



Gender Affirmation Treatment in Maryland (2021 – 2022)

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SYSTEMS



Background

- ▶ Gender Affirmation Treatment (GAT)
 - ▶ Definition: GAT encompasses medical, psychological, and social interventions to support aligning physical appearance with gender identity.
 - ▶ Importance: Crucial for well-being, alleviates gender dysphoria, promotes mental health.
 - ▶ Components: Hormone therapy, surgeries, voice training, counseling tailored to individual needs.

- ▶ Challenges and Policy Changes
 - ▶ Barriers: Discrimination, lack of trained providers, mental health struggles, structural and economic challenges.
 - ▶ Policy Change:
 - ▶ Governor Moore's executive order (06/05/2023) to safeguard gender-affirming healthcare in Maryland,
 - ▶ Maryland Medicaid began expanding gender-affirming care on January 1, 2024, in accordance with the Trans Health Equity Act, which was enacted following the passage of House Bill 283, per standards set by the World Professional Association for Transgender Health.

Data Source



- ▶ The Maryland All-Payer Claims Database (MD-APCD) houses administrative claims data from various Maryland health plans, such as commercial, Medicaid, and Medicare sources, encompassing medical, pharmacy, and dental claims.
- ▶ This dataset offers a broad array of information regarding rendered services, provider locations, diagnoses, procedures, charges, paid amounts, and more.
- ▶ Our analysis encompassed claims from commercial payers, Medicaid managed care organizations, and Medicaid Fee-for-Service (FFS) for the years 2021 and 2022, representing the two most recent years of available data.
- ▶ Notably, our analysis does not encompass data for Medicare (Traditional and Medicare Advantage) or uninsured populations.

Methods



Study Population:

- ▶ Medicaid and commercially insured patients with 2+ claims within the reporting period.
- ▶ Included Maryland residents and non-residents of all ages seeking care in Maryland.
- ▶ Diagnoses:
 - ▶ Transsexualism (F640)
 - ▶ Gender identity disorder in adolescence/adulthood (F641)
 - ▶ Gender identity disorder in childhood (F642)
 - ▶ Gender identity disorders (F648)
 - ▶ Unspecified other (F649)
 - ▶ Personal history of sex reassignment (Z87890)

- ▶ Source: WA OIC study report (ICD9 to ICD10 conversion from Proctor et al.)

Key Findings:

- ▶ 0.2% of patients identified as transgender.

GAT Services:

- ▶ Behavioral Health
- ▶ Office Visits
- ▶ Pharmacy in Medical Claims
- ▶ Procedures

GAT Prescriptions:

- ▶ Androgens (Testosterone)
- ▶ Estrogens (Injectable, Oral, Topical)
- ▶ Pituitary Suppressants

Inclusion Criteria to calculate services:

- ▶ Office visits and behavioral health services must include a diagnosis of gender dysphoria.
- ▶ Surgical services and pharmacy were assumed to be related to gender dysphoria.



Transgender Members by Payor Type, 2021-22

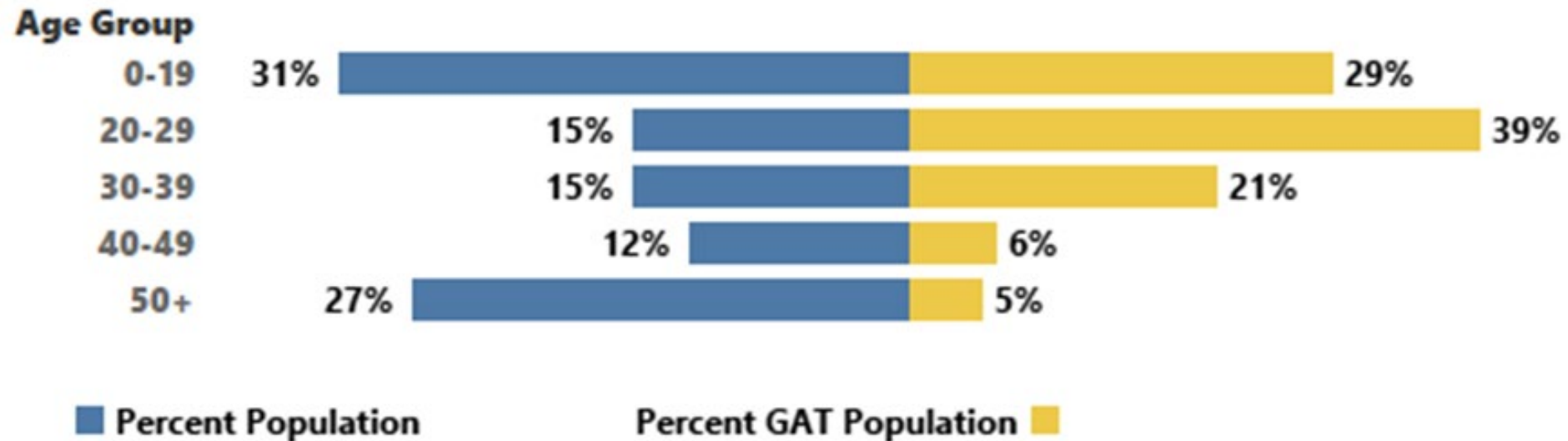
- ▶ During 2021-22, 8,858 patients (0.22% of those covered by commercial or Medicaid plans) were identified as transgender using diagnosis codes in their claims
- ▶ The percentage of transgender patients was slightly higher in the commercial plans (0.25%) compared to the Medicaid managed care population (0.20%)

