



Affordable Care Act Enrollment Assistance for LGBT Communities

A Resource for
Behavioral Health
Providers

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Introduction

This toolkit is designed to help behavioral health providers assist lesbian, gay, bisexual, and transgender (LGBT) people enroll in health coverage. Many LGBT people in the United States lack health coverage, and therefore often lack access to behavioral health services and could benefit from enrollment support. They may be unaware of new health coverage options under the Affordable Care Act that could affect their health outcomes. Behavioral health providers can promote enrollment by educating patients about the law and directing them to appropriate resources for further assistance.

The Toolkit has three parts. Part 1 is a briefing document that provides background information on behavioral health issues affecting LGBT communities. It summarizes research on barriers that LGBT individuals may face when seeking health coverage. Topics include the Affordable Care Act, responding to enrollment concerns, choosing an appropriate health plan, and finding providers who are sensitive to LGBT needs. It concludes with resources, most of them online, that provide additional enrollment support. Part 2 is a slide deck that summarizes main points from the briefing document. Part 3 is a Question and Answer brochure that health care practitioners can provide to LGBT patients.

This toolkit was prepared for the Substance Abuse and Mental Health Services Administration (SAMHSA) by Truven Health Analytics Inc. in partnership with Out2Enroll, under contract with SAMHSA, U.S. Department of Health and Human Services.



**Affordable Care Act Enrollment Assistance
for LGBT Communities:
A Resource for Behavioral Health Providers**
Briefing Document



Getting Ready to Get Covered:

A Resource for Behavioral Health Providers Offering Affordable Care Act Enrollment Assistance for the LGBT Community

A. Background

Many lesbian, gay, bisexual, and transgender (LGBT) individuals in the United States lack health insurance, are unaware of their new coverage options under the Affordable Care Act, and would benefit from enrollment support. Behavioral health providers can promote enrollment by educating patients about the law and pointing them to appropriate enrollment resources.

This toolkit was developed to assist behavioral health providers who work with LGBT individuals. The toolkit's four purposes are to:

1. Increase provider awareness of issues that particularly affect the LGBT population
2. Provide information on key provisions of the Affordable Care Act
3. Give specific considerations regarding enrollment for LGBT communities
4. Offer resources to support LGBT individuals who have questions or are ready to enroll

Why Does It Matter?

There are an estimated 9 million LGBT Americans. Among those in the LGBT community who are low or middle income—those who make up to 400 percent of the Federal Poverty Level and who are therefore often eligible for financial assistance to gain coverage under the Affordable Care Act—one in three lack health insurance. Because of discrimination, prejudice, and other factors related to social exclusion, LGBT individuals face elevated risk of behavioral health concerns such as depression, suicidal ideation, and substance misuse and abuse. LGBT youth, particularly those who experience rejection by their families, face especially high risk of depression and other behavioral health concerns, as well as high rates of homelessness. The greater prevalence of behavioral health needs among LGBT communities—and the corresponding need for affordable, quality coverage that facilitates access to appropriate health care—highlights the importance of creating opportunities for outreach, education, and enrollment that are LGBT culturally competent and affirming.

Importance of Behavioral Health Providers

Behavioral health providers are uniquely suited to assist with providing information about health coverage options for LGBT individuals. As providers, you are skilled at developing trust-based relationships with your patients and are familiar with theories of behavior change that may be relevant to helping individuals assess the importance of health coverage and consider their enrollment options. Behavioral health providers are also more likely to be accustomed to working directly with health concerns that are particularly relevant to LGBT individuals.



B. Barriers to Health Coverage Enrollment

LGBT individuals face many barriers to obtaining health coverage. Some are shared with other groups, while others are unique.

