

Date: 12 / 06 /2024

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

County: Burlington County

GENERAL

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

FEE PROGRAM

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

July 1, 2025

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

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

Please see "Attachment A" for a full list of hospitals located in Burlington 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 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.

Beginning with the first program year, the County, through its contractor, Eyman Partners, implemented a comprehensive process of educating, consulting with, and gathering feedback from all hospitals within the jurisdiction, and developing criteria to evaluate potential models. Those criteria continue to inform the model development process for the current year. For SFY26, the County has collected updated data from the hospitals to reevaluate the model (both assessment and payment bases) and has involved the hospitals throughout this process. Informed by insights from the original modeling process, we reviewed the impact of updated data on the current model, identified any deviations from the guidelines/priorities we set out in creating the initial model, and then reviewed targeted additional options to address those deviations. We shared this information with the hospitals by email and video call and gathered their feedback to inform design of the program for SFY26. We also provided support to the hospitals to complete the required forms.

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

The County proposes to assess a fee on inpatient hospital services, structured as a fee per 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. The County has used calendar year 2023 data, inflated through 2026, as the source for calculating the fees.

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

Yes, the fee basis excludes Medicare data.

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

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

The assessment rate will be \$2,864.99 per non-Medicare discharge.

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

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

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

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

- Permissible health care-related taxes.

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

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

☒ Quarterly ☐ Monthly ☐ Biannually ☐ Other _____

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

In the event a hospital fails to remit the fee by the due date, the County 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 annual and quarterly fee amounts they will be required to pay under the program. The hospitals will have 15 days from receipt of such a notice to contest the fee amount, by submitting a letter, including any supporting documents, to the County specifying the basis for the appeal.

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

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

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

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

PROPOSED PAYMENT PROGRAM

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

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

The County proposes a state directed payment, to be implemented in the form of a uniform increase to Medicaid Managed Care inpatient and outpatient payments across two classes of hospitals: acute and non-acute hospitals to account for differences in acuity between the two classes. The increase in inpatient payments would be implemented as a per diem increase of \$4,177.04 for the acute hospital class and a per diem increase of \$817.41 for the non-acute hospital class. The increase in outpatient payments would be implemented at a per visit increase of \$672.41 for the acute hospital class and \$69.26 for the non-acute hospital class.

The inpatient payments have been calculated using an estimated Federal Medical Assistance Percentage (FMAP) of 69.07% for the acute class and 70.71% for the non-acute class. The outpatient payments have been calculated using an estimated FMAP of 69.84% for the acute class and 53.51% for the non-acute class. In each case, we calculated the estimated FMAP based on the applicable FMAP for the mix of Medicaid, expansion, and CHIP patients in the state's CY2023 data.

The payment methodology would be the same for all hospitals in a class, thereby directing the expenditures equally, using the same terms of performance, as required by 42 C.F.R. 438.6(c)(2)(ii)(B). Details of the calculation of this payment methodology are contained in the attached model, prepared by the County's contractors, who can be 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 CY2023 encounter data forwarded to the County by DMAHS on 9/30/24). A final reconciliation adjustment would be determined after the end of the year, based on actual services provided, keeping the relative distribution of payments across the general acute and specialty hospital classes as modeled. In this way, the payments would meet the federal requirement at 42 C.F.R. 438.6(c)(2)(ii)(A) that directed payments be "based on the utilization and delivery of services."

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

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

OTHER COUNTY REQUIREMENTS

CHECK BOX TO CONFIRM COMPLETION AND/OR AGREEMENT

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

Full Name (Printed)

Title: _____

Date: 12.15.2024

Email Address: _____

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

Aspen Hills Healthcare Center

600 Pemberton Browns Mills Rd, Pemberton, NJ 08068

- Psychiatric
- For-Profit

Deborah Heart and Lung

200 Trenton Rd, Browns Mills, NJ 08015

- General Acute Care
- Not-For-Profit

Hampton Behavioral Health

650 Rancocas Rd, Westampton, NJ 08060

- Psychiatric
- For-Profit

Kessler Institute for Rehabilitation - Marlton

92 Brick Rd, Marlton, NJ 08053

- Rehabilitation
- For-Profit

Select Specialty Hospital – Willingboro

218 Sunset Road, Willingboro, NJ 08046

- Long-Term Acute Care
- For-Profit

Virtua Health System – Marlton

90 Brick Road, Marlton, NJ 08053

- General Acute Care
- Not-For-Profit

Virtua Health System – Memorial (Mount Holly)

