

PHILIP D. MURPHY Governor

# State of New Jersey DEPARTMENT OF HUMAN SERVICES P.O. BOX 700

SARAH ADELMAN Commissioner

SHEILA Y. OLIVER Lt. Governor TRENTON, NJ 08625-0700

February 17, 2023

The Honorable James J. Tedesco, III County Executive of Bergen County One Bergen County Plaza Hackensack, NJ 07601-7076

Dear Mr. Tedesco,

Thank you for submitting the proposed Fee and Expenditure Report for the New Jersey County Option Hospital Fee Program on December 9, 2022 and modified on January 13, 2023. This Report has been under public review from January 21, 2023 through February 10, 2023. Please refer to the correspondence dated January 20, 2023 for those details.

The 21-day public review period concluded on February 10, 2023. Below are the comments that were received for Bergen County's Program:

- Audrey Myers, President and CEO of Valley Health System wrote a letter requesting changes to the model and subsequently met with representatives from the Department on February 6, 2023.
   In addition, about 300 Valley Health System employees sent substantially similar emails expressing opposition to the proposal.
- Jennifer Mancuso, Executive Director of Fair Share Hospital Collaborative, and Deborah Visconi, President and CEO of Bergen New Bridge Medical Center, shared letters expressing their full support of the County Option program.

Requests for Fee and Expenditure Reports have been disseminated to all who requested them:

- Michael Keevey, RWJBarnabas Health
- Nisha Sikder, Valley Health System
- Patricia Quinn, O'Conco Healthcare Consultants
- Margaret King, Myers and Stauffer
- Megan Nigro, McCarter & English, LLP

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. Bergen County's program continues to be considered for a potentially effective date of July 1, 2023, pending CMS approval.

Next steps for implementation of the program include:

- 1. State drafts IGT agreement between Bergen County and State to outline provisions for the non-federal share of Medicaid payments to Bergen County by March 31, 2023.
- 2. County must pass an 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, 2023.
- 4. State and Bergen County finalize IGT agreement prior to SFY24 program implementation.

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,

Eric Kaufmann

**Acting Chief Financial Officer** 

Cric Kaufmann



<b>Date:</b> 12 / 09 / 2022 (as updated 01/31/2023)
Subject: New Jersey County Option Hospital Fee Program Fee and Expenditure Report
County: Bergen
<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 program?
July 1, 2023
<ol> <li>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)     </li> </ol>
Please see "Attachment A" for a full list of hospitals located in Bergen County.
<ul> <li>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.</li> <li>Does the county plan on excluding any hospitals from the fee program? No Yes</li> <li>If so, please list name(s) and type of facility:</li> </ul>

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)
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 contracted consultant, 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 multiple discussions of available options for both the fee and payment components of the program. The contractor collected 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 program involves two fees: an inpatient hospital services fee based on days minus Medicare days, and an outpatient hospital services fee based on non-Medicare outpatient net patient service revenues. The fees were set so that 60% of the total fees are derived from the inpatient fee, and the remaining 40% from the outpatient fee.

Yes, as indicated in question 6, the fees exclude Medicare data (Medicare days are excluded from the inpatient fee and Medicare net patient services revenues from the outpatient fee).
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/ amount
The fee rates are as follows: \$174.38 per diem, excluding Medicare days, for inpatient services; 3.24% of non-Medicare outpatient net patient services revenues.
9. Will the same fee rate or fee amount apply to all hospitals included in the fee program? No X 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 <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.
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

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

In the event a hospital fails to remit the fee by the due date, the County may apply interest to the amount due, not to exceed 1.5% of the outstanding payment amount per month, reflected on 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(es) for the appeal, which will be limited to non-compliance with federal law, state law, and/or the County ordinance or technical errors/differences between the program as approved by the state and federal governments and documents distributed by the County.  Should any hospital be charged interest on late payments, they will receive a notice informing them of the imposition of the interest amount. The hospitals will have 15 days from receipt of the notice to contest the interest payment. Such appeals will be filed by submission of a letter, including any supporting documents, to the County specifying the basis for the appeal, which will be limited to non-compliance with federal law, state law, and/or the County ordinance, or technical errors.
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 annual notice of the annual fee obligation during the first quarter of the program and 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.
This Fee & Expenditure report was prepared by the County's consultants and subcontractor 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 consultants.

