

Centers for Medicare & Medicaid Services
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Welcome

Good afternoon. Welcome to today's assister webinar. My name is Everett Smith with the CMS Consumer Support Group. Before we start the webinar, I'd like to go over a few technical details with you. All lines have been muted so that everyone can have a good learning experience. If you are listening through your computer speakers and have audio issues or if your slides don't appear to be advancing please try to refresh the webinar. Press the refresh icon that looks like two arrows. It's the third icon in the row near the volume bar. If you continue to have issues, try to log out and back in again. Sometimes that helps reset things. If you would like to ask a question during the presentation please do so by typing them into the ask a question tab on your screen. Now I will turn the webinar over to Ms. Leslie Wagstaffe. Leslie, please go ahead.

Good afternoon. Thank you for joining us today. Welcome to the bi-weekly assister call. My name is Leslie Wagstaffe and I am the Deputy Director of the Division of Consumer Advocacy and Assister Support for the Marketplace.

As a reminder, this call is intended as technical assistant for assisters. It is not for press purposes and it is not on the record. If you are a member of the press, please email our press office at press@cms.hhs.gov.

Please note that the information presented in the webinar is informal technical assistance for assisters and is not intended as official guidance.

We also want to remind everyone that the webinars are recorded and posted online. Please visit [Marketplace.cms.gov](https://marketplace.cms.gov) to access past presentation material, written transcripts and video slideshow presentations. We will continue to update the list with materials from our weekly assister webinars as they become available.

This week, we have a special webinar in collaboration with Out2Enroll on reaching and assisting lesbian, gay, bisexual, and transgender or LGBT communities. But first I want to give a quick Marketplace update.

Marketplace Updates

Just in case you missed it earlier this week, CMS announced several Marketplace updates related to strengthening the Marketplace. I'd like to take a moment to highlight a few important updates that were included in this week's announcements.

SEP Verification

First, in a follow up to CMS's February announcement about the new special enrollment period (SEP) verification process. This week, CMS made available examples of the new eligibility determination notices that consumers will begin receiving next week, when they are determined eligible for one of the following five (SEPs). One, loss of minimum essential coverage or MEC. Two, primary place a living or a permanent move. Three, marriage. Four, birth of a child. Five, gaining a dependent through adoption, foster care placement, or a child support or other type of court order.

Eligibility determination notices for these consumers will include information on which SEP they qualified for and a list of examples of documents they should provide to prove that they qualify for the SEP. You can see sample eligibility determination notices for consumers who qualify for these SEPs by clicking the link on your screen.

We're also going to host a special Wednesday webinar next week to share more information about the process. Please keep an eye out for the invitation for our next assister webinar at June 15 at 2 PM.

Transitioning to Medicare

This week CMS announced that the Marketplace will be contacting enrollees as they near their 65th birthday to make sure that they understand the steps that they need to take to transition to Medicare. This outreach will provide consumers with information they need to enroll in Medicare if they're eligible and end their Marketplace coverage if they choose to.

Data Matching Issues

This week's announcement, includes an update on the progress we made in reducing the impact of data matching issues. We have seen a sharp reduction in the number of data matching generated and almost 40% year-over-year increase in the number of documents that have been submitted to resolve the issues. The Marketplace has made several improvements to help consumers avoid generating data matching issues.

You have done amazing work in helping consumers understand their issues. We thank you for your efforts. We know we could not do this without you. You should be very proud of your work. We will include more in next week's assister newsletter about these and other important Marketplace updates.

Reaching and Assisting LGBT Communities

Moving on to today's presentation: We're joined by Kellan Baker, senior fellow with the LGBT Research and Communications Project at the Center for American Progress, and a founding steering committee member of Out2Enroll, a coalition of organizations working to connect LGBT communities with their new coverage options under the Affordable Care Act. Kellan will present tips and best practices for reaching and assisting LGBT consumers to help them enroll in coverage through the Marketplace.

If you have questions throughout today's webinar, we definitely encourage you to submit them through the webinar chat feature. We'll save plenty of time at the end of the presentation for Kellan to answer your questions, so please be sure to submit any questions you have throughout the presentation.

And with that I'll turn it over to Kellan. Kellan.

Thank you Leslie. Thank you to those who are on the line today. We are looking forward to talking to you about reaching and assisting LGBT communities. Those who we have talked with you before, welcome back and we have new updates for you about news that has happened over the last couple of months that impact access to health insurance coverage and healthcare for LGBT people and to those who are joining us for the first time, welcome.

As Leslie mentioned, my name is Kellan and I am a steering committee member with Out2Enroll which is a nationwide initiative dedicated to connecting LGBT people and families with their new coverage options under the affordable care act. Out2Enroll has been around since September 2013. For all three open enrollment periods thus far, and we are very much looking forward to the forth upcoming open enrollment period that will start this November.

If you haven't heard anything about Out2Enroll, and you would like to know more about us you can visit our website Out2Enroll.org. You can see it at the bottom of my slides. Please stop by to learn more about it and stay in touch with any questions that you may have going forward. Our information will be at the end of the presentation.

If you have any concerns with the slides during the presentation, please put that in the chat box at the bottom of your screen. Also as we discuss the presentation goals briefly, I want to echo what Leslie mentioned earlier comment if you have any questions, feel free to ask them at any time during a presentation. Katie will be assisting me an answer questions that come in a real-time. We will have plenty of time at the end of today's presentation to answer specific questions for everybody on the line. Please use the check box at the bottom of your screen.

Also throughout the presentation, there will be a variety of questions that I will be asking of you. Please participate when the questions come up to make sure we are on the same page with the topics and issues we will be covering.

When you see questions come up on your screen, please type your answer into the chat box at the bottom of your screen so we can see what kind of questions are coming up and to make sure we are on

the same page. Our session goals for today is briefly defining terms and identities and concepts associated with LGBT communities. I know most folks are familiar with but just to make sure we are all on the same page with regard to the terminology.

This changes quickly and we want to make sure you have the latest and greatest updates on what is the terminology that you make sure to use when talking to or about LGBT individuals, families and communities.

Describing briefly the systematic healthcare barriers that LGBT population historically have faced and some of the ways the Affordable Care Act is addressing those barriers, identifying best practices and practical tips for addressing LGBT specific enrollment questions, for the most part, LGBT people are just like anybody else. They want the security and financial protection that comes from having access to health insurance coverage and a better health and wellbeing that comes with healthcare. There are a couple of specific issues that tend to arise for LGBT individuals and families more frequently than other people. We want to make sure you have to answers to some of the questions in your toolbox so that you can make sure that everyone you are working with can get answers to the questions they need and get connected to the coverage that works for them.

