

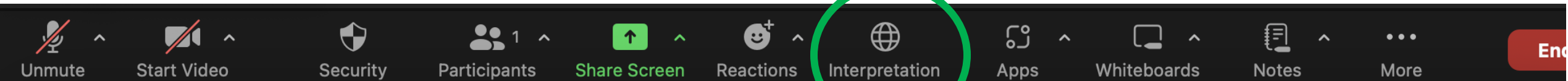


Medicaid Expansion Outreach & Enrollment Considerations for the LGBTQIA+ Community

May 9th, 2024

Interpretation Logistics

Click the globe to access simultaneous Spanish interpretation



Agenda

- Welcome & Logistics
- Pride Outreach Highlight, Juliana Wilson
- Medicaid Expansion & LGBTQIA+ Communities Background and Context
- Outreach and Enrollment Best Practices
- Resource Overview
- Sample Scenario
- Opportunities for Further Engagement
- Closing

Logistics

- This meeting is being recorded.
- The slides, recording, and notes will be posted on Care Share's Medicaid Expansion Page, <https://equitypn.org/nc-medicaid-expansion/>
- Please feel free to raise your hand or add a question/ comment to the chat during our time together. We will pause twice for questions

Pride Outreach & NC LGBTQIA2S+ Health Needs Assessment

Juliana Wilson, Sexual and Gender
Minority Tobacco Treatment Coordinator, NCDHHS

Working Authentically with LGBTQ+ Population

- LGBTQ+ is an umbrella term for a highly diverse group
- Gender identity is separate from sexual or romantic orientation
- Terminology check-in: Cisgender, Non-binary, Queer, Gender Fluid, Intersex, Asexual, Two Spirit
- More vulnerable: Lower average socio-economic standing, education attainment, employment
 - Intersecting identities may increase vulnerability



Its all about Trust

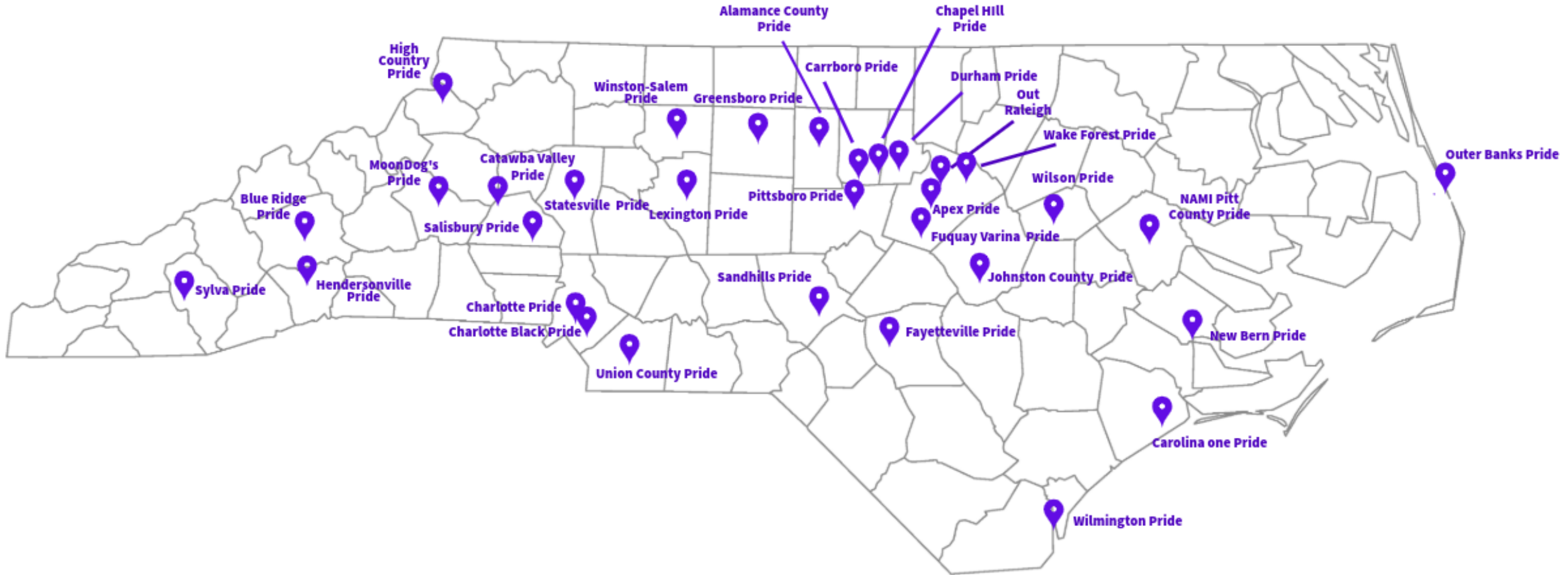
- Engaging authentically with a population that has often experienced rejection by family and society
 - Pronouns Matter
 - Honesty and transparency
 - Save your questions on sexual orientation or gender identity
- Building Trust
 - Work with trusted organizations: Centers, Pride organizations, PFLAGs, health care providers, others who understand the population
 - Making a direct connection
- Seeing it Through
 - People may not have all documents needed
 - Workshops/multiple engagements/collaborate with organizations