175 Madison Avenue, Mount Holly, NJ 08060

- General Acute Care
- Not-For-Profit

Virtual Health System – Willingboro

218A Sunset Road, Willingboro, NJ 08046

- General Acute Care
- Not-For-Profit

Weisman Children's Rehabilitation Hospital

92 Brick Rd, Marlton, NJ 08053

- Rehabilitation
- For-Profit

BURLINGTON COUNTY HOSPITAL FEE

11/26/2024

Fee Basis: \$2,864.99 per Non-Medicare Discharge

State Directed Medicaid Managed Care Payments

Acute Care Hospitals : \$4,177.04 per diem (inpatient) and \$672.41 per visit (outpatient)

Non-Acute Care Hospitals : \$817.41 per diem (inpatient) and \$69.26 per visit (outpatient)

Total Fee Receipts	\$54,649,753
County's Resource	\$4,918,478
State's Resource	\$546,498
<i>Non-federal Share of Medicaid Payments</i>	<i>\$49,184,778</i>

HOSPITAL	Fees Paid	State Directed Medicaid Payments	Lost DSH Payments
Virtua West Jersey - Marlton	\$6,870,255	\$19,592,289	\$0
Virtua Mt. Holly	\$28,102,723	\$65,532,356	\$0
Virtua Willingboro	\$8,219,667	\$35,927,017	(\$504,063)
Deborah	\$2,704,554	\$9,506,859	(\$927,817)
Acute Care Hospitals	\$45,897,198	\$130,558,521	(\$1,431,880)

Aspen Hills	\$1,045,723	\$3,407,762	\$0
Hampton BHC	\$5,666,957	\$11,558,179	\$0
Kessler Marlton	\$1,544,232	\$1,683,781	\$0
Weisman Children's Rehab	\$277,904	\$2,835,514	\$0
Select Specialty Hosp - So. NJ	\$217,740	\$521,505	\$0
Non-Acute Care Hospitals	\$8,752,556	\$20,006,740	\$0

Total	\$54,649,753	\$150,565,261	(\$1,431,880)
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BURLINGTON COUNTY HOSPITAL FEE

11/26/2024

Fee Basis: \$2,864.99 per Non-Medicare Discharge

State Directed Medicaid Managed Care Payments

Acute Care Hospitals : \$4,177.04 per diem (inpatient) and \$672.41 per visit (outpatient)

Non-Acute Care Hospitals : \$817.41 per diem (inpatient) and \$69.26 per visit (outpatient)

\$2,864.99	Inpatient Unit Fee
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		a	b	c	d = c * \$2,864.99
		DISCHARGES			
		All Payer	Medicare	Fee Basis	Fee Receipts
IP Unit Based	Virtua West Jersey - Marlton	7,779	5,381	2,398	\$6,870,255
	Virtua Mt. Holly	16,062	6,253	9,809	\$28,102,723
	Virtua Willingboro	5,078	2,209	2,869	\$8,219,667
	Deborah	3,414	2,470	944	\$2,704,554
	Aspen Hills	468	103	365	\$1,045,723
	Hampton BHC	2,450	472	1,978	\$5,666,957
	Kessler Marlton	1,573	1,034	539	\$1,544,232
	Weisman Children's Rehab	97	0	97	\$277,904
	Select Specialty Hosp - So. NJ	366	290	76	\$217,740
	Total IP	37,287	18,212	19,075	\$54,649,753 e = d _{sum}

Total Fee Receipts

\$54,649,753 f = e

County Resource

\$4,918,478 g = e * 9%

State Resource

\$546,498 h = g * 1%

State Share Medicaid Payments

\$49,184,778 i = f - g - h

State Share Medicaid Acute IPH Payments

\$28,800,000 j

Est Effective Acute IPH FMAP

69.07% k

State + Federal Share of Acute IPH Medicaid Payments

\$93,127,080 l = j / (1 - k)

6% HMO Admin Fee

\$5,680,752 m = l * 6.1%

State + Federal Share of Medicaid Acute IPH Payments Going to Hospitals

\$87,446,328 n = l - m

State Share Medicaid Acute OPH Payments

\$13,847,621 o

Est Effective Acute OPH FMAP

69.84% p

State + Federal Share of Acute OPH Medicaid Payments

\$45,912,878 q = o / (1 - p)