Finally we will be having a couple of short case studies, just to practice some of those skills for enrolling LGBT individuals and families effectively. Go to the next slide.

Very briefly, to cover what is LGBT? It is something people have heard and are familiar with but to recap, it stands for lesbian, gay, bisexual, and transgender. This LGBT umbrella talks about two distinct groups of people. One is lesbian, gay and bisexual folks. That's sexual orientation. Sexual orientation isn't just about sexuality or who you're attracted to. It is also about who you love and who you create a family with and you consider to be your community and what safe spaces are for your family and community. In addition to gay or lesbian and bisexual, another term that is used is heterosexual or straight. A good reminder that everyone has a sexual orientation. Even if you identify as heterosexual or straight and not a member of the lesbian, gay, or bisexual community. Another term you might here is queer. It is a term we do not recommend you use when talking to or about LGBT people because of its history as a slur against LGBT individuals, but it is important that you know that some individuals, particular younger LGBT people folks are using the term queer to describe themselves. Do not be surprised if you hear a young person self-identify as queer. Remember that the best terms to use when talking to or about LGBT individuals is lesbian, gay, and bisexual.

The other thing that is under the umbrella is the "T" transgender people. Transgender relates to gender identity, which is each person internal knowledge of their own gender. I will do my best to go to the next slide.

Transgender is a term that is used to describe people whose gender identity, meaning their internal innate knowledge of their own gender, and when you wake up in the morning, you know you are a man or woman and that affects how you present yourself and how people interact or you. That is your gender identity. A transgender person is someone whose gender identity is different from the sex they were assigned at birth. Which means the sex that is on their original birth certificate.

A transgender man or a transman is a man who was assigned female at birth. When he was born, the doctor put an F for female on his original birth certificate. The right gender pronoun to use for a transgender man are he, him, and his.

A transgender woman or a transwoman is a woman who is assigned male at birth. When she was born, the doctor said congratulations, you have a boy. As she grew up, she came to understand that she actually identified as a female. The right gender pronoun to use is she, her, and hers. That is in addition to titles such as mom. There are people that identify outside the male female boxes entirely. Some terms you might use to describe people who do not identify as male or female include gender queer, gender nonconforming, or non-binary. The best gender pronouns to use for people who do not identify as male or female might be they, them, and theirs. If you are not sure, it is best to politely ask what the right gender pronoun is.

The process of gender transition is something that many transgender people go through in order to change one gender, meaning the gender they were assigned at birth to the gender that is on their original birth certificate to the gender with which they identify.

Gender transition is a complex process that is different for every individual. It usually involves a couple of common social, legal, and medical steps. Social steps involved in gender transition might include changing clothing, hair style, and the name and pronouns that you used to describe yourself.

The legal steps, typically include changing your legal name and legal gender so the name and gender that are on identity documents such as a birth certificate, a passport, or a driver's license, from the sex you were assigned at birth and the name that was given to you at birth to the name and the gender that describes who you are now.

The medical steps that might be involved in gender transition might include hormone therapy, mental health counseling, and a variety of gender confirmation surgeries. Contrary to what the media would like to tell us, there is no such thing as a sex change surgery. There is no magical machine that transgender people step into and step out as a different gender the next day. There is a complicated process of gender transition and it can involve a variety of medical treatments, including a variety of gender confirmation surgeries.

Importantly, expert medical entities such as the American Medical Association have confirmed that medical care related to gender transition is medically necessary for transgender people. We will talk about what that looks like in the law around the Affordable Care Act later on in the presentation.

We bring this up about gender transition because it is important to know that transgender people might use a name and or a gender that is different from what is on their legal ID. That has implications for what they put on their application for health insurance coverage to the Marketplace. We will describe it in a little bit more detail how to deal with the questions that might come up or how a transgender person should identify themselves on the Marketplace application to make sure they get quickly enrolled in coverage.

I know a lot of this can seem abstract. A lot of words that may be unfamiliar and concepts that seem strange, maybe, many of us have not met a transgender person and maybe we have or we might have a not even known it. Transgender people could be visibly transgender or they may not look to you like somebody who is actually someone who is transitioned from one gender to another.

The focus on this page here are some examples of transgender people, some you may know on the bottom left comedy actress Laverne Cox from the television show *Orange is the New Black*. Laverne Cox

is a transgender woman. Also on the slide, on the bottom right, you can see Caitlyn Jenner, another transgender woman who has been very visible in the media.

Above Caitlyn is our friend Shawn from New Orleans who identifies as non-binary or gender queer. Sean uses the pronoun they and them.

There would be a variety of questions for you throughout the presentation. Here is the first one. Again, I know this is a topic that can be confusing. We want to take a moment to make sure we are on the same page.

Pat transitioned from male to female. How would you describe Pat? Would you describe Pat as a transgender man? Or as a transgender woman? Please take a moment to type your answer.

Understand what gender means and began to describe who Pat is, Pat realized that actually she identifies as a female, as a girl, as a woman. We would describe Pat as a transgender woman.

And what gender pronouns should you use when talking to or about Pat? Should you use the gender pronouns as she, her, and hers? Or he, him, and his. Please share your answer in the chat box at the bottom of your screen.

I should say you are rocking it. I see many correct answers here. I appreciate all of the attention that you are putting in. You are using the correct name and correct pronouns for identification for transgender people, which is a key part of making people feel comfortable and making sure they have the kind of experience that translates into them getting appropriate health insurance coverage.

Please share your answers. What gender pronouns should you use when talking to or about Pat? The options are common a, she, her and hers or B, he, him, and his.

Please keep the answers coming in. I see a number of them showing up on the screen.

A lot of excellent answers. You are rock stars. Pat is a transgender woman you would use the gender pronouns that you would use were woman, she, hers, and her. You use titles such as ma'am. Thank you for your great answers.

Move to the next question which is how many people in United States identify as LGBT? The answer choices are 700,000, 2.2 million, 9 million, 35 million. Please take a moment and think about how large do you think the LGBT population actually is in United States? While you are thinking through that, I want to again appreciate all the knowledge that you are sharing about the realities of who transgender people are. If you have questions, don't be embarrassed at all. If you have a question, somebody probably has that question to. Please ask your questions at the chat box in the bottom of the screen so we can make sure your question gets answer. It won't just be helpful for you but we can help others who have the very same question.

Looking at the answers that are coming in how many people United States identify as LGBT, all of you said 9 million, you are correct.

