



DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

January 31, 2025

The Honorable Pamela Beidle
Chair
Senate Finance Committee
3 East Miller Senate Office Bldg.
Annapolis, MD 21401-1991

The Honorable Joseline A. Peña-Melnyk
Chair
House Health and Government Operations Committee
241 House Office Bldg.
Annapolis, MD 21401-1991

RE: SB 460, Ch. 252/HB 283, Ch. 253 of the Acts of 2023 - Annual Report on Geographic Access to Gender-Affirming Treatment in the Maryland Medical Assistance Program (MSAR # 14693)

Dear Chairs Beidle and Peña-Melnyk:

Pursuant to House Bill (HB) 283/Senate Bill (SB) 460, *Maryland Medical Assistance Program - Gender-Affirming Treatment (Trans Health Equity Act)*, (Chapters 253/252 of the Acts of 2023), mandated that the Maryland Medical Assistance Program expand coverage of medically necessary gender-affirming treatments effective January 1, 2024. These treatments include hormone therapy, surgeries, voice modification, hair alterations, and fertility preservation. The bill also requires managed care organizations (MCOs) to submit annual reports on health care providers offering these services, which the Maryland Department of Health (MDH) must compile and publish.

This report represents the first iteration of an ongoing effort to assess and define network adequacy standards for gender-affirming care (GAC). MDH requested that MCOs provide data on their networks of providers that offer gender-affirming services.

If further information on this subject is needed, please contact Sandy Kick, Director, Office of Medical Benefits Management, at sandra.kick@maryland.gov.

Sincerely,

Laura Herrera Scott, MD MPH
Secretary

Enclosure

cc: Ryan Moran, DrPH, Deputy Secretary, Health Care Financing and Medicaid
Tricia Roddy, Deputy Director, Office of Health Care Financing
Sandra Kick, Director, Office of Medical Benefits Management
Sarah Albert, Department of Legislative Services (5 copies)

Annual Report on Geographic Access to Gender-Affirming Treatment in the Maryland Medical Assistance Program

SB 460, Ch. 252/HB 283, Ch. 253 of the Acts of 2023

Maryland Department of Health

December 2024

Executive Summary

House Bill (HB) 283/Senate Bill (SB) 460, *Maryland Medical Assistance Program - Gender-Affirming Treatment (Trans Health Equity Act)*, (Chapters 252 and 253 of the Acts of 2022), mandated that the Maryland Medical Assistance Program expand coverage of medically necessary gender-affirming treatments effective January 1, 2024. These treatments include hormone therapy, surgeries, voice modification, hair alterations, and fertility preservation. The bill also requires managed care organizations (MCOs) to submit annual reports on health care providers offering these services, subject to those providers consenting to be identified, which the Maryland Department of Health (MDH) must compile and publish.

This initial report compiles information about geographic access to gender-affirming care (GAC) across the state in compliance with legislative requirements.

To facilitate reporting, MDH compiled a list of provider types based on standards of care developed by the World Professional Association for Transgender Health (WPATH). MDH consulted the WPATH Standards of Care manual¹, along with provider resources from Amida Care², a New York-based managed care organization that serves individuals seeking gender affirming care, individuals with HIV, and homeless individuals and families.

As of November 1, 2024, the MCOs reported having 1,311 providers representing 138 specialty types that offer gender-affirming care services in their networks. In response to MDH's requests for network information and in compliance with the legislation's requirement to publish information on GAC providers in the state, MCOs identified 903 providers who consented to sharing their practice locations, specialties, phone numbers, and the languages spoken at their practices. These providers were a mix of primary care providers and specialists.³ Effective January 1, 2025, these providers will also be identified in MCO provider directories.

