Developing a Comprehensive Health Program for Women of Transgender Experience living with HIV/AIDS Within Medicaid Managed Care

14th Annual Iris House Women as the Face of AIDS Summit
May 6, 2019

Al Rubenstein - Transgender Program Coordinator
Monique Mackey – Transgender Health Navigator
Octavia Y. Lewis, MPA - Community Ambassador
Rachel Luscombe BSN, RN - Transgender Program Clinical Liaison

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Learning Objectives

• By the end of this panel discussion, participants will be able to:

1. Describe three actions a Medicaid Managed Care Organization can take to improve the health of HIV positive transgender women
2. Explain the importance of the HIV Specials Need Plan Care Model
3. Explain the importance of pre-op and post-op surgical aftercare interventions in caring for people of transgender experience.
THE AMIDA CARE BLUEPRINT

Dedicated to Engaging Vulnerable New Yorkers in Care

Providing Access to Medical, Surgical, and Behavioral Health Services

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Amida Care

- Community-sponsored, not-for-profit Medicaid Special Needs health insurance Plan (SNP) licensed by the State of New York to operate in the five boroughs of New York City

- Provides comprehensive and coordinated medical, behavioral, pharmaceutical, and psychosocial support to populations with multiple chronic conditions

- Started by 6 non-profit multiservice providers

- Largest SNP in New York State, serving over 6,200 individuals; approximately 7% of members are transgender

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Medicaid Managed Care “Special Needs Plans”

- A HIV Special Needs Plan (SNP) is a special health plan for Medicaid recipients living with HIV/AIDS and their children

- HIV SNPs were created because studies demonstrate positive health outcomes when PLWHA get their health care from providers experienced in HIV care

- New York State expanded SNP enrollment to homeless individuals regardless of HIV status in 2014

- **New York State expanded SNP enrollment to transgender individuals regardless of HIV status in November 2017**

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A Snapshot: Amida Care Members

Total insured through Amida Care HSNP: 6,888 as of July 2018

- Member demographics:

<table>
<thead>
<tr>
<th>Age Groups</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 21</td>
<td>2.8%</td>
</tr>
<tr>
<td>22 to 29</td>
<td>8.7%</td>
</tr>
<tr>
<td>30 to 39</td>
<td>17.2%</td>
</tr>
<tr>
<td>40 to 49</td>
<td>22.7%</td>
</tr>
<tr>
<td>50 to 59</td>
<td>37.3%</td>
</tr>
<tr>
<td>60 to 64</td>
<td>10.3%</td>
</tr>
<tr>
<td>65+</td>
<td>0.6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cis Males</td>
<td>67%</td>
</tr>
<tr>
<td>Cis Females</td>
<td>32%</td>
</tr>
<tr>
<td>TGNC</td>
<td>&lt;7%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>AA/ Black</td>
<td>62%</td>
</tr>
<tr>
<td>White</td>
<td>32%</td>
</tr>
<tr>
<td>Mixed Race</td>
<td>2%</td>
</tr>
<tr>
<td>Asian</td>
<td>1%</td>
</tr>
<tr>
<td>American Indian/Alaskan Native</td>
<td>1%</td>
</tr>
<tr>
<td>Native Hawaiian/Pacific Islander</td>
<td>1%</td>
</tr>
<tr>
<td>Not Reported</td>
<td>1%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HIV Status</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>19%</td>
</tr>
<tr>
<td>HIV+</td>
<td>76%</td>
</tr>
<tr>
<td>Uninfected</td>
<td>5%</td>
</tr>
</tbody>
</table>

- 60% have had a **major mental illness** diagnosis
- 40% are active using drugs / 90% **hard drug use history**
- 40% report **experience of homelessness** since HIV diagnosis

- Most are **living longer** with HIV/AIDS in spite of significant and overlapping barriers to accessing care

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# Complex Member Needs

## Top Comorbidities*

<table>
<thead>
<tr>
<th>Primary Disease</th>
<th>Number of Unique Members by Category</th>
<th>Percent of Total H-SNP Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>All-Psychiatry</td>
<td>3,270</td>
<td>55%</td>
</tr>
<tr>
<td>Asthma/COPD</td>
<td>2,502</td>
<td>42%</td>
</tr>
<tr>
<td>Depression</td>
<td>2,093</td>
<td>35%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>1,481</td>
<td>25%</td>
</tr>
<tr>
<td>Chronic Opioid Dependence</td>
<td>1,444</td>
<td>24%</td>
</tr>
<tr>
<td>Hepatitis</td>
<td>1,055</td>
<td>18%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>748</td>
<td>12%</td>
</tr>
<tr>
<td>Cancer</td>
<td>466</td>
<td>8%</td>
</tr>
</tbody>
</table>

