

**Date:** 2 / 23 / 2026

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

**County:** Middlesex 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 Middlesex 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 Rutgers Health-University Behavioral Health Care, 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 Rutgers Health, 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 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 day 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 discharges assessed will exclude Medicare days.

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 \$590.45 per non-Medicare day.

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 will add 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 amount of the quarterly fee they will be required to pay throughout the program. 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?

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.

Penn Medicine Princeton Medical Center's main campus is located in Middlesex County and has a provider-based facility, Princeton House, located in Mercer County. We request that the state use the proceeds of the fees paid to Mercer County by Princeton House to help fund the non-federal share of County Option payments to the hospitals in Middlesex County. Similarly, we request that the state use proceeds of fees on outpatient services provided by Children's Specialized Hospital in Essex, Monmouth and Ocean counties, all of which are provider-based to the Children's Specialized Hospital located in Middlesex County, to help fund the non-federal share of County Option payments to the hospitals in Middlesex County. These transfers of funds will promote the program's purpose of supporting local hospitals as the payments to Penn Medicine Princeton Medical Center and Children's Specialized Hospital in Middlesex County will include the out-of-county services they provide.

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 inpatient and outpatient payments to acute care hospitals whose main campus is within Middlesex County. The increase in inpatient payments would be implemented as a per-discharge add on of \$26,741.53 and the increase in outpatient payments would be implemented as a per-visit add on of \$520.64.

The payments have been calculated using the applicable Federal Medical Assistance Percentage (FMAP). We calculated the applicable FMAP for inpatient (65.53%) and outpatient payments (64.37%) based on the mix of Medicaid, expansion and CHIP patients in the state's CY2024 data.

The payment methodology is 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.

The directed payments will 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 will 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. 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~~<sup>5</sup>% 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: Nicholas Jeglinski

Full Name (Printed)

Title: Chief Financial Officer

Date: 02 / 24 / 2026

Email Address: Nicholas.jeglinski@co.middlesex.nj.us

New Jersey County Option Hospital Fee Program: Middlesex County, NJ (SFY27)  
 Model for Assessment and Interim Payment Distribution

Last Edit Date: 2.19.2026

1	2	3	4	5 = 3 * 4	6	7 = 5 + 6	8	9	10	11	12	13 = 8 * 11	14 = 9 * 12	15 = 13 + 14
CCN	Provider	Fee Assessment					Payment							
		Days exc. Medicare (2024)	Assessment per Discharge (a)	Hospital Assessment	Assessment Transferred to/(from) Middlesex Co.	Hospital Assessment Total	MMCO Discharges (CY24)	MMCO OP Visits (CY24)	Payment Class	Payment Add-on per MMCO Discharge (c)	Payment Add-on per MMCO OP Visit (c)	Payment Distribution based on MMCO Discharges	Payment Distribution based on MMCO OP Visits	Total Medicaid Directed Payment
310010	Penn - Princeton	44,339	\$ 590.45	\$ 26,179,963	\$ 4,696,200	\$ 30,876,163	1,445	7,304	1	\$ 26,741.53	\$ 520.64	\$ 38,641,516	\$ 3,802,722	\$ 42,444,239
310038	RWJ - Univ Hosp	120,743	\$ 590.45	\$ 71,292,704	\$ -	\$ 71,292,704	5,054	47,088	1	\$ 26,741.53	\$ 520.64	\$ 135,151,711	\$ 24,515,689	\$ 159,667,400
310039	HMH - Raritan Bay	34,619	\$ 590.45	\$ 20,440,789	\$ -	\$ 20,440,789	2,158	29,687	1	\$ 26,741.53	\$ 520.64	\$ 57,708,230	\$ 15,456,109	\$ 73,164,339
310070	Saint Peter's University	63,380	\$ 590.45	\$ 37,422,721	\$ -	\$ 37,422,721	2,777	65,760	1	\$ 26,741.53	\$ 520.64	\$ 74,261,239	\$ 34,236,997	\$ 108,498,236
310108	HMH - JFK Health	56,980	\$ 590.45	\$ 33,643,841	\$ -	\$ 33,643,841	2,223	51,440	1	\$ 26,741.53	\$ 520.64	\$ 59,446,429	\$ 26,781,496	\$ 86,227,925
312018	CareOne (closed 12/31/25)	-	\$ -	\$ -	\$ -	\$ -			9	\$ -	\$ -	\$ -	\$ -	\$ -
312025	HMH - Hackensack Meridian LTACH	465	\$ 590.45	\$ 274,559	\$ -	\$ 274,559			1	\$ 26,741.53	\$ 520.64	\$ -	\$ -	\$ -
313300	RWJ - Children's Spec. (NB)	18,810	\$ 590.45	\$ 11,106,365	\$ 1,251,381	\$ 12,357,745	222	49,189	1	\$ 26,741.53	\$ 520.64	\$ 5,936,620	\$ 25,609,545	\$ 31,546,165
<b>999</b>	<b>Total</b>	<b>339,336</b>	<b>\$ 590.45</b>	<b>\$ 200,360,941</b>	<b>\$ 5,947,581</b>	<b>\$ 206,308,522</b>	<b>13,879</b>	<b>250,468</b>	<b>(x)</b>	<b>(x)</b>	<b>(x)</b>	<b>\$ 371,145,745</b>	<b>\$ 130,402,559</b>	<b>\$ 501,548,304</b>