MDH is continuing to work with MCOs to identify gaps in coverage for GAC and plan to develop network standards for providing the full compendium of services required by law during calendar year 2025. This report includes baseline information on member service utilization prior to the law being effective, and future reports will compare utilization year over year to aid in determining if current provider networks are sufficient. Current barriers to building robust networks include the introduction of new services and atypical health care providers, such as electrolysis and medical tattooing, which require focused provider recruitment efforts to build network capacity over time. Additionally, similar to other healthcare services in Maryland, individuals in rural counties may rely on service delivery in contiguous states to receive care without traveling considerable distances. MDH's compiled network reporting noted that some

¹ "SOC8 Chapters." WPATH, World Professional Association for Transgender Health, wpath.org/publications/soc8/chapters/. Accessed 20 Dec. 2024.

² "Transgender Health / TGNB." Amida Care, 17 Oct. 2024, www.amidacareny.org/our-medicaid-live-life-plus-plan/transgender-health-services/.

³ See Table 1 for a list of the provider types.

MCOs serving Marylanders statewide shared provider information for neighboring states such as Delaware, the District of Columbia, Pennsylvania, Virginia, and West Virginia. MDH is also working to standardize the collection of consent to publish directory information about interested GAC providers to include in the recently created Provider Finder tool for Medicaid fee-for-service individuals.

Background and Purpose of the Report

HB 283/SB460 (Ch. 253/252 of the Acts of 2023), also known as the *Trans Health Equity Act (THEA)*, requires the Maryland Department of Health (MDH) to expand coverage of GAC under the Maryland Medical Assistance Program (Maryland Medicaid) effective January 1, 2024, ensuring equitable healthcare access for individuals of all ages who are transgender, nonbinary, intersex, two-spirited, and other gender diverse identities.

The passage of THEA required Maryland Medicaid to cover the following medically necessary GAC treatments⁴:

- Hormone therapy and lab testing
- Voice surgery, therapy and lessons
- Hair removal and transplants
- Fertility preservation services
- Facial surgery
- Top surgery
- Gender affirming surgery
- Preventative care after transition
- Revision or reversal of prior gender-affirming procedures

Benefit Implementation

Following the passage of THEA legislation, MDH convened a planning workgroup in May 2023 to coordinate the implementation of expanded Medicaid benefits for GAC. The implementation was structured into three phases: Pre-Implementation (Phase 1), Implementation (Phase 2), and Post-Implementation (Phase 3). During Phase 1, the workgroup assessed existing systems, conducted research on affected Medicaid areas, and identified necessary updates to regulations and policies. MDH used WPATH standards of care⁵ to develop clinical criteria and researched examples from GAC managed care plans in other states, like Amida Care NY⁶. The WPATH Standards of Care provide clinical guidance for health professionals to assist transsexual,

⁴ PT 36-24 Maryland Medical Assistance Program MCO Transmittal No. 193 Physician Transmittal No. 160 Nurse Practitioner Transmittal

⁵ “SOC8 Chapters.” WPATH, World Professional Association for Transgender Health, wpath.org/publications/soc8/chapters/. Accessed 20 Dec. 2024.

⁶ “Transgender Health / TGNB.” Amida Care, 17 Oct. 2024, www.amidacareny.org/our-medicaid-live-life-plus-plan/transgender-health-services/.

transgender, and gender nonconforming people with safe and effective pathways to achieving lasting personal comfort with their gendered selves, in order to maximize their overall health, psychological well-being, and self-fulfillment. WPATH's Standards of Care assisted MDH in developing clinical criteria that is inclusive of healthcare challenges gender diverse people may face while balancing medical necessity considerations for clinical practice. Amida Care, which is a managed care plan in New York that specializes in providing care to transgender and gender diverse individuals, shared many accessible materials for members and providers that assisted MDH with developing its messaging about the availability of the expanded services under THEA.

In addition to developing clinical criteria for the expanded GAC services, the workgroup also developed communication materials and internal workflows to ensure an organized rollout. In Phase 2, MDH released provider and member information, set up a dedicated mailbox for inquiries, and collaborated with stakeholders such as members of the Governor's LGBTQIA Commission and providers rendering gender affirming care from MedStar Center for Gender Affirmation, Chase Brexton, and Johns Hopkins to troubleshoot any rollout issues and ongoing concerns.

