

ATLANTIC COUNTY HOSPITAL FEE

2/1/2026

Fee Basis: \$3,007.22 per Non-Medicare Discharge

State-Directed Medicaid Managed Care Payment (General Acute): \$4,072.28 per diem and \$673.20 per visit

State-Directed Medicaid Managed Care Payment (Non General Acute): \$6,666.36 per diem

Total Fee Receipts	\$56,316,283
County's Resource	\$5,068,466
State's Resource	\$563,163
<i>Non-federal Share of Medicaid Payments</i>	<i>\$50,684,655</i>

HOSPITAL	Fees Paid	State Directed Medicaid Payments
AtlantiCare RMC	\$44,434,741	\$123,730,029
Shore MC	\$11,818,390	\$28,840,392
Select Specialty	\$63,152	\$713,300
	\$56,316,283	\$153,283,721

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	a	b	c = a - b	d = c * fee rate
HOSPITAL	All Payer Discharges	Medicare Discharges	Revenue Basis	Fee Receipts
AtlantiCare RMC	23,638	8,862	14,776	\$44,434,741
Shore MC	8,170	4,240	3,930	\$11,818,390
Select Speciality	258	237	21	\$63,152
Total IP Unit	32,066	13,339	18,727	\$56,316,283

Fee Rate	\$3,007.22
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Total Fee Receipts	\$56,316,283	f = e
County Resource	\$5,068,466	g = f * 9%
State Resource	\$563,163	h = f * 1%
State Share Medicaid Payments	\$50,684,655	i = f - g - h
State Share IPH Non-General Acute Medicaid Payments	\$175,356	j
Est Effective FMAP	76.92%	k
State + Federal Share of IPH Non-General Acute Payments Medicaid Payments	\$759,638	l = j / (1 - k)
6% HMO Assessment	\$46,338	m = l * 6.1%
State + Federal Share of IPH Medicaid Payments Going to Non-General Acute Hospitals	\$713,300	n = l - m
State Share IPH General Acute Medicaid Payments	\$35,923,000	o
Est Effective FMAP	68.38%	p
State + Federal Share of IPH General Acute Payments Medicaid Payments	\$113,598,776	q = o / (1 - p)
6% HMO Assessment	\$6,929,525	r = q * 6.1%
State + Federal Share of IPH Medicaid Payments Going to General Acute Hospitals	\$106,669,251	s = q - r
State Share OPH General Acute Medicaid Payments	\$14,586,299	t = i - j - o
Est Effective FMAP	70.16%	u
State + Federal Share of OPH General Acute Payments Medicaid Payments	\$48,883,035	v = t / (1 - u)
6% HMO Assessment	\$2,981,865	w = v * 6.1%
State + Federal Share of OPH Medicaid Payments Going to General Acute Hospitals	\$45,901,170	x = v - w

MAXIMUM FEE ANALYSIS

	Net Patient Service Revenue as Reported		
	Inpatient	Outpatient	Inpat + Outpat
AtlantiCare RMC	\$429,498,727	\$352,025,320	\$781,524,047
Shore MC	\$96,862,464	\$141,747,274	\$238,609,738
Select Speciality	\$16,909,970	\$0	\$16,909,970
	\$543,271,161	\$493,772,594	\$1,037,043,755

1.0861	Inflation Factor
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	Inflated Fee Basis		
	Inpatient	Outpatient	Inpat + Outpat
AtlantiCare RMC	\$466,475,438.60	\$382,332,135.63	\$848,807,574
Shore MC	\$105,201,616.53	\$153,950,681.70	\$259,152,298
Select Speciality	\$18,365,795.23	\$0.00	\$18,365,795
	\$590,042,850	\$536,282,817	\$1,126,325,668

\$1,126,325,668	Total NPSR
\$56,316,283	5% NPSR Cap

ACR Equivalent and Total SDP Analysis

Inpatient Hospital (General Acute)

<i>Per Diem ACR Threshold</i>		\$6,688.54	a
Aggregate CY24 Patient Days	26,194		
Medicaid HMO Payments	\$60,419,775.08	\$2,306.63	b
QIP-NJ	\$8,108,684.00	\$309.56	c
		\$2,616.19	d = b + c
<i>Remaining Room Under ACR Threshold (Pre County Option)</i>		<i>\$4,072.35</i>	<i>e = a - d</i>
County Option SDPs	\$106,669,250.74	\$4,072.28	f
Post County Option Remaining ACR Room		\$0.07	g = e - f

Percentage of ACR Equivalent	100.00%	h = (d + f) / a
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Outpatient Hospital (General Acute)

