

Medi-Cal Statistical Report

Sexual Orientation and Gender Identity (SOGI) Data Collection

June 2023

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Abstract

The Department of Health Care Services (DHCS) is committed to eliminating disparities in health care and providing whole person care for high-risk populations. In January 2023, 15.7 million people, approximately 40 percent of the state's population, were enrolled in Medi-Cal, California's Medicaid program. Medi-Cal plays an important role in providing health care to many vulnerable subpopulations, including people with diverse sexual orientations and gender identities. Collecting sexual orientation/gender identity (SOGI) data is essential to providing high-quality, patient-centered care.

Following the implementation of the Patient Protection and Affordable Care Act (ACA)^{1,2,3} in 2014 and the implementation of Assembly Bill 959^{4,5} in 2017, many DHCS program applications were updated to include transgender response options for the required "What is your sex?" question and to include optional SOGI questions.

This report describes Medi-Cal and Family Planning, Access, Care, and Treatment (Family PACT) program populations by SOGI status. It serves as a technical document to support the understanding and use of DHCS SOGI data using a point in time sample population (July 2021 Medi-Cal enrollment and May – July 2021 newly enrolled in Family PACT).

DHCS SOGI data was found to be incomplete. Less than 4 percent of certified eligible Medi-Cal members had responded to the optional questions on the Medi-Cal application and approximately 53 percent of members who had newly enrolled in the Family PACT program between May – July 2021 (8.5 percent of all enrolled Family PACT beneficiaries) had responded to the optional questions on the Family PACT application. Given the low response rates and data collection issues, the SOGI status in the Medi-Cal and Family PACT populations cannot be accurately reported at this time.

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Introduction

Medi-Cal, California's Medicaid program, is a means-tested entitlement program, jointly financed by the state and federal governments and administered by the California Department of Health Care Services (DHCS). Medi-Cal provides free or low-cost medical benefits to eligible Californians, including low-income families and children, pregnant women, the elderly, people with disabilities, single adults, caretakers, and individuals with specific health conditions. The Family Planning, Access, Care, and Treatment (Family PACT) program covers the family planning needs of California residents who are low-income and have no other source of coverage.

In January 2023, 15.7 million individuals were enrolled in Medi-Cal and 365,733 individuals were enrolled in Family PACT, approximately 40 percent of California's population. These programs play an important role in providing health care to many vulnerable subpopulations, including people with diverse sexual orientations and gender identities.

The provisions of Section 1557 of the Affordable Care Act (Title 45 of the Code of Federal Regulations Section 92.206)^{1,2,3} require Medicaid programs to serve individuals equitably, and therefore prohibit Medi-Cal from denying or limiting health services that are ordinarily or exclusively available to cisgender individuals based on their gender identity or recorded gender. Assembly Bill (AB) 959, The Lesbian, Gay, Bisexual, and Transgender (LGBT) Disparities Reduction Act,^{4,5} authored by Assembly Member David Chiu in 2015, requires the California Departments of Public Health, Health Care Services, Social Services, and Aging to include SOGI data when collecting client demographic data. Pursuant to the passage of state legislation through AB 959, which added Section 8310.8 to the California Government Code, DHCS collects SOGI information on its program applications.^{6,7}

This report serves as a technical document to support understanding and interpretation of Medi-Cal and Family PACT SOGI data.

Study Methods and Terminology

This report describes the SOGI information that is available in the DHCS Management Information System/Decision Support System (MIS/DSS) data warehouse, for both Medi-Cal and Family PACT beneficiaries. DHCS collects demographic data, including SOGI, through the enrollment process via the information applicants provide for eligibility determination. In 2013-2014, DHCS and Covered California partnered to create

a [paper](#) and [online](#) Single Streamlined Application (SSApp) for insurance affordability programs, including Medi-Cal (CCFRM604, 11/13). The required eligibility question “What is [applicant’s] sex?” was on both the paper and online SSApp with response options for male and female.

On June 26, 2017, the required eligibility question “What is [applicant’s] sex?” on the online SSApp (but not the paper SSApp) was updated to include transgender response options: “transgender: female to male”, and “transgender: male to female”.^{6,7} At the same time, the online application was also revised so that applicants could provide optional SOGI information after submitting their application (see Appendix A for the SOGI questions and response options). Subsequently, the Medi-Cal Eligibility Data System (MEDS) was updated to store and transmit applicant SOGI responses to the MIS/DSS. About 60 percent of new insurance affordability program applications received through CalHEERS are submitted online.⁸ DHCS does not update SOGI responses (neither the required question nor the optional questions) during Medi-Cal eligibility redetermination.