Payor Type	Transgender Patients with Claims	Total Eligible Members	Percent of Transgender Patients
Commercial	5,567	2,268,229	0.25%
Medicaid FFS	160	241,434	0.07%
Medicaid MCO	3,131	1,582,788	0.20%
Total	8,858	4,092,451	0.22%

Transgender Members by Age, 2021-22



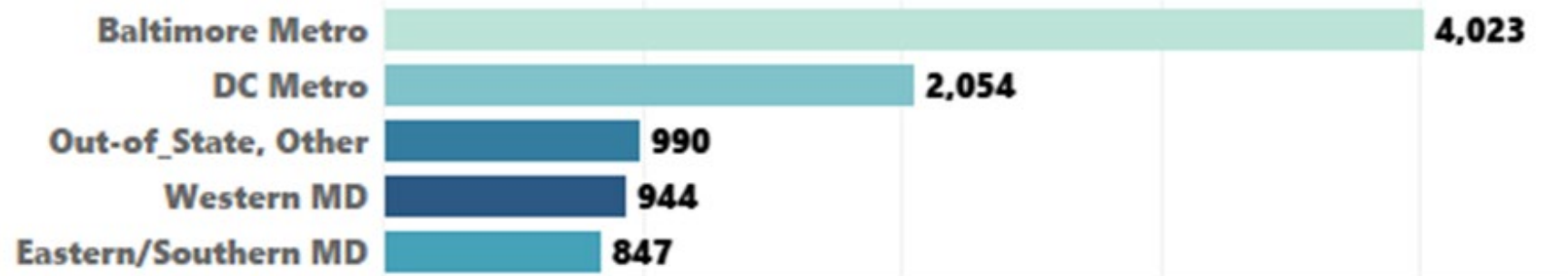
- ▶ In comparison to the total population of eligible members with commercial and Medicaid coverage, transgender patients were younger.
- ▶ Although they only made up 15% of all members with commercial and Medicaid coverage, nearly 39% of transgender-identified members were in the 20–29-year-old age group



Transgender Members by Geographic Region, 2021-22



- ▶ The Baltimore Metro area, being the most populous MIA rating area, had the highest number of transgender patients (4,023 (45%)), followed by the DC Metro area (2,054(23%))
- ▶ It is significant to note that 990 transgender patients in the MD-APCD (11% of the total) were living out of state.



Gender-Affirming Treatment by Service Type and Network Type, 2021-22



- **Total Claims:** 69,222 with GAT diagnosis
- **Patients:** 7,880 received GAT services
- **Providers:** 5,069 providers and retail pharmacies

▶ Key Observations:

- **Office Visits:** 90% of patients had a visit with a gender dysphoria diagnosis
- **Behavioral Health Services:** 36% of patients
- **Procedure Claims:** 9% of patients
- **In-Network Providers:** Over 93% of claims (excluding retail pharmacy)

Service Type	Total Claims	Total Patients	% of Total Patients	Distinct Providers*	In - Network Claims	Percent of In-Network Claims
All Services	69,222	7,880	100%	5,069	64,660	93%
Behavioral Health	36,126	2,843	36%	1,777	32,649	90%
Office Visit	25,762	7,071	90%	3,040	24,942	97%
Procedures	3,211	704	9%	252	2964	92%
Retail Pharmacy	3,027	706	9%	478	3027	100%
Pharmacy in Medical Claims	1,096	193	2%	98	1078	98%



Gender-Affirming Treatment by Payor Type, 2021-22

- ▶ CareFirst and United Healthcare had the highest number of commercial claims, with 27,013 and 6,685 claims, respectively.
- ▶ Around 93% of healthcare in the state was provided by in-network providers, with commercial plans showing 90% of claims as in-network.

