Medi-Cal Statistical Report

Sexual Orientation and Gender Identity (SOGI)
Data Collection
November 2024

DHCS
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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 July 2024, 14.8 million people, approximately 36 percent of the state's population, were enrolled in Medi-Cal, California's Medicaid program. Medi-Cal plays an essential 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 enactment of Assembly Bill 959[4,5] in 2015, 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 point-in-time sample populations (July 2021 and 2024 Medi-Cal enrollment; May – July 2021 and 2024 newly enrolled Family PACT enrollment).

DHCS SOGI data was found to not be fully representative of our population due in large part to the timing of when such data collection started. As a result of the need for federal approvals and corresponding system changes, the optional SOGI questions were introduced into the online application for insurance affordability programs, including Medi-Cal, in 2017. By 2021, 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 and July 2021 (8.5 percent of all enrolled Family PACT beneficiaries) had responded to the optional questions on the Family PACT application. In 2024, less than 6 percent of certified Medi-Cal members had responded to the optional questions on the Medi-Cal application and approximately 47 percent of members who had newly enrolled in the Family PACT program between May and July 2024 (10.2 percent of all enrolled Family PACT enrollees) had responded to the optional questions on the Family PACT application. Given the low response rates and the timing of when data collection began, the SOGI status in the Medi-Cal and Family PACT populations cannot be fully 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 July 2024, 14.8 million individuals were enrolled in Medi-Cal and 362,891 individuals were enrolled in Family PACT, approximately 36 percent of California's population between the two programs. 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 ACA (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 is a technical document supporting the 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 members. DHCS collects demographic data, including SOGI, through the enrollment process via the information applicants provide for eligibility

determination. This data collection started in 2017. Paper annual renewal forms do not currently include optional SOGI information collection. However, an individual can update their SOGI responses through their CoveredCA.com account (California Healthcare Eligibility, Enrollment, and Retention System/CalHEERS) or their BenefitsCal (California Statewide Automated Welfare System/CalSAWS online application portal) account at any time, including during redetermination.

In 2013 and 2014, DHCS and Covered California partnered to create a paper and online Single Streamlined Application (SSApp) for insurance affordability programs, including Medi-Cal, in accordance with federal requirements pertaining to the ACA. The required eligibility question "What is [applicant's] sex?" was on both the paper and online SSApp with response options for male and female. About 60 percent of new insurance affordability program applications received through CalHEERS are submitted online.[8]

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.

DHCS recently received federal approval from the Centers for Medicare and Medicaid Services (CMS) to change the Medi-Cal eligibility data collection to include the optional SOGI questions and responses on the paper version of the SSApp. CMS also approved moving the optional SOGI questions to a more visible location within the application flow for both the online and paper versions of the SSApp, for individuals 12 and up. As of September 23, 2024, the online version of the SSApp includes the optional SOGI questions within the application flow. DHCS expects the paper version of the SSApp to be updated to include the transgender response options for the required question and to include the optional SOGI questions within the application flow by the end of 2025. Additionally, both the online and paper version of the SSApp will be updated to begin collecting optional information regarding intersexuality to comply with Assembly Bill (AB) 1163, the Lesbian, Gay, Bisexual, and Transgender Disparities Reduction Act. DHCS anticipates data on intersexuality will start being collected by the end of 2025.

On May 3, 2021, the Family PACT Client Eligibility and Retroactive Eligibility Certification forms (DHCS Forms 4461 and 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. Family PACT members are required to complete and submit a new application at the time of annual re-certification which would allow a member's updated SOGI responses to be collected for data extraction annually.

This report assesses the distribution of SOGI status for certified eligible members enrolled in Medi-Cal during July 2021 and 2024. 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 was 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 in May 2021 or later had the opportunity to respond to the new questions. For consistency, the 2024 update followed this method and only reported responses to the optional questions for individuals who had enrolled in the Family PACT program between May – June 2024. The group of "newly enrolled" Family PACT members represents 8.5 and 10.2 percent of the total Family PACT enrollment between May and July 2021 and 2024, respectively.