On May 3, 2021, the Family PACT Client Eligibility/Retroactive Eligibility Certification forms (DHCS 4461/4001) were updated to include transgender response options for the required eligibility question, “What is your sex?” and optional SOGI questions (see Appendix A for questions and response options). The Family PACT’s Health Access Program Client Eligibility System (HAP) was also updated to store and transmit applicant SOGI responses to the MIS/DSS. DHCS does not update SOGI responses (neither the required question nor the optional questions) during Family PACT eligibility re-certification.

This report assesses the distribution of SOGI status for certified eligible members enrolled in Medi-Cal during July 2021. This report also assesses the distribution of SOGI status for Family PACT members but further restricts the Family PACT population to members who were newly enrolled in Family PACT. Because the SOGI questions were added to the Family PACT application in May 2021, the SOGI distribution is only reported for new Family PACT participants (individuals who had enrolled in the Family PACT program between May – July 2021), since only people who had enrolled since May 2021 had the opportunity to respond to the new questions. The group of “newly enrolled” Family PACT members only represents 8.5 percent of the total Family PACT enrollment between May and July 2021.

To help readers keep track of the data elements that are summarized in this report, the data element's "name" and its MIS/DSS data element number (DE NO.) are both included. Definitions for terms used in this report are provided below, although neither sexual orientation nor gender identity are defined on the SSApp or the Family PACT application. Unless indicated otherwise, definitions are from the Centers for Disease Control and Prevention (CDC)⁹:

Bisexual: A person who is attracted to both people of their own gender and other genders.

Cisgender: Individuals whose current gender identity is the same as the sex they were assigned at birth.

Gay: A person who is attracted primarily to members of the same gender. Gay is most frequently used to describe men who are attracted primarily to other men, although it can be used for men and women.

Gender: The cultural roles, behaviors, activities, and attributes expected of people based on their sex.

Gender Dysphoria: The term "gender dysphoria" was used in the Diagnostic and Statistical Manual of Mental Disorders 5th Edition (DSM-5), a manual published by the American Psychiatric Association in 2013. This term was intended to focus on gender identity-related distress that some transgender people may experience (and for which they may seek psychiatric, medical, and surgical treatments) rather than on transgender individuals or identities themselves. The DSM-5 states that "gender non-conformity is not in itself a mental disorder," rather the diagnosis was created to help people with gender dysphoria get access to appropriate health care and treatment, and the DSM-5 lists specific criteria. NOTE: not all trans people experience gender dysphoria.¹⁰

Gender Expression: The way a person communicates about gender to others through external means such as clothing, appearance, or mannerisms. This communication may be conscious or subconscious and may or may not reflect their gender identity or sexual orientation. While most people's understandings of gender expressions relate to masculinity and femininity, there are countless combinations that may incorporate both masculine and feminine expressions—or neither—through androgynous expressions. An individual's gender expression does not automatically imply one's gender identity. All people have gender expressions.¹¹

Gender Identity: An individual's sense of their self as man, woman, transgender, or something else.

Gender Minority: Individuals whose gender identity (man, women, other) or expression (masculine, feminine, other) is different from their sex (male, female) assigned at birth.

Gender Nonbinary: Individuals who do not identify their gender as man or woman. Other terms to describe this identity include genderqueer, agender, bigender, gender creative, etc.

Gender Nonconforming (also called gender nonconformity, GNC, or gender atypical): The state of one's physical appearance or behaviors not aligning with societal expectations of their gender (a feminine boy, a masculine girl, etc.). Individuals who are gender nonconforming may or may not consider themselves lesbian, gay, bisexual, or transgender. Gender nonconforming is a broad term that can include transgender as well as cisgender people.^{9,10,11,12}

Intersex: An individual who is biologically between the medically expected definitions of male and female. This can be through variations in hormones, chromosomes, internal or external genitalia, or any combination of any or all primary and/or secondary sex characteristics. While many intersex people are noticed as intersex at birth, many are not. As intersex is about biological sex, it is distinct from gender identity and sexual orientation. An intersex person can be of any gender identity and can also be of any sexual orientation and any romantic orientation. Formerly, the medical terms hermaphrodite and pseudohermaphrodite were used; these terms are now considered neither acceptable nor scientifically accurate.¹¹

LGBTQ: Acronym that refers to the lesbian, gay, bisexual, transgender, and queer and/or questioning community.

Preferred Pronoun (also called Preferred Gender Pronoun, PGP): The pronoun that a person chooses to use for themselves. Commonly used pronouns include she/her/hers, he/him/his, and gender-neutral pronouns: they/them/theirs, ze (pronounced: [zee])/hir (pronounced: [here]).¹³

Queer: An umbrella term sometimes used to refer to the entire LGBT community.