For the sake of comparison it is equivalent to the size of the population of the state of New Jersey. There at least 9 million people in the United States who identify as lesbian, gay, bisexual, and or transgender. It

is important to note as we mentioned earlier, that sexual orientation and gender identity are different things. People who are lesbian and gay or bisexual are not necessarily transgender. People who are transgender aren't necessarily gay, lesbian, and bisexual. Transgender people, like anyone else, can be any sexual orientation, including straight.

It is important to know that the 9 million number is a significant undercount because it counts only those people who are comfortable or safe enough to put their hands up on a federal supported survey and say yes, you can count me as LGBT. We know that there are many parts of the country, many families and communities where it may not be safe for individuals to openly identify themselves as LGBT.

The 9 million or more people are diverse, no matter where you live, no matter where you are doing outreach or what communities you're working with or what communities you are coming from. There are LGBT people in your communities. They come from all different backgrounds, communities of color, immigrant communities, living with disabilities and have languages that are the primary language that are not English, have kids and are living in areas across the country, including rural areas and in every single state. There is no surprise that the largest number of LGBT individuals are in the four states California, Texas, Florida, and New York with the largest populations overall. I hope you can see from the map that they live in every single state in our country.

Looking by county, you can see that this is the same sex couples, so not counting single LGBT couples, there are same-sex couples that are in almost every county of the United States. The number is 96.9 as of 2010 that is 96.9% of the counties have LGBT living in them.

Looking at LGBT parents, these states that are in dark green actually have more than 20% of same-sex couples who are raising children. You will notice that many of the states are those that have the fewest nondiscrimination protections for non-LGBT individuals. Why are they raising children in these states? The kind of social atmosphere that leads to no nondisclosure protections for LGBT people encourages many people to hide who they are and to delay coming out as LGBT because they are afraid of safety or afraid of losing their family and friends. You see many LGBT individuals in these states actually coming out later in life, after they may have already been in a straight relationship and have children from that relationship.

Also, LGBT individuals who are from communities of color, are more likely to be raising children than white LGBT individuals and parents, particularly female same-sex parents and parents who come from communities of color, they are likely to be living in poverty, which is one of the major reasons why we focus on the LGBT population when we are talking about health insurance coverage and health care. Income, socioeconomic status and poverty are so closely related to the types of options that people have for their health insurance coverage and how they get healthcare.

As diverse as the LGBT community is, there are many common experiences that many LGBT individuals have. One of the common experiences is encountering discrimination on the basis of sexual orientation and/or gender identity. These statistics come from a report called *When Healthcare isn't Caring* from 2010, asking a nationwide sample of almost 5000 LGBT individuals what their experiences with getting healthcare were like. You can see there are high numbers being reported of people being refused the health care they needed. Healthcare professional people refusing to touch people or using excessive precautions, they were using harsh or abusive language or healthcare professionals being harsh or abusive. The difficulty that LGBT people have getting access to healthcare, is also reflected in their

access to health insurance coverage. In 2014, one in four or 26% of low and middle income LGBT people were uninsured. That means that 26% of LGBT people in that income range where they could get financial assistance to get coverage under the Affordable Care Act, did not have health insurance coverage. You can see on a slide the numbers for gay, lesbian, bisexual, and transgender people. The purple Band-Aids are the uninsurance rate in 2013. The red Band-Aids are uninsurance rates in 2014. You can see in all cases, the red Band-Aids are smaller than the purple Band-Aids, meaning the uninsurance rate were those people dropped between 2013 and 2014 and has continued to drop since them. You still see there is a significant number of LGBT people who are still uninsured.

Like anybody else, they have a lot to gain by enrolling in health insurance coverage. It is not just about having a card in your wallet. It is about being able to access health care you need when you need it. Given health disparities and the issues that particularly affect the health and well-being of LGBT people, it is important for them to have access to health insurance coverage they could get access to health care when they need it.

Some of the key benefits of the Affordable Care Act for LGBT people, some of the ways that the Affordable Care Act is helping to close the disparity and help people get the coverage they need that they can access the care they need, include nondiscrimination protection for LGBT individuals as well as other people who have experienced difficulties getting access to coverage and care. Relationship recognition, quality coverage, financial help, and free in person help. I hope you notice in the list, how many are similar or the exact same as what you would talk about to any group of people or anybody who wants to know more about the Affordable Care Act. Going back to the idea that there is not that much that is special or in usual about LGBT people. There are a couple of issues that LGBT people face that make it more difficult for them to get access to coverage and care.

The Affordable Care Act has some solutions. Looking at one of the solutions in more detail, nondiscrimination protection, section 1557 of the Affordable Care Act prohibits discrimination on the basis of sex as well is on the basis of race, color, national origin and other areas in the marketplace, hospitals, doctors offices and health insurance plans. Pretty much anywhere in the US health system that has touched by federal financial assistance or federal funds such as Medicaid and Medicare or Marketplace subsidies.

According to the US Department of Health and Human Services, those protections include protections on the basis of gender identity, and sex stereotyping.

Sex stereotypes include the idea that men should look or act a certain way and women should look or act a certain way. That include sexual orientation such as the stereotype that men should only date and marry women or women should only date and marry men.

That is why section 1557 provides nondiscrimination protection for a number of people in LGBT communities, including transgender people, lesbian, gay, and bisexual people. Gender nonconforming people, people who do not identify as male or female, if you remember earlier we describe those people as using a term like non-binary to identify by themselves. There are intersex people. The protections of 1557 are outlined in a final rule that was recently released in the middle of May from the Office for Civil Rights at the US Department of Health and Human Services. Section 1557 applies nationwide and covers the activities of any health care entity, facility, or program that receives federal funding, including the health insurance worker places as well as the health insurance plans that are sold to the Marketplaces.

This is great news for LGBT people and so many of us in the United States who have had difficulty in the past getting access to health insurance coverage in healthcare. The Affordable Care Act is making strides towards making a true that health care is not a privilege. It is a right.

When it comes to making the protections a reality, if you look at the Federally-facilitated Marketplace enrollment application, at HealthCare.gov, you will see the paragraph towards the end under federal law, discrimination is not permitted on the basis of race, color, national origin, sex, age, sexual orientation, gender identity, or disability.

Those are the protection of section 1557 as well as other provisions in the Affordable Care Act to ensure that no one encounters discrimination when seeking access to health insurance coverage or healthcare. People who experienced discrimination and this is not just LGBT people. This is anyone who experience discrimination, can file a complaint with the office for civil rights at the US Department of Health and Human Services by visiting the website www.hhs.gov/ocr.

