

Date: 12 / 17 / 2024

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

County: Bergen 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 a full list of hospitals located in Bergen 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 video conference 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's program involves two fees: an inpatient hospital services fee based on days excluding Medicare days, and an outpatient hospital services fee based on non-Medicare outpatient visits. The fees were set so that 76% of the total fees are derived from the inpatient fee, and the remaining 24% from the outpatient fee. 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.

We request that fees assessed from Englewood Hospital facilities in Essex County and fees assessed from CareOne in Middlesex County be transferred and used as the non-federal share of payments in Bergen County to promote efficiencies in the program across Counties. Additionally, we request that fees assessed from Kessler in Bergen County be transferred and used as the non-federal share of payments in Essex County.

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

Yes, the fees exclude Medicare data (Medicare days are excluded from the inpatient fee and Medicare outpatient visits from the outpatient fee).

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 inpatient fee is a dollar amount per non-Medicare day and the outpatient fee is a dollar amount per non-Medicare visit. The dollar amount per day and per outpatient visit vary by hospital class, as described in questions 9 and 10 below. As demonstrated in the attached model, the proposed inpatient and outpatient fees meet the federal requirements for non-uniform tax waivers under federal regulations (the B1/B2 for the inpatient fee is 1.013 and for the outpatient fee is 1.001). The County will provide assistance to the state as necessary in preparing a related waiver request.

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.

See Attachment B

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 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?

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?

See Attachment B

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 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.

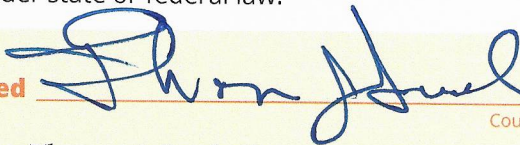
ATTESTATION

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:

Thomas J. Duch, Esq.

Full Name (Printed)

Title: County Administrator/County Counsel

Date:

12/18/24

Email Address:

TDuch@co.bergen.nj.us

Attachment A

New Jersey County Option Hospital Fee Program

List of hospitals located in Bergen County

Bergen New Bridge Medical Center

230 E Ridgewood Ave, Paramus, NJ 07652

- General Acute Care
- Government-Owned (County-Owned)

CareOne – The Rehab Hospital at Raritan Bay

250 Old Hook Rd 4 Central, Westwood, NJ 07675

- LTACH
- For-Profit

Englewood Hospital and Medical Center

350 Engle St, Englewood, NJ 07631

- General Acute Care
- Not-For-Profit

Hackensack University Medical Center

30 Prospect Ave, Hackensack, NJ 07601

- General Acute Care
- Not-For-Profit

Retreat and Recovery at Ramapo Valley

1071 Ramapo Valley Rd, Mahwah, NJ 07430

- Psychiatric
- Not-For-Profit

Holy Name Medical Center

718 Teaneck Rd, Teaneck, NJ 07666

- General Acute Care
- Not-For-Profit

Hackensack Meridian Health Pascack Valley Medical Center
250 Old Hook Rd, Westwood, NJ 07675

- General Acute Care
- Joint Venture between For-Profit and Not-For-Profit health systems

Ramapo Ridge Psychiatric Hospital
301 Sicomac Ave, Wyckoff, NJ 07481

- Psychiatric
- Not-For-Profit

Select Specialty Hospital – Northeast NJ
96 Parkway, Rochelle Park, NJ 07662

- LTACH
- For-Profit

The Valley Hospital
4 Valley Health Plaza, Paramus, NJ 07652

- General Acute Care
- Not-For-Profit

Kessler Institute for Rehabilitation – Saddle Brook
300 Market St, Saddle Brook, NJ 07663

- Rehabilitation Hospital
- For-Profit

Attachment B

Fee Program 9. Will the same fee rate or fee amount apply to all hospitals included in the fee program? If not, please describe which fee rate or amount is proposed to be applied to each hospital and the policy rationale.

The fees per class are as follows:

- Public general acute inpatient hospital services: \$230 per non-Medicare day
- Public general acute outpatient hospital services: \$22 per non-Medicare visit
- High Medicare CMI general acute inpatient hospital services: \$310 per non-Medicare day
- High Medicare CMI general acute outpatient hospital services: \$39 per non-Medicare visit
- Other private general acute inpatient hospital services: \$402.90 per non-Medicare day
- Other private general acute outpatient hospital services: \$40.67 per non-Medicare visit
- Specialty inpatient hospital services: \$150 per non-Medicare day
- Specialty outpatient hospital services: \$58 per non-Medicare visit

The County proposes to apply a lower per day fee and per visit amount for the public hospital class. The county hospital is only public hospital in the county, the largest public hospital in New Jersey, and fourth largest public hospital in the United States. The hospital is a significant provider of Medicaid and uninsured care for county residents and as well as low income individuals from other counties.

The County also proposes to apply a lower per day fee and lower per outpatient visit fee for high Medicare case mix index hospitals, defined as the hospital with the highest Medicare CMI for discharges during the period. The County wants to support the hospital's provision of complex care to patients and so not disproportionately burden this hospital.

The County also proposes to apply a lower per day fee for specialty acute hospitals, given their longer length of stay compared to general acute hospitals. The outpatient fee on specialty hospitals is relatively higher than other classes but the total fee burden is still minimal given their relatively smaller volumes.

Proposed Payment Program 1. What is the proposed basis for determining the hospital payment amounts?

The total nonfederal share for hospital payments will be divided, with 77.63% to be used for inpatient directed payments and 22.37% for outpatient directed payments.

The County proposes the state directed payments for inpatient hospital services and outpatient hospital services, respectively, be implemented as uniform rate increases to Medicaid Managed Care payments by provider class as follows:

- Inpatient hospital services: (% represent total of inpatient payment pool)
 - Public general acute care inpatient hospital services: 37.75%
 - Private general acute ≤ 600 licensed beds inpatient hospital services: 22.76%
 - Private general acute >600 licensed beds inpatient hospital services: 37.66%
 - Specialty acute inpatient hospital services: 1.83%
- Outpatient hospital services: (% represent total of outpatient payment pool)
 - Private general acute ≤ 600 licensed beds outpatient hospital services: 64.51%
 - Private general acute >600 licensed beds outpatient hospital services 34.70%
 - Specialty acute outpatient hospital services: 0.79%

The payment basis and resulting projected amount per service for each class is as follows:

- Inpatient hospital services per diem increase
 - Public general acute care inpatient hospital services: \$5,556.37
 - Private general acute ≤ 600 licensed beds inpatient hospital services: \$4,186.67
 - Private general acute >600 licensed beds inpatient hospital services: \$4,058.29
 - Specialty acute inpatient hospital services: \$5,464.00
- Outpatient hospital services per visit increase
 - Private general acute ≤ 600 licensed beds outpatient hospital services: \$783.84
 - Private general acute >600 licensed beds outpatient hospital services: \$446.07
 - Specialty acute outpatient hospital services: \$1,647.53

Consistent with the previous years' models, the County proposes to acknowledge the critical role played by the County's public hospital in providing care to Medicaid beneficiaries, as well as the relatively lower reimbursement rates public hospitals are able to secure, by providing a higher inpatient services rate increase for the public class. The state's new outpatient directed payment results in the public class being paid up to the average commercial rate, so an outpatient County Option payment for the public class is no longer possible.