*Source- Amida Care Health Services Department Data as of March 2016

## Member Risk Scores*

- **Mainstream Medicaid Risk per Optum**
  - 1.42
- **AC Average Risk Score (HSNP)**
  - 7.28
Amida Care Success with Engagement in Care

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THE MODEL OF CARE
Care Coordination through Integrated Care

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Member Feedback Improves the Member Experience

**Town Hall Meetings**
- Members meet and talk directly with leadership
- Get information about new benefits and Medicaid changes
- Provide feedback on challenges faced in the delivery system
- Make recommendations to strengthen the Plan

**Member Advisory Council**
- Elected by Plan members; serve 2 years
- Bi-monthly meetings
- Improve existing Plan programs, suggest new programs, identify new Providers, choose health education topics and events for Plan members

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New York City/State Climate
Abbreviated timeline

• April 2002: The NYC Council passed a bill extending non-discrimination protections to transgender people in NYC

• June 2012: The NYC Police Department revises its patrol guide to better respect the gender identities of those it interacts with

• June 2014: The City Council passed a bill creating municipal identification cards on which sex can be self-designated

• **March 2015: New York State Medicaid begins to cover hormone therapy and gender affirming surgeries**

• October 2015: Governor issued state-wide regulations prohibiting harassment and discrimination on the basis of gender identity, transgender status, or gender dysphoria

• January 2016: Governor enacted ban on transgender discrimination

• **November 1, 2017, eligible transgender consumers will be able to enroll in HIV SNPs, regardless of HIV status**

Sources: New York City Council; NYSDOH

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Amida Care as a Safe Haven

- Decrease stigma by staff education
- Initial limitations of fields in our database systems
- Self-disclosure by members – important health implications

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# Transgender Program - Elements

<table>
<thead>
<tr>
<th>Element</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care</td>
</tr>
<tr>
<td>Behavioral Health Services</td>
</tr>
<tr>
<td>Pharmaceutical monitoring</td>
</tr>
<tr>
<td>Lab monitoring, including HIV, STI, Hep C</td>
</tr>
<tr>
<td>STI and Hep C treatment</td>
</tr>
<tr>
<td>Substance abuse assessment/treatment</td>
</tr>
<tr>
<td>Vocational training and job placement</td>
</tr>
</tbody>
</table>

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Achieving Clinical Best Practices for Transgender Membership

- Access to gender affirming surgeries, including pre- and post- care coordination
- Access to gender affirming surgeries
- Prior-authorization process in-house
- Transgender Clinical Nurse Liaison
- Transgender Health Program Coordinator
- Transgender Health Navigator

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DEVELOPING CLINICAL BEST PRACTICES
Transgender Clinical Advisory Committee

- Amida Care identified a need for **clinical guidance** from **subject matter experts**

- Members of the TCAC include representation from our Provider Network that have extensive experience serving transgender people

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Clinical Guidelines and Coverage Criteria for the Treatment of Gender Dysphoria

