

February 8, 2021

The Honorable Lillian L. Nazzaro
County Administrator of Mercer County
640 South Broad Street P.O. Box 8068
Trenton, NJ 08650-0068

Dear Ms. Nazzaro,

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 Mercer County's Program:

1. Requests for F&E Reports were received from the following stakeholders; F&E 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
 - Scott B. Stolbach, Ocean Healthcare Management
 - Michael Keevey, RWJ Barnabas

2. Middlesex and Mercer Counties submitted a joint letter requesting the state reconsider its position on using the funds generated by Mercer County's assessment on Princeton House's services for payments through the Middlesex County program. The counties reiterate how critical this payment mechanism is to ensuring the successful implementation of the County Option program in Middlesex and Mercer Counties.
 - The Department has reviewed the additional information provided and agrees with the counties' request. Penn Medicine, which is in Middlesex County, and Princeton House, which is in Mercer County, operate under the same provider number. Consequently, Medicaid payments for services rendered at Princeton House must be made to Penn Medicine. The shifting of resources generated by Princeton House's assessment to the Middlesex County pool is necessary to ensure that Princeton House benefits from the fee proceeds. Without this shift in resources, Princeton House would be assessed but receive none of the fee proceeds, a result which would contravene the intent of the enabling statute. Subject to federal approval, the fees Princeton House will pay to Mercer County will be used to increase the pool of funds for Middlesex County payments as outlined in the plans submitted by the two counties.

Next steps for implementation of the program include:

1. State drafts IGT agreement between Mercer County and State to outline provisions for the non-federal share of Medicaid payments to Mercer 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 [Revised Preprint](#) form released by CMS on January 8, 2021 for more information.
4. State and Mercer County finalize IGT agreement.

Please direct all questions to Dmahs.hospcountyfee@dhs.nj.gov. The Department will notify you upon CMS approval of the Program.

Sincerely,

A handwritten signature in blue ink, appearing to read "Brian Francz". The signature is stylized and cursive.

Brian Francz
Chief Financial Officer, Department of Human Services

Date: 11 / 13 / 20

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

County: Mercer 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 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) **and** type of facility (acute care, psychiatric, rehabilitation, children's, LTACH, Specialty)

Please see "Attachment A" for full list of hospitals located in Mercer 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 **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)

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 hospitals 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 components 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 inform the County's decision.

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's proposed fee will be assessed on non-Medicare net revenues for inpatient hospital 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. Our fee will include the inpatient hospital services provided by Princeton House Behavioral Health, a remote location in Mercer County of Penn Medicine Princeton Medical Center, which is located in Middlesex County. We request that the state use the proceeds of the fees paid to Mercer County by Princeton House to help fund the non-federal share of County Option payments to the hospitals in Middlesex County. This transfer of funds will promote the program's purpose of supporting local hospitals as the payments to Penn Medicine Princeton Medical Center will include services provided by Princeton House.

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

Yes, the fee is on net inpatient hospital service revenues excluding Medicare revenues.

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 rate will be 6.92% of non-Medicare net revenues for inpatient hospital services.

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 to 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 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. The County will specify in its ordinance a process for an appeal of interest charges on late payments and/or the amount of the interest assessed in the event a hospital fails to remit payment by the due date.

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

The County will send each hospital an invoice 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.

This Fee & Expenditure report was prepared by the County's contracted attorneys 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 contracted attorneys.

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 discharge, projected to be \$10,510.80 per discharge. The proposed eligible class is all hospitals whose main campus is located within Mercer 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?

Mercer County hospitals collectively provide \$133 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 Mercer 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)
 - Data Form for County Option Hospital Fee Program**
 - Preliminary DSH Calculation Template**
- Attestation**
Signed by each hospital located in the county.