The County has split private general acute hospitals into two classes based on bed size to ensure that smaller private hospitals continue to be incentivized to maintain access for

Medicaid managed care patients, while still appropriately supporting the significant volume of Medicaid managed care services provided by the largest private general acute hospital.

The County proposes classes for inpatient and outpatient services provided by specialty acute hospitals, which includes psychiatric and long term acute care hospitals (LTACHs) (although LTACHs do not provide outpatient hospital services). The separate classes enable the County to set higher rates for the freestanding psychiatric hospitals to ensure support for the critical behavioral health services provided and acknowledge the lack of federal reimbursement for non-elderly adults in this setting, and for the LTACHs, in acknowledgement of the challenge of exclusion from traditional Medicaid reimbursement under state law and resulting very limited Medicaid managed care coverage. At the same time, the separate classes will ensure appropriate limits on the specialty pools in the event actual lengths of stay are longer than estimated, given the lower acuity of patients compared to general acute hospitals.

It is our understanding that the State cannot break out encounter data for Kessler Institute for Rehabilitation-Saddle Brook and that all utilization is paid through the Essex County Kessler location. Thus, the Bergen model excludes acute rehabilitation hospitals from the specialty hospital services class.

The payments have been calculated using a Federal Medical Assistance Percentage (FMAP) of 70.66% for inpatient hospital services and 70.94% for all outpatient hospital services. These matching rates were calculated from CY2023 encounter data provided by the state for payment modeling purposes (with the adjustments described below).

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 provide additional information as needed. As in previous years, the directed payments would be made on a quarterly basis and paid to the managed care organizations as a separate payment term. 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 (with the adjustments described below). 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."

The utilization data for the payment model is the CY2023 data provided by the state, with the exception of the Medicaid managed care inpatient days for Hackensack UMC and Valley Hospital.

- The state's data included duplicate inpatient data for Hackensack UMC. We corrected the duplication by zeroing out the data in 31S012 (see Ex. B-IP in model).
- Valley Hospital's inpatient operations moved from Ridgewood, New Jersey to Paramus, New Jersey in April 2024. The hospital reports it has already seen a significant increase in Medicaid inpatient services at its new location and expects this trend to continue during SFY2026. We

propose adjusting the inpatient days by 126.65%, from 3,771 days to 4,776 days. This percentage increase is based on annualizing Valley's data from the new location and then reducing that amount to reflect that hospital data are often higher than DMAHS data for the same period (based on a comparison of hospital to DMAHS data for CY2023). As a result, the payment methodology uses Hospital-provided data that reflects ongoing operations to improve payment accuracy and ensure payment stability for Valley Hospital and other smaller private acute care hospitals in the County. (See Ex. B-IP in model).

Upon reconciliation, the state would apply the actual inpatient and outpatient FMAPs to the allocated share of the fee proceeds for IP (77.63%) and OP (22.37%) payment pools respectively. Each class would receive their allocated share of the IP and OP pools as defined above, and the rate for each class would be determined based on actual utilization for each class.

New Jersey County Option Hospital Fee Program: Bergen County, NJ (SFY26)
Model for Assessment and Interim Payment Distribution

Last Edit Date: 12.26.2024

		Tax Transferred In		CareOne (Middlesex Co)		\$ 50,936					
		Englewood (Essex Co)		\$ 1,468,003							
1	2	3	4	5	6	7	8	9 = 5 + 8	10	11 = 9 + 10	Assessment Class
CCN	Provider	Fee Assessment									Assessment Class
		OP Visits exc. Medicare (Data Form)	Assessment Rate	Hospital Assessment	Days exc. Medicare (Data Form)	Assessment Rate	Hospital Assessment	Hospital Assessment	Hospital Assessment Transferred from/(to) Another County	Hospital Assessment Total	
310001	Hackensack UMC	371,611	\$ 40.67	15,113,419	141,291	\$ 402.09	56,811,698	\$ 71,925,117	\$ -	\$ 71,925,117	3
310008	Holy Name	109,238	\$ 40.67	4,442,709	34,033	\$ 402.09	13,684,329	\$ 18,127,038	\$ -	\$ 18,127,038	3
310012	Valley	190,786	\$ 39.00	7,440,654	56,170	\$ 310.00	17,412,700	\$ 24,853,354	\$ -	\$ 24,853,354	2
310045	Englewood	178,261	\$ 40.67	7,249,875	36,871	\$ 402.09	14,825,460	\$ 22,075,335	\$ 1,468,003	\$ 23,543,338	3
310058	New Bridge	104,259	\$ 22.00	2,293,698	96,918	\$ 230.00	22,291,140	\$ 24,584,838	\$ -	\$ 24,584,838	1
310130	HUMC Pascack Valley	32,209	\$ 40.67	1,309,940	8,040	\$ 402.09	3,232,804	\$ 4,542,744	\$ -	\$ 4,542,744	3
312018	CareOne	-	\$ 58.00	-	926	\$ 150.00	138,900	\$ 138,900	\$ 50,936	\$ 189,836	4
312019	Select Specialty	-	\$ 58.00	-	3,821	\$ 150.00	573,150	\$ 573,150	\$ -	\$ 573,150	4
313025	Kessler	24,012	\$ 58.00	1,392,696	8,359	\$ 150.00	1,253,850	\$ 2,646,546	\$ (2,646,546)	\$ -	4
314012	Ramapo Valley (Carrier)	173	\$ 58.00	10,034	-	\$ 150.00	-	\$ 10,034	\$ -	\$ 10,034	4
314019	Ramapo Ridge Psych	36,217	\$ 58.00	2,100,586	4,911	\$ 150.00	736,650	\$ 2,837,236	\$ -	\$ 2,837,236	4
999	Total	1,046,766	(x)	41,353,611	391,340	(x)	\$ 130,960,681	\$ 172,314,292	\$ (1,127,607)	\$ 171,186,685	(x)
NPSR Reduction Factor		61.00%	OP	IP	(b) Net Funds Available for Distribution		County	State			
(a) Assessment			24%	76%							
County Aggregate Assessment (Table 1)		\$ 172,315,525	\$ 41,355,726	\$ 130,959,799	Hospital Assessment Prior to Transfers				\$ 172,314,292		
Class	Class Description				Assessment exc. County & State Admin. Fees		\$ 15,508,286	\$ 1,723,143	\$ 155,082,863		
1	Public Acute	\$ 22.00	\$ 230.00	Less: Balance of Transfer to Another County					(1,014,846)		
2	General Acute CMI	\$ 39.00	\$ 310.00	Assessment exc. County & State Admin. Fees, Net of Transfers					\$ 154,068,017		
3	Other General Acute	\$ 40.67	\$ 402.09			Inpatient	Outpatient				
4	Specialty Acute	\$ 58.00	\$ 150.00	Percentage of Net Assessment		77.63%	22.37%	100.00%			
B1/B2 Test - Must be > 1.0		1.001	1.013	Net Assessment		\$ 119,603,001	\$ 34,465,015	\$ 154,068,017			
		Pass	Pass	Federal Match %		70.660%	70.940%				
				Federal Match		\$ 288,041,856	\$ 84,134,487	\$ 372,176,343			
				Subtotal		\$ 407,644,858	\$ 118,599,502	\$ 526,244,360			
Variance due to rounding		\$ (1,233)	\$ (2,115)	\$ 882	Less: MMCO Admin. Fee		6.1% \$ (24,866,336)	\$ (7,234,570)	\$ (32,100,906)		
					Net Funds Available to Hospitals		\$ 382,778,521	\$ 111,364,932	\$ 494,143,454		
					Variance due to rounding				\$ (154)		

