

TRANS HEALH / INSURANCE RESOURCES

TransChance Health Healthcare Advocacy and Navigation	https://www.transchancehealth.org/ Volunteer led and run organization offering one-on-one advocacy, resources, guidance, and education to navigate health insurance, pharmaceutical coverage, and healthcare systems.
health insurance policies of coverage	http://www.hrc.org/resources/finding-insurance-for-transgender-related- healthcare
List of Businesses with Transgender- Inclusive Health Insurance Benefits	http://www.hrc.org/resources/corporate-equality-index-list-of-businesses- with-transgender-inclusive-heal
Medicaid Coverage for Transition- Related Care – Policies and Laws by State	www.lgbtmap.org
Transcend Legal	helps people get transgender-related health care covered under insurance (347) 612-4312 <u>https://transcendlegal.org/</u>
HealthyTrans	Insurance for Surgery 101 https://www.healthytrans.com/insurance-101/
Medical Organization Statements in Support of TGNC Health care Coverage	https://transcendlegal.org/medical-organization-statements
Sample Letters	https://transline.zendesk.com/hc/en-us/articles/229372788-Surgery-Sample- Letter
TransLine: Transgender Medical Consultation Service	https://transline.zendesk.com/hc/en-us
Know Your Rights	The National Center for Transgender Equality https://transequality.org/know-your-rights Lamda Legal: FAQ: Equal Access to Health Care https://www.lambdalegal.org/know-your-rights/article/trans-related-care-faq
Finding Gender Neutral Bathrooms	https://www.refugerestrooms.org/
NYC Insurance Helpline	Benefits Helpline on Tuesdays from 9:30-12:30 at 888-663-6880 Be sure to keep all letters and paperwork associated with your claim.
Consumer Assistance	https://www.cms.gov/CCIIO/Resources/Consumer-Assistance-Grants/ Program in your state can file an appeal for you
Health Insurance Regulations – use link to identify state by state	https://transcendlegal.org/state-health-insurance-bulletins
MyTransHealth	<u>http://mytranshealth.com/faq</u> New York, Miami, Chicago, San Francisco, Seattle and Dallas Transgender Care Listings <u>http://transcaresite.org/</u>
NYC Human Rights Law	https://www1.nyc.gov/site/cchr/law/legal-guidances-gender-identity- expression.page
Marketplace Insurance Enrollment Help	https://out2enroll.org/enrollment-help/ includes LGBT competent assistors



RESOURCE GUIDE Health Care Insurance Benefits, Supports & Services Philadelphia Trans Wellness Conference Thursday July 25, 2019

FILING COMPLAINTS

HHS Office for Civil Rights'	https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf
complaint portal	
	https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-
How to file a complaint:	process/index.html
HIPAA complaints	HHS's Health Information Privacy Complaint Form Package
	(http://www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaintform.pdf).
Hospital Complaints	Joint Commission http://www.jointcommission.org.
Nursing Home Complaints	Contact your local long-term care ombudsman
	http://www.ltcombudsman.org/ombudsman.
Federal Health Employee	Office of Personnel Management (FEHB@opm.gov) or the Equal
Benefits Program Complaints	Employment Opportunity Commission
	(https://www.eeoc.gov/federal/fed_employees/complaint_overview.cfm).
Veterans Health Administration	Veterans Administration's External Discrimination Complaints Program
Complaints	http://www.va.gov/orm/ and http://www.va.gov/health/patientadvocate.
Employee health plan	Equal Employment Opportunity Commission
Complaints	(https://www.eeoc.gov/federal/fed_employees/complaint_overview.cfm).
state human rights agencies	http://www.justice.gov/crt/legalinfo/stateandlocal.php.

LEGAL AID RESOURCES

ACLU (American Civil Liberties Union)

National civil rights organization with offices across the United States https://www.aclu.org/about/affiliates?redirect=affiliates

Lambda Legal

Advocacy and legal support for the LGBTQ community http://www.lambdalegal.org/

NCLR (National Center for Lesbian Rights)

Advocacy and legal support for the LGBT community http://www.nclrights.org/

Transgender Law Center

Advocacy and legal support for the transgender community <u>http://transgenderlawcenter.org/</u>

Transcend Legal

Transcend Legal helps people get transgender-related health care covered under insurance. https://transcendlegal.org/

GLAD (GLBTQ Legal Advocates & Defenders)

Legal advocacy for the LGBTQ community http://www.glad.org/

Legal Services Corporation

A nonprofit that provides a directory of civil legal aid for lowincome Americans. <u>http://www.lsc.gov/whatlegalaid/findlegalaid</u>

Sylvia Rivera Law Project

Legal support and resources for people who are transgender, intersex, or gender nonconforming http://srlp.org/

TLDEF (Transgender Legal Defense and Education Fund)

Advocacy and legal support for the transgender community <u>http://tldef.org/</u>