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

# 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?

Hospital payment amounts are based on Medicaid managed care patient days, using encounter data provided by the state. The County proposes the following classes of hospitals for payment purposes and the related payment amount per day for each class: public acute care hospitals: \$5,000 per diem; private acute care hospitals excluding psychiatric and rehabilitation hospitals: \$3,871 per diem; freestanding psychiatric hospitals: \$4,700 per diem.

The County proposes to acknowledge the critical role played by public hospitals in providing care to Medicaid beneficiaries as well as the relatively lower reimbursement rates public hospitals are able to secure by providing additional reimbursement for the County-owned hospital.

In addition, the County proposes two private hospital classes due to significant variance in levels of acuity and average lengths of stay between general acute hospitals and acute psychiatric hospitals in the County. The separate classes enable the County to set a higher rate for the freestanding psychiatric hospital class to ensure support for the critical behavioral health services provided and acknowledge the lack of federal reimbursement for non-elderly adults in this setting, while also ensuring appropriate limits on the pool in the event actual lengths of stay for the psychiatric hospital class are longer than estimated given the lower acuity of patients.

It is our understanding that the State cannot break out encounter data for Kessler Institute for Rehabilitation-Saddle Brook and that all utilization is paid through the Essex County Kessler location. Therefore, with the understanding that Kessler-Saddle Brook payments will be reconciled through the Essex County program, Bergen County proposes that \$1,570,534 of the Kessler fees (the portion that relates to Kessler-Saddle Brook's fees less the 9% County portion and 1% set-aside for state administrative costs) be allocated toward the Essex payment program.

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?

Bergen County hospitals collectively provide significant unreimbursed health care services to uninsured and low-income patients throughout the County, and particularly to Medicaid managed care patients. Moreover, all of the hospitals have been significantly impacted by the COVID-19 pandemic.

Bergen County is also the only county in New Jersey that owns a hospital- a hospital that is not only the largest public hospital in New Jersey but also the fourth largest public hospital in the United States. The County and its taxpayers are particularly interested in supporting the care to Medicaid patients disproportionately served by the County facility. The additional funding will also help mitigate the uncompensated costs of serving low income uninsured residents of Bergen County and other counties across the state.

The new resources generated from the County Option Hospital Fee Pilot Program will help to stabilize the hospitals' financial positions, strengthen their capacity to continue providing access to comprehensive and essential healthcare services to low income Bergen County residents and encourage the hospitals to expand their provision of Medicaid services receiving additional support through this program.

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 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: Thomas J. Duch, Esq.

Full Name (Printed)

Title: Bergen County Administrator/County Counsel

Date: 12 / 9 / 2022

Email Address:

#### Attachment A

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

Bergen New Bridge Medical Center 230 E Ridgewood Ave, Paramus, NJ 07652

- General Acute Care
- Government-Owned (County-Owned)

CareOne – The Rehab Hospital at Raritan Bay 250 Old Hook Rd 4 Central, Westwood, NJ 07675

- LTACH
- For-Profit

Englewood Hospital and Medical Center 350 Engle St, Englewood, NJ 07631

- General Acute Care
- Not-For-Profit

Hackensack University Medical Center 30 Prospect Ave, Hackensack, NJ 07601

- General Acute Care
- Not-For-Profit

Retreat and Recovery at Ramapo Valley 1071 Ramapo Valley Rd, Mahwah, NJ 07430

- Psychiatric
- Not-For-Profit

Holy Name Medical Center 718 Teaneck Rd, Teaneck, NJ 07666

- General Acute Care
- Not-For-Profit

Hackensack Meridian Health Pascack Valley Medical Center 250 Old Hook Rd, Westwood, NJ 07675

- General Acute Care
- Joint Venture between For-Profit and Not-For-Profit health systems

Ramapo Ridge Psychiatric Hospital 301 Sicomac Ave, Wyckoff, NJ 07481

- Psychiatric
- Not-For-Profit

Select Specialty Hospital – Northeast NJ 96 Parkway, Rochelle Park, NJ 07662

- LTACH
- For-Profit

The Valley Hospital 223 N Van Dien Ave, Ridgewood, NJ 07450

- General Acute Care
- For-Profit

Kessler Institute for Rehabilitation – Saddle Brook 300 Market St, Saddle Brook, NJ 07663

- Rehabilitation Hospital
- For-Profit

New Jersey County Option Hospital Fee Pilot Program: Bergen, NJ Model for Assessment and Distribution: SFY 2024 (Non-Waiver)

