

Date: 1 / 30 / 2026

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, 2026

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)

[Empty response box for question 4]

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 SFY27, 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 gathered their feedback to inform design of the program for SFY27. 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 2024 data, inflated through 2027, 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 \$3,333.37 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.

The County proposes that the amount of the assessment collected from Virtua Our Lady of Lourdes Hospital and Virtua West Jersey Health System, Gloucester County locations of Virtua Health, (less applicable fee withholdings) be utilized for County Option payments made to Burlington County hospitals.

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 general and non-general 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 \$4,036.47 for the acute general hospital class and a per diem increase of \$909.63 for the non-general acute hospital class. The increase in outpatient payments would be implemented at a per visit increase of \$888.97 for the acute general hospital class and \$63.14 for the non-general acute hospital class.

The inpatient payments have been calculated using an estimated Federal Medical Assistance Percentage (FMAP) of 67.09% for the acute general class and 70.43% for the non-general acute class. The outpatient payments have been calculated using an estimated FMAP of 69.44% for the acute general class and 53.49% for the non-general 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 CY2024 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 CY2024 encounter data forwarded to the County by DMAHS in September 2025 and updated in December 2025). 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 ^{5%}~~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

Eve A. Cullinan

County Officer or Administrator

Name:

Eve A. CULLINAN

Full Name (Printed)

Title:

COUNTY ADMINISTRATOR

Date: 02/02, 2020

Email Address:

ecullinan@co.burlington.nj.us

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

1/28/2026

Fee Basis: \$3,333.37 per Non-Medicare Discharge

State-Directed Medicaid Managed Care Payment (General Acute): \$4,036.47 per diem and \$888.97 per visit

State-Directed Medicaid Managed Care Payment (Non General Acute): \$909.63 per diem and \$63.14 per visit

Total Fee Receipts	\$55,587,261
County's Resource	\$5,002,853
State's Resource	\$555,873
<i>Non-federal Share of Medicaid Payments</i>	<i>\$50,680,074</i>

a

b

HOSPITAL	Fees Paid	State Directed Medicaid Payments
Virtua West Jersey - Marlton	\$8,020,086	\$26,597,523
Virtua Mt. Holly	\$27,646,962	\$62,458,998
Virtua Willingboro	\$8,716,760	\$32,601,647
Deborah	\$2,866,697	\$8,795,460
General Acute Care Hospitals	\$47,250,505	\$130,453,628
Aspen Hills	\$1,210,013	\$3,897,763
Hampton BHC	\$4,806,718	\$12,360,174
Kessler Marlton	\$1,746,685	\$1,658,273
Weisman Children's Rehab	\$393,338	\$3,103,181
Select Specialty Hosp - So. NJ	\$180,002	\$260,154
Non-General Acute Care Hospitals	\$8,336,756	\$21,279,546
Total	\$55,587,261	\$151,733,173

BURLINGTON COUNTY HOSPITAL FEE

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State-Directed Medicaid Managed Care Payment (Non General Acute): \$909.63 per diem and \$63.14 per visit

