost Inflator				
Ln 19	Est Costs for DSH Limit	\$264,806,469	\$45,140,680	\$6,035,995	\$159,559,682
Ln 24	Total XIX Payments	\$91,246,987	\$23,554,585	\$3,308,518	\$76,132,834
Ln 29	Total XVIII / TPL Pmts	68,706,131	8,550,258	0	38,252,199
Ln 31	Self Pay	887,976	335,156	0	903,654
Ln 32	Sct 1011 Pmt	0	0	0	0
Ln 34	Est. Increased XIX Pmts	8,207,023	0	0	0
	Est Pmts before GMEs	\$169.048.117	\$32,439,999	\$3.308.518	\$115,288,687

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Definition of Uncompensated Care. The definition of uncompensated care was based on guidance published by CMS in the 73 Feel. Reg. 7796 of the Peer 19-2008, the 79 Feel. Reg. 7186 of the withdrawn of FA(9) 33 and 34 by CMS on December 3, 2018. The calculated uncompensated care was published by CMS in the 73 Feel. Reg. 7786 of the 73 Feel. Reg. 7186 of the 74 Feel. Reg. 7186 of th

G H

Total Eligible Regular IP/OP edicaid FFS Rate Payments Enhanced IP/OF Medicaid Total IP/OP ndigent Care/Self-Pay Revenues Total In-State DSH Total Out-of-State
Payments DSH Payments
Received Received Total Medicaid Total Uninsured Total Medicaid Hospital-Specific DSH Limit State-Defined Medicaid IP/OP Services sured Cost of Care Uncompensate Care Costs Utilization Rate Utilization Rate Eligibility Statistic MCO Payments Care Costs Provider Number Payments 862,176 509,868,320 Atlanticare Regional Medical Center 143,480,03 41,788,573 66,190,255 Bacharach Institute For Rehabilitation 874.110 9.34% 533.928 3.331.760 5.332.431 2.000.671 47.132 47.132 2.047.803 4143701 313030 37.374.894 Bayonne Medical Center 20 050 129 38 83% 14.20% 11.68% 4877942 7 479 361 12 357 303 41 189 843 28 832 540 143 550 6.456.951 6 3 1 3 4 0 1 35 145 94 1 844 358 310025 119 624 764 5 426 481 25 44% 2 245 645 8 025 058 10 270 703 28 251 821 17 981 118 173.844 2 563 438 2 389 594 20 370 71 62 914 4141105 310112 124 503 403 Bayshore Community Hospital
Bergen Regional Medical Center
Cape Regional Medical Center
Capital Health Medical Center - Hopewell
Capital Health System Regional Medical Center 15.43% 18.14% 1,151,588 162,220 25,858,173 48.12% 51,659,543 21,462,826 7,861,831 19,550,852 3676609 4141008 310092 310111 208,102,139 13,927,807 9.00% 28,414,976 16.09% 4,515,574 12,100,244 16,778,038 11,636,938 853,238 7,008,593 18,645,531 240,129,137 38.759.492 54,022,336 539.389 11,622,178 (4,586,444) 15,262,844 11,682,837 600.048 99,223,209 8,598,901 21,488,954 Chilton Medical Center Christ Hospital 19,671,98 83,935,69 310017 310016 166,590,511 165,324,150 472,316 Clara Maass Medical Center 7,835,185 37.78% 15.96% 26.37% 12.02% 9,860,326 51,494,739 61,355,065 75,940,328 14,585,263 553,829 13,296,757 12,742,928 27,328,191 6,513,293 4135504 310009 310041 222,150,267 Community Medical Cente 12,985,623 6,034,800 35,019,798 41,054,598 48,126,091 7,071,493 474,449 8,003,789 7,529,340 14,600,833 856,522 3674606 312,039,221 Cooper University Hospital Deborah Heart and Lung Cente 67,915,855 9,361,952 25,305,903 1,734,402 132,820,420 7,595,446 14.363.684 172,490,007 9,563,226 232.042.517 59.552.510 191.228 19,921,878 4,152,056 19.730.650 79.283.16 37,349,103 2,750,866 310014 718,656,258 147,459,590 4136004 8,243 East Orange General Hospital 21 011 396 55.17% 14.37% 11 475 739 14,373,306 17,589,363 25 849 045 45 009 139 19,160,094 166 947 5 926 266 5 759 319 24 919 413 11 144 051 4140001 310083 310045 84 765 282 12 830 98/ 5 694 421 587 844 42 049 20 938 765 11 832 715 10 893 950 4139309 67,644,614 Hackensack University Medical Cente 20,013,23 29,491,386 81,474,017 144,989,269 Hackettstown Regional Medical Center 5,535,867 32,086,342 