ok ok

(a) Assessment

% of NPSR / Reduction Percentage	93.27%	Cap
Maximum Assessment	4.664%	5.000%
Discharges exc. Medicare	\$ 200,360,536	
Assessment per Non-Care Disch.	339,336	
Variance due to rounding	\$ 590.45	
	405	

(b) Net Funds Available for Distribution

	County	State	
Hospital Assessment Prior to Transfers			\$ 200,360,941
Assessment exc. County & State Admin. Fees	\$ 18,032,485	\$ 2,003,609	\$ 180,324,847
Less: Balance of Transfer to/from Another County			5,352,823
Assessment exc. County & State Admin. Fees, Net of Transfers			\$ 185,677,670
	Inpatient	Outpatient	
Percentage of Net Assessment	74.00%	26.00%	100.00%
Net Assessment	\$ 137,401,476	\$ 48,276,194	\$ 185,677,670
Federal Match %	65.534%	64.366%	
Federal Match	\$ 261,251,229	\$ 87,201,350	\$ 348,452,580
Subtotal	\$ 398,652,705	\$ 135,477,544	\$ 534,130,249
Less: MMCO Admin. Fee	6.1% \$ (24,317,815)	\$ (8,264,130)	\$ (32,581,945)
Net Funds Available to Hospitals	\$ 374,334,890	\$ 127,213,414	\$ 501,548,304
Variance due to rounding			\$ -

Cap 534,141,249 undercap (10,999)

(c) Payment Distribution

Class	Class	Interim Payments Distribution %	Interim Payments Distribution	Distribution %		Distribution Rate #1		Distribution Rate #2	
				MMCO Discharge	MMCO OP Visits (C)	MMCO Discharges (CY24)	Pmt Rate	MMCO OP Visits (CY24)	Pmt Rate
1	Acute Hosps	100.0%	\$ 501,548,304	74.00%	26.00%	13,879	\$ 26,741.53	250,468	\$ 520.64

New Jersey County Option Hospital Fee Program: **Middlesex County, NJ (SFY27)**  
 Model for Assessment and Interim Payment Distribution

Last Edit Date: 2.19.2026

Average Commercial Rate (ACR) Equivalent Analysis: Inpatient

		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
Class	Payment Class	MMCO IP Payments CY24\$ to SFY27\$ (Exhibit B)	MMCO Days (CY24) (Exhibit B)	Avg. Medicaid MCO Enc. Payment per Day	COHP Directed Payment (per above)	COHP Directed Payment Per MMCO Day	QIP Estimated Payment (Exhibit C)	QIP Estimated Payment per Day	State Outpatient Directed Payment (Exhibit D)	State Outpatient Directed Payment per Day	Total Avg. Medicaid MC Payment per Day	2024 Statewide Average Commercial Rate (audited)	% of ACR
1	Acute Hosps	\$221,506,341	92,875	\$2,384.99	\$371,145,745	\$ 3,996.19	\$ 25,944,956	\$ 279.35	\$ -	\$ -	\$6,660.53	\$ 6,688.54	99.58%