Currently in Phase 3, MDH is monitoring complaints and conducting reviews of benefit materials to ensure accuracy and accessibility for members and providers. Ongoing efforts include overseeing required reports from MCOs, updating public documents and responding to information requests, collaborating with other state Medicaid programs providing GAC, and supporting managed care participants seeking GAC.

Methodology

On a quarterly basis, MDH requires MCOs to submit data regarding the adequacy of their provider networks, in accordance with COMAR 10.67.05.05⁷. In response to THEA, beginning with the second quarter of 2024 (April to June), MDH introduced a reporting requirement for MCOs to include information on contracted providers offering GAC.

There are nine MCOs contracted with the Maryland HealthChoice program:

- Aetna Better Health of Maryland (ABH),
- CareFirst BlueCross BlueShield Community Health Plan (CFCHP),
- Jai Medical Systems, Inc. (JMS),
- Kaiser Permanente of the Mid-Atlantic States, Inc. (KPMAS),
- Maryland Physicians Care (MPC),
- MedStar Family Choice, Inc. (MSFC),
- Priority Partners (PPMCO),
- UnitedHealthcare (UHC), and

⁷ Access Standards: PCPs and MCO's Provider Network.
<https://dsd.maryland.gov/regulations/Pages/10.67.05.05.aspx>

- Wellpoint Maryland (WPM).

The MCOs began conducting routine outreach to their network providers to confirm whether they provided GAC and consented to be publicly identified. MCOs' outreach efforts also focused on the providers' alignment with WPATH standards. MCOs reported other efforts to strengthen their GAC provider networks, including continued discussions with major provider groups like the Johns Hopkins Center for Transgender and Gender Expansive Health, Chase Brexton, Planned Parenthood, Whitman Walker, Shady Grove, and the MedStar Health Center for Gender Affirmation. In addition to ongoing network contracting, some MCOs noted they also use single-case agreements (SCAs) to provide additional service options for providers outside of the MCOs' current networks. These out-of-network arrangements often help ensure care continuity for participants needing immediate care. Both MCOs and MDH monitor SCAs to determine where MCO provider networks have gaps or shortages that require additional attention.

MDH validated the data provided by the MCOs to account for different naming conventions for providers and locations and applied provider specialty categorization based on the provider types included in the WPATH provider directory⁸.

Geographic Access by MCO

This report will outline the results of the annual gender-affirming care provider data from the MCOs. This data was submitted by all nine HealthChoice MCOs on November 1, 2024.

To identify the locations of providers offering GAC, MDH requested that the MCOs provide the following details:

- Address
- City
- State
- Zip Code
- County

For the purposes of this report, MCOs reported 1,311⁹ unique providers offering GAC services in 645 locations across Maryland and neighboring states. The majority of provider locations are located in suburban counties for all provider types. Rural areas of the state have considerably fewer providers, except for primary care (40).

Four MCOs (ABH, JMS, MPC, and WPMD) indicated that they contract with providers in the neighboring states and territories of Delaware, the District of Columbia, Pennsylvania, and West Virginia to assure network adequacy for members seeking services in rural counties. The table below shows the number of unique provider locations by region.

⁸ <https://www.wpath.org/provider/search>

⁹ This total number of providers includes both providers that consented for their names and office locations to be published and those that did not. It does not include facilities listed by MCOs.