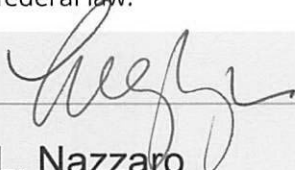
ATTESTATION

NEW JERSEY COUNTY OPTION HOSPITAL FEE PILOT 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 _____



County Officer or Administrator

Name: _____

Lillian L. Nazzaro

Full Name (Printed)

Title: _____

County Administrator

Date: 11 / 13 / 20

Email Address: _____

lnazzaro@mercercounty.org

Attachment A
New Jersey County Option Hospital Fee Program
List of hospitals located in Mercer County

Capital Health Medical Center - Hopewell

One Capital Way
Pennington, NJ 08534
General Acute
Non-profit

Capital Health Regional Medical Center

750 Brunswick Ave
Trenton, NJ 08638
General Acute
Non-profit

Robert Wood Johnson University Hospital - Hamilton

One Hamilton Health Place
Hamilton, NJ 08690
General Acute
Non-profit

St Francis Medical Center

601 Hamilton Ave
Trenton, NJ 08629
General Acute
Non-profit

St Lawrence Rehabilitation Center

2381 Lawrenceville Road
Lawrenceville, NJ 08648
Comprehensive Rehabilitation
Non-Profit

Princeton House Behavioral Health

905 Herrontown Road
Princeton, NJ 08540
Psychiatric Hospital
Non-profit

MERCER COUNTY HOSPITAL FEE

11/13/2020

Fee Basis: 6.92% of Non-Medicare Net Patient Service Revenue for Inpatient Hospital Services

Medicaid Managed Care Directed Payment: \$10,510.80 per Discharge

Total Fee Receipts	\$26,237,504
County's Resource	\$2,361,375
State's Resource	\$262,375
<i>Non-federal Share of Medicaid Payments</i>	<i>\$23,613,754</i>

HOSPITAL	Fees	Medicaid Managed Care Directed Payments	Lost DSH Payments
Capital Health Regional	\$8,865,015	\$15,829,268	\$0
Capital Health Hopewell	\$10,942,490	\$26,497,731	\$0
St. Francis	\$1,956,381	\$8,429,663	\$0
RWJUH-Hamilton	\$3,012,037	\$5,202,847	\$0
St. Lawrence Rehab	\$219,184	\$420,432	\$0
Princeton House	\$1,242,397	\$0	\$0
	\$26,237,504	\$56,379,941	\$0

MERCER COUNTY HOSPITAL FEE

11/13/2020

Fee Basis: 6.92% of Non-Medicare Net Patient Service Revenue for Inpatient Hospital Services
Medicaid Managed Care Directed Payment: \$10,510.80 per Discharge

6.92%	Fee Percentage of Inpatient NPSR	$fee\ rate = d_{sum} / c_{sum}$
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		a	b	c = a - b	d = c * fee rate	
	HOSPITAL	Net Patient Service Revenue	Medicare Revenue	Revenue Basis	Fee Receipts	
INPATIENT	Capital Health Regional	\$178,661,543	\$50,510,357	\$128,151,186	\$8,865,015	
	Capital Health Hopewell	\$204,225,359	\$46,042,544	\$158,182,815	\$10,942,490	
	St. Francis	\$59,816,265	\$31,535,144	\$28,281,121	\$1,956,381	
	RWJUH-Hamilton	\$88,989,210	\$45,447,697	\$43,541,513	\$3,012,037	
	St. Lawrence Rehab	\$19,982,596	\$16,814,103	\$3,168,493	\$219,184	
	Princeton House	\$32,193,721	\$14,233,838	\$17,959,883	\$1,242,397	
	Total IP	\$583,868,694	\$204,583,683	\$379,285,011	\$26,237,504	$e = d_{sum}$
				Total Fee Receipts	\$26,237,504	$f = e$
				County Resource	\$2,361,375	$g = f * 9\%$
				State Resource	\$262,375	$h = f * 1\%$
				State Share Medicaid Payments	\$23,613,754	$j = f - g - h$
				State Share Medicaid Payments for Middlesex County Hospitals	\$1,118,157	k
				State Share Medicaid Payments for Mercer County Hospitals	\$22,495,597	$l = j - k$
				Est Effective FMAP	62.00%	m
				State + Federal Share of Medicaid Payments	\$59,198,938	$n = l / (1 - m)$
				5% HMO Admin Fee	\$2,818,997	$o = n - p$
				State + Federal Share of Medicaid Payments Going to Hospitals	\$56,379,941	$p = n / 1.05$