To help readers track the data that are summarized in this report, the system "names" of the data elements are provided in Appendix B. Definitions for terms used in this report are provided below, although sexual orientation and gender identity terms are not defined on the SSApp and Family PACT applications. 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: A person 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. Not everyone who is transgender or gender non-conforming 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. Gender expression does not necessarily reflect gender identity. All people have gender expressions.[11,12]

Gender Identity: A person's internal, deeply held sense of their own gender. This may correspond to biological sex, but it may not. A person's gender identity is separate from their sexuality, as well as their gender expression.[12]

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

Gender Nonbinary: A person who does not identify their gender as man or woman. See "gender nonconforming" for other terms for people who do not identify with the gender binary.

Gender Nonconforming (also called gender nonconformity, GNC, or gender atypical): A person whose physical appearance or behaviors do not align with societal expectations of their gender (for example, a woman wearing a tie or a person who adopts new pronouns). People of any gender identity can be gender nonconforming. People who don't follow gender stereotypes include those who

identify as agender, androgynous, binary, gender expansive, differently gendered, gender creative, gender fluid, gender diverse, gender neutral, gender variant, genderqueer, nonbinary, and pansexual.[9,10,11,12]

Intersex: A person 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 and/or 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 pronouns a person uses 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: A group of biological traits linked to a person's reproductive organs and functions based on their chromosomal makeup.[12] This is a required question on the Medi-Cal and Family PACT applications and applicants may interpret the question differently.

Sex Assigned at Birth: Assigned sex is the label a person is given at birth based on physical attributes, such as hormones, chromosomes, and genitals. This is what is put on a birth certificate.

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

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

Sexual Orientation: 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: A person 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]

Results: Medi-Cal Program

Table 1 shows the sex distribution of Medi-Cal members in July 2021 and 2024. Data show applicant responses to the required "What is [applicant's] sex?" question on the application. In July 2021, 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. In July 2024, 53 percent of Medi-Cal enrollees reported as female, 47 percent reported as male, and 0.03 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 CalHEERS were submitted online.[8]

Table 1: Medi-Cal Sex (required question), July 2021 and 2024

Medi-Cal Sex	Member Count July 2021	Percent July 2021	Member Count July 2024	Percent July 2024
Female	7,127,402	53.7%	7,876,939	53.1%
Male	6,136,676	46.3%	6,953,717	46.9%
Transgender: Male-to-Female	1,213	0.01%	2,480	0.02%
Transgender: Female-to-Male	1,002	0.01%	1,837	0.01%
Total	**13,266,293**	**100.0%**	**14,834,973**	**100.0%**

Source: Data were extracted from MIS/DSS in December 2021 and September 2024.

Table 2 shows the gender identity distribution of Medi-Cal beneficiaries who responded to the optional question made available to applicants after they had completed and submitted the online SSApp. In July 2021, only 3.4 percent of applicants, 454,521

members, responded to the optional question. In July 2024, only 5.6 percent of applicants, 836,998 members, responded to the optional question.

In July 2021, gender minorities (transgender men and women, non-binary and another gender identity groups) comprised 0.9 percent of the Medi-Cal enrollees who responded to the optional SOGI question. In July 2024, gender minorities comprised 1.1 percent.

Table 2: Medi-Cal Gender Identity (optional question), July 2021 and 2024

Gender Identity	Member Count July 2021	Percent July 2021	Member Count July 2024	Percent July 2024
Female	274,274	60.3%	492,745	58.9%
Male	176,309	38.8%	334,768	40.0%
Transgender: Male-to-Female	1,317	0.29%	2,731	0.33%
Transgender: Female-to-Male	1,016	0.22%	2,584	0.31%
Non-Binary (neither Male nor Female)	1,229	0.27%	3,258	0.39%
Another Gender Identity	376	0.08%	912	0.11%
Total	**454,521**	**100.0%**	**836,998**	**100.0%**

Source: Data were extracted from MIS/DSS in December 2021 and September 2024.

