INSTITUTE FOR
MEDICAID INNOVATION

# Understanding Gender-Affirming Care:

## A Resource for Medicaid Health Plans

## Tools for Medicaid Health Plans

The following pages provide checklists to identify opportunities for Medicaid managed care organizations (MCOs) to improve gender-affirming care (GAC) delivery for transgender, gender-nonbinary, gender-diverse, gender-nonconforming, and intersex people or individuals born with intersex traits (TGI).

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**Tools for Medicaid Health Plans**

# Services and Benefits Checklist

As of August 2023, 21 U.S. states have banned or reduced access to best practices in GAC.[1]  Currently only 60% of state Medicaid programs cover Gender Affirming Care (GAC) in their benefits packages,[2] even though recent studies in a commercial-plan population showed that medical affirmation–related services only cost an estimated six cents per member per month.[3]

## RECOMMENDATIONS FOR MCOS

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|---|---|
| | Educate all MCO staff and network providers about state laws around prescribing or providing GAC. |
| | Identify and list primary care providers versed in meeting the health needs of TGI individuals in a safe, affirming environment. |
| | Identify mental health providers proficient in working with TGI individuals. |
| | Align benefit delivery policies to deliver care consistent with the World Professional Association for Transgender Health (WPATH) Standards of Care, version eight, and other current best practices in GAC, to ensure that the determination of medical necessity is appropriate and the process is transparent. |
| | Clearly indicate if hormone therapy is covered and if prior authorization is required, ensuring any prior authorization or referral process is transparent. |
| | Add appropriate durable medical equipment such as binders or inserts to the plan's list of covered durable medical equipment. |
| | Identify surgical practitioners in the health plan's network who can provide appropriate gender-affirming surgeries, and <br><br>• ensure a referral process for surgery is in place and transparent <br>• plan travel, if required—plan care managers and referral specialists should have information to assist with travel and overnight stays both at the time of surgery and for routine or emergent postoperative care <br>• cover telehealth pre- and postoperative care as medically appropriate <br>• work with enrollees to fulfill any preoperative criteria required by the surgeon (e.g., behavioral health evaluation, smoking cessation) <br>• ensure presurgical requirements and ancillary services and procedures to reduce gender dysphoria (like hair removal and restoration) are included within benefit coverage |

Review prior authorization processes to reduce burdensome criteria, such as:

- requiring additional mental health assessments and letters
- requiring control of another unrelated diagnosis before being eligible for surgery
- requiring hormone replacement therapy before surgery without evidence of need

Monitor referrals and, if applicable, denials in services for GAC, using this information to improve processes for GAC for TGI enrollees.

Remove gender edits from preventive screening and other medical and pharmacy benefits, and work with pharmacy benefit managers or other vendors to ensure TGI enrollees are not denied medications or therapeutic interventions based on their legal sex or gender.

# Network Checklist

In 2020, 23% of transgender people reported that their health insurance company covered only some kinds of GAC, and 26% said that their health insurance company covered GAC surgery but had no surgical providers in their network.[4]  Network adequacy may be geographically challenging, but GAC providers should be specifically sought.  Offering telehealth care can expand access to GAC, as telehealth has been shown to be of benefit in delivering specialty care to patients in under resourced communities.[5]

## RECOMMENDATIONS FOR MCOS

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| | Create an ongoing training program for all providers and their staff members to improve the care delivered to TGI enrollees. |
| | Educate all network providers and staff on the importance of nonjudgmental treatment of TGI patients. |
| | Update training and communications given to the providers and provider networks on meeting GAC access and learning pathways, continuing medical education, or continuing education units for providers and their staff. |
| | Develop relationships with community-based organizations (CBOs) to increase capacity for care for TGI enrollees and to build equitable care infrastructure around TGI members. |
| | Contract with telehealth vendors and agencies providing GAC to close gaps in access to care for TGI enrollees. |

