



Oregon Health Plan Coverage of Gender Dysphoria
Frequently Asked Questions for Current or Future Clients

Background: Up until 2012, most health insurance plans in Oregon would not pay for transition-related health care services for transgender people due to rules known as trans health exclusions. Due to the efforts of committed organizations and activists, these exclusions are now mostly gone in Oregon. Additionally, as of January 1, 2015, the Oregon Health Plan (Oregon's version of Medicaid) is required to pay for medically necessary transgender health care services. This means that you can now work with your health care providers to get many transgender health care treatments and transition-related care paid for by your Oregon Health Plan.

Our work ahead to assure lived equality with the OHP victory: Basic Rights Oregon is profoundly excited and happy about achieving an Oregon Health Plan policy that is inclusive of transgender health care. The new health care policy makes it possible for trans people to get medically necessary trans health care treatments covered starting January 1, 2015, but we want to caution that there will be likely challenges in the first few months and years with ensuring that this policy is fully implemented and works to meet the health needs of all trans communities in Oregon.

Potential implementation challenges with the new policy: It is important to remember that this is a significant change for an enormous healthcare system that has little exposure to the needs of transgender communities. Additionally, it is an unfortunate reality that there are very few doctors in Oregon and in the United States who are trained and ready to offer the care that trans people need.

When trying to access transition-related care, you may come across the following challenges:

- Finding an OHP health care provider in Oregon that offers transition-related care
- Finding doctors who have experience and competency working with transgender patients
- Getting approval for any transition-related care you may need
- Understanding what steps you need to take to access covered transition-related care

Some treatments may be easier to access than others, and it may take time until there are providers your community who offer all of the transgender health care treatments covered by the new OHP policy. You will have to work with your doctors to determine what treatments are right for you and to access the care you need.

What is Basic Rights Oregon doing to address implementation challenges ahead?

We are hard at work with the Oregon Health Authority and advocates like Outside In, Oregon Health & Science University, Legacy Health Systems and TransActive to ensure that your experience accessing hormones and surgeries go as smoothly as possible. Basic Rights Oregon is committed to working with OHP and community partners and the community at large to identify implementation issues as they arise and to address them boldly and swiftly. We have work ahead of us, and Basic Rights Oregon is ready to work with its partners and community to ensure that we rise to this challenge together.

Resources:

Several health systems and community organizations are available to help you access health care services and answer questions:

- Oregon Health & Science University (OHSU) Transgender Health Program: www.ohsu.edu/transhealth
- Legacy Health: www.legacyhealth.org/health-services-and-information/health-services/for-adults-a-z/transgender.aspx
- Kaiser Permanente Gender Pathways Clinic: Check with Member Services (coming January 2016)
- Outside In Transgender Health Services: 503-535-3828
- TransActive Gender Center, SMYRC and PFLAG Portland Black Chapter are also great resources for LGBTQ youth and families.
- Check www.oregontranshealth.com for individual provider listings including outside the Portland metro area.

Please understand that nothing in this FAQ should be taken as legal advice. This resource was produced by Basic Rights Oregon, not the Oregon Health Authority. Medicaid clients should seek official information on implementation from: www.oregon.gov/oha/healthplan/Pages/index.aspx

When will coverage start? Coverage began on January 1, 2015. Some services and treatments can be accessed right away while others will take time and prior approval to access, which is discussed in detail in this document.

What is covered under the new guidelines for the Oregon Health Plan? Oregon Health Plan insurance coverage will include coverage for most transition-related healthcare under the state's Medicaid Program, Oregon Health Plan. These services include coverage for puberty suppression,

primary care and specialist doctor visits, mental health care visits, cross-sex hormones, anti-androgens, lab work, and some surgeries. Oregon Health Plan will be able to start paying for these services, but it does not automatically grant access to all of these services. Individuals will need to work with their doctors to determine what treatments are medically necessary for them and then work together to go through the World Professional Association for Transgender Health (WPATH) standards of care protocols to access certain treatments. Here is a partial list and description of covered services:

Service:
Hormone therapy
Puberty blockers
Hormone blockers
Mental health treatment
Surgical site epilation
Mastectomy & chest reconstruction
Mastopexy & breast reconstruction
Urethroplasty, reconstruction of female urethra
Amputation of penis; complete
Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach
Insertion of testicular prosthesis (separate procedure)
Laparoscopy, surgical; orchiectomy
Scrotoplasty
Intersex surgery; male to female
Intersex surgery; female to male
Vulvectomy simple; complete
Plastic repair of introitus
Clitoroplasty for intersex state
Perineoplasty, repair of perineum, nonobstetrical
Vaginectomy, partial removal of vaginal wall;
Vaginectomy, complete removal of vaginal wall
Construction of artificial vagina
Vaginoplasty for intersex state
Hysterectomy
Laparoscopy, surgical; with removal of adnexal structures
Salpingo-oophorectomy, complete or partial, unilateral or bilateral

What is a Coordinated Care Organization (CCO)? In Oregon, the Oregon Health Plan is managed by Coordinated Care Organizations or CCOs. A large majority of patients are assigned to a CCO, and very few have what is called “open card”. Questions about specific coverage, referrals to

covered surgeons, or for prior approval should be directed to the patient's Coordinated Care Organization. A list of Oregon's Coordinated Care Organizations and their contacts is available here: <http://www.oregon.gov/oha/healthplan/tools/CCO%20Contact%20List.pdf>

Where do I start? How do I begin getting my transgender health care covered by OHP? The Oregon Health Plan coverage of transgender health care is based on the [WPATH version 7](#) standards of care for trans people. Your providers will need to follow these specific standards in order to say that a treatment is medically necessary for you and get coverage for that treatment. Gender dysphoria is the mental health diagnosis that you and your health care providers will need to begin with in order for you to get OHP coverage for any trans health medical treatments (e.g. hormones, surgeries). Gender Dysphoria is the term medical communities are using for the persistent pain and anguish many trans people feel before they receive appropriate transgender health treatments. Until recently Gender Dysphoria was also referred to as Gender Identity Disorder. GID is no longer used and should not be cited by your providers, though some have not shifted to using Gender Dysphoria.

Who can provide transgender health services under OHP? Any licensed mental health professional, primary care doctor, specialist (such as endocrinologists), or surgeon who accepts Oregon Health Plan, or contracts with one of OHP's coordinated care organizations (CCOs) can provide these services. Providers should have familiarity with treating patients with Gender Dysphoria and be familiar with WPATH- Standards of Care version 7, or the Endocrine Society guidelines: "Endocrine Treatment of Transsexual Persons: An Endocrine Society Clinical Practice Guideline." If they are not familiar with the standards of care, and you would like them to remain your provider, you can provide them with the document by accessing it yourself or directing them to it online at www.wpath.org. You should also make sure your provider is respectful and familiar with treating trans patients, as they will be one of your advocates for this process.

Mental Health and Hormone Therapy

How do I get hormones and/or counseling? You can go to any provider covered by your plan. Ensure the provider takes your OHP before receiving services. If you are unsure whether the physician you would like to see can take Medicaid, call 800-699-9075 or use the "Search for Provider" feature on <http://coapps.careoregon.org/>. Please know that many providers may not be trained to provide care for transgender people, and you may want to seek a provider that has experience with trans communities.

Can any therapist diagnose me with gender dysphoria? Does my therapist need a PhD to diagnose me? The Oregon Health Plan only requires an evaluation from qualified mental health providers to diagnose gender dysphoria. Clinicians with a minimum of a Master's degree are eligible to write letters diagnosing patients with gender dysphoria for the Oregon Health Plan. According to WPATH v7, "clinical training in psychiatry, mental health counselling, nursing or family therapy with specific training in behavioral health and a minimum of master's level degree or equivalent in a clinical behavioral health field by an accredited institution with continuing education in gender dysphoria."

Do I need to get approval to access mental health care? No, there should be no barriers to accessing mental health care for transgender health services.