Waiver

New Jersey County Option Hospital Fee Program: Bergen County, NJ (SFY26)
Model for Assessment and Interim Payment Distribution

1	2	12	13	14	15	16	17 = 12 * 15	18 = 13 * 16	19 = 17 + 18	22	23	24 = 22 + 23	25	26	CC1
CCN	Provider	Payment Distribution Prior to DSH Limit								DSH Payback					Charity Care Payment
		MMCO Days (CY23)	MMCO OP Visits (CY23)	Class	Distribution Rate #1 ^(c)	Distribution Rate #2 ^(c)	Distribution Amount #1	Distribution Amount #2	Medicaid Directed Payment Amount	DSH Over/(Under) per Hospital DSH Template (Line 37)	COHP Payment per DSH Template (Line 27)	DSH Over/(Under) exc. COHP Payment Reported by Hosp	DSH Payback?	DSH Payback Amount (Limited to CC Pmt.)	Charity Care Payment per DSH Form (Line 36)
310001	Hackensack UMC	35,521	86,631	3	\$ 4,058.29	\$ 446.07	\$ 144,154,519	\$ 38,643,490	\$ 182,798,009	-	-	-	No	-	-
310008	Holy Name	7,591	31,202	2	\$ 4,186.67	\$ 783.84	\$ 31,781,012	\$ 24,457,376	\$ 56,238,388	(59,994,231)	(17,616,000)	(77,610,231)	No	-	5,000,000
310012	Valley	4,776	11,839	2	\$ 4,186.67	\$ 783.84	\$ 19,995,536	\$ 9,279,882	\$ 29,275,418	(20,005,145)	(13,491,734)	(33,496,879)	No	-	-
310045	Englewood	7,171	46,089	2	\$ 4,186.67	\$ 783.84	\$ 30,022,611	\$ 36,126,402	\$ 66,149,012	-	-	-	No	-	-
310058	New Bridge	26,006	9,343	1	\$ 5,556.37	\$ -	\$ 144,498,958	\$ -	\$ 144,498,958	46,470,127	(136,442,938)	(89,972,811)	Yes	7,778,621	7,778,621
310130	HUMC Pascack Valley	1,271	2,523	2	\$ 4,186.67	\$ 783.84	\$ 5,321,258	\$ 1,977,628	\$ 7,298,886	-	-	-	No	-	-
312018	CareOne	268		4	\$ 5,464.00	\$ 1,647.53	\$ 1,464,352	\$ -	\$ 1,464,352	-	-	-	No	-	-
312019	Select Specialty	104		4	\$ 5,464.00	\$ 1,647.53	\$ 568,256	\$ -	\$ 568,256	-	-	-	No	-	-
313025	Kessler				\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	No	-	-
314012	Ramapo Valley (Carrier)			4	\$ 5,464.00	\$ 1,647.53	\$ -	\$ -	\$ -	-	-	-	No	-	-
314019	Ramapo Ridge Psych	910	534	4	\$ 5,464.00	\$ 1,647.53	\$ 4,972,240	\$ 879,781	\$ 5,852,021	-	-	-	No	-	-
999	Total	83,618	188,161	-	-	-	\$ 382,778,741	\$ 111,364,559	\$ 494,143,300	(33,529,250)	\$ (167,550,672)	\$ (201,079,922)	(x)	\$ 7,778,621	12,778,621

ok ok

(c) Payment Distribution

Class	Class	Inpatient Distribution	Inpatient Interim Pmt	Outpatient Distribution	Outpatient Interim Pmt	Inpatient Distribution Rate MMCO Days	Inpatient Distribution Rate Pmt Rate	Outpatient Distribution Rate MMCO OP Visits	Outpatient Distribution Rate Pmt Rate
1	Public	37.75%	\$ 144,498,892		\$ -	26,006	\$ 5,556.37	9,343	\$ -
2	Private	22.76%	\$ 87,120,391	64.51%	\$ 71,841,518	20,809	\$ 4,186.67	91,653	\$ 783.84
3	Private 600+ Bec	37.66%	\$ 144,154,391	34.70%	\$ 38,643,632	35,521	\$ 4,058.29	86,631	\$ 446.07
4	Specialty	1.83%	\$ 7,004,847	0.79%	\$ 879,783	1,282	\$ 5,464.00	534	\$ 1,647.53
	Total	100.00%	\$ 382,778,521	100.00%	\$ 111,364,932	83,618	(x)	188,161	(x)