6% HMO Admin Fee

\$2,800,686 r = q * 6.1%

State + Federal Share of Medicaid Acute OPH Payments Going to Hospitals

\$43,112,193 s = q - r

State Share Medicaid Non-Acute IPH Payments

\$5,737,157 t

Est Effective Non-Acute IPH FMAP

70.71% u

State + Federal Share of Non-acute IPH Medicaid Payments

\$19,585,516 v = t / (1 - u)

6% HMO Admin Fee

\$1,194,716 w = v * 6.1%

State + Federal Share of Medicaid Nonacute IPH Payments Going to Hospitals

\$18,390,800 x = v - w

State Share Medicaid Non-acute OPH Payments

\$800,000 a = i - j - o - t

Est Effective Non-Acute OPH FMAP

53.51% β

State + Federal Share of Non-Acute OPH Medicaid Payments

\$1,720,916 y = a / (1 - β)

6% HMO Admin Fee

\$104,976 z = y * 6.1%

State + Federal Share of Medicaid Non-acute OPH Payments Going to Hospitals

\$1,615,940 θ = y - z

BURLINGTON COUNTY HOSPITAL FEE

11/26/2024

Fee Basis: \$2,864.99 per Non-Medicare Discharge

State Directed Medicaid Managed Care Payments

Acute Care Hospitals : \$4,177.04 per diem (inpatient) and \$672.41 per visit (outpatient)

Non-Acute Care Hospitals : \$817.41 per diem (inpatient) and \$69.26 per visit (outpatient)

Total Inpatient Hospital Enhanced Payments - Acute	\$87,446,328	a
Inpatient Hospital Add-On Payment (Acute)	\$4,177.04	b = a / j _{sum}
Total Inpatient Hospital Enhanced Payments - Non-acute	\$18,390,800	c
Inpatient Hospital Add-On Payment (Per Discharge Non-acute)	\$817.41	d = c / n _{sum}
Total Outpatient Hospital Enhanced Payments - Acute	\$43,112,193	e
Outpatient Hospital Add-On Payment (Acute)	\$672.41	f = e / l _{sum}
Total Outpatient Hospital Enhanced Payments - Non-Acute	\$1,615,940	g
Outpatient Hospital Add-On Payment (Non-Acute)	\$69.26	h = g / p _{sum}

Medicaid MC Acute Directed Payment

HOSPITAL	j	k	l	m
PATIENT DAYS	PAYMENTS	VISITS	PAYMENTS	
Virtua West Jersey - Marlton	1,813	7,572,973	17,875	\$12,019,316
Virtua Mt. Holly	11,422	47,710,149	26,505	\$17,822,208
Virtua Willingboro	6,231	26,027,135	14,723	\$9,899,882
Deborah	1,469	6,136,071	5,013	\$3,370,788
Acute Care Hospitals	20,935	\$87,446,328	64,116	\$43,112,193

Medicaid MC Non-Acute Directed Payment

HOSPITAL	n	o	p	q
PATIENT DAYS	PAYMENTS	VISITS	PAYMENTS	
Aspen Hills	4,169	3,407,762	0	\$0
Hampton BHC	14,140	11,558,110	1	\$69
Kessler Marlton	2,020	1,651,159	471	\$32,622
Weisman Children's Rehab	1,532	1,252,265	22,859	\$1,583,249
Select Specialty Hosp - So. NJ	638	521,505	0	\$0
Non-Acute Care Hospitals	22,499	\$18,390,800	23,331	\$1,615,940

dd = \$0; if z < bb
dd = -cc; if z > bb AND if (z-bb) > cc
dd = bb - z; if z > bb AND if z - bb < cc