Do I need to get approval to access hormone treatments? We do not believe that OHP will require prior approval or letters from a mental health provider for treatment with puberty blockers, hormones, or anti-androgens. However, you may need a letter from a therapist diagnosing you with gender dysphoria in order to get medical providers to prescribe hormone therapy, puberty suppression, or anti-androgen treatments, though some medical providers may perform the evaluation.

What should be in referral letters for hormone, puberty suppression, or anti-androgen treatment? Doctors may ask for a letter from your therapist diagnosing you with gender dysphoria in order to begin hormone treatments. They will also need this in your file to help determine what trans health treatments are medically necessary for you, including surgeries. This letter from your therapist should say that you have "persistent, well-documented gender dysphoria," and "reasonably well controlled medical and mental health conditions" and that you "have the capacity to make a fully informed decision and to give consent for treatment."

What are the OHP standard requirements to access care? To qualify for hormone therapy, the patient must:

1. Have persistent, well-documented gender dysphoria
2. Have the capacity to make a fully informed decision and to give consent for treatment under Oregon law
3. Have any significant medical or mental health concerns reasonably well controlled
4. have a comprehensive mental health evaluation provided in accordance with Version 7 of the World Professional Association for Transgender Health (WPATH) Standards of Care (www.wpath.org).

What is meant by provisions 3 and 4? Each mental health provider will need to determine what they want to include in a letter to accompany a referral for hormones or surgery. As a general guideline based on past experiences with other health insurance companies, this letter should

probably include identifying information about you, a description of the symptoms you presented with and for how long you have experienced gender dysphoria, a confirmation that you have been diagnosed with gender dysphoria, that you are able to make informed consent to medical treatment and understand the risks and benefits of each step, if you have any other mental health or medical issues (i.e. depression, anxiety, high blood pressure, or diabetes) that these are being addressed by your medical team, and finally that you are able to take care of yourself or make plans to be taken care of following any surgeries or treatments.

Surgery

How can I get surgery covered?

Some surgeries and procedures should be covered if your doctor agrees they are necessary for you. All covered surgeries will require you to have pre-approval from your CCO as well as follow the treatment protocols of the WPATH standards of care.

What transition-related care is not covered?

Modifying the nose, face-lifting, lip enhancement, facial bone reduction, blepharoplasty, liposuction of the waist (body contouring), reduction thyroid chondroplasty (tracheal shave), hair removal, voice modification surgery (laryngoplasty or shortening of the vocal cords), and skin resurfacing, which have been used in feminization, are considered cosmetic. Similarly, chin implants, nose implants, and lip reduction, which have been used to assist masculinization, are considered cosmetic.

What should I include in a referral letter for surgery?

Doctors and therapists should work with patients to obtain prior approval for covered surgeries from their Coordinated Care Organization (CCO). The CCO will require letters from qualified mental health providers who have independently assessed the patient. These assessments should document having the qualifying criteria listed below.

How do I qualify for sex reassignment surgery (or sometimes known as gender reassignment, gender confirmation, etc): Sex reassignment surgery is included for patients who meet certain criteria. To qualify for surgery, the patient must:

1. Have persistent, well documented gender dysphoria
2. Have completed 12 months of continuous hormone therapy as appropriate to the member's gender goals unless hormones are not medically necessary or hormones cause negative reactions due to illnesses that are sensitive to those hormones
3. Have completed 12 months of living in a gender role that aligns with their gender identity unless a medical and a mental health professional both determine that this requirement is not safe for the patient
4. Have the capacity to make a fully informed decision and to give consent for treatment under Oregon law

5. Have any significant medical or mental health concerns reasonably well controlled
6. For breast/chest surgeries, have one referral from a mental health professional provided in accordance with [version 7 of the WPATH Standards of Care](#).
7. For genital surgeries, have two referrals from mental health professionals provided in accordance with the [version 7 WPATH Standards of Care](#).

How do I find a surgeon for trans health services? Basic Rights Oregon has been told that each CCO will be asked to arrange appropriate coverage for surgeries for transgender patients who meet the above guidelines. Surgeons in Oregon are performing covered surgeries, such as chest surgery, hysterectomy/oophorectomy, orchiectomy and vaginoplasty. Additional procedures will become available in Oregon in January 2016 at OHSU. We encourage providers to connect with Oregon Health Sciences University (OHSU), Legacy Health, or other local surgeons skilled and experienced in providing transition-related surgeries.