Individuals can file complaints with their state insurance commissioner as well as the state Atty. General. Of course we recommend that people be careful when it comes to thinking through what the political atmosphere in the state is like, when trying to decide whether it will make more sense to file a complaint at the state level, where action to resolve the complaint might be faster versus the federal level where maybe there are protections that exist in the Affordable Care Act that may not be reflected in state law.

People can also let HealthCare.gov know they have experienced discrimination by calling the hotline at 1-800-318-2596. This is not a formal mechanism for reporting discrimination. The people at CMS are doing the work of tracking the complaints that come in to HealthCare.gov via the one 800 hotline.

If people are experiencing discrimination when they are trying to get health insurance coverage, trying to get healthcare that is no longer okay. The Affordable Care Act made significant changes that really do focus on making sure that everyone, no matter who they are, has fair and equal access to health insurance coverage and health care. If you are encountering barriers they can file a complaint for discrimination with the office for civil rights at the US Department of Health and Human Services and with your state agencies.

Focusing on one of the groups in the LGBT community that have the hardest time getting access to health insurance coverage in healthcare, let's look at transgender individuals who have been excluded from access to health insurance coverage for the healthcare services that they need.

Many health insurance plans have exclusions that deny transgender people access to medical services such as preventive care, mental health counseling, hormone therapy and gender affirmation surgeries.

Some examples of transgender exclusions include procedures or medical care performed in connection with sex reassignment. Procedure services and supplies related to sex transformation. Transsexual surgery, regardless of medical necessity, these are just some of the examples. There are many other examples out there. The effect of these exclusions is to bar transgender people from getting access to the healthcare services that they need. It is important to note that the exclusions cannot be seen in the summary of benefits and coverage. They can only be seen in the full evidence of coverage or certificate of coverage from the plan itself. As we know, it may or may not be easily accessible. This is a significant problem for transgender people who are asked to sign up for health insurance coverage and told they

need it and they are told they have to pay a fine if they don't have coverage. But then they are told that the plans that are available to them are full of exclusions that denied them access to the medically necessary healthcare they need.

Fortunately, section 1557, that non-discrimination rule that we just talked about actually bans transgender exclusions in health insurance nationwide. That means that Marketplace plans, Medicaid, and Medicare, is not allowed to discriminate against transgender people. No matter what state you are in, if a health insurance plan being sold in the Marketplace or a state Medicaid program has an exclusion that targets transgender people, that exclusion is unlawful. It is illegal under section 1557 of the Affordable Care Act.

I should go back to this briefly so that people know this light pink and light blue colors on the map are actually the colors of the transgender pride flag that people are familiar with that June is LGBT pride month. LGBT have the rainbow pride flag and transgender individuals have this specific flag to describe who they are as transgender people. These colors, light pink and light blue are the colors of the transgender pride flag.

Some things to know about what this means for the fourth open enrollment period, and Marketplace plans and state Medicaid programs cannot have transgender exclusions that deny all healthcare services related to gender transition.

Plans cannot deny coverage because a person is transgender. They cannot limit access to sex specific services meaning services such as a mammogram or prostate exam or cervical Pap test on the basis of the sex they were assigned at birth their gender identity or the gender that was reported on their insurance card or their medical record.

Plans have to use the same terms and conditions so the same standards to determine for transgender and non-transgender people when something is medically necessary.

That does not mean health insurance plans have to cover any specific service or treatment. It does mean that if the plan covers a specific procedure or for non-transgender person such as a hysterectomy or a non-transgender woman or hormone therapy, those procedures for services have to be made available to transgender people as well. In addition, to federal law, as outlined in section 1557, 18 states including the District of Columbia and the Medicare program, specifically prohibit transgender exclusions in health insurance coverage.

We are going to move off of transgender issues here. I encourage you to ask any questions that you have to the chat feature at the bottom of your screen. We will do our best to those answered. I want to pause briefly to provide a definition of a word that we used earlier, which I recognize may be of familiar to some people, the term intersex is a term that is used to describe individuals who are born with some aspect of their sex, which could be their genitalia, it could be their internal sex organs, such as ovaries. It could be their chromosomes. It could be their hormone levels that do not clearly make them either male or female.

Intersex is fairly common in the United States. About 1 in 2000 individuals is born with an intersex condition. That is a condition that makes it unclear when the baby is born, whether that individual should be classified as male or as female. Contrary to what many of us are familiar with our daily lives where everything lines up. We know very clearly whether we are men or women. For intersex

individuals, like transgender people sex and gender are more complicated. Intersex is a term that describes people who have a variety of conditions that make it unclear what their biological sex or what the sex that they should be assigned at birth is. If other people have questions about the term intersex, feel free to ask. I know these are concepts that may be new for some people. If you have a question, so does everyone else.

Moving on to some specific questions regarding relationship recognition.

Straight and gay, married couples, are treated the same by the Marketplace and Medicaid. There is no difference. This is following the summer of 2015 Supreme Court ruling which is the lawsuit that provided the opportunity for same-sex couples in every state to get married. Again, it does not matter what state you live in or what state you get married in. If you are a gay couple, you have the same rights and the same access to benefits through the Marketplace and Medicaid as a straight married couple. That means that family or spousal coverage and the APTC as well as other types of cost sharing reductions are available to straight and gay spouses. Just like for heterosexual couples who are not married, a child's eligibility for a child of an unmarried same-sex couple is to go to the parent that claims the child on the federal taxes. In terms of relationship recognition, as long as a couple is married that is the most important part of determining what their eligibility for benefits and subsidies through the Marketplace or Medicaid is. The Medicaid program in all states like the Marketplace must consider same-sex couples legally married for purposes of Medicaid access.

Another key thing to let LGBT know about the Affordable Care Act that free in person help is available. We could not do any of this without you or the people who are out there they in and day out, doing the hard work of connecting this connecting individuals with affordable, quality health insurance coverage through the Marketplace or in many states, through Medicaid.

Something to know, more than 50% of low and middle income LGBT people, people who are looking at the Marketplace and looking at Medicaid, more than 50% have never shopped for coverage on their own before. We know that insurance coverage is confusing. That is why we need help to make sure we are looking at the options that make the most sense for each of us.

80% of LGBT people in that income range want enrollment help from assisters with training on LGBT concerns. We are happy that you have joined us today. After today's webinar, we invite you to sign up as a trained LGBT friendly assister. You can see on the right-hand side of your screen, the widget or the little tool that we have on how to enroll.org where people can put in the ZIP Code and find LGBT friendly assisters. You can sign up to be listed as one of the assister. You can visit the link that is on your screen at the bottom. Please note the lowercase A.

