



Gender Reassignment and Transgender Issues

OBJECTIVE

The objective of this Clinical Practice Guideline (CPG) is to provide evidence-based practice recommendations for the gender reassignment and transgender issues. In addition, the CPG outlines the organizations that WellCare aligns with regarding this topic and relevant Measurements of Compliance and Measureable Health Outcomes.

OVERVIEW

Gender Dysphoria (GD) is defined by the *Diagnostic and Statistical Manual of Mental Disorders - Fifth Edition (DSM-5™)* as a condition characterized by the distress that may accompany the incongruence between one's experienced or expressed gender and one's assigned gender also known as "natal gender", which is the individual's sex determined at birth. Individuals with gender dysphoria experience confusion in their biological gender during their childhood, adolescence or adulthood. Also, they demonstrate clinically significant distress or impairment in social, occupational, or other important areas of functioning. GD is characterized by the desire to have the anatomy of the other sex and to be regarded by others as a member of the other sex. Individuals with GD may develop social isolation, emotional distress, poor self-image, depression and anxiety. A diagnosis of GD is not made if the individual has a congruent physical intersex condition such as congenital adrenal hyperplasia.¹

Gender dysphoria cannot be treated by psychotherapy or through medical intervention alone. Integrated therapeutic approaches are used to treat GD, including psychological interventions and gender reassignment therapy. Gender reassignment therapy, either as male-to-female transsexuals (transwomen) or as female-to-male transsexuals (transmen), consists of medical and surgical treatment that changes primary or secondary sex characteristics. Initially, the individual may go through the real-life experience in the desired role, followed by cross-sex hormone therapy and gender reassignment surgery to change the genitalia and other sex characteristics. The difference between cross-sex hormone therapy and gender reassignment surgery is that the surgery is considered an irreversible physical intervention. Gender reassignment surgical procedures are not without risk for complications; individuals should undergo an extensive evaluation to explore psychological, family, and social issues prior to and post-surgery. Additionally, certain surgeries may improve gender-appropriate appearance but provide no significant improvement in physiological function. These surgeries are considered cosmetic and are non-covered.¹

Gender dysphoria is associated with high levels of stigmatization, discrimination and victimization, contributing to negative self-image and increased rates of other mental disorders. Transgender individuals are at higher risk of victimization and hate crimes than the general public. Adolescents and adults with gender dysphoria are at increased risk for suicide. In adolescents and adults, preoccupation with cross-gender issues can interfere with daily activities and cause problems in relationships or in functioning at school or work. Children with gender dysphoria may experience teasing and harassment at school or pressure to dress more like their assigned gender. Children with gender dysphoria are at higher risk of emotional and behavioral problems, including anxiety and depression. Transgender individuals may also face challenges in accessing appropriate health care and insurance coverage of related services.²

The National Center for Transgender Equality (NCTE) notes that the top issues surround aging; anti-violence; employment; families; health and HIV; housing and homelessness; discrimination; racial and economic justice; and youth. For additional information on issues impacting the transgender community, please visit the NCTE website [here](http://www.nctee.org).³

Hierarchy of Support

GUIDELINE HIERARCHY

CPGs are updated annually or as necessary due to updates made to guidelines or recommendations by the American Psychiatric Association (APA). When there are differing opinions noted by national organizations, WellCare will default to the member's benefit structure as deemed by state contracts and Medicaid / Medicare regulations. If there is no specific language pertaining to the gender reassignment and transgender issues, WellCare will default (in order) to:

- National Committee for Quality Assurance (NCQA);
- United States Preventive Services Task Force (USPSTF), National Quality Strategy (NQS), Agency for Healthcare Research and Quality (AHRQ);
- Specialty associations, colleges, societies, etc. (e.g., American Academy of Family Physicians, American Congress of Obstetricians and Gynecologists, American Cancer Society, etc.).

Links to websites within the CPGs are provided for the convenience of Providers. Listings do not imply endorsement by WellCare of the information contained on these websites. NOTE: All links are current and accessible at the time of MPC approval.