# MCO Staff & Network Provider Training Checklist

Studies show that 26% of TGI individuals report that they had to teach their providers about TGI people and GAC to receive care,[6] while two-thirds of intersex individuals report having had to teach their providers about intersex people or specific intersex variations to receive appropriate care.[7]

MCOs should develop training for MCO staff as well as providers and their staff. Partnering with TGI enrollees and CBOs that support TGI individuals can provide assistance in this process. Training should include, at a minimum, the following:

## RECOMMENDATIONS FOR MCOS

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| | Provide an overview of TGI identities, barriers to care, cultural competency, social and medical transition, health care, and support. |
| | Describe covered benefits and services to TGI enrollees and how to submit prior authorizations (if needed) and referrals, including navigation or case management services to help enrollees and their providers with the process. |
| | Explain the WPATH Standards of Care endorsed by the United States Professional Association for Transgender Health and the harms of providing care without appropriate training or understanding of the standards of care. |
| | Ensure accurate sexual orientation, gender identity, and sexual characteristics (SOGISC) data capture; including pronouns used and preferred name for enrollees whose legal identification does not match the name or gender currently being used by the enrollee. |
| | Demonstrate how to document an organ inventory (i.e., penis, testes, prostate, breasts, vagina, cervix, uterus, ovaries) if the electronic health record does not allow for such data collection. |
| | Teach the importance of understanding gender edits, how they may impede enrollee access to preventive services and medication, and how to provide necessary information so that access is not denied. |

# Data Collection and Use Checklist

One-fourth of TGI individuals report that their health insurance company does not update their records to reflect their current name or gender.[8]

SOGISC data collection, a priority initiative recognized by more than 20 federal departments and agencies, includes questions designed to measure and quantify an individual's sexual and gender minority status. Collecting SOGISC data aligns with the quintuple aim: to enhance the patient experience, improve health outcomes, lower costs, alleviate provider burnout, and reduce health disparities[9] (see Appendix B).

## RECOMMENDATIONS FOR MCOS

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| | Review all enrollee forms to be sure that they can easily and safely indicate their gender identity. |
| | Adapt and use the National Academies of Sciences, Engineering, and Medicine data collection recommendation and other resources (see Appendix B) in creating SOGISC data collection fields to more accurately capture member data, working with state Medicaid agencies to unify data collection. |
| | Make clear policies about how SOGISC data will be deidentified and used and how TGI individuals will be protected when data are shared. |
| | Collaborate with the TGI representatives in the community, including enrollees, CBOs, and GAC provider groups, to inform policies on privacy and data use and monitoring agreements. |
| | Complete a community needs assessment and gap analysis of all populations served to help guide and prioritize improvement using health equity, population health management, or other trained relevant programs. |

# Hiring and Human Resources Checklist

Human resources departments should do the following:

## RECOMMENDATIONS FOR MCOS

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|  | Make hiring policies and advertising for positions explicitly welcoming to LGBTQIA2S+ individuals. |
|  | Ensure that GAC and TGI cultural competency training is ongoing. |
|  | Create staff affinity groups or committees that can help improve training, hiring practices, and inclusive decision-making when creating organizational goals around health equity. |

# Create and Implement Change to Strengthen GAC

MCOs have many opportunities to improve their enrollees' health by prioritizing changes and strategizing their current-to-ideal state.

**KEY:**

in place

actively planning (implementation or project completion date)

future priority (date to begin planning)

## CULTURE AND COMMUNITY

| | ✓ in place | 📅 actively planning | 🕐 future priority | Date |
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| Use and adapt the Do Ask, Do Tell toolkit by the Fenway Institute and the Center for American Progress.[10] | | | | |
| Create an enrollee advisory committee that reports to the board or other governing entity to supply feedback and insights into TGI services and care oversight. | | | | |
| Complete community needs or population health assessments for TGI communities and incorporate data into improvement and quality efforts. | | | | |
| Partner with CBOs, especially community clinics, federally qualified health care centers, accountable care organizations, county departments, or other agencies contracted or receiving payments for services from the MCO to build network capacity in GAC. | | | | |
| Look for and/or create grant programming for outreach efforts and navigation services within CBOs, such as LGBTQIA2S+ resource centers, community clinics, and providers, and elicit feedback on areas that enhance the connection between providers and services for populations of focus. | | | | |
| Post on your website easy-to-use mapped policies on receiving GAC at your MCO, and ensure imaging and wording are culturally representative and appropriate. | | | | |
| Update all training and communication for enrollees and providers to include representation and specifics about how the MCO is addressing disparities seen in underserved communities, including LGBTQIA2S+ people. | | | | |