*not applicable for IP*

Average Commercial Rate (ACR) Equivalent Analysis: Outpatient

		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
County	Payment Class	MMCO OP Payments CY24\$ to SFY27\$ (Exhibit B)	MMCO OP Visits (CY24) (Exhibit B)	Avg. Medicaid MCO Enc. Payment per Visit	COHP Directed Payment (per above)	COHP Directed Payment Per MMCO OP Visit	QIP Estimated Payment (Exhibit C)	QIP Estimated Payment per Visit	State Outpatient Directed Payment (Exhibit D)	State Outpatient Directed Payment per Visit	Total Avg. Medicaid MC Payment per Visit	2024 Statewide Average Commercial Rate (audited)	% of ACR
1	Acute Hosps	\$ 168,446,983	250,468	\$672.53	\$ 130,402,559	\$ 520.64	\$ -	\$ -	\$ 46,922,105	\$ 187.34	\$1,380.50	\$ 1,705.58	80.94%

Exhibit A



**New Jersey County Option Hospital Fee Program: Middlesex County, NJ (SFY27)  
Maximum Fee Assessment**

Last Edit Date: 2.19.2026

Table 1. Maximum Aggregate Assessment (N.J.A.C. 10:52B-2.1 Limit)	Net Patient Service Revenue - Net of COHP Exclusions -						
	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)
Penn - Princeton (exc. Princeton House)	6/30	\$ 204,690,672	\$ 279,391,920	\$ 484,082,591	\$ 225,773,811	\$ 308,169,287	\$ 533,943,098
RWJ - Univ Hosp	12/31	\$ 1,124,817,121	\$ 539,635,983	\$ 1,664,453,104	\$ 1,220,426,576	\$ 585,505,042	\$ 1,805,931,618
HMH - Raritan Bay	12/31	\$ 214,399,340	\$ 134,905,181	\$ 349,304,521	\$ 232,623,284	\$ 146,372,121	\$ 378,995,405
Saint Peter's University	12/31	\$ 354,405,101	\$ 198,570,432	\$ 552,975,533	\$ 384,529,535	\$ 215,448,918	\$ 599,978,453
HMH - JFK Health	12/31	\$ 469,351,050	\$ 351,065,924	\$ 820,416,974	\$ 509,245,889	\$ 380,906,528	\$ 890,152,417
Care One	12/31	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Hackensack Meridian LTACH	12/31	\$ 6,501,414	\$ -	\$ 6,501,414	\$ 7,054,034	\$ -	\$ 7,054,034
Children's Specialized Hospital	12/31	\$ 70,304,155	\$ 3,705,450	\$ 74,009,605	\$ 76,280,008	\$ 4,020,413	\$ 80,300,421
<b>Total</b>		<b>\$ 2,444,468,853</b>	<b>\$ 1,507,274,889</b>	<b>\$ 3,951,743,742</b>	<b>\$ 2,655,933,137</b>	<b>\$ 1,640,422,310</b>	<b>\$ 4,296,355,447</b>
Limit Requirement: N.J.A.C. 10:52B-2.1 (5.0%)	5.0%	\$ 122,223,443	\$ 75,363,744	\$ 197,587,187	\$ 132,796,657	\$ 82,021,115	\$ 214,817,772
Limit Requirement: Federal (6%)	6.0%	\$ 146,668,131	\$ 90,436,493	\$ 237,104,625	\$ 159,355,988	\$ 98,425,339	\$ 257,781,327
<b>Maximum Aggregate Assessment Market Basket - Weighted</b>		<b>\$ 122,223,443</b>	<b>\$ 75,363,744</b>	<b>\$ 197,587,187</b>	<b>\$ 132,796,657</b>	<b>\$ 82,021,115</b>	<b>\$ 214,817,772</b> 1.0872

(a) Inflation Factor

Cost Report FYE	Midpoint of Cost FYE	2024 - 2027 (CMS MBI v.2025Q3)		Inflation Factor
		Inflation Factor Midpoint of Cost Report Period	Inflation Factor Midpoint of SFY (1/1/2027)	
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) Assessment Transfers inbound to Middlesex

310010	Princeton (Mercer)	\$ 5,218,000	.90% Net Txfr ->	\$ 4,696,200
313300	RWJ - Children's Spec	\$ 1,390,423	.90% Net Txfr ->	\$ 1,251,381
313300	RWJ - CS (Essex)	\$ 278,836	.90% Net Txfr ->	\$ 250,952.40
313300	RWJ - CS (Monmouth)	\$ 153,798	.90% Net Txfr ->	\$ 138,418.20
313300	RWJ - CS (Ocean)	\$ 957,789	.90% Net Txfr ->	\$ 862,010.10
		\$ 1,390,423.00		\$ 1,251,380.70

