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Sexual and Gender Minorities: Opportunities for Medicaid Health Plans and Clinicians

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"The lack of culturally competent clinicians is a significant barrier to quality healthcare for many LGBTQ people."

In 2011 Secretary Kathleen Sebelius, U.S. Department of Health & Human Services, made that statement in response to the Institute of Medicine (2011) report, "The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding."[1] Although it is well known that combining the elements of effective communication and patient-centeredness into care delivery has been shown to improve patients' health and health care, this is still often overlooked for LGBTQ patients. This report is not intended to provide a complete review of LGBTQ health care, but rather, to raise awareness and provide context for Medicaid health plans and clinicians to improve access and services to these populations.

To better understand the concerns and health needs of lesbian, gay, bisexual, transgender, and gender non-conforming individuals enrolled in Medicaid, we must first have a common understanding of key terms (Table 1) and then of the barriers to high-quality care faced by these populations. Only then can we begin to create systems that remove those barriers and provide these individuals with high-quality health care. This issue brief will provide the reader with some key terms and definitions, an overview of LGBTQ health care, and ways to improve LGBTQ cultural competence both within a health plan organization and in its outreach to members.

The mission of the Institute for Medicaid Innovation is to improve the lives of Medicaid enrollees through the development, implementation, and diffusion of innovative and evidence-based models of care that promote quality, value, equity and the engagement of patients, families, and communities.