## QUALITY AND OVERSIGHT

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| Update population health management and quality improvement frameworks and policies to ensure WPATH guidelines are not being discriminatory in medically necessary care. | | | | |
| Conduct intersectional focus groups of LGBTQIA2S+ enrollees to receive targeted feedback and data on the following:<br><br>• MCO communications (website, phone and electronic, verbal, written)<br>• Access and delivery of care<br>• Other priorities to improve scoring and rates in domains of care for accreditation or regulations | | | | |
| Collect enrollee surveys to inform the MCO on their care satisfaction and barriers to delivery for GAC.  Incorporate feedback into population health management, quality improvement strategies, and planning cycles (also recommended for other populations of focus). | | | | |
| Compare enrollee satisfaction scores of the MCO's contracted and billing providers to implement improvement goals in value-based payment or other provider-facing programs. | | | | |
| Supply resources for providers and networks to collect enrollee survey data and collate results for community needs assessments and other reporting requirements. | | | | |
| Create or enhance a cross-department and interprofessional collaboration that will collate all efforts for care delivery to meet regulation or accreditation requirements and improvement initiatives or organizational goals. | | | | |

Include health equity, quality assurance, quality improvement, provider engagement, enrollee engagement, population health management, health education, cultural services, communications, compliance, and other relevant quality and oversight programs and communication teams.

Monitor for the effectiveness of outcomes of goals through program, regulatory, and financial cycles.

Create funding and transparent pathways for formalized health care navigation processes and materials for MCO, provider, or CBO staff involved in the oversight of the delivery of GAC.  These resources may include the following:.

- Connecting to a qualified medical and mental health professional
- Information about GAC benefit coverage and delivery, including prior authorization processes
- Transportation and lodging stipends, if available
- Referral to legal identification updates
- Information on data usage
- Other enrollee needs that meet overall health improvement goals for TGI enrollees

Add social determinants of health data to the monitoring and improvement of programs as a data source in understanding populations of focus and allowing for easy SOGISC data incorporation as public survey data are updated.

Implement and train staff to use a diversity, equity, and inclusion tool and complete it before implementation and for evaluation of outcomes and programs to ensure enrollee barriers to care are captured through current monitoring systems.

Add health equity improvement measures into value-based payment programs, such as the ability to stratify data by SOGISC, race and ethnicity, age, geographic location, or other meaningful demographic and social determinants of health data and create improvement cycles for populations of focus.

Monitor goals through data being collected and applied to the program cycles or improvement goals and an overall accreditation, or regulatory validated quality improvement measure, and organizational goals.

Create mechanisms to ensure contracted and billing medical, surgical, and mental health providers are providing access to culturally appropriate TGI care with competencies in GAC standards.

Create mechanisms to ensure contracted and billing providers are not imposing unnecessary barriers, bias, or discrimination on enrollees in their delivery of care, through grievances and appeals monitoring, training opportunities or requirements, and other levers to improve GAC.

Create repeatable processes for maximized quality and apply them consistently in all areas of care for monitoring and cost saving.