That is something that will make a difference in accessing the correct web form to sign up. We invite you to sign up. We have assisters in 45 states that are signed up as providing LGBT assistance and we would love to add your name or organization to the list.

Some of the other ways of reaching LGBT people about what type of coverage is available through the Affordable Care Act include partnering with LGBT organizations, no matter where you are and what state or region you are in. There are LGBT organizations. Some might include an LGBT community center, a survey community health center, a Ryan White program, PFLAG-parents and friends of LGBT individuals, it is the largest organization for parents and other family members of LGBT individuals. There is a variety of other organizations. No matter where you are, Google LGBT organizations plus the

name of your local city or local town. I guarantee you that some ideas will come up. The organizations you are interested in working on health issues with the sense of getting word out to the members about what the Affordable Care Act might mean for them. They need your help. A lot of the organizations do not have the expertise that you do when it comes to how to navigate the system on health concerns coverage. The Marketplace and Medicaid and APTC, these things can sound scary to a community-based organization that does not do this work on a regular basis. If you get the opportunities to partner with LGBT organizations to help them.

When you are doing that outreach, use relevant images, language, and content. It is not a good idea just to replicate the same images and content you would use for any other community. It can be upsetting to look at pictures of people who look nothing like us, to look at pictures of families that clearly do not include same-sex couples. You can see on the right-hand side of your screen, a couple of images, these are from HealthCare.gov. They are ready to go. You can pull them off the Internet and use them now to reach out to LGBT community members with images and language that shows that you are thinking about them.

There is a variety of images available on the Facebook page. Please come by on Facebook and look for Out2Enroll.org. You are free to use the images you find there. You can find more images and other materials at Out2Enroll.org free to use the images you find there.

A great opportunity to distribute these types of materials is to participate in LGBT events. June is LGBT pride month. If you are seeing all those rainbow flags and wondering what is going on, June is LGBT pride month. Communities in many cities across the country have pride festivals that are going on where you can go and share your information and invite people to come to people and talk to your organization about what their health insurance options might be.

Other cities and communities across the country have festivals later on in the summer or in the South, later into the fall when things are a little cooler and it is not so hot to stand outside all day. Keep an eye out for local pride festivals in your area. Printout materials from Out2Enroll.org or HealthCare.gov and email addresses you will see at the end of the presentation and request materials that you can share with people in your local communities when you go to pride events. You want to make them aware of what the benefits of the Affordable Care Act might be.

Just to recap some of the key messages to share. If a LGBT person comes up to you at your pride event or whatever the situation might be. Affordable Care Act thing, this Obama care thing, I really don't know anything about it. Should I look into it? What is in it for me? Here are some things you can share.

The ACA prohibits discrimination based on sexual orientation and gender identity. LGBT people should not face discrimination in health care or health insurance coverage. For transgender people, health insurance plans cannot have transgender exclusions and cannot deny coverage solely because someone is transgender.

If anyone faces discrimination, they can file a complaint with the US Department of Health and Human Services Office of Civil Rights with HealthCare.gov or with their state insurance department. I will go back briefly to the slide that has the website or signing up and we will make this information available after the training as well to make sure that people are aware of where you can go a please sign up. We want to let everyone know the great work you are doing and let them know you are a place where they can go and get the help they need to make the promise of the Affordable Care Act a reality.

Now that you have reached out and found the local LGBT organization in your local area, in your work with them to partner and shared information for their members and networks about the benefits of the Affordable Care Act. You've gone to the pride festivals and handed out your materials, what is next?

Make sure that the environment that is in your office is welcoming for LGBT people who come in to talk to you about health insurance coverage options. Some of the ways that you can create a safe and welcoming environment for LGBT people include displaying nondiscrimination policies. As we mentioned earlier, the Affordable Care Act prohibits discrimination against LGBT people. You can find the language and a paragraph on the HealthCare.gov Marketplace application itself under federal law discrimination is not permitted on the basis of orientation and gender identity.

If your organization does not include sexual orientation and gender identity in its nondiscrimination statement, now is a great time to add that and make sure it is posted so that people who are coming into your office, whether they are LGBT or not, can see it and know they are protected and they will be treated equally and with respect.

You can post safe space or rainbow stickers and posters. These are examples on the right-hand side of the screen. This might seem like a small thing but LGBT people are looking for indications that they are welcome. Many LGBT people have had the door closed in their faces and told they are not welcome. Something like a rainbow sticker is a small, but important indication to LGBT individuals that they are welcome.

You can find materials like this online. We are happy to share them by mail. If you email us. This is something you consider doing that is not a big change for your organization. Non LGBT people will not even notice. But for LGBT people it is a good inclusion. Some have materials in waiting areas and importantly, especially in the current era where we are having so much fighting going on about the right of transgender people to the most human basic things such as going to the bathroom, provide unisex bathrooms which means a single stall restroom that anyone can use, regardless of gender or what they look like. That is not just important for transgender people. It is helpful for anyone. They need more privacy in the restroom such as a person with a disability or a parent. When you are filling out the application, allow people to point and write down answers themselves to avoid making them share sensitive information out loud. I know this is something that many do already. Underscore the importance of that for LGBT people as well.

In conversations with LGBT, the communities are diverse. Just because they don't look gay or transgender to you does not mean that they are not. Just because someone looks like they might be a member of the LGBT community to you that does not mean that is how they identify. Be open to the information that they are sharing with you about who they are and regardless of what their gender or gender identity or sexual identity or what the family looks like, provide them with the same level of courtesy and professionalism and respect you would for anyone else.

That is the best way to make sure that LGBT people can get and rolled and everyone has a good experience.

Another important thing to keep in mind is using gender neutral language when possible for families such as partner and spouse and parent. This is something that might not seem to be like a huge deal. If you think about the type of language that clearly shows that nobody is thinking that you, nobody has

considered what your experience is might be, or same-sex couples, it can be very important to hear language shows that you see and recognize that their families are just as valid as any other family. Language is an important way of showing that.

Similarly, being aware of language generally, not making assumptions about gender on the basis of their voice or what is on their identity documents. As a mentioned earlier, some transgender people may have a name or gender that is different from what is on their ID documents. Listen to what people are telling you about what their gender is and the best name to use is. When in doubt, ask rather than guess. Here is a few ways to do that. How would you like me to refer to? What pronoun use? How do you like to be addressed?