MERCER COUNTY HOSPITAL FEE

11/13/2020

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Total Inpatient Hospital Enhanced Payments \$56,379,941 a
 Inpatient Hospital Add-On Payment \$10,510.80 b = a / c sum

c d = c * b

INPATIENT HOSPITAL PAYMENT INCREASE

HOSPITAL	DISCHARGES	PAYMENTS
Capital Health Regional	1,506	15,829,268
Capital Health Hopewell	2,521	26,497,731
St. Francis	802	8,429,663
RWJUH-Hamilton	495	5,202,847
St. Lawrence Rehab	40	420,432
	5,364	\$56,379,941

e = \$0; if b < c
 e = - d; if b > c AND if (b-c) > d
 e = c - b; if b > c AND if (b-c) < d

HOSPITAL	a	b	c	d	
	Fees	Medicaid Managed Care Directed Payments	DSH Room	Charity Care & HRSF-MH Payments	Lost DSH Payments
Capital Health Regional	\$8,865,015	\$15,829,268	\$51,178,146	\$17,440,108	\$0
Capital Health Hopewell	\$10,942,490	\$26,497,731	\$30,666,875	\$1,056,752	\$0
St. Francis	\$1,956,381	\$8,429,663	\$38,363,912	\$1,587,055	\$0
RWJUH-Hamilton	\$3,012,037	\$5,202,847	\$12,880,695	\$242,751	\$0
St. Lawrence Rehab	\$219,184	\$420,432	\$0	\$0	\$0
Princeton House	\$1,242,397	\$0	\$0	\$0	\$0
	\$26,237,504	\$56,379,941			\$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			
Capital Health Regional	\$178,661,543	\$4,466,539	
Capital Health Hopewell	\$204,225,359	\$5,105,634	
St. Francis	\$59,816,265	\$1,495,407	
RWJUH-Hamilton	\$88,989,210	\$2,224,730	
St. Lawrence Rehab	\$19,982,596	\$499,565	
Princeton House	\$32,193,721	\$804,843	
Total IP	\$583,868,694	\$14,596,717	
OUTPATIENT			
Capital Health Regional	\$93,660,173	\$2,341,504	
Capital Health Hopewell	\$179,062,690	\$4,476,567	
St. Francis	\$64,215,575	\$1,605,389	
RWJUH-Hamilton	\$101,448,990	\$2,536,225	
St. Lawrence Rehab	\$2,531,572	\$63,289	
Princeton House	\$24,712,470	\$617,812	
Total OP	\$465,631,470	\$11,640,787	
Total IP + OP	\$1,049,500,164	\$26,237,504	Maximum Amount of Fee Receipts

MERCER COUNTY HOSPITAL FEE

11/13/2020

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			Total Fee Receipts	\$26,237,504	$f = e$	
			County Resource	\$2,361,375	$g = f * 9\%$	
			State Resource	\$262,375	$h = f * 1\%$	
			State Share Medicaid Payments	\$23,613,754	$j = f - g - h$	
			State Share Medicaid Payments for Middlesex County Hospitals	\$1,118,157	k	
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Princeton House	\$1,242,397	\$0	\$0	\$0	\$0
	\$26,237,504	\$56,379,941			\$0

Calculation of the 2.5% Fee Cap

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

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Total IP + OP	\$1,049,500,164	\$26,237,504	Maximum Amount of Fee Receipts

