

Plan First Waiver/Family Planning IHS/Tribal 638 Training May 20, 2025



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.



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.

2025 Income
Thresholds are effective
through March 31, 2026

FAMILY SIZE	2025 PLAN FIRST INCOME THRESHOLD (Family Planning Coverage)
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1	\$33,022
2	\$44,627
3	\$56,232
4	\$67,837
5	\$79,442
6	\$91,047
7	\$102,652

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 this *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.



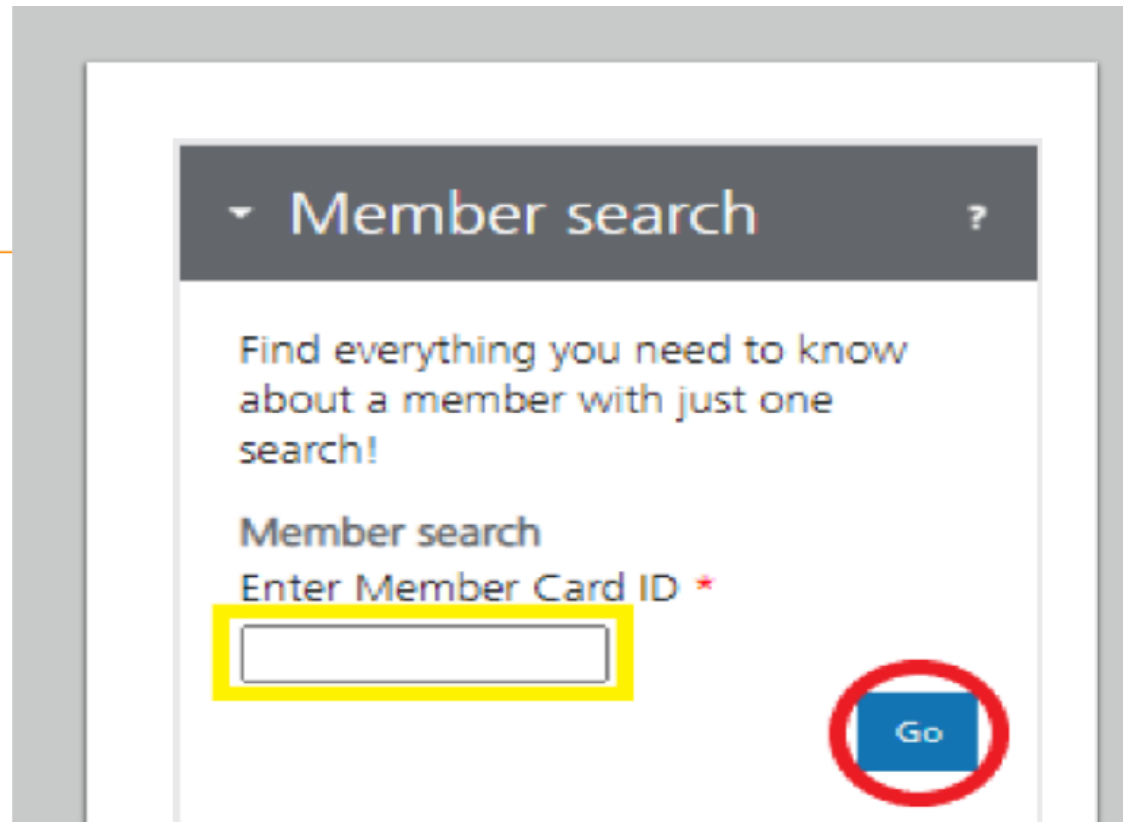
A Member Eligibility Search can also be conducted in the MPATH Provider Services Portal (Optum).

Member Eligibility Search

To verify member information, use the Member Search function at the top of the screen.

Enter member's MT Medicaid ID number.

Click **Go**.



The screenshot shows a web interface for a "Member search" function. At the top, there is a dark grey header bar with the text "Member search" and a question mark icon. Below the header, the main content area has a light grey background. It contains the text "Find everything you need to know about a member with just one search!". Underneath this, the heading "Member search" is followed by the label "Enter Member Card ID *". A white rectangular input field is positioned below the label and is highlighted with a thick yellow border. To the right of the input field, there is a blue rectangular button with the word "Go" in white text, which is circled with a thick red border.

Plan First Waiver is a CMS approved Medicaid service

- Since this is considered a Medicaid service it is very important to check eligibility.
- If you accept a Medicaid member, you cannot bill them for service not covered by this Medicaid plan (ARM 37.85.406) unless;
- a member signs a Medicaid Advanced Beneficiary Notice for Noncovered Services, a private-pay agreement, or a custom agreement.
- This has to be presented and discussed with the member before any services are provided.
- An example of an Advanced Beneficiary Notice can be found on the Medicaid website: [Custom Agreement for Medicaid Non-Covered services.](#)



Any
Questions



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