Sex (also called "Sex Assigned at Birth"): An individual's biological status as male, female, or something else. Sex is assigned at birth and associated with physical attributes, such as anatomy and chromosomes.

Sex For Clinical Use (SFCU): a category that is based upon clinical observations typically associated with the designation of male and female.¹⁴

Sexual Minority: Individuals who identify as gay, lesbian, or bisexual, or who are attracted to or have sexual contact with people of the same gender.

Sexual Orientation: Refers to a person's sexual and emotional attraction to another person and the behavior and/or social affiliation that may result from this attraction (lesbian, gay, bisexual, etc.)

Transgender: Individuals whose current gender identity differs from the sex they were assigned at birth. Vocabulary standards include Female-to-Male (FTM)/Transgender Male/Trans Man and Male-to-Female (MTF)/Transgender Female/Trans Woman.¹⁵

Unborn: A gender field option used in California's Statewide Automated Welfare System (SAWS), a county-managed public assistance eligibility and enrollment system, to designate an unborn household member for inclusion in budgeting for non-MAGI [Modified Adjusted Gross Income] Medi-Cal programs.

Results: Medi-Cal Program

Table 1 shows the gender identity distribution of Medi-Cal members in July 2021. Data show applicant responses to the required "What is [applicant's] sex?" question on the application: 54 percent of Medi-Cal enrollees reported as female, 46 percent reported as male, and 0.02 percent reported as a transgender male or female. The transgender population is underestimated because the transgender response options have only been included on the Medi-Cal application since June 2017 and anyone applying to Medi-Cal before June 2017 would not have had the opportunity to respond as transgender. Additionally, the questions are only included on the online SSApp and are not included on the paper SSApp. About 60 percent of new insurance affordability program applications received through California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS) were submitted online.⁸

Table 1: Medi-Cal Gender Identity (required question), July 2021

Gender Identity (DE NO. 2050)	Member Count	Percent
Female	7,127,341	53.7%
Male	6,136,615	46.3%
Transgender: Male-to-Female	1,213	0.01%
Transgender: Female-to-Male	1,002	0.01%
Unborn	122	0.00%
Total	13,266,293	100.0%

Source: Data were extracted from MIS/DSS in December 2021.

Table 2 shows the gender identity distribution of Medi-Cal beneficiaries, collected as an optional question made available to applicants after they had completed and submitted the online SSApp. Only 3.4 percent of applicants responded to the optional question. Gender minorities (transgender men and women, non-binary and another gender identity groups) comprised about 0.9 percent of the 454,521 Medi-Cal enrollees who responded to one or more of the optional SOGI questions.

Table 2: Medi-Cal Gender Identity (optional question), July 2021

Gender Identity (DE NO. 2051)	Member Count	Percent
Responded to Gender Identity	454,521	3.4%
Did not respond to question	12,811,772	96.6%
Total	13,266,293	100.0%
Female	274,274	60.3%
Male	176,309	38.8%
Transgender: Male-to-Female	1,317	0.29%
Transgender: Female-to-Male	1,016	0.22%
Non-Binary (neither Male nor Female)	1,229	0.27%
Another Gender Identity	376	0.08%
Total	454,521	100.0%

Source: Data were extracted from MIS/DSS in December 2021.

Table 3 shows the distribution of Medi-Cal beneficiaries' sexual orientation. This is an optional SOGI question made available to applicants after they had completed and submitted the online SSApp. Only 3.0 percent of applicants responded to the question. Of the respondents, 87.6 reported as straight/heterosexual, 7.3 reported as unknown,

and 5.04 percent reported being a sexual minority in the following order: bisexual (2.1 percent), gay or lesbian (2.0 percent), queer (0.56 percent), another sexual orientation (0.38 percent) and “unknown” sexual orientation (7.3 percent).

Table 3: Medi-Cal Sexual Orientation (optional question), July 2021

Sexual Orientation (DE NO. 2053)	Member Count	Percent
Responded to Sexual Orientation	394,577	3.0%
Did not respond to question	12,871,716	97.0%
Total	13,266,293	100.0%
Straight/Heterosexual	345,688	87.6%
Gay or Lesbian	7,903	2.0%
Bisexual	8,350	2.1%
Queer	2,224	0.56%
Another Sexual Orientation	1,486	0.38%
Unknown	28,926	7.3%
Total	394,577	100.0%

Source: Data were extracted from MIS/DSS in December 2021.

Table 4 shows the distribution of “Sex on Birth Certificate” for Medi-Cal members in July 2021. This is an optional SOGI question made available to applicants after they had completed and submitted the online SSApp. Only 3.5 percent of applicants responded to the question. Of these, 60.7 percent reported as female at birth and 39.3 percent reported as male at birth.