- LGBT individuals experience high levels of poverty. Nationwide, about one in five gay and bisexual men and one in four lesbian and bisexual women are living in poverty¹, and more than 25 percent of transgender Americans report an annual household income of less than \$20,000.²
- People in same-sex relationships often have difficulty obtaining a family policy to cover a partner or spouse. Among those who try, as many as 50 percent report encountering trouble and 75 percent report feeling discriminated against in the process.³ Difficulty accessing employer-sponsored insurance can result from a lack of LGBT-inclusive protections from employment discrimination in many states and on the national level. Following the 2013 Supreme Court decision regarding the Defense of Marriage Act, the U.S. Department of Health and Human Services issued guidance in March 2014 clarifying that plans offering family coverage to different-sex spouses must offer that coverage to legally married same-sex spouses as well.⁴ Because states differ in their rules about the availability of spousal and other types of family coverage, there are still circumstances in which some coverage options may not be available to same-sex couples.
- Lack of interest in enrollment for transgender individuals may result from plan exclusions of coverage for medically necessary health care services related to gender transition, such as hormone therapy, surgical procedures, and mental health services. Transgender individuals' access to preventive services may also be limited to those that are commonly associated with only one gender, such as Pap tests or mammograms.
- The majority of LGBT people are unaware that financial help may be available under the Affordable Care Act to assist people making up to \$46,680 per year to afford coverage (this figure is for a family size of one; the limit is higher in Alaska and Hawaii). Individuals also may not know that the law introduces new LGBT-inclusive nondiscrimination protections in health coverage and care, establishes a new Essential Health Benefit standard that requires many plans to cover mental and substance use disorder treatment, and prohibits plans from denying coverage on the basis of pre-existing conditions, including a behavioral health condition. In making the step from coverage to care, LGBT people may be unsure how to find LGBT-friendly providers. LGBT patients are more likely to establish effective therapeutic alliances with providers who demonstrate knowledge of, and sensitivity about, their communities and concerns, and research has found that substantial majorities of LGBT people agree that it is important for their providers to know about their sexual orientation and gender identity.

The next section presents a variety of resources to assist LGBT individuals in overcoming these barriers and enrolling in quality, affordable health coverage.

¹ M.V. Lee Badgett, Laura Durso, and Alyssa Schneebaum, "New Patterns of Poverty in the Lesbian, Gay, and Bisexual Community" (Los Angeles: Williams Institute, 2013), available at <http://williamsinstitute.law.ucla.edu/wp-content/uploads/LGB-Poverty-Update-Jun-2013.pdf>.

² Jaime M. Grant, Lisa A. Mottet, and Justin Tanis, "Injustice at Every Turn: A Report of the National Transgender Discrimination Survey" (National Gay and Lesbian Task Force and National Center for Transgender Equality, 2011), available at http://www.thetaskforce.org/downloads/reports/reports/ntds_full.pdf.

³ Kellan E. Baker, Laura E. Durso, and Andrew Cray, "Moving the Needle: The Impact of the Affordable Care Act on LGBT Communities" (Washington: Center for American Progress, 2014), available at <https://cdn.americanprogress.org/wp-content/uploads/2014/11/LGBTandACA-report.pdf>

⁴ See www.hhs.gov/healthcare/facts/blog/2014/04/health-care-protections-lgbt-individuals.html.

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C. Resources for Health Insurance Enrollment

Affordable Care Act Basics and the LGBT Community

The Affordable Care Act enables millions of people to secure access to more affordable health coverage and care through two mechanisms: the Health Insurance Marketplaces, where individuals and small businesses can shop for affordable plans, and the expansion of many state Medicaid programs. The Affordable Care Act also specifically benefits LGBT communities by addressing insurance market issues that previously prevented many individuals from accessing the coverage and care they need. Behavioral health providers can help encourage enrollment by sharing the following information with uninsured LGBT individuals:

- Health plans, whether purchased in the Marketplaces or in the broader market outside the Marketplaces, cannot discriminate on the basis of sexual orientation or gender identity. Among other aspects of these protections, individuals cannot be denied coverage or charged higher premiums just because they are gay, lesbian, bisexual, or transgender, or because they have a condition such as HIV. Legally married same-sex couples are treated the same as heterosexual couples with respect to financial assistance when purchasing coverage through the Marketplaces, regardless of which state they live in, and Marketplace plans offering spousal coverage must make that coverage available to same-sex spouses.
- Financial help is available to eligible individuals on a sliding scale through the Marketplaces for individuals making up to \$46,680 per year and for a family of four making up to \$95,400 (these figures are higher in Alaska and Hawaii).
- Depending on the state, individuals making less than 133 percent of the Federal Poverty Level (around \$15,500 per year for a single individual in 2015; higher in Alaska and Hawaii) may be eligible for Medicaid coverage.
- All plans sold through the Marketplaces, and individual and small group plans outside the Marketplaces, must cover the Essential Health Benefits. The Essential Health Benefits are treatments and services across 10 categories of care, including mental and substance use disorder services, prescription drugs, preventive and wellness services and chronic disease management, hospitalization, ambulatory care services, emergency services, maternity and newborn care, rehabilitative and habilitative services and devices, laboratory services, and pediatric services that include oral and vision care.
- Plans cannot deny coverage because of pre-existing conditions, including behavioral health conditions, HIV, or a transgender medical history, and enrollees cannot be dropped from coverage except in cases of intentional fraud or nonpayment of premiums. Also, there are no more annual or lifetime dollar limits on essential benefits under private plans.

Responding to Other Enrollment Issues

Here are additional facts that may help to allay concerns for LGBT people.

Nondiscrimination Protections

Section 1557 of the Patient Protection and Affordable Care Act, which prohibits discrimination on the grounds of race, color, national origin, sex, age, or disability in health programs and activities, any part of which receives federal financial

assistance. It also prohibits discrimination on these grounds by the Marketplaces. Importantly, the sex nondiscrimination protections of Section 1557 include gender identity and sex stereotyping and provide a unique opportunity to ensure equal access to health care for all LGBT Americans.

Cultural Competency

A safe and understanding clinical setting enables providers and patients to discuss the wide variety of issues that may be relevant to an individual's health, including sexual orientation and gender identity. The Substance Abuse and Mental Health Services Administration (SAMHSA) and the Health Resources and Services Administration (HRSA) have jointly provided information on six federally supported LGBT cultural competency curricula that are available for Continuing Medical Education (CME) credit. These can be accessed online at <http://www.integration.samhsa.gov/workforce/training>.

Privacy Protections

LGBT people may fear disclosure of personal information to others by providers or by insurance companies. The Health Insurance Portability and Accountability Act (HIPAA) provides for the protection of individually identifiable health information, including information in a person's medical record such as information related to a person's sexual orientation and transgender status. HIPAA and the Affordable Care Act both provide protections against improper disclosure of personal medical information or other sensitive information to employers, family members, or others without proper consent from the individual patient.

Patients should be aware that providers must share some information about their patients and the care provided in order to be reimbursed for their services. Insurance companies do receive some information about the care that doctors provide to their patients. That information does *not* typically include sexual orientation or gender identity. Insurance companies also have their own policies about privacy and confidentiality of information. Also, substance abuse treatment programs or providers subject to federal regulations governing the confidentiality of the records of patients receiving alcohol and drug abuse treatment must obtain patient consent before disclosing protected health information, with limited exceptions.

Quality Coverage

Here are some additional facts about health coverage and requirements under the Affordable Care Act that might encourage LGBT patients to seek coverage:

- Most individual and small group plans in the private insurance market must include coverage for behavioral health services. If patients experience difficulty getting coverage for behavioral health services, or for other medically necessary services that they believe are covered under their plan, they may seek redress through an appeal with the insurance company and may also file a complaint with their state's insurance commissioner or with the Office for Civil Rights at the U.S. Department of Health and Human Services. The portal for consumer complaints and appeals at the Office for Civil Rights can be found at https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf.
- Most individual and small group plans in the private insurance market must cover prescription medications, although particular medications covered and cost will vary by plan. If a consumer needs a certain medication that is not covered, private plans must have a process for a consumer to request a noncovered prescription drug.
- Most plans must cover some preventive services, including adult depression screenings and child behavioral assessments, at no out-of-pocket cost to the enrollee.

