

Date: 2 / 10 / 2026

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

County: Hudson 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 full list of hospitals located in Hudson 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:

Please note that Hudson County Meadowview Psychiatric Hospital, a public psychiatric hospital, is not being included in the fee. However, pursuant to 42 CFR 433.68(c)(1), a provider assessment is considered to be "broad based" if it is imposed on all providers of the applicable services "furnished by all non-Federal, non-public providers...". Notwithstanding the exclusion of Meadowview, the county's proposed fee will be imposed on all non-Federal, non-public providers of inpatient hospital services, and therefore no waiver is necessary and the statistical test is not required.

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, and gathering feedback from all hospitals within the jurisdiction, and developing criteria used to evaluate potential models. Those criteria continue to inform the process for the current year. For SFY2027 the County has collected updated data from the hospitals to reevaluate the model (both assessment and payment bases) and has involved the hospitals throughout. 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 feedback to inform the design of the program for SFY27. We also provided support for hospitals in completing all 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 per discharge fee, for services furnished within the County's jurisdiction. The County proposes to use data for hospitals' fiscal year ending in 2024, inflated through SFY2027, as the source for calculating the fees.

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

No, the assessment includes all-payer discharges.

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 proposed assessment rate will be \$1,654.53 per 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, at the County's discretion, the County will add interest to the amount due, not to exceed 1.5% of the outstanding payment amount per month, reflected on to 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 will be collected, and of the amount of the quarterly fee they will be required to pay throughout the program year. The hospitals will have 15 days from receipt of that notice to contest the fee amount, by submitting a letter, including any supporting documents, to the County specifying the basis for the appeal.

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

The County will distribute annual notice of the fee amounts to each hospital and 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 contractors 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 contractors.

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 as a uniform increase to Medicaid Managed Care payments for inpatient hospital services provided by acute care hospitals in Hudson County. The increase in payments for inpatient hospital services would be implemented as a per discharge add-on of \$24,551.33.

SFY27 interim directed payments are modeled using CY24 MMCO utilization data provided by the state. The inpatient payments have been calculated using an estimated Federal Medical Assistance Percentage (FMAP) of 67.227% based on the mix of Medicaid, expansion and CHIP patients in the state's CY2024 data.

The payment methodology would be the same for all hospitals, thereby directing the expenditures equally, using the same terms of performance, as required by 42 CFR 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.

Total payments are modeled not to exceed the SFY26 directed payment amount. The interim 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). 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 CFR 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

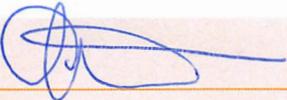
- The county has provided the state with all calculations for the fee, the proposed payments, and the statistical test.
- The county understands that the funds created from this program are to increase financial resources through the Medicaid/NJ FamilyCare program to support local hospitals in providing 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% 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:	Abraham Antun	_____
		Full Name (Printed)
Title:	County Administrator	_____
		Date: 2 / 10 / 2026
Email Address:	aantun@ncwj.us	_____

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

Carepoint Health - Bayonne Medical Center
29 East 29th St
Bayonne, NJ 07002
Acute Care
For profit

Carepoint Health-Hoboken University Medical Center
308 Willow Ave
Hoboken, NJ 07030
Acute Care
For profit

Carepoint Health-Christ Hospital
176 Palisade Ave
Jersey City, NJ 07306
Acute Care
For profit

Jersey City Medical Center
355 Grand Street
Jersey City, NJ 07302
Acute Care
Not for profit

Palisades Medical Center
7600 River Rd
North Bergen, NJ 07047
Acute Care
Not for profit

Hudson Regional Hospital
55 Meadowlands Pkwy
Secaucus, NJ 07094
Acute Care
For profit

Hudson County Meadowview Psychiatric Hospital
595 County Avenue
Secaucus, NJ 07094
Psychiatric
Public

NJ County Option Hospital Fee Program: Hudson County, NJ (SFY27)
Tax Assessment and Interim Payment Distribution