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# Clinical Guidelines

## 8.1. Gender Affirming Surgery Authorization Requirements

<table>
<thead>
<tr>
<th>Service</th>
<th>[2] Supporting Letters*</th>
<th>HRT Requirement</th>
<th>Other Requirements</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Augmentation (BA)</td>
<td>Yes</td>
<td>24 months</td>
<td>N/A</td>
<td>The member has completed a minimum of 24 months of hormone therapy, during which breast growth has been negligible; or hormone therapy is medically contraindicated, or the patient is otherwise unable to take hormones.</td>
</tr>
<tr>
<td>BA Revision</td>
<td>Yes</td>
<td>No</td>
<td>Requires supporting documentation from surgeon that indicates the need for revision. Original supporting letters are sufficient to support diagnosis of gender dysphoria.</td>
<td></td>
</tr>
<tr>
<td>Body contouring</td>
<td>Yes</td>
<td>No</td>
<td>Requires clinical documentation establishing service is medically necessary and not cosmetic.</td>
<td></td>
</tr>
<tr>
<td>Chest Malenovization (mastectomy)</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Electrolysis – Pre Op</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Electrolysis – Facial</td>
<td>Yes</td>
<td>No</td>
<td>Requires clinical documentation establishing service is medically necessary and not cosmetic.</td>
<td></td>
</tr>
<tr>
<td>Facial Feminization Surgery (FFS)</td>
<td>Yes</td>
<td>No</td>
<td>Requires supporting documentation that indicates specific type of FFS procedures requested.</td>
<td></td>
</tr>
<tr>
<td>Hysterectomy/ oophorectomy/ salpingectomy</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Metoidioplasty</td>
<td>Yes</td>
<td>12 months</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Orchietomy</td>
<td>Yes</td>
<td>12 months</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service</th>
<th>[2] Supporting Letters*</th>
<th>HRT Requirement</th>
<th>Other Requirements</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Penectomy</td>
<td>Yes</td>
<td>12 months</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Phalloplasty</td>
<td>Yes</td>
<td>12 months</td>
<td>Recommends completed BNA.</td>
<td></td>
</tr>
<tr>
<td>Phalloplasty Revision</td>
<td>Yes</td>
<td>No</td>
<td>Supporting documentation from surgeon that indicates the need for revision. Original supporting letters are sufficient to support diagnosis of gender dysphoria.</td>
<td></td>
</tr>
<tr>
<td>Penile prosthesis</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Scrotoplasty</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Silicone Removal</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Tracheal Shave</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Testicular prosthesis</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Urethroplasty</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Vaginectomy</td>
<td>Yes</td>
<td>12 months</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Vaginoplasty*</td>
<td>Yes</td>
<td>12 months</td>
<td>Recommends completed BNA.</td>
<td></td>
</tr>
<tr>
<td>Labiaplasty</td>
<td>Yes</td>
<td>12 months</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Clitoroplasty</td>
<td>Yes</td>
<td>12 months</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Vaginoplasty Revision</td>
<td>Yes</td>
<td>12 months</td>
<td>Supporting documentation from surgeon that indicates the need for revision. Original supporting letters are sufficient to support diagnosis of gender dysphoria.</td>
<td></td>
</tr>
<tr>
<td>Voice Modification Surgery</td>
<td>Yes</td>
<td>No</td>
<td>Requires supporting documentation that indicates procedures requested are medically necessary.</td>
<td></td>
</tr>
<tr>
<td>Voice and Communication Training</td>
<td>Yes</td>
<td>No</td>
<td>Requires supporting documentation that indicates procedures requested are medically necessary.</td>
<td></td>
</tr>
</tbody>
</table>

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GAS Support Letters

4.2. GENDER AFFIRMING SURGERY

Gender affirming procedures shall be covered for an individual who is eighteen (18) years of age or older and has letters from two qualified New York State licensed health professionals who have independently assessed the individual and are recommending the individual for the surgery.

4.2.1. LETTERS OF SUPPORT FOR DIAGNOSIS OF GENDER DYSPHORIA

- One of these letters must be from a psychiatrist, psychologist, nurse practitioner, psychiatric nurse practitioner, or licensed clinical social worker with whom the member has an established and ongoing relationship.
- The other letter may be from a psychiatrist, psychologist, nurse practitioner, physician, psychiatric nurse practitioner, or licensed clinical social worker acting within the scope of his or her practice, who has only had an evaluative role with the member.
- The totality of the referral letters together must establish the following and must be written within 12 months at the time of surgery request:
  - Member has persistent and well-documented gender dysphoria;
  - has received hormone therapy appropriate to the member’s gender goals, which shall be for a minimum of twelve (12) months in the case of a member seeking genital surgery, unless such therapy is medically contraindicated or the member is otherwise unable to take hormones;
    - Hormone therapy is necessary if it is appropriate to the member’s gender goals recommended by the member’s treating provider, clinically appropriate for the type of surgery requested, not medically contraindicated, and the member is otherwise able to take hormones. Ref 18 NYCRR 505.2(l)(2); (3)(i)(b);
  - has lived for twelve (12) months in a gender role congruent with the member’s gender identity, and has received mental health counseling, as deemed medically necessary, during that time; there is no requirement that mental health counseling be provided continuously for twelve (12) months prior to surgery. [Ref 18 NYCRR 505.2(l)(3)(i)(c)]
  - has no other significant medical or mental health conditions that would be a contraindication to gender affirmation surgery, or if so, that those are reasonably well-controlled prior to surgery;
  - has the capacity to make a fully informed decision and to consent to the treatment.
Preparing for Surgery