Table 3 shows the sexual orientation distribution of Medi-Cal beneficiaries who responded to the optional SOGI question made available to applicants after they had completed and submitted the online SSApp. In July 2021, 3.0 percent of applicants, 394,577 members, responded to the question. Of these 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). In July 2024, 4.7 percent of applicants, 703,685 members, responded to the question. Of these respondents, 87.4 reported as straight/heterosexual, 7.7 reported as unknown, and 5.0 percent reported being a sexual minority in the following order: bisexual (2.1 percent), gay or lesbian (2.0 percent), queer (0.59 percent), another sexual orientation (0.39 percent) and "unknown" sexual orientation (7.7 percent).

Table 3: Medi-Cal Sexual Orientation (optional question), July 2021 and 2024

Sexual Orientation	Member Count July 2021	Percent July 2021	Member Count July 2024	Percent July 2024
Straight/Heterosexual	345,688	87.6%	614,995	87.4%
Gay or Lesbian	7,903	2.0%	13,050	1.9%
Bisexual	8,350	2.1%	14,932	2.1%
Queer	2,224	0.56%	4,141	0.59%
Another Sexual Orientation	1,486	0.38%	2,731	0.39%
Unknown	28,926	7.3%	53,836	7.7%
Total	**394,577**	**100.0%**	**703,685**	**100.0%**

Source: Data were extracted from MIS/DSS in December 2021 and September 2024.

Table 4 shows the distribution of "Sex on Birth Certificate" for Medi-Cal members in July 2021 who responded to the optional SOGI question made available to applicants after they had completed and submitted the online SSApp. In July 2021, 3.5 percent of applicants, 459,295 members, responded to the question. Of these, 60.7 percent reported as female at birth, and 39.3 percent reported as male at birth. In July 2024, 5.8 percent of applicants, 853,171 members, responded to the question. Of these, 59.2 percent reported as female at birth, and 40.8 percent reported as male at birth.

Table 4: Medi-Cal Sex on Birth Certificate (optional question), July 2021 and 2024

Sex on Birth Certificate	Member Count July 2021	Percent July 2021	Member Count July 2024	Percent July 2024
Female	278,867	60.7%	505,399	59.2%
Male	180,428	39.3%	347,772	40.8%
Total	**459,295**	**100.0%**	**853,171**	**100.0%**

Source: Data were extracted from MIS/DSS in December 2021 and September 2024.

Tables 5a and 5b represent information for people who responded to the optional gender identity (Table 2) and birth certificate (Table 5) questions and show how applicants inconsistently interpret and/or respond to SOGI questions. Table 5a shows that in 2021, 0.67 percent of Medi-Cal applicants, overall, reported a gender identity that was different from their sex at birth, but they 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." Of those who reported being born female, 1,231 (0.46 percent) reported their gender identity as "male." This table also shows that people

inconsistently identified with the transgender options. We assumed that people who reported being born as male would identify as "transgender: male-to-female" and people who reported being born as female would identify as "transgender: female-to-male." Although most did, some members did not: 67 people who reported being born male identified as "transgender: female-to-male" and 59 people who reported being born female identified as "transgender: male-to-female."

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

Gender Identity	Sex on Birth Certificate			
	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.

Table 5b shows similar inconsistencies in 2024 data: 0.61 percent of Medi-Cal applicants, overall, reported a gender identity that was different from their sex at birth, but they did not identify as transgender. For example, of those who reported being born male, 2,928 (0.91 percent) reported their gender identity as "female." Of those who reported being born female, 1,909 (0.40 percent) reported their gender identity as "male". This table also shows that people inconsistently identified with the transgender options. We assumed that people who reported being born as a male would identify as "transgender: male-to-female," and people who reported being born as female would identify as "transgender: female-to-male." Although most did, some members did not: 584 people who reported being born male identified as "transgender: female-to-male" and 119 people who reported being born female identified as "transgender: male-to-female."

