

Plan First



## **For Application Questions:**

Plan First  
PO Box 202915  
Helena MT 59620

1-855-854-1399 In-State Toll Free  
1-406-444-6446 Helena Area and Out of State  
MT Relay Service 711

Email: [planfirst@mt.gov](mailto:planfirst@mt.gov)  
Fax: 1-406-444-3846  
Website: [dphhs.mt.gov/planfirst](http://dphhs.mt.gov/planfirst)

## **For Provider Enrollment or Claims Questions:**

Provider Relations Unit and Provider Enrollment Unit  
PO Box 4936  
Helena MT 59604

1-800-624-3958 In-State and Out-of-State  
1-406-442-1837 Helena  
Email: [MTPRHelpdesk@ACS-inc.com](mailto:MTPRHelpdesk@ACS-inc.com)

Send paper claims to:  
Claims Processing Unit  
PO Box 8000  
Helena MT 59604

Provider Policy Questions:  
Liz LeLacheur  
1-406-444-6002  
Email: [elelacheur@mt.gov](mailto:elelacheur@mt.gov)

**Plan First is a State of Montana program that covers family planning services for eligible Montana women.**

**Eligibility Criteria:**

- **A Montana resident**
- **A female age 19 through 44**
- **Able to bear children and not presently pregnant**
- **Without any other family planning coverage**
- **Have annual income not greater than 211% of Federal Poverty Level (FPL) guidelines**

**Tip**

- **A person should apply even if they think their income is too high. Some income is not counted when determining eligibility.**

<b>Family size</b>	<b>2014 Federal Poverty Level (211%) Yearly Family Income</b>
1	\$25,207
2	\$33,977
3	\$42,746
4	\$51,516
5	\$60,286
6	\$69,055
7	\$77,825

Plan First application at <https://app.mt.gov/planfirst/>.



DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

[Instructions](#)

[How Do I](#)

[Feedback](#)

[Contact Us](#)

Plan First is a Montana Medicaid family planning health care program for women 19 through 44. Plan First covers family planning for eligible Montanans. To begin the application process click the appropriate button below.

To find out more about Plan First or to get help completing your application:

- 1-855-854-1399 In-State Toll Free
- 1-406-444-6446 Out-of-State
- 444-6446 Helena Area
- MT Relay Service 711
- [planfirst@mt.gov](mailto:planfirst@mt.gov)



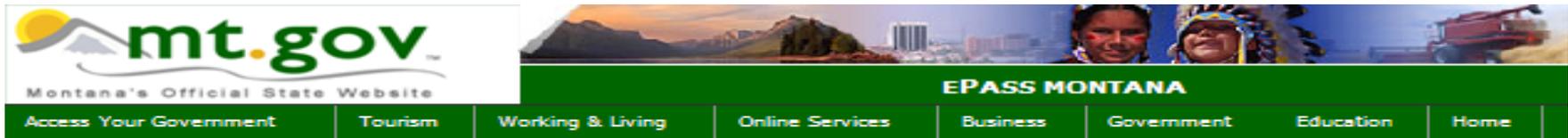
[I am a Medical Professional](#)

[I am a Citizen](#)

[▶ TRY THE DEMO](#)

# Tip

- ePass usernames and passwords are case sensitive!



Welcome to ePass Montana

[Instructions](#)

[How Do I](#)

[Feedback](#)



**ePass Montana** is a convenient and secure way to use your state government services. State agencies may request your username, but will never request your password. Never share your password with anyone.

## Existing Customer

Username:

Password:

[Forgot your password?](#)

[Montana State Employees](#)

[Login](#)

## New Customer

Create an ePass Montana account by selecting the button below:

[Create an Account](#)





## Instructions

[Instructions](#)

[How Do I](#)

[Feedback](#)

### If you already have an ePass account:

Enter your ePass username and password. You will see your customizable portal page.

### If you do not have an ePass account:

Click on the 'create an account' button. Enter all required information including a username and password.