- ok ok

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

	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
Payment Class	MMCO IP Payments (CY23) (Schedule B)	MMCO Days (CY23) (Sch. B)	Medicaid MCO Enc. Avg. Payment per Day	COHP Directed Payment (per above)	COHP Directed Payment Per Day	QIP Estimated Payment (Schedule C)	QIP Estimated Payment per Day	State Outpatient Directed Payment	State Outpatient Directed Payment per Day	Total Avg. Medicaid MC Payment per Day	Statewide Average Commercial Rate	% of ACR
Public	\$ 20,167,784	26,006	\$ 775.51	\$ 144,498,892	\$ 5,556.37	\$ 7,540,129	\$ 289.94	\$ -	\$ -	\$6,621.81	\$ 6,680.20	99.13%
Private	\$ 42,188,376	20,809	\$ 2,027.41	\$ 87,120,391	\$ 4,186.67	\$ 4,405,748	\$ 211.72	\$ -	\$ -	\$6,425.80	\$ 6,680.20	96.19%
Private 600+ Beds	\$ 86,435,463	35,521	\$ 2,433.36	\$ 144,154,391	\$ 4,058.29	\$ 5,451,755	\$ 153.48	\$ -	\$ -	\$6,645.13	\$ 6,680.20	99.47%
Specialty	\$ 1,492,533	1,282	\$ 1,164.22	\$ 7,004,847	\$ 5,464.00	\$ -	\$ -	\$ -	\$ -	\$6,628.22	\$ 6,680.20	99.22%

Outpatient (SFY26)

	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
Payment Class	MMCO OP Payments (CY23) (Schedule B)	MMCO OP Visits (CY23) (Sch. B)	Medicaid MCO Enc. Avg. Payment per Visit	COHP Directed Payment (per above)	COHP Directed Payment Per Day	QIP Estimated Payment	QIP Estimated Payment per Visit	State Outpatient Directed Payment (Schedule D)	State Outpatient Directed Payment per Visit	Total Avg. Medicaid MC Payment per Visit	Statewide Average Commercial Rate	% of ACR
Private	\$ 75,257,556	91,653	\$ 821.11	\$ 71,841,518	\$ 783.84	\$ -	\$ -	\$ 10,946,850	\$ 119.44	\$1,724.39	\$ 1,730.87	99.63%
Private 600+ Beds	\$ 95,867,732	86,631	\$ 1,106.62	\$ 38,643,632	\$ 446.07	\$ -	\$ -	\$ 15,019,950	\$ 173.38	\$1,726.07	\$ 1,730.87	99.72%
Specialty	\$ 27,742	534	\$ 51.95	\$ 879,783	\$ 1,647.53	\$ -	\$ -	\$ -	\$ -	\$1,699.48	\$ 1,730.87	98.19%

Waiver

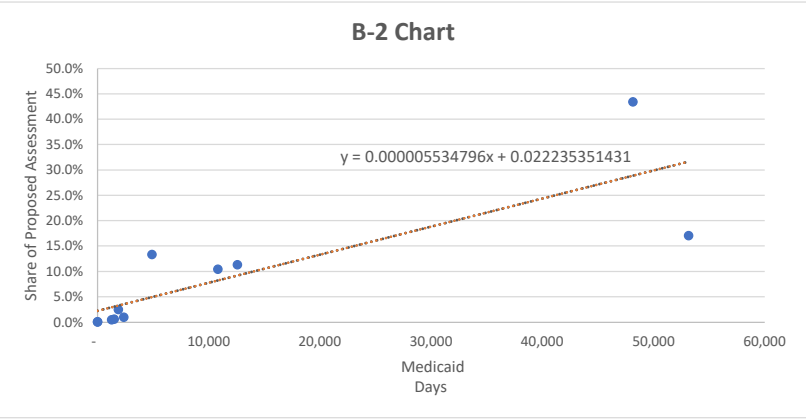
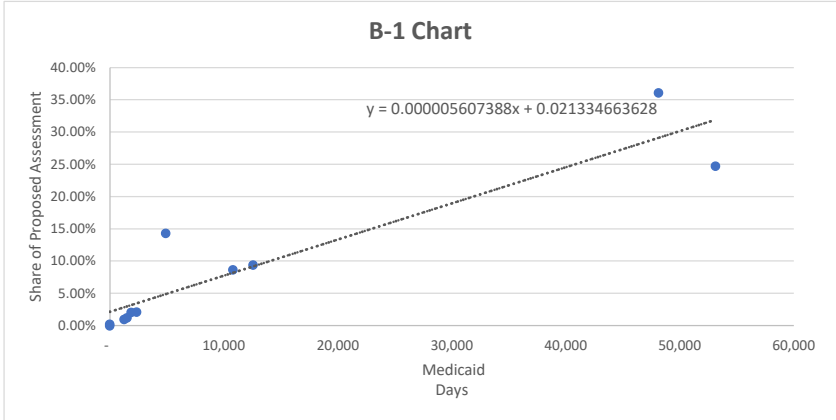
New Jersey County Option Hospital Fee Program: Bergen County, NJ (SFY26)
B1/B2 Test: Inpatient



X-Axis							B-1 Chart				B-2 Chart	
A	B	C	D	E	F	G = E + F	H	I	J	K = J / SUM (J)	L	M = L / SUM (L)
CCN	Provider	Assessment Class	Assessment Class Description	Medicaid FFS Days (Data Form)	Medicaid MCO Days (Data Form)	Medicaid Days	Uniform Assessment Rate	Days exc. Medicare (Data Form)	Uniform Assessment Amount	Share of Uniform Assessment Amount	Final Assessment Amount	Share of Proposed Assessment
310001	Hackensack UMC	3	Other General Acute	11,508	36,636	48,144	\$ 334.65	141,291	\$ 47,282,582	36.10%	\$ 56,811,698	43.4%
310008	Holy Name	3	Other General Acute	1,202	9,602	10,804	\$ 334.65	34,033	\$ 11,389,035	8.70%	\$ 13,684,329	10.4%
310012	Valley	2	General Acute CMI	653	4,237	4,890	\$ 334.65	56,170	\$ 18,797,111	14.35%	\$ 17,412,700	13.3%
310045	Englewood	3	Other General Acute	3,264	9,295	12,559	\$ 334.65	36,871	\$ 12,338,762	9.42%	\$ 14,825,460	11.3%
310058	New Bridge	1	Public Acute	10,816	42,320	53,136	\$ 334.65	96,918	\$ 32,433,299	24.77%	\$ 22,291,140	17.0%
310130	HUMC Pascack Valley	3	Other General Acute	85	1,772	1,857	\$ 334.65	8,040	\$ 2,690,560	2.05%	\$ 3,232,804	2.5%
312018	CareOne	4	Specialty Acute	-	-	-	\$ 334.65	926	\$ 309,883	0.24%	\$ 138,900	0.1%
312019	Select Specialty	4	Specialty Acute	-	1,256	1,256	\$ 334.65	3,821	\$ 1,278,685	0.98%	\$ 573,150	0.4%
313025	Kessler	4	Specialty Acute	165	2,176	2,341	\$ 334.65	8,359	\$ 2,797,313	2.14%	\$ 1,253,850	1.0%
314012	Ramapo Valley (Carrier)	4	Specialty Acute	-	-	-	\$ 334.65	-	\$ -	0.00%	\$ -	0.0%
314019	Ramapo Ridge Psych	4	Specialty Acute	-	1,497	1,497	\$ 334.65	4,911	\$ 1,643,450	1.25%	\$ 736,650	0.6%
999	Total			27,693	108,791	136,484	(x)	391,340	\$ 130,960,681	100%	\$ 130,960,681	100%