Exhibit B



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

Last Edit Date: 1.21.2026

Middlesex 4.69% Middlesex 3.51%

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

MMCO Payments CY24\$ 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)
310010	Penn - Princeton	14,250	1,445	18,957,937	7,304	4,115,015	4,122,319	1.0469	1.0351	19,847,065	4,259,614
310038	RWJ - Univ Hosp	35,503	5,054	94,989,801	47,088	55,609,849	55,656,937	1.0469	1.0351	99,444,823	57,563,938
310039	HMH - Raritan Bay	12,712	2,158	21,591,761	29,687	15,572,957	15,602,644	1.0469	1.0351	22,604,414	16,120,179
310070	Saint Peter's University	12,524	2,777	27,811,175	65,760	29,327,987	29,393,747	1.0469	1.0351	29,115,519	30,358,550
310108	HMH - JFK Health	11,874	2,223	25,441,567	51,440	32,713,512	32,764,952	1.0469	1.0351	26,634,777	33,863,041
312018	CareOne	-	-	-	-	-	-	1.0469	1.0351	-	-
312025	Hackensack Meridian LTACH	-	-	-	-	-	-	1.0469	1.0351	-	-
313300	RWJ - Children's Spec. (NB)	6,012	222	22,790,852	49,189	25,389,493	25,438,682	1.0469	1.0351	23,859,743	26,281,661
<b>TOTAL NET OF EXCLUSIONS</b>		<b>92,875</b>	<b>13,879</b>	<b>211,583,092</b>	<b>250,468</b>	<b>162,728,814</b>	<b>162,979,282</b>	(x)	(x)	<b>221,506,341</b>	<b>168,446,983</b>
Excluded		325	2	389,319	-	-	389,319			4.690%	3.514%
County Total		93,200	13,881	211,972,411	250,468	162,728,814	163,368,601			ok	ok
FMAP % Net of Exclusions		67.1755%	65.5335%	66.2472%	64.3659%	67.2352%					

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

Last Edit Date: 12.16.25

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

I/P Payment	Medicare ID	NPI	Facility Name	Days				Discharges				Payments				
				CHIP	Expansion	Medicaid	CY 2024	CHIP	Expansion	Medicaid	CY 2024	CHIP	Expansion	Medicaid	CY 2024	
	310010	31S010	1518009588	Penn Medicine Princeton Health / Princeton House - Psych Unit	126	7,604	3,122	10,852	1	677	256	934	152,245	9,456,154	3,877,167	13,485,566
	310010		1689714255	Penn Medicine Princeton Health	1,030	1,046	1,307	3,383	48	221	242	511	1,092,021	2,086,874	2,280,742	5,459,636
	310010	31T010	1902948821	Penn Medicine Princeton Health - Rehab Unit	0	15	0	15	0	<10	0	0	0	12,735	0	12,735
	310038		1346243375	RWJ University Hospital	2,708	13,748	19,047	35,503	618	1,604	2,832	5,054	8,201,823	36,670,693	50,117,284	94,989,801
	310039		1356828172	Raritan Bay Medical Center - Old Bridge	1	1,217	836	2,054	1	242	120	363	7,676	2,491,800	1,843,660	4,343,136
	310039		1790297455	Raritan Bay Medical Center - Perth Amboy	81	4,968	5,609	10,658	18	774	1,003	1,795	140,779	8,217,952	8,889,894	17,248,625
	310070		1114924834	Saint Peter's University Hospital	1,420	2,760	8,344	12,524	312	534	1,931	2,777	3,326,072	6,460,968	18,024,135	27,811,175
exc	312018		1497754006	CareOne/Rehabilitation Hospital at Raritan Bay Medical Center	0	118	207	325	0	1	1	2	0	189,904	199,415	389,319
	310108		1114932548	JFK Medical Center Rehab Unit (old NPI)	0	0	0	0	0	0	0	0	0	0	0	0
	310108		1659387975	JFK Medical Center (old NPI)	0	0	0	0	0	0	0	0	0	0	0	0
	310108		1144894577	JFK Medical Center (new NPI)	399	4,309	5,454	10,162	152	813	1,162	2,127	1,131,188	10,171,551	11,152,670	22,455,409
	310108	31T108	1275107344	JFK Medical Center Rehab Unit (new NPI)	0	1,336	376	1,712	0	70	26	96	0	2,364,633	621,525	2,986,158
	313300		1396886297	Children's Specialized Hospital	1,569	126	4,317	6,012	60	1	161	222	6,013,710	483,152	16,293,989	22,790,852
<b>&lt;10 converted to 1</b>				County Total	7,334	37,247	48,619	93,200	1,210	4,937	7,734	13,881	\$20,065,514	\$78,606,416	\$113,300,482	211,972,411
				% of Total	8%	40%	52%		9%	36%	56%		9%	37%	53%	
				Federal Match Rate	65%	90%	50%		65%	90%	50%		65%	90%	50%	
				<b>FMAP - Inpatient</b>	<b>67.166%</b>				<b>65.534%</b>				<b>66.253%</b>			
				Exclusions	-	118	207	325	-	1	1	2	-	189,904	199,415	389,319
				County Total Net of Exclusions	7,334	37,129	48,412	92,875	1,210	4,936	7,733	13,879	\$20,065,514	\$78,416,512	\$113,101,067	211,583,092
				% of Total	8%	40%	52%		9%	36%	56%		9%	37%	53%	
				Federal Match Rate	65%	90%	50%		65%	90%	50%		65%	90%	50%	
				<b>FMAP - Inpatient Net of Exclusions</b>	<b>67.175%</b>				<b>65.534%</b>				<b>66.247%</b>			