Table 1. Gender-Affirming Care Provider Locations by Region Provided by MCOs in CY 2024 (as of November 1, 2024)

Provider Types	Rural¹⁰	Suburban¹¹	Urban¹²	Out of State
Gynecology	5	9	11	16
Dermatology	-	5	1	-
Electrolysis/Laser	4	9	3	2
Emergency Medicine	-	1	1	-
Endocrinology	7	31	15	14
Internal Medicine/Family Practice/Primary Care*	40	89	31	53
Pediatrics	10	40	12	15
Behavioral Health**	1	7	2	4
Speech and Voice, Vocal Therapists	1	8	2	-
Surgery: Facial	-	6	1	2
Surgery: Gynecology	-	10	1	1
Surgery: Plastics	-	26	8	7
Surgery: Urology	1	19	3	5
Other Health or Physical Science	5	32	20	12
HIV/AIDS	-	7	3	-
PT/OT	2	4	2	2
General Surgeon ^{††}	-	9	1	7
Total Locations: 645	76	312	117	140

*Includes nursing, nurse practitioner, physician assistant

**Includes psychologist, pediatric psychologist, psychiatrist, pediatric psychiatrist, counselor, social worker

†† Includes general surgery and colorectal surgery

¹⁰ Rural Counties: Allegany, Calvert, Caroline, Cecil, Charles, Dorchester, Frederick, Garrett, Kent, Queen Anne’s, St. Mary’s, Somerset, Talbot, Washington, Wicomico, Worcester

¹¹ Suburban Counties: Anne Arundel, Baltimore, Carroll, Harford, Howard, Montgomery, Prince George’s

¹² Urban Counties: Baltimore City

MDH also requested MCOs provide contact information and websites for the providers rendering GAC services. MDH collected and confirmed the MCOs' data through November 22, 2024. Tables 2 and 3 represent the number of providers by service and the total number of providers by MCOs, respectively. Please note for Table 2 that if an MCO associated a provider with more than one provider type because of the services provided, the provider was counted in each category.

Table 2. Number of Unique Providers by Gender-Affirming Care Provider Types Legislated by HB 283

GAC Provider Types	Number of Individual Providers
Gynecology	76
Dermatology	3
Electrolysis/Laser	19
Emergency Medicine	2
Endocrinology	75
Internal Medicine/Family Practice/Primary Care*	725
Pediatrics	129
Behavioral Health**	115
Speech and Voice, Vocal Therapists	12
Surgery: Facial	4†
Surgery: Gynecology	6*
Surgery: Plastics	24*
Surgery: Urology	14*
Other Health or Physical Science	118
HIV/AIDS	1
PT/OT	16
General Surgeon††	42
Total*	1,377

*Includes nursing, nurse practitioner, physician assistant

**Includes psychologist, pediatric psychologist, psychiatrist, pediatric psychiatrist, counselor, social worker

† Surgeons may be counted more than once if they have multiple specialties

†† Includes general surgery and colorectal surgery

*If an MCO associated a provider with more than one provider type because of the services provided, the provider was counted in each category.

Based on the MCOs reported data, the majority of providers rendering GAC identify as primary care providers (n=725/53%) and pediatricians (n=129/9%). The services with the fewest providers were surgeons for alteration of the face and neck and laser treatment for scars from GAC treatment.

Table 3. Count of Unique Gender Affirming Care Providers by MCO, CY 2024

Provider Types	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPMD
Gynecology	4	1	3	2	-	-	16	-	51
Dermatology	-	-	2	1	2	-	2	-	-
Electrolysis/Laser	-	-	-	-	-	-	19	-	-
Emergency Medicine	-	-	-	-	-	-	2	-	-
Endocrinology	5	-	8	10	15	-	42	-	7
Internal Medicine/Family Practice/Primary Care	55	1	9	8	1	-	185	2	432
Pediatrics	7	-	4	1	2	-	51	-	71
Behavioral Health	-	-	-	16	-	-	4	-	103
Speech and Voice, Vocal Therapists	-	-	2	-	5	-	7	3	-
Surgery: Facial	-	-	1	2	1	1	1	-	-
Surgery: Gynecology	-	-	1	1	3	-	3	-	-
Surgery: Plastics	2	-	10	4	6	-	8	4	2
Surgery: Urology	-	-	1	2	3	2	6	1	5
Other Health or Physical Science	14	1	10	3	10	-	34	1	54
HIV/AIDS	-	-	1	-	1	-	1	-	-
PT/OT	-	-	-	-	-	-	13	-	3