ACUTE CARE HOSPITAL	State Directed Medicaid Payments	Fees Paid	DSH Room	Charity Care & HRSF-MH Payments	Lost DSH Payments	GAIN / (LOSS)
Virtua West Jersey - Marlton	\$19,592,289	\$6,870,255	\$0	\$0	\$0	\$12,722,034
Virtua Mt. Holly	\$65,532,356	\$28,102,723	\$0	\$0	\$0	\$37,429,634
Virtua Willingboro	\$35,927,017	\$8,219,667	\$18,911,453	\$504,063	(\$504,063)	\$27,203,287
Deborah	\$9,506,859	\$2,704,554	\$5,677,989	\$927,817	(\$927,817)	\$5,874,488
Acute Care Hospitals	\$130,558,521	\$45,897,198				\$83,229,443
NON-ACUTE CARE HOSPITAL	State Directed Medicaid Payments	Fees Paid	DSH Room	Charity Care & HRSF-MH Payments	Lost DSH Payments	GAIN / (LOSS)
Aspen Hills	\$3,407,762	\$1,045,723	\$0	\$0	\$0	\$2,362,040
Hampton BHC	\$11,558,179	\$5,666,957	\$0	\$0	\$0	\$5,891,221
Kessler Marlton	\$1,683,781	\$1,544,232	\$0	\$0	\$0	\$139,549
Weisman Children's Rehab	\$2,835,514	\$277,904	\$0	\$0	\$0	\$2,557,609
Select Specialty Hosp - So. NJ	\$521,505	\$217,740	\$0	\$0	\$0	\$303,765
Non-Acute Care Hospitals	\$20,006,740	\$8,752,556				\$11,254,185
Total	\$150,565,261	\$54,649,753			(\$1,431,880)	\$94,483,628

BURLINGTON COUNTY HOSPITAL FEE

11/26/2024

State 5% Cap Net Patient Revenue Cap

	INPATIENT	OUTPATIENT	TOTAL
Virtua West Jersey - Marlton	\$115,018,820	\$49,754,659	\$164,773,479
Virtua Mt. Holly	\$217,872,505	\$166,607,264	\$384,479,769
Virtua Willingboro	\$51,319,569	\$55,482,971	\$106,802,540
Deborah	\$110,312,118	\$99,701,017	\$210,013,135
Aspen Hills	\$7,736,961	\$0	\$7,736,961
Hampton BHC	\$33,469,878	\$3,400,216	\$36,870,094
Kessler Marlton	\$39,435,232	\$1,566,772	\$41,002,004
Weisman Children's Rehab	\$10,318,055	\$11,243,679	\$21,561,734
Select Specialty Hosp - So. NJ	\$32,943,811	\$0	\$32,943,811
	\$618,426,949	\$387,756,578	\$1,006,183,527

Inflation Factor

1.0863

INFLATED REVENUES

	INPATIENT	OUTPATIENT	TOTAL
Virtua West Jersey - Marlton	\$124,942,418	\$54,047,393	\$178,989,812
Virtua Mt. Holly	\$236,670,118	\$180,981,812	\$417,651,930
Virtua Willingboro	\$55,747,321	\$60,269,933	\$116,017,254
Deborah	\$119,829,631	\$108,303,025	\$228,132,657
Aspen Hills	\$8,404,491	\$0	\$8,404,491
Hampton BHC	\$36,357,593	\$3,693,580	\$40,051,173
Kessler Marlton	\$42,837,627	\$1,701,950	\$44,539,577
Weisman Children's Rehab	\$11,208,277	\$12,213,762	\$23,422,038
Select Specialty Hosp - So. NJ	\$35,786,138	\$0	\$35,786,138
	\$671,783,614	\$421,211,456	\$1,092,995,070

Inflated Fee Basis	\$1,092,995,070
Maximum Fee Receipt	\$54,649,753

$s = \text{NPSR sum}(a:r)$

$t = s * 5\%$

ACR EQUIVALENT ANALYSIS

ACUTE CARE HOSPITALS

Inpatient Hospital

Per Diem ACR Threshold		\$6,680.20	a
Aggregate CY23 Patient Days	20,935		
Medicaid HMO Payments	\$45,909,109.53	\$2,192.94	b
QIP-NJ	\$4,701,299.00	\$224.57	c
		\$2,417.50	d = b + c
<u>Remaining Room Under ACR Threshold (Pre County Option)</u>		<u>\$4,262.70</u>	<u>e = a - d</u>
County Option SDPs	\$87,446,328.46	\$4,177.04	f
Post County Option Remaining ACR Room		\$85.66	g = e - f
Percentage of ACR Equivalent		98.72%	h = (d + f) / a

Outpatient Hospital

Per Diem ACR Threshold		\$1,730.87	j
Aggregate CY23 Visits	64,116		
Medicaid HMO Payments	\$37,430,937.24	\$583.80	k
Interim State Directed Payments	\$8,222,350.00	\$128.24	l
		\$712.04	m = k + l
<u>Remaining Room Under ACR Threshold (Pre County Option)</u>		<u>\$1,018.82</u>	<u>n = j - m</u>
County Option SDPs	\$43,112,192.55	\$672.41	o
Post County Option Remaining ACR Room		\$346.42	p = n - o
Percentage of ACR Equivalent		79.99%	q = (m + o) / j