WellCare aligns with the APA on the topic of gender reassignment and transgender issues. Highlights from respective publications are noted below.

AMERICAN PSYCHIATRIC ASSOCIATION (APA)

The American Psychiatric Association (APA) developed the *Guidelines for Psychological Practice with Transgender and Gender Nonconforming People* to assist psychologists in the provision of culturally competent, developmentally appropriate, and trans-affirmative psychological practice with transgender and gender nonconforming (TGNC) people. Trans-affirmative practice is the provision of care that is respectful, aware, and supportive of the identities and life experiences of TGNC people. The APA notes the need for greater research among children and adolescents. The guidelines are not intended to address some of the conflicts that cisgender people may experience due to societal expectations regarding gender roles, nor are they intended to address intersex people. (Click [here](#) for full document).⁴

Foundational Knowledge and Awareness

- **Guideline 1.** Psychologists understand that gender is a non-binary construct that allows for a range of gender identities and that a person's gender identity may not align with sex assigned at birth.
- **Guideline 2.** Psychologists understand that gender identity and sexual orientation are distinct but interrelated constructs.
- **Guideline 3.** Psychologists seek to understand how gender identity intersects with the other cultural identities of TGNC people.
- **Guideline 4.** Psychologists are aware of how their attitudes about and knowledge of gender identity and gender expression may affect the quality of care they provide to TGNC people and their families.

Stigma, Discrimination, and Barriers to Care

- **Guideline 5.** Psychologists recognize how stigma, prejudice, discrimination, and violence affect the health and well-being of TGNC people.
- **Guideline 6.** Psychologists strive to recognize the influence of institutional barriers on the lives of TGNC people and to assist in developing TGNC-affirmative environments.
- **Guideline 7.** Psychologists understand the need to promote social change that reduces the negative effects of stigma on the health and well-being of TGNC people.

Life Span Development

- **Guideline 8.** Psychologists working with gender-questioning and TGNC youth understand the different developmental needs of children and adolescents, and that not all youth will persist in a TGNC identity into adulthood.
- **Guideline 9.** Psychologists strive to understand both the particular challenges that TGNC elders experience and the resilience they can develop.

Assessment, Therapy, and Intervention

- **Guideline 10.** Psychologists strive to understand how mental health concerns may or may not be related to a TGNC person's gender identity and the psychological effects of minority stress.
- **Guideline 11.** Psychologists recognize that TGNC people are more likely to experience positive life outcomes when they receive social support or trans-affirmative care.
- **Guideline 12.** Psychologists strive to understand the effects that changes in gender identity and gender expression have on the romantic and sexual relationships of TGNC people.
- **Guideline 13.** Psychologists seek to understand how parenting and family formation among TGNC people take a variety of forms.
- **Guideline 14.** Psychologists recognize the potential benefits of an interdisciplinary approach when providing care to TGNC people and strive to work collaboratively with other providers.

Research, Education, and Training

- **Guideline 15.** Psychologists respect the welfare and rights of TGNC participants in research and strive to represent results accurately and avoid misuse or misrepresentation of findings.
- **Guideline 16.** Psychologists seek to prepare trainees in psychology to work competently with TGNC people.

CENTER OF EXCELLENCE FOR TRANSGENDER HEALTH – UCSF

The Center of Excellence for Transgender Health (CoE) at the University of California – San Francisco has published *Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People*. The aim is to address disparities by educating providers and health systems with tools to meet the health care needs of transgender and gender nonconforming patients. The guidelines complement the World Professional Association for Transgender Health Standards of Care and the Endocrine Society Guidelines and were developed for every day evidence-based primary care, including settings with limited resources. Topics include:⁵