8.2. BIOPSYCHOSOCIAL NEEDS ASSESSMENT

Patient Name: ___________________________ D.O.B.: ___________________________
Name on Medicaid Card, if different: ___________________________
Primary Care Provider: ___________________________ PCP Location: ___________________________

Patient Information

Gender: □ Trans Women □ Trans Man □ Non-binary □ Other: ___________________________
Sex Assigned At Birth: □ Male □ Female □ Intersex □ Sex on Insurance Cards: □ Male □ Female
Primary Language: □ English □ Spanish □ Other: ___________________________ Language Proficiency: □ Oral □ Written

Medical History:

Co-occurring medical conditions, medications, hospitalizations, pain management etc.

Behavioral Health:

Mental Health / Substance Abuse

Supportive Services:

Care workers, friends & family, caregivers, home health aide, etc.

Prerequisites for Surgery

□ Major medical and mental health conditions are reasonably controlled
□ Surgery referral process explained in language patient can understand
□ Two referral letters written by a New York State licensed psychiatrist, psychologist, psychiatric nurse practitioner, physician, or clinical social worker (LCSW, not LMSSW)
□ One written by a New York State licensed psychiatrist, psychologist, or psychiatric nurse practitioner who has an ongoing relationship with the patient.
□ The second letter written by a New York State licensed psychiatrist, psychologist, psychiatric nurse practitioner, physician, or clinical social worker (LCSW, not LMSSW).
□ Combined content of letters must establish that member:
  □ Has a persistent and well-documented case of gender dysphoria
  □ Has received hormone therapy appropriate to the individual’s gender goals unless hormone therapy is medically contraindicated or not clinically appropriate for the type of surgery requested
  □ 12 months for genital surgery
  □ 24 months with negligible breast growth for MTF breast augmentation
  □ Has lived for 12 months in a gender role congruent with the individual’s gender identity, and has received mental health counseling, as deemed medically necessary, during that time
  □ Has no other significant medical or mental health conditions that would contraindicate gender reassignment surgery, or to, that those conditions are reasonably well-controlled prior to surgery
  □ Has the capacity to make a fully informed decision and to consent to treatment

1. Patient Education

□ Patient has been educated on surgical procedure in language they can understand
□ Patient has been made aware of long term impact of genital surgery on long-term reproductive capacity
□ Patient has realistic expectations of surgery

2. Support Systems

□ Patient has supports in place to assist with ADLs during recovery phase
□ Patient has people/resources that will provide emotional and social support during recovery

3. Financial

□ Any anticipated changes in income/ability has been accounted for, including sex work if applicable
□ Patient has a plan to pay for food, rent, medical supplies and other expenses during recovery

4. Medical History and Care Compliance

□ If major medical conditions are present, they are well controlled.
□ Patient is adherent to medications with no issues to report
□ There is clear communication between mental health, medical, and surgical members of treatment team

5. Behavioral Health

□ Mental health benefits of surgery outweigh the risks
□ Necessary supports are in place to manage MH symptoms that may arise as a result of surgery
□ Patient is not currently using substances
□ Patient has a plan to cut down on or discontinue substance use

6. Housing

□ Patient has stable housing
□ Patient has a plan for safe discharge/shelter post-surgery
□ Patient has a private area and access to clean water for post-surgery recovery

Please describe current living situation. Include descriptions of accessibility (steps, shower, elevator access etc).

7. Transportation

□ Patient has planned transportation to and from surgery
□ Patient has transportation to and from pre-op and post-op medical appointments

8. Would the member benefit from supportive services that are currently not in place? □ Yes □ No

□ Psychosocial Case Management Referral □ Physical Therapy □ Electrolysis
□ Support with Aftercare: □ Visiting Nurse Services □ Home Care Services (PCA)
□ Discharge to a Skilled Nursing Facility (SNF) □ Other:
□ Other relevant clinical information (clinical observations, concerns, areas that still need to be addressed):

□ Patient is stable for surgery: □ Medically □ Mentally □ Psychosocially

Primary Care Provider: ___________________________ Date: ___________________________

