



## Network Communication Bulletin #372

**To:** All Providers  
**From:** Khristine Brewington, MS, LCMHCS, LCAS, CCS, CCJP  
VP of Network Management  
**Date:** September 27, 2024  
**Subject:** Tailored Plan (TP) Launch Flexibilities Extended For TP Medicaid and Medicaid Direct, NC Medicaid Temporary Flexibilities Due to Hurricane Helene, Reminder: Key Covid-19 Changes Effective Oct. 1, 2024.

### **TAILORED PLAN (TP) LAUNCH FLEXIBILITIES EXTENDED FOR TP MEDICAID AND MEDICAID DIRECT**

This communication provides information around authorization requirements during the extension of the Tailored Plan launch Flexibilities.

The North Carolina Department of Health and Human Services (NCDHHS) launched Behavioral Health and I/DD Tailored Plans on July 1, 2024. Tailored Plans are designed to service the complex needs of individuals with significant behavioral health disorders, I/DD, and Traumatic Brain Injuries (TBI). Tailored Plans will also serve uninsured individuals that receive state-funded services, regardless of their diagnosis, along with those remaining in NC Medicaid Direct. Beneficiaries covered by the Trillium Tailored Plan will continue to receive behavioral health, I/DD, TBI and physical health care. The Trillium Tailored Plan will also cover pharmacy and other services for Members in the plan.

To continue to allow for implementation of the Tailored Plan to occur without members losing services, and to ensure providers are paid in a timely manner, Trillium will extend the transition of care flexibilities for services that require authorization. The Tailored Plan Launch flexibilities will be extended through 1/31/2025. All services provided are subject to a post payment review to assure that medical necessity was met at the time of service delivery and all clinical information must still be completed as required by policy. All required documentation per the Clinical Coverage Policy and the Trillium Benefit Plan is expected to be uploaded in Provider Direct.

## **TRANSITION OF SERVICES WITH AUTHORIZATIONS**

Trillium will initiate a no prior authorization required period to ensure Providers with contracts will be able to file claims for dates of service from July 1, 2024 through January 31, 2025 without authorization.

Beginning on February 1, 2025, prior authorization must be submitted in Trillium Business System (TBS) Provider Direct for behavioral health and physical health using the appropriate portals. Trillium's benefit plan can be found on our website and includes information on prior authorizations.

## **CONCURRENT AUTHORIZATIONS DURING THE SOFT START (NO AUTHORIZATION PERIOD)**

All Medicaid members with concurrent service needs where prior authorization is normally required to continue services may file claims without authorization between July 1, 2024 and January 31, 2025.

Beginning in January of 2025, providers can begin submitting service authorization requests for dates of service beginning February 1, 2025. Effective February 1, 2025 authorizations must be submitted in (TBS) Trillium Provider Direct behavioral health or physical health portal to request services with prior approval for effective dates from February 1, 2025 going forward. All clinical documents are required according to Clinical Coverage Policies. Services must adhere to the Trillium Benefit plan posted on the Trillium website.

## **NEW ADMISSIONS DURING THE SOFT START**

For claims filed for all new admissions that do not have a prior authorization during the dates of July 1, 2024-January 31, 2025 providers will need to upload a Comprehensive Clinical Assessment and/or Psychological evaluation and PCP, ISP, care plan or service plan that supports dates of services for all services. It is the expectation that all agencies will ensure clinical documents are in place in Provider Direct medical record to support medical necessity for claims filed for services for new admissions beginning July 1, 2024-January 31, 2025.

## **NON-COVERED MEDICAID BENEFITS UNDER EPSDT**

Any Medicaid service that is a non-covered service currently provided to members through the plan must be requested using the form found on the Trillium website on our [Early and Periodic Screening Diagnosis and Treatment \(EPSDT\)](#).

These requests will be reviewed for Medical Necessity. All non-covered services must receive prior authorization.

### **AFTER THE EXTENSION OF TRANSITION OF CARE FLEXIBILITIES**

All services that require prior authorization in the Trillium benefit plan MUST be requested in Provider Direct for dates for service from February 1, 2025 going forward. Services that are not requested by this timeframe will not be backdated.