1 2 3 4 5 6 7 8 9 10

o source of third party coverage for the inpatient and outpatient hospital services r

		b	c	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
310092	Capital Health Regional	\$66,410,349	\$2,242,544	\$404,352	\$63,763,453	\$16,482,608	\$957,500	\$46,323,345	54.76%
310044	Capital Health Hopewell	\$28,741,524	\$103,825	\$0	\$28,637,699	\$1,056,752	\$0	\$27,580,947	28.20%
310021	St. Francis	\$40,160,360	\$901,048	\$158,169	\$39,101,143	\$689,399	\$897,656	\$37,514,088	43.44%
310110	RWJUH-Hamilton	\$12,325,827	\$0	\$0	\$12,325,827	\$242,751	\$0	\$12,083,076	26.48%
313027	St. Lawrence Rehab	\$0	\$0	\$0	\$0	\$0	\$0	\$0	

Data Form Line	Description	Capital RMC	Capital Hopewell	St. Francis	RWJUH Hamilton	St. Lawrence
Ln 8	Base Yr IP Costs	\$68,332,214	\$45,472,058	\$33,241,447	\$36,907,305	
Ln 16	Base Yr OP Costs	50,162,911	36,424,469	32,211,978	-	
Ln 17	Base Yr Total Costs	118,495,125	81,896,526	65,453,425	36,907,305	-
Ln 18	Cost Inflator	1.1233	1.1459	1.01	1.00	
	Add'l Cost Inflator					
Ln 19	Est Costs for DSH Limit	\$133,105,574	\$93,845,229	\$66,107,959	\$36,907,305	\$0
Ln 24	Total XIX Payments	\$47,364,494	\$55,930,078	\$25,699,008	\$24,581,478	
Ln 29	Total XVIII / TPL Pmts	18,962,453	8,803,968	186,808		
Ln 31	Self Pay	368,278	369,659	61,783		
Ln 32	Sct 1011 Pmt	0				
Ln 34	Est. Increased XIX Pmts	0				
	Est Pmts before GMEs	\$66,695,225	\$65,103,705	\$25,947,599	\$24,581,478	\$0

State of New Jersey
Schedule of Annual Reporting Requirements (table)
For the Medicaid State Plan Rate Year Ended June 30, 2016

Definition of Uncompensated Care: The definition of uncompensated care was based on guidance published by CMS in the 73 Fed. Reg. 677904 dated December 19, 2008, the 79 Fed. Reg. 71679 dated December 3, 2014, and the withdrawal of FAQs 33 and 34 by CMS on December 31, 2018. The calculated uncompensated care costs (UCC) represent the net uncompensated costs of providing inpatient and outpatient hospital services to Medicaid eligible individuals and individuals with no source of third party coverage for the inpatient and outpatient hospital services received. Hospital services includes physician where all-inclusive Medicaid rate is paid. The UCC for these patient groups was calculated using Medicare cost reporting methods, and utilized the most recent CMS 2552 cost report. Medicaid paid claims summary, and hospital-provided data. Total UCC represents the net uncompensated care costs of providing inpatient and outpatient hospital services to patients that fall into one of the following Medicaid in-state and out-of-state payment categories: Fee-for-Service Medicaid primary, Managed Care Medicaid primary, Managed Care Medicaid cross-over, and uninsured individuals with no source of third party coverage for the inpatient and outpatient hospital services received. The cost of services for each of these payment categories was calculated using the appropriate most recent CMS 2552 cost report. These costs were then reduced by the total payments received for the services provided except for Medicaid and private insurance payments, including any supplemental Medicaid categories and Section 1011 payments where applicable.