Once you figure out what the correct name or correct pronoun to use, make sure that you use it consistently. The way to do that is to write it down and make a note for yourself. That will also help your coworkers working with that person in the future.

If you make a mistake, just apologize and move on. Make sure that you use the right name pronoun going forward.

Some of the specific issues with regard to filling out the application. There have been a variety of questions about how to fill out the application itself. When it comes to name and gender, in conversations with a person, use the name and the gender pronoun that the person prefers. This is important for transgender people it is not just for transgender people. You think about a nickname, you might have a nickname that you prefer to go by. But when it comes to filling out an application or filling out a form, put down the name that is on your federal or state issued ID document. In filling out the application, we recommend the person uses the name and gender that they use to file their federal taxes. That will help minimize the chance that they will be caught in identity verification failure.

Relationship status, married same-sex couples have the same rights and joint financial assistance for APTC and other cost sharing reductions. They have the same family coverage as married heterosexual couples. It does not matter whether a couple is same-sex or different sex. The more important thing is whether or not they are legally married in any state or country.

Eligibility for financial assistance. Just like heterosexual couples, same-sex couples need to be married and filing joint income taxes in order to be eligible for APTC and other cost sharing reductions.

When it comes to plan exclusions for transgender people, section 1557 of the Affordable Care Act actually outlaws transgender specific insurance exclusions but they still exist in other insurance plans. The best way to find them is to look at the evidence of coverage or the certificate of coverage. These exclusions cannot be seen in the summary of benefits and coverage.

If you are not able to get a hold of the evidence of coverage, you can try calling the plan. But be careful. There is still a shift underway of people starting to understand these protections are now in place. You may get inaccurate information from the customer service representative on the other end of the line about whether or not there is a transgender specific exclusion in the plan. Whenever possible, get a hold of the evidence of coverage or the certificate of coverage to double check whether there are any exclusion for transgender people.

Plan formularies, this is something that is happening with people with a variety of medical conditions such as HIV that medications used to treat those conditions are put in a high or unaffordable cost sharing tiers. Again, make sure the people you are talking with are where that it is not just about the premium. As we know, there a variety of other cost-sharing issues that people need to keep in mind when assessing whether or not a plan is right for them. Being aware that this is something that we have seen happening. This is referred to as adverse tiering. This practice of health insurance plan and putting medications needed to treat specific conditions such as HIV in very high or unaffordable cost sharing tiers.

There is no one easy way to identify LGBT friendly providers. Here are some ideas. These are ways of doing it including asking local LGBT organization. They are tightknit and word travels fast about who the good healthcare providers are. You can frequently get an idea of who are some friendly LGBT doctors are by asking organizations or local people in LGBT communities by posting on Facebook and asking whether anyone has recommendations.

You can also look at the provider directory at www.glma.org. They maintain a directory of LGBT friendly providers across the country. You can also look at local Ryan White providers. Ryan White is a federally supported program that provides care and treatment for people living with HIV or AIDS. Because of what we know about the history of the HIV epidemic in United States and it is disproportionate impact on gay and bi-sexual men as well with transgender women. Many people are familiar with who is working with gay or transgender people and may be a friendly provider.

I will ask Katie whether they're any specific questions that we should be sure to get answered. That is before we move on to the next part of the presentation. She is been working hard to make sure answers are coming in to your questions throughout the presentation. I would ask whether there were any specific questions that we need to make sure to get answered.

This is Katie. Thanks for all the excellent questions that we have been getting. It is clear that people are paying attention. We appreciate that. The first thing that I might ask is about the coverage of preventative services for trans people. There are questions about what types of services we might be talking about and how a person would be denied coverage and what they should do in those circumstances. I have another question after that.

Coverage of preventive services is a big issue for everybody. The Affordable Care Act put a huge emphasis on preventive services. They are covered without cost-sharing by most insurance plans. The main thing to know is that those protections, that ability to access free preventive screenings is just as applicable to transgender people as to anyone else. That includes some preventive screenings that we may be accustomed to thinking of as applicable only to one gender or the other.

An example would be a cervical Pap test. We tend to think that only women need cervical Pap test. Actually, some transgender men may still have a cervix and may not have had a hysterectomy and may need a cervical Pap test. The same is true for transgender women when transgender women transition from male to female, they do not lose their prostate. That means they may still need prostate screening even though the gender on their ID or in their medical record is female rather than male. Under the Affordable Care Act, there are several different provisions that say specifically to health insurance plans, that regardless of what an individual's gender, gender identity, or the where the gender is provided on their ID or medical records, if the person has the parts, they have to be able to get them checked. The main services that we see that affecting is the cervical Pap test, prostate exam, and mammograms. Any

preventive screening that is covered without cost-sharing for any particular person for whom it is medically necessary, a transgender person has to have the same access to the preventive screenings. If people are having trouble getting access to those screenings, they can file a complaint for discrimination under section 1557 with the Office for Civil Rights at HHS and they can call the HealthCare.gov hotline at 1-800-318-2596 and let CMS know that this is a problem that they are having. It is very important to make sure that everyone regardless of who they are, regardless of whether they are transgender or not, has access to the preventive screenings they need to stay healthy.

Katie you mentioned you had another question.

I do.

This is a little bit more detail. It is more advanced for some people. It is clear that you have been hearing this issue in a communities you're working with employment discrimination. What about same-sex couples who cannot enroll under partner's coverage at work or you have a transgender employee whose employer does not offer transgender transition related care. Are they eligible for Marketplace coverage and what are some of the rights they have?

That is an excellent question that pulls together a lot of threads. Employment discrimination is a very serious problem for LGBT individuals. When it comes to employment discrimination such as same-sex couples not being allowed to enroll together on a family plan, or facing exclusions of medically necessary healthcare services for transgender people, there are a variety of laws that may apply in that situation. The first is section 1557 itself. If the employer is in the healthcare field if they are a hospital or clinic, then section 1557 prohibits that type of discrimination, it prohibit exclusion or it prohibits an employer from not allowing a same-sex couple to enroll together. The primary means of enforcing the protections is by filing a complaint under section 1557 with the Office for Civil Rights at HHS. If the employer is not covered by 1557 because it is not engaged in providing healthcare services. It is not a hospital or clinic or doctor's office but an organization that works in retail, in some unrelated field, the primary law that applies is title VII of the civil rights act. Title VII prohibits sex discrimination in employment, according to the federal agency that is charged with enforcing title VII, the equal opportunity commission or EEOC, discrimination such as an employer not allowing a same-sex couple to enroll together or offering only insurance coverage that has a transgender exclusion. That is illegal under title VII. And individuals who are encountering that type of situation can file a complaint with the EEOC under title VII of the civil rights act.