Can you recommend doctors who are reliable, safe, and transgender-friendly?

Oregon Trans Health has a growing list of providers who are recommended by their own patients and clients <http://www.oregontranshealth.com>

What if I can't find a surgeon who takes my insurance? As more insurance plans cover transition-related care, more and more experienced surgeons are accepting insurance, both public and private. Multiple surgeons in Oregon are providing these services and accept OHP. We are also working continue updating a list of providers, including surgeons, their specialities, and if they take Medicaid or plan to take Medicaid in the future. If you cannot find a qualified surgeon who takes your insurance, you may have to wait. You may want to think carefully before going to a surgeon who is not yet fully trained and experienced with providing specific surgeries for transgender people. Additionally, please also know that you may not be able to choose your surgeon and one may be provided for you. You should contact your Coordinated Care Organization directly to get assistance in identifying a surgeon who is qualified.

Should I see a doctor who has never performed gender reassignment surgeries before, but who is now offering them? We urge you to be careful in selecting your surgeon and find out about their training and experience before having surgery with them. Though a doctor may regularly perform a procedure on non-transgender patients, there may be aspects of a surgery that go better if a doctor has experience and training with transgender patients.

What about different kinds of surgeries, are some available now? Until more surgeons begin taking insurance and Medicaid, some surgeries may be easier to get than others. For example, hysterectomies should already be easy to get in-network or through Medicaid without any problems (see the chart below). It may be easier to find qualified chest surgeons than for bottom surgeries.

What about traveling out of state for surgery? Basic Rights Oregon has been told that patients will need to work directly with their CCO to identify appropriate providers for covered services listed that have been approved. For services that are not offered in Oregon, or are not in network for CCOs, your CCO will need to work to identify and contract with a provider; this may mean coverage might be available out of state. It is unclear how this process will roll out and it will take time, advocacy, and hard work to make this happen.

Can patients choose their own surgeon? This is currently unclear, patients will have to work directly with their doctor and CCO to identify an appropriate, competent surgeon.

Covered Treatments *(if deemed medically necessary for you)*

Please note this list is not exhaustive. The following is a list of treatments that may be considered medically necessary for some people. It also notes the availability of these treatments in Oregon.

Treatment	Description or example	Is it available in Oregon?
Hormone therapy	Prescription testosterone, estrogens, etc.	Yes. You just need a prescription and to go to a pharmacy that takes your health insurance. You will likely need to get a diagnosis of gender dysphoria from a qualified mental health provider and a prescription from your primary care doctor or a specialist.
Puberty blockers	Suppressants that act as a “pause button” on the body’s release of hormones typically onset at puberty	
Hormone blockers	Aromatase inhibitors or gonadotropin-releasing hormone (GnRH) analogues used to suppress hormone release (ex. Anti-androgen, androgen blocker)	
Mental health treatment	Counseling, psychotherapy, substance abuse treatment, family or couples counseling, and crisis intervention treatment.	Yes. You just need to find a therapist, substance abuse treatment center, or crisis intervention center who takes OHP.

Preventive screenings	Pap tests, prostate exams, mammograms, breast exams	Yes. You need to go to a provider who takes OHP. Please know they no longer can deny you care that does not correspond with your gender marker in your file.
Laboratory tests	Blood tests to assess hormone levels, electrolytes, cholesterol levels, liver or kidney function	Yes, as long as your labs are ordered by a doctor who takes your insurance and sends you to a lab that is covered by your insurance.
Hysterectomy	Removal of the uterus, cervix, fallopian tubes and ovaries	Many doctors are experienced at these surgeries for non-transgender people but may not have treated trans patients.
Orchiectomy	Removal of testicles	Yes, there are providers at Oregon Health & Science University, Legacy Health, and Portland Urology who have performed these surgeries. You will want to verify they accept your health plan.
Mastectomy & chest reconstruction	Removal of the chest or breast tissue for transgender people - Chest Reconstruction or top surgery	There are surgeons available at OHSU, Legacy Health, and Kaiser Permanente. It is important to note that while currently chest surgery for trans people is labeled under mastectomy, it is a different procedure than a standard mastectomy received for breast cancer and should be done by a surgeon who is familiar with chest reconstruction for trans people.
Mastopexy & breast construction (augmentation) (this is covered only if after 12 months of hormone therapy, breast tissue has not reached Tanner stage 5)	Construction of breast shape and tissue	There are surgeons available at OHSU, Legacy Health, and Kaiser Permanente. We know it is possible other hospital systems employ surgeons who are knowledgeable of the procedure, but you will want to find out more about their work with trans women specifically.
Urethroplasty/Urethral	Reconstruction and/or rerouting of the urethra	These surgeries will be available as of January 2016 through OHSU. Additional

