Transgender Services Coverage

GIB Item 6A1

Renee Walk, Strategic Health Policy Advisor

Office of Strategic Health Policy

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Agenda

Informational Only – No Action Required

- Purpose of discussion
- Current coverage/exclusion
- Affected population
- Current clinical guidelines
- Insurance market coverage & costs
- Options

Purpose of Discussion

- Changes in legal landscape
- Conflicts raised during Medicare Advantage implementation
- UW letter from six Chancellors, Hospital
- 108 pieces of correspondence

Exclusion Remains in Place

Limits

"Procedures, services, and supplies related to surgery and sex hormones associated with gender reassignment"

Does not limit

Coverage of mental health services, as long as those services are not associated with the defined limit

- Removal of exclusion would not require coverage. Plans would default to medical necessity.

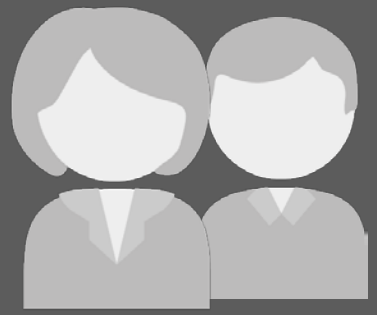
Medicare Advantage conflict

- UnitedHealthcare® (UHC) must cover transgender health services on a case by case basis or be in violation of Centers for Medicare and Medicaid Services (CMS) guidance
    - Related to UHC's responsibilities as a Medicare Advantage Organization as defined by CMS

Affected Population Estimates

0.43%
of Wisconsin residents

Behavioral Risk Factor Surveillance System



19,150 people (approx.)

Behavioral Risk Factor Surveillance System

2 - 5 members of Board's programs per year

Segal Estimate (January 23, 2017 memo)

Treatment Guidelines

1979
- World Professional Association for Transgender Health (WPATH) issues first standards of care for transgender patients

1981
- Centers for Medicare and Medicaid Services (CMS) issue National Coverage Determination (NCD) recommending against coverage
- Based on concerns related to untested nature of clinical treatment

2014
- CMS NCD overturned
- Improved outcomes, safer procedures

Present
- WPATH guidelines in 7th revision
- Endorsed by the American Medical Association (AMA) and the American Psychiatric Association (APA)

UpToDate® Clinical Guidelines

- Clinical resource used by private practice, insurers, and State of Wisconsin
- Provides clinicians with current, evidence-based treatment protocols
- Extensive guidelines for treating transgender people

Statement of outcomes indicates:

"Significant improvement in quality-of-life and psychosocial outcomes"

Appropriate Care

- Determined by clinician, therapist, and patient as care team
- Specific clinical treatments vary depending upon patient need
- Surgical interventions are similar to those routinely performed on patients who are not transgender (e.g. hysterectomy, reconstructive surgeries, etc.)
- Rigorous, tested protocols in use currently

Regional Public Employer Coverage

- **Minnesota**: Coverage based on medical necessity and expert standards
- **Illinois**: Defers to insurer policies; insurers do not have categorical exclusions.
- **Indiana**: Surgeries allowed with authorization
- **Iowa**: Sex-specific services allowable, silent on other treatment
- **Michigan**: Policy is silent

Estimated Cost

Other Public Employers

New England Journal of Medicine

- 2015 study estimating cost to US Military for coverage
- 2x higher prevalence of transgender people
- Costs deemed “too low to warrant consideration”

Journal of General Internal Medicine

- Study completed for the Massachusetts Group Health Insurance Commission
- Coverage had greater cost and effectiveness
- Adding coverage would provide, “good value for reducing the risk of negative endpoints—HIV, depression, suicidality, and drug abuse”

Cost Containment for Procedures

- Common concern outside of transgender medicine
- Health plans should be vigilant in monitoring costs
- Opportunity for value-based purchasing or centers of excellence

Summary of Considerations

- Clinical literature indicates that medical treatment is non-controversial in the medical community, can be appropriate for patients
- Minimal costs for coverage
- Recent litigation has generally favored the removal of categorical exclusions

Options Presented to the Board:

Option 1: Remove the exclusion

- Defer to medical necessity in contract
- Similar to recently-approved transplant language approach

Option 2: Revise the exclusion

- Option 2.1: Provide incremental coverage
- Option 2.2: Remove exclusion for Medicare Advantage only

Option 3: Request more information from ETF

Option 4: Status quo


Questions?