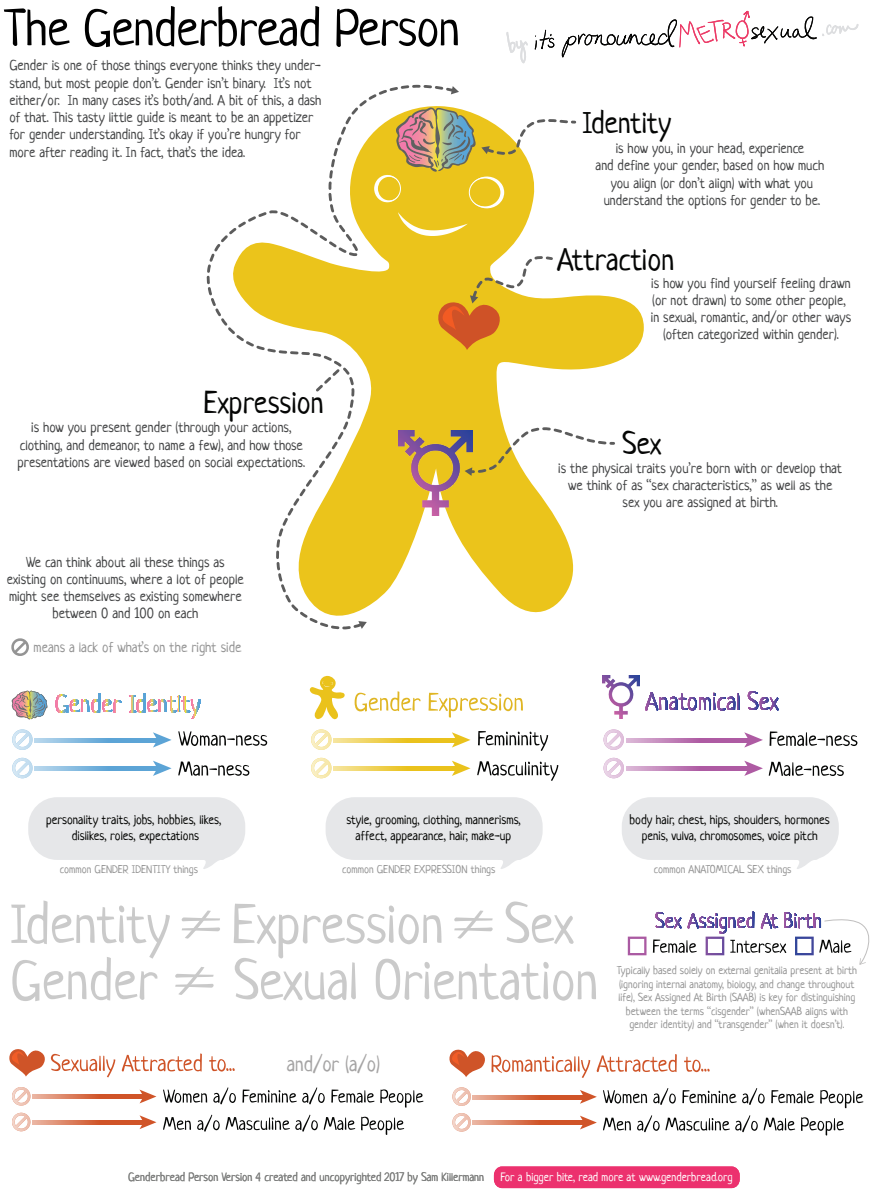
Table 1. Key terms

LGBTQ	which stands for (L) Lesbian, (G) Gay, (B) Bisexual, (T) Transgender, and (Q) Queer (or Questioning), is an umbrella term often used to describe sexual and gender minorities. Gender identity and sexual orientation are distinctly different, each with its own variety and fluidity of expression. Everyone has a sexual orientation and everyone has a gender identity, both of which can change over time. Knowing a person's gender identity does not reveal anything about their sexual orientation.
Biologic gender or sex assigned at birth	is determined by chromosomes and a visual examination of the external genitalia.
Gender Identity	is the psychological awareness or sense of one's gender, which might align with biologic gender or sex assigned at birth (Cisgender) or might be different. For example, a person's gender identity might fall anywhere on a spectrum between female and male. In addition, some individuals describe an innate sense of gender that is qualitatively different and not on a female/male spectrum.
Gender Expression	is the way in which all people communicate their gender identity through appearance and behavior. Society typically reinforces and enforces expectations of male or female binary gender expression, which often undermine and conflict with expressions of transgender identities.
Sexual Orientation	is a term that encompasses an individual's (1) sexual identity (how they describe themselves to others), (2) attraction (the genders of the people to whom they are sexually and romantically attracted), and (3) behavior (the genders of the people with whom they have sex). Each of the three components of sexual orientation can change over a person's lifetime, and they may or may not align with each other in ways that the dominant culture expects. For example, an individual assigned the male sex at birth may be attracted to and have sex with cisgender men, as well as transgender and cisgender women, be married to a cisgender woman in an open relationship and describe his sexual identity to others as heterosexual. People often, but not always, describe their sexual orientation with the terms gay, lesbian, bisexual, or straight.
Transgender	according to the Gender Book Project (www.genderbook.com), is an umbrella term that encompasses a broad set of concepts and identities that contain an element of crossing over or challenging binary gender roles or expectations. Terms that people have used to describe their gender identity include the following: Gender-Fluid, Gender-Queer, Gender Variant, Gender Non-Conforming, and Gender Different.

Source: Institute for Medicaid Innovation (2019). "Sexual and Gender Minorities: Opportunities for Medicaid Health Plans and Clinicians."

A variety of images and diagrams have been used to show how biologic gender, gender identity, and sexual orientation coexist and may be variously expressed in one person. Most of the images show the physical gender as the genitalia one was born with; the brain as the seat of gender identity; the heart as the seat of sexual attraction or orientation; and the external dress, style, etc. as gender expression. One such commonly used image is the "Genderbread Person" (Figure 1). It is important to remember that although the image is static, an individual's gender identity may be fluid. In other words, an individual might always feel like a mix of the two traditional genders but may feel more boy some days and more girl other days.

Figure 1. The Genderbread Person v4



Source: Kilermann, S. (2018). "The Genderbread Person v4."

About 3.5 percent of U.S. adults (almost 9.5 million) identify as lesbian, gay, or bisexual, and an estimated 0.3 percent of U.S. adults identify as transgender. In the U.S., 8.2% of adults report same-sex behavior, and 11% report same-sex attraction.[2] In a 2017 survey, 1.4 million American adults and 150,000 teens identified as transgender.[3] The exact prevalence of LGBTQ people may not be known, in part because of the stigmatization these populations experience and the fear of "coming out." In addition, many national surveys omit gender identity questions, leaving substantial gaps in demographic information.[3]

There is marked diversity among LGBTQ people, including age, geographic location, race, ethnicity, socioeconomic status, education, religious affiliation, and degree to which each person is "out" to their family, friends, workplace, or communities. Also, each aspect of their identities will play a role in their health and health care experiences. For example, the Center for American Progress (CAP) survey found that LGBTQ patients and racial/ethnic minorities disproportionately receive poorer-quality medical care and are more likely to have negative health care experiences such as inappropriate treatment, disrespect, discrimination, and harassment in health care settings.[4] They might also avoid seeking care because of anticipated health care discrimination. Due to intersectionality, the condition of persons at the intersection of being both a sexual/gender minority and a racial/ethnic minority, LGBTQ individuals are at even greater risk for negative health care experiences. Therefore, it is important to remember that gender identity and sexual orientation are only parts of each person's identity, and at any time or in any situation may be more or less important to a person than are other parts of their identity. Health plans and clinicians should strive to address all aspects of a person's identity and how each might, or might not, be related to any specific health condition or concern.

Reducing Access-to-Care Barriers

It is important in the health care setting to provide the opportunity for LGBTQ people to self-identify because they face a number of unique health risks. According to a 2011 report from the Institute of Medicine: "Although LGBT people share with the rest of society the full range of health risks, they also face a profound and poorly-understood set of additional health risks due largely to social stigma."[1] This stigma creates chronic stress, which we know can exacerbate both mental and physical health conditions. It is critical for the medical and behavioral health community—clinicians, insurers, hospitals, and other institutions—to provide a safe place for people to indicate their gender identity, sexual orientation, and sexual behavior so that health care can be appropriately tailored to each person's needs and preferences.

