

IMPROVING DATA ON THE HIV EPIDEMIC BY IDENTIFYING TRANSGENDER PERSONS IN MEDICAID IN **NEW YORK CITY, 2013-2017**

BACKGROUND

- Instituting an "integrated comprehensive approach to transgender healthcare and human rights" as part of the York Ending the HIV Epidemic Blueprint remains challengi partially due to underascertainment of transgender identi within healthcare and public health systems, the lack of integration of disparate data systems, and barriers to accessing affordable, non-stigmatizing healthcare.
- Matching Medicaid to HIV Registry data could address sor of these gaps and lead to better health outcomes among transgender persons.

OBJECTIVES

- 1. Develop an algorithm to identify transgender persons in Medicaid claims data;
- 2. Estimate the prevalence of HIV among transgender persor accessing Medicaid by matching to the HIV Registry; and
- 3. Describe their socio-demographic characteristics.

METHODS

- An algorithm was developed that combined transgenderrelated diagnosis codes, sex, prescription drugs, and transgender-related restriction and exception (R/E) codes (Validation Steps under Table 1) to identify transgender persons in Medicaid claims from 2013 to 2017.
- Individuals determined to be transgender in Medicaid were matched against the NYC HIV Registry to identify those with HIV, and the Registry was utilized to find additional transgender persons not identified by the algorithm.
- Numbers enrolled over time and socio-demographic characteristics were assessed descriptively from transgender persons' Medicaid enrollment data.

Results

- 6,335 unique transgender persons accessing Medicaid in 2013 2017 were identified, 95% ascertained through the algorithm and 5% additionally identified through the Registry (Figure 1).
- **1764 (28%) were diagnosed with HIV**. 21% of transgender persons with HIV identified by the algorithm were misclassified as cisgender in the Registry. More PWH were older, resided in the Bronx, were Black, had male sex on their Medicaid card, were deceased, and had been enrolled longer in Medicaid thar those not living with HIV (Table 2).
- The 6,335 were .1% of Medicaid enrollees and over the 5 year there was a 35% increase in transgender enrollees (Figure 2). 79% of transgender persons in the Registry used Medicaid.

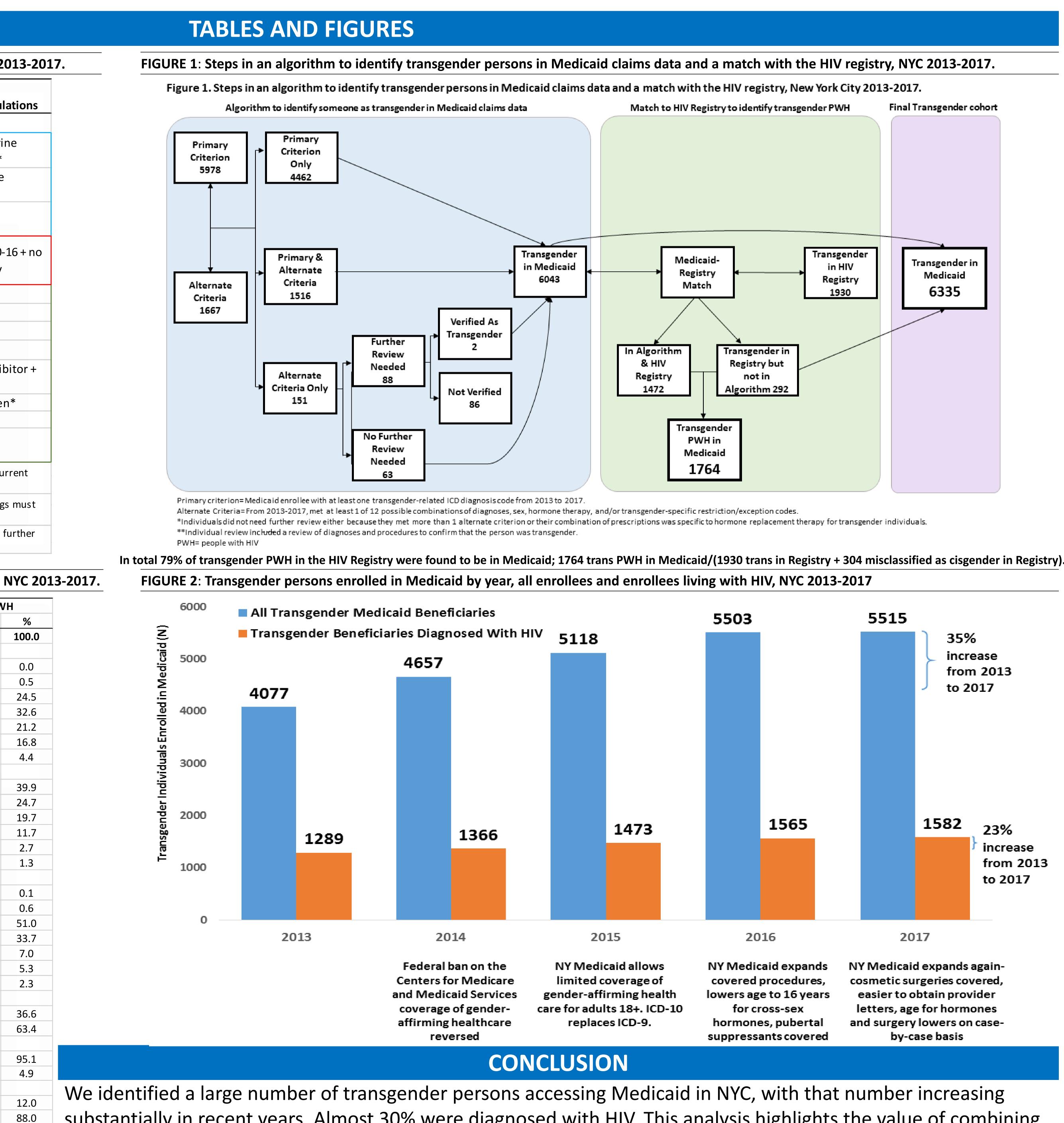
Cristina Rodriguez-Hart¹, Beverly Obeng¹, Asa Radix², Zil Goldstein², Gagarin Zhao¹, Lucia V. Torian¹ ¹New York City Department of Health and Mental Hygiene, Long Island City, NY, USA; ²Callen Lorde Community Health Center, NY, USA