### Important information:

- Your username must be at least 6 characters.
- Your password must be at least 8 characters, and contain both letters and numbers.
- Your username and password are case sensitive.
- YOUR HINT IS IMPORTANT! Make sure that your hint will remind you of your password. Mt.gov cannot retrieve your password for you. The only way to retrieve your password is to have your hint emailed to you at one of the e-mail addresses you provide when setting up your account.

After setting up your account, you will either be taken to your customizable portal page, or to the service you were logging into, depending where you began.

### Changing your account information:

It is important to keep your account information up-to-date. You can edit your account by logging into ePass and selecting 'Edit My Account' from the menu on the upper right of the page.

[Back](#)

[Home](#)



Montana's Official State Website



EPASS MONTANA

[Access Your Government](#)

[Tourism](#)

[Working & Living](#)

[Online Services](#)

[Business](#)

[Government](#)

[Education](#)

[Home](#)

## How Do I

[Instructions](#)

[How Do I](#)

[Feedback](#)

### How do I get my password if I forget it?

Simply go to the ePass home page and click on 'Forgot your password?'. You will be asked to enter the username on the account, and your password hint will be e-mailed to the e-mail address you entered with your account. It is important to note that there is no other way to get your password.

### How do I add my own URLs to my customized portal page?

Just type the URL into the 'My Favorites' section of your customizable ePass portal page, enter a name for the link, and click 'Add'. You can add as many links as you like. You may delete the links at any time.

[Back](#)

[Home](#)

- What a Medical Professional sees:

The screenshot shows the Montana DPHHS website interface. At the top left is the 'mt.gov' logo with the tagline 'Montana's Official State Website'. To the right is a navigation bar with the heading 'PLAN FIRST' and links for 'Instructions', 'How Do I', 'Feedback', 'Contact Us', and 'Logout'. Below the navigation bar, the main content area features a section titled 'Begin a New Application'. This section contains the instruction: 'Click the "Continue" Button to Start a New Application.' Below this text is a graphic of a document with a paperclip and a 'NEW' badge, and a blue 'Continue' button. At the bottom of the page is a green footer bar with the Montana state logo and the text 'MONTANA', and navigation links for 'DPHHS Home', 'Services', 'Privacy & Security', 'Accessibility', and 'Contact Us'. The 'mt.gov' logo is also present in the bottom right corner of the footer.

- What a Medical Professional will see if they return to the site and have one or more incomplete applications:



Medical professionals can collect supporting documentation. You must view original citizenship and identity documents, make copies, sign/date the copies and submit the copies with the completed application. You can submit income and expense documents without seeing originals. [View and print a list of acceptable documents.](#)

### Begin a New Application

Click the "Continue" Button to Start a New Application.



Continue

### Return to an Application

Select the Applicant and Click "Continue".



Continue

Select Applicant:

MEDICAL PROFESSIONAL 08/03/1972

Continue with Application

- What a Citizen sees:



Welcome, . What would you like to do?

Please note DPHHS will allow you to collect, copy, and submit supporting documents for applicants. By doing so you are certifying authenticity.

### Begin a New Application

Click the "Continue" Button to Start a New Application.



Continue

### Upload Supporting Documentation

Click the "Continue" Button to Upload Supporting Documentation.



Continue

# Tip

- A Citizen has the option to “Begin a New Application” or “Upload Supporting Documentation” upon initial login to the service. They need not have submitted a completed application to see the upload option. This allows applicants who may not have applied online to still be able to upload supporting documentation.