Transgender Legal Services Network (National Center for Transgender Equality)

Over 60 organizations serving trans communities belong to the Network http://www.transequality.org/iddocumentscenter/transgenderlegalservicesnetwork



COMMON HEALTH INSURANCE TERMS



TERM	DEFINITION
Appeal	A request for your health insurer or plan to review a decision or a grievance again.
Certificate of coverage	A legal document between the health insurer and a group to provide benefits to eligible members. It spells out the benefits, limitations and exclusions in the health plan.
Co-insurance	Your share of the costs of a covered health care service
Co-pay/co-payment	Fee you pay each time you use a specific service
Deductible	The amount you pay out of pocket before your insurance starts paying
Denial of claim	A refusal by the health insurance company to pay for a medical service
Drug formulary	A list of prescription drugs covered by a health plan
EOB - Explanation of Benefits	a receipt that outlines your services and fees - what your insurance is paying for, what you are responsible to pay
Fully insured plan	A plan where the employer contracts with another organization to assume financial responsibility for the enrollees' medical claims and for all administrative costs.
In-Network	your insurance company's approved list of doctors or providers
Inpatient Services	Services received when admitted to a hospital and a room and board charge is made.
Insurance Plan Types	Traditional Insurance Plan A health insurance plan with higher monthly premiums and little to no deductible. This is typically better for people who have many health problems/know they'll be using the healthcare HDHP/CDHP – High Deductible Health Plan/Consumer Directed Health Plan A health insurance plan with lower monthly premiums and higher deductibles than a traditional health plan. This is typically better for people who are healthy or don't use and don't plan to use the healthcare system often. MCO - Managed Care Organization/Managed care plan Refers to an HMO, PPO, EPO, or point-of-service plan. Managed care aims to coordinate and manage care to avoid redundancy, improve quality and lower costs. HMO - Health Maintenance Organization you are required to use in-network providers. In addition, you must have a referral from your primary doctor to see any type of specialist. Many HMO plans are very high-touch - they'll reach out to you to ensure you're getting preventive care and help manage chronic conditions. PPO - Preferred Provider Organization you have the option to use the list of In-Network providers. You can also use an "Out-of-Network" doctor, but your visit will cost more EPO (Exclusive Provider Organization) a network of doctors and hospital providers, just like a PPO. However, you are restricted to exclusively using only those providers or the EPO won't pay, there are no out-of-network benefits. You can see any in-network provider without needing a referral. COBRA a Continuation Of Benefits plan. If you were covered under a company health plan and lost
Marketplace plan types	 Bronze plan: a health plan where the actuarial value is 60%, which means on average a consumer can expect to pay roughly 40% of the cost of health care while the insurance company picks up 60%. Bronze plans generally have the lowest premium cost per month. Silver plan has an actuarial value of 70%, meaning a consumer can expect to pay roughly 30% of the cost of health care while the insurance company picks up 70%. Gold plan has an actuarial value of 80%, which means a consumer can expect to pay roughly 20% of the cost of health care while the insurance company picks up 80%. Platinum plan has an actuarial value of 90%, meaning a consumer can expect to pay roughly 10% of the cost of health care while the insurance company picks up 90%. Platinum plans generally have the highest premium cost per month.





Medicaid	A federal- and state-funded health insurance program for low-income children, elderly, blind or disabled
medicala	people.
Medically Necessary	Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease
(or Medical Necessity)	or its symptoms and that meet accepted standards of medicine.
Medicare	Federally administered health insurance for people 65 or older. Medicare coverage is also available to people under 65 with certain disabilities and to people of any age who have permanent kidney failure. Medicare Part A provides hospital coverage, and Medicare Part B helps pay for doctors' services and outpatient care. Medicare prescription drug plans are known as Part D. Medicare Advantage Plans (Part C) provide all the benefits of Parts A and B (known as Original Medicare) plus some additional services.
Medicare Advantage	A health plan that provides Medicare coverage for hospital and outpatient care, as defined by Original Medicare (Parts A and B), along with additional services. Medicare Advantage plans can include prescription drug plans as well. Medigap insurance does not work with Medicare Advantage plans.
Medigap	A supplemental health insurance sold by private health insurance companies to pay costs not covered by Original Medicare (Parts A and B). Medicare Advantage and Medigap coverage cannot be combined; beneficiaries must choose one or the other if they want supplemental coverage.
Network	The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.
Open enrollment	The period of time each year when employees can change insurance plans offered through their employer.
Out-of-network Provider	A provider who doesn't have a contract with your health insurer or plan to provide services to you
Out-of-Pocket Maximum	The most you'll pay toward your healthcare in a given year. Once you've reached that amount, the insurance company picks up 100% of the costs for the rest of the plan year (excluding co-pays).
Outpatient Services	Services that do not need an overnight stay in a hospital. These services are often provided in a doctor's office, hospital or clinic.
Preauthorization	A decision by your health insurer or plan that a health care service is medically necessary. Sometimes called prior authorization, prior approval or precertification.
Premium	the amount you pay to the health insurance company each month (or quarter) to maintain your coverage
Preventive care	Typically includes yearly checkups, screenings (like a mammogram) and immunizations. As a result of Obamacare, preventive care is 100% paid for under most insurance plans and doesn't require co-pays.
Primary Care Provider	A physician, nurse practitioner, clinical nurse specialist or physician assistant, who provides, coordinates or helps a patient access a range of health care services
Third-Party Payer	Any payer for health care services other than you. This can be a health insurance company, an HMO, a PPO, or the Federal Government.