## **NC MEDICAID TEMPORARY FLEXIBILITIES DUE TO HURRICANE HELENE**

 [NC Medicaid Temporary Flexibilities Due Hurricane Helene](#)

### **PROVIDER GUIDANCE FOR REIMBURSEMENT, ENROLLMENT AND PROVIDING CARE FOR MEDICAID BENEFICIARIES**

North Carolina Governor Roy Cooper issued Executive Order 315 on Sept. 25, 2024, which declared a state of emergency for North Carolina in anticipation of potential severe weather caused by the approach of Hurricane Helene.

NC Medicaid is committed to North Carolina's response to and recovery from Hurricane Helene. We are working with county and federal partners to make it faster and easier for beneficiaries to receive—and for health care professionals to provide—Medicaid care and services.

This bulletin describes flexibilities effective Sept. 26, 2024, to Oct. 2, 2024, (unless otherwise communicated by DHHS) for the NC Medicaid program, including NC Medicaid Direct and NC Medicaid Managed Care, as indicated below. Updates will be provided as they become available

### **FLEXIBILITIES FOR BOTH NC MEDICAID DIRECT AND NC MEDICAID MANAGED CARE REIMBURSEMENT FOR MEDICALLY NECESSARY SERVICES DURING HURRICANE HELENE**

NC Medicaid Direct and NC Medicaid Managed Care will reimburse providers for medically necessary drugs and services, and equipment and supplies, provided during the Hurricane Helene emergency without prior authorization (PA) starting Sept. 26, 2024, through Oct. 2, 2024, (unless otherwise communicated by DHHS).

Medical documentation must support medical necessity. In addition, beneficiaries who have been evacuated out-of-state (OOS), voluntarily or involuntarily, can receive medically necessary services and/or care if needed and NC Medicaid Direct and NC Medicaid Managed Care will reimburse the OOS provider without PA. OOS providers must enroll as NC Medicaid providers, and may use an abbreviated OOS Lite enrollment process on the [NCTracks Provider Enrollment webpage](#) if full enrollment is not desired.

Providers are encouraged to obtain a PA if it is possible to do so (and normally required for the service). All claims are subject to audit.






### **MEDICATION PA OVERRIDES DUE TO HURRICANE HELENE**

The potential for severe weather conditions may present situations where NC Medicaid beneficiaries in impacted areas may have difficulty obtaining necessary PA for certain medications. Therefore, NC Medicaid enrolled pharmacy providers have been approved to override PA requirements starting Sept. 26, 2024, through Oct. 2, 2024, (unless otherwise communicated by DHHS). This override of PA is being allowed to ensure that all Medicaid beneficiaries have access to necessary medications.

**For NC Medicaid Direct**, NC Medicaid enrolled pharmacy providers should resubmit these claims with "09" (Emergency Preparedness) in the PA Type Code field to override a denial for PA required. Do not place any values in the Submission Clarification Code field. Additional questions can be directed to the NCTracks service line at 1-800-688-6696.

**For NC Medicaid Managed Care**, providers should contact the pharmacy service line (numbers below) to confirm if additional documentation or processes need to be completed to allow for PA overrides due to Hurricane Helene.

#### **Standard Plans:**

-  AmeriHealth: 1-866-885-1406
-  Healthy Blue: 1-833-434-1212
-  Carolina Complete: 1-833-992-2785
-  United Healthcare: 1-855-258-1593
-  Wellcare: 1-866-799-5318, option 3

**Tailored Plans:**

- 🌱 Alliance Health: 1-855-759-9300
- 🌱 Partners: 1-866-453-7196
- 🌱 Trillium: 1-866-245-4954
- 🌱 Vaya Health: 1-800-540-6083

**EARLY PRESCRIPTION REFILLS DURING THE GOVERNOR'S STATE OF EMERGENCY DECLARATION**

The potential for severe weather conditions may present situations where NC Medicaid beneficiaries in impacted areas may require an early refill of their medications. NC Medicaid enrolled pharmacy providers have been approved to early fill these prescriptions and will follow applicable co-pay requirements. Effective Sept. 26, 2024, through Oct. 2, 2024, (unless otherwise communicated by DHHS) the early refill is being allowed to ensure that all Medicaid beneficiaries have access to necessary medications.

