THE LOOK FORWARD

2023 CEI Educational Series
Transgender-Inclusive Healthcare Benefits

Criteria 3
Welcome to today’s installment of The Look Forward Webinar Series
• Once a Month: The last Monday of Each Month at 3pm EST
• 50 Minutes (Including Q&A)

Purpose of this Webinar: Policy – Training – Best Practices
• The Workplace Equality team is bringing you HRC Foundation’s new webinar series – timely topics to help guide your efforts in your own organizations.
• Engage with diversity & inclusion thought-leaders
• Stay up to date with information relevant to LGBTQ+ workplace equality
Who’s this for?

- HR professionals
- D&I professionals
- LGBTQ+ Employee Resource and Affinity Group members
- Executive Sponsors of LGBTQ+ employee groups
- Other stakeholders for workplace inclusion
How to engage…

This is a **recorded** Presentation followed by Q&A

- Microphones are automatically muted
- Type in your questions via the Q&A function

*Recording and all slides will be shared with attendees*
FAQs before we get started

● All slides and resources will be shared with attendees
● This session is being recorded
● There will be no CEI survey calendar year 2022
● The 2023 CEI survey will open in Spring 2023
  ○ Employers will have 3 months to complete the survey
● All changes need to be in place by the submission deadline in 2023
● Hold questions until we get into the final sections
Today’s Agenda

• Background: Trans Benefits and The CEI Over Time
• Current and New Criteria
  ○ What are baseline trans benefits?
  ○ What are additional essential services?
  ○ Exclusions and barriers to care
• Important Considerations
  ○ “Cosmetic” vs. Reconstructive
  ○ Self vs Fully Insured Plans
• Necessary Documentation (Hold questions til here)
  ○ Acceptable documentation
  ○ Unacceptable documentation
• Q&A
PLEASE NOTE:
Today’s presentation will be on the changes to the Transgender-Inclusive Benefits portion of the CEI criteria.

For a more general overview of the criteria changes:
- Watch our 2023 CEI Informational Webinar
- Check out the 2023 CEI Criteria Toolkit or
- Review the CEI criteria webpage
Background

Transgender-Inclusive Benefits and the CEI Over Time
How has the CEI Scored Trans Benefits Over Time?

For most of the CEI’s existence, trans-inclusive healthcare benefits have been a central focus.

- **2004**: Transgender-inclusive healthcare coverage as a focus area for educational outreach and as a scored component of the CEI criteria.
- **2006-2011**: Mitigate at least one exclusion among five critical categories of transgender healthcare
- **2012**: Required to fully affirm healthcare coverage for medically necessary transition-related care and remove exclusions for one plan.
- **2018 (CEI 2019)**: Elimination of all broad exclusions and barriers to care along with explicit affirmation of coverage.
Current and New Criteria

Transgender-Inclusive Healthcare Benefits
Current Criteria

Transgender-Inclusive Healthcare Benefits (10)

To secure full credit for benefits criteria, benefit must be explicitly affirmed in contract documentation and available to all benefits-eligible U.S. employees. When more than one health insurance plan is available, at least one inclusive plan must be available. Broad exclusions must be removed from all plans.

- Mental health benefits
- Pharmaceutical coverage (hormone replacement therapies)
- Coverage for medical visits or lab services
- Coverage for reconstructive surgical procedures (must include chest, breast, and genital procedures)
- Short-term medical leave
New Criteria

Transgender-Inclusive Healthcare Benefits (25)

To secure full credit for benefits criteria, benefit must be explicitly affirmed in contract documentation and available to all benefits-eligible U.S. employees. When more than one health insurance plan is available, at least one inclusive plan must be available. Broad exclusions must and barriers to care be removed from all plans. (15 points)

Baseline coverage MUST include the following:

- Mental health benefits
- Pharmaceutical coverage (hormone replacement therapy; puberty blockers for youth)
- Coverage for medical visits or lab services
- Coverage for reconstructive surgical procedures (must include chest, breast, and genital procedures)
- Short-term medical leave
New Criteria (cont.)

Transgender-Inclusive Healthcare Benefits (25)

Coverage of at least 5 of the following additional essential services and treatments (10 points)

- Hair removal required for reconstructive surgery
- Hair removal, such as electrolysis, laser treatment, etc. (Not as a part of reconstructive surgery)
- Tracheal shave/reductions
- Facial feminization surgeries
- Voice modification surgery
- Voice modification therapy
- Lipoplasty/filling for body masculinization or feminization
- Travel and lodging expenses
What are “broad exclusions” to medically necessary care?

- Historically, and somewhat still today, care that would typically be offered to cisgender people like mental health services, hormone replacement, or reconstructive surgery could often be excluded for transitioning individuals.