Last Edit Date: 2.6.2026

1	2	3	4	5	6	7	8	9 = 5 + 8	10	11 = 9 + 10	12	13	14	15	16	17 = 12 * 15	18 = 13 * 16	19 = 17 + 18
CCN	Provider	Fee Assessment									Payment							
		Inpatient Discharges (2024)	Assessment Rate	Hospital Assessment	Assessment Rate	Hospital Assessment	Hospital Assessment	Hospital Assessment Transferred from/(to) Another County	Hospital Assessment Total	MMCO Discharges (CY24)	Class	Distribution Rate #1 (c)	Distribution Rate #2 (c)	Distribution Amount #1	Distribution Amount #2	Medicaid Directed Payment Amount		
310003	Palisades (HMH)	6,789	\$ 1,654.53	11,232,604	\$ -	-	\$ 11,232,604	\$ -	\$ 11,232,604	833	1	\$ 24,551.33	\$ -	\$ 20,451,260	\$ -	\$ 20,451,260		
310016	Christ (HRH)	3,709	\$ 1,654.53	6,136,652	\$ -	-	\$ 6,136,652	\$ -	\$ 6,136,652	889	1	\$ 24,551.33	\$ -	\$ 21,826,135	\$ -	\$ 21,826,135		
310025	Bayonne (HRH)	3,616	\$ 1,654.53	5,982,780	\$ -	-	\$ 5,982,780	\$ -	\$ 5,982,780	432	1	\$ 24,551.33	\$ -	\$ 10,606,176	\$ -	\$ 10,606,176		
310040	Hoboken (HRH)	5,702	\$ 1,654.53	9,434,130	\$ -	-	\$ 9,434,130	\$ -	\$ 9,434,130	1,132	1	\$ 24,551.33	\$ -	\$ 27,792,108	\$ -	\$ 27,792,108		
310074	Jersey City (RWJBH)	20,380	\$ 1,654.53	33,719,321	\$ -	-	\$ 33,719,321	\$ -	\$ 33,719,321	4,154	1	\$ 24,551.33	\$ -	\$ 101,986,235	\$ -	\$ 101,986,235		
310118	Hudson Reg (HRH)	3,440	\$ 1,654.53	5,691,583	\$ -	-	\$ 5,691,583	\$ -	\$ 5,691,583	143	1	\$ 24,551.33	\$ -	\$ 3,510,841	\$ -	\$ 3,510,841		
999	Total	43,636	-	72,197,070	-	\$ -	\$ 72,197,070	\$ -	\$ 72,197,070	7,583	-	-	-	\$ 186,172,754	\$ -	\$ 186,172,755		

under cap 5.00%

99.70% 4.99%

NPSR Reduction Factor

(a) Assessment	\$ 72,197,099
County Aggregate Assess. (Exh. A)	\$ 43,636
Assessment Basis	\$ 1,654.53
Assessment Rate	\$ (29)
Variance due to rounding	

(b) Net Funds Available for Distribution

Hospital Assessment Prior to Transfers	County	State	\$ 72,197,070
Assessment exc. County & State Admin. Fees	\$ 6,497,736	\$ 721,971	\$ 64,977,363
Less: Balance of Transfer to Another County			-
Assessment exc. County & State Admin. Fees, Net of Transfers			\$ 64,977,363
	Inpatient	Outpatient	
Percentage of Net Assessment	100.00%		100.00%
Net Assessment	\$ 64,977,363	\$ -	\$ 64,977,363
Federal Match %	67.227%		
Federal Match	\$ 133,289,681	\$ -	\$ 133,289,681
Subtotal	\$ 198,267,044	\$ -	\$ 198,267,044
Less: MMCO Admin. Fee	6.1%	\$ (12,094,290)	\$ (12,094,290)
Net Funds Available to Hospitals	\$ 186,172,754	\$ -	\$ 186,172,754
Variance due to rounding			\$ 1

(c) Payment Distribution

Class	Class	Dist. %	Inpatient		Outpatient		Inpatient Distribution Rate	
			Interim Payments	MMCO Disch.	Dist. %	Interim Payments	MMCO Disch.	Pmt Rate
1 Gen Acute		100.00%	\$ 186,172,754	100.00%	\$ -	7,583	\$ 24,551.33	
2			\$ -		\$ -	-	\$ -	
3			\$ -		\$ -	-	\$ -	
4			\$ -		\$ -	-	\$ -	
Total		100.00%	\$ 186,172,754	100.00%	\$ -	7,583	(x)	

\$ 198,272,741 *under cap* \$ (5,697) *ok* *ok*

Average Commercial Rate (ACR) Equivalent Analysis: Inpatient (SFY26)

County	Payment Class	1	2	3 = 1 / 2	4	5 = 4 / 2	6	7 = 6 / 2	8	9 = 8 / 2	10 = 3+5+7+9	11	12 = 10 / 11
		MMCO IP Payments CY24\$ to SFY27\$ (Exhibit B)	MMCO Days (CY24) (Exh. B)	Avg. Medicaid MCO Enc. Payment per Day	COHP Directed Payment (per above)	COHP Directed Payment Per Day	QIP Estimated Payment (Exhibit C)	QIP Estimated Payment per Day	State Outpatient Directed Payment	State Outpatient Directed Payment per Day	Total Avg. Medicaid MC Payment per Day	2024 County Average Commercial Rate (audited)	% of ACR
Hudson	Gen Acute	\$ 85,164,113	42,519	\$ 2,002.97	\$ 186,172,754	\$ 4,378.58	\$ 13,779,545	\$ 324.08	\$ -	\$ -	\$ 6,705.62	\$ 7,017.23	95.56%