Last Edit Date: 1/31/2023 (to add detail on calculation of IP and OP fees)

1	2	3	4	5	6	7	8	9 = 5 + 8	10	11 = 9 + 10	12	13	14 = 12 * 13	15	16 = 11 * 15	17	18 = 16 + 17	19 = 14 + 18	20	21	X
					Fee	e Assessment	t				Med	icaid Directed Pay	vment	Impact on DSH Limit, DSH Payments							
CCN	Provider	OP NPSR (non-Medicare)	% OP NPSR (non-Medicare)	OP Hospital Assessment	Days (exc. Care)	er Day Rate	IP Hospital Assessment	Total Hospital Assessment (Split Fee)	Hospital Assessment Transferred to Another County	Hospital Assessment Net of Transfers (b)	MMCO Encounter Days	Payment Add-on per Medicaid MCO Day (c)	Medicaid Directed Payment Amount	(Mcaid + Unin) to Total Cost (2019) Exhibit E	Assessment Fee Related to DSH = Add'l. DSH Room	Projected Over (Under) DSH Limit (DSH Form) (Table 3)	Projected Over (Under) DSH Limit inc. % of Assessment (SFY 2016)	Room Under  B DSH Cap After Payment Distribution Over/(Under)	DSH Payback?	DSH Payback Amount (Limited to DSH Payments)	Total DSH Payments (CC) SFY 2023
040004 11 1		505.070.440	0.040/	10.075.117	407.500	474.00	22 222 225 4	40.007.000		<b>4</b> 40 007 000	00.000	<b>A</b> 0.074.00	<b></b>	40.00	/	(00 700 400)	<b>A</b> (00 747 004	) # 00.050.400		4 000 575	1 4 000 575
310001 Hackens		595,072,440	3.24%	19,275,447	137,589 \$		23,992,235 \$			\$ 43,267,682	29,339	\$ 3,871.09		16.0%	,	,	, , ,	,	Yes	\$ 4,639,575	:
310008 Holy Na	ame	216,702,106	3.24%	7,019,364	29,178 \$	174.38	5,087,946 \$	12,107,310		\$ 12,107,310	7,812	\$ 3,871.09	\$ 30,240,955	22.4%	% \$ (2,714,960) \$	(35,701,441)	\$ (38,416,401	) \$ (8,175,446)	No	\$ -	\$ 655,744
310012 Valley		134,078,769	3.24%	4,343,048	49,443 \$	174.38	8,621,678 \$	12,964,726	-	\$ 12,964,726	2,005	\$ 3,871.09	\$ 7,761,535	6.1%	6 \$ (784,748) \$	(18,198,265)	\$ (18,983,013	) \$ (11,221,478)	No	\$ -	\$ 633,489
310045 Englewo	ood	325,571,000	3.24%	10,545,820	38,540 \$	174.38	6,720,455 \$	17,266,275	-	\$ 17,266,275	6,342	\$ 3,871.09	\$ 24,550,453	16.6%	% \$ (2,874,421) \$	(45,120,746)	\$ (47,995,167	) \$ (23,444,714)	No	\$ -	\$ 1,920,032
310058 New Bri	idge	41,313,921	3.24%	1,338,231	98,187 \$	174.38	17,121,467 \$	18,459,698	-	\$ 18,459,698	24,917	\$ 5,000.00	\$ 124,585,000	59.0%	6 \$ (10,888,980) \$	(29,160,400)	\$ (40,049,380	) \$ 84,535,620	Yes	\$ 20,090,652	\$ 20,090,652
310130 HUMC I	Pascack Valley	43,621,055	3.24%	1,412,963	9,433 \$	174.38	1,644,890 \$	3,057,853 \$	-	\$ 3,057,853	1,693	\$ 3,871.09	\$ 6,553,755	8.8%	6 \$ (267,703) \$	(6,129,284)	\$ (6,396,987	) \$ 156,768	Yes	\$ 11,167	\$ 11,167
312018 CareOn	ne	-	-	-	2,699 \$	174.38	470,641 \$	470,641	S -	\$ 470,641	382	\$ 3,871.09	\$ 1,478,756	0.0%	6 \$ - \$	-	\$ -	\$ -	No	\$ -	\$ -
312019 Select S	Specialty	-	-	_	2,343 \$	174.38	408,563 \$	408,563	S -	\$ 408,563	74	\$ 3,871.09	\$ 286,461	0.0%	6 \$ - \$	-	\$ -	\$ -	No	\$ -	\$ -
313025 Kessler		3,796,984	3.24%	122,991	9,302 \$	174.38	1,622,047 \$	1,745,038		\$ -	-	\$ -	\$ -	0.0%	6 \$ - \$	-	\$ -	\$ -	No	\$ -	\$ -
314012 Ramapo		658,027	3.24%	21,315	-	_	-  \$	21,315	` ′	\$ 21,315	-	\$ 4,700.00	\$ -	0.0%	6 \$ - \$	_	\$ -	\$ -	No	\$ -	<b>.</b>
314019 Ramapo	. , , ,	4,233,802	3.24%	137,140	3,639 \$	174.38	634,555 \$	771,695		\$ 771,695	438	\$ 4,700.00	\$ 2,058,600	0.0%	·	-	\$ -	\$ -	No	\$ -	\$ -
999 Total		1,365,048,104		44,216,319	380,353	(	\$ 66,324,478 \$	110,540,796	(1,745,038)	\$ 108,795,759	73,002		\$ 311,089,425	(x)	) (24,468,416)	(218,090,334)	(242,558,750	) 64,706,858	(x)	\$ 24,741,394	\$ 27,950,659

