

Date: 12/ 06 /2024

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

County: Atlantic 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, 2025

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 Atlantic 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)

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 SFY2026 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 call and gathered feedback to inform the design of the program for SFY26. 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 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 proposes to use calendar year 2023 data, inflated through 2026, 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 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 assessment rate will be \$2,762.44 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 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 upon CMS approval of the preprint 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 continuation of the current state directed payments, implemented as a per discharge increase of \$24994.36 and \$156.94 per outpatient visit for general acute hospitals and \$5196.08 per diem for specialty hospitals. While the imposition of the fee is limited to services furnished within the County, the directed payment would include all services provided by the hospital, regardless of the location of the services.

The payments have been calculated using an Federal Medical Assistance Percentage (FMAP) of 69.66% for inpatient hospital services for the general acute hospital class, 70.9% for the outpatient hospital services for the general acute hospital class, and 73.45% for the specialty hospital class, which have been calculated using the discharge and payment information received from the State covering calendar year 2023.

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 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 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 CY2023 encounter data. 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 Pilot Program will help to stabilize the hospitals' financial positions, strengthen their capacity to continue providing access to comprehensive and essential healthcare services to low-income County residents and encourage the hospitals to expand their provision of Medicaid services.

OTHER COUNTY REQUIREMENTS

CHECK BOX TO CONFIRM COMPLETION AND/OR AGREEMENT

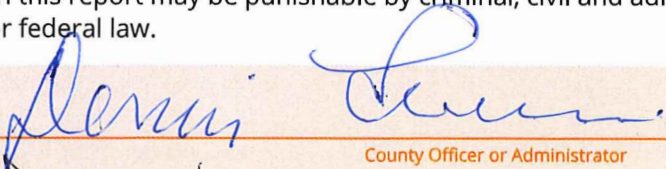
- ☒ The county has provided the state with all calculations for the fee, the proposed payments, and the statistical test.
- ☒ The county understands that the funds created from this program are to increase financial resources through the Medicaid/NJ FamilyCare program to support local hospitals in providing 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%~~ ^{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:	Dennis Levinson	
	Full Name (Printed)	
Title:	County Executive	Date: 12 / 5 / 2024
Email Address:	delrosso-jerry@aclink.org	

Attachment A

New Jersey County Option Hospital Fee Program List of hospitals located in Atlantic County

Atlanticare Regional Medical Center - City Campus

1925 PACIFIC AVENUE

ATLANTIC CITY, NJ 08401

- General Acute Care
- Non-profit

Atlanticare Regional Medical Center - Mainland Campus

65 JIMMIE LEEDS ROAD

POMONA, NJ 08240

- General Acute Care
- Non-profit

Acuity Specialty Hospital Of New Jersey (Select Specialty Hospital Atlantic City)

1925 PACIFIC AVENUE 5TH FLOOR

ATLANTIC CITY, NJ 08401

- General Acute Care
- For profit

Shore Medical Center

100 MEDICAL CENTER WAY

SOMERS POINT, NJ 08244

- General Acute Care
- Non-profit

ATLANTIC COUNTY HOSPITAL FEE

11/29/2024

Fee Basis: \$2,762.44 per Non-Medicare Discharge

State-Directed Medicaid Managed Care Payments

Acute Care Hospitals : \$24,994.36 per discharge (inpatient) and \$156.94 per visit (outpatient)

Non-Acute Care Hospitals : \$5,196.08 per diem (inpatient)

Total Fee Receipts	\$55,773,596
County's Resource	\$5,019,624
State's Resource	\$557,736
<i>Non-federal Share of Medicaid Payments</i>	<i>\$50,196,237</i>

HOSPITAL	Fees Paid	Increased Medicaid Payments	Lost DSH Payments
AtlantiCare RMC	\$43,618,875	\$122,545,522	(\$2,249,607)
Shore MC	\$12,069,086	\$32,172,563	\$0
Select Specialty	\$85,636	\$1,143,137	\$0
	\$55,773,596	\$155,861,223	(\$2,249,607)

ATLANTIC COUNTY HOSPITAL FEE

11/29/2024

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State-Directed Medicaid Managed Care Payments