Table 4: Medi-Cal Sex on Birth Certificate (optional question), July 2021

Sex on Birth Certificate (DE NO. 2052)	Member Count	Percent
Responded to Sex on Birth Certificate	459,295	3.5%
Didn't respond to question	12,806,998	96.5%
Total	13,266,293	100.0%
Female	278,867	60.7%
Male	180,428	39.3%
Total	459,295	100.0%

Source: Data were extracted from MIS/DSS in December 2021.

Table 5 shows that 1.4 percent of Medi-Cal applicants reported a gender identity that was different from their sex at birth. A substantial proportion of these respondents did not identify as transgender. For example, of those who reported being born male, 1,712 (1.0 percent) reported their gender identity as “female” and 1,044 (0.61 percent) reported their gender identity as “transgender: male to female”. Of the people who reported being born female, 1,231 (0.46 percent) reported their gender identity as “male” and 764 (0.28 percent) had reported as “transgender: female to male”.

Table 5: Medi-Cal Gender Identity by Sex on Birth Certificate, July 2021

Gender Identity (DE NO. 2051)	Sex on Birth Certificate (DE NO. 2052)			
	Female		Male	
	Count	Percent	Count	Percent
Female	265,592	98.9%	1,712	1.0%
Male	1,231	0.46%	168,190	98.1%
Transgender: Male-to-Female	59	0.02%	1,044	0.61%
Transgender: Female-to-Male	764	0.28%	67	0.04%
Non-Binary (neither Male nor Female)	802	0.30%	344	0.20%
Another Gender Identity	202	0.08%	138	0.08%
Total	268,650	100.0%	171,495	100.0%

Source: Data were extracted from MIS/DSS in December 2021.

Results: Family PACT Program

The Family PACT program covers the family planning needs of California residents who are low income and have no other source of coverage. The Family PACT enrollment for May – July 2021 was 495,104, compared to the Medi-Cal enrollment of 13.3 million for July 2021. Table 6 displays the gender identity distribution of members enrolled in Family PACT May – July 2021. Since the transgender response options were added to the Family PACT application in May 2021, the distribution is only reported for new participants (individuals who enrolled in the Family PACT program between May – July 2021, 8.5 percent of the total Family PACT enrollment). Of the 41,844 new participants, 75.3 percent reported as female, 24.5 percent as male, and 0.18 percent as a transgender male or female.

Table 6: Family PACT Gender Identity (required question), May - July 2021

Gender Identity (SEX_DECLARATION_CD)	Member Count	Percent
Had enrolled May - July 2021	41,844	8.5%
Enrolled prior to May 2021	453,260	91.5%
Total	495,104	100.0%
Female	31,507	75.3%
Male	10,263	24.5%
Transgender: Male-to-Female	44	0.11%
Transgender: Female-to-Male	30	0.07%
Total	41,844	100.0%

Source: Data were extracted from MIS/DSS in March 2022.

Table 7 shows the gender identity distribution of Family PACT members in July 2021, self-identified on the optional question on the application: 52.8 percent of Family PACT new enrollees responded to the question. Of these, gender minorities (transgender men and women, non-binary and another gender identity groups) comprised 0.78 percent of Family PACT members who responded to the optional question.

Table 7: Family PACT Gender Identity (optional question), May – July 2021

Gender Identity (GENDER_IDENTITY_CD)	Member Count	Percent
Responded to Gender Identity	22,107	52.8%
Didn't respond to question	19,737	47.2%
Total enrolled May - July 2021	41,844	100.0%
Female	16,800	76.0%
Male	5,137	23.2%
Transgender: Male-to-Female	37	0.17%
Transgender: Female-to-Male	24	0.11%
Non-Binary (Neither Male nor Female)	92	0.42%
Another Gender Identity	17	0.08%
Total	22,107	100.0%

Source: Data were extracted from MIS/DSS in March 2022.

Table 8 shows the distribution of Family PACT beneficiaries' sexual orientation in July 2021. About 53 percent of enrollees responded to the question. Of these, about 74.2 percent reported as straight/heterosexual, 18.1 percent reported as unknown, and 7.7 percent reported as a sexual minority in the following sexual orientation categories: bisexual (4.5 percent), gay/lesbian (2.3 percent), queer (0.65 percent), another sexual orientation (0.29 percent).

Table 8: Family PACT Sexual Orientation (optional question), May – July 2021

Sexual Orientation (SEXUAL_ORIENTATION_CD)	Member Count	Percent
Responded to Sexual Orientation	22,310	53.3%
Didn't respond to question	19,534	46.7%
Total enrolled May - July 2021	41,844	100.0%
Straight or Heterosexual	16,551	74.2%
Gay or Lesbian	514	2.3%
Bisexual	1,003	4.5%
Queer	144	0.65%
Another Sexual Orientation	64	0.29%
Unknown	4,034	18.1%
Total	22,310	100.0%

Source: Data were extracted from MIS/DSS in March 2022.

