Order of Attachments
Gloucester County
SFY 2027

Attachment Number	Description	Report Reference
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Attachment 1
Licensed Hospitals
Gloucester County
SFY 2027

Hospital Name	Address	Hospital Ownership	Hospital Type
Inspira Health Center Woodbury	17 W Red Bank Ave., Woodbury, NJ 08096	Not for Profit	Acute Care
Inspira Medical Center Mullica Hill	700 Mullica Hill Dr., Mullica Hill, NJ 08062	Not for Profit	Acute Care
Jefferson Washington Township Hospital	435 Hurffville-Cross Keys Rd., Turnersville, NJ 08012	Not for Profit	Acute Care
Virtua Our Lady of Lourdes	1600 Haddon Ave., Camden, NJ 08103, Camden County	Not for Profit	Acute Care
West Jersey Health System	100 Bowman Drive, Voorhees, NJ 08043, Camden County	Not for Profit	Acute Care

Attachment 2
Hospital Consultative Activities prior to Fee and Expenditure Report Submission
Gloucester County
SFY 2027

Activity	Date(s)
Email to hospitals requesting DHS data forms.	8/20/2025
Initial Meeting with the County and its hospitals.	8/26/2025
Email to hospitals with key dates.	8/26/2025
Email to hospitals providing CY 2024 encounter data.	9/5/2025
Follow up email with Inspira on County Use form.	9/30/2025
Email to hospitals requesting to review encounter data.	10/10/2025
Email to hospitals providing program status updates.	11/25/2025
Email request to hospitals requesting invoice contacts.	11/26/2025
Email to hospitals requesting additional DHS data forms.	12/11/2025
Email to hospitals providing revised encounter data.	12/15/2025
Email to hospitals providing program status updates.	12/16/2025
Discussed model options and answered hospital questions.	January, 2026
Emails to hospitals requesting comment on recommended county model.	January, 2026
Resolved questions, comments, and concerns from hospitals on program proposal.	January, 2026

Attachment 3
Proposed Hospital Assessment Fee
Gloucester County
SFY 2027

	Assessment Basis	Assessment Rate
Inpatient	Percent of 2023 Net Patient Revenue	5.0%
Outpatient	Percent of 2023 Net Patient Revenue	5.0%

Medicare ID	Hospital Name	Inpatient Assessment Units	Modeled Assessment
31-0032	Inspira Health Center Woodbury	$ 5,620,371	$ 280,215
31-0069	Inspira Medical Center Mullica Hill	$ 292,446,411	$ 14,580,498
31-0086	Jefferson Washington Township Hospital	$ 188,857,366	$ 9,415,860
		$ 486,924,148	$ 24,276,573

Medicare ID	Hospital Name	Outpatient Assessment Units	Modeled Assessment
31-0032	Inspira Health Center Woodbury	$ 29,778,539	$ 1,485,949
31-0069	Inspira Medical Center Mullica Hill	$ 215,433,336	$ 10,750,123
31-0086	Jefferson Washington Township Hospital	$ 169,205,677	$ 8,443,363
31-0022	West Jersey Health System	$ 8,461,555	$ 422,232
31-0029	Virtua Our Lady of Lourdes Hospital	$ 6,046,091	$ 301,700
		$ 428,925,198	$ 21,403,367

Fee Limit Tests		
	Net Patient Revenue	Total Assessment
Program Year Net Inpatient Revenue	**$630,890,163.92**	**$ 24,276,573**
Program Year Net Outpatient Revenue	**$437,885,839.56**	**$ 21,403,367**
Total Program Year Net Patient Revenue	**$1,068,776,003.00**	**$ 45,679,940**

	Calculation	Fee Amount (Over) / Under Limit
NJAC 10:52B-2.1 Limit (5% of total net patient revenue)	$ 53,438,800.15	$ 7,758,860
Inpatient Fee Limit, as of 07.04.2025 (5% of Inpatient NPR)	$ 31,544,508.20	$ 7,267,935
Outpatient Fee Limit, as of 07.04.2025 (5% of Outpatient NPR)	$ 21,894,291.98	$ 490,925