- Creating a safe and welcoming clinic environment
- Transgender patients and the physical examination
- Overview of gender affirming treatments and procedures
- Initiating hormone therapy
- Overview of feminizing and masculinizing hormone therapy
- Pelvic pain and persistent menses in transgender men
- Approach to genderqueer, gender non-conforming, and gender nonbinary people
- Overview of health conditions such as: cardiovascular disease, diabetes mellitus, bone health and osteoporosis, HIV, hepatitis C, sexually transmitted infections (STIs)
- Testicular and scrotal pain and related complaints
- Free silicone and other filler use
- Fertility options for transgender persons
- Screening approaches to cancer (e.g., breast cancer, prostate, testicular, cervical, ovarian, endometrial cancer)
- Mental health considerations
- Postoperative and perioperative care and common issues (including vaginoplasty, phalloplasty, metaoidioplasty, hysterectomy, as well as binding, packing, and tucking)
- Hair removal
- Transgender voice and communication - vocal health and considerations
- Health insurance coverage issues for transgender people in the United States
- Legal and identity documents
- Sex segregated systems
- Homeless transgender individuals
- Health considerations for gender non-conforming children and transgender adolescents

The guidelines also offer additional information on a variety of health conditions and procedures. To view the entire guideline published by UCSF, please click [here](#).⁵

WORLD PROFESSIONAL ASSOCIATION FOR TRANSGENDER HEALTH (WPATH)

The World Professional Association for Transgender Health (WPATH) is an international, multidisciplinary, professional association whose mission is to promote evidence-based care, education, research, advocacy, public policy, and respect for transgender health. The vision of WPATH is to bring together diverse professionals dedicated to developing best practices and supportive policies worldwide that promote health, research, education, respect, dignity, and equality for transsexual, transgender, and gender nonconforming people in all cultural settings. A core function of WPATH is to promote the highest standards of health care for individuals through the articulation of *Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People*. Guidance of the SOC is to provide clinical guidance to assist transsexual, transgender, and gender nonconforming people with safe and effective pathways to achieving lasting personal comfort with their gendered selves, in order to maximize their overall health, psychological well-being, and self-fulfillment. Assistance may include primary care, gynecologic and urologic care, reproductive options, voice and communication therapy, mental health services (e.g., assessment, counseling, psychotherapy), and hormonal and surgical treatments. Further principles of the SOC include:⁶

- Exhibiting respect for patients with nonconforming gender identities;
- Provide care (or refer to knowledgeable colleagues) that affirms patients' gender identities and reduces the distress of gender dysphoria, when present;
- Become knowledgeable about the health care needs of transsexual, transgender, and gender nonconforming people, including the benefits and risks of treatment options for gender dysphoria;
- Match the treatment approach to the specific needs of patients, particularly their goals for gender expression and need for relief from gender dysphoria;
- Facilitate access to appropriate care;
- Seek patients' informed consent before providing treatment;
- Offer continuity of care; and
- Be prepared to support and advocate for patients within their families and communities.

To view the entire guideline published by WPATH, please click [here](#).⁶

Evidence Based Practice

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ)

At time of publication of this CPG, the Agency for Healthcare Research and Quality (AHRQ) had not published reports on gender reassignment or gender dysphoria. The site will be monitored for future updates.

MEASUREMENT OF COMPLIANCE

WellCare is committed to adhering to the measures and standards published by the Centers for Medicare and Medicaid Services (CMS) and the National Committee for Quality Assurance (NCQA). Please reference WellCare's Clinical Policy Guiding Document titled *Quality Improvement*.

NOTE: To access Clinical Policy Guiding Documents visit www.wellcare.com – select the Provider tab, then “Tools” and “Clinical Guidelines”.

Care Management

There is a variety of service needs that transgender individuals may need. Mental health counseling is needed for many members of this population either to discuss gender issues, because assessment is needed in order to get approved for hormone therapy or surgery or because of behavioral health issues not directly related to gender issues as this population has a high rate of depression and trauma. The transgender population is an underserved community and empathetic, comprehensive and clinically competent care is essential due to social stigma and discrimination this population often faces. Collaboration between mental health professionals and medical providers is essential for providing optimal care to this population. As each individual will have different needs and goals it is important to determine what the main concerns for the member are. Assessment of medical history, mental health history, gender history, family issues, drug and alcohol use, social supports, economic concerns and sexual concerns should be taken.⁷