- In addition to the Affordable Care Act, the Mental Health Parity and Addiction Equity Act (MHPAEA) applies to most private health plans and to certain authorities under Medicaid.⁵ Under MHPAEA, insurance companies cannot apply more restrictive cost-sharing or other benefit limitations to mental health services than they do to medical/surgical services.
- States cover different services in their Medicaid plans, so it is important to find out what is covered in a specific state. Private plans may cover different services too, although typical behavioral health coverage may include counseling, therapy, medication management, and substance abuse treatment.

Choosing a Health Plan

Personal Assistance

Many LGBT people, especially those with low incomes who are eligible for financial assistance under the Affordable Care Act, have never shopped for health coverage before and may not know how to choose a health plan. When shopping for a plan, consumers should note that insurance premiums are not the only factors to consider. Here are some additional factors:

- In addition to premiums, what other costs does the individual have to bear out of pocket, such as deductibles, coinsurance, and copayments? In some cases, a plan with a slightly higher monthly premium may have substantially lower out-of-pocket costs that could result in net cost savings. Importantly, health plans sold in the individual and small group market fall into one of four “metal tiers”—bronze, silver, gold, and platinum—that denote different levels of cost-sharing for covered benefits. Some young adults and some others may qualify for catastrophic coverage.
- In what way does the plan cover children or other dependents?
- Which services are covered?
- Which prescription medications are included in the plan’s formulary, what do they cost, and is preauthorization required?
- Which providers and health care facilities, such as specialty hospitals, primary care clinicians, and HIV specialists, are in the plan’s network?

Many important details about health plans can be found in the plan’s “Summary of Benefits and Coverage,” which generally is available from the insurance company on request. The most detailed, specific information about individual plans is found in plan documents known as “Certificates of Coverage” or “Evidences of Coverage.” LGBT people may wish to seek out these plan documents or contact insurance carrier representatives with specific questions about their coverage needs and plans they are considering.

For individuals seeking assistance with enrollment, every state has organizations designated to provide enrollment support. Many community health centers and other community-based organizations are Navigators or certified application

⁵ Certain requirements of MHPAEA apply in Medicaid to behavioral health (BH) services offered in Alternative Benefit Plans (ABPs), to the Children Health Insurance Plan (CHIP) program, and to state Medicaid plan services offered through managed care organizations. Where they apply, treatment limitations and financial requirements applicable to BH cannot be more restrictive than those applicable to medical and surgical benefits. See <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Mental-Health-Services.html>.

counselors. Many insurance agents or brokers are also trained on Health Insurance Marketplaces and can assist in enrollment. Navigators and other Marketplace-approved consumer assistance personnel, including certified application counselors, in-person assisters, agents, and brokers, all provide personal assistance in preparing either electronic or paper applications and generally may not discriminate based on sexual orientation or gender identity. Individuals can find assistance in two ways:

- Visit <https://localhelp.healthcare.gov> and enter the city, state, or ZIP Code to find local organizations that offer assistance.
- Call HealthCare.gov at 1-800-318-2596 to get personal assistance or voice any concerns. Help is available 24 hours a day, 7 days a week in English, Spanish, and many other languages.

Financial Assistance to Make Coverage Affordable

Under the Affordable Care Act, financial help is available to help make coverage affordable for eligible individuals and families. The law provides premium tax credits and cost sharing reductions (lower copayments, deductibles, or maximum out-of-pocket caps) for individuals purchasing insurance through the Marketplaces who meet certain household income and other eligibility criteria. The premium tax credits are available on a sliding scale on the basis of the individual's or household's projected income for the year. Individuals enter the amount of household income that they expect to make over the next year in their Marketplace application, and the Marketplace calculates the amount that can be provided on an advance basis and pays the insurance carrier directly for the selected plan. The consumer is then responsible for paying the remainder of the cost of the plan in monthly premium payments made directly to the insurance carrier, and they must also reconcile the amount of assistance they received at the end of the year when they file a tax return. Alternatively, an individual who qualifies for advance premium tax credits may choose to pay the full premium each month to the insurer and receive the full tax credit when filing tax returns.