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V
Hospital Name	State Estimated Hospital-Specific DSH Limit	Medicaid I/P Utilization Rate	Low-Income Utilization Rate	State-Defined Eligibility Statistic	Regular I/P/OP Medicaid FFS Rate Payments	I/P/OP Medicaid MCO Payments	Supplemental / Enhanced I/P/OP Medicaid Payments	Total Cost of Care - Medicaid I/P/OP Services	Total Medicaid Uncompensated Care Costs	Total I/P/OP Indigent Care/Self-Pay Revenues	Total Applicable Section 1011 Payments	Total I/P/OP Uninsured Cost of Care	Total Uninsured Uncompensated Care Costs (N-M-L)	Total Eligible Uncompensated Care Costs (E-U)	Total In-State DSH Payments Received	Total Out-of-State DSH Payments Received	Medicaid Provider Number	Medicare Provider Number	Total Hospital Cost		
Atlantic Regional Medical Center	67,298,016	35.24%	19.94%	0	26,210,602	73,777,673	1,703,183	101,691,458	143,480,031	41,788,573	862,176	0	25,263,858	24,401,682	66,190,255	27,589,834	0	4139402	310064	509,688,320	
Bacharach Institute For Rehabilitation	874,110	8.90%	9.34%	0	533,928	2,797,832	0	3,331,760	5,332,431	2,000,671	0	0	47,132	2,047,803	2,025	0	0	4143701	313030	37,374,894	
Bayonne Medical Center	20,050,129	38.83%	14.28%	0	4,877,942	7,479,361	0	12,357,303	41,189,843	28,832,540	143,550	0	6,456,951	6,313,401	35,145,941	1,944,358	0	0167011	310025	119,624,764	
Baylor Community Hospital	5,426,481	25.44%	11.48%	0	2,246,645	8,025,058	0	10,272,703	28,251,821	17,981,118	173,844	0	2,563,438	2,389,594	20,370,712	62,914	0	411405	310112	124,503,407	
Bergen Regional Medical Center	54,825,200	56.54%	24.04%	0	34,433,099	5,572,586	41,920	40,047,605	58,953,273	18,066,128	1,113,258	0	20,482,475	19,369,217	38,275,345	13,277,936	0	4139003	310058	124,019,620	
Capri Regional Medical Center	6,373,266	25.83%	15.43%	0	3,633,047	12,572,153	0	16,205,200	26,984,462	10,779,442	502,695	0	1,647,874	1,145,179	11,924,621	614,350	0	4135709	310011	113,768,455	
Capital Health Medical Center - Hanover	16,201,801	22.35%	13.71%	0	7,501,423	41,137,461	38,961	48,642,807	113,165,121	54,196,127	2,156,554	0	11,165,517	23,292,427	21,215,554	0	0	4130201	310004	250,720,174	
Capital Health System Regional Medical Center	9,216,428	56.01%	30.10%	0	13,752,723	36,755,322	0	51,515,588	92,501,543	40,841,842	19,171,974	0	21,462,826	19,505,852	60,292,604	25,858,173	0	3676609	310022	208,125,139	
CentraState Medical Center	13,927,807	16.09%	9.00%	0	4,515,574	12,100,244	162,220	16,778,038	28,414,976	11,636,938	853,238	0	7,861,831	7,008,593	18,645,531	1,449,308	0	4114008	310111	240,129,137	
Children's Specialized Hospital ¹	(15,864,444)	57.34%	48.46%	0	15,262,844	38,729,492	0	54,022,336	42,330,499	(11,682,837)	539,389	0	600,448	60,659	(11,622,178)	0	0	3684504	313300	99,223,209	
Chilton Medical Center	8,794,354	12.83%	7.45%	0	2,400,984	8,598,901	0	10,999,885	19,671,982	8,672,097	357,882	0	2,954,384	2,596,702	11,248,799	139,688	0	0390330	310017	166,590,511	