Assessment. The *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* provides for one overarching diagnosis of gender dysphoria (GD) with separate specific criteria for children and for adolescents and adults.²

In adolescents and adults, GD diagnosis involves a difference between one's experienced/expressed gender and assigned gender, and significant distress or problems functioning. It lasts at least six months and is shown by at least two of the following:²

1. A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics
2. A strong desire to be rid of one's primary and/or secondary sex characteristics
3. A strong desire for the primary and/or secondary sex characteristics of the other gender
4. A strong desire to be of the other gender
5. A strong desire to be treated as the other gender
6. A strong conviction that one has the typical feelings and reactions of the other gender

In children, GD diagnosis involves at least six of the following and an associated significant distress or impairment in function, lasting at least six months.²

1. A strong desire to be of the other gender or an insistence that one is the other gender
2. A strong preference for wearing clothes typical of the opposite gender
3. A strong preference for cross-gender roles in make-believe play or fantasy play
4. A strong preference for the toys, games or activities stereotypically used or engaged in by the other gender
5. A strong preference for playmates of the other gender
6. A strong rejection of toys, games and activities typical of one's assigned gender
7. A strong dislike of one's sexual anatomy
8. A strong desire for the physical sex characteristics that match one's experienced gender

For children, cross-gender behaviors may start between ages 2 and 4, the same age at which most typically developing children begin showing gendered behaviors and interests. Gender atypical behavior is common among young children and may be part of normal development. Children who meet the criteria for gender dysphoria may or may not continue to experience it into adolescence and adulthood. Some research shows that children who had more intense symptoms and distress, who were more persistent, insistent and consistent in their cross-gender statements and behaviors, and who used more declarative statements ("I am a boy (or girl)" rather than "I want to be a boy (or girl)") were more likely to become transgender adults.²

Initial Diagnosis. The initial diagnosis of transsexualism should be established by a mental health professional before any medical or surgical treatment is begun. In particular the patient should be assessed for the understanding that: ²

- The only benefit sex reassignment can bring is relief of gender dysphoria; all human problems outside the area of gender dysphoria will remain. Unrealistic expectations that subjects may have about the success of hormonal and surgical treatment for their transition to the desired sex must be addressed.
- Contacts with other transsexual individuals who are already in the process of changing over to the new sex or who have completed this process may be helpful in shaping a subject's expectations of what can be achieved and what problems, personally and socially, may arise in the transition to the new sex. However, this may not be possible for many individuals. A strong supportive network of family and friends is often important for a successful transition to the opposite gender.
- The patient should be aware of the risks and benefits of the hormonal or surgical therapy. The patient should be able to understand and articulate the additional risks of these therapies and provide informed consent in proceeding with these therapies.
- The patient should be aware that there may be financial barriers to undergoing surgical sex reassignment because of insurance coverage. In the authors' experience, approximately 90 percent of patients in western European countries are able to undergo sex reassignment surgery. In contrast, only 10 to 25 percent of patients in the US undergo sex reassignment surgery, primarily because of insurance coverage issues. Thus, there are transsexual individuals who seek partial adaptations to the desired sex that do not include surgery; others choose to undergo surgery in countries such as Thailand, where costs are lower.
- In addition, GnRH agonists, one of the hormone therapy options for male-to-female transsexual individuals, may be prohibitively expensive for many individuals. As a result, some patients obtain medications from non-medical sources (e.g., internet). However, it is important to emphasize the risks of self-medication and self-dosing during counseling.
- Transsexual individuals who undergo surgical sex reassignment lose their reproductive potential. Thus, before starting any treatment, patients should be encouraged to consider fertility issues, as some patients do

eventually choose to have children. Male-to-female transsexual persons may consider sperm cryopreservation, while female-to-male transsexual persons may consider cryopreservation of oocytes or embryos.