One significant barrier to care for LGBTQ people is that they are less likely to be adequately insured than non-LGBTQ Americans are. Numerous studies have shown that people who lack insurance use fewer screening and prevention services and delay seeking care when sick. When uninsured individuals do seek care, they tend to be sicker than those who are insured.[5,6,7] Moreover, even when seriously ill or suffering from an identified chronic condition, the uninsured receive less care than the insured do for the same acute or chronic condition.[8] In a 2016 study, Gonzales and Henning-Smith used the Behavioral Risk Factor Surveillance System (BRFSS) data to look at rates of insurance under the Patient Protection and Affordable Care Act (ACA) for LGB adults ages 18-64 in the

U.S. They found that approximately 15.7 percent of LGB adults in the U.S. lacked health insurance, compared to an uninsured rate for all U.S. non-elderly of 8.6 percent in 2016.[9] The rate of uninsurance for LGB adults in non-Medicaid-expansion states was 20 percent versus 12.5 percent in expansion states.[9] For low-income LGB adults (household incomes less than $25,000), the national rates of uninsurance rose to 29.3 percent, with a rate in expansion states of 23.3 percent and in non-expansion states, 37.5 percent.[9] For low-income LGB adults in non-expansion states, those with less than a high school education or with symptoms of mental distress are significantly less likely to be insured, and those in their 30s, who identify as gender-nonconforming or transgender, are somewhat less likely to be insured.[9] Because the survey was conducted via telephone, there are no data on rates of uninsurance among homeless or institutionalized LGB adults.

For those LGBTQ persons covered by Medicaid, access to care is likely to be less of a barrier. However, without accurate information about an individual's LGBTQ status, fully comprehensive care may not be made available. Medicaid plans can be a positive force for improved care for LGBTQ persons, starting with the collection of accurate data on their LGBTQ members and then tailoring their outreach, education, and care plans to the needs of LGBTQ people. Self-reported sexual orientation, gender identity, relationships, and supports can be obtained using registration forms and/or clinical encounters (e.g., with a case manager or in review of clinical records with a member). It is critical to ensure that reporting this information is voluntary and that there is consent to documenting it. All HIPAA privacy rules must be followed. A HIPAA breach of this type of data has the potential to result in the LGBTQ person losing a job or being evicted and/or harassed.[10] It is also critical to educate health plan staff to treat those who self-identify as LGBTQ respectfully in all encounters.

Collecting Data on Sexual and Gender Minorities

The Institute of Medicine (IOM) report, *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding* (2011), recommended that sexual orientation and gender identity data be collected on national and state health and demographics surveys. Under the Affordable Care Act, the secretary of HHS was directed to improve data collection on health disparities populations. In June 2011, the U.S. Department of Health & Human Services (HHS) announced that it would begin to incorporate questions on sexual orientation and gender identity on the National Health Interview Survey, the primary source of health information on the U.S. population. These questions were intended to serve as the basis for the development of departmentwide standards on LGBTQ data collection. The Centers for Disease Control's (CDC's) Behavioral Risk Factor Surveillance System (BRFSS) collects LGBTQ data in at least 13 states. The youth corollary of the BRFSS, the Youth Risk Behavioral Surveillance System, also collects some data on lesbian, gay, and bisexual youth.[1] In 2015, the Centers for Medicare and Medicaid Services (CMS) and the Office of the National Coordinator for Health Information Technology added a requirement that electronic health records for Meaningful Use include information on patient gender identity and sexual orientation.[11]

Federal data collection requirements may be modified, but Medicaid health plans are encouraged to continue to collect these data and use them to improve access and health care provision for LGBTQ persons. Health plan data, along with available statewide and national data, can then be used to develop overarching health care initiatives or QI processes for LGBTQ people, to plan for community health needs and services and to improve individual service provision for LGBTQ plan members.

Understanding the Provision of Care for Sexual and Gender Minorities

Many lesbians and gay men do not "come out" to their clinicians. Reasons for not disclosing this information might include, but are not limited to, fear of losing benefits and previous negative experiences in health care settings. Some LGBTQ people avoid interactions with health care clinicians except in emergencies because of these fears and past negative experiences. Lack of disclosing sexual and gender minority identities hinders the identification and treatment of a number of health risks that are unique to this population. Therefore, providing excellent care for LGBTQ people starts with the creation of a culture that acknowledges and welcomes diverse individuals and promotes open communication and shared decision-making between clinicians and their patients.[12]

Medicaid health plans that have an actively welcoming internal culture for LGBTQ people have an opportunity to ensure that nondiscrimination and inclusivity extend to their clinician practices and the members they serve. In 2011, the revised standards designed to promote patient-centered communication were published in the Joint Commission's "Comprehensive Accreditation Manual for Hospitals." The patient-centered communication standards include revised elements of performance that prohibit discrimination based on sexual orientation, gender identity, and gender expression and that ensure access to a support person of the patient's choice, all of which are critical issues to the LGBTQ community.[13] Although these standards were created for hospitals, many can readily be applied to health plans and medical or behavioral health practices as well.

In addition, the Human Rights Campaign (HRC) Foundation publishes a Health Equality Index (HEI) Report annually. In 2018, the report included evaluations on 626 health care facilities, rating them on their commitment to equality and inclusion for LGBT people. Participating facilities have access to best-practices for LGBTQ equity and inclusion; free online staff training; recommendations to ensure compliance with legal, CMS, and The Joint Commission requirements; and recognition for commitment to equity, inclusion, and diversity from the nation's largest LGBTQ civil rights organization.[14] In addition, the HEI website provides a searchable database for LGBT people looking for facilities that provide equitable and inclusive care. The annual report, available at https://www.hrc.org/hei/, provides additional suggestions for health plans or practices seeking to improve LGBTQ care.