Title: ___________________________ Signature: ___________________________

Fax completed form to: 888-273-8296
Phone: (540) 757-7000, Extension 7582 • Email: TransgenderHealthServices@amidacarenv.org
Post Care

• High rate of complications - support is vital to ensure better health outcomes

• Home Care
  • Next day visit after Discharge
  • Next day visit after first MD appointment to assist with dilation if indicated
  • Patient education:
    • dilation
    • catheter care
    • wound care
    • Wound - vac care
    • medication/pain management
    • phallus management
  • HHA/PT if required
RESEARCH
Transgender cohort research

Grant to Amida Care from the NYS AIDS Institute

Findings will help inform clinical programs help fill gaps in research

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Background

- Transgender persons living with HIV/AIDS experience some of the highest rates of health disparities.

- There are significant research gaps related to comorbidities and integrated approaches to care in this population.

  - **Information about health care utilization and outcomes is needed to be able to develop effective primary and secondary HIV prevention interventions.**
Methods

• The transgender cohort was identified through comprehensive claims review
• Subject matter experts compiled a list of transgender-related ICD-9/10 codes, CPT-4 procedure codes, and pharmaceuticals.
• Amida Care has access to claims for all health resources utilized by all members of the Plan, as well as laboratory results for many Plan members.

Table 1. Transgender Cohort Inclusion

<table>
<thead>
<tr>
<th>Inclusion Criteria (at least one necessary)</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender affirming surgery prior-authorization</td>
<td>116</td>
</tr>
<tr>
<td>Self-reported transgender identity to Plan</td>
<td>156</td>
</tr>
<tr>
<td>Sex marker on insurance card Male; prescribed feminizing hormone therapy</td>
<td>63</td>
</tr>
<tr>
<td>Sex Marker on insurance card Female; prescribed feminizing hormones AND have &gt;2 transgender-related ICD-9/10 codes in claims</td>
<td>36</td>
</tr>
<tr>
<td>Transgender-related ICD-9/10 codes in claims</td>
<td>30</td>
</tr>
</tbody>
</table>

Demographics: The transgender cohort is almost exclusively MTF (99%), with 61% of the cohort self-reporting as transgender to the Plan. The age of the cohort ranges from 21 to 66 with a mean age of 38.5. The race/ethnicity of the cohort is 63% Black, 27% Hispanic/Latino, 5% White, 2% Asian, 2% Not Reported, <1% American Indian/Alaska Native, and <1% Pacific Islander. The mean age of the transgender cohort is 7.5 years younger than the non-transgender cohort; race/ethnicity is similar to that of the non-transgender cohort.
Conclusions

- CD4 counts and viral load suppression rates of the transgender cohort were similar when compared to the non-transgender cohort.

Table 2. HIV Viral Load of Transgender Cohort and Non-Transgender Cohort

<table>
<thead>
<tr>
<th>Viral Load Count</th>
<th>Transgender Cohort N</th>
<th>%</th>
<th>Non-Transgender Cohort N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suppressed 0 to 199</td>
<td>222</td>
<td>70%</td>
<td>2898</td>
<td>62%</td>
</tr>
<tr>
<td>Unsuppressed 200 to 999</td>
<td>44</td>
<td>14%</td>
<td>957</td>
<td>21%</td>
</tr>
<tr>
<td>Unsuppressed 1000 to 9999</td>
<td>24</td>
<td>8%</td>
<td>394</td>
<td>8%</td>
</tr>
<tr>
<td>Unsuppressed 10000 to 99999</td>
<td>19</td>
<td>6%</td>
<td>304</td>
<td>7%</td>
</tr>
<tr>
<td>Unsuppressed &gt;= 100000</td>
<td>7</td>
<td>2%</td>
<td>98</td>
<td>2%</td>
</tr>
<tr>
<td>Unknown</td>
<td>85</td>
<td>21%</td>
<td>1798</td>
<td>28%</td>
</tr>
</tbody>
</table>

Note: There was not a significant difference in viral load suppression rates by cohort F(1, 4965) = .276, p = 0.6