Attachment 4
Data Elements for Proposed Hospital Assessment Fee
Gloucester County
SFY 2027

Medicare ID	Hospital Name	FYE Begin	FYE End	FY Days	Ownership	2023 Inpatient Net Patient Revenue	2023 Outpatient Net Patient Revenue	2023 Inpatient & Outpatient NPR
31-0032	Inspira Health Center Woodbury	1/1/2023	12/31/2023	365	Not for Profit	5,620,371	29,778,539	**$ 35,398,909**
31-0069	Inspira Medical Center Mullica Hill	1/1/2023	12/31/2023	365	Not for Profit	292,446,411	215,433,336	**$ 507,879,747**
31-0086	Jefferson Washington Township Hospital	7/1/2022	6/30/2023	365	Not for Profit	188,857,366	169,205,677	**$ 358,063,043**
31-0022	West Jersey Health System	1/1/2023	12/31/2023	365	Not for Profit	-	8,461,555	**$ 8,461,555**
31-0029	Virtua Our Lady of Lourdes Hospital	1/1/2023	12/31/2023	365	Not for Profit	-	6,046,091	**$ 6,046,091**
	Total					**486,924,148**	**428,925,198**	**915,849,346**

Attachment 5
Proposed Hospital Expenditure Model
Gloucester County
SFY 2027

Medicaid Payment Funding			
Estimated Assessment		$	45,679,940
State (DHS) Portion	1%	$	456,799
Gloucester County Portion	9%	$	4,111,195
Estimated New Medicaid Hospital Funding	90%	$	41,111,946
Estimated Medicaid Hospital Funding Allocated to Other Counties (See Attachment 9)		$	(18,314,387)
Estimated Federal Medical Assistance Percentage (FMAP) for Managed Care			67.87%
Estimated New Medicaid Hospital Funding with Federal Matching Funds		$	70,954,562
MCO Administrative Fee for Health Plan Assessment	6.1%	$	4,328,228
Estimated New Medicaid Hospital Funding with Federal Matching Funds (less MCO administrative fee)		$	66,626,334
Estimated New Medicaid Hospital Funding with Federal Matching Funds (less MCO administrative fee)		$	66,626,334
Inpatient Funding Pool (80% of total)		$	53,301,067
Outpatient Funding Pool (20% of total)		$	13,325,267
Estimated Uniform Per-Discharge Payment Increase		$	28,261.44
Estimated Uniform Per-Visit Payment Increase		$	636.35

Medicaid Managed Care Estimated Payment Distributions

Hospital Name	Medicare ID	Medicaid Managed Care Inpatient Discharges	Medicaid Managed Care Outpatient Visits	Inpatient Directed Payment	Outpatient Directed Payment
Inspira Medical Center Mullica Hill	31-0069	1,886	$ 20,940	$ 53,301,067	$ 13,325,267
Total		**1,886**		**$ 53,301,067**	**$ 13,325,267**

Medicaid Payment Limit		
Estimated Inpatient Payments	$	53,301,067
Estimated Outpatient Payments	$	13,325,267
Total Estimated Payments	$	66,626,334
Grandfathered Preprint Total (SFY 2026)	$	66,626,334
Payment Amount (Over) / Under Limit	**$**	**0**

Attachment 6
DHS Inpatient Discharges and Payments from Encounter Data
Gloucester County
SFY 2027

Hospital Name	CY 2023 IP Enc Discharges	CY 2023 OP Enc Visits
Inspira Medical Center Mullica Hill	1,886	20,940
	1,886	**20,940**

Encounter Data

Inpatient					CHIP				Expansion				Medicaid				Total 2023
County	**Medicare ID Roll-up**	**Psych ID**	**NPI**	**Facility Name**	2023-Q1	2023-Q2	2023-Q3	2023-Q4	2023-Q1	2023-Q2	2023-Q3	2023-Q4	2023-Q1	2023-Q2	2023-Q3	2023-Q4	
Gloucester	310069		1366097032	Inspira Medical Center Mullica Hill	1	1	1	15	221	228	204	168	256	260	249	282	
Total								18				821				1,047	1,886
Note: Encounter data in blue font represents values of "<10" replaced by 1.								**1.0%**				**43.5%**				**55.5%**	