1.23

1.35

(a1) Assessment  County Aggregate Assessment (Table 1) \$ 110,54  Share funded by OP assessment \$ 44,216,3	•	<ul><li>(b) Net Funds Available for Distribution</li><li>Hospital Assessment Prior to Transfers</li><li>Assessment exc. County &amp; State Admin. Fees</li></ul>	County 9,948,672 \$	State \$ 1,105,408 \$	110,540,796 99,486,717	(c) Payment Distribution  Net Funds Available for Distribution  Payment Distribution by Class		\$ 311,	,089,580
OP NPSR (non-Medicare) 1,365,04 Assessment per OP NPSR (non-Medicare)  (a2) Assessment	48,104 3.24%	Assessment exc. County & State Admin. Fees, Net of Federal Match 70.13% Subtotal Less: MMCO Admin. Fee - esti. 5.1%	Transfers	\$ \$ \$	97,916,183 29.87% 229,891,594 70.13% 327,807,777 (16,718,197)	Class Class Description 1 Public Acute Care Hospitals 2 Private Acute, exc. Psych & 3 Freestanding Psych Hospita	Rehab	Per I \$ \$ \$	5,000 3,871 4,700
	•	Net Funds Available to Hospitals  Variance		\$	311,089,580 <i>(155)</i>				

This section is for County quarterly determination of payment rates based on FMAP updates. Update FMAP in yellow cell

	Encounters by	Share of Total		Total Federal	Total Payments before MCO		Total Payments	Payments per	
Class Description	Class	Pyts	FMAP	Share	Fee	MCO fee	minus MCO	class	Per diem
Public Acute Care Hospitals	24,917	40.048%	70.13%	\$229,891,594	\$327,807,777	\$ 16,718,197	\$ 311,089,580	\$ 124,585,062	\$ 5,000.002
Private Acute, exc. Psych &									
Rehab	47,647	59.290%						\$ 184,445,917	\$ 3,871.092
Freestanding Psych Hospitals	438	0.662%						\$ 2,058,601	\$ 4,700.002

Exhibit A

New Jersey County Option Hospital Fee Pilot Program: Bergen, NJ

**Assumptions** 



Table 1. Maximum Aggregate Assessment		_	t Patient Service evenue - Net of
(N.J.A.C. 10:52B-2.1 Limit)		CC	OHP Exclusions
			(Exhibit B)
Hackensack UMC		\$	1,997,183,070
Holy Name		\$	471,413,107
Valley		\$	869,665,583
Englewood		\$	677,906,000
New Bridge		\$	157,614,922
HUMC Pascack Valley		\$	132,914,700
CareOne		\$	14,108,885
Select Specialty		\$	22,756,265
Kessler		\$	54,277,441
Ramapo Valley (Carrier)		\$	651,128
Ramapo Ridge Psych		\$	23,140,757
Total		\$	4,421,631,858
Limit Requirement: N.J.A.C. 10:52B-2.1 (2.5%)	2.5%	\$	110,540,796
Limit Requirement: Federal (6%)	6.0%	\$	265,297,911
Maximum Aggregate Assessment		\$	110,540,796
		τ	,,-