When it comes to whether or not that type of discrimination makes someone eligible to apply for coverage through the Marketplace where they would not otherwise be eligible, encountering discrimination of that type is not cause for a special enrollment period. It does not exempt anyone from requirements with regard to the necessity of having health insurance coverage. The best thing for people to do is if they identify or encounter a situation in which they are running into discrimination of that sort, they should take a look at what is the main federal law that covers that employer. If that employer is a healthcare organization such as a hospital or health insurance plan, section 1557 of the Affordable Care Act and complaints go to the Office of Civil Rights at HHS, if it is not an employer that is in the healthcare field then complaints go to the EEOC under title VII of the civil rights act.

Are there other specifics related to that question that you would like me to dig into?

I think that is helpful. It is good for people to know there is some recourse, even if it is not under the Affordable Care Act. I have one more question. It is more about the Marketplace application. I have gotten a lot of questions about whether the Marketplace application itself is going to be changed to ask questions about sexual orientation and gender identity, particularly for the 2017 plan year.

That is a great question. One of the hardest things that we see happening as transgender people, being confused, about what is the correct gender to put down on the Marketplace application. We also do not have a full picture of how many LGBT people are benefiting from the Affordable Care Act because there is no way to track who LGBT people are through the HealthCare.gov application.

We do hope there will be changes made to the HealthCare.gov application going forward. All of us who are working assisters can let LGBT people know if you want to share your sexual orientation, if you think it is important and you want the Marketplace to know. There is an optional question we can share information about your sexual orientation. For transgender people, there will be a question that recognizes that transgender people may identify as a gender that is different from what is on the ir ID document.

While their ID may say female for example, that person wants to enroll in health insurance coverage as male. Maybe that person has a voice like me. Maybe they have a beard like I do. Maybe they identifies as male. It is important for the health insurance plan to know that that person might still need a cervical Pap test because of that original birth certificate that says female.

When communicating with a person, the health insurance plan needs to use Mr. and sir and recognizes that they identify as male. We hope there will be changes. There will be no changes, not that I'm aware of, for the fourth open enrollment period. For the open enrollment period starting in fall 2016, we hope that future iterations of the HealthCare.gov Marketplace will have a new gender question that actually enables transgender people to indicate that they have a gender that is different from what sex they were assigned at birth and it has an optional sexual orientation question. That is for purposes making sure they are getting signed up correctly and that the health insurance plans are communicating correctly with people and as a community, we have a better sense of what degree LGBT people are able to benefit from the Affordable Care Act. There are no changes in the short term. We do hope that the application starting in 2017 will have some of the changes that will make it easier for LGBT community members and all of us in the assistance space.

I am going to go ahead with a couple of short case studies in our remaining 15 minutes for those who are wondering, our webinar will wrap up at 3:30 Eastern. In just over 15 minutes. We will go through these case studies. Please continue to ask questions that you may have or the chat box. Katie will get them answered on a one-time basis or we will make sure they get answered by me over the phone line.

Looking at case study number one, Maria and Jenny just got married. June is a wonderful month for weddings. They want to sign up for health insurance coverage as a family. Does their wedding count? Does it count as a special enrollment period? This is a same-sex couple. We don't know what state they got married in. Does their wedding count as a special enrollment period?

The answer options are, a) no, b) yes, or it depends on the state they got married in.

I can see answers coming in. You are rock stars.

Going ahead on the basis of every single answer that I am seeing here. Everyone is getting it right. The answer is yes. The wedding counts as a special enrollment period. That is regardless of what state they live in. It is the law of the land. Same-sex couples can get married in any state.

Next question. What determines whether Maria and Jenny can receive joint advance premium tax credits? a) Is it whether they are married, b) what state they live in, c) whether they file their federal income taxes jointly, d) whether they have children?

Now that we have determined that their wedding count as a special enrollment period, under the same terms and conditions of a heterosexual couple it doesn't matter same sex couple. The marriage and relationship rules work the same way.

What does that mean about whether they can receive joint APTC?

The answers are coming in. All of you who chose option C, and that is correct. Option (a) is important in order to receive that, because you need to be married in order to file your federal income taxes jointly. The filing of the federal income tax jointly is the key thing that makes them eligible for advanced premium tax credits. Because they are married, they can receive the APTC jointly. It does not matter what state they live in because the Affordable Care Act is federal law.

As we mentioned earlier, there are same-sex couples in every state and they have the right to get married and their relationships are treated the same as a heterosexual couple. It does not matter whether to have children. I saw a couple of questions coming up to this effect. When you look at relationship recognition, household configuration and household size, those things are determined the same for same-sex couples as for different sex couples. People who are in a domestic partnership or civil union are not considered married for purposes of the Marketplace. They can still get tax credits but they need to apply for them individually. It does not matter whether they are same-sex or different sex. If a couple is married, and file their federal taxes jointly, they can get tax credits together as long as their income makes them eligible regardless if they are same sex couple or a different sex couple. The answer to the questions and congratulations to you who provided the correct answer. The most important thing that determines whether they can receive joint APTC is whether they file their federal income taxes jointly.

Looking at the last question with regard to Maria and Jenny. Have a 16-year-old daughter Sarah. How can she get coverage? The options are a) only with the parent who gave birth to her, b) together with Maria and Jenny as a family, c) only with the parent with a higher income, d) only through a child only plan that separate from her parents' plan.

Thinking again about the rules governing, not just relationships between adults the relationships between parents and children. How does this work for a same-sex couple who has a 16-year-old daughter who needs coverage.

I see a lot of answers coming in. You can provide your answer at the bottom of the screen in the chat box. I know people are having issues with Internet issues. I appreciate those who are continuing to try and providing answers.

Maria and Jenny, their 16-year-old daughter Sarah, can get coverage together with Maria and Jenny as a family.

She can also get coverage through a child only plan that is separate from parents plan. The key thing is that that is not her only option. Because they considered a family, just like any other family, despite the fact that Maria and Jenny are a same-sex couple, Sarah can get coverage like any other child under any terms and conditions with regard to what her family looks like.

There is nothing special about the same-sex couple. There is nothing special about a same-sex couple with a child. As long as they are married and they are filing joint income taxes, they claim Sarah on your federal tax return, they can all get coverage together as a family.

Does anyone have any questions? Are there any particular questions coming in on Maria and Jenna?

No. most people get it correct.