Health plans can educate clinicians and their staff to assist them in creating a welcoming physical environment. Such overtly welcoming messages as pamphlets and magazines in public areas and exam rooms can be very helpful in reducing barriers. Practices may post signs indicating that the office is a "Safe Zone" for LGBTQ persons. The Safe Zone Project has a wealth of training materials about LGBTQ people and recommends that training take

place before any signs are posted. However, many practices use signage such as rainbow flags without adequately educating their staff. A safe zone is not safe if employees do not fully understand what the term means and have not had an opportunity to discuss how to implement and operationalize the concepts. Additional information can be found at http://thesafezoneproject.com/

Making all health care forms gender-neutral allows LGBTQ people to designate gender identity and relationship status using terms with which they are comfortable. Members who self-identify as LGBTQ can then be encouraged to designate a health care support person (who may or may not be related by blood or marriage). Even when self-identification is encouraged, it is important to understand that it may not be done right away. Many LGBTQ people still fear loss of coverage or care if they disclose their status to their insurance company or their clinicians. Medicaid plans can be a positive force for improved care for LGBTQ persons, starting with the collection of accurate data on their LGBTQ members and then tailoring their outreach, education, and care plans to the needs of LGBTQ people. Self-reported sexual orientation, gender identity, relationships, and supports can be obtained using registration forms and/or clinical encounters (e.g., with a case manager or in review of clinical records with a member). The National LGBT Health Education Center has published recommendations for patient registration forms and electronic health records (Figure 2) for recording sexual orientation and gender identity, as well as other information critical for accurate billing and claims data, including sex assigned at birth, sex designation on legal documents, preferred and legal name, gender pronouns, etc.[15] Many of these items are often essential for accurate claims billing and reimbursement. However, a considerable number of EHR programming changes need to occur once sexual orientation and gender identification are added (e.g., clinician prompts, prompts/care processes tripped by "sex" demographics, the need for organ scans). As mentioned previously, it is critical to ensure that reporting this information is voluntary and that there is consent in documenting it.

Figure 2. Recommended Sexual Orientation and Gender Identity Intake Questions

Do you think of yourself as (Check one):

- ☐ Straight or heterosexual
- ☐ Lesbian, gay, or homosexual
- ☐ Bisexual
- ☐ Something else
- ☐ Don't know
- ☐ Choose not to disclose

What is your current gender identity? (Check one):

- ☐ Male
- ☐ Female
- ☐ Transgender Male/Trans Man/ Female-to-Male (FTM)
- ☐ Transgender Female/Trans Woman/ Male-to-Female (MTF)
- ☐ Genderqueer, neither exclusively male nor female
- ☐ Additional gender category, please specify: _____
- ☐ Choose not to disclose
- ☐ Preferred pronoun (she/hers, he/his, they/their, other ____)

What sex were you assigned at birth? (Check one):

- ☐ Male
- ☐ Female
- ☐ Choose not to disclose

Note: The reason for asking both gender identity and sex assigned at birth is because some transgender people will identify their gender as "male" or "female," and not as "transgender" or "genderqueer."

Source: National LGBT Health Education Center. (2018). Ready, set, go! Guidelines and tips for collecting patient data on sexual orientation and gender identity. Retrieved from https://www.lgbthealtheducation.org/wp-content/uploads/2018/03/Ready-Set-Go-publication-Updated-April-2018.pdf

Brochures and health information materials should also include relevant information for LGBTQ people. An example of this would be in a pamphlet reviewing current pap smear guidelines. The pamphlet can be written to state explicitly that cervical cancer screening is recommended if a woman is lesbian but has ever had sex with men, and that even if she has never had sex with men, she should discuss appropriate screening with her clinician. If the member is transgender female-to-male but has a cervix, cervical cancer screening is also recommended.

Clinician offices may want to post a non-discrimination notice prominently. Suggested wording would be: "Equal care will be provided to all patients, regardless of age, race, ethnicity, physical ability or attributes, religion, sexual orientation, or gender identity/expression."

Health care organizations can build on a foundation of cultural competency training by adding system changes that reinforce and support a culture of inclusivity. Ideally, all staff members who interact with patients (e.g., receptionists, accounting/billing staff members, pharmacy representatives, housekeepers) will be required to participate actively in cultural competency training and the cultural change process. Within the framework of an inclusive culture, the following are some key ways to promote a welcoming health plan and practice to an individual member:

- Avoid assumed heterosexuality in addressing the member. "Who is/are your supports?" rather than, "What is your husband's/wife's name?" or even, "Are you married?"
- Identify and use the member's preferred language for gender, partner(s), etc.
- Identify health risks specific to the person's LGBTQ status without forgetting all of the other health risks based on age, race, ethnicity, risk behaviors, etc.
- Don't assume that sexual orientation or gender identity is the most important attribute to the member.
- Apologize if you make an error and make a note in the member's record so that it doesn't happen again.

When approaching health care for LGBTQ people, it is first important to remember that sexual and other health risks are based upon behavior rather than identity. Whether a person is heterosexual, bisexual, or homosexual, for example, their risk for an STD increases with the number of partners they have. Non-modifiable health risks are likely to be related more closely to sex assigned at birth, family history, race, and ethnicity than they are to LGBTQ status.