Hackensack IMC at Passaic	40,647,067	56.01%	31.22%	0	19,910,369	21,488,954	472,316	22,411,639	83,935,697	51,064,668	292,084	0	16,247,512	15,995,428	67,059,486	11,433,379	0	0296655	310016	165,324,150	
Clara Maass Medical Center	7,835,185	37.78%	26.37%	0	9,860,326	51,494,739	0	61,355,065	75,940,328	14,585,263	553,829	0	13,296,577	12,742,928	27,328,191	6,513,293	0	4135504	310009	222,150,267	
Community Medical Center	12,985,623	19.36%	12.02%	0	6,034,800	35,019,798	0	41,054,598	48,126,091	7,071,493	474,449	0	8,003,789	7,529,340	14,600,833	856,522	0	3674606	310041	312,029,331	
Cooper University Hospital	67,915,855	38.31%	24.25%	0	25,305,903	128,820,420	14,363,684	172,490,007	232,422,517	39,552,510	191,228	0	19,921,878	19,306,650	79,283,160	37,349,103	0	4136004	310014	718,656,238	
Deborah Heart and Lung Center	9,361,952	10.81%	9.67%	0	1,734,402	7,995,446	233,378	9,563,226	14,399,050	4,835,824	8,243	0	4,152,056	4,143,813	8,979,637	2,750,866	0	4137205	310021	147,859,980	
East Orange General Hospital	21,011,396	55.17%	33.19%	0	11,475,739	14,373,306	0	25,849,045	45,009,139	19,160,094	166,947	0	5,926,266	5,759,319	24,919,413	11,144,052	0	4140001	310083	84,765,282	
Englewood Hospital and Medical Center	12,830,986	14.37%	7.65%	0	5,694,421	17,589,363	587,844	23,871,628	42,049,206	18,177,578	938,765	0	11,832,715	11,893,950	29,917,528	261,666	0	4138309	310045	365,062,559	
Hackensack University Medical Center	67,644,614	21.08%	14.97%	0	21,775,327	120,132,231	6,085,043	147,273,811	185,708,964	38,435,153	617,501	0	35,661,887	29,941,386	67,926,539	2,399,009	0	3674100	310001	1,142,710,239	
Hackettstown Regional Medical Center	5,535,867	16.72%	8.67%	0	1,355,742	4,238,054	0	5,593,796	12,446,716	6,852,920	154,889	0	1,880,625	1,725,736	8,578,656	37,526	0	4141300	310015	81,474,017	
Hoboken University Medical Center	32,086,342	59.60%	27.68%	0	14,572,638	15,018,904	1,392,758	17,449,300	72,247,454	41,098,154	226,639	0	17,121,127	16,894,488	57,992,642	11,431,688	0	0267431	310040	144,989,269	
Holy Name Medical Center	13,545,133	22.35%	13.71%	0	6,037,741	27,905,141	0	34,012,358	60,428,233	27,909,695	1,499,620	0	7,949,905	6,698,235	24,922,477	7,019,817	0	4135407	310008	263,192,891	
Hudson Medical Center	10,459,428	18.45%	8.57%	0	4,502,216	10,469,730	177,180	13,292,126	24,742,105	7,412,979	615,799	0	3,503,199	3,887,400	10,300,379	5,283,978	0	4135202	310005	163,255,442	
Inspira Medical Center - Elmer	2,506,304	13.73%	12.09%	0	1,015,641	5,930,331	0	6,945,972	7,504,634	594,662	103,363	0	1,494,548	1,391,185	1,985,847	562,493	0	3675602	310069	50,701,721	
Inspira Medical Center - Vineland	26,878,287	41.24%	24.40%	0	23,065,775	55,844,953	1,684,999	80,595,727	100,984,670	20,388,943	887,407	0	11,627,342	10,739,935	31,128,878	6,827,095	0	3674509	310032	304,528,538	
Inspira Medical Center - Woodbury	13,962,621	25.70%	17.03%	0	8,735,992	18,605,602	243,288	27,044,882	41,004,074	13,959,192	301,797	0	5,187,415	4,885,618	18,984,810	2,546,236	0	3676102	310081	166,112,612	