V	lidation Steps	Alternate Criteria Specific to Transgender Subpo			
were ICD-10 F64.0, F64.1, F64.2, F64.8, F64.9, F65.1 Z87.890 and ICD-9 302.3, 302.50, 302.51, 302.52, 302.53, 302.6, and	Subgroup	Alternate Criteria ^{ab}			
	302.50, 302.51, 302.52,	Trans Men	Female + testosterone + Ende disorder unspecified diagnos Male + testosterone + Endocr disorder unspecified diagnos G2 Female-to-Male restriction/exception code*		
		Trans Youth Taking Puberty Suppressants	Puberty suppressant + age of diagnosis of precocious pube		
		Trans Women	Male + estrogen		
2.	Individuals not meeting		Male + progestin		
	mara than 1 altarnata		Male + lupron + estrogen		
3.			estrogen Female + 5-alpha reductase i estrogen		
			Male + spironolactone + estr		
			Male + flutamide + estrogen		
			G1 Male-to-Female		
		2	restriction/exception code*		
		^a Sex was taken from the binary sex variable in Medicai gender identity is not available through Medicaid.			
	criterion or individual		available through Medicald. at includes more than 1 drug , the		
	review.	have claims with the same date in Medicaid.			
		*After matching to transgender-related diagnosis codes			

After matching to transgender-related diagnosis codes, no further validation done.

TABLE 2: Characteristics of transgender persons in Medicaid by HIV status, NYC 2013-2017.

Beneficiary Characteristics	Total		Non-PWH		PWH		
	N	%	N	%	N	%	
TOTAL	6335	100.0	4571	100.0	1764	100.0	
Age							
0 - 12	139	2.2	139	3.0	0	0.0	
13 - 19	497	7.8	489	10.7	8	0.5	
20 - 29	2279	36.0	1846	40.4	433	24.5	
30 - 39	1563	24.7	988	21.6	575	32.6	
40 - 49	840	13.3	466	10.2	374	21.2	
50 - 59	662	10.4	366	8.0	296	16.8	
60+	355	5.6	277	6.1	78	4.4	
Borough							
Bronx	1687	26.6	984	21.5	703	39.9	
Brooklyn	1684	26.6	1249	27.3	435	24.7	
Manhattan	1415	22.3	1067	23.3	348	19.7	
Queens	1270	20.0	1063	23.3	207	11.7	
Staten Island	191	3.0	143	3.1	48	2.7	
Unknown	88	1.4	65	1.4	23	1.3	
Race/ethnicity							
American Indian	8	0.1	6	0.1	2	0.1	
Asian or Pacific Islander	426	6.7	415	9.1	11	0.6	
Black	1922	30.3	1022	22.4	900	51.0	
Latino/Hispanic	2159	34.1	1565	34.2	594	33.7	
Multiple Races	529	8.4	406	8.9	123	7.0	
White	887	14.0	793	17.3	94	5.3	
Unknown	404	6.4	364	8.0	40	2.3	
Sex on Insurance Card							
Female	3088	48.7	2443	53.4	645	36.6	
Male	3247	51.3	2128	46.6	1119	63.4	
Alive or Dead							
Alive	6171	97.4	4493	98.3	1678	95.2	
Dead	164	2.6	78	1.7	86	4.9	
Also In Medicare							
Medicare	593	9.4	381	8.3	212	12.0	
Not Medicare	5742	90.6	4190	91.7	1552	88.0	
Enrollment Length in Months							
Median (IQR)	31 (1	31 (10, 83)		26 (8, 66)		50 (16, 116)	



substantially in recent years. Almost 30% were diagnosed with HIV. This analysis highlights the value of combining Medicaid and HIV surveillance data in order to enable more holistic assessment of the health needs of transgender persons and that Medicaid is a critical safety net program for this population in NYC.

Poster #2954

Contact: Cristina Rodriguez-Hart, PhD HIV Epi Liaison crodriguezhart@health.nyc.gov