Heterosexism, biphobia, transphobia, discrimination, harassment, stigma, and isolation related to sexual orientation and/or gender identity/expression are often contributing factors for depression and anxiety.[4,16] LGBTQ people might be estranged from their families of origin, whether by choice or not; might have had difficulty obtaining or keeping employment; or might live in fear of discrimination. They might have been harassed, threatened with, or have been the victims of violence, including hate crimes. Depression and mental health screening should be conducted, and possible external factors for anxiety or depression should be discussed. Screening for physical and sexual violence should be done in a gender-neutral and compassionate way. Rates of tobacco use and substance use are also reported to be higher in LGBTQ populations, but one should not assume that this applies to all LGBTQ people.[17,18] Screening for tobacco use and substance use should be done as with all patients.

As with many populations who have faced discrimination, trauma-informed care can provide a framework for clinicians and health plan personnel to interact with LGBTQ individuals. A full discussion of trauma-informed care is beyond the scope of this brief, but more information can be found at the Trauma Informed Care Project http://www.traumainformedcareproject.org/.

Transgender persons have additional and unique health care needs. Many health care clinicians have not been adequately trained to address transgender health care needs.[19] In addition, health care clinicians often hold negative views of transgender patients.[20] Lack of access to transgender-sensitive care is associated with reduced utilization.[21] Appropriate transition-related care, with shared decision-making regarding hormone therapy and surgery, can improve overall well-being and be protective factors against substance use disorders and behavioral health disorders.[22,23]

Health screening must be based on physical gender and any hormone therapy in addition to all other risk factors. For example, a male-to-female transgender person may still be at risk for prostate disease or cancer, and a female-to-male transgender person may still be at risk for cervical cancer. Health care clinicians can educate their staff and patients so that critical screening tests are not missed. Health plans can also provide education and reminders for screening that are specifically appropriate to their transgender members.

Being transgender is not in itself a psychological disorder. The Diagnostic and Statistical Manual of Mental Disorders ("DSM") defines "gender dysphoria" as the incongruence between sex assigned to the individual at birth and the individual's gender identity. The recommended treatment for gender dysphoria is gender transition, which may include counseling, hormone therapy, and surgery.[24] Clinicians who are not conversant with appropriate hormone therapy should know where to refer patients for this care. Health plans can improve the health of their transgender members by identifying clinicians who can appropriately treat them and by facilitating referrals.

Under the Patient Protection and Affordable Care Act (2010), Section 1557, "Nondiscrimination in Health Programs and Activities," the Obama Administration determined that prohibitions on discrimination based on sex included gender identity discrimination as a type of sex discrimination.[25] Health plans cannot categorically exclude care related to gender transition or treat transgender status as a preexisting condition. Health plans are not required to cover any specific service, but they cannot exclude services related to transitioning for transgender individuals when the same services are provided to cisgender individuals. They also cannot require prior authorization for a service if a person is transgender unless it is also required for cisgender people. Although some state Medicaid programs and health plans might continue to deny or limit coverage for medically indicated treatments for gender dysphoria, at least some of these policies are being denied by the courts (*Flack v. Wisconsin Department of Health Services*).

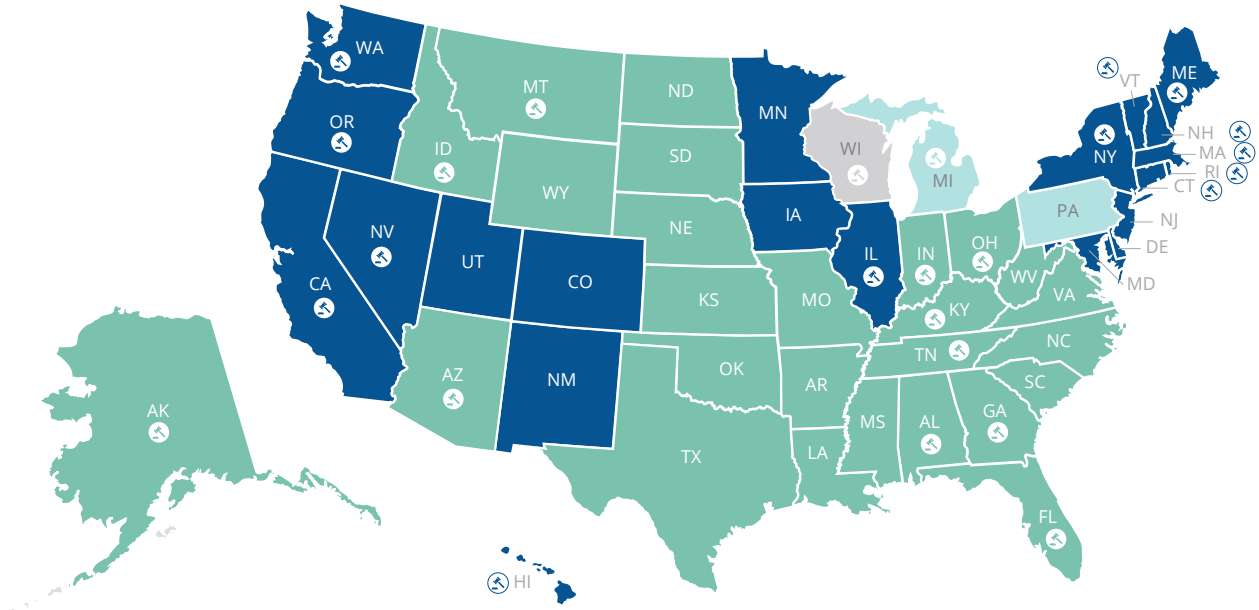
Although this report does not provide an exhaustive review of specific LGBTQ health care, several resources, listed below, are available that provide more-detailed information. **Refer to Appendix A for additional resources and information.**