To get financial assistance with purchasing coverage through the Marketplace, individuals must apply through their state's Marketplace and meet the following requirements:

- Must be a citizen, be a national, or be lawfully present in the United States
- Must have an annual income between 100 percent and 400 percent of the Federal Poverty Level (in 2015, \$11,670 to \$46,680 for an individual or \$23,850 to \$95,400 for a family of four, higher in Alaska and Hawaii)
- Must not be eligible for certain public insurance programs such as Medicaid, the Children's Health Insurance Program (CHIP), Medicare, or TRICARE
- Must not be eligible under an offer of coverage through an employer, unless the employer's coverage does not provide minimum value or is unaffordable. Coverage does not provide minimum value if the plan has an actuarial value of less than 60 percent, and employer-sponsored coverage is considered unaffordable if it costs more than 9.5 percent of the individual's income, based on the lowest-cost self-only coverage available to the employee.
- If married, the couple must file their taxes jointly to qualify for tax credit.

Some people will also qualify for financial assistance in paying out-of-pocket costs for deductibles, copayments, and coinsurance when they receive services covered by their Marketplace plan. This financial assistance is called "cost-sharing

reductions.” To be eligible, in addition to the eligibility criteria mentioned above, they must have an annual income between 100 and 250 percent of the Federal Poverty Level (between \$11,670 and \$29,175 for an individual and between \$23,850 and \$59,625 for a family of four, higher in Alaska and Hawaii) *and* must select a plan at the “silver” level. Note that there are special rules related to cost-sharing reductions for American Indians and Alaska Natives; information about these special rules is available in other guidance from the Department of Health and Human Services (HHS).

Individuals making less than 133 percent of the Federal Poverty Level (\$11,670 for an individual, higher in Alaska and Hawaii) may be eligible for Medicaid, depending on whether their state of residence is participating in the Medicaid expansion. Noncitizens who are legal residents but who have been in the country for less than 5 years qualify for financial assistance even if their household income is less than 100 percent of the Federal Poverty Level.

Finding a Provider

In making the step from coverage to care, LGBT people may be unsure how to find LGBT-friendly providers. Connecting LGBT people with providers experienced in or specializing in LGBT care is important because patients are more likely to establish effective therapeutic alliances with providers who demonstrate knowledge of, and sensitivity about, their communities and concerns, and research has shown that substantial majorities of LGBT people agree that it is important for their providers to know about their sexual orientation and gender identity.

SAMHSA’s Behavioral Health Treatment Services Locator offers a list of licensed facilities and organizations that indicate that they have special services for lesbian, gay, and bisexual individuals:

- Visit <http://findtreatment.samhsa.gov>
- Search for a provider organization by location
- Click on Show next to a provider organization’s name
- Under Special Programs/Groups, the term *Gays and Lesbians* indicates that the provider organization has a program for LGB individuals

Behavioral health provider associations, such as the Association of Gay and Lesbian Psychiatrists (www.aglp.org), the Association of Lesbian, Gay, Bisexual, and Transgender Addiction Professionals and Their Allies (www.nalgap.org), the American Psychological Association’s Lesbian, Gay, Bisexual and Transgender Concerns Office (<http://www.apa.org/pi/lgbt>), and the Association for Lesbian, Gay, Bisexual and Transgender Issues in Counseling (<http://www.algbtic.org>), can also be helpful in identifying trained providers.

GLMA (formerly the Gay and Lesbian Medical Association) also maintains a directory of providers familiar with the needs of LGBT patients. To use this service, visit www.glma.org and click on Find a Provider.

