Thank you for joining the Women’s Health Branch for the FY 19-20 AA webinar on March 26. A recording of the webinar, with full audio of questions and answers, is available on the Women’s Health Branch website Training Page (https://whb.ncpublichealth.com/provpart/training.htm) under “Women’s Health Non-Required Trainings.” During the webinar question and answer periods, several questions arose that required clarification. The issues and clarifications follow:

• What diabetes screening tests are appropriate for overweight or obese clients 40-70 years old in the Family Planning Clinic?
  o “Overweight” is defined as a Body Mass Index (BMI) of 25 to <30. “Obese” is defined as BMI ≥ 30. https://www.cdc.gov/obesity/adult/defining.html
  o According to the US Preventative Services Task Force in their 2015 recommendation “Abnormal Blood Glucose and Type 2 Diabetes Mellitus: Screening,” “glucose abnormalities can be detected by measuring hemoglobin A1c or fasting plasma glucose or with an oral glucose tolerance test. Diagnosis of IFG, IGT, or type 2 diabetes should be confirmed with repeated testing (the same test on a different day is the preferred method of confirmation).”
  o Fasting point of care tests (i.e. fasting finger sticks) may be used as an initial screening test; however, an abnormal result should be followed with blood glucose testing of a venipuncture sample to confirm the point of care test result.
  o HgbA1c is another acceptable screening test.
  o Random finger sticks are not acceptable as initial screening tests.
  o A clinical summary of the recommendation is available here: https://www.uspreventiveservicestaskforce.org/Page/Document/ClinicalSummaryFinal/screening-for-abnormal-blood-glucose-and-type-2-diabetes
  o Clients with a confirmed abnormally elevated fasting blood glucose level or an abnormally elevated HgbA1c must be referred to a primary care provider for diagnosis and follow-up, including intensive behavioral counseling

• In attachment B of the Maternal Health AA, does Medicaid for Pregnant Women (MPW) count as “insurance” when calculating the estimated percentage of uninsured patients to be served in the Maternal Health clinic?
  o MPW does count as insurance. Therefore, for Attachment B of the Maternal Health AA, please do not include your clients with MPW in the estimated percentage of uninsured patients to be served in the Maternal Health clinic. Example:
    ▪ You estimate you will serve a total of 100 patients in your Maternal Health Clinic in FY 19-20.
    ▪ Of those 100 patients, 10 have commercial insurance, 10 have full Medicaid, 20 have MPW, and 60 are uninsured/self-pay.
    ▪ Estimated percentage of uninsured patients = 60 uninsured self-pay/ 100 total patients = 60% uninsured...Do not include patients with MPW as uninsured.
BeSmart is limited Medicaid insurance that covers only services related to contraceptive management. In Attachment B of the Family Planning AA, please do include your clients with BeSmart in the estimated percentage of uninsured patients to be served in the Family Planning clinic. Example:

- You estimate you will serve a total of 100 patients in your Family Planning Clinic in FY 19-20.
- Of those 100 patients, 30 have commercial insurance, 30 have full Medicaid, 10 have BeSmart, and 30 are uninsured/self-pay.
- Estimated percentage of uninsured patients = 10 BeSmart + 30 uninsured/self-pay = 40 patients/100 total patients = 40% uninsured...Do include patients with BeSmart as uninsured.

What is the expectation regarding timing of prenatal syphilis testing in the Maternal Health clinic?

- Local Health Departments are expected to complete syphilis screening for all prenatal clients at the initial prenatal appointment and a repeat syphilis screen between 28 and 30 weeks and when symptomatic. [10A NCAC 41A.0204 (e)]. Please continue your current practice of testing all prenatal clients at the initial prenatal visit and again between 28 and 30 weeks.
- Local Health Departments should expect to receive an amendment to the FY 19-20 Maternal Health Agreement Addendum reflecting syphilis testing requirements in the future.