		a	b	c = a - b	d = c * fee rate
	HOSPITAL	All-Payer Discharges	Medicare Discharges	Non-Medicare Discharges	Fee Receipts
IP Unit Based	Virtua West Jersey - Marlton	8,232	5,826	2,406	\$8,020,086
	Virtua Memorial	15,034	6,740	8,294	\$27,646,962
	Virtua Willingboro	4,851	2,236	2,615	\$8,716,760
	Deborah	3,244	2,384	860	\$2,866,697
	Aspen Hills	488	125	363	\$1,210,013
	Hampton BHC	2,143	701	1,442	\$4,806,718
	Kessler Marlton	1,607	1,083	524	\$1,746,685
	Weisman Children's Rehab	118	0	118	\$393,338
	Select Specialty Hosp - So. NJ	342	288	54	\$180,002
	Total IP	36,059	19,383	16,676	\$55,587,261 <small>d_{sum}</small>
Fee Rate					\$ 3,333.37
Total Fee Receipts					\$55,587,261 <small>d_{sum}</small>
County Resource					\$5,002,853 <small>e = d_{sum} * 9%</small>
State Resource					\$555,873 <small>f = d_{sum} * 1%</small>
Transfer from Gloucester Co.					\$651,539 <small>g</small>
State Share Medicaid Payments					\$50,680,074 <small>h = d - e - f + g</small>
State Share Medicaid Acute IPH Payments					\$26,800,000 <small>i</small>
Est Effective Acute IPH FMAP					67.97% <small>j</small>
State + Federal Share of Acute IPH Medicaid Payments					\$83,665,504 <small>k = i / (1 - j)</small>
6% HMO Admin Fee					\$5,103,596 <small>l = k * 6.1%</small>
State + Federal Share of Medicaid Acute IPH Payments Going to Hospitals					\$78,561,908 <small>m = k - l</small>
State Share Medicaid General Acute OPH Payments					\$16,886,697 <small>n</small>
Est Effective Acute OPH FMAP					69.44% <small>o</small>
State + Federal Share of General Acute OPH Medicaid Payments					\$55,262,747 <small>p = n / (1 - o)</small>
6% HMO Admin Fee					\$3,371,028 <small>q = p * 6.1%</small>
State + Federal Share of Medicaid General Acute OPH Payments Going to Hospitals					\$51,891,720 <small>r = p - q</small>
State Share Medicaid Non-General Acute IPH Payments					\$6,193,377 <small>s</small>
Est Effective Non-Acute IPH FMAP					70.43% <small>t</small>
State + Federal Share of Non-General Acute IPH Medicaid Payments					\$20,941,825 <small>u = s / (1 - t)</small>
6% HMO Admin Fee					\$1,277,451 <small>v = u * 6.1%</small>
State + Federal Share of Medicaid Non-general acute IPH Payments Going to Hospitals					\$19,664,374 <small>w = u - v</small>
State Share Medicaid Non-general acute OPH Payments					\$800,000 <small>x</small>
Est Effective Non-General Acute OPH FMAP					53.49% <small>y</small>
State + Federal Share of Non-General Acute OPH Medicaid Payments					\$1,720,098 <small>z = x / (1 - y)</small>
6% HMO Admin Fee					\$104,926 <small>aa = z * 6.1%</small>
State + Federal Share of Medicaid Non-general Acute OPH Payments Going to Hospitals					\$1,615,172 <small>bb = z - aa</small>

BURLINGTON COUNTY HOSPITAL FEE

1/28/2026

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State-Directed Medicaid Managed Care Payment (General Acute): \$4,036.47 per diem and \$888.97 per visit

State-Directed Medicaid Managed Care Payment (Non General Acute): \$909.63 per diem and \$63.14 per visit

Total Inpatient Hospital Enhanced Payments - General Acute	\$78,561,908	a
<i>Inpatient Hospital Add-On Payment (General Acute)</i>	\$4,036.47	$b = a / i$ sum
Total Inpatient Hospital Enhanced Payments - Non-general acute	\$19,664,374	c
<i>Inpatient Hospital Add-On Payment (Per Diem Non-general acute)</i>	\$909.63	$d = c / m$ sum
Total Outpatient Hospital Enhanced Payments - General Acute	\$51,891,720	e
<i>Outpatient Hospital Add-On Payment (General Acute)</i>	\$888.97	$f = a / k$ sum
Total Outpatient Hospital Enhanced Payments - Non-General Acute	\$1,615,172	g
<i>Outpatient Hospital Add-On Payment (Non-General Acute)</i>	\$63.14	$h = g / o$ sum