Table 3. CD4 Count of Transgender Cohort and Non-Transgender Cohort

<table>
<thead>
<tr>
<th>CD4 Count</th>
<th>Transgender Cohort N</th>
<th>%</th>
<th>Non-Transgender Cohort N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 199</td>
<td>40</td>
<td>10%</td>
<td>648</td>
<td>12%</td>
</tr>
<tr>
<td>200 to 349</td>
<td>45</td>
<td>12%</td>
<td>736</td>
<td>14%</td>
</tr>
<tr>
<td>350 to 499</td>
<td>72</td>
<td>19%</td>
<td>877</td>
<td>17%</td>
</tr>
<tr>
<td>500+</td>
<td>227</td>
<td>59%</td>
<td>2958</td>
<td>57%</td>
</tr>
<tr>
<td>Unknown</td>
<td>17</td>
<td>4%</td>
<td>1228</td>
<td>19%</td>
</tr>
</tbody>
</table>

Based on most recent measure on file between 3/1/2015 – 5/16/2018; percentages are based on available data.
Conclusions

- Results suggest that interventions for transgender people living with HIV/AIDS should focus on substance use programs and mental health initiatives.
- Approximately a third of the cohort demonstrated nutritional deficiencies, suggesting a need for nutrition services and raises concerns for food security.

Table 4. Top Ten Comorbidities of Transgender Cohort

<table>
<thead>
<tr>
<th>ICD-9/10 Diagnosis Code</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other drug dependence</td>
<td>206</td>
<td>51%</td>
</tr>
<tr>
<td>Mood disorder, depressed</td>
<td>170</td>
<td>42%</td>
</tr>
<tr>
<td>Nutritional deficiency</td>
<td>102</td>
<td>25%</td>
</tr>
<tr>
<td>Cocaine or amphetamine dependence</td>
<td>96</td>
<td>24%</td>
</tr>
<tr>
<td>Mood disorder, bipolar</td>
<td>92</td>
<td>23%</td>
</tr>
<tr>
<td>Asthma</td>
<td>86</td>
<td>21%</td>
</tr>
<tr>
<td>Infectious hepatitis</td>
<td>76</td>
<td>19%</td>
</tr>
<tr>
<td>Other infectious diseases</td>
<td>61</td>
<td>15%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>56</td>
<td>14%</td>
</tr>
<tr>
<td>Other hematologic diseases</td>
<td>49</td>
<td>12%</td>
</tr>
</tbody>
</table>

Based on claims submitted to the Plan through 5/16/2018
Conclusions

- There is a true demand for gender affirming surgeries, with 22% of the transgender cohort accessing procedures.
- Managed Care Organizations, with their access to claims data, have a unique opportunity to mine and analyze data for populations disproportionately affected by health disparities, which has the potential to inform primary and secondary HIV prevention strategies based on real-life data.

Table 5. Gender Affirming Surgery Utilization

<table>
<thead>
<tr>
<th>Gender Affirming Surgery Procedure</th>
<th>Number of Procedures</th>
<th>Percentage of Cohort</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Augmentation</td>
<td>83</td>
<td>21%</td>
</tr>
<tr>
<td>Vaginoplasty</td>
<td>47</td>
<td>12%</td>
</tr>
<tr>
<td>Orchiectomy</td>
<td>35</td>
<td>9%</td>
</tr>
</tbody>
</table>

Based on procedures covered by the Plan from 3/1/2015 – 05/16/2018
Note: The New York State Medicaid benefit for gender affirming surgery began in March of 2015. 88 unique (22%) cohort members have since had one or more procedures covered by the Plan.
HIV & TRANSGENDER WOMEN
HIV disproportionately burdens transgender women in the United States

2,351 HIV Diagnoses in the US from 2009-2014
- 84% Transgender Women
- 15% Transgender Men

About 14% of transgender women in the US have HIV. An estimated 44% of black/African American transgender women have HIV—the highest among all transgender women.
Factors associated with HIV among transgender women

- Barriers to Healthcare
- Receptive anal intercourse
- Sex work
- Abuse, including anti-transgender violence
- Self-injection of hormones and/or silicone
- Substance abuse
- Homelessness
- Unemployment
- Mental Health Issues
Challenges

- Socioeconomic factors
- HIV interventions are developed for other at-risk groups
- Stigma and discrimination
- Low healthcare engagement
- Lack of provider knowledge
- Transgender-specific data is limited

HIV PREVENTION
HIV Prevention Services

- HIV(-)
  - On PrEP
    - First Fill Counseling (PEP & PREP)
      - RX
    - Adherence checks (6 month assessment)
      - CMC
    - Monthly adherence checks for first 3 months then quarterly
  - Not on PrEP
    - Assessment Call
      - CMC
    - Comprehensive first assessment
    - Follow-up reassessment Q6months (shorter version)
    - Identify from reports
      - RX
      - Daily STD report
      - PEP report