Jersey City Medical Center	61,459,627	46.58%	36.06%	0	32,269,875	73,746,497	5,741,843	102,778,215	142,129,119	39,350,904	632,172	0	25,831,810	25,193,638	64,550,542	46,897,075	0	4139801	310074	314,669,184	
Jersey Shore University Medical Center	30,809,619	29.55%	13.80%	0	17,247,498	40,694,998	3,712,538	61,655,034	137,727,428	76,072,394	480,611	0	15,794,588	15,314,527	91,386,921	8,413,547	0	3675700	310058	545,026,063	
JFK Medical Center/Anthony Teleatics	28,520,289	19.59%	11.73%	0	8,243,935	31,646,519	567,215	40,457,669	82,969,618	42,511,949	1,209,152	0	13,564,529	12,355,377	54,867,326	4,187,152	0	3678803	310108	411,149,363	
Kennedy University Hospital	22,128,663	31.05%	18.93%	0	18,210,189	62,657,810	2,906,994	84,074,501	123,708,000	39,633,709	12,799,267	0	6,804,336	5,524,709	47,958,308	11,109,225	0	4140206	310006	453,827,387	
Lourdes Medical Center of Burlington County	11,508,563	43.05%	24.22%	0	5,879,870	16,441,030	125,543	22,446,443	36,134,721	13,688,278	158,028	0	3,540,681	3,382,625	17,070,903	4,104,133	0	3675203	310061	111,170,846	
Matheny Medical & Educational Center ¹	1,044,071	97.39%	75.00%	0	30,929,536	28,518	30,553	30,929,536	29,890,321	(1,039,145)	37,278	0	(1,045,870)	0	0	0	0	4143001	312014	32,092,779	
Meadowlands Memorial Hospital	9,856,819	27.67%	9.44%	0	993,313	4,593,055	871,634	6,458,002	12,827,356	6,369,354	156,539	0	2,625,866	2,469,327	8,838,661	17,877	0	4141504	310118	60,179,267	
Memorial Hospital of Salem County	5,729,563	36.59%	18.20%	0	1,009,300	6,511,996	0	7,521,376	14,059,376	6,580,000	173,917	0	1,125,218	1,278,601	3,308,913	31,592	0	3678100	310093	66,088,954	
Monmouth Medical Center	16,708,918	38.77%	21.28%	0	18,188,408	49,602,336	733,497	75,125,715	85,499,756	10,534,080	433,807	0	12,337,951	11,904,144	22,826,224	9,790,503	0	3675807	310075	316,040,129	
Monmouth Medical Center Southern Campus	18,763,099	46.91%	27.33%	0	11,559,267	13,452,882	0	25,012,149	34,423,908	9,411,759	168,897	0	5,898,215	5,729,317	15,141,076	11,841,406	0	3676200	310084	592,297,893	
Morristown Memorial Hospital	31,703,205	15.16%	6.98%	0	19,324,746	39,507,204	1,828,265	60,657,209	109,086,613	48,249,404	27,131,122	0	18,534,642	15,821,520	64,250,924	2,742,468	0	4136101	310015	862,420,838	
Mount Sinai Hospital	8,221,356	26.06%	8.27%	0	5,241,290	10,008,972	787,266	16,131,528	30,611,878	13,264,161	532,616	0	3,621,045	3,508,441	22,163,119	325,546	0	019564	310054	185,364,516	
Newark Beth Israel Medical Center	43,628,709	53.45%	37.26%	0	30,341,405	140,608,409	16,282,965	187,232,779	218,316,188	31,083,409	1,308,449	0	31,992,468	31,461,552	62,544,961	33,762,688	0	4135008	310002	729,421,507	
Newton Medical Center	9,750,595	22.08%	12.45%	0	4,161,232	15,268,570	0	15,268,570	25,807,580	9,819,010	706,602	0	2,645,540	1,938,938	11,757,948	3,824,480	0	257109	310028	127,721,386	
Ocean Medical Center	8,280,038	15.42%	9.51%	0	3,793,537	18,019,133	0	21,812,670	37,191,896	11,907,226	484,318	0	6,933,417	6,449,099							