NON-ACUTE CARE HOSPITALS

Inpatient Hospital

Per Diem ACR Threshold		\$6,680.20	a
Aggregate CY23 Patient Days	22,499		
Medicaid HMO Payments	\$23,143,118.81	\$1,105.47	b
QIP-NJ	\$0.00	\$0.00	c
		\$1,105.47	d = b + c
<u>Remaining Room Under ACR Threshold (Pre County Option)</u>		<u>\$5,574.73</u>	<u>e = a - d</u>
County Option SDPs	\$18,390,799.71	\$817.41	f
Post County Option Remaining ACR Room		\$4,757.32	g = e - f
Percentage of ACR Equivalent		28.78%	h = (d + f) / a

Outpatient Hospital

Per Diem ACR Threshold		\$1,730.87	j
Aggregate CY23 Visits	23,331		
Medicaid HMO Payments	\$5,326,913.00	\$83.08	k
Interim State Directed Payments	\$0.00	\$0.00	l
		\$83.08	m = k + l
<u>Remaining Room Under ACR Threshold (Pre County Option)</u>		<u>\$1,647.78</u>	<u>n = j - m</u>
County Option SDPs	\$1,615,940.40	\$69.26	o
Post County Option Remaining ACR Room		\$1,578.52	p = n - o
Percentage of ACR Equivalent		8.80%	q = (m + o) / j

INFLATION FACTOR CALCULATION

Summary Web Table - CMS Market Basket Index Levels and Four-Quarter Moving Average Percent Changes *

Market Basket		Forecast	Forecast	Forecast
	2023	2024	2025	2026
	Q4	Q4	Q4	Q2
2018-based Inpatient Hospital:				
Index Levels	1.216	1.259	1.299	1.321

Inflation 1.035 1.032 1.017

INFLATION FACTOR 1.0863

Note: All market basket index levels do not reflect a productivity adjustment. The four-quarter moving average percent change of the 2017-based Medicare Economic Index reflects a productivity adjustment. Due to interpretation of the statute regarding the MEI update, the productivity adjustment has been shifted forward two quarters so the latest historical CY 2023 productivity adjustment is aligned with the 2024Q2 percent change in the MEI.

* Quarterly index levels and four-quarter moving average percent changes are reported on a calendar year (CY) basis. For example, the Q4 index level corresponds with October 1 through December 31 and the Q4 four-quarter moving average percent change reflects the CY growth rate. Percent change moving averages are calculated using more than ten decimal places.

Source: IHS Global Inc. (IGI) 2024Q2 Forecast

Historical Data through 2024Q1

Released by CMS, OACT, National Health Statistics Group, dnhs@cms.hhs.gov

09/15/2024

ATTESTATION**NEW JERSEY COUNTY OPTION HOSPITAL FEE PROGRAM****Hospital Name:** Kessler Institute of Rehabilitation Marlton**CERTIFICATION BY HOSPITAL CHIEF EXECUTIVE OFFICER OR ADMINISTRATOR****On behalf of** Kessler Institute of Rehabilitation Marlton **hospital (“the hospital”), I hereby certify that:**

- I have examined the accompanying Data Form & Preliminary DSH Limit Calculation Form for the reporting period specified and, to the best of my knowledge and belief, the information contained in the reports is true, correct, and complete and accurately reflect the information in the hospital's Medicare cost report, the hospital's financial statements and other accounting records.
- I acknowledge that projected payments to the hospital under the New Jersey County Option Hospital Fee Program, when combined with other Medicaid and Disproportionate Share Hospital (DSH) payments, such as Charity Care payments, may exceed the federal maximum hospital-specific disproportionate share (DSH) limit in 42 U.S.C. § 1396r-4.
- I acknowledge that if the hospital's projected payments exceed its hospital specific DSH limit, the hospital may choose to prospectively decline, in full or in part, its Charity Care payments for the State Fiscal Year (SFY) by notifying the Commissioner of Health on a form designated by the Department of Health. Additionally, I understand that the hospital's DSH payments may be reduced for the SFY, as necessary and at the discretion of the State, to comply with federal (42 U.S.C. § 1396r-4) and state requirements (N.J.A.C. 10:52B), the hospital's DSH payments may be reduced as necessary to comply with federal law. (N.J.A.C. 10:52B).
- I acknowledge that the Charity Care payments prospectively declined by the hospital for the SFY, whether full or partial, will be redistributed to other hospitals in accordance with the provisions of Section 3 of P.L. 2004, c.113 (N.J.S.A 26:2H-18.59i), as modified annually by the State Appropriations Act. If the hospital chooses not to prospectively decline its Charity Care payments but is found through subsequent DSH audits to have exceeded its hospital-specific DSH limit, the hospital will be subject to recoupment by the State for any amounts exceeding its hospital-specific DSH limits.
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- I certify that that the cost of the fee shall not be assigned to any patient, insurer, self-insured employer program, or other responsible party, nor shall the fee be listed separately on any invoice or statement sent to a patient, insurer, self-insured employer program, or other responsible party.