**For NC Medicaid Direct**, NC Medicaid enrolled pharmacy providers should resubmit these claims with "09" (Emergency Preparedness) in the PA Type Code field and a valid value for an E.R. override in the Reason for Service, Professional Service and Result of Service fields to override a denial for an early refill. Do not place any values in the Submission Clarification Code field. This allows the beneficiaries to receive their medication during an emergency without using either of their limited-use Submission Clarification Code overrides. Additional questions can be directed to the NCTracks service line at 1-800-688-6696.

**For NC Medicaid Managed Care**, providers should contact the pharmacy service line (numbers below) to confirm if additional documentation or processes need to be completed to allow for emergency prescription refills during the state of emergency.

**Standard Plans:**

- 🌱 AmeriHealth: 1-866-885-1406
- 🌱 Healthy Blue: 1-833-434-1212
- 🌱 Carolina Complete: 1-833-992-2785
- 🌱 United Healthcare: 1-855-258-1593
- 🌱 Wellcare: 1-866-799-5318, option 3

**Tailored Plans:**

- 🌱 Alliance Health: 1-855-759-9300
- 🌱 Partners: 1-866-453-7196
- 🌱 Trillium: 1-866-245-4954
- 🌱 Vaya Health: 1-800-540-6083

**EXPEDITING NURSING HOME ADMISSIONS FOR INDIVIDUALS DISPLACED DUE TO HURRICANE HELENE**

NC Medicaid Direct and NC Medicaid Managed Care will allow for expedited nursing home admissions for individuals displaced by Hurricane Helene effective Sept. 26, 2024, through Oct. 2, 2024, (unless otherwise communicated by DHHS).

**For NC Medicaid Direct**, providers should upload the signed Physician Signature form with their portal submissions to NCTracks. NCTracks is designed to receive long-term care PA information in the FL2 format. Medicaid has temporarily suspended the requirement of a Pre-Admission Screening and Annual Resident Review (PASRR) number on the PA. Providers should note on their portal submissions stating that the PASRR is unavailable due to Hurricane Helene emergency placement. In addition, providers should add all the pertinent information about the recipient's levels of care needs in their portal submission. Additional questions can be directed to the NCTracks service line at 1-800-688-6696.

**For NC Medicaid Managed Care**, providers should contact the provider service line (numbers below) to confirm if additional documentation or processes need to be completed to allow for expedited nursing home admissions for individuals displaced due to Hurricane Helene.

**Standard Plans:**

- 🌱 AmeriHealth Caritas: 1-888-738-0004 (TTY: 1-866-209-6421)
- 🌱 Carolina Complete: 1-833-552-3876 - Option 3
- 🌱 Healthy Blue: 1-844-594-5072
- 🌱 United Healthcare: 1-800-638-3302
- 🌱 WellCare: 1-866-799-5318

**Tailored Plans:**

- 🌱 Alliance Health: 1-855 759-9700
- 🌱 Partners Health Management: 1-877-398-4145
- 🌱 Trillium Health Resources: 1-855-250-1539
- 🌱 Vaya Health: 1-866-990-9712

**TEMPORARY PASRR PROCEDURES DUE TO HURRICANE HELENE**

NC Medicaid Direct and NC Medicaid Managed Care will not require Level I and II Preadmission Screening and Resident Reviews (PASRRs) for new admissions effective Sept. 26, 2024, through Oct. 2, 2024, (unless otherwise communicated by DHHS).

**For NC Medicaid Direct:**

- 🌱 If the individual is expected to remain in the nursing facility beyond Oct. 2, 2024, a notice of the need for a PASRR review should be submitted via NCMUST.
- 🌱 In addition, individuals transferred from one nursing facility to another nursing facility as a result of Hurricane Helene will not be considered a new admission and will not need a PASRR.
- 🌱 The transferring nursing facility must ensure that all copies of the resident's PASRR paperwork (including any Level II information) is transferred with the individual.
- 🌱 From Sept. 26, 2024, through Oct. 2, 2024, (unless otherwise communicated by DHHS) NCLIFTSS is authorized to suspend the requirements of a PASSR number on the PA. Providers should note on their portal submission that the PASRR is unavailable due to Hurricane Helene emergency placement. A Level I and II PASRR for new admissions will not be required during this period.
- 🌱 Additional questions can be directed to the NCLIFTSS service line at 1-833-522-5429.

**For NC Medicaid Managed Care:**

Providers should contact the provider service line to confirm if additional documentation or process needs to be completed for individuals expected to remain in the nursing facility beyond Oct. 2, 2024.