- **The Gay and Lesbian Medical Association (GLMA) Guidelines for Care of Lesbian, Gay, Bisexual, and Transgender Patients** (http://safezone.sdes.ucf.edu/docs/glma-guidelines.pdf)
- **The National LGBT Health Education Center** (https://www.lgbthealtheducation.org/)
- **American Medical Association's Advisory Committee on Gay, Lesbian, Bisexual, and Transgender Issues** (https://www.ama-assn.org/delivering-care/population-care/policies-lesbian-gay-bisexual-transgender-queer-lgbtq-issues)
- **World Professional Association for Transgender Health Standards of Care** (https://www.wpath.org/publications/soc)
- **Transgender Law Center's 10 Tips for Working with Transgender Individuals: A Guide for Health Care Providers** (https://transgenderlawcenter.org/resources/health/10tips)
- **Caring for Transgender and Gender Diverse Persons: American Family Physician, Volume 98, Number 11, December 1, 2018** (https://www.aafp.org/afp/2018/1201/p645.html)

Creating Environments and Policies to Support an LGBTQ Workforce

If we are to promote health equity for LGBTQ individuals enrolled in Medicaid, health plans have the opportunity to be proactive in addressing disparities and barriers for their own LGBTQ employees. Medicaid health plans, both state-run and private, all have non-discrimination policies based on state and federal laws. However, federal and state laws preventing discrimination against LGBTQ people in the workplace are not always clear. Policies can be ineffective without a strong culture to support them. Employment non-discrimination laws protect LGBTQ people from being unfairly fired, not hired, or discriminated against in the workplace by private employers on the basis of sexual orientation or gender identity. Figure 3 shows state non-discrimination laws that explicitly enumerate sexual orientation and/or gender identity as protected classes, as well as states or federal courts that explicitly interpret existing sex protections to include sexual orientation and/or gender identity. Other rights may exist or be recognized depending on the state.

Figure 3. State Variation in Employment Non-Discrimination Laws [26]



State law explicitly prohibits discrimination based on sexual orientation and gender identity. *(21 states+D.C.)*

State law explicitly prohibits discrimination based on sexual orientation only *(1 state)*

State explicitly interprets existing prohibition on sex discrimination to include sexual orientation and/or gender identity (see note) *(2 states)*

No explicit prohibitions for discrimination based on sexual orientation or gender identity in state law *(26 states)*

State is in a federal circuit with a ruling that explicitly interprets existing federal prohibition on sex discrimination (under Title VII) to include discrimination based on sexual orientation and/or gender identity *(26 states).*

Note: This map is not intended as legal advice or as an indication of an individual's rights.

Source: Movement Advancement Project. (2019). Non-discrimination laws: Employment. Boulder, CO.

Health plan leaders play a critical role in crafting policies and creating a strong culture of inclusion and non-discrimination within an organization. Successful and effective policies are reviewed to ensure that LGBTQ concerns are addressed and that they go beyond an inclusive nondiscrimination policy that specifically states no discrimination based on gender identity or expression or sexual orientation.

An LGBTQ–inclusive nondiscrimination policy alone may not guarantee fair and respectful treatment for LGBTQ health plan employees. The health plan may want to adopt and promote a zero-tolerance policy for discrimination within the workplace. Examples of workplace challenges experienced by LGBTQ employees are the same ones often experienced by the health plan's members and can include the following:

- Being "outed" either carelessly or maliciously
- Feeling pressure to conceal one's LGBTQ status
- Hearing or being the object of negative comments, ranging from stereotyping, jokes, ridicule, and judgments to mockery, taunts, harassment, ostracism, and abuse
- Being asked inappropriate and intrusive questions during the hiring process
- Having limited availability of LGBTQ mentors and role models
- Being denied or delayed promotions and pay increases or being given less desirable job assignments
- Transgender employees can face additional challenges, including the following:
    - Being questioned about or denied bathroom use
    - Being addressed as the wrong gender or by the wrong name

Medicaid health plans have an opportunity to create a culture within their organization that is inclusive of LGBTQ candidates for a job (e.g., stating on a job posting that, "This organization does not discriminate on the basis of sexual orientation or gender identity/expression."). Diversity training for leadership and staff to promote the understanding of LGBTQ people can be a critical element for developing a positive work environment that is inclusive. Where possible, an LGBTQ Employee Resource Group (ERG) can be created, promoted, and supported.