## BENEFITS AND HEALTH CARE PROVISION

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| Align benefit delivery policies and provider contracts to deliver care consistent with WPATH Standards of Care and other current best practices in GAC to ensure that the determination of medical necessity is appropriate and accessible. | | | | |
| Ensure that presurgical requirements and ancillary services and procedures to reduce gender dysphoria (e.g., hair removal and restoration for earlier balding) are included in benefit coverage.<br><br>*NOTE: do not overly specify coverage of a procedure (e.g., "penile inversion vaginoplasty" instead of "vaginoplasty") to allow for new techniques to be used for gender-affirming procedures with the same planned outcome.* | | | | |
| Monitor referrals and denials in services for GAC. | | | | |
| Build an ongoing training program for all providers and networks to improve the availability of providers of choice in delivering TGI care to enrollees. | | | | |
| Update training and communications given to the providers and provider networks on contracting requirements meeting GAC access and learning pathways, continuing medical education, or continuing education units for providers and their staff. | | | | |
| Task the MCO provider engagement team with inclusion of TGI care when updating policies or charter to have the right team scope or reporting structure for meeting the regulations and mission of the MCO. | | | | |
| Task the MCO provider engagement team with inclusion of TGI care when creating a process for understanding and adding baseline contractual agreements in provider and network access, quality assurance and improvement, enrollee's rights and responsibilities, enrollee connections, referrals, and data sharing. | | | | |
| Task the MCO provider engagement team with inclusion of TGI care when adding programs, or roles within current programs, for MCO relationship and capacity building for CBO networks to build equitable care infrastructure around populations experiencing and affected by disparities in care. | | | | |

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| Remove gender edits from within medical and pharmacy benefits, and work with pharmacy benefit managers or other vendors to help ensure TGI enrollees are not denied medications or therapeutic interventions based on a person's legal sex or gender. | | | | |
| Contract with telehealth vendors and agencies providing GAC to close gaps in access to care for TGI enrollees. | | | | |

## DATA COLLECTION AND USE

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| Adapt and use the National Academies of Sciences, Engineering, and Medicine data collection recommendation and other resources in Appendix B in creating SOGISC data collection fields to capture member data for usage in care delivery and improvement efforts. | | | | |
| Update policies, website, training, and other relevant documents about Health Insurance Portability and Accountability Act compliance and how disclosure, data usage, and data agreements are structured and will be used for sensitive information. | | | | |
| Include all data streams (e.g., enrollment demographics, claims, encounters, and electronic health records from providers). | | | | |
| Outline data aggregation or disaggregation requirements for quality improvement initiatives, research, or other initiatives and when and why specific data fields are used. | | | | |
| Collaborate with the TGI representatives in the community, including enrollees, CBOs, and GAC provider groups, to inform policies on privacy and data use and monitoring agreements. | | | | |
| Include TGI individuals in all community needs assessments and gap analyses to help guide and prioritize improvement using health equity, population health management, or other relevant programs. | | | | |

## HIRING AND HUMAN RESOURCES

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| Make hiring policies and advertising for positions explicitly welcoming to LGBTQIA2S+ individuals. | | | | |
| Ensure that GAC and TGI cultural competency training is provided to staff and providers to increase knowledge of and reduce bias in the programs or projects they are working within. | | | | |
| Create staff affinity groups or committees that can help improve training, hiring practices, and inclusive decision-making when creating organizational goals around health equity. | | | | |

# Appendix A.

## Glossary

| Term | Definition |
|---|---|
| Agender | A person not identifying with any gender. |
| Bigender | A person identifying as two genders, commonly (but not exclusively) male and female.  Sometimes, people can feel like two genders simultaneously, and sometimes they fluctuate. |
| Cisgender | A person identifying as a gender congruent with their sex assigned at birth. The word "cisgender" can also be shortened to "cis." |
| Gender (Identity) | The internal feeling of one's gender and how one labels oneself, based on their alignment with what one understands gender to be—understanding is often conflated with one's sense of biological sex or sex assigned at birth. |
| Gender Binary | The classification of sex and gender into distinct and opposite forms of masculine and feminine. |
| Gender Expression | The external display of one's gender through clothing, grooming, demeanor, social behavior, and other factors; it can also be referred to as "gender presentation." |
| Gender Fluid | An identity and general term used for moving between genders or fluctuating gender identity. |
| Intersex | An identity and a general term used for various traits or conditions in which a person is born with a combination of chromosomes, gonads, hormones, internal sex organs, or genitals that differs from the two patterns of male or female. |
| Nonbinary | An umbrella term or specific identity for people when the gender binary does not accurately reflect their gender. |
| Polygender | A gender identity encompassing two or more distinct genders simultaneously, or the individual experiences shifts in their gender identity over time. |