**Standard Plans:**

- 🌱 AmeriHealth Caritas: 1-888-738-0004 (TTY: 1-866-209-6421)
- 🌱 Carolina Complete: 1-833-552-3876 - Option 3
- 🌱 Healthy Blue: 1-844-594-5072
- 🌱 United Healthcare: 1-800-638-3302
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- 🌱 Alliance Health: 1-855 759-9700
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For those individuals receiving specialized services, the nursing facility should focus on promoting the basic health and safety of individuals who had been receiving specialized services in the nursing facility before the crisis or who were receiving specialized services in another nursing facility before the transfer.

The admitting nursing facility is responsible for submitting a claim for payment. Those nursing facilities serving as an emergency shelter due to Hurricane Helene cannot submit a claim for payment.

The safety of your staff and the NC Medicaid members served by your agency are of prime importance. In the event your area is impacted by Hurricane Helene, please follow the instructions of the local emergency operations in your area and implement your emergency plan.

**STATE PLAN PERSONAL CARE SERVICES**

The potential for severe weather conditions may present situations where NC Medicaid Direct and NC Medicaid Care beneficiaries in impacted areas cannot receive their scheduled in-person personal care assessment. If those situations arise, a telephonic assessment may be conducted from Sept. 26, 2024, through Oct. 2, 2024, (unless otherwise communicated by DHHS).

**For NC Medicaid Direct**, NCLIFTSS will work with individuals in impacted areas to reschedule in-person assessments as telephonic assessments.



For NC Medicaid Managed Care, providers can contact the provider service line to confirm if additional steps need to be completed for individuals impacted who are scheduled for in-person assessments.

### Standard Plans:

- 🌱 AmeriHealth Caritas: 1-888-738-0004 (TTY: 1-866-209-6421)
- 🌱 Carolina Complete: 1-833-552-3876 - Option 3
- 🌱 Healthy Blue: 1-844-594-5072
- 🌱 United Healthcare: 1-800-638-3302
- 🌱 WellCare: 1-866-799-5318

### Tailored Plans:

- 🌱 Alliance Health: 1-855 759-9700
- 🌱 Partners Health Management: 1-877-398-4145
- 🌱 Trillium Health Resources: 1-855-250-1539
- 🌱 Vaya Health: 1-866-990-9712

## INNOVATIONS AND TRAUMATIC BRAIN INJURY (TBI) WAIVER FLEXIBILITY DUE TO HURRICANE HELENE

These flexibilities below are intended for NC Innovations and TBI Waiver beneficiaries, in NC Medicaid Direct and NC Medicaid Managed Care, impacted by the hurricane either directly or due to their staff being impacted and unable to provide services and effective Sept. 26, 2024, through Oct. 2, 2024, (unless otherwise communicated by DHHS). They are not intended to be utilized by every waiver beneficiary. Tailored Plans and Local Management Entities/Managed Care Organizations (LME/MCOs) should be assessing the continued need for these flexibilities case-by-case.

The flexibilities below are specific to beneficiaries impacted by Hurricane Helene.

NC Medicaid will allow the following approved flexibilities:

- 🌱 Relatives of adult waiver beneficiaries and minor waiver beneficiaries who reside in the home and out of the home may provide services.
  - 🟡 Relatives of adult waiver beneficiaries and minor waiver beneficiaries may provide Community Living and Supports, Supported Employment, and

- Supported Living. This should only be used for cases when the direct support staff is impacted by Hurricane Helene and not able to provide services.
- 🌱 Additional services hours may be provided without PA due to issues related to Hurricane Helene. This should only be in cases where additional hours are needed by the beneficiary because of the hurricane, and either the beneficiary could not reach the provider to notify them of this need or the provider did not have the time/ability to submit PA.
  - 🌱 Allow replacement or repair of home and vehicle modifications damaged by Hurricane Helene when cost of repair or replacement will exceed the Innovations Waiver limit.
  - 🌱 Innovations waiver services may be provided out of state without PA by the Tailored Plan and LME/MCO when the Innovation Waiver member is displaced and requires out of state shelter. Respite may also be provided out of state for individuals who have been displaced due to Hurricane Helene.

Tailored Plans and LME/MCOs must provide an assessment of the health and well-being status of each impacted Innovations and TBI waiver beneficiary to NC Medicaid at the conclusion of the state of emergency.