17.25% 59.60% 8.67% 27.68% 1,355,742 14,737,638 4,238,054 15,018,904 5,593,796 31,149,300 12,446,716 72,247,454 6,852,920 41,098,154 154,889 226,639 1,880,625 17,121,127 1,725,736 16,894,488 8,578,656 57,992,642 37,526 11,431,688 310115 310040 1.392.758 Holy Name Medical Center 13.545.133 22.35% 13.71% 5.352.741 27.990.517 33.343.258 60.957.253 27.613.995 1.549.660 7.969.895 6.420.235 34.034.230 129.821 4135407 310008 283.192.981 Hunterdon Medical Center 10.459.428 18.45% 8.57% 6.502.216 10.649.730 177.180 17.329.126 24.742.105 7.412.979 615.799 3.503.199 2.887.400 10.300.379 5.283.978 4135202 310005 163.255.442 Inspira Medical Center - Elme 5 930 33 6 945 97 103 363 1 391 18 1 985 84 562 493 310069 50 701 771 Inspira Medical Center - Vineland Inspira Medical Center - Vineland Inspira Medical Center - Woodbury Jersey City Medical Center Jersey Shore University Medical Center 26,878,287 13,962,621 61,459,627 30,589,619 23,065,775 8,735,992 23,269,875 17,247,498 20,388,943 13,959,192 39,350,904 76,072,394 1,985,847 31,128,878 18,844,810 64,550,542 91,386,921 6,827,095 2,546,236 46,897,075 8,413,547 304,528,558 166,112,612 314,669,184 549,052,063 24.40% 17.03% 36.06% 13.80% 1,684,999 80,595,727 27,044,882 102,778,215 61,655,034 11,627,342 5,187,415 25,831,810 15,794,588 41,004,074 142,129,119 137,727,428 4,885,618 25,199,638 15,314,527 IFK Medical Center/Anthony Yelencsics 28,520,289 19.59% 31.05% 8,243,935 31,646,519 62,957,318 567,215 40,457,669 82,969,618 42,511,949 39,633,599 1,209,152 13,564,529 12,355,377 5,524,709 54,867,32 4,104,152 3676803 411,149,363 rsity Hospita 18.93% 45,158,30 Lourdes Medical Center of Burlington County 11.508.563 43.65% 24.22% 5.879.870 16.441.030 125.543 22.446.443 36.134.721 13.688.278 158.056 3.540.681 3.382.625 17.070.903 4.187.133 3675203 310061 111.170.846 871,634 Memorial Hospital of Salem County 5,729,563 26.59% 18.90% 1,009,380 6,511,996 14,109,376 6,588,000 173,917 1,312,518 1,138,601 7,726,601 31,592 9031308 310091 46,088,954 7.334.971 18,188,40 Monmouth Medical Center Southern Campus 18.763.099 46.91% 27.33% 11.559.267 13.452.882 25.012.149 34.423.908 9.411.759 168.898 5.898.215 5.729.317 15.141.076 11.841.406 3676200 310084 92.297.893 Morristown Memorial Hospital 31 703 205 15 16% 19 324 746 39 507 204 1 825 259 60 657 209 109 086 613 48 429 404 2 713 122 18 534 647 15 821 520 64 250 924 2 742 468 4136101 310015 862 420 838 8 221 356 8.27% 37.26% 5 241 290 10 008 97 787 266 16 037 528 35 559 40 19 521 878 532 604 3 621 045 3 088 441 22 610 31 329,546 0139564 310054 185 364 516 Newark Beth Israel Medical Ce Newton Medical Center Ocean Medical Center 9,750,595 8,280,038 6,161,328 3,793,537 8,145,047 706,602 484,318 11,757,948 18,356,325 9,107,242 18,019,133 Our Lady of Lourdes Medical Center 1,180,191 18,446,243 4,935,501 4137108 266,270,147 13,278,427 24,427,776 28.56% 17.34% 19.83% 39,950,439 49,275,677 67,721,920 170,216 1,359,840 23,211,528 3,618,869 410,450 310029 310051 Overlook Medical Center 8.26% 10,403,830 27,442,581 757,927 38,604,338 60,600,354 21,996,016 11,588,910 10,229,070 32,225,086 3674801 461,501,422 Palisades Medical Center 18.068.190 24.32% 5.935.783 4.957.883 1.434.264 12.327.930 74.558.399 62.230.469 677.768 11.486.261 10.808.493 73.038.962 6.862.965 4135105 310003 144.072.582 Raritan Bay Medical Cent 24.687.617 38.179 24.85% 748,753 11.643.485 46.334.49 413780 310039 Riverview Medical Cente 13 318 367 20.73% 8 96% 6 676 006 7 733 115 14 409 121 35 641 184 21 232 063 254 568 5 177 047 4 922 479 26 154 542 3 771 017 4137400 310034 215 384 813 8,714,692 159,589 66,991,875 20,478,484 