	Table 3. Estimated Room Under DSH Cap (prior to COHP assessment and payment)	SH Room cted SFY24)
310001	Hackensack UMC	\$ 83,780,198
310008	Holy Name	\$ 35,701,441
310012	Valley	\$ 18,198,265
310045	Englewood	\$ 45,120,746
310058	New Bridge	\$ 29,160,400
310130	HUMC Pascack Valley	\$ 6,129,284
312018	CareOne	\$ -
312019	Ramapo Ridge Psych	\$ -
313025	Select Specialty	\$ -
314012	Kessler	\$ -
314019	Ramapo Valley (Carrier)	\$ -

# County Option Hospital Fee Program: Bergen County, NJ Medicaid MCO Statistics for Payment Distribution Estimate (SFY 2024)

				Managed Care IAHS, 11/9/20	-		ianaged Care DMAHS, 12/7 Date)			lanaged Care Payment Estim	ate	
CCN	NPI	Provider	Medicaid MCO Discharges	Medicaid MCO Days	Medicaid MCO Payments	Medicaid MCO Discharges	Medicaid MCO Days	Medicaid MCO Payments	Medicaid MCO Discharges	Medicaid MCO Days	Medicaid MCO Payments	Notes
310001	1457456279	Hackensack University Med Ctr	4,765	29,339	62,390,415				4,765	29,339	62,390,415	
310001	1457456279	Hackensack University Med Ctr	-	-	-				-	-	-	
310001	1932200623	Hackensack University Med Ctr	-	-	-				-	-	-	
310008	1104859131	Holy Name Hospital	1,785	6,927	11,510,199				1,785	6,927	11,510,199	
310008	1609945963	Holy Name Hospital	146	885	860,686				146	885	860,686	
310012	1013912633	Valley Hosp	385	2,005	3,374,728				385	2,005	3,374,728	
310045	1083612881	Englewood Hospital	1,302	6,342	10,289,516				1,302	6,342	10,289,516	
310045	1124071980	Englewood Hospital	-	-	-				-	-	-	
310058	1689682999	New Bridge Med Ctr	4,080	24,917	19,370,753				4,080	24,917	19,370,753	
310058	1952456295	New Bridge Med Ctr	-	-	-				-	-	-	
310130	1205176062	Hackensack UMC at Pascack Valley	579	1,693	2,914,940				579	1,693	2,914,940	
312018	1497754006	CareOne at Pascack Valley	9	382	600,129				9	382	600,129	
312019	1093713521	Select Specialty Hosp (Rochelle Park)	4	74	123,400				4	74	123,400	
314012	na	Ramapo Valley (Carrier)	-	-	-				-	-	-	No inpatient cases in Bergen location
314019	1114916954	Ramapo Ridge Psychiatric (2021)	30	316	348,520	39	438	470,862	39	438	470,862	
		Total for F&E	13,085	72,880	111,783,285	39	438	470,862	13,094	73,002	111,905,627	
	on of DMAHS MN	Total for F&E	13,085	72,880	111,783,285	39	438	470,862				
313025	1013919620	Kessler Rehab Saddle Brook	316	6,383	7,725,893							Taxed in Bergen Co., but Paid in Essex Co.
		Total for F&E	13,401	79,263	119,509,177	39	438	470,862				
		Total provided by DMAHS Variance	13,401 -	79,263 -	119,509,177	39 -	438 -	470,862 -				

New Jersey County Option Hospital Fee Pilot Program: Bergen, NJ Estimated Percentage of DSH Cost (Medicaid + Uninsured) to Hospital Total Cost

# Medicaid DSH Audit (2019)\*

Last Edit Date: 11.7.2022

No.	Hospital	Medicaid + Uninsured Cost (2019)	Hospital Total Cost (2019)	Estimated DSH Cost % (2019)
310001	Hackensack UMC	218,601,846	1,363,351,920	16.0%
310008	Holy Name	77,200,781	344,275,309	22.4%
310012	Valley	33,575,879	554,702,937	6.1%
310045	Englewood	77,238,528	463,961,868	16.6%
310058	New Bridge	86,827,158	147,194,974	59.0%
310130	HUMC Pascack Valley	10,509,539	120,045,630	8.8%
312018	CareOne	-	-	0.0%
312019	Select Specialty	-	-	0.0%
313025	Kessler	-	-	0.0%
314012	Ramapo Valley (Carrier)	-	-	0.0%
314019	Ramapo Ridge Psych	-	-	0.0%

Source: Hospital provided Medicaid DSH Surveys based on hospital fiscal year end 2019.