Great. You are rock stars. I know this might seem basic for some people or new for other people. Wherever you are, in your work with the health insurance Marketplace, we appreciate the time you are taking to share your knowledge. For those of you who are more familiar with the scenarios, and for those who are less familiar, we appreciate you sharing your questions. Do not be shy about any questions as we go through the remainder of the presentation today.

Moving away from the specific question of a same sex couple and look at the case study involving Sam who comes into your office to ask about health insurance coverage. When you see Sam, you are not sure what Sam's gender is. What should you do? The options are a) asked to see Sam's ID before providing assistance, b) say hello and asked how can I help today?.

While people are thinking about this, a quick preview, if you will, what we will do here is look at the difference between what might be the best way to refer to Sam in conversation versus what is the information that should go on the application.

Just the initial encounter here, you see Sam and you're not sure what the gender is. You have a couple of options. You have two options here. What do you think is the best thing to do? The answers are coming in overwhelmingly as B. That is the best or the most from a thing to do when you encounter Sam, regardless of what Sam's ID says, Sam is a person which we are looking for help and looking for coverage. The best thing to do is not to get caught up in whether you will say the right thing or do the right thing and what goes on the application immediately. The best thing to do is to say hello and asked how can I help you today?

If you need to refer to Sam by a pronoun or you are trying to decide whether to use sir or ma'am, you can ask politely. What is the best way to refer to you? Is there a name you prefer? How would you like to be addressed? Not focusing on what is on the ID when you are having the conversation with the person. Look at the person in front of you. Be prepared to accept what they say about themselves, to work with them and make sure you are reflecting who they are and they feel comfortable and you feel more comfortable and Sam is able to get access to appropriate healthcare coverage.

Hello, how can I help you today?

Maybe you do guess and say how can I help you today, Sir.

Sam says, actually, it is ma'am. I prefer to be called ma'am. The option is a) to apologize and refer to Sam as she and ma'am. You could b) ask to see Sam's ID for proof of what Sam's gender is.

Think about the scenario. Sam came in and you are unsure what Sam's gender is. Because you are awesome people and you know you are. You say hello. How can I help you today? Many of us in our day-to-day lives, we serve and ma'am and we try to show respect and it makes people feel comfortable. You say how can I help you, Sir? Actually, I prefer to be called ma'am.

What do people think is the next step? To take? I see a variety of answers starting to trickle in.

Everybody, you are going for the correct answer. You are awesome.

The best thing to do is to apologize and begin referring to Sam as she and ma'am. I am so sorry, ma'am. How can I help you?

This does not mean that Sam is transgender. She might not be transgendered all. She might be somebody that when you look at her, for whatever reason or you hear her voice and you think Sir it might not be correct. It is not a big deal. The best thing to do is to apologize and move on. Make sure you use the correct pronoun in the future.

She shares that the gender on her ID is male. What gender should go on the application?

Is it a) the gender that Sam uses to file federal income taxes? The b) gender that Sam identifies as female? She said actually, please do not call me sir. Please call me ma'am. She identifies as female.

Or c) should you just leave the question blank? What is the best thing to do with the application?

One note that I want to share while people are thinking a heads up, if you live in a common-law state, you have to be married or your spouse can be charged differently with regard to insurance. If anybody has a question about that, I would direct you to the people at CCIO since common-law marriage is something that is applicable for same-sex couples. In any situation, with regard to relationship recognition, whether it is between adults for parents and children, the rules work the same way for same-sex couples and different sex couples.

Now that Sam has shared that the gender on her ID is male. She identifies as female, what should you do with the question on the application?

The correct answer to the question is a) the gender that Sam uses to file federal income taxes which is male. The gender on the application, that data, not checked against the federal data by CMS. It is not part of identity verification or identity proofing and identity verification.

It is however, possible that that information could be checked against state records.

We do recommend that in order to minimize the chances that Sam will be flagged for failing identity verification, that Sam use the gender on her ID card, the gender that she uses to file her federal taxes on the application.

That means when you are talking to Sam, you should refer to her as ma'am. Know that on the application, until we get this changed to the HealthCare.com application that will allow transgender people to identify themselves accurately, you should let her know in order to make the application process as smooth as possible, it is best to use the gender that is on her identification documents that she is using to file federal taxes.

The correct answer to this question is a) male.

Finally, with the last few minutes, Sam says she needs help getting coverage for gender transition. How can you help her? This is a select all that apply option. I will give you a heads up, there are two things here that we would recommend as next best steps when Sam says she needs help getting coverage for gender transition. The options are, a) look at the evidence of coverage for the plan she is considering to see whether they have transgender exclusions, b) tell her she cannot get coverage for gender transition through the health insurance Marketplace, remind her that she can file a complaint of discrimination with the HHS office for civil rights if her plan has a transgender exclusion.

I see a question about whether gender is optional. At this point, as far as I'm aware of, gender is needed on the application. It is used for verification of eligibility for Medicaid in some states. As a result, we have been seeing the gender question being required. It does not necessarily have to track the gender that is on somebody's ID document.

In order to minimize the chances that people will fail identity proofing or fail eligibility verification, we do recommend that the gender that gets used on the application is the one that somebody uses to while federal taxes.

I see a lot of answers coming in. Everyone who was selecting A and C, you are correct. Remind her that those exclusions are illegal. It is just the health insurance plans are taking time to catch up.

If she ends up with a plan within exclusion, she can file a complaint for discrimination under section 1557 under the Affordable Care Act with the HHS Office of Civil Rights.

What that, here are some more online resources. We invite you to check the m out as well as the fantastic HealthCare.gov page on transgender health care. There are a number of reports on LGBT communities and the Affordable Care Act which you can find here. Please follow us on twitter and Facebook. I know people have been saying it is difficult to find the images on Facebook. We are doing everything we can to make those easily available. Please do check them out. Of you having difficulty at all, please visit us or send us an email Kellan at kellan@out2enroll.org. You can email Katie at katie@out2enroll.org.

Closing

Thank you for helping to answer the questions that you submitted through the chat feature. Thank you for so many questions that we will follow up with our newsletter in the coming weeks. As a reminder, next week we will have a special webinar on special enrollment period verification on Wednesday, June 15 at 2 PM Eastern time. Keep an eye out for the invitation email for more details and if you would like to sign up for the CMS Weekly Assister Newsletter listserv and webinar invitations, please send a request via the Assister Listserv inbox (ASSISTERLISTSERV@cms.hhs.gov) and write "Add to listserv" in the subject line. Thank you again for all your hard work and have a wonderful weekend.