I am authorized to make this Certification on behalf of Kessler Institute of Rehabilitation Marlton **hospital.**

Signature 

Name Robert Kido

Full Name (Printed)

Title SVP, Financial Operations

Date 11 / 14 / 2024

NJ FamilyCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, sex, age or disability. If you speak any other language, language assistance services are available at no cost to you. Call 1-800-701-0710 (TTY: 1-800-701-0720).

ATTESTATION

NEW JERSEY COUNTY OPTION HOSPITAL FEE PROGRAM

Hospital Name: Deborah Heart and Lung Center

CERTIFICATION BY HOSPITAL CHIEF EXECUTIVE OFFICER OR ADMINISTRATOR

On behalf of Deborah Heart and Lung Center hospital ("the hospital"), I hereby certify that:

- I have examined the accompanying Data Form & Preliminary DSH Limit Calculation Form for the reporting period specified and, to the best of my knowledge and belief, the information contained in the reports is true, correct, and complete and accurately reflect the information in the hospital's Medicare cost report, the hospital's financial statements and other accounting records.
- I acknowledge that projected payments to the hospital under the New Jersey County Option Hospital Fee Program, when combined with other Medicaid and Disproportionate Share Hospital (DSH) payments, such as Charity Care payments, may exceed the federal maximum hospital-specific disproportionate share (DSH) limit in 42 U.S.C. § 1396r-4.
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- I certify that that the cost of the fee shall not be assigned to any patient, insurer, self-insured employer program, or other responsible party, nor shall the fee be listed separately on any invoice or statement sent to a patient, insurer, self-insured employer program, or other responsible party.

I am authorized to make this Certification on behalf of Deborah Hevet and Long Creek hospital.

Signature

Tom Percello

Name

Tom Percello

Full Name (Printed)

Title

Executive Vice President & CFO

Date

11/7/2024

NJ FamilyCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, sex, age or disability. If you speak any other language, language assistance services are available at no cost to you. Call 1-800-701-0710 (TTY: 1-800-701-0720).

ATTESTATION**NEW JERSEY COUNTY OPTION HOSPITAL FEE PROGRAM**

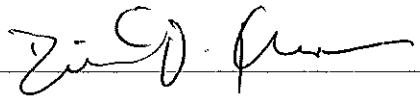
Hospital Name: Acuity Specialty Hospital, LLC (dba SSH - Willingboro)

CERTIFICATION BY HOSPITAL CHIEF EXECUTIVE OFFICER OR ADMINISTRATOR

On behalf of SSH - Willingboro hospital ("the hospital"), I hereby certify that:

- I have examined the accompanying Data Form & Preliminary DSH Limit Calculation Form for the reporting period specified and, to the best of my knowledge and belief, the information contained in the reports is true, correct, and complete and accurately reflect the information in the hospital's Medicare cost report, the hospital's financial statements and other accounting records.
- I acknowledge that projected payments to the hospital under the New Jersey County Option Hospital Fee Program, when combined with other Medicaid and Disproportionate Share Hospital (DSH) payments, such as Charity Care payments, may exceed the federal maximum hospital-specific disproportionate share (DSH) limit in 42 U.S.C. § 1396r-4.
- I acknowledge that if the hospital's projected payments exceed its hospital specific DSH limit, the hospital may choose to prospectively decline, in full or in part, its Charity Care payments for the State Fiscal Year (SFY) by notifying the Commissioner of Health on a form designated by the Department of Health. Additionally, I understand that the hospital's DSH payments may be reduced for the SFY, as necessary and at the discretion of the State, to comply with federal (42 U.S.C. § 1396r-4) and state requirements (N.J.A.C. 10:52B), the hospital's DSH payments may be reduced as necessary to comply with federal law. (N.J.A.C. 10:52B).
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I am authorized to make this Certification on behalf of SSH-Willingboro hospital.