Final Assessment Amount	\$ 130,960,681
Days exc. Medicare (Data Form)	391,340
Uniform Assessment Rate	334.65

B1/B2 Results			
B1 - Uniform Slope of K, G	B2 - Proposed Slope of M, G	B1 / B2 Ratio	Pass B1/B2 Test Pass if > 1.000
0.00000560739	0.0000055348	1.0131	Pass



Waiver

New Jersey County Option Hospital Fee Program: Bergen County, NJ (SFY26)
B1/B2 Test: Outpatient



X-Axis							B-1 Chart				B-2 Chart	
A	B	C	D	E	F	G = E + F	H	I	J	K = J / SUM (J)	L	M = L / SUM (L)
CCN	Provider	Assessment Class	Assessment Class Description	Medicaid FFS Outpatient Visits (Data Form)	Medicaid MCO Outpatient Visits (Data Form)	Medicaid OP Visits	Uniform Assessment Rate	OP Visits exc. Medicare (Data Form)	Uniform Assessment Amount	Share of Uniform Assessment Amount	Final Assessment Amount	Share of Proposed Assessment
310001	Hackensack UMC	3	Other General Acute	5,042	93,402	98,444	\$ 39.51	371,611	\$ 14,681,641	35.50%	\$ 15,113,419	36.5%
310008	Holy Name	3	Other General Acute	1,482	56,575	58,057	\$ 39.51	109,238	\$ 4,315,785	10.44%	\$ 4,442,709	10.7%
310012	Valley	2	General Acute CMI	1,321	12,937	14,258	\$ 39.51	190,786	\$ 7,537,591	18.23%	\$ 7,440,654	18.0%
310045	Englewood	3	Other General Acute	2,758	41,983	44,741	\$ 39.51	178,261	\$ 7,042,752	17.03%	\$ 7,249,875	17.5%
310058	New Bridge	1	Public Acute	17,538	19,135	36,673	\$ 39.51	104,259	\$ 4,119,074	9.96%	\$ 2,293,698	5.5%
310130	HUMC Pascack Valley	3	Other General Acute	112	3,332	3,444	\$ 39.51	32,209	\$ 1,272,516	3.08%	\$ 1,309,940	3.2%
312018	CareOne	4	Specialty Acute	-	-	-	\$ 39.51	-	\$ -	0.00%	\$ -	0.0%
312019	Select Specialty	4	Specialty Acute	-	-	-	\$ 39.51	-	\$ -	0.00%	\$ -	0.0%
313025	Kessler	4	Specialty Acute	6	3,186	3,192	\$ 39.51	24,012	\$ 948,668	2.29%	\$ 1,392,696	3.4%
314012	Ramapo Valley (Carrier)	4	Specialty Acute	-	1	1	\$ 39.51	173	\$ 6,835	0.02%	\$ 10,034	0.0%
314019	Ramapo Ridge Psych	4	Specialty Acute	6,782	1,912	8,694	\$ 39.51	36,217	\$ 1,430,865	3.46%	\$ 2,100,586	5.1%
999	Total			35,041	232,463	267,504	(x)	1,046,766	\$ 41,355,726	100%	\$ 41,353,611	100%

Assessment Amount	\$	41,355,726
OP Visits exc. Medicare (Data Form)		1,046,766
Uniform Assessment Rate		39.51

B1/B2 Results			
B1 - Uniform Slope of K, G	B2 - Proposed Slope of M, G	B1 / B2 Ratio	Pass B1/B2 Test Pass if > 1.000
0.000003041833	0.000003037813	1.0013	Pass

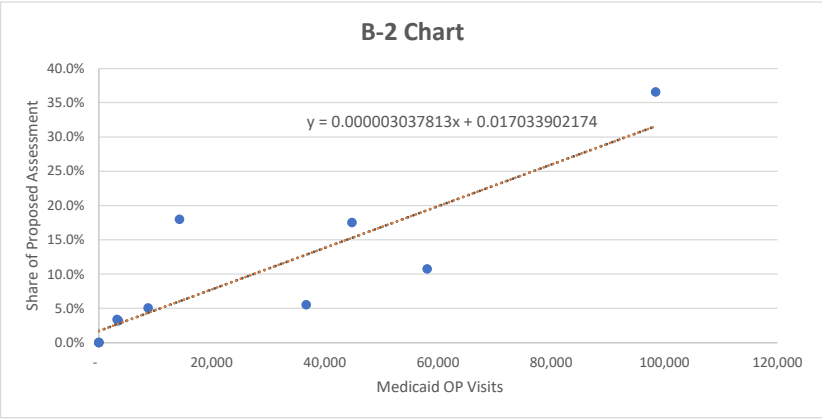
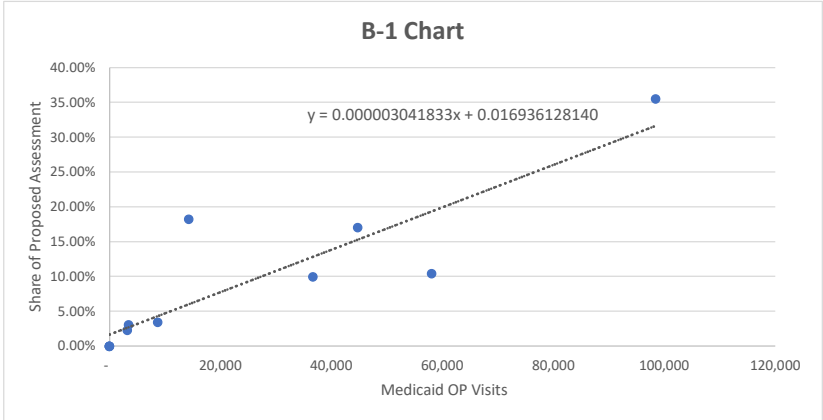