Exhibit A



NJ County Option Hospital Fee Program: Hudson County, NJ (SFY27)
Maximum Fee Assessment

Last Edit Date: 2.5.2026

Net Patient Service Revenue
 - Net of COHP Exclusions -

Table 1. Maximum Aggregate Assessment (N.J.A.C. 10:52B-2.1 Limit)	FYE	2024 Data Forms Inpatient	2024 Data Forms Outpatient	2024 Data Forms Total	2024 Data Inpatient + Inflation Factor(a)	2024 Data Outpatient + Inflation Factor(a)	2024 Data Total + Inflation Factor(a)
Palisades Med Ctr	12/31	\$ 114,048,607	\$ 96,660,884	\$ 210,709,491	\$ 123,742,739	\$ 104,877,059	\$ 228,619,798
Christ Hosp/Carepoint	12/31	\$ 37,680,434	\$ 42,846,830	\$ 80,527,264	\$ 40,883,271	\$ 46,488,811	\$ 87,372,081
Bayonne Med Ctr/Carepoint	12/31	\$ 42,359,942	\$ 46,338,262	\$ 88,698,204	\$ 45,960,537	\$ 50,277,014	\$ 96,237,551
Hoboken UMC/Carepoint	12/31	\$ 55,319,914	\$ 53,065,209	\$ 108,385,123	\$ 60,022,107	\$ 57,575,752	\$ 117,597,858
Jersey City Med Ctr/RWJBH	12/31	\$ 381,907,880	\$ 236,066,369	\$ 617,974,249	\$ 414,370,050	\$ 256,132,010	\$ 670,502,060
Hudson Regional Hosp	6/30	\$ 105,111,178	\$ 119,691,623	\$ 224,802,801	\$ 115,937,629	\$ 132,019,860	\$ 247,957,490
Children's Specialized (O/P Therapies)							
Englewood (Imaging & Therapeutics)							
Newark Beth (Physician Specialty Clinic)							
Total		\$ 736,427,955	\$ 594,669,177	\$ 1,331,097,132	\$ 800,916,332	\$ 647,370,506	\$ 1,448,286,839
Limit Requirement: N.J.A.C. 10:52B-2.1	5.0%	\$ 36,821,398	\$ 29,733,459	\$ 66,554,857	\$ 40,045,817	\$ 32,368,525	\$ 72,414,342
Limit Requirement: Federal (6%)	6.0%	\$ 44,185,677	\$ 35,680,151	\$ 79,865,828	\$ 48,054,980	\$ 38,842,230	\$ 86,897,210
Maximum Aggregate Assessment		\$ 36,821,398	\$ 29,733,459	\$ 66,554,857	\$ 40,045,817	\$ 32,368,525	\$ 72,414,342
<i>Market Basket - Weighted (informational only)</i>					1.088	1.089	1.088

(a) Inflation Factor

Cost Report FYE	Midpoint of Cost FYE	2024 - 2027 (CMS MBI v.2025Q3)		
		Inflation Factor Midpoint of Cost Report Period	Inflation Factor Midpoint of SFY (1/1/2027)	Inflation Factor
3/31	Q4 23	1.021	1.141	1.118
6/30	Q1 24	1.034	1.141	1.103
9/30	Q2 24	1.042	1.141	1.095
10/31	Q2 24	1.042	1.141	1.095
12/31	Q3 24	1.052	1.141	1.085

Source: <https://www.cms.gov/data-research/statistics-trends-and-reports/medicare-program-rates-statistics/market-basket-data>

(b) Tax Assessments from Other Counties N/A

Exhibit B



NJ County Option Hospital Fee Program: Hudson County, NJ (SFY27)
Medicaid MCO Encounter Data to Develop Interim Payments

Last Edit Date: 1.29.2026

Hudson Hudson
 3.70% 2.86%

Medicaid Managed Care, **CY 2024**
 (Source: DMAHS, 9/4/25 Run Date + I/P Payments Run Date 12/9/25)