General Surgeon	-	-	1	-	1	-	2	1	39
Total	87	3	53	50	50	3	396	12	767

The table above shows the number of unique providers contracted by each MCO and categorized into WPATH’s provider specialties. Providers may be counted more than once across MCOs for a specialty, as there are some specialists contracted by more than one MCO. This is especially the case for complex surgeries, such as plastic surgery. Additionally, some providers offer more than one category of service and are counted in each specialty group.

MCO interpretation of which providers qualify as GAC providers introduced potential issues with the final reporting, as some MCOs limited their reporting to certain provider types despite Department instruction. As a result, the data show the providers contracted with each MCO ranging from 624 (WPMD) to 3 (CFCHP and MSFC). WPMD and PPMCO reported the highest number of providers that offer GAC, with the majority of their provider data including primary care, pediatrics, and behavioral health. Two MCOs, CFCHP and MSFC listed facilities instead of individual providers by specialty or service; those facilities were not included in the table above if panels were not provided to identify each individual provider’s specific practice area. Several specialists for complex surgeries and treatments are contracted with multiple MCOs. Of the four groups of surgeries—facial, gynecology, plastic, and urology—PPMCO reported the highest number of providers at 18. JMS and MPC also had more providers for each surgery type than the remaining MCOs (13 and 12, respectively).

Through MCO reporting, MDH identified three major centers that MCOs contract with to offer GAC services to members: the MedStar Center for Gender Affirmation¹³, the Johns Hopkins Center for Transgender and Gender Expansive Health¹⁴, and Kaiser Permanente’s Gender-Affirming Care¹⁵ program. These practices and programs offer a variety of specialty care and resources for people seeking GAC, in addition to providing inclusive resources and accessible benefit education. Frequent partners and collaborators with the MedStar and Johns Hopkins Centers include Chase Brexton, Whitman Walker Health, and DC Safe Haven.

MedStar Center for Gender Affirmation

The MedStar Health Center for Gender Affirmation acknowledges patients’ choice to pursue hormone therapy to align the way their body looks with their gender identity but also offers a number of gender reassignment procedures to help patients become more comfortable in their skin.

¹³ “Gender Affirmation: Reassignment Surgery: Medstar Health.” *Gender Affirmation | Reassignment Surgery | MedStar Health*, www.medstarhealth.org/services/gender-affirmation-surgery. Accessed 3 Feb. 2025.

¹⁴ “Center for Transgender and Gender Expansive Health.” *Johns Hopkins Medicine*, www.hopkinsmedicine.org/center-transgender-health. Accessed 3 Feb. 2025.

¹⁵ “Gender-Affirming Care.” *Kaiser Permanente*, healthy.kaiserpermanente.org/health-wellness/gender-affirming-care. Accessed 3 Feb. 2025.

The Center for Gender Affirmation’s website offers an expansive list of resources for patients, including information about the four specialty providers, two locations, frequently asked questions and answers, and financing and insurance options. The Center currently contracts with five of the nine Maryland Medicaid MCOs: ABH, MSFC, PPMCO, UHC, and CFCHP.

Johns Hopkins Center for Transgender and Gender Expansive Health

Johns Hopkins’ Center for Transgender and Gender Expansive Health offers services that are in line with the standards of care set by the WPATH. Services include but are not limited to dermatology, facial surgery, fertility, geriatric care, OB/GYN and family planning for gender-diverse patients, hormone treatment, hysterectomy, metoidioplasty, pelvic physical therapy, penile reconstruction, primary care, top surgery, urology, vaginoplasty, and voice therapy.

The Center for Transgender and Gender Expansive Health’s website includes eligibility criteria and surgical services timeline for members to access and refer to. Contracted MCOs include ABH, CFCHP, PPMCO, KPMAS, and UHC.