Table 5b: Medi-Cal Gender Identity by Sex on Birth Certificate, July 2024

Gender Identity	Sex on Birth Certificate			
	Female		Male	
	Count	Percent	Count	Percent
Female	468,335	98.7%	2,928	0.91%
Male	1,909	0.40%	314,272	97.9%
Transgender: Male-to-Female	119	0.03%	2,095	0.65%
Transgender: Female- to-Male	1,559	0.33%	584	0.18%
Non-Binary (neither Male nor Female)	1,917	0.40%	867	0.27%
Another Gender Identity	646	0.14%	187	0.06%
Total	**474,485**	**100%**	**320,933**	**100%**

Source: Data were extracted from MIS/DSS in September 2024.

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 2024 was 362,891, compared to the Medi-Cal enrollment of 14.8 million for July 2024. Table 6 displays the sex of members enrolled in Family PACT in a three-month period (May – July) in both 2021 and 2024. Because the transgender response options for the required "What is your sex?" question had only been added to the Family PACT application in May 2021, the 2021 distribution was only reported for the 8.5 percent of Family PACT members enrolled May – July 2021 and who had applied on or after May 2021. For consistency, the 2024 distribution is reported for the 10.2 percent of Family PACT members enrolled May – July 2024 and who had applied on or after May 2024. In 2021, 75.3 percent identified as female, 24.5 percent identified as male, and 0.18 percent identified as transgender male or female. In 2024, 76.5 percent identified as female, 23.1 percent as male, and 0.37 percent as a transgender male or female.

Table 6: Family PACT Sex (required question), May – July 2021 and 2024

Family PACT SEX	Member Count 2021	Percent 2021	Member Count 2024	Percent 2024
Applied after May 1 of the measurement period	41,844	8.5%	37,062	10.2%
Applied before May 1 of the measurement period	453,260	91.5%	325,829	89.8%
Total	**495,104**	**100.0%**	**362,891**	**100.0%**
Female	31,507	75.3%	28,356	76.5%
Male	10,263	24.5%	8,570	23.1
Transgender: Male-to-Female	44	0.11%	67	0.18%
Transgender: Female-to-Male	30	0.07%	69	0.19%
Total	**41,844**	**100.0%**	**37,062**	**100.0%**

Source: Data were extracted from MIS/DSS in March 2022 and September 2024.

Table 7 shows the 2021 and 2024 distribution of Family PACT members' responses to the application's optional gender identity question. After May 2021, the optional SOGI questions were included in the Family PACT application, and 52.8 percent of Family PACT new enrollees responded to the question. Of these, gender minorities (transgender men and women, non-binary, and other gender identity groups) comprised 0.78 percent of Family PACT members who responded to the optional question. In 2024, 48.8 percent of Family PACT new enrollees responded to the question. Of these, gender minorities (transgender men and women, non-binary, and other gender identity groups) comprised 1.3 percent of Family PACT members who responded to the optional question.

Table 7: Family PACT Gender Identity (optional question), May – July 2021 and 2024

Gender Identity	Member Count 2021	Percent 2021	Member Count 2024	Percent 2024
Female	16,800	76.0%	13,654	75.5%
Male	5,137	23.2%	4,207	23.3%
Transgender: Male-to-Female	37	0.17%	57	0.32%
Transgender: Female-to-Male	24	0.11%	53	0.29%
Non-Binary (Neither Male nor Female)	92	0.42%	101	0.56%
Another Gender Identity	17	0.08%	16	0.09%
Total	**22,107**	**100.0%**	**18,088**	**100.0%**

Source: Data were extracted from MIS/DSS in March 2022 and September 2024.

Table 8 shows the 2021 and 2024 distribution of Family PACT members' responses to the application's optional sexual orientation question. In 2021, 53.3 percent of new 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). In 2024, 47.8 percent of new enrollees responded to the question. Of these, about 77.8 percent reported as straight/heterosexual, 12.8 percent reported as unknown, and 9.3 percent reported as a sexual minority in the following sexual orientation categories: bisexual (5.3 percent), gay/lesbian (2.7 percent), queer (0.99 percent), another sexual orientation (0.29 percent).