Assessment per Days (exc. Care)

Last Edit Date: 1/31/2023 (to add detail on calculation of IP and OP fees)

1 2	3	4	5	6	7	8	9 = 5 + 8	10	11 = 9 + 10	12	13	14 = 12 * 13	15	16 = 11 * 15	17	18 = 16 + 17	19 = 14 + 18	20	21	х
		Fee Assessment								Medicaid Directed Payment			Impact on DSH Limit, DSH Payments							] 
CCN Provider	OP NPSR (non-Medicare)	% OP NPSR (non-Medicare)	OP Hospital Assessment	Days (exc. Care)	Per Day Rate	IP Hospital Assessment	Total Hospital Assessment (Split Fee)	Hospital Assessment Transferred to Another County	Hospital Assessment Net of Transfers (b)	MMCO Encounter Days	Payment Add-on per Medicaid MCO Day (c)	Medicaid Directed Payment Amount	(Mcaid + Unin) to A Total Cost (2019) Exhibit E	Assessment Fee Related to DSH = Add'l. DSH Room	Projected Over (Under) DSH Limit (DSH Form) (Table 3)	Projected Over (Under) DSH Limit inc. % of Assessment (SFY 2016)	Room Under DSH Cap After Payment Distribution [Over/(Under)]	DSH Payback?	DSH Payback Amount (Limited to DSH Payments)	Total DSH Payments (CC) SFY 2023
310001 Hackensack UMC	595,072,440	3.24%	19,275,447	137,589 \$	5 174.38	23,992,235	\$ 43,267,682	\$ -	\$ 43,267,682	29,339	\$ 3,871.09	\$ 113,573,910	16.0%	6 (6,937,604) \$	(83,780,198)	\$ (90.717.801)	\$ 22,856,108	Yes	\$ 4,639,575	\$ 4,639,575
310008 Holy Name	216,702,106		7,019,364	29.178 \$		5,087,946				7,812		\$ 30,240,955		( , .	(35,701,441)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			\$ -	\$ 655,744
310012 Valley	134,078,769		4,343,048	49,443 \$	174.38	8,621,678				2,005	\$ 3,871.09	\$ 7,761,535		, .	(18,198,265)	\$ (18,983,013)			\$ -	\$ 633,489
310045 Englewood	325,571,000		10,545,820	38,540 \$	174.38	6,720,455				6,342	\$ 3,871.09	\$ 24,550,453			(45,120,746)	,			\$ -	\$ 1,920,032
310058 New Bridge	41,313,921	3.24%	1,338,231	98,187 \$	174.38	17,121,467	\$ 18,459,698			24,917	\$ 5,000.00	\$ 124,585,000			(29,160,400)	\$ (40,049,380)	\$ 84,535,620	Yes	\$ 20,090,652	\$ 20,090,652
310130 HUMC Pascack Valley	43,621,055	3.24%	1,412,963	9,433 \$	174.38	1,644,890	\$ 3,057,853	\$ -	\$ 3,057,853	1,693	\$ 3,871.09	\$ 6,553,755	8.8%	(267,703) \$	(6,129,284)	\$ (6,396,987)	\$ 156,768	Yes	\$ 11,167	\$ 11,167
312018 CareOne	-	-	-	2,699 \$	174.38	470,641	\$ 470,641	\$ -	\$ 470,641	382	\$ 3,871.09	\$ 1,478,756	0.0%	- \$	-	\$ -	\$ -	No	\$ -	\$ -
312019 Select Specialty	-	-	-	2,343 \$	174.38	408,563	\$ 408,563	\$ -	\$ 408,563	74	\$ 3,871.09	\$ 286,461	0.0%	- \$	-	\$ -	\$ -	No	\$ -	\$ -
313025 Kessler	3,796,984	3.24%	122,991	9,302 \$	174.38	1,622,047	\$ 1,745,038	\$ (1,745,038)	\$ -	-	\$ -	\$ -	0.0%	- \$	-	\$ -	\$ -	No	\$ -	\$ -
314012 Ramapo Valley (Carrier)	658,027	3.24%	21,315	-	-	-	\$ 21,315	\$ -	\$ 21,315	-	\$ 4,700.00	\$ -	0.0%	- \$	-	\$ -	\$ -	No	\$ -	\$ -
314019 Ramapo Ridge Psych	4,233,802	3.24%	137,140	3,639 \$	174.38	634,555	\$ 771,695	\$ -	\$ 771,695	438	\$ 4,700.00	\$ 2,058,600	0.0%	- \$	-	\$ -	\$ -	No	\$ -	\$ -
999 Total	1,365,048,104		44,216,319	380,353		\$ 66,324,478	\$ 110,540,796	\$ (1,745,038)	\$ 108,795,759	73,002		\$ 311,089,425	(x)	(24,468,416)	(218,090,334)	(242,558,750)	64,706,858	(x)	\$ 24,741,394	\$ 27,950,659
				<u> </u>			_		-	1.23			1.35		•					