NC LGBTQIA2S+ Health Needs Assessment

- IRB-approved through University of North Carolina
- Adults 18+
- Collected in-person at Pride events June – October
- Predominately LGBTQ+ identified survey takers
- Accessed via QR code, taken on phone
 - Privacy/sense of control/autonomy



Prides in NC 2024





PISGAH
LEGAL SERVICES

Presentation by Haven Oxenreider
(he/they), Ali Houghton (she/her), and
Sarah DeArmon (they/she)

Thank you for being here!

Background & Introduction

LGBTQIA+ folks are, according to a 2022 National survey by Kaiser Family Foundation:

- Lower income: 44% of LGBTQIA+ people earned less than 200% of the Federal Poverty Level (compared to 36% of non-LGBTQIA+ folks) (Source: [KFF](#))
- In need of health care: 25% of LGBTQIA+ people reported being in fair or poor health—compared to 18% of non-LGBTQIA+ people, which is a 39% increase (Source: [KFF](#))
- Impacted by disability or a chronic condition: More LGBTQIA+ people (25%) described having a disability or chronic condition that affects their work/school/other activities, compared to 16% of non-LGBTQIA+ people (Source: [KFF](#))
- Eligible for Medicaid: 21% of LGBTQIA+ folks had Medicaid (16% of non-LGBTQIA+ people) (Source: [KFF](#))

These are many of the groups we serve as Navigators!



Why gender-affirming care specifically?

Gender-affirming care is health care that supports transgender folks in feeling congruent with their bodies—often hormone replacement therapy (HRT) or surgical care.

Gender-affirming care is often prohibitively expensive, not to mention difficult to access. It's only becoming more difficult—in 2023, North Carolina banned people under 18 from starting gender-affirming care, becoming the 22nd state nationally to limit care for minors. (Source: [AP News](#))

It's important to me to help folks understand their options and navigate the health system.

North Carolina Medicaid has no explicit policy allowing or disallowing adult beneficiaries from receiving gender-affirming care (Source: [Movement Advancement Project](#)). It's difficult to give specific guidance to individuals who have questions about gender-affirming care and are eligible for Medicaid.



Why is Medicaid Expansion such a big deal?

- According to a 2019 survey of LGBTQIA+ people in the South by Campaign for Southern Equality:
 - 70% said that they delay seeking care due to out of pocket costs (Source: [CSE](#))
 - 51.5% of respondents said that being in the South always or often makes it harder to access quality health care (Source: [CSE](#))
- Trans folks specifically struggle to access health care in the south: 72.7% of transgender people said that being in the South always/often makes it harder to access care
 - There's a significant need and we know that Medicaid expansion can ameliorate this issue for queer and trans folks
- Location matters: 38.7% of rural respondents said their medical care was fair or poor, compared to 26.9% of respondents in urban areas
- Full coverage Medicaid—with access to affirming providers—is life-giving for LGBTQIA+ folks

How can we get more LGBTQIA+ folks on Medicaid and help them feel empowered when using it?



Outreach Best Practices

- Volunteering at LGBTQ centers
 - Cornbread & Roses
 - Youth OUTright
- Tabling at Pride events
 - Stay plugged in to Pride organizations for other events during the year
- Build community & connections: the best outreach is word of mouth!



Trans & Queer Health Project

- To expand our navigator services to reach and support the LGBTQ community, specifically trans and gender non-conforming folks
- Navigators supporting the project can answer questions about gender-affirming care, provide referrals to other resources, and see if they are eligible for affordable health coverage through the ACA or Medicaid

**FREE HEALTH
INSURANCE ASSISTANCE!
GET COVERED TODAY.**



Inclusive Language

- Throughout the appointment use the name and pronouns the consumer uses
 - “What should I call you?”
 - "What pronouns do you use?"
- Asking consumers for any specific coverage needs before the appointment can help to identify if they may be seeking gender affirming care
- Use preferred name for all internal notes and Connector reporting
- Inform the consumer we will need to include the name & sex that appear on their legal documents in the healthcare.gov application (and only there),
 - “What is the name that appears on your legal documents?”
 - "What sex appears on your documents?"