## **FLEXIBILITIES FOR NC MEDICAID DIRECT ONLY**

### **Community Alternatives Program for Children (CAP/C) and Community Alternatives Program for Disabled Adults (CAP/DA)**

A critical role for case management entities serving CAP/C and CAP/DA beneficiaries is to provide support to ensure the health, safety and well-being of all CAP beneficiaries in the preparation for, during and immediately after, a natural disaster. To fulfill this requirement, NC CAP case management entities are directed to assist their assigned CAP beneficiaries in activating their emergency and disaster plans in preparation for the unknown impact of Hurricane Helene.

When helping CAP beneficiaries activate their plans, it is imperative to emphasize checking and updating disaster kits. [Ready NC](#) is a valuable resource to use for additional information and assistance to prepare for a hurricane. Providers should encourage beneficiaries to register with their special needs' registry in their county.

It is our utmost concern that not only are our beneficiaries safe and accounted for during times of disaster, but that case management entities are equipped to communicate with staff and beneficiaries effectively as well as take the appropriate steps to remain safe.

Please coordinate with local county emergency management departments if assistance is needed.

NC Medicaid gave notification to CAP case management entities that if the state is impacted by Hurricane Helene, and to coordinate resources, NC Medicaid will request from case management entities an assessment of the health and well-being status of each CAP beneficiary. Case management entities will be required to complete in the eCAP systems the Disaster Wellness Check Documentation related to the health and well-being status of the CAP beneficiaries they serve. Below is the information that must be included in the Disaster Wellness report.

- 🌱 Name of contact person for questions regarding the report
- 🌱 Status of beneficiary (safe, sustained impact, unknown)
- 🌱 Beneficiary current location (home, shelter, facility, relative – in/out of county/state)
- 🌱 Beneficiary contact information, if displaced from home
- 🌱 Documentation if the current service plan meets the needs of the beneficiary as a result of Hurricane Helene
- 🌱 If it does not, specify what additional or replacement services are needed through a plan revision.

In-home aide, pediatric nurse aide, attendant nurse care, personal assistance services, and coordinated caregiving can be authorized to be administered in a different residence or alternative setting in the event the waiver participant is displaced from their home.

CAP/C and CAP/DA waiver beneficiaries in impacted areas who cannot receive their in-person scheduled assessment or a required in-person monitoring visit, a telephonic assessment or monitoring visit may be conducted.

CAP/C and CAP/DA waiver beneficiaries in impacted areas who lost access to their direct care worker due to the impact of the weather may become the direct care worker temporarily during this emergency as a qualifying extraordinary condition as described in the CAP waiver applications.

To seek technical assistance in managing a waiver beneficiary's recovery from Hurricane Helene, contact the CAP unit at [medicaid.capc@dhhs.nc.gov](mailto:medicaid.capc@dhhs.nc.gov) or [medicaid.capda@dhhs.nc.gov](mailto:medicaid.capda@dhhs.nc.gov).

## REMINDER: KEY COVID-19 CHANGES EFFECTIVE OCT. 1, 2024

### [Reminder: Key Covid-19 Changes Effective](#)

This bulletin applies to NC Medicaid Direct and NC Medicaid Managed Care health plans unless noted otherwise.

NC Medicaid changes related to the coverage, cost sharing and reimbursement for COVID-19 related products and treatment **will take effect Oct. 1, 2024.**

### **COVID-19 VACCINES ADMINISTRATION REIMBURSEMENT**

The rates for COVID-19 vaccine administration will revert to the vaccine administration rates in effect for all other vaccines listed on the appropriate fee schedules. As of Oct. 1, 2024, COVID-19 vaccine administration claims with revenue code 0771 will no longer reimburse at the \$65 vaccine administration rate. For more information, review the COVID-19 Vaccines Reimbursement section of the Medicaid Bulletin, [SPECIAL BULLETIN COVID-19 #268: COVID-19 Testing, Vaccination and Counseling Coverage After the Federal Public Health Emergency](#).

The hospital COVID-19 Vaccine MAB Admin and COVID-19 Vaccine MAB Admin fee schedules will be end-dated effective Sept. 30, 2024.

Updates to the NC Medicaid Fee Schedules will be posted to the [NC Medicaid Fee Schedules](#) by Oct. 1, 2024.