| | |
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| Sex Assigned at Birth | The designated gender a provider assigns a child based on the external genitalia, and the assigned gender on the birth certificate can be within the gender binary options of male and female or have a third gender choice. State access to changed sex on birth certificates varies. |
| Sexual Orientation | The sexual, romantic, or emotional or spiritual attraction one can feel for others.  Sexual orientation is usually labeled based on the gender identity of the individual and of the people they are attracted to. |
| Stealth | A term that refers to an individual who has medically and socially transitioned but who does not identify as transgender but rather as their posttransition gender only, often due to unsafe or stigmatizing environments. |
| Transgender | An umbrella term or specific gender identity for people whose gender, expression, or behavior differs from that associated with their assigned sex at birth.  The word "transgender" can also be shortened to "trans." |
| Transman | An identity label sometimes adopted by female-to-male transgender people to signify they are men while affirming their history as assigned female sex at birth. |
| Transwoman | An identity label sometimes adopted by male-to-female transgender people to signify they are women while affirming their history as assigned male sex at birth. |
| Two-Spirit | A term used by some Indigenous cultures in North America to describe a person who embodies both masculine and feminine qualities or has a unique gender identity that goes beyond the binary concept of male and female. |

# Appendix B.

## Resources for Sexual Orientation, Gender Identity, and Sexual Characteristics Data Collection and Care Delivery Best Practice

### Data Collection

- **Measuring Sex, Gender Identity, and Sexual Orientation** (National Academies of Sciences, Engineering, and Medicine)

- **LGBTQ+ Data Availability:  What We Can Learn from Four Major Surveys** (Center on Children and Families at Brookings)

- **Intersex Data Collection:  Your Guide to Question Design** (InterACT)

### Standards of Care and Policies

- **Standards of Care for the Health of Transgender and Gender Diverse People, Version 8** (*International Journal of Transgender Health*)

- **Providing Ethical and Compassionate Health Care to Intersex Patients:  Intersex-Affirming Hospital Policies** (InterACT and Lambda Legal)

- **Affirming Primary Care for Intersex People 2020** (Fenway Institute)

- **Creating Equal Access to Quality Health Care for Transgender Patients:  Transgender-Affirming Hospital Policies** (Lambda Legal, Human Rights Campaign, Hogan Lovells, and New York City Bar)

### Diversity, Equity, and Inclusion Tools

- **DEI Toolkit** (University of Michigan School of Social Work)

## Additional Resources

- **Understanding the Well-Being of LGBTQI+ Populations** (National Academies of Sciences, Engineering, and Medicine)

- **Inaugural State of LGBTQ Health National Survey 2022** (National Coalition for LGBTQ Health)

- **Prohibiting Gender-Affirming Medical Care for Youth** (UCLA School of Law Williams Institute)

- **Mapping Transgender Equality in the United States** (Movement Advancement Project)

- **2022 National Survey on LGBTQ Youth Mental Health** (The Trevor Project)

- **Trans 101** (Advocates for Trans Equality)

# Appendix C.

## Common Surgical Procedures Included in Gender-Affirming Care

breast augmentation

clitoroplasty

colpectomy

electrolysis or laser hair removal

facial feminization or masculinization procedures

glansplasty

hairline advancement

hair restoration

hysterectomy and/or salpingo-oophorectomy

labiaplasty

mastectomy, breast reduction, or chest reconstruction

metoidioplasty

orchiectomy

penectomy

penile prosthesis

phalloplasty

tracheal shave

urethromeatoplasty

urethroplasty

vaginectomy

vaginoplasty

voice modification (surgery or therapy)

vulvoplasty

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