**New Jersey County Option Hospital Fee Program: Middlesex County, NJ (SFY27)**  
**CY 2024 Encounter Data: Outpatient**

Last Edit Date: 12.16.2025

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

O/P Payment					Outpatient Visits				Payments				
					CHIP	Expansion	Medicaid	CY 2024	CHIP	Expansion	Medicaid	CY 2024	
Exc.	Medicare ID	Roll-up	NPI	Facility Name									
	310010	31S010	1518009588	Penn Medicine Princeton Health / Princeton House - Psych Unit	0	0	1	1	0	0	6,460	6,460	6,460
	310010		1689714255	Penn Medicine Princeton Health	1,446	2,704	3,153	7,303	634,761	1,749,053	1,724,741	4,108,555	4,108,555
	310010	31T010	1902948821	Penn Medicine Princeton Health - Rehab Unit	0	0	0	0	0	0	0	0	0
	310038		1346243375	RWJ University Hospital	8,294	17,764	21,030	47,088	8,211,522	25,237,742	22,160,585	55,609,849	55,609,849
	310039		1356828172	Raritan Bay Medical Center - Old Bridge	945	4,582	2,515	8,042	416,105	3,240,906	1,466,952	5,123,964	5,123,964
	310039		1790297455	Raritan Bay Medical Center - Perth Amboy	2,570	10,101	8,974	21,645	889,996	5,394,167	4,164,832	10,448,994	10,448,994
	310070		1114924834	Saint Peter's University Hospital	16,518	13,893	35,349	65,760	6,548,370	8,023,174	14,756,442	29,327,987	29,327,987
exc	312018		1497754006	CareOne/Rehabilitation Hospital at Raritan Bay Medical Center	0	0	0	0	0	0	0	0	0
	310108		1114932548	JFK Medical Center Rehab Unit (old NPI)	0	1	0	1	0	601	0	601	601
	310108		1659387975	JFK Medical Center (old NPI)	0	0	0	0	0	0	0	0	0
	310108		1144894577	JFK Medical Center (new NPI)	7,200	18,939	19,636	45,775	3,184,261	15,016,248	11,925,357	30,125,867	30,125,867
	310108	31T108	1275107344	JFK Medical Center Rehab Unit (new NPI)	612	2,655	2,397	5,664	199,515	1,254,454	1,133,075	2,587,045	2,587,045
	313300		1396886297	Children's Specialized Hospital	13,767	59	35,363	49,189	7,058,431	21,492	18,309,569	25,389,493	25,389,493
<b>&lt;10 converted to 1</b>													
County Total					51,352	70,698	128,418	250,468	\$27,142,962	\$59,937,837	\$75,648,015	162,728,814	162,728,814
% of Total					21%	28%	51%		17%	37%	46%		
Federal Match Rate					65%	90%	50%		65%	90%	50%		
<b>FMAP - Outpatient</b>						<b>64.4%</b>				<b>67.2%</b>			
Exclusions					-	-	-	-	-	-	-	-	-
County Total Net of Exclusions					51,352	70,698	128,418	250,468	27,142,962	59,937,837	75,648,015	162,728,814	162,728,814
% of Total					21%	28%	51%		17%	37%	46%		
Federal Match Rate					65%	90%	50%		65%	90%	50%		
<b>FMAP - Outpatient Net of Exclusions</b>						<b>64.366%</b>				<b>67.235%</b>			