Carrier	Total Claims	Total Patients with Claims	Distinct Providers	In -Network Claims	Percent of In-Network Claims
Total, All Payers	69,222	7,880	5,069	64,660	93%
Commercial					
Total, Commercial	46,633	5,142	4,155	42,071	90%
CareFirst	27,013	2,743	2,072	23,805	88%
UnitedHealthcare	6,685	981	1,254	6,032	90%
CIGNA	4,605	703	896	3,615	79%
Kaiser	3,933	618	471	3,612	92%
Aetna	3,300	483	596	2,801	85%
All Other	1,097	312	286	136	12%
Medicaid FFS					
Total, Medicaid FFS	698	77	94	698	100%
Medicaid MCO					
Total, Medicaid MCO	21,891	2,666	864	21,891	100%



Gender-Affirming Treatment by Geographic Region, 2021-22

- ▶ The Baltimore Metro area provided the most gender-affirming services, with the most patients served and providers practicing GAT. Nearly half of the 7,880 patients who received at least one GAT service were in the Baltimore Metro area (3,660 patients)

Region	Total Claims	Total Patients with Claims	Distinct Providers	In Network Claims	Percent of In-Network Claims
Baltimore Metro	31,200	3,660	2,125	30,148	97%
DC Metro	17,583	1,950	1,598	15,726	89%
Eastern/Southern MD	6,103	750	744	5,987	98%
Out-of-State/Other	6,094	1,013	1,355	4,852	80%
Western MD	8,242	861	824	7,947	96%
Total, All Areas	69,222	7,880	5,069	64,660	93%

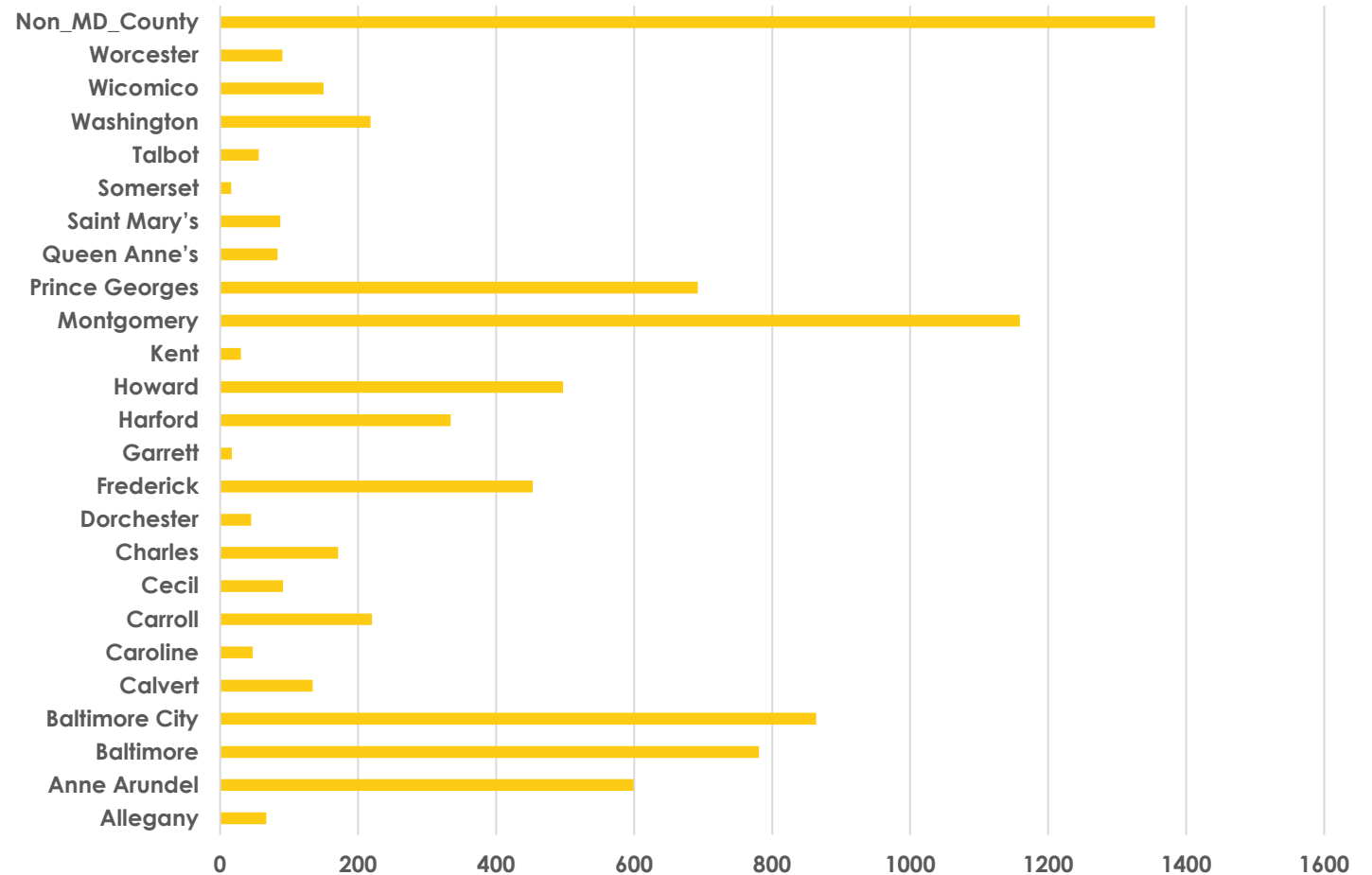
Gender-Affirming Treatment Providers by County, 2021-22