The screenshot shows the mt.gov website interface. At the top left is the mt.gov logo with the tagline "Montana's Official State Website". To the right is a navigation bar with the text "PLAN FIRST" and links for "Instructions", "How Do I", "Feedback", "Contact Us", and "Logout". Below the navigation bar, a user is greeted with "Welcome, [redacted]". The main heading asks "What would you like to do?". A note states: "Please note DPHHS will allow you to collect, copy, and submit supporting documents for applicants. By doing so you are certifying authenticity." There are two main options presented in separate boxes:

- Begin a New Application**: Includes the instruction "Click the 'Continue' Button to Start a New Application." and a button labeled "Continue" below an icon of a document with a paperclip and a "NEW" badge.
- Upload Supporting Documentation**: Includes the instruction "Click the 'Continue' Button to Upload Supporting Documentation." and a button labeled "Continue" below an icon of a document with a green downward arrow.

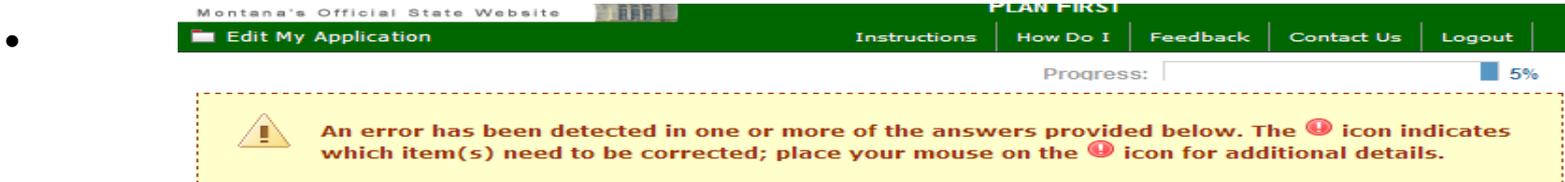
At the bottom of the page is a footer with the MONTANA logo, the text "DPHHS Home Services Privacy & Security Accessibility Contact Us", and the mt.gov logo.

# Tips

- Do not use the “Back Arrow”



- Use “Edit my Application”



## Applicant Information

 Are you female?

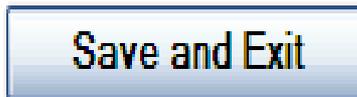


An error has been detected.



Indicates *required* information is needed to continue.

- DON'T FORGET to



*Incomplete pages will not be saved!*

# Tips

-  indicates more information is available by hovering over the icon with computer mouse pointer.
- Incomplete applications will be deleted after 60 days of inactivity and cannot be retrieved.



Important - Do not use the back button. Use the "Edit my Application" option above.

Progress:

 5%

## Applicant Information

Are you female?

Yes  No

Are you currently pregnant?

Yes  No

Are you able to bear children?

Yes  No

Are you a Montana Resident?

Yes  No

Date of Birth: (Format:MM/DD/YYYY)

[Home](#)[Save and Exit](#)[Continue](#)

- **Dropdown boxes will appear in the Application Information section if applicant is ineligible:**

## Applicant Information

Are you female?

Yes  No

You are not eligible for Plan First. You may be eligible for Medicaid. You can apply for Medicaid online at [MontanaConnections.mt.gov](https://montanacommunityconnections.com) or at any Office of Public Assistance. [Click here](#) to find Office of Public Assistance. You may also call 1-800-332-2272 or email [citizensadvocate@mt.gov](mailto:citizensadvocate@mt.gov).

Are you currently pregnant?

Yes  No

You are not eligible for Plan First. You may be eligible for Medicaid. You can apply for Medicaid online at [MontanaConnections.mt.gov](https://montanacommunityconnections.com) or at any Office of Public Assistance. [Click here](#) to find Office of Public Assistance. You may also call 1-800-332-2272 or email [citizensadvocate@mt.gov](mailto:citizensadvocate@mt.gov).

Are you able to bear children?

Yes  No

- Applicant demographic information is entered under the Personal Information section.



Montana's Official State Website



**PLAN FIRST**

[Edit My Application](#)   [Instructions](#)   [How Do I](#)   [Feedback](#)   [Contact Us](#)   [Logout](#)

Progress:  11%

## Personal Information

Please enter the Applicant Information below. Fields marked with an \* are required.