(a1) Assessment			(b) Net Funds Available for Distribution County	,	State	(c) Payment Distribution		
County Aggregate Assessment (Table 1)	\$ 110,540,796		Hospital Assessment Prior to Transfers		\$ 110,540,796	Net Funds Available for Distribution	\$ 3	11,089,580
Share funded by OP assessment	\$ 44,216,318.58	40%	Assessment exc. County & State Admin. Fees \$ 9,948	3,672 \$	1,105,408 \$ 99,486,717	Payment Distribution by Class		
OP NPSR (non-Medicare)	1,365,048,104		Assessment exc. County & State Admin. Fees, Net of Transfers		\$ 97,916,183 29.87%	Class Description	P	er Diem
Assessment per OP NPSR (non-Medicare)	3.24%		Federal Match 70.13%		<b>\$ 229,891,594</b> 70.13%	1 Public Acute Care Hospitals	\$	5,000
			Subtotal		\$ 327,807,777	2 Private Acute, exc. Psych & Rehab	\$	3,871
(a2) Assessment			Less: MMCO Admin. Fee - esti. 5.1%		\$ (16,718,197)	3 Freestanding Psych Hospitals	\$	4,700
County Aggregate Assessment (Table 1)	\$ 110,540,796		Net Funds Available to Hospitals		\$ 311,089,580			
Share funded by IP assessment	\$ 66,324,477.87	60%	Variance		\$ (155)			
Days (exc. Care)	380,353							

This section is for County quarterly determination of payment rates based on FMAP updates. Update FMAP in yellow cell

174.38

		Share of Total Pyts	FMAP	Total Federal Share	Total Payments before MCO Fee		Total Payments minus MCO	Payments per class	Per diem
Public Acute Care Hospitals	24,917	40.048%	70.13%	\$ 229,891,594	\$ 327,807,777	\$ 16,718,197	\$ 311,089,580	\$ 124,585,062	\$ 5,000.002
Private Acute, exc. Psych & Rehab Freestanding Psych Hospitals	47,647 438	59.290% 0.662%						\$ 184,445,917 \$ 2,058,601	,.





New Jersey County Option Hospital Fee Pilot Program: Bergen, NJ Assumptions

Table 1. Maximum Aggregate Assessment (N.J.A.C. 10:52B-2.1 Limit)	Net Patient Service Revenue - Net of COHP Exclusions (Exhibit B)			
Hackensack UMC		\$	1,997,183,070	
Holy Name		\$	471,413,107	
Valley		\$	869,665,583	
Englewood		\$	677,906,000	
New Bridge		\$	157,614,922	
HUMC Pascack Valley		\$	132,914,700	
CareOne		\$	14,108,885	
Select Specialty		\$	22,756,265	
Kessler		\$	54,277,441	
Ramapo Valley (Carrier)		\$	651,128	
Ramapo Ridge Psych		\$	23,140,757	
Total		\$	4,421,631,858	
Limit Requirement: N.J.A.C. 10:52B-2.1 (2.5%)	2.5%	\$	110,540,796	
Limit Requirement: Federal (6%)	6.0%	\$	265,297,911	
Maximum Aggregate Assessment		\$	110,540,796	

	Table 3. Estimated Room Under DSH Cap DSH Roo (prior to COHP assessment and payment)					
310001	Hackensack UMC	\$	83,780,198			
310008	Holy Name	\$	35,701,441			
310012	Valley	\$	18,198,265			
310045	Englewood	\$	45,120,746			
310058	New Bridge	\$	29,160,400			
310130	HUMC Pascack Valley	\$	6,129,284			
312018	CareOne	\$	-			
312019	Ramapo Ridge Psych	\$	-			
313025	Select Specialty	\$	-			
314012	Kessler	\$	-			
314019	Ramapo Valley (Carrier)	\$	-			