Kaiser Permanente Gender Affirming Care Program

The Kaiser Permanente Gender Affirming Care Program offers hormone therapy, mental health care, surgical evaluations and procedures, and gender-affirming care options for its membership. Because of Kaiser Permanente’s clinic-centric model, its members have access to in-network providers and care teams, which means the services at their centers are only available to Kaiser members.

KPMAS introduced Pride Medical in June 2022 so any patient can easily find experienced physicians who are comfortable and compassionate toward LGBTQ+ patients. Physicians at Pride Medical are also WPATH Global Education Institute certified. If a KPMAS participant requires services that are not offered by them, in its public-facing materials, KPMAS acknowledges its responsibility for the reimbursement for services furnished by any out-of-network providers.

Medicaid Participant Location Analysis for Individuals with a Gender Identity Disorder Diagnosis

MDH explored an analysis to determine how many Medicaid participants could benefit from the expansion of GAC and where those participants are located throughout Maryland to compare to the MCO reported data. The Hilltop Institute at the University of Maryland, Baltimore County (Hilltop) analyzed claims to determine the number of participants with a gender identity or gender dysphoria-related diagnosis in calendar year 2023. Hilltop searched claims and encounter files for participants receiving care with any of the following ICD-10 diagnosis codes:

- Transsexualism (F64.0)

- Dual role transvestism (F64.1)
- Gender identity disorder of childhood (F64.2)
- Other gender identity disorders (F64.8)
- Gender identity disorder, unspecified (F64.9)
- Personal history of sex reassignment (Z87.890)

In 2023, 2,958 individuals had a claim with an associated diagnosis of gender identity disorder or gender dysphoria. A majority (54 percent) of these individuals reside in suburban counties, while the remaining 46 percent are distributed between urban and rural areas (24 and 22 percent, respectively). Table 4 breaks out participant location by county and region. For the next iteration of this report, MDH will conduct a similar analysis for calendar year 2024 to determine if utilization has increased and assess future network needs.

In comparing the geographic distribution of Medicaid providers offering gender-affirming services provided by the MCOs to the geographic distribution of participants receiving services, MDH noted that 57 percent of reported provider locations are in suburban counties, which aligns closely with the majority of participants residing in counties classified as suburban. Similar to other services, rural areas reflect significant provider availability issues, with 7 percent of GAC providers working in rural counties—all of whom offer non-surgical services. However, MCOs reported that 19 percent of providers operate out of state, which may improve access for rural populations living proximate to Maryland state lines.

Table 4. Geographic Location of Medicaid Participants Based on Service Utilization during CY 2023

Region	Participant County	Participants with Gender Identity Disorder Diagnosis	Participant Geographic Percentage
Rural 24%	Allegany	41	1.38%
	Calvert	34	1.15%
	Caroline	30	1.01%
	Cecil	48	1.62%
	Charles	41	1.38%
	Dorchester	25	0.84%
	Frederick	104	3.51%
	Garrett	17	0.57%
	Kent ¹⁶	-	-

¹⁶ The total number of participants from Kent, Queen Anne’s, and out of state locations were suppressed as the data was below an n of 10.

	Queen Anne's ¹⁶	-	-
	Somerset	21	0.71%
	St. Mary's	38	1.28%
	Talbot	20	0.67%
	Washington	110	3.71%
	Wicomico	100	3.37%
	Worcester	23	0.78%
Suburban 54%	Anne Arundel	228	7.69%
	Baltimore	457	15.41%
	Carroll	65	2.19%
	Harford	127	4.28%
	Howard	116	3.91%
	Montgomery	317	10.69%
	Prince George's	258	8.70%
Urban 24%	Baltimore City	721	24.32%
Out of State¹⁶		-	-
Total¹⁷		2947	100%

Next Steps in GAC Benefit Implementation and Network Development

Throughout implementation and post-implementation, MDH has noted a significant challenge with engaging non-traditional providers for needed GAC services, such as electrology and medical tattooing. In response to THEA, Maryland Medicaid developed a new atypical provider type for electrologists and medical tattoo artists to enroll and participate. To educate the provider community about the expanded GAC benefits, MDH presented to the Board of Nursing's Electrologist Committee and worked with community stakeholder partners to identify providers for targeted outreach. In the interim, MDH encouraged MCOs to work with existing network dermatologists to assist with medically necessary hair removal.