Acute Care Hospitals : \$24,994.36 per discharge (inpatient) and \$156.94 per visit (outpatient)

Non-Acute Care Hospitals : \$5,196.08 per diem (inpatient)

\$2,762.44	Inpatient Unit Fee
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		a	b	c = a - b	d = c * \$2,762.44	
	HOSPITAL	All-Payer Discharges	Medicare Discharges	Revenue Basis	Fee Receipts	
IP Unit Based	AtlantiCare RMC	25,885	10,095	15,790	\$43,618,875	
	Shore MC	8,650	4,281	4,369	\$12,069,086	
	Select Speciality	256	225	31	\$85,636	
	Total IP Unit	34,791	14,601	20,190	\$55,773,596	e
				Total Fee Receipts	\$55,773,596	f = e
				County Resource	\$5,019,624	g = f * 9%
				State Resource	\$557,736	h = f * 1%
				State Share Medicaid Payments	\$50,196,237	i = f - g - h
				State Share IPH Non-acute Medicaid Payments	\$369,355	j
				Est Effective FMAP	73.45%	k
				State + Federal Share of IPH Non-Acute Payments Medicaid Payments	\$1,217,398	l = j / (1 - k)
				6% HMO Assessment	\$74,261	m = l * 6.1%
				State + Federal Share of IPH Medicaid Payments Going to Non-acute Hospitals	\$1,143,137	n = l - m
				State Share IPH Acute Medicaid Payments	\$46,000,000	o
				Est Effective FMAP	69.66%	p
				State + Federal Share of IPH Acute Payments Medicaid Payments	\$151,616,467	r = q / (1 - p)
				6% HMO Assessment	\$9,248,604	s = r * 6.1%
				State + Federal Share of IPH Medicaid Payments Going to Acute Hospitals	\$142,367,863	t = r - s
				State Share OPH Acute Medicaid Payments	\$3,826,882	u = i - j - o
				Est Effective FMAP	70.90%	v
				State + Federal Share of OPH Acute Payments Medicaid Payments	\$13,152,527	w = u / (1 - v)
				6% HMO Assessment	\$802,304	x = w * 6.1%
				State + Federal Share of OPH Medicaid Payments Going to Acute Hospitals	\$12,350,223	y = w - x

ATLANTIC COUNTY HOSPITAL FEE

11/29/2024

Fee Basis: \$2,762.44 per Non-Medicare Discharge

State-Directed Medicaid Managed Care Payments

Acute Care Hospitals : \$24,994.36 per discharge (inpatient) and \$156.94 per visit (outpatient)

Non-Acute Care Hospitals : \$5,196.08 per diem (inpatient)

INPATIENT HOSPITAL PAYMENT INCREASE

HOSPITAL	DISCHARGES	PAYMENTS
AtlantiCare RMC	4,553	113,799,312
Shore MC	1,143	28,568,551
	5,696	\$142,367,863

OUTPATIENT HOSPITAL PAYMENT INCREASE

HOSPITAL	Visit	PAYMENTS
AtlantiCare RMC	55,729	\$8,746,211
Shore MC	22,964	\$3,604,012
	78,693	\$12,350,223

Total Inpatient Acute Hospital Enhanced Payments	\$142,367,863	a
Inpatient Hospital Add-On Payment	\$24,994.36	b = a / e _{sum}
Total Outpatient Hospital Enhanced Payments	\$12,350,223	c
Outpatient Hospital Add-On Payment	\$156.94	d = c / g _{sum}
Total IP Non-acute Hospital Enhanced Payments	\$1,143,137	i
Inpatient Non-acute Hospital Add-On Payment	\$5,196.08	j = i / 220

HOSPITAL	Increased Medicaid Reimbursement	Fees Paid	DSH Room	Charity Care & HRSF-MH Payments	Lost DSH Payments
AtlantiCare RMC	\$122,545,522	\$43,618,875	\$82,247,704	\$2,249,607	(\$2,249,607)
Shore MC	\$32,172,563	\$12,069,086	\$2,649,178	\$0	\$0
Select Speciality	\$1,143,137	\$85,636	\$0	\$0	\$0
	\$155,861,223	\$55,773,596			