Exhibit C



New Jersey County Option Hospital Fee Program: Middlesex County, NJ (SFY27)  
 QIP Payments per DMAHS

Last Edit Date: 6.26.2025

Estimate based on MY3

CCN	Provider	Behavioral Health Performance Payment	Maternal Health Performance Payment	QIP Payments Estimate SFY26	Notes
310010	Penn - Princeton	4,859,648	231,119	5,090,767	
310038	RWJ - Univ Hosp	5,075,669	1,648,066	6,723,735	
310039	HMH - Raritan Bay	4,428,059	1,455,747	5,883,805	
310070	Saint Peter's University	2,080,983	2,235,423	4,316,406	
310108	HMH - JFK Health	2,921,188	1,009,055	3,930,243	
312025	Hackensack Meridian LTACH	-	-	-	not QIP eligible
312018	CareOne	-	-	-	not QIP eligible
313300	RWJ - Children's Spec. (NB)	-	-	-	not QIP eligible
TOTAL		19,365,546	6,579,410	25,944,956	

Exhibit D



**New Jersey County Option Hospital Fee Program: Middlesex County, NJ (SFY27)**  
**State Directed Outpatient Payment per DMAHS SFY26 (Proposed)**

Last Edit Date: 6.26.2025

CCN	Provider	MMCO Outpatient State Directed Payment	Notes
310010	Penn - Princeton	\$ 487,025	
310038	RWJ - Univ Hosp	\$ 10,931,130	
310039	HMH - Raritan Bay	\$ 6,973,980	
310070	Saint Peter's University	\$ 21,872,970	
310108	HMH - JFK Health	\$ 6,657,000	
312025	Hackensack Meridian LTACH	\$ -	not SODP eligible
312018	CareOne	\$ -	not SODP eligible
313300	RWJ - Children's Spec. (NB)	\$ -	not SODP eligible
<b>TOTAL</b>		- (x) 46,922,105	

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.

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

**JFK Medical Center**

65 JAMES STREET  
EDISON, NJ 08818

- General Acute Care
- Non-profit

**JFK Johnson Rehabilitation Institute**

65 JAMES STREET  
EDISON, NJ 08818

- Rehabilitation Hospital
- Non-profit

**Robert Wood Johnson University Hospital**

ONE ROBERT WOOD JOHNSON PLACE  
NEW BRUNSWICK, NJ 08901

- General Acute Care
- Non-profit

**Saint Peter's University Hospital**

254 EASTON AVE  
NEW BRUNSWICK, NJ 08901

- General Acute Care
- Non-profit

**Children's Specialized Hospital**

200 SOMERSET STREET  
NEW BRUNSWICK, NJ 08901

- Rehabilitation Hospital
- Non-profit

**Raritan Bay Medical Center-Old Bridge Division**

ONE HOSPITAL PLAZA  
OLD BRIDGE, NJ 08857

- General Acute Care
- Non-profit

**Raritan Bay Medical Center Perth Amboy Division**

530 NEW BRUNSWICK AVE  
PERTH AMBOY, NJ 08861

- General Acute Care
- Non-profit

**Raritan Bay Medical Center LTACH**

530 NEW BRUNSWICK AVE  
Floor 4

PERTH AMBOY, NJ 08861

- LTACH
- Non-profit

**Rutgers Health - University Behavioral Health Care**

671 HOES LANE WEST  
PISCATAWAY, NJ 08854

- Psychiatric Hospital
- Public

**Penn Medicine Princeton Medical Center**

ONE-FIVE PLAINSBORO ROAD  
PLAINSBORO, NJ 08536

- General Acute Care
- Non-profit