In a health plan culture that celebrates diversity and inclusivity, Medicaid health plans may initiate and provide ongoing support to member advisory groups or community advisory boards to help guide their work. Such groups can provide an excellent opportunity to ensure that LGBTQ members are represented and heard, and such groups can help guide the work of Medicaid health plans to become culturally competent organizations and support health care organizations in providing culturally competent care to members. Member surveys that contain questions specifically asking for feedback from LGBT members can also help to inform and improve care for LGBTQ members. Finally, health plans might also want to engage local LGBT organizations as resources and advisers and can, in turn, become a resource for providing education to their communities.

Plans can enhance their monitoring efforts to provide culturally competent LGBTQ care and services, using quality improvement activities. Such activities can be both internal, related to hiring and treatment of LGBTQ staff, and external, related to culturally sensitive care management and appropriate approval of services.

To support health plan efforts, the following checklist (Table 2) can be used to improve both access and care provided to LGBTQ members as well as improve the health plan's own internal culture in supporting LGBTQ employees.

Table 2. Checklist for Medicaid Managed Care to Address and Improve LGBTQ Health Care

Culture and Community	In Place	Actively Planning (Implementation Target Date)	Future Priority (Target Date to begin planning)
Adapt and utilize the Joint Commission "LGBT Field Guide."[27]			
Create a financial benefit for clinicians and practices to adapt and utilize the Joint Commission "LGBT Field Guide."[27]			
Identify one or more leaders ("champions") tasked with oversight of organizational efforts to improve LGBTQ cultural competence.			
Collaborate with community organizations that promote LGBTQ equality and inclusion (e.g., Parents and Friends of Gays and Lesbians, or PFLAG) to better understand the needs of the local LGBTQ community.			
Hiring and Human Resources	**In Place**	**Actively Planning** (Implementation Target Date)	**Future Priority** (Target Date to begin planning)
Make hiring policies and advertising for positions explicitly welcoming to LGBTQ individuals.			
Create an Advisory Council or Board that includes LGBTQ representation.			
Policies	**In Place**	**Actively Planning** (Implementation Target Date)	**Future Priority** (Target Date to begin planning)
Augment health plan and practice nondiscrimination policies with a zero-tolerance culture.			
Review all company and practice policies to be sure they address LGBTQ concerns.			
Benefits and Health Care Provision	**In Place**	**Actively Planning** (Implementation Target Date)	**Future Priority** (Target Date to begin planning)
Establish health plan employee coverage for LBGTQ employees as a model for clinician practices.			
Ensure that all appropriate screening tests are available and are based on individual needs (e.g., cervical cancer screening for trans men who still have a cervix).			
Provide and incentivize appropriate screening for behavioral health disorders, substance use disorders, and intimate partner violence.			
Evaluate network adequacy for services specific to transgender people's needs.			
Provide coverage for health plan members and employees for counseling, hormonal therapy, and gender reassignment surgery as indicated for treatment of gender dysphoria.			
Offer trained case managers for any transgender person on the continuum of gender reassignment.			
Education	**In Place**	**Actively Planning** (Implementation Target Date)	**Future Priority** (Target Date to begin planning)
Provide LGBTQ cultural competency education to all health plan employees and clinician practices.			
Provide training for all health plan employees and clinician practices in trauma-informed care as it relates to LGBTQ populations.			
Educate pharmacists and clinicians on prescribing hormonal therapy for transgender individuals.			
Identify resource individuals within the health plan/practice, especially plan leaders, who can educate staff and support LGBTQ employees.			
Data Collection and Utilization	**In Place**	**Actively Planning** (Implementation Target Date)	**Future Priority** (Target Date to begin planning)
Collect accurate data on LGBTQ plan members and use the data to improve services to this population.			
Institute financial rewards for clinicians/practices that collect and utilize member data to improve LGBTQ health care.			

Source: Institute for Medicaid Innovation (2019). "Sexual and Gender Minorities: Opportunities for Medicaid Health Plans and Clinicians."

Looking Ahead: Opportunities for Advancing LGBTQ Health

Although it is well known that combining the elements of effective communication and patient-centeredness into care delivery has been shown to improve patients' health and health care, this is still often overlooked for LGBTQ populations. Fear, discrimination, and previous negative experiences with the health care system are common barriers to accessing care. Medicaid health plans that have a welcoming internal culture for LGBTQ people have an opportunity to ensure that nondiscrimination and inclusivity extend to their clinician practices and the members they serve. Furthermore, there are opportunities for Medicaid health plans, researchers, and clinicians to improve LGBTQ health experiences, access, and coverage.

Clinical Priorities

Address all aspects of a patient's identity in clinical encounters and how it might or might not be related to specific health conditions or concerns.

LGBTQ individuals may have unique health care needs. It is important for clinicians to identify how a patient's identity may influence health outcomes to provide appropriate, individualized care.

Educate clinicians and health care center staff who work with patients on cultural competency.

Health care settings that acknowledge and welcome diverse individuals promote communication between clinicians and patients.

Create welcoming physical environments at health practices.

Health forms should be gender-neutral and record sexual orientation, gender identity, gender pronouns, and information that facilitates proper billing such as sex assigned at birth, sex on legal documents, and preferred and legal names. Brochures and health information provided at health facilities should include information that is relevant for LGBTQ patients. Nondiscrimination notices placed around offices can make it clear that the facility supports inclusivity.