Table 9 shows the distribution of "Sex on Birth Certificate" for Family PACT members in July 2021. This is an optional SOGI question to which 51.9 percent of new applicants responded. Of these, about 76.7 percent of Family PACT members reported as female at birth and 23.3 percent reported as male at birth.

Table 9: Family PACT Sex on Birth Certificate (optional question), May – July 2021

Sex on Birth Certificate (GENDER_BIRTH_CERT_CD)	Member Count	Percent
Didn't respond to question	20,121	48.1%
Total enrolled May - July 2021	41,844	100.0%
Female	16,654	76.7%
Male	5,069	23.3%
Total	21,723	100.0%

Source: Data were extracted from MIS/DSS in March 2022.

Table 10 shows that among Family Pact applicants only 1 percent of those born female and 1.8 percent of those born male reported a gender identity that was different from their sex at birth. A substantial proportion of these respondents did not identify as transgender. For example, of those reporting "male" sex on their birth certificate, 60 (1.3 percent) reported their gender identity as "female" and none reported as "transgender". Of those reporting "female" sex on their birth certificate, 71 (0.45 percent) reported their gender identity as "male" and 20 (0.13 percent) as "transgender".

Table 10: Family PACT Gender Identity by Sex on Birth Certificate, May – July 2021

Gender Identity (GENDER_IDENTITY_CD)	Sex on Birth Certificate (GENDER_BIRTH_CERT_CD)			
	Female		Male	
	Count	Percent	Count	Percent
Female	15,548	99.0%	60	1.3%
Male	71	0.45%	4615	98.2%
Transgender: Male-to-Female	--	--	0	0.00%
Transgender: Female-to-Male	--	--	0	0.00%
Non-Binary (Neither Male nor Female)	65	0.41%	--	--
Another Gender Identity	--	--	--	--
Total	15,713	100.0%	4,698	100.00%

"--" indicates cell suppression; cell value is less than 11 (1-10) and/or cell was a complementary cell.

Source: Data were extracted from MIS/DSS in March 2022.

Results: California Health Interview Survey (CHIS)

The California Health Interview Survey (CHIS)¹⁶ can be used to estimate SOGI frequencies by the Medi-Cal coverage status of survey respondents. The CHIS is conducted by the University of California, Los Angeles (UCLA) Center for Health Policy Research in collaboration with DHCS, the California Department of Public Health, and other funders. CHIS is the largest state health survey in the nation and generates one-year estimates of the health and health care needs of California. It is a web and telephone survey that asks questions on a wide range of health topics and demographic statuses, including self-reported SOGI status. The CHIS and DHCS enrollment applications have similar sexual orientation response values for straight or heterosexual, gay or lesbian, and bisexual groups but CHIS has a “non-sexual / celibate / none / other” category - not included on DHCS applications, and DHCS applications have “queer, “another sexual orientation”, and “unknown” response categories - not included on CHIS.

Tables 11 and 12 show that 1.5 percent (95% confidence interval (95% CI): 1.1 – 1.9) of California adults and 2.4 percent (95% CI: 1.2 – 3.6) of California adolescents covered by Medi-Cal reported as transgender or gender non-conforming on the CHIS. Table 13 shows that 8.9 percent of Californian adults who were covered by Medi-Cal reported as a sexual minority on the CHIS (3.1 percent (95% CI: 2.5 – 3.8) as gay / lesbian / homosexual; 5.8 percent (95% CI: 5.1–6.6) - bisexual) and 4.1 percent (95% CI: 3.5–4.6) reported as “not sexual / celibate / none / other”.

Discussion: SOGI Data Quality and Collection Issues

The provisions of Section 1557 of the Affordable Care Act (Title 45 of the Code of Federal Regulations Section 92.206)^{1,2,3} require that DHCS serve individuals equitably and prohibit DHCS from denying or limiting health services that are ordinarily or exclusively available to cisgender individuals based on an applicant’s gender identity or recorded gender. Collecting SOGI data is essential for providing high-quality, person-centered care and for monitoring disparities and measuring policy impact on sexual and gender minorities. Towards this end, DHCS must ensure that SOGI data collection is standardized across its programs and must monitor disparities in SOGI status, starting with the distribution of applicants determined to be eligible for services.