Inclusive Language

- The app will show the consumer's legal name on each screen, be mindful to use their preferred name and pronouns
- The new questions on Sexual Orientation & Gender Identity (SOGI) are optional, the data is used only by the MP (not Medicaid or issuers) to make their services more inclusive

Category	Question	Responses
Sex Assigned at Birth	What was [First Name]'s sex assigned at birth? <i>You can find this on an original birth certificate or similar document. (optional, single select)</i>	•Female •Male •A sex that's not listed: [free text] •Not sure •Prefer not to answer
Gender Identity	What's [First Name]'s gender identity? <i>(optional, single select)</i>	•Female •Male •Transgender female •Transgender male •A gender identity that's not listed: [free text] •Not sure •Prefer not to answer
Sexual Orientation	What's [First Name]'s sexual orientation? <i>(optional, single select)</i>	•Lesbian or gay •Straight •Bisexual •A sexual orientation that's not listed: [free text] •Not sure •Prefer not to answer

Source: [CMS](#)

Resources

As Enrollment Assistants, we can't tell folks to go to a specific provider, but we can provide resources and lists of providers that are affirming.

- OutCare OutList: <https://www.outcarehealth.org/outlist/>
- LGBTQ Healthcare Directory: <https://lgbtqhealthcaredirectory.org/>
- Campaign for Southern Equality Trans in the South directory: <https://southernequality.org/resources/transinthesouth/>

One strategy, especially in rural areas, is if the beneficiary has one trusted provider, the provider might be able to refer them to someone else. Folks can also learn about affirming care providers through word of mouth and community resources.

I created a document that we share with folks looking to access gender-affirming care in Western NC. We'll go into those resources more in a future training.



Resources

The [Medicaid Ombudsman](#) is a great referral for beneficiaries, especially if they are having trouble getting a service covered.

Provider networks—FQHCs are required to take all Medicaid plans. Managed care providers have online directories on their websites. When we enroll someone in Medicaid, we share a list of directories for the Managed Care providers in the area with instructions.

ex. *HealthyBlue*: Login or click guest, select Medical Plan and North Carolina Medicaid, then enter your location

<https://findcare.healthybluenc.com/search-providers>

It's unclear if it's easier to get gender-affirming care covered through different managed care plans, so it's best for the beneficiary to talk to a trusted provider during their plan selection window and see what the provider recommends.



Sample Scenario

Kelsey (she/her) schedules an appointment with you on the Connector. She is currently uninsured and is wondering about her eligibility for Medicaid under Expansion. You meet with Kelsey and apply for Medicaid via ePASS. During the appointment, you:

- a. ask open-ended questions about what her health needs are
- b. assume that she is interested in seeking gender-affirming care
- c. don't ask any questions because you don't want to pry

Sample Scenario

Kelsey has been seeking care at her local FQHC and would like to continue going there because it's close to her apartment. However, she is interested in starting HRT now that she is insured and isn't sure if her current provider offers that service. What do you do?

- a. Tell her she must keep seeking care at her FQHC
- b. Tell her your friend went to Dr. Z and that she should go there
- c. Call the FQHC to see if they offer HRT. If not, review the affirming provider resource lists & PHP provider directories with her so she is aware of the options in her area and let her make the final decision.
- d. Tell her that she's on her own and needs to call her provider herself

Sample Scenario

After reviewing the resource lists and PHP provider directories, Kelsey decides that she wants to select provider A as her PCP. Multiple managed care plans are in-network with this provider, and Kelsey isn't sure which managed care plan would be best for her. What do you do?

- a. Tell her to choose Plan Y because it has the best benefits
- b. Have Kelsey call the NC Medicaid Enrollment Broker for choice counseling about choosing between the managed care plans
- c. Let her know that she can change managed care plans within 90 days if she is having any issues

Sample Scenario

Kelsey receives her Medicaid card and begins accessing the healthcare she needs! If she encounters any issues accessing care using her Medicaid, you let her know that she can

- a. call you (an enrollment assister) for support
- b. contact the Medicaid Ombudsman
- c. both of the above!

Deep Dive Session



If you would like to pool resources and share about your experiences connecting LGBTQIA+ beneficiaries and consumers to affirming healthcare, fill out the interest form below (closes on May 16, 2024).

forms.office.com/r/Ye1Zqfaf62

Questions?

Upcoming Webinars

National Health Law Program: Section 1557 Final Rule Webinar. Thursday, May 9th at 3:30pm (immediately after this call!)

Register Here: https://us02web.zoom.us/webinar/register/WN_CqsuuuRfRy6DIxtShqOwNQ#/registration

USC Annenberg Center for Health Journalism: How Can Healthcare Do Better for LGBTQ Patients? Tuesday, May 21st at 2:00pm

Register Here: https://usc.zoom.us/webinar/register/WN_7kPE2xtqQoeU4Q1KCrhEEQ#/registration

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THANK
YOU!

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