State 5% Revenue Cap Calculation

Reported Revenue Basis (Line 6 minus 7 on the Data Form)

	Inpatient	Outpatient
	NPSR Revenue	NPSR Revenue
AtlantiCare RMC	\$443,849,808	\$320,166,253
Shore Memorial	\$103,011,987	\$138,797,198
Select Speciality	\$21,049,903	\$0
	\$567,911,698	\$458,963,451

1.0863	Inflation Factor
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INFLATED REVENUE BASIS

	Inpatient	Outpatient
	NPSR Revenue	NPSR Revenue
AtlantiCare RMC	\$482,144,299	\$347,789,570
Shore Memorial	\$111,899,659	\$150,772,348
Acuity Speciality	\$22,866,047	\$0
	\$616,910,006	\$498,561,918
Inflated NPSR	\$1,115,471,924	
5% Cap	\$55,773,596	

ACR EQUIVALENT ANALYSIS

Inpatient Hospital (Acute)

Per Diem ACR Threshold		\$6,680.20	a
Aggregate CY23 Patient Days	32,326		
Medicaid HMO Payments	\$63,361,138.13	\$1,960.07	b
QIP-NJ	\$8,198,488.95	\$253.62	c
		\$2,213.69	d = b + c
<i>Remaining Room Under ACR Threshold (Pre County Option)</i>		<i>\$4,466.52</i>	<i>e = a - d</i>
County Option SDPs	\$142,367,862.63	\$4,404.13	f
Post County Option Remaining ACR Room		\$62.39	g = e - f

Percentage of ACR Equivalent	99.07%	h = (d + f) / a
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Outpatient Hospital (Acute)

Per Diem ACR Threshold		\$1,730.87	j
Aggregate CY23 Visits	78,693		
Medicaid HMO Payments	\$52,145,469.67	\$662.64	k
Interim State Directed Payments	\$16,392,113.00	\$208.30	l
		\$870.95	m = k + l
<i>Remaining Room Under ACR Threshold (Pre County Option)</i>		<i>\$859.92</i>	<i>n = j - m</i>
County Option SDPs	\$12,350,222.96	\$156.94	o
Post County Option Remaining ACR Room		\$702.98	p = n - o

Percentage of ACR Equivalent	59.39%	q = (m + o) / j
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Inpatient Hospital (Non-Acute)

Per Diem ACR Threshold		\$6,680.20	r = a
Aggregate CY23 Patient Days	220		
Medicaid HMO Payments	\$552,150.00	\$17.08	s
QIP-NJ	\$0.00	\$0.00	t
		\$17.08	u = s + t
<i>Remaining Room Under ACR Threshold (Pre County Option)</i>		<i>\$6,663.12</i>	<i>v = r - u</i>
County Option SDPs	\$1,143,137.17	\$5,196.08	w
Post County Option Remaining ACR Room		\$1,467.05	x = v - w

Percentage of ACR Equivalent	78.04%	y = (u + w) / r
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INFLATION FACTOR CALCULATION

Summary Web Table - CMS Market Basket Index Levels and Four-Quarter Moving Average Percent Changes *

Market Basket		Forecast	Forecast	Forecast
	2023	2024	2025	2026
	Q4	Q4	Q4	Q2
2018-based Inpatient Hospital:				
Index Levels	1.216	1.259	1.299	1.321

Inflation 1.035 1.032 1.017

INFLATION FACTOR 1.0863

Note: All market basket index levels do not reflect a productivity adjustment. The four-quarter moving average percent change of the 2017-based Medicare Economic Index reflects a productivity adjustment. Due to interpretation of the statute regarding the MEI update, the productivity adjustment has been shifted forward two quarters so the latest historical CY 2023 productivity adjustment is aligned with the 2024Q2 percent change in the MEI.

* Quarterly index levels and four-quarter moving average percent changes are reported on a calendar year (CY) basis. For example, the Q4 index level corresponds with October 1 through December 31 and the Q4 four-quarter moving average percent change reflects the CY growth rate. Percent change moving averages are calculated using more than ten decimal places.