DHCS collects demographic data, including SOGI, through the enrollment process, via information that applicants provide for eligibility determination. DHCS is a multiprogram environment and its programs cover an array of member services from health insurance enrollment and intake to service delivery. DHCS' collection of SOGI data is not consistent across DHCS programs. Applications, data standards, the placement of data fields on an application, federal or state-specific data collection and reporting standards/requirements, and system transformation of SOGI data vary by DHCS program. Medi-Cal is DHCS' largest program, while non-Medi-Cal programs include Family PACT, Every Woman Counts (EWC), California Children's Services (CCS), and Genetically Handicapped Persons Program (GHPP). These programs collect SOGI questions and response values which are similar, but not identical, to those on the Medi-Cal application (see Appendix A).

Specific to the Medi-Cal eligibility process, applications can be submitted through the online web application or via a paper-based form. The optional SOGI questions and the required "What is your sex?" question with transgender response options are included on the online SSApp, but not the paper SSApp. An estimated 60 percent of new insurance affordability program applications (the SSApp) that were received through CalHEERS were submitted online – which means that 40 percent of applications are submitted without an applicant's having had the opportunity to report as transgender and/or report on the optional SOGI questions.

Federal requirements do not allow DHCS to include optional SOGI questions within the primary content of an application for Medi-Cal benefits, as SOGI information is not required to determine eligibility for the program. Because of this, the online SSApp asks the optional SOGI questions after an applicant has submitted their online application, when they may be less likely to provide more information. DHCS has been working with the Centers for Medicare and Medicaid Services (CMS) on federal approval to change the Medi-Cal eligibility processes to include the SOGI questions and responses on the paper version of the SSApp.

Tables 11 - 13: CHIS Gender Identity and Sexual Orientation by Medi-Cal Status

CHIS Respondent Medi-Cal Coverage Status						
Covered by Medi-Cal			Not covered by Medi-Cal		All	
Percent (95% CI)	Population	Percent (95% CI)	Population	Percent (95% CI)	Population	
Table 11. CHIS Gender Identity - Adults (Ages 18 and Over)						
Not Transgender (i.e., Cisgender)	98.5% (98.1 – 98.9)	6,329,000	99.2% (99.1 – 99.4)	23,040,000	99.1% (98.9 – 99.2)	29,369,000
Transgender / Gender Non-Conforming	1.5% (1.1 – 1.9)	100,000	0.8% (0.6 – 0.9)	175,000	0.9% (0.8 – 1.1)	275,000
Total	100.0%	6,429,000	100.0%	23,214,000	100.0%	29,643,000
Table 12. CHIS Gender Identity - Adolescents (Ages 12 - 17)						
Not Transgender (i.e., Cisgender)	97.6% (96.4 – 98.8)	1,161,000	97.1% (96.2 – 98.1)	1,851,000	97.3% (96.5 – 98.1)	3,011,000
Transgender / Gender Non-Conforming	2.4% (1.2 – 3.6)	29,000	2.9% (1.9 – 3.8)	54,000	2.7% (1.9 – 3.5)	83,000
Total	100.0%	1,190,000	100.0%	1,905,000	100.0%	3,094,000
Table 13. CHIS Sexual Orientation - Adults (Ages 18 and Over)						
Straight or Heterosexual	87.0% (86.0 – 87.9)	5,591,000	90.6% (90.2 – 91.1)	21,044,000	89.9% (89.4 – 90.3)	26,635,000
Gay, Lesbian, or Homosexual	3.1% (2.5 – 3.8)	202,000	3.9% (3.6 – 4.2)	896,000	3.7% (3.4 – 4.0)	1,099,000
Bisexual	5.8% (5.1 – 6.6)	379,000	3.8% (3.5 – 4.0)	869,000	4.2% (3.9 – 4.5)	1,249,000
Not Sexual / Celibate / None / Other	4.1% (3.5 – 4.6)	256,000	1.7% (1.5 – 1.9)	404,000	2.2% (2.0 – 2.4)	659,000
Total	100.0%	6,428,000	100.0%	23,213,000	100.0%	29,642,000

Source: California Health Interview Survey. Frequencies reported in Tables 11-13 are based on pooled 2020 and 2021 CHIS data to obtain statistically stable estimates.

System constraints also exist related to collecting SOGI data. The Medi-Cal Eligibility Data System (MEDS) is the statewide data hub serving a variety of eligibility, enrollment and reporting functions for Medi-Cal and other state and federal benefits. MEDS is a legacy mainframe and presents complex challenges when adding new data or integrating different datasets and applications. As an example of a proposed system update – data from the two eligibility systems described in this report (MEDS, which processes Medi-Cal application information and the HAP Eligibility System, which processes Family PACT client eligibility certification information) were found to inconsistently map transgender responses to the question “what is [applicant]’s sex?” when data were transmitted to the MIS/DSS. The MEDS system maps Medi-Cal “male” and “transgender: male to female” responses as “male” in MIS/DSS, and maps “female” and “transgender: female to male” as “female” in MIS/DSS. The current mapping is reversed for HAP information (“transgender: male to female” is mapped as “female” in MIS/DSS, “transgender: female to male” is mapped as “male” in MIS/DSS). DHCS intends to remap the Family PACT transgender responses to align with the Medi-Cal application mapping to ensure consistent reporting across systems, in a future system update.