<i>Per Diem ACR Threshold</i>		\$1,705.58	j
Aggregate CY24 Visits	68,184		
Medicaid HMO Payments	\$53,296,958.77	\$781.66	k
Interim State Directed Payments	\$13,470,390.00	\$197.56	l
		\$979.22	m = k + l
<i>Remaining Room Under ACR Threshold (Pre County Option)</i>		<i>\$726.36</i>	<i>n = j - m</i>
County Option SDPs	\$45,901,169.97	\$673.20	o
Post County Option Remaining ACR Room		\$53.16	p = n - o

Percentage of ACR Equivalent	96.88%	q = (m + o) / j
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Inpatient Hospital (Non-General Acute)

<i>Per Diem ACR Threshold</i>		\$6,688.54	r = a
Aggregate CY24 Patient Days	107		
Medicaid HMO Payments	\$254,761.65	\$9.73	s
QIP-NJ	\$0.00	\$0.00	t
		\$9.73	u = s + t
<i>Remaining Room Under ACR Threshold (Pre County Option)</i>		<i>\$6,678.81</i>	<i>v = r - u</i>
County Option SDPs	\$713,300.10	\$6,666.36	w
Post County Option Remaining ACR Room		\$12.46	x = v - w

Percentage of ACR Equivalent	99.81%	y = (u + w) / r
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CY24 Medicaid HMO Encounter Data, FMAP Calculations and Outpatient Hospital SDP Estimates

PATIENT DAYS				DISCHARGES				Medicaid HMO Payments			
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	CHIP	Expansion	Medicaid	TOTAL	CHIP	Expansion	Medicaid	TOTAL	CHIP	Expansion	Medicaid	TOTAL
Shore MC	27	1,956	1,983	3,966	12	390	445	847	\$49,538.55	\$3,511,767.92	\$3,383,794.39	\$6,945,100.86
AtlantiCare	206	9,991	12,031	22,228	63	1,640	2,272	3,975	\$391,464.54	\$24,666,090.86	\$25,094,088.29	\$50,151,643.69
Select Spec.	0	72	35	107	0	1	1	2	\$0.00	\$162,000.00	\$78,750.00	\$240,750.00

Inpatient Hospital FMAP Calculations							
General Acute				Non-General Acute			
CHIP	Expansion	Medicaid	TOTAL	CHIP	Expansion	Medicaid	TOTAL
233	11,947	14,014	26,194	0	72	35	107
0.89%	45.61%	53.50%		0.00%	67.29%	32.71%	
65%	90%	50%		65%	90%	50%	
0.58%	41.05%	26.75%	68.38%	0.00%	60.56%	16.36%	76.92%

General Acute	\$57,096,744.55
Non General Acute	\$240,750.00
	\$57,337,494.55

Patient Days
Population Proportion
Population FMAP
Aggregate FMAP

Visits			
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	CHIP	Expansion	Medicaid	TOTAL
Shore MC	2,583	8,279	7,988	18,850
AtlantiCare	4,340	23,491	21,503	49,334
Select Spec.	0	0	0	0
	6,923	31,770	29,491	68,184

Medicaid HMO Payments			
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CHIP	Expansion	Medicaid	TOTAL
\$1,323,404.37	\$6,356,294.13	\$4,853,050.86	\$12,532,749.36
\$2,272,327.29	\$20,966,141.09	\$15,382,404.27	\$38,620,872.65
\$0.00	\$0.00	\$0.00	\$0.00
			\$51,153,622.01

Outpatient Hospital FMAP Calculation			
General Acute			
CHIP	Expansion	Medicaid	TOTAL
6,923	31,770	29,491	68,184
10.15%	46.59%	43.25%	
65%	90%	50%	
6.60%	41.94%	21.63%	70.16%

Visits
Population Proportion
Population FMAP
Aggregate FMAP

Outpatient Hospital SDP Estimate		
Visits	Rate	Est. Payments
AtlantiCare RMC	49,334	\$210
Shore MC	18,850	\$165
		\$13,470,390

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2/1/2026

Quarterly Index Levels *
Inpatient Hospital Input Price Index using IHS Global Inc.
Forecast
Assumptions by Expense Category

<i>Expense Category</i>	<i>Price/Wage Variable</i>	Base Year Weights 2023
Total - PPS23		100.0

2024 Q4	Forecast 2025 Q4	Forecast 2026 Q4	Forecast 2027 Q2
1.057	1.094	1.129	1.148

3.500% 3.199% 1.683%

Mercer Consulting DRAFT CY24 to SFY27 Trend Factors	
Inpatient Hospital	Outpatient Facility
5.82%	4.19%

* 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. 2025Q3 Forecast

Historical Data through 2025Q2

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

12/15/2025