Outpatient					CHIP				Expansion				Medicaid				Total 2023
County	**Medicare ID Roll-up**	**Psych ID**	**NPI**	**Facility Name**	2023-Q1	2023-Q2	2023-Q3	2023-Q4	2023-Q1	2023-Q2	2023-Q3	2023-Q4	2023-Q1	2023-Q2	2023-Q3	2023-Q4	
Gloucester	310069		1366097032	Inspira Medical Center Mullica Hill	464	427	349	442	2,430	2,440	2,413	2,100	2,434	2,492	2,338	2,611	
Total								1,682				9,383				9,875	20,940
Percentage to Total								**8.0%**				**44.8%**				**47.2%**	

Attachment 7
Program Year Net Patient Revenue
Gloucester County
SFY 2027

					W/S G-2	Row	1	2	3	4	5	7	10	11	11.01	11.02	12	15	16	17	18	19	27	28	
						Column	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	2	2	2	
	Medicare ID	Medicaid ID	Hospital Name	FYE Begin	FYE End	FY Days	IN/OUT OP Columns	Hospital	Subprovider - IPF	Subprovider - IRF	Subprovider - Other(Note1)	Swing Bed - SNF	Sided Nursing Facility	Total General Inpatient Care Services	ICU	Premature ICU	NICU	CCU	Other Special Care	Total Intensive Care Type Inpatient hospital Services (sum of 11-15)	Total Inpatient Routine Care Services (sum of 10 & 16)	Ancillary Services	Outpatient Services	Other (specify)	Total Patient Revenues
	31-0032		Inspira Health Center Woodbury	1/1/2024	12/31/2024	365			**23,233,680**	-	-	-	-	**23,233,680**	-	-	-	-	-	-	23,233,680	**3,499,636**	-	-	**26,733,516**
	31-0069		Inspira Medical Center Mullica Hil	1/1/2024	12/31/2024	365		**539,745,668**	-	-	-	-	-	**539,745,668**	-	-	-	-	-	**77,827,125**	617,572,793	**513,410,153**	-	-	**1,130,982,946**
	31-0086		Jefferson Washington Township Hospital	7/1/2023	6/30/2024	365		**597,558,735**	-	-	-	-	-	**597,558,735**	135,540,157	-	-	-	-	**135,540,157**	733,098,891	541,022,780	-	-	**1,274,121,671**
	31-0022		West Jersey Health System	1/1/2024	12/31/2024	365		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	31-0029		Virtua Our Lady of Lourdes Hospital	1/1/2024	12/31/2024	365		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			Total																						2,431,838,134

	18	19	27	27.01	28			3										
	2	2	2	2	2			1	Annualized	Annualized	Annualized	Annualized						
	IN/OUT OP Columns	Ancillary Services	Outpatient Services	Other (specify)(Note 2)	Other (specify)	Total Patient Revenues	Sum of Green Shaded Columns – Outpatient Gross	Sum of Orange Shaded Columns - IP and OP Gross	Net Patient Revenue (NPR), W/S G-3	Inpatient Gross	Outpatient Gross	Total IP and OP Gross	Net Patient Revenue (NPR)	**Inpatient NPR for Tax Model (Inflated)**	**Outpatient NPR for Tax Model (Inflated)**	SNF Ancillary Calculation	SNF % of Routine	SNF Ancillary Revenue
31-0032		**24,300,748**	**89,703,261**	**3,961,670**	-	**118,045,679**	118,045,679	144,779,195	24,825,674	26,733,516	118,045,679	144,779,195	24,825,674	**4,970,059**	**21,946,011**		0.00%	-
31-0069		**577,036,199**	**163,915,260**	**37,500,627**	-	**778,452,286**	778,452,286	1,909,435,232	441,503,470	1,130,982,946	778,452,286	1,909,435,232	441,503,470	**283,527,932**	**195,151,454**		0.00%	-
31-0086		**685,637,749**	**164,330,136**	-	-	**849,967,885**	849,967,885	2,124,089,556	434,339,885	1,274,121,671	849,967,885	2,124,089,556	434,339,885	**289,113,446**	**192,867,879**		0.00%	-
31-0022		-	**31,141,641**	-	-	**31,141,641**	31,141,641	31,141,641	6,841,499	-	31,141,641	31,141,641	6,841,499	-	**7,417,574**		0.00%	-
31-0029		-	**32,164,970**	-	-	**32,164,970**	32,164,970	32,164,970	5,070,006	-	32,164,970	32,164,970	5,070,006	-	**5,496,915**		0.00%	-
Total							1,809,772,460	4,241,610,594		2,431,838,134	1,809,772,460	4,241,610,594	912,580,534	**577,611,437**	**422,879,833**			-