Future Considerations

Future iterations of DHCS program applications will assess alignment of SOGI data collection with the United States Core Data for Interoperability (USCDI) code set, the primary standard for storing and exchanging health care data.¹⁵ Adopting national standards and ensuring consistent collection of SOGI data is critical for the type of healthcare information exchange necessary to achieve the California Advancing and Innovating Medi-Cal (CalAIM) interoperability and equity goals and to enable cross-agency and cross-state collaboration to improve care for vulnerable and/or underserved populations.

Future iterations of DHCS program applications will consider national recommendations and consensus on the best way to collect data to describe gender identity and sexual orientation. The CDC recommends that the USCDI contain 5 data elements to provide clearer, more clinically relevant SOGI information: Gender Identity, Sex assigned at birth, Sexual Orientation, Sex for Clinical Use, and Patient Pronoun.¹⁶ For example, transgender people can be identified as those whose gender identity and birth-assigned sex differ.

Using a “two-step” process to ask about both gender identity and birth-assigned sex is better than having one gender identity question. Using one question could exclude transgender people who do not identify as such (e.g., a person who was born male but whose gender identity is female may check “female” rather than “transgender”) or who identify as both male or female AND transgender.^{17,18,19} Tables 5 and 10 show that Medi-Cal and Family PACT applicants do define gender identity inconsistently. For example, of the people who reported being born male, some reported gender identity as “female” (but not “transgender”) and some reported gender identity as “transgender: male to female”. Similarly, of the people who reported being born female, some reported gender identity as “male” (but not “transgender”) and some reported “transgender: female to male”.

Health care engagement strategies that are culturally and linguistically appropriate include the collection and use of the name people want used, their pronoun preference, and gender identity/expression terms.^{20,21,22} Accurate and complete member contact and demographic information (MCDI) are critical components of patient-centered communication, providing inclusive care, improving outreach efforts related to enrollment or eligibility redetermination, connecting members to services, and advancing population health.

Conclusion

Medi-Cal SOGI data is incomplete. Less than 4 percent of all members in the sample time period had responded to the optional questions on the Medi-Cal application and thus the distribution of SOGI status in the Medi-Cal population cannot be accurately measured. About 60 percent of Medi-Cal applications are submitted online and the online application has included the transgender response options to the required “What is your sex?” question, and the optional SOGI questions, since June 2017. These SOGI questions are not on the paper application. DHCS is working with CMS on federal approval to include the SOGI questions and responses on the paper version of the SSApp.

SOGI rates can be calculated for Family PACT members who enrolled on or after May 2021, the effective date for the inclusion of the SOGI questions on the certification form. SOGI rates cannot be accurately calculated for the population overall for either the Medi-Cal or the Family PACT program. To calculate accurate rates, the program denominators must be limited to only the members who applied using a version of the application that included the SOGI response options.

To ensure that Medi-Cal is providing high quality, accessible, and appropriate health care to minority populations, DHCS is planning to extend SOGI data collection to the Medi-Cal paper SSApp and to align SOGI data collection across DHCS programs. Without complete SOGI information and standardized reporting, the specific health care needs of members who identify as a sexual/gender minority cannot be identified, nor can their quality of care be assessed. This information is critical to identifying and addressing health disparities and advancing health equity.

Appendix A: DHCS SOGI Data Collection, by Program

DHCS Program	Sexual Orientation Response Values	Gender Identity Response Values
California Children’s Services (CCS)	<p>Optional: Does the applicant think of themselves as:</p> <ul style="list-style-type: none"> • Straight or heterosexual • Gay/lesbian • Bisexual • Queer • Another sexual orientation • Unknown 	<p>Required: Sex - Mark the correct sex box for the applicant</p> <ul style="list-style-type: none"> • Female • Male <p>Optional: What is applicant’s gender? (Check box that best describes your current gender identity)</p> <ul style="list-style-type: none"> • Female • Male • Transgender: male to female • Transgender: female to male • Non-binary (neither male nor female) • Another gender identity <p>Optional: What sex was listed on the applicant’s original birth certificate?</p> <ul style="list-style-type: none"> • Female • Male