Trump Administration Plan to Roll Back Health Care Nondiscrimination Regulation: Frequently Asked Questions

The Trump Administration has announced that it is planning to roll back an important regulation about Section 1557 of the Affordable Care Act, which protects transgender people from discrimination in health care and insurance coverage. Many people are concerned about what it means for them or for their transgender loved ones. The most important thing to remember is that **even if the Trump Administration rolls back the regulation, health care discrimination against transgender people will still be illegal**, although it might be harder in some ways to enforce your rights.

What is Section 1557?

Section 1557 is the part of the Affordable Care Act (the ACA, or Obamacare) that prohibits discrimination in health coverage and care. It bans discrimination on the basis of race, color, national origin, sex, age, and disability in health programs and activities that receive federal funding. This includes most health facilities, like hospitals or doctors' offices, and most health insurance companies.

What is the regulation that the Trump Administration plans to roll back?

Federal agencies often adopt regulations to explain what different laws mean. In 2016, the Department of Health and Human Services (HHS) adopted a rule explaining what Section 1557 means and how it plans to enforce it. Regulations like this one don't create new protections that weren't already there or change the law, but they do provide important clarifications about what the law requires.

One of the key things the regulation clarified is that, when Section 1557 prohibits sex discrimination in health care, this includes anti-transgender discrimination. The regulation also clarified important parts of the law related to discrimination based on race, national origin, disability, and more. For more information, read <u>NCTE's FAQ about this regulation</u>.

This regulation made it easier for transgender people to enforce their rights under Section 1557 and get access to the health care they need. But it is important to remember that even if HHS hadn't adopted this regulation, anti-transgender discrimination in health care would have still been illegal under Section 1557. Numerous courts <u>over nearly two decades</u> have said that federal sex discrimination laws like Section 1557 prohibit discrimination against transgender people. HHS simply recognized the existing state of the law and formally clarified that in a regulation.

What happened to the lawsuit challenging the regulation?

After the regulation was adopted, several state officials and organizations sued HHS, saying that the regulation needed to be overturned. They hand-picked a judge in Texas who was known for ruling against the Obama Administration and asked him to temporarily block HHS from enforcing parts of the regulation while the case went forward. As they hoped, this judge ignored what the vast majority of other courts said and, in December 2016, ordered HHS to temporarily stop enforcing parts of the



regulation, including the parts protecting transgender people. In a highly unusual move, after the Trump Administration came into office, the Justice Department refused to appeal the judge's ruling. Now, the Trump Administration is saying it plans to roll back or rewrite the regulation, and as a result, the judge has put the case on hold.

What will happen with the regulation now?

We don't know yet what will ultimately happen to the regulation. Formal regulations like the one about Section 1557 are different than guidance documents (like the guidance supporting transgender students) or executive orders: it's much harder to roll them back. It can take months or even years to rewrite or undo a regulation, and the Trump Administration would need to first put out a draft regulation and give members of the public enough time to comment on it. We will keep fighting to make sure that the regulation stays in place and we hope you'll join us.

But we do know that for the foreseeable future, HHS will not take any action to help people who have faced anti-transgender discrimination. There are two main ways that the protections under Section 1557 can be enforced: people who experience discrimination can sue in court or they can submit a complaint to HHS and ask it to investigate. HHS will not investigate complaints of anti-transgender discrimination for the time being, but transgender people can still file lawsuits themselves and those lawsuits will continue moving forward in the courts.

Am I still protected from health care discrimination?

Yes. No matter what the Trump Administration does, Section 1557 of the ACA is the law of the land, and most courts have said it protects transgender people. Only Congress has the power to change the law by repealing the ACA. However, the Trump Administration's actions will likely cause confusion for many patients, providers, and insurance companies, and it could lead to more anti-transgender discrimination.

What should I do if I face discrimination in health care?

If you have faced discrimination by a health care provider, insurance company, or another health program, reach out to an LGBT-friendly legal organization to get help exploring your options. While NCTE does not take clients or provide direct legal services, you can find contact information for organizations that do <u>here</u>.

Also, remember that many states have their own laws and regulations that protect transgender people from discrimination in health care and insurance coverage. If you face discrimination, you may be able to file a complaint with your state's human rights agency or somewhere else—see our Know Your Rights resource for more information.