### **COVID-19 VACCINE COUNSELING COVERAGE**

Additional changes beginning Oct. 1, 2024, include the end of coverage for CPT 99401 for COVID-19 vaccine counseling and the addition of coverage of “stand-alone” vaccine counseling codes G0310, G0312 and G0315. Providers should use codes G0310, G0312, and G0315 for vaccine counseling when the vaccine is not administered on the same date of service.

NC Medicaid’s Early and Periodic Screening, Diagnosis and Treatment (EPSDT) CPT code 90460 for face-to-face counseling with the patient and family by the physician or qualified health care professional during the administration of a vaccine must be billed with the EP modifier. One unit is billed for each vaccine for which counseling is provided. CPT code 90460 is an immunization administration code, which includes counseling. It is not an add-on “counseling” code.

For more information on vaccine guidance for children, review the Health Check Program Guide, available on the [NCTracks Provider Policies, Manuals, Guidelines and Forms](#) page under Provider Policies, Manuals and Guidelines.

COVID-19 vaccines should continue to be provided to children in alignment with the Advisory Committee on Immunization Practices (ACIP) Child and Adolescent Immunization Schedule.

For more information is available in the COVID-19 Vaccine Counseling Coverage section of the Medicaid Bulletin, [SPECIAL BULLETIN COVID-19 #268: COVID-19 Testing, Vaccination and Counseling Coverage After the Federal Public Health Emergency](#).

### **OVER-THE-COUNTER TESTS FOR HOME USE COVERAGE FOR COVID-19**

Coverage for point-of-sale (POS) billing for FDA-authorized over the counter (OTC) COVID-19 tests dispensed for use by NC Medicaid beneficiaries, with full coverage, in a home setting ends Sept. 30, 2024.

The Department of Health and Human Services (NCDHHS) partnered with more than 270 local organizations statewide, called Community Access Points, to distribute free COVID-19 at-home tests in their communities. Individuals can use [this website to find COVID-19 home tests for pickup](#) near them. Individuals should call a community access point before going to pick up a test to make sure tests are available. Locations may choose to limit the number of tests available per person, per day. Individuals must be 14 years or older to pick up free at-home tests. An ID is not required. NC Medicaid continues to cover Nucleic Acid Amplification Test (NAAT) panels (testing 3-5 targets) after Oct. 1, 2024. Providers can leverage CPT 0240U (SARS-CoV-2, influenza A, influenza B) and CPT 0241U (SARS-CoV-2, influenza A, influenza B, RSV).

Guidance on pharmacy POS coverage is available on the [Outpatient Pharmacy Services page under OTC COVID 19 Tests for Home Use](#). The end date for this coverage (Sept. 30, 2024) was previously communicated in the Medicaid Bulletin, [SPECIAL BULLETIN COVID-19 #268: COVID-19 Testing, Vaccination and Counseling Coverage After the Federal Public Health Emergency](#).

### **COPAYS AND MANDATORY COVERAGE FOR COVID-19 RELATED TREATMENT**

NC Medicaid will reinstate cost-sharing (i.e., copays) for COVID-19 related treatments (including treatment of conditions that may seriously complicate the treatment of COVID-19) on Oct. 1, 2024.

When applicable, beneficiaries will be responsible for copays for medications and outpatient specialized therapies (i.e., audiology, occupational therapy, physical therapy, respiratory therapy and speech therapy).

The limits listed in the [Clinical Coverage Policy 10A](#) will be enforced for individuals ages 21 and older who are seeking treatment due to COVID-19 beginning Oct. 1, 2024. See the Medicaid Bulletin, [SPECIAL BULLETIN COVID-19 #259: Mandatory Coverage of COVID-19-Related Treatment Under the American Rescue Plan Act of 2021 \(UPDATE\)](#) for additional information.

## **COVID-19 TESTING COVERAGE FOR BENEFICIARIES WITH FAMILY PLANNING MEDICAID**

NC Medicaid will no longer cover COVID-19 testing for Family Planning (MAFDN) beneficiaries through the NC Medicaid Optional COVID-19 Testing Program after Sept. 30, 2024.

Additional information is available in the Medicaid Bulletin, [SPECIAL BULLETIN COVID-19 #156: Clinical Policy 1E-7, Family Planning Services, COVID-19 Lab Testing for MAFDN Beneficiaries.](#)

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