Some adults may have a strong desire to be of a different gender and to be treated as a different gender without seeking medical treatment or altering their body. They may only want support to feel comfortable in their gender identity. Others may want more extensive treatment including hormone treatment and gender reassignment surgery leading to a transition to the opposite sex. Some may choose hormone treatment or surgery alone. The APA notes the following treatment options for GD: counseling, cross-sex hormones, puberty suppression, and gender reassignment surgery. Individual therapy can help a person understand and explore his/her/their feelings and cope with the distress and conflict. Couples therapy or family therapy may be helpful to improve understanding and to create a supportive environment. Parents of children with gender dysphoria may also benefit from counseling. Peer support groups for adolescents and adults and parent/family support groups can also be helpful. A person may also address social and legal transition to the desired gender.²

A child's treatment typically involves a multi-disciplinary team of health care professionals, which may include a pediatrician, a psychiatrist, other mental health professionals, a pediatric endocrinologist (specialists in hormone conditions in children) and an advocate. Treatment may focus primarily on affirming psychological support, understanding feelings and coping with distress, and giving children a safe space to articulate their feelings. For many children the feelings do not continue into adolescents and adulthood.²

Readiness for Surgery. Readiness for gender reassignment surgery also includes the individual demonstrating progress in consolidating gender identity, and demonstrating progress in dealing with work, family, and interpersonal issues resulting in an improved state of mental health. To check the eligibility and readiness criteria for gender reassignment surgery, it is important for the individual to discuss the matter with a professional provider who is well-versed in the relevant medical and psychological aspects of GD. The mental health and medical professional providers responsible for the individual's treatment should work together in making a decision about the use of cross-sex hormones during the months before the gender reassignment surgery. Transsexual individuals should regularly participate in psychotherapy in order to have smooth transitions and adjustments to the new social and physical outcomes.²

Psychological readiness for gender reassignment surgery requires the following:⁶

- Two Master's degree level practitioners (or equivalent) in a clinical behavioral science field granted by an institution accredited by the appropriate national accrediting board. In addition, the professional must also have documented credentials from the relevant licensing board or equivalent who provide demonstrated expertise in the field of gender identity disorders; **AND**
- Two referral letters from qualified mental health professionals (one in a purely evaluative role) that includes:
 - Client's general identifying characteristics; **AND**
 - Results of the client's psychosocial assessment, including any diagnoses; **AND**
 - The duration of the mental health professional's relationship with the client, including the type of evaluation and therapy or counseling to date; **AND**
 - An explanation that the WPATH criteria for surgery have been met, and a brief description of the clinical rationale for supporting the patient's request for surgery; and
 - A statement about the fact that informed consent has been obtained from the patient; **AND**
 - A statement that the mental health professional is available for coordination of care and welcomes a phone call to establish this.
- Persistent, well-documented gender dysphoria; **AND**
- Capacity to make a fully informed decision and to consent for treatment; **AND**
- Age of majority (age 18 years and older); **AND**
- Significant medical or mental health concerns are absent or, they must be reasonably well controlled; **AND**
- Twelve months of continuous hormone therapy as appropriate to the member's gender goals (unless the member has a medical contraindication or is otherwise unable or unwilling to take hormones); **AND**
- Twelve months of living in a gender role that is congruent with their gender identity (real life experience).

MEASURABLE HEALTH OUTCOMES

Targeted Case Management outcomes (**Extended Program Goals**) result from successful self-management (see Case Management Objectives).

- **Symptoms:** Member will have PHQ9 score decrease by at least 20% within 90 days
- **Engagement:** Member will be engaged >20 hours a week in employment, volunteer hours or education classes within 90 days
- **Adherence:** Member will have completed preventative cancer screenings done as recommended by provider within 90 days as evidenced by medical claims, HEDIS Care Gap Data or provider report
- **Utilization:** Member will attend >80% of medical and behavioral health appointments within 90 days as evidenced by medical claims or provider report

CASE MANAGEMENT GOALS

Goals should target specific care gaps and/or adherence issues, and measure the member's progress towards self-management and adherence which lead to the targeted health outcomes above.