Signature 

Name Daniel T. Kern
Full Name (Printed)

Title Regional Director of Finance Date 11/5/24

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Affordable health coverage. Quality care.

ATTESTATION

NEW JERSEY COUNTY OPTION HOSPITAL FEE PROGRAM

Hospital Name: Aspen Hills Healthcare Center LLC d/b/a Buttonwood Behavioral Health Hospital

CERTIFICATION BY HOSPITAL CHIEF EXECUTIVE OFFICER OR ADMINISTRATOR

On behalf of Aspen Hills Healthcare Center LLC d/b/a Buttonwood Behavioral health Hospital hospital ("the hospital"), I hereby certify that:

- I have examined the accompanying Data Form & Preliminary DSH Limit Calculation Form for the reporting period specified and, to the best of my knowledge and belief, the information contained in the reports is true, correct, and complete and accurately reflect the information in the hospital's Medicare cost report, the hospital's financial statements and other accounting records.
- I acknowledge that projected payments to the hospital under the New Jersey County Option Hospital Fee Program, when combined with other Medicaid and Disproportionate Share Hospital (DSH) payments, such as Charity Care payments, may exceed the federal maximum hospital-specific disproportionate share (DSH) limit in 42 U.S.C. § 1396r-4.
- I acknowledge that if the hospital's projected payments exceed its hospital specific DSH limit, the hospital may choose to prospectively decline, in full or in part, its Charity Care payments for the State Fiscal Year (SFY) by notifying the Commissioner of Health on a form designated by the Department of Health. Additionally, I understand that the hospital's DSH payments may be reduced for the SFY, as necessary and at the discretion of the State, to comply with federal (42 U.S.C. § 1396r-4) and state requirements (N.J.A.C. 10:52B), the hospital's DSH payments may be reduced as necessary to comply with federal law. (N.J.A.C. 10:52B).
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I am authorized to make this Certification on behalf of Aspen Hills Healthcare Center LLC d/b/a **hospital.**
Buttonwood Behavioral Health Hospital

Signature AVRAHAM FEIGENBAUM

Name Avraham Feigenbaum
Full Name (Printed)

Title Manager **Date** 11/ 12 / 2024

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ATTESTATION

NEW JERSEY COUNTY OPTION HOSPITAL FEE PROGRAM

Hospital Name: Hampton Behavioral Health Center

CERTIFICATION BY HOSPITAL CHIEF EXECUTIVE OFFICER OR ADMINISTRATOR

On behalf of Hampton Behavioral Health Center hospital ("the hospital"), I hereby certify that:

- I have examined the accompanying Data Form & Preliminary DSH Limit Calculation Form for the reporting period specified and, to the best of my knowledge and belief, the information contained in the reports is true, correct, and complete and accurately reflect the information in the hospital's Medicare cost report, the hospital's financial statements and other accounting records.
- I acknowledge that projected payments to the hospital under the New Jersey County Option Hospital Fee Program, when combined with other Medicaid and Disproportionate Share Hospital (DSH) payments, such as Charity Care payments, may exceed the federal maximum hospital-specific disproportionate share (DSH) limit in 42 U.S.C. § 1396r-4.
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I am authorized to make this Certification on behalf of Hampton Behavioral Health Center **hospital.**

Signature Melanie R. Mahurter

Name Melanie R. Mahurter
Full Name (Printed)

Title CFO Date 11 / 13 / 2024

NJ FamilyCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, sex, age or disability. If you speak any other language, language assistance services are available at no cost to you. Call 1-800-701-0710 (TTY: 1-800-701-0720).

ATTESTATION

NEW JERSEY COUNTY OPTION HOSPITAL FEE PROGRAM

Hospital Name: Virtua - West Jersey Health System, Inc - Marlton

CERTIFICATION BY HOSPITAL CHIEF EXECUTIVE OFFICER OR ADMINISTRATOR

Virtua - West Jersey Health System, Inc - Marlton

On behalf of _____ **hospital ("the hospital"), I hereby certify that:**

- I have examined the accompanying Data Form & Preliminary DSH Limit Calculation Form for the reporting period specified and, to the best of my knowledge and belief, the information contained in the reports is true, correct, and complete and accurately reflect the information in the hospital's Medicare cost report, the hospital's financial statements and other accounting records.
- I acknowledge that projected payments to the hospital under the New Jersey County Option Hospital Fee Program, when combined with other Medicaid and Disproportionate Share Hospital (DSH) payments, such as Charity Care payments, may exceed the federal maximum hospital-specific disproportionate share (DSH) limit in 42 U.S.C. § 1396r-4.
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I am authorized to make this Certification on behalf of _____ hospital.