DHCS Program	Sexual Orientation Response Values	Gender Identity Response Values
California Outcomes Measurement (CalOMS)	<p>Are you heterosexual, lesbian, gay, bisexual, transgender, or do you question your sexual orientation?</p> <ul style="list-style-type: none"> • Heterosexual / Straight • Lesbian (female) • Gay (male) • Bisexual • Unsure / Questioning • Declined to state • Transgender 	<p>Are you heterosexual, lesbian, gay, bisexual, transgender, or do you question your sexual orientation?</p> <ul style="list-style-type: none"> • Heterosexual / Straight • Lesbian (female) • Gay (male) • Bisexual • Unsure / Questioning • Declined to state • Transgender
Every Woman Counts (EWC)/ DETEC	<p>Optional: Do you think of yourself as:</p> <ul style="list-style-type: none"> • Straight or heterosexual • Lesbian or gay • Bisexual • Queer • Another sexual orientation • Unknown 	<p>Required: What is your sex?</p> <ul style="list-style-type: none"> • Female • Male • Transsexual: Male to Female • Transsexual: Female to Male <p>Optional: What is your gender? (Check box that best describes your current gender identity)</p> <ul style="list-style-type: none"> • Female • Male • Transgender: male to female • Transgender: female to male • Non-binary (neither male nor female) • Another gender identity <p>Optional: What sex was listed on your original birth certificate?</p> <ul style="list-style-type: none"> • Female • Male

DHCS Program	Sexual Orientation Response Values	Gender Identity Response Values
Every Woman Counts (EWC)/ CHEER	<p>Optional: Do you think of yourself as:</p> <ul style="list-style-type: none"> • Straight or heterosexual • Lesbian or gay • Bisexual • Queer • Another sexual orientation • Unknown 	<p>Required: What is your sex?</p> <ul style="list-style-type: none"> • Female • Male • Transsexual: Male to Female • Transsexual: Female to Male <p>Optional: What is your gender? (Check box that best describes your current gender identity)</p> <ul style="list-style-type: none"> • Female • Male • Transgender: male to female • Transgender: female to male • Non-binary (neither male nor female) • Another gender identity <p>Optional: What sex was listed on your original birth certificate?</p> <ul style="list-style-type: none"> • Female • Male
Family Planning, Access, Care, Treatment (Family PACT)	<p>Optional: Do you think of yourself as:</p> <ul style="list-style-type: none"> • Straight or heterosexual • Gay or lesbian • Bisexual • Queer • Another sexual orientation • Unknown • I decline to answer 	<p>Required: What is your sex?</p> <ul style="list-style-type: none"> • Female • Male • Transgender: male to female • Transgender: female to male <p>Optional: What is your gender? (Check box that best describes your current gender identity)</p> <ul style="list-style-type: none"> • Female • Male • Transgender: male to female

DHCS Program	Sexual Orientation Response Values	Gender Identity Response Values
		<ul style="list-style-type: none"> • Transgender: female to male • Non-binary (neither male nor female) • Another gender identity • I decline to answer <p>Optional: What sex was listed on your original birth certificate?</p> <ul style="list-style-type: none"> • Female • Male • I decline to answer
Genetically Handicapped Persons Program (GHPP)	<p>Optional: Do you think of yourself as:</p> <ul style="list-style-type: none"> • Straight or heterosexual • Gay or lesbian • Bisexual • Queer • Another sexual orientation • Unknown 	<p>Fill in the applicant's gender (male or female) or...provide more information about the applicant's gender, gender identity, gender expression or sexual orientation.</p> <p>Required: What was your sex assigned at birth (required)</p> <ul style="list-style-type: none"> • Female • Male • Transgender <p>Optional: What is your gender identity? (Check box that best describes your current gender identity)</p> <ul style="list-style-type: none"> • Female • Male • Transgender: male to female • Transgender: female to male • Non-binary (neither male or female)

DHCS Program	Sexual Orientation Response Values	Gender Identity Response Values
		<ul style="list-style-type: none"> • Another gender identity <p>Optional: What gender is listed on your original birth certificate?</p> <ul style="list-style-type: none"> • Female • Male
Medi-Cal (paper application)	Not asked	<p>Required: Are you:</p> <ul style="list-style-type: none"> • Male • Female
Medi-Cal (online application)	<p>Optional: Do you think of yourself as:</p> <ul style="list-style-type: none"> • Straight or heterosexual • Gay or lesbian • Bisexual • Queer • Another sexual orientation • Unknown 	<p>Required: What is [applicant's name] sex?</p> <ul style="list-style-type: none"> • Female • Male • Transgender: male to female • Transgender: female to male <p>Optional: What is your gender? (Select the option that best describes your current gender identity.)</p> <ul style="list-style-type: none"> • Female • Male • Non-binary (Neither male nor female) • Transgender: male to female • Transgender: female to male • Another gender identity <p>Optional: What sex was listed on your original birth certificate?</p> <ul style="list-style-type: none"> • Female • Male

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