

Special Pharmaceutical Benefits Program (SPBP MH)

Mental Health *FACT SHEET*



PROGRAM DESCRIPTION

The [Special Pharmaceutical Benefits Program](#) (SPBP) is a program for low and moderate income individuals and families that helps pay for specific drug therapies used for the treatment of persons with HIV/AIDS or a diagnosis of schizophrenia (DSM code for mental health). The HIV/AIDS side of the SPBP is usually called: AIDS Drug Assistance Program (ADAP) in other states. **Please see the SPBP HIV/AIDS Drugs Fact Sheet for specific details, for program info visit:** (<http://www.dpw.state.pa.us/ServicesPrograms/MedicalAssistance/AIDSWaiverProgram/AIDS ClozarilProgram/>).

PROGRAM ADMINISTRATION

The SPBP is administered by the Department of Public Welfare (DPW). **The SPBP is not an entitlement program.**

ACCESSING BENEFITS

Clients access the program through an application process. SPBP applications are available from local [County Assistance Offices](#); community based mental health service organizations, city or state Department of Health clinics, some doctors' offices, and pharmacies.

Applications may also be printed from this DPW website (see links at the end of this form). Clients may also call or write to the SPBP staff for an application. State government agencies that order forms online should request Application Publication Number:
.....**Mental Health: MA442**

ELIGIBILITY CRITERIA

Eligibility determination is processed at a centralized office in Harrisburg, Pennsylvania. Eligible clients are issued a SPBP identification card, which they take to participating Pennsylvania Medicaid pharmacies/providers (most major chain pharmacies participate).

Eligibility criteria is established by the State.

Applicants must have a primary diagnosis of schizophrenia and submit a signed and dated SPBP application and *supporting documentation*. The criteria consists of five components:

1. Proof of PA residency, not institutionalized
2. Proof of a Social Security Card
3. Proof of individual and or family income (\$35,000 gross annual income for an individual and an allowance of \$2,893 for additional family members). For example, a family of three could have a combined gross income of \$40,786.

4. Proof of schizophrenia diagnosis and copies of prescriptions for antipsychotic specific medications (**SPBP only covers Abilify, Clozaril** *including support services, Clozapine, Geodon, Invega, Risperdal, Seroquel, and Zyprexa, in any form*).
5. Applications must be signed and dated by applicant and physician.

All information received is kept strictly confidential and is only used for the purpose of program administration.

At any time, clients must advise program staff of any changes regarding residence, family composition, income, and third party/Medicare Part D insurance coverage on an ongoing basis.

SCOPE OF BENEFITS

The SPBP covers the cost for the specific drugs listed on the SPBP's Mental Health Formulary (drug list). Clozaril support services are covered by the SPBP.

ELIGIBLE SPBP PARTICIPANTS

Eligible SPBP participants must present their eligibility card at participating pharmacies that are considered Pennsylvania Medical Assistance providers. Approved clients eligibility cards are sent directly to the address that is listed on the application. Cards are delivered within 7-10 business days of approval date.

Clients must show all third party/Medicare Part D resources,

and SPBP card when reporting to the pharmacy for medication. All other sources of insurance will be utilized first, if applicable.

Clients who become eligible for drug coverage through Medical Assistance must inform their pharmacist and use their ACCESS card. The SPBP card becomes invalid.

To re-enroll in the program, verification of income and PA residence must be forwarded to the SPBP along with request for re-enrollment.

The SPBP is funded through a combination of **Federal** and **State** funds and is not an entitlement program. The funding entities require SPBP to be the payer of last resort. That means other funds (such as Medical Assistance or Medicare) if available, must be used first. Therefore, if you are eligible for Medicare A and or B, you are expected to enroll in Medicare Part D.

PROVIDER RESPONSIBILITIES

The provider must be enrolled in the Medical Assistance Program to receive payment for services provided under the SPBP and have a signed contract with First Health Services Corporation. First Health Services is the SPBP's online claims processing contractor.

Call 1.800.835.4080 for questions regarding **provider enrollment and billing.**

CLAIMS PROCESSING

All claims must be submitted online through First Health Services (similar to PACE process). The SPBP does not accept or process paper claims. **Providers should only submit claims for drugs specifically listed on the SPBP formularies.**

Clients on Clozaril therapy may have Clozaril Support Services through Provider Types: Physician/Physician Groups (31), Outpatient Psychiatric Clinics (08), or Psychiatric Partial Hospitalization Clinics (11). The SPBP does not reimburse clients, or any other provider type for these services.

If third party and or Medicare Part D coverage exists, they must be billed before billing the Department. Providers must bill Medicaid for SPBP clients who convert to drug coverage through an ACCESS card. Providers must accept reimbursement from the SPBP as payment in full. **Dispensing limits parallel Medical Assistance: 100 units or a 34 day supply.**

For additional SPBP information or applications, please contact by:

Mail: **SPBP MH**
 PO BOX 2675
 BEECHMONT BLDG #32
 HARRISBURG PA
 17105 2675

Phone: **1.877.356.5355**

Fax: **1.717.772.7964**
 ATTN: SPBP MH Rm 246

Email: **SPBPMH@state.pa.us**

SPECIAL NOTE FOR MEDICAL ASSISTANCE RECIPIENTS

Persons who are eligible for pharmacy coverage under Medical Assistance or through a Medical Assistance managed care provider are not eligible for SPBP coverage.

[QUICK FACTS – SPBP MH for Mental Health](#)

[Mental Health SPBP Application](#)

[Mental Health Formulary \(drug list\)](#)

[HIV/AIDS SPBP Application](#)

[HIV/AIDS SPBP Application – Spanish Version](#)

[HIV/AIDS Formulary \(drug list\)](#)

[SPBP Frequently Asked Questions](#)

[SPBP Partnering Medicare Part D Plan List](#)

Medicare Part D Questions, visit:

<http://www.dpw.state.pa.us/PartnersProviders/LongTermLiving/MedicarePartD/>
Click list of most frequently asked questions

www.Medicare.gov
The official U.S. government site