Screen for mental health, substance and tobacco use, and physical and sexual violence.

LGBTQ individuals experience depression and anxiety at higher rates than non-LGBTQ persons do. Discrimination and stigma, estrangement from family and friends, and harassment or violence all contribute to this increased prevalence. In addition, LGBTQ individuals experience intimate partner violence, sexual assault, and other physical violence at higher rates than non-LGBTQ persons do. Substance and tobacco use prevalence rates are also higher among LGBTQ populations. Although it should not be assumed that these factors apply to all LGBTQ patients, it is important to screen for and identify cases for which treatment can be helpful.

Use trauma-informed care approaches.

Trauma-informed care is especially important for clinicians and other health professionals to implement when working with populations who may have experienced discrimination, harassment, abuse, or violence.

Provide appropriate transition-related care.

Clinicians trained in transgender health care should facilitate shared decision-making for hormone therapy and surgery. Transgender-sensitive care can improve utilization rates and overall well-being and can be protective against substance use and behavioral health disorders.

Research Priorities

Improve data collection efforts.

Health plans should collect data on their LGBTQ members to tailor their outreach, education, and care plans to peoples' needs. This can include self-reported gender identity and sexual orientation. Any information collected from members should be voluntarily disclosed, and consent should be obtained for any data that is documented. Gender identity information collected from national and state health and demographics surveys can be combined with health plan data to better quality improvement efforts and address community and individual patient needs.

Policy Priorities

Create an actively welcoming internal culture for LGBTQ employees at health plans.

Having an inclusive work environment for staff can help extend this to interactions with members. Standards such as the Joint Commission's Comprehensive Accreditation Manual for Hospitals can be adapted and applied to health plans and associated medical and behavioral health practices.

Identify and manage referrals to clinicians that can appropriately treat transgender members.

Health plans can ensure that transgender members receive high-quality care by directing them to clinicians who are adequately trained in providing health care for transgender individuals.

Appendix A. Other Resources & Information

American Medical Association's Advisory Committee on Gay, Lesbian, Bisexual, and Transgender Issues	https://www.ama-assn.org/delivering-care/population-care/policies-lesbian-gay-bisexual-transgender-queer-lgbtq-issues
Best Practices for Asking Questions to Identify Transgender and Other Gender Minority Respondents on Population-Based Surveys	https://williamsinstitute.law.ucla.edu/wp-content/uploads/geniuss-report-sep-2014.pdf
Caring for Transgender and Gender-Diverse Persons	https://www.aafp.org/afp/2018/1201/p645.html
The Future of Transgender Coverage	https://www.ncbi.nlm.nih.gov/pubmed/28402247
Gay & Lesbian Medical Association's Guidelines for Care of Lesbian, Gay, Bisexual, and Transgender Patients	https://www.rainbowwelcome.org/uploads/pdfs/GLMA%20guidelines%202006%20FINAL.pdf
Gay & Lesbian Medical Association Webinar Series: Quality Healthcare for Lesbian, Gay, Bisexual & Transgender People	https://www.jhsph.edu/research/centers-and-institutes/johns-hopkins-center-for-health-disparities-solutions/Events/PastWebinars.html
Health implications of the Supreme Court's *Obergefell vs. Hodges* Marriage Equality Decision	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4713052/
How Many Adults Identify as Transgender in the United States?	https://williamsinstitute.law.ucla.edu/wp-content/uploads/How-Many-Adults-Identify-as-Transgender-in-the-United-States.pdf
"I don't think this is theoretical; this is our lives": How Erasure Impacts Health Care for Transgender People	https://www.ncbi.nlm.nih.gov/pubmed/19732694
Managing Uncertainty: A Grounded Theory of Stigma in Transgender Healthcare Encounters	https://www.ncbi.nlm.nih.gov/pubmed/23517700
The National LGBT Health Education Center	https://www.lgbthealtheducation.org/
Non-discrimination Laws: State by State Information – Map	https://www.aclu.org/map/non-discrimination-laws-state-state-information-map
The Report of the 2015 U.S. Transgender Survey	https://www.transequality.org/sites/default/files/docs/USTS-Full-Report-FINAL.PDF
Societal Implications of Health Insurance Coverage for Medically Necessary Services in the U.S. Transgender Population: A Cost-Effectiveness Analysis	https://www.ncbi.nlm.nih.gov/pubmed/26481647
Summary of the Gay and Lesbian Medical Association (GLMA) Guidelines for Care of Lesbian, Gay, Bisexual, and Transgender Patients	http://safezone.sdes.ucf.edu/docs/glma-guidelines.pdf
Transgender Healthcare Coverage: Prevalence, Recent Trends, and Considerations for Payers	http://www.milliman.com/insight/2016/Transgender-healthcare-coverage-Prevalence--recent-trends--and-considerations-for-payers/
Transgender Law Center's 10 Tips for Working with Transgender Individuals: A Guide for Health Care Providers	https://transgenderlawcenter.org/resources/health/10tips
World Professional Association for Transgender Health Standards of Care	https://www.wpath.org/publications/soc

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