- **Symptoms:** Member will verbalize 3 coping skills or relaxation techniques that can be used to manage stress and anxiety within 60 days
- **Engagement:** Member will be have a plan to work, attend school or volunteer at least 20 hours a week within 60 days
- **Engagement:** Member will be connected to appropriate resources to help with securing stable housing within 30 days
- **Engagement:** Member will have a plan as to how to change ID card and other documents to reflect preferred gender within 60 days
- **Engagement:** Member will be connected to a support group for transgender individuals within 30 days
- **Engagement:** Member's family will attend a family session with member or attend a support group with member or for friends and family of transgender individuals within 90 days
- **Adherence:** Member will be connected to psychotherapist with experience working with transgender individuals within 30 days
- **Adherence:** Member will be connected to a PCP or OBGYN that is aware of transgender issues and can recommend appropriate healthcare including preventative cancer screenings within 30 days
- Specific for Members requiring hospitalization: The Member participates in provider follow-up visit within 7 days of hospital discharge

CASE MANAGEMENT OBJECTIVES

- Discuss with member their preferred pronouns and what they would prefer to be called
- Interact with member in a non-judgmental and open way, being sure not to make assumptions about member's lifestyle and asking questions when appropriate
- Discuss with member their gender identity, gender expression, and perceptions of others
- Discuss options for gender expression (e.g., role transition, hormone therapy, surgical procedures)
- Assess for suicidal ideations including plan, intent, means and past attempts; follow crisis step action if needed
- Assess for substance abuse and refer to substance abuse treatment if needed
- Discuss safety concerns with member; assist member in identifying a Crisis/Safety Plan for unsafe situations
- Educate member about risks of violence and using assertiveness to control location of encounters and avoiding drugs and alcohol especially in unsafe locations
- Assess for smoking and readiness to quit smoking and refer to smoking cessation programs if needed
- Refer member to community resources to address needs (e.g., transportation, stable housing, financial)
- Refer member to online or in-person support groups for transgender individuals
- Educate member on coping skills to reduce anxiety, stress and anger
- Educate member on exercise and eating a healthy diet
- Refer member to a vocational training program, GED or education program, employment location service or volunteer opportunity
- Refer member to psychiatrist and therapist that has experience with working with transgender individuals

- Educate member on the side effects of hormone replacement therapy
- Evaluate support system; encourage member to discuss transgender concerns with supportive friends, family
- Educate on costs not covered by insurance and possible complications of gender reassignment including possible impact on mental, physical and sexual health
- Refer member to an endocrinologist experienced with gender reassignment
- Educate member on safe sex including disclosing transgendered status to partners and preventing STDs/HIV

MEDICAL BEHAVIORAL INTEGRATION

Transgender individuals face health disparities due to stigma and discrimination and may lack access to quality health care. Transgender people, especially transgender women of color, have an increased risk of HIV infection. Transgender men have a lower likelihood of preventative cancer screenings. Sixty-two percent of transgender individuals have depression and 41% have attempted suicide. Transgender individuals also have high rates of smoking daily at 30% and drug and alcohol use at 26%.⁹ Mental health professionals working with this population should possess the following:⁶

- Master's degree or equivalent in a clinical behavioral science field granted by an institution accredited by the appropriate national accrediting board. In addition, the professional should also have documented credentials from the relevant licensing board or equivalent; **AND**
- Competence in using the Diagnostic Statistical Manual of Mental Disorders and/or the International Classification of Disease for diagnostic purposes; **AND**
- Ability to recognize and diagnose co-existing mental health concerns and distinguish these from GD; **AND**
- Knowledgeable about gender nonconforming identities and expressions, and the assessment and treatment of gender dysphoria; **AND**
- Continuing education in the assessment and treatment of gender dysphoria (e.g., attending relevant professional meetings, workshops, or seminars; obtaining supervision from a mental health professional with relevant experience; or participating in research related to gender nonconformity and gender dysphoria).

MEMBER EDUCATIONAL RESOURCES

There are currently no Krames educational materials available for this topic.