Medicaid MC General Acute Directed Payment

HOSPITAL	<i>i</i> PATIENT DAYS	<i>j</i> PAYMENTS	<i>k</i> VISITS	<i>l</i> PAYMENTS
Virtua West Jersey - Marlton	2,561	10,337,412	18,291	\$16,260,111
Virtua Mt. Holly	10,451	42,185,198	22,806	\$20,273,801
Virtua Willingboro	5,097	20,573,912	13,530	\$12,027,735
Deborah	1,354	5,465,387	3,746	\$3,330,074
Acute Care Hospitals	19,463	\$78,561,908	58,373	\$51,891,720

Medicaid MC Non-General Acute Directed Payment

HOSPITAL	<i>m</i> PATIENT DAYS	<i>n</i> PAYMENTS	<i>o</i> VISITS	<i>p</i> PAYMENTS
Aspen Hills	4,285	3,897,763	0	\$0
Hampton BHC	13,588	12,360,048	2	\$126
Kessler Marlton	1,804	1,640,972	274	\$17,301
Weisman Children's Rehab	1,655	1,505,437	25,304	\$1,597,744
Select Specialty Hosp - So. NJ	286	260,154	0	\$0
Non-Acute Care Hospitals	21,618	\$19,664,374	25,580	\$1,615,172

BURLINGTON COUNTY HOSPITAL FEE

1/28/2026

MAXIMUM FEE RECEIPTS ANALYSIS

Submitted Revenue Basis

	Net Patient Service Revenue		
	Inpatient Hospital	Outpatient Hospital	Inpat + Outpat
Virtua West Jersey - Marlton	\$122,318,070	\$71,752,710	\$194,070,780
Virtua Memorial	\$255,867,028	\$180,820,661	\$436,687,689
Virtua Willingboro	\$57,809,272	\$87,139,264	\$144,948,536
Deborah	\$108,794,720	\$93,635,934	\$202,430,654
Aspen Hills	\$9,529,155	\$0	\$9,529,155
Hampton BHC	\$36,845,874	\$3,058,173	\$39,904,047
Kessler Marlton	\$41,875,324	\$1,415,840	\$43,291,164
Weisman Children's Rehab	\$12,425,866	\$11,929,307	\$24,355,173
Select Specialty Hosp - So. NJ	\$27,753,231	\$0	\$27,753,231
	\$673,218,540	\$449,751,889	\$1,122,970,429

Inflation Factor	1.08609
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Inflated Revenue Basis

	Net Patient Service Revenue		
	Inpatient Hospital	Outpatient Hospital	Inpat + Outpat
Virtua West Jersey - Marlton	\$132,848,764.77	\$77,930,095.63	\$210,778,860
Virtua Memorial	\$277,895,315.18	\$196,388,002.68	\$474,283,318
Virtua Willingboro	\$62,786,229.19	\$94,641,319.84	\$157,427,549
Deborah	\$118,161,152.85	\$101,697,305.80	\$219,858,459
Aspen Hills	\$10,349,545.83	\$0.00	\$10,349,546
Hampton BHC	\$40,018,035.34	\$3,321,459.42	\$43,339,495
Kessler Marlton	\$45,480,484.34	\$1,537,733.51	\$47,018,218
Weisman Children's Rehab	\$13,495,642.54	\$12,956,333.43	\$26,451,976
Select Specialty Hosp - So. NJ	\$30,142,582.01	\$0.00	\$30,142,582
	\$731,177,752	\$488,472,250	\$1,219,650,002

Inflated Revenue Basis **\$1,219,650,002**

Cap on Fee Receipts **\$60,982,500**

Maximum = 4.56% NPSR **\$55,587,261**

a

b = a * 5%

c = a * 4.56%

ACR Equivalent and Total SDP Amount Analyses

GENERAL ACUTE CARE HOSPITALS

Inpatient Hospital

Per Diem ACR Threshold		\$14,557.72	a
Aggregate CY23 Patient Days	19,463		
Medicaid HMO Payments	\$45,504,399.64	\$2,338.00	b
QIP-NJ	\$4,701,299.00	\$241.55	c
		\$2,579.55	d = b + c
<u>Remaining Room Under ACR Threshold (Pre County Option)</u>		<u>\$11,978.17</u>	<u>e = a - d</u>
County Option SDPs	\$78,561,908.04	\$4,036.47	f
Post County Option Remaining ACR Room		\$7,941.70	g = e - f
Percentage of ACR Equivalent		45.45%	h = (d + f) / a

