

Plan First Waiver/Family Planning

IHS/Tribal 638 Training

September 19, 2023.



DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

What is Plan First?

- Plan First is a Montana Medicaid Waiver Program that covers family planning services for eligible women that are not currently pregnant and meet specific income guidelines.
- This eligibility is for family planning related services only.



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- **General Eligibility Criteria**
 - Montana Resident
 - Female age 19 through 44
 - Able to bear children and not presently pregnant
 - Annual household income up to and including 211% Federal Poverty Level
- Adults, age 19-44 with an annual household income 0 to 138% may qualify for more comprehensive coverage through the HELP Medicaid plan, also known as Medicaid Expansion.

(Income levels current through 3/31/2024)

Family Size	Yearly Family Income 2023
1	\$ 30,764
2	\$ 41,609
3	\$ 52,328
4	\$ 63,300
5	\$ 74,145
6	\$ 84,991
7	\$ 95,836

Covered Services

- The Plan First benefit provides:
 - Coverage for services and supplies to prevent or delay pregnancy and may include:
 - Education and Counseling in the method of contraception desired or currently in use by the individual.
 - A medical visit to change the method of contraception
 - Diagnostic and Treatment Services, such as:
 - Treatment of a medical condition routinely diagnosed during a family planning visit, such as a urinary tract infection or sexually transmitted infection.
 - Preventive services, such as an HPV vaccine.
 - Treatment of a major medical complication resulting from a family planning visit.
- Plan First services can be received from a Medicaid-enrolled provider such as a Doctor, Nurse Practitioner, Physician Assistant, or Pharmacy.



Billing for Plan First

- Medicaidprovider.mt.gov
- Resources by Provider Type
- Family Planning
 - Fee Schedules
 - Click on the link to Plan First coverage
 - This link will take you a page that says Provider Information/Service Codes/Provider Notices
- Click on the most current Plan First code list. This list shows the allowable CPT codes.
 - On the right are indicators that say whether that service is always a family planning service, or;
 - Whether it may be a family planning or family planning related service.
 - Codes in the “May be family planning or family planning-related service” category must be billed with either an FP modifier or a Z30.xxx diagnosis to receive reimbursement.



Verifying Eligibility

Montana Healthcare Programs recommends providers check the general eligibility of any member *before* rendering services. This can be done through:

1. Provider Services Portal
 - <https://medicaidprovider.mt.gov/providerenrollment>
 - Expand New Provider Resources
2. Calling Integrated Voice Response (IVR): (800) 714-0060
3. Receive Faxback: (800) 714-0075
4. Call Provider Relations Monday - Friday 8am - 5pm at (800) 624-3958

Eligibility Spans	About HMK/CHIP		HELP Plan	Standard Medicaid	
Service Type Code	Insurance Type Code	Payer Name	Plan Coverage Description	Eligibility Effective Date	Eligibility End Date
30: Health Benefit Plan Coverage	MC: Medicaid	Plan First	Family Planning	04/01/2016	08/31/2023

Plan first members do receive a card when plan first is issued first. If a member previously received a Medicaid card, then a new card would not be issued without a request.



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