Inflation for Cost Report NPR	Estimated Inflated SFY 2027 Medicaid Inpatient Directed Payments	Estimated Inflated SFY 2027 Medicaid Outpatient Directed Payments	Inpatient NPR, Participating Hospitals	Outpatient NPR, Participating Hospitals	Inpatient & Outpatient NPR, Participating Hospitals
1.0842	$ -	$ -	$ 4,970,059	$ 21,946,011	$ 26,916,070
1.0842	$53,278,727	$15,006,007	$ 336,806,659	$ 210,157,461	$ 546,964,120
1.1097	$ -	$ -	$ 289,113,446	$ 192,867,879	$ 481,981,324
1.0842	$ -	$ -	$ -	$ 7,417,574	$ 7,417,574
1.0842	$ -	$ -	$ -	$ 5,496,915	$ 5,496,915
	53,278,727	**15,006,007**	**630,890,164**	**437,885,840**	**1,068,776,003**

Note 1: Amounts in blue font are populated from the Gloucester County-Use Data Collection Form w hich excludes out-of-county data.
Note 2: The net patient revenue derived from the Medicare hospital cost report data is inflated to the mid-point of the fee program year.

State Directed Payment Revenue Adjustments

Gloucester County		Inpatient Payments						Outpatient Payments								Adjustment to NPR	
Hospital Name	Medicare ID	SFY 2027 Other SDP Estimate	SFY 2027 County Option Estimate	SFY 2024 Other SDP (From "2026 Table 2 Summary" applicable tab)	SFY 2025 Other SDP (Not applicable)	SFY 2024 County Option	25 County Option	SFY 2027 Other SDP Estimate	SFY 2027 County Option Estimate	SFY 2024 Other SDP (Charity Care)	SFY 2025 Other SDP (Charity Care)	SFY 2024 Other SDP (Not applicable)	SFY 2025 Other SDP	SFY 2024 County Option	SFY 2025 County Option	Total IP Adjustment for State Directed Payment Revenue	Total OP Adjustment for State Directed Payment Revenue
Inspira Health Center Woodbury	31-0032	$ -	$ -	$ -	$ -	##	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Inspira Medical Center Mullica Hil	31-0069	$ -	$53,278,727	$ -	$ -	##	$ -	$ 3,466,500	$13,319,682	$ 93,850	$ -	$ -	$ 3,466,500	$ -	$ -	$ 53,278,727	$ 15,006,007
Jefferson Washington Township Hospital	31-0086	$ -	$ -	$ -	$ -	##	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total				$ -		##	$ -	$ 3,466,500	$13,319,682	$ 93,850	$ -		$ 3,466,500			$ 53,278,727	$ 15,006,007

Note: The inpatient adjustment includes the SFY 2027 estimated county option and other state directed payments, net of payments for the 2024 cost report period. Likew ise, the outpatient adjustment includes the SFY 2027 estimated county option and other state directed payments, net of payments for the 2024 cost report period.