Many community health centers have experience working with LGBT patients and can be good resources for care or referrals to other LGBT-friendly providers. These health centers include:

- Fenway Health in Boston (www.fenwayhealth.org)
- Callen-Lorde Community Health Center in New York City (www.callen-lorde.org)

- Chase Brexton Health Services in Baltimore (www.chasebrexton.org)
- Whitman-Walker Health in Washington, D.C. (www.whitman-walker.org)
- Howard Brown Health Center in Chicago (www.howardbrown.org)
- Legacy Community Health Services in Houston (www.legacycommunityhealth.org)
- Lyon-Martin Health Services in San Francisco (www.lyon-martin.org)
- L.A. Gay and Lesbian Center in Los Angeles (www.laglc.org)

Other sources for referrals include local LGBT community centers via organizations such as CenterLink (www.lgbtcenters.org), as well as personal networks of friends, family members, and other community members.

There are a variety of ways for providers to indicate to their patients that they are LGBT-affirming. For example, the HRSA-supported National LGBT Health Education Center at The Fenway Institute (www.lgbthealtheducation.org) suggests strategies such as displaying LGBT-oriented literature in the waiting area; including demographic questions about sexual orientation and gender identity and references to domestic partners on intake paperwork, as well as offering write-in options for indicating preferred name and gender pronoun if different from what is on legal identification forms; and using open and nonjudgmental language in any questions regarding sexual behavior.

What Resources Are Available to Help With Enrollment Questions?

Below are additional resources that can assist behavioral health providers and LGBT individuals in answering questions about behavioral health coverage, costs, and enrollment.

- Information on the Affordable Care Act
www.healthcare.gov and www.cuidadodesalud.gov
- Help with applying for insurance in the Marketplaces or through Medicaid, including financial assistance, covered benefits, and online or paper applications
<https://localhelp.healthcare.gov/> and <https://marketplace.cms.gov/>
- Out2Enroll: Helping connect LGBT people with their new coverage options under the Affordable Care Act
www.out2enroll.org
- *LGBT Communities and the Affordable Care Act* (Center for American Progress)
<http://cdn.americanprogress.org/wp-content/uploads/2013/10/LGBT-ACA-survey-brief1.pdf>
- *Where to Start, What to Ask: A Guide for LGBT People Choosing Healthcare Plans*
<http://strongfamiliesmovement.org/lgbt-health-care-guide>
- *Health and Access to Care and Coverage for Lesbian, Gay, Bisexual & Transgender Individuals in the U.S.* (Kaiser Family Foundation)
<http://kff.org/disparities-policy/issue-brief/health-and-access-to-care-and-coverage-for-lesbian-gay-bisexual-and-transgender-individuals-in-the-u-s>

Where Can Providers Learn More About Working With LGBT Individuals?

- SAMHSA/CSAT: *A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals Training Curriculum* (First Edition)
www.attcnetwork.org/regcenters/generalContent.asp?rcid=12&content=STCUSTOM3
- The same publication in Spanish: *Una Introducción para el Proveedor de Tratamiento de Abuso de Sustancias para Lesbianas, Gays, Bisexuales e Individuos Transgénero*
www.attcnetwork.org/regcenters/productdetails.asp?prodID=555&rcID=16
- SAMHSA Top Health Issues for LGBT Populations Information and Resource Toolkit
<http://store.samhsa.gov/product/Top-Health-Issues-for-LGBT-Populations/SMA12-4684>
- SAMHSA LGBT Webpage
<http://www.samhsa.gov/obhe/lgbt/resources.aspx>
- National Institute on Alcohol Abuse & Alcoholism (NIAAA): Social Work Curriculum on Alcohol Use Disorders: Module 10G: Sexual Orientation and Alcohol Disorders
<http://pubs.niaaa.nih.gov/publications/social/Module10GSexualOrientation/Module10G.html>
- Association of Lesbian, Gay, Bisexual, and Transgender Addiction Professionals and Their Allies (NALGAP)
www.nalgap.org
- Association for Lesbian, Gay, Bisexual & Transgender Issues in Counseling (ALGBTIC)
www.algbtic.or/
- National LGBT Health Education Center at The Fenway Institute
www.lgbthealtheducation.org
- Center of Excellence for Transgender Health at the University of California at San Francisco
www.transhealth.ucsf.edu
- Project HEALTH – A program of Lyon-Martin Health Services and the Transgender Law Center
www.project-health.org