Outpatient Hospital

Per Diem ACR Threshold		\$5,280.48	j
Aggregate CY23 Visits	#REF!		
Medicaid HMO Payments	#REF!	#REF!	k
Interim State Directed Payments	\$8,343,705.00	#REF!	l
		#REF!	m = k + l
<u>Remaining Room Under ACR Threshold (Pre County Option)</u>		<u>#REF!</u>	<u>n = j - m</u>
County Option SDPs	\$51,891,719.84	#REF!	o
Post County Option Remaining ACR Room		#REF!	p = n - o
Percentage of ACR Equivalent		#REF!	q = (m + o) / j

NON-GENERAL ACUTE CARE HOSPITALS

Inpatient Hospital

Per Diem ACR Threshold		\$14,557.72	a
Aggregate CY23 Patient Days	21,618		
Medicaid HMO Payments	\$24,528,273.97	\$1,134.62	b
QIP-NJ	\$0.00	\$0.00	c
		\$1,134.62	d = b + c
<u>Remaining Room Under ACR Threshold (Pre County Option)</u>		<u>\$13,423.10</u>	<u>e = a - d</u>
County Option SDPs	\$19,664,374.00	\$909.63	f
Post County Option Remaining ACR Room		\$12,513.47	g = e - f
Percentage of ACR Equivalent		14.04%	h = (d + f) / a

Outpatient Hospital

Per Diem ACR Threshold		\$5,280.48	j
Aggregate CY23 Visits	#REF!		
Medicaid HMO Payments	#REF!	#REF!	k
Interim State Directed Payments	\$0.00	#REF!	l
		#REF!	m = k + l
<u>Remaining Room Under ACR Threshold (Pre County Option)</u>		<u>#REF!</u>	<u>n = j - m</u>
County Option SDPs	\$1,615,171.56	#REF!	o
Post County Option Remaining ACR Room		#REF!	p = n - o
Percentage of ACR Equivalent		#REF!	q = (m + o) / j

SFY26 Total SDP Amount	\$151,733,174
Under / (Over)	\$1

BURLINGTON COUNTY HOSPITAL FEE

1/28/2026

CY24 Encounter Data and FMAP Calculations: General Acute Hospitals

PATIENT DAYS				Medicaid HMO Payments			
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	CHIP	Expansion	Medicaid	TOTAL	CHIP	Expansion	Medicaid	TOTAL
Virtua West Jersey - Marlton	31	1,301	1,229	2,561	\$80,762.38	\$3,951,291.50	\$3,117,133.97	\$7,149,187.85
Virtua Memorial	146	4,152	6,153	10,451	\$360,654.83	\$10,565,693.45	\$13,117,473.94	\$24,043,822.22
Virtua Willingboro	6	2,481	2,610	5,097	\$24,896.74	\$4,324,261.81	\$3,723,434.62	\$8,072,593.17
Deborah	0	740	614	1,354	\$0.00	\$2,495,397.13	\$1,551,772.94	\$4,047,170.07
	183	8,674	10,606	19,463	\$466,313.95	\$21,336,643.89	\$21,509,815.47	\$43,312,773.31

FMAP Calculation				
	CHIP	Expansion	Medicaid	Total
Population Proportion	0.0094	0.4457	0.5449	
Population FMAP	65%	90%	50%	
Aggregate FMAP	0.61%	40.11%	27.25%	67.97%