Signature _____



Name _____

Robert Segin

Full Name (Printed)

Title _____

EVP/CFO

Date

11 / 5 / 2024

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ATTESTATION

NEW JERSEY COUNTY OPTION HOSPITAL FEE PROGRAM

Hospital Name: Virtua - Memorial Hospital of Burlington Cty, Inc


CERTIFICATION BY HOSPITAL CHIEF EXECUTIVE OFFICER OR ADMINISTRATOR

On behalf of Virtua - Memorial Hospital of Burlington Cty, Inc **hospital ("the hospital"), I hereby certify that:**

- I have examined the accompanying Data Form & Preliminary DSH Limit Calculation Form for the reporting period specified and, to the best of my knowledge and belief, the information contained in the reports is true, correct, and complete and accurately reflect the information in the hospital's Medicare cost report, the hospital's financial statements and other accounting records.
- I acknowledge that projected payments to the hospital under the New Jersey County Option Hospital Fee Program, when combined with other Medicaid and Disproportionate Share Hospital (DSH) payments, such as Charity Care payments, may exceed the federal maximum hospital-specific disproportionate share (DSH) limit in 42 U.S.C. § 1396r-4.
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I am authorized to make this Certification on behalf of _____ hospital.

Signature _____



Name _____

Robert Segin

Full Name (Printed)

Title _____

EVP/CFO

Date

11 / 5 / 2024

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ATTESTATION

NEW JERSEY COUNTY OPTION HOSPITAL FEE PROGRAM

Hospital Name: Virtua - Willingboro Hospital, Inc

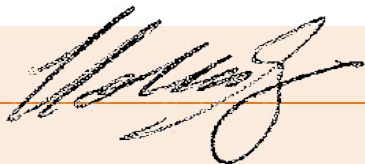
CERTIFICATION BY HOSPITAL CHIEF EXECUTIVE OFFICER OR ADMINISTRATOR

On behalf of Virtua - Willingboro Hospital, Inc hospital ("the hospital"), I hereby certify that:

- I have examined the accompanying Data Form & Preliminary DSH Limit Calculation Form for the reporting period specified and, to the best of my knowledge and belief, the information contained in the reports is true, correct, and complete and accurately reflect the information in the hospital's Medicare cost report, the hospital's financial statements and other accounting records.
- I acknowledge that projected payments to the hospital under the New Jersey County Option Hospital Fee Program, when combined with other Medicaid and Disproportionate Share Hospital (DSH) payments, such as Charity Care payments, may exceed the federal maximum hospital-specific disproportionate share (DSH) limit in 42 U.S.C. § 1396r-4.
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I am authorized to make this Certification on behalf of Virtua - Willingboro Hospital, Inc **hospital.**

Signature _____



Name _____

Robert Segin

Full Name (Printed)

Title _____

EVP/CFO

Date

11 / 5 / 2024

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ATTESTATION

NEW JERSEY COUNTY OPTION HOSPITAL FEE PROGRAM

Hospital Name:

Weisman Children's Rehabilitation Hospital

CERTIFICATION BY HOSPITAL CHIEF EXECUTIVE OFFICER OR ADMINISTRATOR

On behalf of

Weisman Children's Rehab hospital ("the hospital"), I hereby certify that:

- I have examined the accompanying Data Form & Preliminary DSH Limit Calculation Form for the reporting period specified and, to the best of my knowledge and belief, the information contained in the reports is true, correct, and complete and accurately reflect the information in the hospital's Medicare cost report, the hospital's financial statements and other accounting records.
- I acknowledge that projected payments to the hospital under the New Jersey County Option Hospital Fee Program, when combined with other Medicaid and Disproportionate Share Hospital (DSH) payments, such as Charity Care payments, may exceed the federal maximum hospital-specific disproportionate share (DSH) limit in 42 U.S.C. § 1396r-4.
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I am authorized to make this Certification on behalf of Weisman Childrens Rehab hospital.

Signature

Name

Full Name (Printed)

Title

Date

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