- Typically listed under sections in the contract documentation labeled “Exclusions,” “What the Plan Does Not Cover,” or “What This Plan Will Not Pay For,” etc.
What are other prohibited barriers to care?

- Separate dollar maximums for gender reassignment surgeries or other related procedures
- Separate restrictions on out-of-network coverage (ex. plan typically covers 80/20 but will not honor this for transition care)
- Serious limitations like “one/initial surgery only” policies
- Exclusions of so-called “reversals”
Additional Considerations

Transgender-Inclusive Healthcare Benefits
For the most part, self-insured plans should not have serious impediments to limitations on what they can or cannot cover. However, employers with self insured plans should consider the following:

- Ensure that you are updating SPDs or other coverage overviews provided to employees to reflect any expanded coverage.
- Ensure that clinical policies/guidelines reflect expanded coverage offerings or at least point back to contract documentation.

For fully-insured plans, there are more limitations on what can be covered/changed/updated in a plan. Employers should consider the following:

- Creating internal documentation that affirms coverage of transition care under the plan if contract documentation does not reflect this.
- Consider concierge services, add-on plans, or robust stipend/reimbursement programs for necessary care that is not covered under the standard plan. This is a common practice for covering treatments for other complex conditions.
“Cosmetic” vs. Reconstructive

We are often asked how companies can ensure that “cosmetic” procedures are not being covered for those who “don’t need them.” This belies a fundamental misunderstanding of how gender reassignment surgeries are considered within medicine and healthcare insurance.

- Transition related surgical procedures are NOT cosmetic. As medically necessary procedures, they are generally considered reconstructive.
- As such, coverage for these procedures typically comes with stipulations in the form of preauthorization.
- Insurers clinical policies/guidelines lay out eligibility requirements for transition care subject to preauthorization.
- For self-insured plans, the distinction between cosmetic and reconstructive procedures can be controlled by the plan sponsor (i.e. the company)
Necessary Documentation

Summary Plan Description and Clinical Policies
Acceptable Documentation

We will need up to two pieces of documentation in order to award full credit:

- Contract documentation that outlines covered and excluded services (usually an SPD or SMM; can include schedules of benefits, summaries of benefits, etc.)

- Insurer documentation that outlines how coverage is administered (clinical policy bulletin or CPB, medical policy, clinical guidelines, etc.)

**NOTE:** We cannot accept a clinical policy by itself as proof of coverage. A contract document is required. Most clinical policies explicitly state that they are not proofs of coverage.
In order to be considered for credit, submitted contract documents (SPD, SMM, etc.) must affirm coverage for transition-related care and cannot include broad exclusions for care.

- Like any other condition listed in contract documentation, we are not asking for an exhaustive list of every procedure covered. Rather, the document should generally affirm coverage of surgical and non-surgical procedures covered under the plan.
- Plans with transition care listed as exclusions cannot be accepted. Ensure that you are submitting the most up to date documentation.

We understand that some fully-insured employers cannot edit contract documents to affirm covered benefits. Instead we can accept a statement, letter, brochure, one-pager that affirms this coverage signed by the insurer/TPA. Affirmations of coverage must still be readily available to employees.
Common examples include:

- Plan documents that broadly exclude coverage, state that there are separate dollar maximums for transition care, or other prohibited barriers to care.
- Plan documentation that ONLY lack exclusions and do not affirm coverage
- Plans/excerpts pointing ONLY to general compliance with nondiscrimination laws
Acceptable Documentation: Clinical Policies

In order to receive full credit, participants must also submit the applicable CPB/medical policy/clinical guidelines for the treatment of gender dysphoria (may have a different, but related title)

- The submitted document must be the full policy. Some insurers or companies claim that medical guidelines are proprietary, but this is rare. If you have this issue with your insurer or employer, please contact us.
- The document should reference the WPATH SoC

We cannot accept CPBs alone as proofs of coverage. We need both an SPD and CPB. Fully-insured employers can submitted affirmative documentation alongside a CPB. See previous slide.
Unacceptable Documentation: Clinical Policies

Common examples include:

- Partial documentation (excerpts, screenshots or only certain pages of CPB)
- Documentation with clinical requirements significantly more stringent than the industry norm (i.e. more than 1 year of HRT required for surgical interventions)
- Documentation that do not mention WPATH SoC

NOTE: The last two examples are relatively rare and we will reach out to the survey submitter for clarification if we come across them in your submission.
Unsure about your benefits? We’re here to help!

Reach out to us at cei@hrc.org!
Q+A

Transgender Inclusive Health Care Benefits
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Questions?

Please use the Q&A function to ask your questions!
Next Session Details:

Monday, May 23rd
@ 3pm ET