Source: IHS Global Inc. (IGI) 2024Q2 Forecast
Historical Data through 2024Q1
Released by CMS, OACT, National Health Statistics Group, dnhs@cms.hhs.gov
09/15/2024

ATTESTATION

NEW JERSEY COUNTY OPTION HOSPITAL FEE PROGRAM

Hospital Name: AtlantiCare Regional Medical Center

CERTIFICATION BY HOSPITAL CHIEF EXECUTIVE OFFICER OR ADMINISTRATOR

On behalf of AtlantiCare Regional Medical Center **hospital ("the hospital"), I hereby certify that:**

- I have examined the accompanying Data Form & Preliminary DSH Limit Calculation Form for the reporting period specified and, to the best of my knowledge and belief, the information contained in the reports is true, correct, and complete and accurately reflect the information in the hospital's Medicare cost report, the hospital's financial statements and other accounting records.
- I acknowledge that projected payments to the hospital under the New Jersey County Option Hospital Fee Program, when combined with other Medicaid and Disproportionate Share Hospital (DSH) payments, such as Charity Care payments, may exceed the federal maximum hospital-specific disproportionate share (DSH) limit in 42 U.S.C. § 1396r-4.
- I acknowledge that if the hospital's projected payments exceed its hospital specific DSH limit, the hospital may choose to prospectively decline, in full or in part, its Charity Care payments for the State Fiscal Year (SFY) by notifying the Commissioner of Health on a form designated by the Department of Health. Additionally, I understand that the hospital's DSH payments may be reduced for the SFY, as necessary and at the discretion of the State, to comply with federal (42 U.S.C. § 1396r-4) and state requirements (N.J.A.C. 10:52B), the hospital's DSH payments may be reduced as necessary to comply with federal law. (N.J.A.C. 10:52B).
- I acknowledge that the Charity Care payments prospectively declined by the hospital for the SFY, whether full or partial, will be redistributed to other hospitals in accordance with the provisions of Section 3 of P.L. 2004, c.113 (N.J.S.A 26:2H-18.59i), as modified annually by the State Appropriations Act. If the hospital chooses not to prospectively decline its Charity Care payments but is found through subsequent DSH audits to have exceeded its hospital-specific DSH limit, the hospital will be subject to recoupment by the State for any amounts exceeding its hospital-specific DSH limits.
- I acknowledge 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.
- I certify that that the cost of the fee shall not be assigned to any patient, insurer, self-insured employer program, or other responsible party, nor shall the fee be listed separately on any invoice or statement sent to a patient, insurer, self-insured employer program, or other responsible party.

I am authorized to make this Certification on behalf of AtlantiCare Regional Medical Center **hospital**.

Signature Hak J Kim

Name Hak J. Kim
Full Name (Printed)

Title EVP & CFO Date 11 / 7 / 24

NJ FamilyCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, sex, age or disability. If you speak any other language, language assistance services are available at no cost to you. Call 1-800-701-0710 (TTY: 1-800-701-0720).



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Appendix C

ATTESTATION

NEW JERSEY COUNTY OPTION HOSPITAL FEE PROGRAM

Hospital Name: Acuity Hospital of New Jersey, L.L.C. (dba SSH - Atlantic City)

CERTIFICATION BY HOSPITAL CHIEF EXECUTIVE OFFICER OR ADMINISTRATOR

On behalf of SSH Atlantic City hospital ("the hospital"), I hereby certify that:

- I have examined the accompanying Data Form & Preliminary DSH Limit Calculation Form for the reporting period specified and, to the best of my knowledge and belief, the information contained in the reports is true, correct, and complete and accurately reflect the information in the hospital's Medicare cost report, the hospital's financial statements and other accounting records.
- I acknowledge that projected payments to the hospital under the New Jersey County Option Hospital Fee Program, when combined with other Medicaid and Disproportionate Share Hospital (DSH) payments, such as Charity Care payments, may exceed the federal maximum hospital-specific disproportionate share (DSH) limit in 42 U.S.C. § 1396r-4.
- I acknowledge that if the hospital's projected payments exceed its hospital specific DSH limit, the hospital may choose to prospectively decline, in full or in part, its Charity Care payments for the State Fiscal Year (SFY) by notifying the Commissioner of Health on a form designated by the Department of Health. Additionally, I understand that the hospital's DSH payments may be reduced for the SFY, as necessary and at the discretion of the State, to comply with federal (42 U.S.C. § 1396r-4) and state requirements (N.J.A.C. 10:52B), the hospital's DSH payments may be reduced as necessary to comply with federal law. (N.J.A.C. 10:52B).
- I acknowledge that the Charity Care payments prospectively declined by the hospital for the SFY, whether full or partial, will be redistributed to other hospitals in accordance with the provisions of Section 3 of P.L. 2004, c.113 (N.J.S.A 26:2H-18.59i), as modified annually by the State Appropriations Act. If the hospital chooses not to prospectively decline its Charity Care payments but is found through subsequent DSH audits to have exceeded its hospital-specific DSH limit, the hospital will be subject to recoupment by the State for any amounts exceeding its hospital-specific DSH limits.
- I acknowledge 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.
- I certify that that the cost of the fee shall not be assigned to any patient, insurer, self-insured employer program, or other responsible party, nor shall the fee be listed separately on any invoice or statement sent to a patient, insurer, self-insured employer program, or other responsible party.

I am authorized to make this Certification on behalf of SSH-Atlantic City hospital.

Signature 

Name Daniel T. Kern
Full Name (Printed)

Title Regional Director of Finance Date 11 / 7 / 24

NJ FamilyCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, sex, age or disability. If you speak any other language, language assistance services are available at no cost to you. Call 1-800-701-0710 (TTY: 1-800-701-0720).

ATTESTATION

NEW JERSEY COUNTY OPTION HOSPITAL FEE PROGRAM

Hospital Name: Shore Medical Center


CERTIFICATION BY HOSPITAL CHIEF EXECUTIVE OFFICER OR ADMINISTRATOR

On behalf of Shore Medical Center hospital ("the hospital"), I hereby certify that:

- I have examined the accompanying Data Form & Preliminary DSH Limit Calculation Form for the reporting period specified and, to the best of my knowledge and belief, the information contained in the reports is true, correct, and complete and accurately reflect the information in the hospital's Medicare cost report, the hospital's financial statements and other accounting records.
- I acknowledge that projected payments to the hospital under the New Jersey County Option Hospital Fee Program, when combined with other Medicaid and Disproportionate Share Hospital (DSH) payments, such as Charity Care payments, may exceed the federal maximum hospital-specific disproportionate share (DSH) limit in 42 U.S.C. § 1396r-4.
- I acknowledge that if the hospital's projected payments exceed its hospital specific DSH limit, the hospital may choose to prospectively decline, in full or in part, its Charity Care payments for the State Fiscal Year (SFY) by notifying the Commissioner of Health on a form designated by the Department of Health. Additionally, I understand that the hospital's DSH payments may be reduced for the SFY, as necessary and at the discretion of the State, to comply with federal (42 U.S.C. § 1396r-4) and state requirements (N.J.A.C. 10:52B), the hospital's DSH payments may be reduced as necessary to comply with federal law. (N.J.A.C. 10:52B).
- I acknowledge that the Charity Care payments prospectively declined by the hospital for the SFY, whether full or partial, will be redistributed to other hospitals in accordance with the provisions of Section 3 of P.L. 2004, c.113 (N.J.S.A 26:2H-18.59i), as modified annually by the State Appropriations Act. If the hospital chooses not to prospectively decline its Charity Care payments but is found through subsequent DSH audits to have exceeded its hospital-specific DSH limit, the hospital will be subject to recoupment by the State for any amounts exceeding its hospital-specific DSH limits.
- I acknowledge 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.
- I certify that that the cost of the fee shall not be assigned to any patient, insurer, self-insured employer program, or other responsible party, nor shall the fee be listed separately on any invoice or statement sent to a patient, insurer, self-insured employer program, or other responsible party.

I am authorized to make this Certification on behalf of Shore Medical Center hospital.

Signature



Name David R. Hughes

Full Name (Printed)

Title President

Date 11 / 11 / 2024

NJ FamilyCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, sex, age or disability. If you speak any other language, language assistance services are available at no cost to you. Call 1-800-701-0710 (TTY: 1-800-701-0720).