Exhibit A



County Option Hospital Fee Program: Bergen County, NJ (SFY26)
Maximum Fee Assessment

Last Edit Date: 12.18.2024

Net Patient Service Revenue (SFY25) - Net of COHP Exclusions				Net Patient Service Revenue (SFY26) - Net of COHP Exclusions						
Table 1. Maximum Aggregate Assessment (N.J.A.C. 10:52B-2.1 Limit)	FYE	2022 Data Forms	2022 Data + Inflation Factor ^(a)	FYE	2023 Data Forms Inpatient	2023 Data Forms Outpatient	2023 Data Forms Total	2023 Data Inpatient + Inflation Factor ^(a)	2023 Data Outpatient + Inflation Factor ^(a)	2023 Data Total + Inflation Factor ^(a)
Hackensack UMC	12/31	\$ 2,034,556,892	\$ 2,213,597,898	12/31	\$ 1,340,225,157	\$ 1,076,880,528	\$ 2,417,105,685	\$ 1,454,144,295	\$ 1,168,415,373	\$ 2,622,559,668
Holy Name	12/31	\$ 480,250,801	\$ 522,512,871	12/31	\$ 164,895,527	\$ 341,884,120	\$ 506,779,647	\$ 178,911,647	\$ 370,944,270	\$ 549,855,917
Valley	12/31	\$ 951,339,350	\$ 1,035,057,213	12/31	\$ 511,222,287	\$ 543,516,870	\$ 998,314,995	\$ 554,676,181	\$ 589,715,804	\$ 1,083,171,770
Englewood	12/31	\$ 747,550,000	\$ 813,334,400	12/31	\$ 274,259,442	\$ 511,129,813	\$ 785,389,255	\$ 297,571,495	\$ 554,575,847	\$ 852,147,342
New Bridge	12/31	\$ 152,452,278	\$ 165,868,078	12/31	\$ 199,738,658	\$ 17,593,616	\$ 217,332,274	\$ 216,716,444	\$ 19,089,073	\$ 235,805,517
HUMC Pascack Valley	6/30	\$ 139,181,850	\$ 156,022,854	6/30	\$ 79,608,690	\$ 69,163,073	\$ 148,771,763	\$ 87,887,994	\$ 76,356,032	\$ 164,244,026
CareOne	12/31	\$ 9,935,623	\$ 10,809,958	12/31	\$ 11,135,515	\$ -	\$ 11,135,515	\$ 12,082,034	\$ -	\$ 12,082,034
Select Specialty	10/31	\$ 29,785,838	\$ 32,823,993	10/31	\$ 31,421,919	\$ -	\$ 31,421,919	\$ 34,469,845	\$ -	\$ 34,469,845
Kessler	12/31	\$ 60,334,539	\$ 65,643,978	12/31	\$ 57,392,423	\$ 5,461,815	\$ 62,854,238	\$ 62,270,779	\$ 5,926,069	\$ 68,196,848
Ramapo Valley (Carrier)	12/31	\$ 744,962	\$ 810,519	12/31	\$ -	\$ 512,516	\$ 512,516	\$ -	\$ 556,080	\$ 556,080
Ramapo Ridge Psych	12/31	\$ 24,239,320	\$ 26,372,381	12/31	\$ 17,785,442	\$ 6,730,968	\$ 24,516,410	\$ 19,297,205	\$ 7,303,101	\$ 26,600,305
Total		\$ 4,630,371,453	\$ 5,042,854,144		\$ 2,687,685,060	\$ 2,572,873,319	\$ 5,204,134,217	\$ 2,918,027,918	\$ 2,792,881,649	\$ 5,649,689,352
Limit Requirement: N.J.A.C. 10:52B-2.1 (2.5%)	2.5%	\$ 115,759,286	\$ 126,071,354	5.0%	\$ 134,384,253	\$ 128,643,666	\$ 260,206,711	\$ 145,901,396	\$ 139,644,082	\$ 282,484,468
Limit Requirement: Federal (6%)	6.0%	\$ 277,822,287	\$ 302,571,249	6.0%	\$ 161,261,104	\$ 154,372,399	\$ 312,248,053	\$ 175,081,675	\$ 167,572,899	\$ 338,981,361
Maximum Aggregate Assessment		\$ 115,759,286	\$ 126,071,354		\$ 134,384,253	\$ 128,643,666	\$ 260,206,711	\$ 145,901,396	\$ 139,644,082	\$ 282,484,468
Market Basket - Weighted (informational only)			1.089					1.086	1.086	1.086

(a) Inflation Factor

2022 - 2025 (CMS MBI v.2023Q2)				
Cost Report FYE	Midpoint of Cost FYE	Inflation Factor Midpoint of Cost Report Period	Inflation Factor Midpoint of SFY (1/1/2025)	Inflation Factor
3/31	Q4 21	1.109	1.264	1.140
6/30	Q1 22	1.128	1.264	1.121
9/30	Q2 22	1.147	1.264	1.102
10/31	Q2 22	1.147	1.264	1.102
12/31	Q3 22	1.162	1.264	1.088

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

2023 - 2026 (CMS MBI v.2024Q2)				
Cost Report FYE	Midpoint of Cost FYE	Inflation Factor Midpoint of Cost Report Period	Inflation Factor Midpoint of SFY (1/1/2026)	Inflation Factor
3/31	Q4 22	1.172	1.312	1.119
6/30	Q1 23	1.188	1.312	1.104
9/30	Q2 23	1.196	1.312	1.097
10/31	Q2 23	1.196	1.312	1.097
12/31	Q3 23	1.209	1.312	1.085

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

		Tax	Net Tax	Status
(b) Tax Assessments from Other Counties	310045	Englewood	1,468,003	90% 1,321,203 (Essex Co. pending final)
	312018	CareOne	50,936	90% 45,842 (Submitted F&E: Middlesex County)

Exhibit B



County Option Hospital Fee Program: Bergen County, NJ (SFY26)
Medicaid MCO Encounter Data to Develop Interim Payments

Last Edit Date: 12.18.2024

Medicaid Managed Care, CY 2023
(Source: DMAHS, 10/1/2024 Run Date)