Attachment 8
Inflation
Gloucester County
SFY 2027

Inflation for Net Patient Revenue from Cost Report Data

Cost Report FYE	Midpoint of Cost Report FYE	Inflation Factor - Midpoint of Cost Report Period	Inflation Factor - Midpoint of Implementation State Fiscal Year (1/1/2027)	Inflation
12/31/24	Q3 2024	2.8740	3.1160	1.0842
06/30/24	Q1 2024	2.8080	3.1160	1.1097

Inflation: IHS Markit Hospital Market Basket, IHS Markit Healthcare Cost Review Q2 2025, Table 6.3

Attachment 9
Allocation of County Fees to County Option Programs
Gloucester County
SFY 2027

		Total	Inspira Health Center Woodbury	Jefferson Washington Township Hospital	Virtua Our Lady of Lourdes Hospital	West Jersey Health System
County Location of Hospital Main Campus		**All**	**Cumberland**	**Camden**	**Burlington**	**Burlington**
Estimated Assessment		$ 20,349,319	$ 1,766,164	$ 17,859,223	$ 301,700	$ 422,232
State (DHS) Portion	1%	$ 203,493	$ 17,662	$ 178,592	$ 3,017	$ 4,222
Gloucester County Portion	9%	$ 1,831,439	$ 158,955	$ 1,607,330	$ 27,153	$ 38,001
Estimated Hospital Funding Allocable to Other Counties	90%	**$ 18,314,387**	**$ 1,589,548**	**$ 16,073,301**	**$ 271,530**	**$ 380,009**

Attachment 10
Estimated Federal Match Rate
Gloucester County
SFY 2027

Federal Medicaid Match Rate Estimate Based on CY 2023 Encounters						
	Medicaid	**Expansion**	**CHIP**	**Calculated Weighted Average Rate**	**Inpatient/ Outpatient Allocation**	**Blended IP/OP Rate**
Federal Match Rates for Medicaid Populations - IP	50%	90%	65%			
Patient Discharge Distribution CY 2023	55.5%	43.5%	1.0%			
Weighted Value	27.76%	39.18%	0.62%	67.56%	80%	54.04%
Federal Match Rates for Medicaid Populations - OP	50%	90%	65%			
Patient Encounter Distribution CY 2023	47.2%	44.8%	8.0%			
Weighted Value	23.58%	40.33%	5.22%	69.13%	20%	13.83%
Overall Weighted Average Federal Share Rate						67.87%

Encounter Data																	
Inpatient					CHIP				Expansion				Medicaid				Total 2023
County	**Medicare ID Roll-up**	**Psych ID**	**NPI**	**Facility Name**	2023-Q1	2023-Q2	2023-Q3	2023-Q4	2023-Q1	2023-Q2	2023-Q3	2023-Q4	2023-Q1	2023-Q2	2023-Q3	2023-Q4	
Gloucester	310069		1366097032	Inspira	1	1	1	15	221	228	204	168	256	260	249	282	
Total								18				821				1,047	1,886
Note: Encounter data in blue font represents values of "<10" replaced by 1.								**1.0%**				**43.5%**				**55.5%**	
Outpatient					CHIP				Expansion				Medicaid				Total 2023
County	**Medicare ID Roll-up**	**Psych ID**	**NPI**	**Facility Name**	2023-Q1	2023-Q2	2023-Q3	2023-Q4	2023-Q1	2023-Q2	2023-Q3	2023-Q4	2023-Q1	2023-Q2	2023-Q3	2023-Q4	
Gloucester	310069		1366097032	Inspira	464	427	349	442	2,430	2,440	2,413	2,100	2,434	2,492	2,338	2,611	
Total								1,682				9,383				9,875	20,940
Percentage to Total								**8.0%**				**44.8%**				**47.2%**	

Attachment 11
Inpatient and Outpatient Total Payment Rate Comparisons
Gloucester County
SFY 2027

Table 2: Provider Payment Analysis

Provider Class(es)	Average Base Payment Level from Plans to Providers (absent the SDP)	Effect on Total Payment Level of State Directed Pmt (SDP)	Effect on Total Payment Level of Other SDPs	Effect on Total Payment Level of Pass-Thru Payments	Total Payment Level (after accounting for all SDP and PTPs)
Acute Inpatient Services	22.0%	62.7%	0.0%	0.0%	84.7%
Acute Outpatient Services	34.3%	26.2%	6.8%	0.0%	67.3%