PHARMACOLOGY

Exogenous testosterone is used in transgender men to suppress feminizing characteristics and exogenous estrogen is used in transgender women to suppress masculinizing characteristics. A baseline hematocrit and lipid profile should be obtained before testosterone is started. Adjunctive anti-androgenic therapy is also usually needed in addition to estrogen use. Spironolactone may be used for this but poses a risk of hypokalemia. Finasteride may be used instead, but can cause liver toxicity. Progesterone may also be used, but can pose a risk of breast cancer with long-term use. Hormone therapy has been shown to improve transgender individual's quality of life and have positive effects on sexual function and mood and have shown to decrease depression, anxiety and hostility. Hormones should be carefully monitored to avoid a hypogonadal state if dosing is too low which can lead to loss in bone mineral density. Testosterone and estrogen may increase the risk of cardiovascular disease; cholesterol and triglyceride levels should be monitored.⁹

A database of medication guidelines has been developed by the University of South Florida (USF) and is available [here](#). Medications are searchable by childhood or adult disorders.¹³

HEALTH EQUITY, LITERACY, AND CULTURAL CONSIDERATIONS

LGBT health requires specific attention from health care professionals to address disparities, including:¹⁰

- LGBT youth are 2 to 3 times more likely to attempt suicide
- LGBT youth are more likely to be homeless
- Lesbians are less likely to get preventive services for cancer
- Gay men are at higher risk of HIV and other STDs, especially among communities of color
- Lesbians and bisexual females are more likely to be overweight or obese
- Transgender individuals have a high prevalence of HIV/STDs, victimization, mental health issues, and suicide and are less likely to have health insurance than heterosexual or LGB individuals.
- Elderly LGBT individuals face additional barriers to health because of isolation and a lack of social services and

culturally competent providers

- LGBT populations have the highest rates of tobacco, alcohol, and other drug use.

A number of issues will need to continue to be evaluated and addressed over the coming decade, including:

- Nationally representative data on LGBT Americans
- Prevention of violence and homicide toward the LGB community, and especially the transgender population
- Resiliency in LGBT communities
- LGBT parenting issues throughout the life course
- Elder health and well-being
- Exploration of sexual/gender identity among youth
- Need for a LGBT wellness model
- Recognition of transgender health needs as medically necessary

For the complete Healthy People 2020 report on Lesbian, Gay, Bisexual, and Transgender Health, click [here](#).¹⁰ Two additional resources include the CDC’s report on *HIV and Transgender Communities*¹² ([here](#)) and World Health Organization’s report *Transgender People and HIV*¹² ([here](#)).

Related WellCare Guidelines

In addition to the information contained in this document, please reference the following CPGs: *Anxiety Disorders (HS-1057)*, *Depressive Disorders Adults, Children and Adolescents (HS-1022)*, *HIV Screening and Antiretroviral Treatment (HS-1024)*, *Substance Use Disorders (HS-1031)*, and *Suicidal Behavior (HS-1027)*. WellCare has published a Clinical Coverage Guideline titled *Gender Reassignment Surgery (HS-317)*.

NOTE: Clinical Policies can be accessed by going to www.wellcare.com – select the Provider tab, then “Tools” and “Clinical Guidelines”.

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Disclaimer

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*Easy Choice Health Plan ~ Harmony Health Plan of Illinois ~ Missouri Care ~ Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona
OneCare (Care 1st Health Plan Arizona, Inc.) ~ Staywell of Florida ~ WellCare Prescription Insurance ~ WellCare Texan Plus (Medicare – Dallas and Houston markets)
WellCare (Arizona, Arkansas, Connecticut, Florida, Georgia, Illinois, Kentucky, Louisiana, Mississippi, Nebraska, New Jersey, New York, South Carolina, Tennessee, Texas)*

Medical Policy Committee Approval History

Date	History and Revisions by the Medical Policy Committee
6/7/2018	<ul style="list-style-type: none"> • Approved by MPC. No changes.
7/24/2017	<ul style="list-style-type: none"> • Approved by MPC. Includes sections on Care Management and Health Equity, Health Literacy, and Cultural Considerations.
10/6/2016	<ul style="list-style-type: none"> • Approved by MPC. New.