\*First Name:

MI:

\*Last Name:

\*Date of Birth: (Format: MM/DD/YYYY)

\*Social Security Number:

### Mailing Address

\*Address:

\*Zip Code:

\*City:

\*State:

\*County

**Street Address (if different than mailing address)**

# Tip

- Medical Professionals, if a patient gives permission, enter yourself and your information in the Additional Contact Information section.



**mt.gov**  
Montana's Official State Website

**PLAN FIRST**

[Edit My Application](#) | [Instructions](#) | [How Do I](#) | [Feedback](#) | [Contact Us](#) | [Logout](#)

Important - Do not use the back button. Use the "Edit my Application" option above. Progress:  17%

## Additional Contact Information (Optional)

If you prefer we contact someone else if we have additional questions, please provide his or her information. By listing this person you are granting the Department of Public Health and Human Services permission to share your Plan First program information with them. This page is optional, however if data is entered into this page the fields with an \* are required.

\*First Name:  MI:  \*Last Name:

\*Sex/Gender:

**Mailing Address**

\*Address:  \*City:

- Applicant health insurance coverage is entered under the Health Insurance Information section.

The screenshot shows the Montana State Website interface for the Health Insurance Information section. At the top left is the mt.gov logo with the tagline "Montana's Official State Website". To the right is a banner image featuring a mountain landscape, a city skyline, and two Native American women. Below the banner is a green navigation bar with the text "PLAN FIRST" and several menu items: "Edit My Application", "Instructions", "How Do I", "Feedback", "Contact Us", and "Logout". Below the navigation bar, a message reads: "Important - Do not use the back button. Use the 'Edit my Application' option above." To the right of this message is a progress indicator showing "Progress:" followed by a blue bar and the text "23%". The main heading is "Health Insurance Information" in a large green font. Below the heading is the question "Do you have health insurance?" with two radio button options: "Yes" (unselected) and "No" (selected). At the bottom of the page are three buttons: "Home", "Save and Exit", and "Continue". The footer contains the Montana Department of Public Health & Human Services logo and name, along with links for "DPHHS Home", "Services", "Privacy & Security", "Accessibility", and "Contact Us", and the mt.gov logo.

mt.gov  
Montana's Official State Website

PLAN FIRST

Edit My Application Instructions How Do I Feedback Contact Us Logout

Important - Do not use the back button. Use the "Edit my Application" option above.

Progress: 23%

## Health Insurance Information

Do you have health insurance?

Yes  No

Home Save and Exit Continue

MONTANA  
Department of Public Health & Human Services

DPHHS Home Services Privacy & Security Accessibility Contact Us

mt.gov  
Montana's Official State Website

# Tip

- Most insurance cards contain much of the information needed. If the applicant isn't the policy holder then the name and Social Security Number of the policy holder is entered.



Montana's Official State Website



## PLAN FIRST

Edit My Application

[Instructions](#)

[How Do I](#)

[Feedback](#)

[Contact Us](#)

[Logout](#)

Important - Do not use the back button. Use the "Edit my Application" option above.

Progress: 23%

## Health Insurance Information

Do you have health insurance?

Yes  No

NOTE: You will be required to provide DPHHS with a copy of the front and back of your insurance card(s). Please answer the following:

Name of Insurance Company:

### Address of Insurance Company

Address:

City:

State:

Zip Code:

# Tip

- Medical professionals can collect supporting documentation:
  - Original citizenship and identity documents must be viewed, copies made, signed/dated by the medical professional and submitted.
  - Income and expense documents can be submitted without seeing originals.



The screenshot shows the Montana state website header with the 'mt.gov' logo and 'Montana's Official State Website' text. Below the header is a green navigation bar with 'PLAN FIRST' in white. The navigation bar includes links for 'Edit My Application', 'Instructions', 'How Do I', 'Feedback', 'Contact Us', and 'Logout'. Below the navigation bar, a progress bar indicates 'Progress: 29%'.