Table 8: Family PACT Sexual Orientation (optional question), May – July 2021 and 2024

Sexual Orientation	Member Count 2021	Percent 2021	Member Count 2024	Percent 2024
Straight or Heterosexual	16,551	74.2%	13,792	77.8%
Gay or Lesbian	514	2.3%	485	2.7%
Bisexual	1,003	4.5%	944	5.3%
Queer	144	0.65%	176	0.99%
Another Sexual Orientation	64	0.29%	51	0.29%
Unknown	4,034	18.1%	2,276	12.8%
Total	**22,310**	**100.0%**	**17,724**	**100.0%**

Source: Data were extracted from MIS/DSS in March 2022 and September 2024.

Table 9 shows the 2021 and 2024 distribution of Family PACT members responses to the application's optional "Sex on Birth Certificate" question. In July 2021, 51.9 percent of new applicants responded to the question. Of these, 76.7 percent reported as female at birth and 23.3 percent reported as male at birth. In July 2024, 48.5 percent of new applicants responded. Of these, 76.3 percent reported as female at birth and 23.7 percent reported as male at birth.

Table 9: Family PACT Sex on Birth Certificate (optional question), May – July 2021 and 2024

Sex on Birth Certificate	Member Count 2021	Percent 2021	Member Count 2024	Percent 2024
Female	16,654	76.7%	13,705	76.3%
Male	5,069	23.3%	4,259	23.7%
Total	**21,723**	**100.0%**	**17,964**	**100.0%**

Source: Data were extracted from MIS/DSS in March 2022 and September 2024.

Tables 10a and 10b represent information for people who responded to both the optional gender identity (Table 7) and birth certificate (Table 9) questions and show how applicants inconsistently interpret and/or respond to SOGI questions. Table 10a shows that in 2021, 0.64 percent of Family PACT applicants, overall, reported a gender identity that was different from their sex at birth, but they did not identify as transgender. For example, of those who reported being born male, 60 (1.3 percent) reported their gender identity as "female." Of those who reported being born female, 71 (0.45 percent) reported as "male."

Table 10a: 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%	4,615	98.2%
Transgender: Male-to-Female	--	--	--	--
Transgender: Female-to-Male	--	--	--	--
Non-Binary (Neither Male nor Female)	65	0.41%	--	--
Another Gender Identity	--	--	--	--
Total	**15,713**	**100.0%**	**4,698**	**100.00%**

Source: Data were extracted from MIS/DSS in March 2022 and September 2024.
"--" indicates cell suppression; cell value is less than 11 (1-10) and/or cell was a complementary cell.

Table 10b shows that in 2024, 0.35 percent of Family PACT applicants, overall, reported a gender identity that was different from their sex at birth, but they did not identify as transgender. For example, of those who reported being born male, 36 (0.84 percent) reported their gender identity as "female." Of those who reported being born female, 27 (0.20 percent) reported their gender identity as "male."

Table 10b: Family PACT Gender Identity by Sex on Birth Certificate, May – July 2024

Gender Identity (GENDER_IDENTITY_CD)	Sex on Birth Certificate (GENDER_BIRTH_CERT_CD)			
	Female		Male	
	Count	Percent	Count	Percent
Female	13,618	98.8%	36	0.84%
Male	27	0.20%	4,180	97.1%
Transgender: Male-to-Female	--	--	--	--
Transgender: Female-to-Male	17	0.12%	36	0.84%
Non-Binary (Neither Male nor Female)	74	0.54%	27	0.63%
Another Gender Identity	--	--	--	--
Total	**13,782**	**100%**	**4,306**	**100%**

Source: Data were extracted from MIS/DSS in March 2022 and September 2024. "--" indicates cell suppression; cell value is less than 11 (1-10) and/or cell was a complementary cell.