CCN	Provider	MMCO Days (CY23)	MMCO Discharges (CY23)	MMCO IP Payments (CY23)	MMCO OP Visits (CY23)	MMCO OP Payments (CY23)	MMCO Total Payments (CY23)	Notes
310001	Hackensack UMC	35,521	5,137	86,435,463	86,631	95,867,732	182,303,195	(a)
310008	Holy Name	7,591	1,617	13,388,182	31,202	23,811,187	37,199,369	
310012	Valley	4,776	885	10,070,902	11,839	9,877,695	19,948,597	(b)
310045	Englewood	7,171	1,649	15,574,206	46,089	39,630,729	55,204,935	
310058	New Bridge	26,006	3,753	20,167,784	9,343	2,401,057	22,568,841	
310130	HUMC Pascack Valley	1,271	402	3,155,086	2,523	1,937,945	5,093,031	
312018	CareOne	268	3	351,202	-	-	351,202	
312019	Select Specialty	104	4	193,700	-	-	193,700	
313025	Kessler	-	-	-	-	-	-	
314012	Ramapo Valley (Carrier)	-	-	-	-	-	-	
314019	Ramapo Ridge Psych	910	62	947,631	534	27,742	975,373	
Total Net of Exclusions		83,618	13,512	150,284,156	188,161	173,554,087	323,838,243	
313025	Exclusion	8,161	426	11,360,561	-	-	11,360,561	
County Total		91,779	13,938	161,644,717	188,161	173,554,087	335,198,804	
		ok	ok	ok	ok	ok		

adj. factor

- (a) HUMC Inpatient duplication caused by summarizing by NPI by CCN + CCN DPU corrected by zeroing out 31S012 0%
- (b) Valley Inpatient Days adjusted due to new facility location resulting in increased MMCO inpatient volume, reduced by ratio of DMAHS / Valley 2023 to account for difference between internal numbers and DMAHS numbers

	(a)	(b)	(c = a / b)	(d)	(e = d * c)	(f = e / a)
Valley Hospital	DMAHS 2023	Valley 2023	DMAHS 2023 v. Valley 2023	Valley 2024	Valley 2024 @ DMAHS %	Valley 2024 v. DMAHS 2023 (adj. factor)
Inpatient Days	3,771	4,392	85.86%	5,562	4,776	126.65%

Valley 2023 - Prior Location	no. of mos.	total	avg/month
3 Mos 23 (Jan-Mar)	3	1,325	442
6 Mos 23 (May-Oct)	6	1,969	328
Missing 3 Months (Apr, Nov-Dec)	3	1,098	366
CY 2023 - 12 Months	12	4,392	366

Valley 2024 - New Location	6 mos.	annualized
Inpatient MMCO Days - new Valley location (May-Oct 2024)	2,781	5,562

NJ County Option Hospital Fee Program
CY 2023 Encounter Data (DMAHS): Inpatient
Bergen County

Last Edit Date: 12.18.2024

				CALENDAR YEAR 2023 (DMAHS) - Data Date: 10-1-2024											
Adj. Factor (a), (c)	Medicare ID Roll-up	NPI	Facility Name	Days				Discharges				Payments			
				Medicaid	Expansion	CHIP	CY 2023	Medicaid	Expansion	CHIP	CY 2023	Medicaid	Expansion	CHIP	CY 2023
	1	310001	1457456279 Hackensack University Med Ctr	19,189	14,336	1,996	35,521	2,910	1,859	368	5,137	43,239,656	37,496,875	5,698,932	86,435,463
0.00%	310001 31S001		1457456279 Hackensack University Med Ctr (set to 0)	0	0	0	0	0	0	0	0	0	0	0	0
	1	310001	1932200623 Hackensack University Med Ctr	0	0	0	0	0	0	0	0	0	0	0	0
	1	310008	1104859131 Holy Name Hospital	3,169	3,396	155	6,720	742	716	35	1,493	5,905,507	6,266,011	273,573	12,445,091
	1	310008 31S008	1609945963 Holy Name Hospital	316	542	13	871	47	74	3	124	345,077	577,340	20,674	943,091
126.65%	310012		1013912633 Valley Hosp	2,552	2,113	111	4,776	505	375	5	885	5,215,628	4,381,838	473,435	10,070,902
	1	310045	1083612881 Englewood Hospital	3,668	3,427	76	7,171	897	748	4	1,649	6,701,213	8,761,487	111,506	15,574,206
	1	310045 31S045	1124071980 Englewood Hospital	0	0	0	0	0	0	0	0	0	0	0	0
	1	310058	1689682999 New Bridge Med Ctr	9,091	15,746	1,169	26,006	1,080	2,474	199	3,753	6,792,083	12,342,780	1,032,921	20,167,784
	1	310058 31S058	1952456295 New Bridge Med Ctr	0	0	0	0	0	0	0	0	0	0	0	0
	1	310130	1205176062 Hackensack UMC at Pascack Valley	881	389	1	1,271	273	128	1	402	2,155,672	994,848	4,566	3,155,086
	1	312018	1497754006 CareOne/Rehabilitation Hospital at Raritan Bay Medical C	148	120	0	268	1	2	0	3	204,044	147,158	0	351,202
	1	312019	1093713521 Select Specialty Hosp (Rochelle Park)	75	29	0	104	3	1	0	4	142,200	51,500	0	193,700
	1	314019	1114916954 Ramapo Ridge Psychiatric	221	665	24	910	4	57	1	62	239,778	679,653	28,200	947,631
	1	313025	1013919620 Kessler Rehab Saddle Brook - Encounters in Essex Coun	2,808	5,300	53	8,161	141	282	3	426	3,894,570	7,390,279	75,712	11,360,561
<10 converted to 1			County Total	42,118	46,063	3,598	91,779	6,603	6,716	619	13,938	\$74,835,428	\$79,089,769	\$7,719,519	161,644,717
			% of Total	46%	50%	4%		47%	48%	4%		46%	49%	5%	
			Federal Match Rate	50%	90%	65%		50%	90%	65%		50%	90%	65%	
			FMAP - Inpatient	70.66%				69.94%				70.29%			

NJ County Option Hospital Fee Program
CY 2023 Encounter Data (DMAHS): Outpatient
Bergen County