## Citizenship and Identity

Are you a U.S. Citizen?

Yes  No

Include proof of U.S. citizenship or alien status and proof of identity (original documents or certified copies must be provided).

Proof of U S citizenship and identity or legal immigration status is only needed for the Plan First applicant, not for other family members. The complete list of acceptable documents can be found at [www.planfirst.mt.gov](http://www.planfirst.mt.gov).

Please provide one of these four documents:

- U. S. Passport
- Certificate of Naturalization (N-550 or N-570)
- Certificate of U S Citizenship (N-560 or N-561)
- Tribal Documents

If you do not have a U.S. Passport, a Certificate of Naturalization, a Certificate of U.S. Citizenship, or Tribal Documents please provide one of the Alternate Documents and one of the Photo ID Documents below:

- **If the applicant is not a U. S. Citizen then the following dropdown will be displayed:**

Important - Do not use the back button. Use the "Edit my Application" option above.

Progress:  29%

## Citizenship and Identity

Are you a U.S. Citizen?

Yes  No

Enter Alien Registration Number:

If you entered your Alien Registration Number on the line above, provide a copy of one of the items listed below as proof of the Alien Registration Number:

- Alien Registration Receipt Card, Permanent Resident Card, or Green Card
- Passport with the following unexpired stamps or attachments: Arrival-Departure Record (I-94) including the stamp showing status, Resident Alien Form (I-551) or Temporary Resident Card (I-688B or I-766)
- A court-ordered notice for asylum
- Other proof of lawful immigration status

Proof of U S citizenship and identity or legal immigration status is only needed for the Plan First applicant, not for other family members. The complete list of acceptable documents can be found at [www.planfirst.mt.gov](http://www.planfirst.mt.gov).

- Completing the Race and Ethnicity section is optional:

mt.gov  
Montana's Official State Website

PLAN FIRST

Edit My Application | Instructions | How Do I | Feedback | Contact Us | Logout

Progress: 35%

## Race and Ethnicity

These questions regarding ethnic and racial background are voluntary and will not be used to determine your benefit level or eligibility. Questions about ethnic and racial background are authorized by Title VI of the Civil Rights Act of 1964. The reason for this information is to assure that program benefits are distributed without regard to race, color or national origin.

Please answer the following:

Select one:

Hispanic/Latino       Non-Hispanic/Latino

Select one:

American Indian or Alaskan Native       Asian  
 Native Hawaiian or Pacific Islander       Black or African American  
 White/Caucasian       Unknown

MONTANA  
DPHHS Home Services Privacy & Security Accessibility Contact Us

mt.gov

- The applicant **IS NOT** counted in the number entered in the **Additional Household Members** section!

mt.gov  
Montana's Official State Website

PLAN FIRST

Edit My Application | Instructions | How Do I | Feedback | Contact Us | Logout

Important - Do not use the back button. Use the "Edit my Application" option above.

Progress: 41%

## Additional Household Members

How many relatives live with you? Relatives are related to you by blood, marriage or adoption.  
Do not include yourself in this number.

[Home](#) [Save and Exit](#) [Continue](#)

- In the Expenses section list money the household pays for child support and/or dependent care (child or adult).

## Expenses

Does anyone in your household pay for child support and/or dependent care (child or adult)?

Yes  No

Home

Save and Exit

Continue

**For each dependent with a care expense list the current total monthly cost and the household's portion of that monthly cost.**

Fields marked with an \* are required for each dependent.

\*Dependent First Name:

\*Dependent Last Name:

\*Identify the expense:

\*Current total monthly cost:

\*Household's share:

Does anyone outside the household pay all or a portion of this expense?

Yes  No

**Add this Expense**

**Home**

**Save and Exit**

**Continue**

**If all or a portion of a dependent care expense is paid by anyone  
OUTSIDE THE HOUSEHOLD enter that information in this section:**

Does anyone outside the household pay all or a portion of this expense?