27,591,154 233,917,515 29,010,937 7.156.815 26,345,453 137,840,272 RWJ University Hospital-Hamilton 16,425,375 8.80% 2,372,33 12,002,745 14,375,07 32,633,52 18,258,445 413,784 4,268,304 3,854,520 22,112,965 1,279,708 367690 310110 139,351,886 20.08% Saint Barnabas Medical Center 15,284,144 20.65% 12.11% 10,785,148 63,891,478 4,635,784 79,312,410 100,524,478 21,212,068 820,823 13,529,837 12,709,014 33,921,082 502,910 3675904 310076 593,999,323 Saint Clare's Hospital - Denville 28.989.233 19.82% 11.669.476 14.533.590 26.203.066 37.144.98 10.941.921 1.162.395 7.373.742 6.211.347 17.153.268 14.092.963 4138601 310050 234.049.349 Saint Francis Medical Center 19,449,704 44.17% 31.46% 9.776.131 14.799.655 490.690 25.066.476 36.048.688 10.982.212 209.955 8.610.539 8.400.584 19.382.796 10.967.889 4136608 310021 102.810.136 Saint Joseph's Hospital and Medical Cent 90 200 043 35 427 920 28 071 135 257 912 75 756 967 240 410 430 64 653 463 1 499 138 54 789 491 53 290 353 17 943 81 74 720 285 4136403 310019 613 943 212 45,171,567 65,293,272 81,342,919 33,703,837 27,538,917 41,474,268 36,560,408 17,373,351 18,799,068 24,211,426 29,694,473 13,027,951 4,679,540 6,699,60 18,739,256 26,969,154 41,252,282 15,925,458 21,666,552 29,004,775 15,976,153 14,509,661 221,016 1,126,374 2,043,674 248,729 6,093,381 13,595,867 22,627,929 3,112,419 23,505,015 36,288,497 310006 117,165,431 176,230,074 Saint Michael's Medical Cente 11,653,944 8,631,297 358,570 Southern Ocean County Medical Center St. Luke's Warren Hospital 4,580,775 8,952,915 19.28% 19.23% 2,316,430 9,942,69 8,966,372 134,178 2,028,224 1,894,046 10,860,418 174,549 1,298,431 4141202 310113 310060 131,948,730 94,326,944 10.869 The Valley Hospital 17.116.729 3.18% 42.88% 2.889.595 9.377.310 12.266.905 31.302.987 19.036.082 1.101.158 7.005.597 5.904.439 24.940.521 132.790 4135806 310012 543.501.535 55.05% Trinitas Regional Medical Center 37,385,877 36,342,315 43,302,422 1,446,831 81,091,568 98,189,106 17,097,538 2,018,842 26,604,270 24,585,428 41,682,966 35,545,354 4136900 310027 224,110,483 University Hospital (UMDNI) 182 939 355 48 94% 45 692 347 119 548 788 19 224 478 184 465 613 336 958 944 152 493 331 7 399 677 99 806 177 92 406 495 244 899 826 135 824 464 3677001 310119 602 640 993 Institutes for Mental Disease Ancora Psychiatric Hospital 8.013.066 1.064.898 133.309.353 110.860.712 4508106 158.139.711 602,657 44,769,060 131,533,939 6.04% 3,027,999 455,532 3,066,663 62.068 3,090,067 3,745,133 30,688,395 4,265,810 655.066 63,980 172,267 657,218 321.813 257,833 17,529,215 140,100,814 017 800 213,749 33,888,770 104,206,462 4144104 314012 38,081,651 52,997,254 162,228,115 Hampton Behavioral Health Center 3,127,200 17,871,496 8.67% 2,551,441 2,701,27 148,569 530,687 3,766,795 3,908,11 11,531 15,892,408 5446406 314021 19,916,551 26,442,174 160,615 160,61 Ramapo Ridge Psychiatric Hospital (Short Term) 1.497.029 6.78% 3.78% 77.48% 731.035 130.652 861.687 2.825.465 1.963.778 393.912 393.912 2.357.690 248.147 4144414 314019 24.624.086 Runnells Specialized Hospital 9,818,498 4.56% 336,253 336,253 715,047 378,794 11,985,017 11,984,934 12,363,728 6,618,375 3682307 314027 15,761,361 Rutgers University Behavioral Healthcare 28 822 959 25.87% 100.00% 24 368 475 99 107 24 467 582 45 139 005 20 671 423 265 101 9 809 714 9 544 613 30.216.036 28 421 027 4144007 314011 74 040 873

Out-of-State DSH Hospitals

Footnote': Facilities showing zero did not receive a DSH payment during the period under review, but were included in the DSH examination at the request of the State

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