Another barrier to GAC access stems from workforce shortages in providers versed in GAC, specifically specialized surgeries. With the expansion of GAC services in Medicaid, wait times for surgeries and other specialized care have increased considerably. While certifications and resources exist to train existing providers in rendering gender diverse care, few providers identify

¹⁷ The total count and percentages exclude Kent, Queen Anne's, and out of state participants.

as having received the training to make certification a GAC provider requirement. To continue to ensure service access, MDH will continue to permit providers to self-attest as GAC providers and explore additional requirements for enrollment and credentialing in the future.

Under federal law, MDH must define network adequacy standards for certain provider types and establish qualitative and quantitative standards for MCOs to meet. Some provider types for GAC intersect with existing network adequacy requirements, most notably primary care and pediatrics. As MDH monitors complaints and MCO network information, further exploration will determine if GAC-related network adequacy standards are necessary to ensure access for individuals located in rural areas of the state.

Another notable area that may impact access to GAC is accessibility of information and materials about the services available and what is required to access them. In alignment with WPATH Standards of Care, MDH sought to simplify the process of a provider confirming an individual's gender identity disorder diagnosis to access medically necessary treatments. However, navigating the healthcare system may still create challenges if MDH and MCOs present information that is too complex or technical to understand. To promote better understanding of the expanded GAC benefits and policies, MDH hosts a website for GAC¹⁸ that responds to frequently asked questions from participants and providers about the benefits, along with links to policy authorities.

Finally, both MDH and MCOs are working to identify consenting providers as GAC providers in provider directories to comply with THEA. The recently launched Maryland Medicaid Provider Finder¹⁹ for Maryland Medicaid fee-for-service providers will include an indicator for self-attested GAC providers to be identified in searches. MDH-hosted HealthChoice Provider Directory²⁰ will be integrated into the Medicaid Provider Finder in 2025.

Conclusion and Recommendations

Out of the 903 Medicaid providers in MCO networks who consent to publicly sharing their information, 55 are out of state providers. MCOs may contract with these out of state providers to bridge the gap in access to gender-affirming care services for members living in rural counties. In many cases, MCOs may also issue SCAs for participants to see out-of-network providers when a member is unable to locate or access care within a reasonable travel time or distance.

MDH will continue to monitor and report on GAC providers and explore options to promote network expansion, such as defining travel standards, requiring contracts for provider types with smaller numbers of providers available, and intervening to require MCOs contract with

¹⁸ "Maryland Department of Health Maryland Medicaid Administration." *Maryland.Gov Enterprise Agency Template*, health.maryland.gov/mmcp/Pages/gender-affirming-care.aspx. Accessed 3 Feb. 2025.

¹⁹ "Maryland Department of Health Maryland Medicaid Administration." *Maryland.Gov Enterprise Agency Template*, health.maryland.gov/mmcp/Pages/provider-finder.aspx. Accessed 3 Feb. 2025.

²⁰ *Provider Lookup*, encrypt.emdhealthchoice.org/searchable/main.action. Accessed 3 Feb. 2025.

out-of-network providers through single case agreements if existing networks are inadequate. MDH is also collaborating with other states implementing GAC, notably Massachusetts and Washington, to share resources and information for promoting access to care and identifying providers for individuals of all ages who are transgender, nonbinary, intersex, two-spirited, and other gender diverse identities. In the next annual report, MDH will compare utilization experience pre- and post-GAC expansion to determine whether gender diverse individuals receiving Medicaid are able to access needed care in Maryland.