Yes  No

\*Payer's First Name:

\*Payer's Last Name:

\*Payer's Telephone Number:

AND/OR

\*Program Name:

\*Program Telephone Number:

**Add this Expense**

- The Employment Income section:

## Employment Income

Is anyone in the household currently employed?

Yes  No

---

[Home](#)

[Save and Exit](#)

[Continue](#)



[DPHHS Home](#)

[Services](#)

[Privacy & Security](#)

[Accessibility](#)

[Contact Us](#)



## Employment Income

Is anyone in the household currently employed?

Yes  No

List all household members who have worked, will work, or are currently working any kind of job this month (including work done in a previous month) and in the next 12 months. Include: present employment (full-time and part-time), seasonal, spot jobs, tips, commissions, work study. For each individual list each job separately.

Please provide copies of documents to support the incomes you list.

### Household member:

\*First Name:

\*Last Name:

\*Employer Name:

\*Yearly Amount Before Taxes:

[Add this Job](#)

- The Other Income section:



mt.gov  
Montana's Official State Website

PLAN FIRST

Edit My Application

Instructions | How Do I | Feedback | Contact Us | Logout

Progress:  58%

## Other Income

Does the household receive any other income (not from employment)? 

Yes  No

Save and Exit

Continue

- **Other Income definition is seen by hovering over the blue icon with computer mouse pointer.**

## Other Income

Does the household receive any other income (not from employment)? 

Yes  No

Income not from employment includes: Social Security, Supplemental Security Income, Unemployment Insurance, Workers' Compensation, Child Support/Alimony, Assistance Payment from a Tribe or Other State, General Assistance (includes County or BIA), Interest/Dividends, Veterans Benefits, Military Allotment, Retirement Benefits/Pensions, Lease Income, Royalties, Foster Care Payments, Temporary Disability Insurance, Other.

Provide inc

Please pro

The followi

- Pay stubs, pay envelopes, earnings statements from employers
- Award letters for Social Security, Supplemental Security Income, Unemployment Insurance benefits, Workers Compensation, Veterans Administration benefits, pensions, etc.
- Child support and/or alimony stubs or payment records
- Bank statements for checking accounts and savings accounts
- Financial statements for certificates of deposit or stocks and bonds
- Federal income tax returns, bookkeeping records, expense records if self-employed
- Rental income or sales contract records/ledgers

- The application is not complete yet - read and select “Continue”.



The screenshot shows the top navigation bar of the mt.gov website. On the left is the mt.gov logo with the tagline "Montana's Official State Website". To the right of the logo is a banner image featuring the Montana State Capitol building, a scenic mountain landscape, and two women. Below the banner is a green navigation bar with the text "PLAN FIRST" in white. Underneath "PLAN FIRST" are several menu items: "Instructions", "How Do I", "Feedback", "Contact Us", and "Logout". On the far left of the green bar is a button labeled "Edit My Application". Below the navigation bar is a progress indicator that says "Progress:" followed by a blue progress bar that is approximately 64% full, with "64%" written to the right of the bar.

## Affirmation

### I understand...

Plan First will keep what you tell us private as required by law.

Plan First services are limited to family planning and birth control services for eligible women who need family planning services.

I declare under penalty of perjury that I have read all statements on this form and the information I give is true, correct, and complete to the best of my knowledge. I understand I can be penalized if I knowingly give false information.

By clicking the "Continue" button below I certify under penalty of perjury, that all my answers are correct and complete to the best of my knowledge.

Save and Exit

Continue

- The application is not complete yet - read and select “Continue”.