▶ 5,069 distinct rendering providers billed for GAT services in 2021-22. Of these, 1,355 (27%) providers served out-of-state residents.

▶ The number of providers varied, with a maximum of 1,159(23%) distinct providers for Montgomery County residents and 16(0.3%) for Somerset County residents.

GAT Providers By County, 2021-22



Gender-Affirming Treatment by Service type and cost, 2021-22



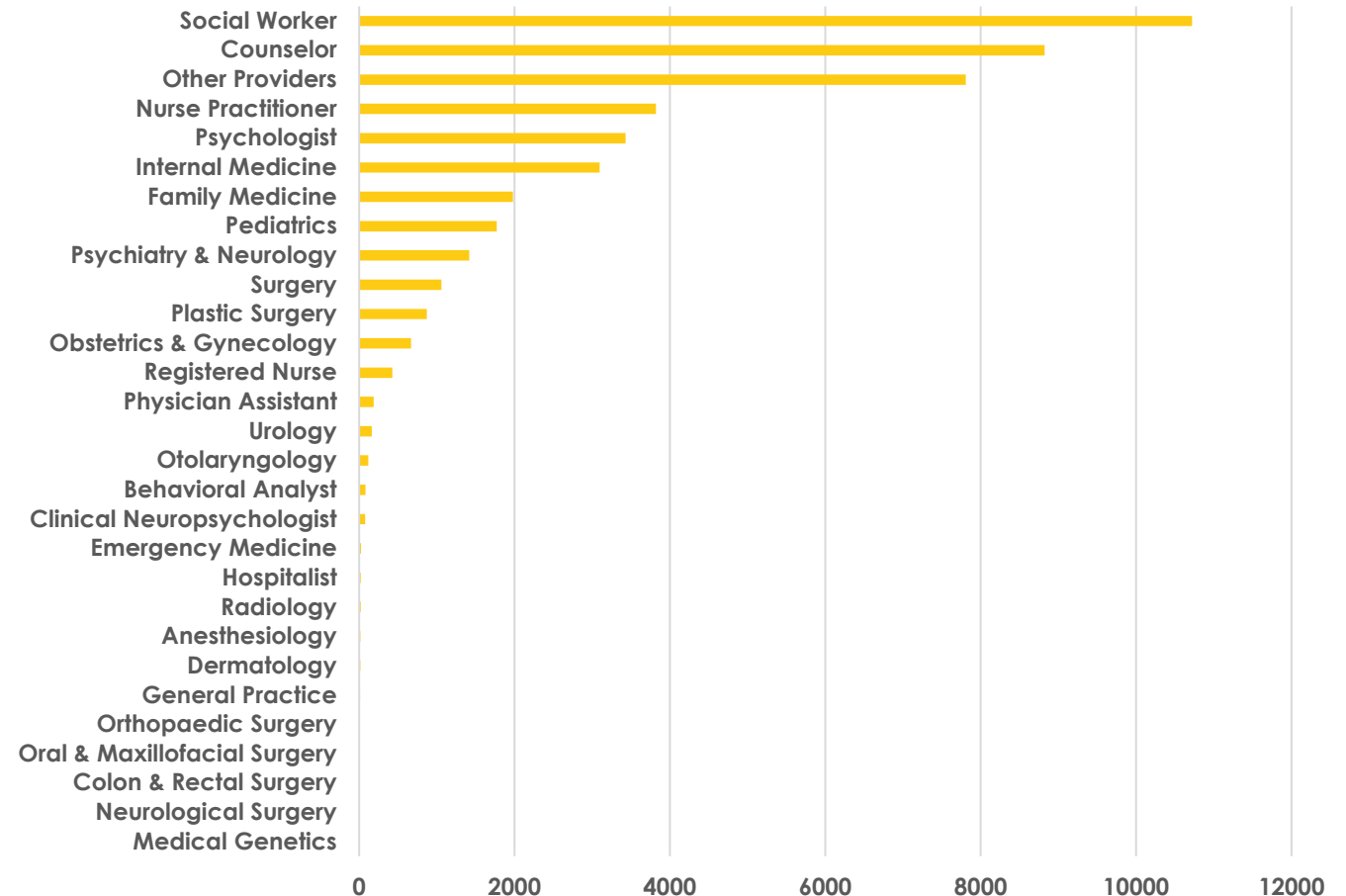
- ▶ High costs for Procedures and Pharmacy indicate specialized treatments or expensive medications.
- ▶ Lower costs for Office Visits and Retail Pharmacy suggest routine, common services.