MMCO Payments Adjusted to SFY27 \$

CCN	Provider	MMCO Days (CY24)	MMCO Discharges (CY24)	MMCO IP Payments (CY24)	MMCO OP Visits (CY24)	MMCO OP Payments (CY24)	MMCO Total Payments (CY24)	Adjustment Factor: Inpatient (Exhibit F)	Adjustment Factor: Outpatient (Exhibit F)	MMCO IP Payments CY24\$ to SFY27\$ (Exhibit B)	MMCO OP Payments CY24\$ to SFY27\$ (Exhibit B)
310003	Palisades Med Ctr	3,483	833	8,808,951	25,639	16,523,487	25,332,438	1.0370	1.0286	9,134,862	16,995,492
310016	Christ Hosp/Carepoint	5,896	889	7,791,592	9,942	3,685,406	11,476,997	1.0370	1.0286	8,079,863	3,790,682
310025	Bayonne Med Ctr/Carepoint	3,055	432	4,056,047	5,677	1,910,416	5,966,463	1.0370	1.0286	4,206,112	1,964,989
310040	Hoboken UMC/Carepoint	6,635	1,132	10,334,760	14,197	5,025,259	15,360,019	1.0370	1.0286	10,717,123	5,168,809
310074	Jersey City Med Ctr/RWJBH	22,720	4,154	49,843,801	65,460	67,979,771	117,823,572	1.0370	1.0286	51,687,910	69,921,661
310118	Hudson Regional Hosp	730	143	1,290,499	9,678	6,597,473	7,887,972	1.0370	1.0286	1,338,244	6,785,935
Total		42,519	7,583	82,125,649	130,593	101,721,812	183,847,461	(x)	(x)	85,164,113	104,627,567
FMAP Net of Exclusions		67.569%	67.227%	67.674%	69.926%	70.728%				3.70%	2.86%
										3.70%	2.86%

Exhibit B-IP

NJ County Option Hospital Fee Program: Hudson County, NJ (SFY27)
CY 2024 Encounter Data Inpatient

CALENDAR YEAR 2024 (DMAHS 9/4/25 Run Date + I/P Payments Run Date 12/9/25)

I/P Payment Exclude	Medicare ID Roll-up	NPI	Facility Name	Days				Discharges				Payments			
				CHIP	Expansion	Medicaid	CY 2024	CHIP	Expansion	Medicaid	CY 2024	CHIP	Expansion	Medicaid	CY 2024
	310003	1730692344	Hackensack UMC @ Palisades	25	1,199	2,259	3,483	1	292	540	833	129,870	3,279,657	5,399,424	8,808,951
	310016	1871859306	Christ Hospital	11	3,273	2,612	5,896	1	526	362	889	6,863	4,114,496	3,670,233	7,791,592
	310025	31S025	1568669380 Bayonne Medical Center - Psych Unit	22	728	406	1,156	1	87	54	142	30,030	849,433	493,914	1,373,376
	310025	1821101239	Bayonne Medical Center	1	931	967	1,899	1	162	127	290	12,565	1,420,640	1,249,466	2,682,671
	310040	1043475668	Hoboken University Medical Center	126	1,043	1,185	2,354	36	175	309	520	208,960	1,930,585	2,339,414	4,478,959
	310040	31S040	1053576678 Hoboken University Medical Center - Psych Unit	1,426	834	2,021	4,281	235	102	275	612	2,019,849	1,189,091	2,646,860	5,855,800
	310040	1497910012	Hoboken University Medical Center	0	0	0	0	0	0	0	0	0	0	0	0
	310040	1467645952	Hoboken University Medical Center - FH	0	0	0	0	0	0	0	0	0	0	0	0
	310074	1497825665	Jersey City Medical Center	117	1,876	1,613	3,606	1	218	163	382	81,917	1,862,466	1,446,943	3,391,325
	310074	1689744856	Jersey City Medical Center	145	7,640	11,329	19,114	49	1,488	2,235	3,772	361,250	19,732,381	26,358,845	46,452,476
	310118	1710491253	Hudson Regional Hospital (Meadowlands)	0	449	281	730	0	94	49	143	0	839,792	450,707	1,290,499
<10 converted to 1															
			County Total	1,873	17,973	22,673	42,519	325	3,144	4,114	7,583	2,851,305	35,218,540	44,055,804	82,125,649
			% of Total	4%	42%	53%	100%	4%	41%	54%	100%	3%	43%	54%	100%
			Federal Match Rate	65%	90%	50%		65%	90%	50%		65%	90%	50%	
			FMAP - Inpatient		67.569%				67.227%				67.674%		
			Exclusions	-	-	-	-	-	-	-	-	-	-	-	-
			County Total Net of Exclusions	1,873	17,973	22,673	42,519	325	3,144	4,114	7,583	\$2,851,305	\$35,218,540	\$44,055,804	82,125,649
			% of Total	4%	42%	53%		4%	41%	54%		3%	43%	54%	
			Federal Match Rate	65%	90%	50%		65%	90%	50%		65%	90%	50%	
			FMAP - Inpatient Net of Exclusions		67.569%				67.227%				67.674%		