The screenshot shows the 'mt.gov' website interface. At the top left is the 'mt.gov' logo with the tagline 'Montana's Official State Website'. To the right is a banner image featuring a mountain landscape, a building, and two people. Below the banner is a green navigation bar with the text 'PLAN FIRST' and links for 'Instructions', 'How Do I', 'Feedback', 'Contact Us', and 'Logout'. On the left of this bar is a link for 'Edit My Application'. Below the navigation bar is a progress indicator showing 'Progress: 70%' with a blue bar. The main heading is 'Finalizing Your Application'. The text below reads: 'Your application is almost complete. To submit your application to the Department of Public Health & Human Services click the "Continue" button. You will have the opportunity to print, save and/or email your application prior to exiting the service. **Note: Your application will not be submitted until you arrive on the "Confirmation" page.**' At the bottom of the main content area are two buttons: 'Save and Exit' and 'Continue'. The footer contains the 'MONTANA' logo, the text 'DPHHS Home Services Privacy & Security Accessibility Contact Us', and the 'mt.gov' logo.

- An Applicant's supporting documents are uploaded at the Upload Documentation section or can be faxed, emailed, or mailed.
- The application is not complete yet. After uploading select "Continue" or if not uploading, select "I do not want to upload".
- Citizens can return later and upload documents.



PLAN FIRST

[Edit My Application](#)

[Instructions](#)

[How Do I](#)

[Feedback](#)

[Contact Us](#)

[Logout](#)

Important - Do not use the back button. Use the "Edit my Application" option above.

Progress:   76%

## Upload Documentation

If you wish to upload a document, complete the fields below and select the 'Browse' button to view your computer's hard drive for the document. Once the document is found, please select the 'Upload' button. You may upload as many documents as you like. Once you have finished uploading your document(s), select the "Save and Exit" button.

Fields marked with an \* are required.

\*First Name:

\*Last Name:

Social Security Number: (Ex: 123-45-6789)

Phone Number: (Ex: 406-555-1234)

Email Address: (Ex: username@domain.com)

County within which you are applying for benefits:

- The Upload Summary page shows the document(s) that will be uploaded with the application. This is the opportunity to delete document(s) you have uploaded in error.
- The application is not complete yet - select "Continue".



Montana's Official State Website

[Edit My Application](#) | [Instructions](#) | [How Do I](#) | [Feedback](#) | [Contact Us](#) | [Logout](#)

PLAN FIRST

Progress:  82%

## Upload Summary

You have entered the following information. Review and click on "Continue" to proceed with submitting your application. To edit this information, click on the "Back" button. Use the "Delete" button to remove a file from the list.

First Name:	<input type="text"/>
Last Name:	<input type="text"/>
Last Four Digits of SSN:	<input type="text"/>
Phone Number:	<input type="text"/>
Email Address:	<input type="text"/>
County:	<input type="text"/>
Notes:	<input type="text"/>

Files to be uploaded:

<input type="text"/>
<input type="text"/>

[Back](#) [Continue](#)

- The application is not complete yet - read and select “Continue”.



## Checklist and Next Steps

Your application is almost complete. The following is a list of possible verifications to submit with your application. The complete list of acceptable documents can be found at [www.planfirst.mt.gov](http://www.planfirst.mt.gov).

### Social Security Number:

- Copy of Social Security card or acceptable alternative.

### Citizenship and Identity:

Federal law requires Plan First to see the original or a certified copy. Plan First will make a copy of any original documents provided and return the originals to you. You do not need to give the document to Plan First in person; Plan First will accept an original document or certified copy in person, by mail, or from a person authorized by the applicant to bring or send the document to Plan First. Proof of U.S. citizenship and identity or legal immigration status is only needed for the Plan First applicant. The complete list of acceptable documents can be found at [www.planfirst.mt.gov](http://www.planfirst.mt.gov).

Provide **one** of these four documents:

- U. S. Passport
- Certificate of Naturalization (N-550 or N-570)
- Certificate of U.S. Citizenship (N-560 or N-561)
- Tribal Documents

If you do not have a U.S. Passport, a Certificate of Naturalization, a Certificate of U.S. Citizenship, or Tribal Documents provide **one** of the Alternate Documents **and** **one** of the Photo ID Documents below.