Last Edit Date: 12.18.2024

CALENDAR YEAR 2023 (DMAHS) - Data Date: 10-1-2024															
Adj. Factor (a)	Medicare ID Roll-up	NPI	Facility Name	Visits				Payments							
				Medicaid	Expansion	CHIP	CY 2023	Medicaid	Expansion	CHIP	CY 2023				
1	310001		1457456279	Hackensack University Med Ctr	39,426	30,670	16,535	86,631	\$	38,800,234	\$	45,768,941	\$	11,298,557	95,867,732
0.00%	310001	31S001	1457456279	Hackensack University Med Ctr	0	0	0	0	\$	-	\$	-	\$	-	0
1	310001		1932200623	Hackensack University Med Ctr	0	0	0	0	\$	-	\$	-	\$	-	0
1	310008		1104859131	Holy Name Hospital	10,901	17,532	2,769	31,202	\$	7,792,665	\$	14,477,561	\$	1,540,961	23,811,187
1	310008	31S008	1609945963	Holy Name Hospital	0	0	0	0	\$	-	\$	-	\$	-	0
1	310012		1013912633	Valley Hosp	4,729	5,315	1,795	11,839	\$	3,246,374	\$	5,761,673	\$	869,648	9,877,695
1	310045		1083612881	Englewood Hospital	14,021	29,806	2,262	46,089	\$	12,271,773	\$	26,268,005	\$	1,090,951	39,630,729
1	310045	31S045	1124071980	Englewood Hospital	0	0	0	0	\$	-	\$	-	\$	-	0
1	310058		1689682999	New Bridge Med Ctr	3,493	5,556	294	9,343	\$	884,277	\$	1,396,587	\$	120,193	2,401,057
1	310058	31S058	1952456295	New Bridge Med Ctr	0	0	0	0	\$	-	\$	-	\$	-	0
1	310130		1205176062	Hackensack UMC at Pascack Valley	832	1,381	310	2,523	\$	561,279	\$	1,223,691	\$	152,975	1,937,945
1	312018		1497754006	CareOne/Rehabilitation Hospital at Raritan Bay Medical Cente	0	0	0	0	\$	-	\$	-	\$	-	0
1	312019		1093713521	Select Specialty Hosp (Rochelle Park)	0	0	0	0	\$	-	\$	-	\$	-	0
1	314019		1114916954	Ramapo Ridge Psychiatric	517	16	1	534	\$	25,874	\$	1,868	\$	-	27,742
1	313025		1013919620	Kessler Rehab Saddle Brook	0	0	0	0	\$	-	\$	-	\$	-	0
<10 converted to 1				County Total	73,919	90,276	23,966	188,161	\$63,582,476		\$94,898,326		\$15,073,285		173,554,087
				% of Total	39%	48%	13%		37%		55%		9%		
				Federal Match Rate	50%	90%	65%		50%		90%		65%		
				FMAP - Outpatient	71.10%						73.17%				
				County Total exc. New Bridge	70,426	84,720	23,672	178,818							
				% of Total	39%	47%	13%								
				Federal Match Rate	50%	90%	65%								
				FMAP - Outpatient	70.94%										

Exhibit C



County Option Hospital Fee Program: Bergen County, NJ (SFY26)
QIP Payment Estimate

Last Edit Date: 12.18.2024

Estimate based on MY2

CCN	Provider	MY2 Behavioral Health Performance Payment	MY2 Maternal Health Performance Payment	QIP MY2 Payments used as Estimated Payment SFY 2026	Notes
310001	Hackensack UMC	2,958,873	2,492,882	5,451,755	not participating in QIP
310008	Holy Name	-	-	-	
310012	Valley	683,929	512,738	1,196,667	
310045	Englewood	1,283,534	1,242,779	2,526,313	
310058	New Bridge	7,540,129	-	7,540,129	
310130	HUMC Pascack Valley	-	682,768	682,768	not QIP eligible
312018	CareOne	-	-	-	
312019	Select Specialty	-	-	-	
313025	Kessler	-	-	-	
314012	Ramapo Valley (Carrier)	-	-	-	
314019	Ramapo Ridge Psych	-	-	-	not QIP eligible
County Total		12,466,465	4,931,167	17,397,632	

Exhibit D



County Option Hospital Fee Program: Bergen County, NJ (SFY26)
State Directed Outpatient Payment (Interim SFY26)

Last Edit Date: 12.18.2024

CCN	Provider	MMCO OP SDP Payment per Visit (estimate)	MMCO Outpatient State Directed Payment (Interim)	Notes
310001	Hackensack UMC	150	\$ 15,019,950	
310008	Holy Name	100	\$ 5,338,600	
310012	Valley	50	\$ 783,450	
310045	Englewood	100	\$ 4,672,200	
310058	New Bridge	***	\$ 12,651,597	
310130	HUMC Pascack Valley	50	\$ 152,600	
312018	CareOne	-	\$ -	not SODP eligible
312019	Select Specialty	-	\$ -	not SODP eligible
313025	Kessler	-	\$ -	not SODP eligible
314012	Ramapo Valley (Carrier)	-	\$ -	not SODP eligible
314019	Ramapo Ridge Psych	-	\$ -	not SODP eligible
County Total		- 450	38,618,397	

Exhibit E



County Option Hospital Fee Program: Bergen County, NJ (SFY26)
Class Differentiation

Last Edit Date: 12.18.2024

A. Assessment Classes

CCN	Provider	Government Owned (Public)	NJDOH Acute Care License Type	CMI	Assessment Class (Waiver Models Only)
310001	Hackensack UMC	Private	General	X	3. General
310008	Holy Name	Private	General		3. General
310012	Valley	Private	General		2. CMI
310045	Englewood	Private	General		3. General
310058	New Bridge	Public	General		1. Public
310130	HUMC Pascack Valley	Private	General		3. General
312018	CareOne	Private	Special		4. Specialty
312019	Select Specialty	Private	Special		4. Specialty
313025	Kessler	Private	Rehab		4. Specialty
314012	Ramapo Valley (Carrier)	Private	Psych		4. Specialty
314019	Ramapo Ridge Psych	Private	Psych		4. Specialty

B. Payment Classes

CCN	Provider	Ownership	NJDOH Acute Care License Type	Licensed Beds	Payment Class
310001	Hackensack UMC	Private	General	803	3. Private 600+ Beds
310008	Holy Name	Private	General	372	2. Private < 600 Beds
310012	Valley	Private	General	431	2. Private < 600 Beds
310045	Englewood	Private	General	531	2. Private < 600 Beds
310058	New Bridge	Public	General	496	1. Public
310130	HUMC Pascack Valley	Private	General	128	2. Private < 600 Beds
312018	CareOne	Private	Special	25	4. Specialty
312019	Select Specialty	Private	Special	62	4. Specialty
313025	Kessler	Private	Rehab	112	4. Specialty
314012	Ramapo Valley (Carrier)	Private	Psych	-	4. Specialty
314019	Ramapo Ridge Psych	Private	Psych	58	4. Specialty