Service Type	Total Patients	Total Cost	Cost Per Patient	Medical Cost PMPM	Per Capita Medical Cost
All Services	7,880	\$13,390,714	\$1,699	\$0.30	\$3.59
Office Visit	7,071	\$3,127,146	\$442	\$0.07	\$0.84
Behavioral Health	2,843	\$3,990,222	\$1,404	\$0.09	\$1.07
Retail Pharmacy	706	\$331,409	\$469	\$0.01	\$0.09
Procedures	704	\$4,656,136	\$6,614	\$0.10	\$1.25
Pharmacy in Medical Claims	193	\$1,285,802	\$6,662	\$0.03	\$0.34

Gender-Affirming Treatment Claims by Provider Specialty, 2022



- ▶ Social workers and Counselors primarily dominate the list, accounting for about 23 % and 18.9%, respectively, followed by nurse practitioners and psychologists.
- ▶ Internal Medicine, Family Medicine, and Pediatrics also made significant contributions among physician specialties.
- ▶ The Other Providers* category included the services provided by other nonphysician specialties, indicating a diverse range of specialties beyond those listed.



* Other providers include a total of 507 non-physician provider taxonomies. Please refer to the report appendix for the comprehensive list of provider specialties.

Takeaways



- ▶ During 2021-22, 7,880 patients enrolled in commercial and Medicaid (managed care and fee for service) programs from Maryland or other states received GAT. They were attended to by 5,069 providers and retail pharmacies.
- ▶ The transgender population was concentrated in those younger than 40 years of age.
- ▶ The Baltimore Metro area, being the most populous MIA rating area, had the highest number of transgender patients (4,023 (45%)), followed by the DC Metro area (2,054(23%)).
- ▶ The number of providers at the county level varied, with Montgomery County having the highest number, 1,159(23%), and Somerset County with the lowest, 16(0.3%).
- ▶ The Baltimore Metro rating area had the highest number of providers offering GAT in each service category, totaling 2,125 providers across all categories. Conversely, the Eastern/Southern MD rating area had the lowest number of providers offering GAT services across all categories.
- ▶ Among five large commercial plans, CareFirst (26,950) and United Healthcare (6,665) paid the majority of claims.
- ▶ In terms of services, office visits had the highest number of distinct providers, followed by behavioral health visits and retail pharmacies. The number of distinct providers billing for pharmacy in medical claims or procedures was considerably lower.
- ▶ Around 93% of healthcare in the state was provided by in-network providers, with commercial plans showing 90% of claims as in-network.
- ▶ Overall, the average cost per patient for all service types was \$1,699. However, when looking at specific service categories, Procedures and Pharmacies in Medical Claims stand out for their high costs per patient, at \$6,614 and \$6,662, respectively.
- ▶ Social workers and Counselors primarily dominate the list, accounting for about 23 % and 18.9%, respectively, followed by nurse practitioners and psychologists. Internal medicine, family medicine, and pediatrics have also significantly contributed to physician specialties.