### Next Steps:

- If information on your application changes after you send the application, call or email:
  - 1-855-854-1399 In-State Toll Free
  - 1-406-444-6446 Out-of State and Helena Area
  - MT Relay Service 711
  - [planfirst@mt.gov](mailto:planfirst@mt.gov)
- We will review your application as quickly as possible. Please allow up to four weeks for us to make a decision.
- If information is missing, we will send you a letter telling you what else you need to send.
- We will send you a letter to tell you if you get Plan First services. If you are not eligible, we will send you a letter to tell you why.

Click the print, email and/or save options below to retain a copy for your records. When finished click the "Continue" button to proceed.



Home

Save and Exit

Continue

- The application is not complete yet - read and select “Continue”.



## Effective Date and Complaints

**Your application is almost complete.**

### Effective date

If determined eligible for enrollment, Plan First becomes effective on the first day of the month in which Plan First received your application.

If eligible, you are covered for 12 months from the date your coverage begins unless you become ineligible. You will receive a renewal application to renew your coverage before the end of the 12 month coverage period.

### Complaints:

Plan First is operated under ARM 37.82.701, 37.86.1701, 37.86.1705/6, and MCA 53-4-212/1105, 53-6-113. If you are not satisfied with the actions taken on your application for Plan First, you have the right to a fair hearing. You can ask for a fair hearing by calling 1-800-362-8312. If you use a TTY, call 1-800-xxx-xxxx. The call is free. You can also ask for a fair hearing by writing to:

Department of Public Health and Human Services  
Office of Fair Hearings  
PO Box 202953  
Helena MT 59620-2953

Save and Exit

Continue

# Tip

- The Confirmation page is the **ONLY opportunity** to get an applicant copy of the application and the Document Summary Sheet.
- Application is complete and has been submitted.



The screenshot shows the Montana.gov website interface. At the top left is the "mt.gov" logo with the tagline "Montana's Official State Website". To the right is a navigation bar with "PLAN FIRST" and links for "Instructions", "How Do I", "Feedback", "Contact Us", and "Logout". Below this is a progress bar showing "Progress: 100%".

## Confirmation

### Application

Congratulations your application has been submitted to the Department of Public Health & Human Services. Someone from the Department will contact you. This will be your only opportunity to print, save or email a copy of your application. Select one or more of the options below click the "Exit" button.

Below the text are three icons: a printer, an envelope, and a floppy disk.

### Documentation

You have also successfully uploaded supporting documentation. You may print, save, or email a copy of your Document Summary Sheet below. Select one or more of the options below or click the "Exit" button.

Below the text are three icons: a printer, an envelope, and a floppy disk.

At the bottom of the page are two buttons: "Home" and "Exit".

The footer contains the "MONTANA" logo, the text "DPHHS Home Services Privacy & Security Accessibility Contact Us", and the "mt.gov" logo.

## **For Application Questions:**

Plan First  
PO Box 202915  
Helena MT 59620

1-855-854-1399 In-State Toll Free  
1-406-444-6446 Helena Area and Out of State  
MT Relay Service 711

Email: [planfirst@mt.gov](mailto:planfirst@mt.gov)  
Fax: 1-406-444-3846  
Website: [dphhs.mt.gov/planfirst](http://dphhs.mt.gov/planfirst)

## **For Provider Enrollment or Claims Questions:**

Provider Relations Unit and Provider Enrollment Unit  
PO Box 4936  
Helena MT 59604

1-800-624-3958 In-State and Out-of-State  
1-406-442-1837 Helena  
Email: [MTPRHelpdesk@ACS-inc.com](mailto:MTPRHelpdesk@ACS-inc.com)

Send paper claims to:  
Claims Processing Unit  
PO Box 8000  
Helena MT 59604

Provider Policy Questions:  
Liz LeLacheur  
1-406-444-6002  
Email: [elelacheur@mt.gov](mailto:elelacheur@mt.gov)

Plan First