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 California's health and health care needs. 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 that is not included on DHCS applications, and DHCS applications have "queer, "another sexual orientation", and "unknown" response categories that are not included on CHIS.

Tables 11-13 are based on 2022 CHIS and show that 2.0 percent (95% confidence interval (95% CI): 1.6 – 2.5) of California adults and 2.0 percent (95% CI: 0.1 – 3.9) of

California adolescents covered by Medi-Cal reported as transgender or gender non-conforming on the CHIS. Table 13 shows that 10.6 percent of Californian adults who Medi-Cal covered reported as a sexual minority on the CHIS (3.3 percent (95% CI: 2.7 – 3.9) as gay / lesbian / homosexual; 7.3 percent (95% CI: 6.4–8.1) - bisexual) and 2.5 percent (95% CI: 1.9–3.1) reported as "not sexual / celibate / none / other."

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), 2022						
Not Transgender (i.e., Cisgender)	98.0% (97.5 – 98.4)	6,714,000	98.9% (98.7 – 99.1)	22,396,000	98.7% (98.5 – 98.9)	29,111,000
Transgender / Gender Non-Conforming	2.0% (1.6 – 2.5)	138,000	1.1% (0.9 – 1.3)	251,000	1.3% (1.1 – 1.5)	389,000
Total	**100.0%**	**6,852,000**	**100.0%**	**22,648,000**	**100.0%**	**29,500,000**
Table 12. CHIS Gender Identity - Adolescents (Ages 12 - 17), 2022						
Not Transgender (i.e., Cisgender)	98.0% (96.1 – 99.9)	1,025,000	96.7% (95.7 – 97.8)	1,796,000	97.2% (96.2 – 98.2)	2,821,000
Transgender / Gender Non-Conforming	2.0% (0.1 – 3.9)	21,000	3.3% (2.2 – 4.3)	61,000	2.8% (1.8 – 3.8)	82,000
Total	**100.0%**	**1,046,000**	**100.0%**	**1,857,000**	**100.0%**	**2,903,000**
Table 13. CHIS Sexual Orientation - Adults (Ages 18 and Over), 2022						
Straight or Heterosexual	86.9% (85.6 – 88.2)	5,954,000	89.7% (89.2 – 90.3)	20,324,000	89.1% (88.6 – 89.6)	26,279,000
Gay, Lesbian, or Homosexual	3.3% (2.7 – 3.9)	227,000	4.3% (4.0 – 4.6)	968,000	4.0% (3.7 – 4.4)	1,195,000
Bisexual	7.3% (6.4 – 8.1)	498,000	4.8% (4.5 – 5.1)	1,085,000	5.4% (5.0 – 5.7)	1,583,000
Not Sexual /Celibate / None / Other	2.5% (1.9 – 3.1)	173,000	1.2% (1.0 – 1.4)	269,000	1.5% (1.3 – 1.7)	443,000
Total	**100.0%**	**6,852,000**	**100.0%**	**22,647,000**	**100.0%**	**29,499,000**

Source: California Health Interview Survey, 2022 CHIS data.

Discussion: SOGI Data Quality and Collection Issues

The provisions of Section 1557 of the ACA (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, monitoring disparities in access and outcomes, 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.

Through the enrollment process, DHCS collects demographic data, including SOGI, 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 that are similar, but not identical, to those on the Medi-Cal application (see Appendix A).

Federal requirements did not previously 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 asked the optional SOGI questions after an applicant had submitted their online application when they might have been less likely to provide more information, and the paper SSApp did not include the questions. As a result, an estimated 40 percent of applications are submitted without an applicant having had the opportunity to report as transgender and/or report on the optional SOGI questions.

After receiving federal approval from CMS, the online SSApp includes the optional SOGI questions in a more visible location within the application flow as of September 2024. The paper SSApp is expected to be released with the transgender response options and

optional SOGI included by the end of 2025.