Gloucester County IP Total Payment Rate Comparison	Inpatient			
	Base	County Option (CO)	Other SDP	Commercial (ACR)
Avg Pmt Per Unit:				
Insp MH	$ 2,118.57	$ 6,030.21	$ -	$ 9,614.45
Weighted Avg Pmt per Unit (Day)	$ 2,118.57	$ 6,030.21	$ -	$ 9,614.45
% to ACR	**22.0%**	**62.7%**	**0.0%**	**100.0%**
Sum of Base, CO, OSD percentages			**84.7%**	
Medicaid Base Payment Data:				
Inspira MH Base Units in Discharges	1,886	1,886	1,886	1,886
Inspira MH Base Units in Days	8,839	8,839	8,839	8,839
Total hospital Base Units in Days	8,839	8,839	8,839	8,839
Inspira Mullica Hill Base Payments (CY 2023)	$ 17,968,561			
Base Payment Inflation Factor	104.2154%			
Inspira MH Base Payments Inflated	$ 18,726,012			
	$ -			
Medicaid County Option Preprint Payments:				
SDP to Hospital per Unit (Discharge)		$ 28,261.44		
SDP to Hospital per Unit (Day)		**$ 6,030.21**		
SDP estimated distribution to hospitals		$ 53,301,067		
Total Inpatient Payments	$ 18,726,012	**$ 53,301,067**	$ -	$ 84,982,124

SFY 2027 Rate Certification Trend	
	IP Unit Cost Trend (Days)
County Trend CY 2023 - SFY 2027	4.22%

Hospital Market Basket (IHS Markit Healthcare Cost Review Q2 2025, Table 6.3)

Notes:
- Medicaid MCO Encounter Payments (CY2023) are projected to the mid-point of the SFY 2027 program period.
- No inpatient Other SDP Payments are expected or included for SFY 2027.
- ACRs are based on hospital-submitted commercial payment data for 2024.
- County Option state directed payments used in the ACR demonstration reflect total SDP payments to be distributed to hospitals.

Gloucester County OP Total Payment Rate Comparison	Outpatient			
	Base	County Option (CO)	Other SDP	Commercial
Avg Pmt Per Unit:				
Insp MH	$ 833.19	$ 636.35	$ 165.54	$ 2,426.69
Weighted Avg Pmt per Unit (Visit)	$ 833.19	$ 636.35	$ 165.54	$ 2,426.69
% to ACR	**34.3%**	**26.2%**	**6.8%**	**100.0%**
Sum of Base, CO, OSD percentages			**67.3%**	
Medicaid Base Payment Data:				
Inspira MH Base Units in Visits	20,940	20,940	20,940	20,940
Total hospital Base Units in Visits	20,940	20,940	20,940	20,940
Inspira Mullica Hill Base Payments (CY 2023)	$ 17,246,693			
Base Payment Inflation Factor	101.1617%			
Inspira MH Base Payments Inflated	$ 17,447,044			
	$ -			
Medicaid County Option Preprint Payments:				
SDP to Hospital per Unit (Visit)		**$ 636.35**		
SDP estimated distribution to hospitals			3,466,500	
Total Outpatient Payments	$ 17,447,044	**$ 13,325,267**	$ 3,466,500	$ 50,814,889

SFY 2027 Rate Certification Trend	
	OP Unit Cost Trend (Discharges)
County Trend CY 2023 - SFY 2027	1.16%

Hospital Market Basket (IHS Markit Healthcare Cost Review Q2 2025, Table 6.3)

Notes:
- Medicaid MCO Encounter Payments (CY2023) are projected to the mid-point of the SFY 2027 program period.
- Other SDP Payments are included, if applicable, estimated based on SFY 2026 levels.
- ACRs are based on hospital-submitted commercial payment data for 2024.
- County Option state directed payments used in the ACR demonstration reflect total SDP payments to be distributed to hospitals.