Population Proportion
Population FMAP
Aggregate FMAP

VISITS				Medicaid HMO Payments			
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	CHIP	Expansion	Medicaid	TOTAL	CHIP	Expansion	Medicaid	TOTAL
Virtua West Jersey - Marlton	1,772	8,239	8,280	18,291	\$897,197.86	\$5,404,180.31	\$4,885,750.89	\$11,187,129.06
Virtua Memorial	2,918	8,751	11,137	22,806	\$1,441,522.90	\$6,719,250.21	\$6,574,752.65	\$14,735,525.76
Virtua Willingboro	1,322	6,900	5,308	13,530	\$759,864.01	\$4,723,045.91	\$3,914,407.00	\$9,397,316.92
Deborah	200	2,154	1,392	3,746	\$88,995.59	\$2,018,527.08	\$1,301,741.19	\$3,409,263.86
	6,212	26,044	26,117	58,373	\$3,187,580.36	\$18,865,003.51	\$16,676,651.73	\$38,729,235.60

FMAP Calculation				
	CHIP	Expansion	Medicaid	Total
Population Proportion	0.10642	0.44617	0.44742	
Population FMAP	65%	90%	50%	
Aggregate FMAP	6.92%	40.15%	22.37%	69.44%

Population Proportion
Population FMAP
Aggregate FMAP

	a	b	c = a * b
	Visits	OPH Add-ON	OPH SDP
Virtua WJ- Marlton	18,291	\$105.00	\$1,920,555.00
Virtua Mt Holly	22,806	\$165.00	\$3,762,990.00
Virtua Willingboro	13,530	\$180.00	\$2,435,400.00
Deborah	3,746	\$60.00	\$224,760.00
			\$8,343,705.00

BURLINGTON COUNTY HOSPITAL FEE

1/28/2026

CY24 Encounter Data and FMAP Calculations: Non-General Acute Hospitals

PATIENT DAYS	Medicaid HMO Payments
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		CHIP	Expansion	Medicaid	TOTAL	CHIP	Expansion	Medicaid	TOTAL
312022	Select Specialty of So. Jersey	0	99	187	286	\$0.00	\$243,750.00	\$459,350.00	\$703,100.00
313032	Kessler	0	1,247	557	1,804	\$0.00	\$1,868,964.83	\$817,490.20	\$2,686,455.03
313302	Weisman Children's Rehab	449	0	1,206	1,655	\$1,486,755.00	\$0.00	\$4,079,741.00	\$5,566,496.00
314021	Hampton BHC	1,452	6,913	5,223	13,588	\$1,156,741.00	\$5,472,586.20	\$4,152,037.60	\$10,781,364.80
314023	Aspen Hills	46	2,050	2,189	4,285	\$38,272.00	\$1,712,966.00	\$1,858,266.00	\$3,609,504.00
		1,947	10,309	9,362	21,618	\$2,681,768.00	\$9,298,267.03	\$11,366,884.80	\$23,346,919.83

FMAP Calculation			
CHIP	Expansion	Medicaid	Total
0.090064	0.476871	0.433065	
65%	90%	50%	
5.85%	42.92%	21.65%	70.43%

VISITS	Medicaid HMO Payments
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		CHIP	Expansion	Medicaid	TOTAL	CHIP	Expansion	Medicaid	TOTAL
312022	Select Specialty of So. Jersey	0	0	0	0	\$0.00	\$0.00	\$0.00	\$0.00
313032	Kessler	0	172	102	274	\$0.00	\$28,209.49	\$16,763.39	\$44,972.88
313302	Weisman Children's Rehab	5,492	0	19,812	25,304	\$1,340,076.68	\$0.00	\$4,713,965.09	\$6,054,041.77
314021	Hampton BHC	0	1	1	2	\$0.00	\$1,235.00	\$3,049.00	\$4,284.00
314023	Aspen Hills	0	0	0	0	\$0.00	\$0.00	\$0.00	\$0.00
		5,492	173	19,915	25,580	\$1,340,076.68	\$29,444.49	\$4,733,777.48	\$6,103,298.65

FMAP Calculation			
CHIP	Expansion	Medicaid	Total
0.214699	0.006763	0.778538	
65%	90%	50%	
13.96%	0.61%	38.93%	53.49%