Exhibit C



**NJ County Option Hospital Fee Program: Hudson County, NJ (SFY27)
QIP Payment per DMAHS**

Last Edit Date: 1.8.2026

Estimate based on MY3

CCN	Provider	Behavioral Health Performance Payment	Maternal Health Performance Payment	QIP MY3 Payments per DMAHS	Notes
310003	Palisades Med Ctr	1,191,498	728,086	1,919,584	
310016	Christ Hosp/Carepoint	3,046,337	-	3,046,337	no maternity
310025	Bayonne Med Ctr/Carepoint	445,035	-	445,035	no maternity
310040	Hoboken UMC/Carepoint	2,097,894	379,694	2,477,588	
310074	Jersey City Med Ctr/RWJBH	3,833,135	2,057,866	5,891,001	
310118	Hudson Regional Hosp	-	-	-	non-participating in MY3
County Total		10,613,899	3,165,646	13,779,545	

Exhibit D



**NJ County Option Hospital Fee Program: Hudson County, NJ (SFY27)
State Directed Outpatient Payment - SFY26 Proposed**

Last Edit Date: 1.8.2026

CCN	Provider	MMCO Outpatient State Directed Payment	Notes
310003	Palisades Med Ctr	\$ 9,608,445	
310016	Christ Hosp/Carepoint	\$ 5,558,040	
310025	Bayonne Med Ctr/Carepoint	\$ 1,409,580	
310040	Hoboken UMC/Carepoint	\$ 5,523,840	
310074	Jersey City Med Ctr/RWJBH	\$ 23,132,970	
310118	Hudson Regional Hosp	\$ 554,348	
County Total		- (x) 45,787,223	

Exhibit F



NJ County Option Hospital Fee Program: Hudson County, NJ (SFY27)
Mercer Medicaid MCO Final Trend Factors: CY24 - SFY27

Received: 1.19.2026

County	CY24 to SFY27 Draft Trend Factors			
	Unit Cost		Units	
	Inpatient Hospital	Outpatient Facility	Inpatient Hospital	Outpatient Facility
Atlantic	5.82%	4.19%	5.35%	7.57%
Bergen	4.79%	3.17%	6.73%	9.81%
Burlington	5.06%	4.76%	5.85%	8.28%
Camden	4.25%	3.78%	6.84%	8.66%
Cape May	5.21%	4.09%	5.89%	9.76%
Cumberland	5.11%	5.24%	6.40%	8.29%
Essex	4.32%	3.44%	7.01%	9.51%
Gloucester	4.75%	3.99%	5.80%	7.78%
Hudson	3.70%	2.86%	7.28%	9.97%
Hunterdon	7.22%	3.20%	3.29%	9.54%
Mercer	6.48%	3.34%	6.01%	9.59%
Middlesex	4.69%	3.51%	6.75%	9.40%
Monmouth	5.33%	4.77%	6.02%	8.50%
Morris	5.51%	2.92%	6.69%	10.64%
Ocean	5.87%	2.99%	3.84%	9.50%
Passaic	4.30%	2.68%	7.53%	10.06%
Salem	4.93%	5.46%	5.39%	7.22%
Somerset	5.32%	3.47%	6.03%	9.68%
Sussex	6.51%	4.38%	4.57%	7.37%
Union	4.17%	3.35%	7.34%	10.13%
Warren	5.04%	5.31%	5.44%	6.99%

The inpatient units trends can be applied to both days and discharges.

Notes

1. The final trends from the SFY2026 rate development were used to trend CY2023 data and CY2024 data to SFY2025. The draft trends from the SFY2027 Draft rate development were then used thereafter to trend from SFY2025 to SFY2027.
2. Mercer relied on the State's SFY2027 enrollment projections as of October 2025 to develop these trend assumptions.
3. The unit trends for CY2023 are negative due to the sizeable decline in projected enrollment between CY2023 and SFY2027.

Caveats

1. The draft trends from the SFY2027 Draft rate development, which were used in this analysis to trend from SFY2025 to SFY2027, will change as Mercer finalizes the capitation rates for SFY2027. Additionally, updated State enrollment projections will also influence these county-specific inpatient and outpatient trend assumptions.