



State of New Jersey
Department of Human Services
Division of Medical Assistance & Health Services

NEWSLETTER

Volume 12 No. 12

February 2002

TO: Independent Clinics and Hospitals

SUBJECT: New Jersey Supplementary Prenatal Care Program (NJSPCP)

EFFECTIVE: February 10, 2002, for dates of service on or after July 1, 2001

PURPOSE: The purpose of the New Jersey Supplementary Prenatal Care Program (NJSPCP) is to provide prenatal medical care for New Jersey pregnant women who would have otherwise qualified for New Jersey Care...Special Medicaid Programs or the NJ FamilyCare program except for their immigration status. The program provides limited funding for clinics and hospitals to meet this purpose.

BACKGROUND: The State Fiscal Year 2002 Appropriations Act, P.L. 2001, c. 130, allocated funding to clinics and hospitals for the purpose of providing limited prenatal care for qualified New Jersey women. The program is not an entitlement. Therefore, when the allocation has been expended, services to the eligible individuals will cease to be covered. Providers will be informed by newsletter when the limits of the appropriation have been reached. Covered beneficiaries will be notified by letter.

ACTION: Services available through the NJSPCP are limited to primary care, pharmaceutical, radiology, and clinical laboratory services, only when provided by a clinic or hospital to an eligible pregnant woman. Services must be directly related to her prenatal care. No other services or providers will be reimbursed.

Eligibility for the program will be determined initially through presumptive eligibility sites. However, to assure that coverage continues beyond the PE period, the woman must follow up by filing an application at the county welfare agency which serves her county of residence, or by filing an application with an outstationed county worker, when one is available.

Eligible women will receive monthly Presumptive Eligibility Identification Cards which contain a message that states "**Services limited to prenatal, provided by clinics and hospitals only.**"

A provider may verify a beneficiary's eligibility status by calling REVS at 1-800-676-6562 or through their MEVS vendor.

Applicant/beneficiaries must have one of the following ICD-9-CM primary diagnoses:

640 through 648.9, or
V22 through V23.89.

Services related to labor and delivery will not be reimbursed. Services related to labor and delivery may be reimbursed under the Medical Emergency Payment Program for Aliens. Applications for this program are processed through the applicant/beneficiary's county board of social services, including agency staff outstationed at most FQHCs and hospitals. Application for services related to labor and delivery should be made through the county board of social services at the beginning of the third trimester of the woman's pregnancy.

If you have any questions concerning this Newsletter, please contact the Bureau of Eligibility Policy at (609) 588-2556.

**RETAIN THIS NEWSLETTER NUMERICALLY BEHIND THE NEWSLETTER TAB
(BLUE TAB MARKED "5")**