System constraints also exist related to collecting SOGI data. The Medi-Cal Eligibility Data System (MEDS) is the statewide data hub that serves 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 the transgender responses to the question "what is [applicant]'s sex?" when data were transmitted to the MIS/DSS. The HAP 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 the MEDS system ("transgender: male to female" is mapped as "female" in MIS/DSS, "transgender: female to male" is mapped as "male" in MIS/DSS). To ensure that Medi-Cal provides high-quality, accessible, and appropriate health care to minority populations, DHCS plans to align SOGI data collection across DHCS programs, including remapping the Family PACT transgender responses, in a future system update.

Future Considerations

Future iterations of DHCS program applications will assess the 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 data15, and other recognized best practices. For example, the CDC recommends that the USCDI contain 5 data elements to provide more precise, more clinically relevant SOGI information: Gender Identity, Sex assigned at birth, Sexual Orientation, Sex for Clinical Use, and Patient Pronoun.[16] 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 considered to be 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 5a-b and 10a-b 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 collecting and using the names people want to use, 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.

Adopting national standards and ensuring consistent SOGI data collection 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 enable cross-agency and cross-state collaboration to improve care for vulnerable and/or underserved populations.

Conclusion

Medi-Cal SOGI data are limited because less than 6 percent of members have responded to the optional questions on the Medi-Cal application. Because of this, the distribution of SOGI status in the Medi-Cal population cannot be accurately measured.

Family PACT SOGI rates can be calculated for members who enrolled or were re-certified on or after May 2021, the effective date for including the SOGI questions on the Family PACT certification form. Medi-Cal SOGI rates cannot be accurately calculated since the paper SSApp does not currently include the transgender responses for the "What is your sex?" "required" question, nor the optional SOGI questions. To calculate accurate rates, a program-specific denominator must be limited to only the members who applied using a version of the application that included the SOGI response options.

Without complete SOGI information and standardized reporting, the specific health care needs of members who identify as a sexual/gender minority cannot be fully identified, nor can their quality of care be fully assessed. This information is critical to identifying and addressing health disparities and advancing health equity. To ensure that Medi-Cal

provides high-quality, accessible, and appropriate health care to minority populations, DHCS will continue to extend SOGI data collection to the Medi-Cal paper SSApp and align SOGI data collection across DHCS programs.

Appendix A: DHCS SOGI Data Collection, by Program

DHCS Program	Sexual Orientation Response Values	Gender Identity Response Values
California Children's Services (CCS)	Optional: Does the applicant think of themselves as: • Straight or heterosexual • Gay/lesbian • Bisexual • Queer • Another sexual orientation • Unknown	Required: Sex - Mark the correct sex box for the applicant • Female • Male Optional: What is applicant's gender? (Check box that best describes your current gender identity) • Female • Male • Transgender: male to female • Transgender: female to male • Non-binary (neither male nor female) • Another gender identity Optional: What sex was listed on applicant's original birth certificate? • Female • Male
California Outcomes Measurement (CalOMS)	Are you heterosexual, lesbian, gay, bisexual, or transgender, or do you question your sexual orientation? • Heterosexual / Straight • Lesbian (female) • Gay (male) • Bisexual • Unsure / Questioning • Declined to state	Are you heterosexual, lesbian, gay, bisexual, or transgender, or do you question your sexual orientation? • Heterosexual / Straight • Lesbian (female) • Gay (male) • Bisexual • Unsure / Questioning • Declined to state • Transgender

DHCS Program	Sexual Orientation Response Values	Gender Identity Response Values
Every Woman Counts (EWC)/DETEC [DHCS Form 8699]	Optional: What do you think of yourself as: • Straight or heterosexual • Lesbian or Gay • Bisexual • Queer • Another Sexual Orientation • Write in: _____ • Unknown	Required: What is your sex? • Female • Male • Transgender (male to female) • Transgender (female to male) Optional: What do you think of yourself as? (Check box that best describes your current gender identity) • Female • Male • Transgender (male to female) • Transgender (female to male) • Non-Binary (neither female nor male) • Another Gender Identity • Write in: _____ Optional: What sex is listed on your original birth certificate? • Female • Male
Every Woman Counts (EWC)/CHEER [DHCS Form 8481]	Optional: What is your Sexual Orientation? • Straight/Heterosexual • Lesbian/Gay • Bisexual • Queer, pansexual, and/or questioning • Something else • Please specify: _____ • Don't know • Prefer Not to Answer	The "Sex" question is an "open text" field where applicants can insert any response. Optional: What is your current gender identify? (Check all that apply and/or choose the option that best describes you). • Woman • Man • Transgender (woman/trans woman)