reconstruction		surgeons may join other health systems. However, you should contact your CCO – covered services should be made available to all patients and your CCO will coordinate this care.
Phalloplasty	Construction or reconstruction of the penis	
Vaginoplasty	Construction or reconstruction of the vagina	Available at OHSU. Your CCO will coordinate this care once your procedure is approved..
Electrolysis	removal of hair	Only surgical site electrolysis that is part of presurgical preparation for chest or genital surgical procedures is included is covered. It is not included on this line for facial or other cosmetic procedures or as pre-surgical preparation for a procedure not included in the benefits.

Other Questions

Can trans youth access care? In Oregon, the age of medical consent is 15 or older. This means if you are over the age of 15, you can get coverage for transgender health care using your Oregon Health Plan. Outside In is a great resource for trans youth seeing care and services. You can contact Outside In at 503-535-3828. If you are a parent and seeking care for your transgender child, TransActive is a great resource to reach out to. They can be reached at 503-252-3000.

Am I eligible for OHP? How do I sign up? You can check your eligibility for OHP by going to www.OregonHealthCare.gov to screen yourself. The site can also direct you to community partners who can assist you in enrolling for health insurance. You can also call 855-286-3767.

To qualify for OHP, individuals and families must meet income and residency requirements. Oregonians may also qualify based on age and disability status.

- Adults
 - OHP is available to adults who earn up to 138 percent of the Federal Poverty Level. That’s about \$16,100 a year for a single person or \$32,900 a year for a family of four.
- Children
 - Healthy Kids is available to kids and teens (0-18) whose family earns up to 300 percent of the Federal Poverty Level. That’s about \$46,600 a year for a family of two

or \$82,000 a year for a family of five. The best way to see if you qualify is to submit an application.

- Visit *OregonHealthCare.gov* to apply online for you and your family. You may qualify for OHP, even if you have been denied in the past.

Other Resources

Who do I contact with questions? In Oregon, the Oregon Health Plan is managed by Coordinated Care Organizations or CCOs. A large majority of patients are assigned to a CCO, and very few have what is called “open card”. Questions about specific coverage, referrals to covered surgeons, or for prior approval should be directed to the patient’s Coordinated Care Organization. A list of Oregon’s Coordinated Care Organizations and their contacts is available here:

<http://www.oregon.gov/oha/healthplan/tools/CCO%20Contact%20List.pdf>

Where can I find out more information about denials, appeals, and rights of patients under Oregon Health Plan? Oregon Law Help has a great FAQ on rights and resources under Oregon Health Plan, including how to deal with a denial of coverage. We recommend getting all determinations of coverage and denials of coverage in writing. If you are denied over the phone or in person, request written documentation. It is important to note: Patients only have 45 days to appeal a denial or request a hearing! <http://oregonlawhelp.org/resource/oregon-health-plan-if-you-are-denied-services>

Legal services

- Free Legal Clinic @ Outside In
- Lewis & Clark Legal Clinic
- <http://oregonlawhelp.org/> is able to direct folks to low cost legal services
- Oregon Gay & Lesbian Law Association (OGALLA): LGBT Bar Association

Oregon Health Authority and constitutes official information from the agency.

<http://www.oregon.gov/oha/herc/FactSheet/Gender%20dysphoria%208-28.pdf>