At risk interested in PrEP:
At risk NOT interested in PrEP:
Low risk:

CC/MS make appointment for PrEP
CMC provide counseling
CMC reassess in 6 months
# A: PREP ASSESSMENT QUESTIONS

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. In the past 6 months, have you had any <strong>condomless</strong> sex?</td>
<td></td>
<td>□</td>
<td>□ YES</td>
</tr>
<tr>
<td>2. In the past 6 months, have you had sex with someone who has HIV?</td>
<td></td>
<td>□</td>
<td>□ YES</td>
</tr>
<tr>
<td>3. Have you (or your current partner) had &gt;1 sexual partner in the past 6 months?</td>
<td></td>
<td>□</td>
<td>□ YES</td>
</tr>
<tr>
<td>4. In the past 6 months, have you ever been diagnosed with any of the following: Syphilis, Gonorrhea, and/or Chlamydia?</td>
<td></td>
<td>□</td>
<td>□ YES</td>
</tr>
<tr>
<td>5. In the past 6 months, have you had sex for money, drugs, food, housing, or something else you needed?</td>
<td></td>
<td>□</td>
<td>□ YES</td>
</tr>
<tr>
<td>6. In the past 6 months, have you used any of the following drugs during sex: crystal meth, cocaine, poppers?</td>
<td></td>
<td>□</td>
<td>□ YES</td>
</tr>
<tr>
<td>7. In the past 6 months, have you ever shared needles (for either drugs or hormones) with other individuals?</td>
<td></td>
<td>□</td>
<td>□ YES</td>
</tr>
<tr>
<td>8. Have you been prescribed any medications for exposure to HIV (PEP) in the past 6 months?</td>
<td></td>
<td>□</td>
<td>□ YES</td>
</tr>
<tr>
<td>9. Do you think you might benefit from being on <strong>PrEP</strong>?</td>
<td></td>
<td>□</td>
<td>□ YES</td>
</tr>
</tbody>
</table>
Are you currently taking PrEP (or Pre-Exposure Prophylaxis), a daily pill to prevent getting HIV?

No

Yes

1. Do you want to take control of your sexual health?
2. Do you want to reduce your anxiety/stress about HIV?
3. Have you heard that PrEP is proven to help with these things?
4. Do you think you might benefit from PrEP?

- Yes
- No
- I don't know / I'm not sure

- provider referral for PrEP
- conduct full HIV risk assessment
- CC outreach to PCP and/or first fill counseling by pharmacy
- provide PrEP/PEP education and re-evaluate in 6 months
KEY ISSUES AND PRIORITIES FOR CHANGE
Key Issues and Priorities for Change

• Improve care and service delivery to expand access to PrEP for transgender women:
  • Ensure cultural competency
  • Increase funding for transgender-centered services
  • expand the number and diversity of settings that provide PrEP and other healthcare for transgender women.
  • Increase opportunities for transgender people to work in care- and service-delivery settings and foster commitment to hiring and training transgender people for this type of work.
  • Create marketing and messaging specifically designed to reach transgender women.

https://www.hivguidelines.org/prep-for-prevention/prep-implementation/prep-for-transgender-women/
Key Issues and Priorities for Change

• Reduce social oppression, discrimination, and stigmatization to increase uptake of PrEP among transgender women:
  • Enforce anti-discrimination laws; facilitate passage of new laws
  • Tailor services to meet the social, economic, and healthcare needs of transgender women
  • Decriminalize sex work and protect sex workers’ rights
  • Focus on occupational safety in discussions of PrEP

https://www.hivguidelines.org/prep-for-prevention/prep-implementation/prep-for-transgender-women/
Key Issues and Priorities for Change

- Improve awareness and knowledge of transgender women’s healthcare needs:
  - Require training in best practices for all medical care providers.
  - Offer non-clinical care in the same settings as clinical care
  - Promote research on PrEP efficacy in transgender women
  - Bundle hormone therapy with PrEP
  - Expand advertising, education, and payment options for PrEP and ensure that all campaigns and materials are transgender inclusive.

https://www.hivguidelines.org/prep-for-prevention/prep-implementation/prep-for-transgender-women/
Questions?