Exhibit D

### County Option Hospital Fee Program: Bergen County, NJ Medicaid MCO Statistics for Payment Distribution Estimate (SFY 2024)

			Medicaid Managed Care, CY 2019 (Source: DMAHS, 11/9/2022 Run Date)			Medicaid Managed Care, CY 2021 (Source: DMAHS, 12/7/2022 Run Date)		Medicald Managed Care for SFY2024 Payment Estimate Final for F&F				
CCN	NPI	Provider	Medicaid MCO Discharges	Medicaid MCO Days	Medicaid MCO Payments	Medicaid MCO Discharges	Medicaid MCO Days	Medicaid MCO Payments	Medicaid MCO Discharges	Medicaid MCO Days	Medicaid MCO Payments	Notes
310001	1457456279	Hackensack University Med Ctr	4,765	29,339	62,390,415				4,765	29,339	62,390,415	
310001	1457456279	Hackensack University Med Ctr	-	-	-				-	-	-	
310001	1932200623	Hackensack University Med Ctr	-	-	-				-	-	-	
310008	1104859131	Holy Name Hospital	1,785	6,927	11,510,199				1,785	6,927	11,510,199	
310008	1609945963	Holy Name Hospital	146	885	860,686				146	885	860,686	
310012	1013912633	Valley Hosp	385	2,005	3,374,728				385	2,005	3,374,728	
310045	1083612881	Englewood Hospital	1,302	6,342	10,289,516				1,302	6,342	10,289,516	
310045	1124071980	Englewood Hospital	-	-	-				-	-	-	
310058	1689682999	New Bridge Med Ctr	4,080	24,917	19,370,753				4,080	24,917	19,370,753	
310058	1952456295	New Bridge Med Ctr	-	-	-				-	-	-	
310130	1205176062	Hackensack UMC at Pascack Valley	579	1,693	2,914,940				579	1,693	2,914,940	
312018	1497754006	CareOne at Pascack Valley	9	382	600,129				9	382	600,129	
312019	1093713521	Select Specialty Hosp (Rochelle Park)	4	74	123,400				4	74	123,400	
314012	na	Ramapo Valley (Carrier)	-	-	-				-	-	-	No inpatient cases in Bergen location
314019	1114916954	Ramapo Ridge Psychiatric (2021)	30	316	348,520	39	438	470,862	39	438	470,862	
		Total for F&E	13,085	72,880	111,783,285	39	438	470,862	13,094	73,002	111,905,627	_
Reconciliati	on of DMAHS MM		40.00-	70.000	444 700 007	20	/00	470.000				
313025	1013919620	Total for F&E Kessler Rehab Saddle Brook	13,085 316	72,880 6,383	111,783,285 7,725,893	39	438	470,862 -				Taxed in Bergen Co., but Paid in Essex Co.
010020	1010010020	Total for F&E	13,401	79,263	119,509,177	39		470,862				randa in Borgon Go., but i did in Essex Go.
		Total provided by DMAHS	13,401	79,263	119,509,177	39		470,862				
		Variance	-	-	-	-	-	-				

New Jersey County Option Hospital Fee Pilot Program: Bergen, NJ

Estimated Percentage of DSH Cost (Medicaid + Uninsured) to Hospital Total Cost

Last Edit Date: 11.7.2022

# Medicaid DSH Audit (2019)\*

No.	Hospital	Medicaid + Uninsured Cost (2019)	Hospital Total Cost (2019)	Estimated DSH Cost % (2019)
310001	Hackensack UMC	218,601,846	1,363,351,920	16.0%
310008	Holy Name	77,200,781	344,275,309	22.4%
310012	Valley	33,575,879	554,702,937	6.1%
310045	Englewood	77,238,528	463,961,868	16.6%
310058	New Bridge	86,827,158	147,194,974	59.0%
310130	HUMC Pascack Valley	10,509,539	120,045,630	8.8%
312018	CareOne	-	-	0.0%
312019	Select Specialty	-	-	0.0%
313025	Kessler	-	-	0.0%
314012	Ramapo Valley (Carrier)	-	-	0.0%
314019	Ramapo Ridge Psych	-	-	0.0%

Source: Hospital provided Medicaid DSH Surveys based on hospital fiscal year end 2019.