DHCS Program	Sexual Orientation Response Values	Gender Identity Response Values
		• Transgender (man/trans man) • Genderqueer/gender nonconforming neither exclusively male nor female • Other gender categories • Please specify: _____ • Don't know • Prefer not to answer
Family Planning, Access, Care, Treatment (Family PACT)	Optional: Do you think of yourself as: • Straight or heterosexual • Gay or lesbian • Bisexual • Queer • Another sexual orientation • Unknown • I decline to answer	Required: What is your sex? • Female • Male • Transgender: male to female • Transgender: female to male Optional: What is your gender? (Check box that best describes your current gender identity) • Female • Male • Transgender: male to female • Transgender: female to male • Non-binary (neither male nor female) • Another gender identity • I decline to answer Optional: What sex was listed on your original birth certificate? • Female • Male • I decline to answer

DHCS Program	Sexual Orientation Response Values	Gender Identity Response Values
Genetically Handicapped Persons Program (GHPP)	Optional: Do you think of yourself as: • Straight or heterosexual • Gay or lesbian • Bisexual • Queer • Another sexual orientation • Unknown	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. Required: What was your sex assigned at birth (required) • Female • Male • Transgender Optional: What is your gender identity? (Check box that best describes your current gender identity) • Female • Male • Transgender: male to female • Transgender: female to male • Non-binary (neither male nor female) • Another gender identity Optional: What gender is listed on your original birth certificate? • Female • Male
Medi-Cal (paper application)	Not asked	Required: Are you: • Male • Female
Medi-Cal (online application)	Optional: Do you think of yourself as: • Straight or heterosexual • Gay or lesbian	Required: What is [applicant's name] sex? • Female • Male

DHCS Program	Sexual Orientation Response Values	Gender Identity Response Values
	• Bisexual • Queer • Another sexual orientation • Unknown	• Transgender: male to female • Transgender: female to male Optional: What is your gender? (Select the option that best describes your current gender identity.) • Female • Male • Non-binary (Neither male nor female) • Transgender: male to female • Transgender: female to male • Another gender identity Optional: What sex was listed on your original birth certificate? • Female • Male

Appendix B: DHCS SOGI Data Reporting

Table	MEDS Data Element Number (DE NO) and/or Data Warehouse Date Element Name	Percent of Medi-Cal or Family PACT Members Who Responded to the Question
Table 1: Medi-Cal Gender Identity	DE NO. 2050 GENDER_CD, GENDER_APPL_CD	100% - This is a required question. The paper version of the Medi-Cal application does not currently include transgender response options.
Table 2: Medi-Cal Gender Identity	DE NO. 2051 GENDER_BENE_CD	5.6%
Table 3: Medi-Cal Sexual Orientation	DE NO. 2053 SEXUAL_ORIENTATION_CD	4.7% - Refers to text related to table 3.
Table 4: Medi-Cal Sex on Birth Certificate	DE NO. 2052 GENDER_BIRTH_CERT_CD	5.8% - Refers to text related to table 4.
Tables 5a and 5b: Medi-Cal Gender Identity by Sex on Birth Certificate	DE NO. 2051 DE NO. 2052	See above
Table 6: Family PACT Gender Identity	GENDER_CD SEX_DECLARATION_CD_DESC	100% - This is a required question.
Table 7: Family PACT Gender Identity	GENDER_IDENTITY_CD_DESC	48.8% - Refers to text related to table 7.
Table 8: Family PACT Sexual Orientation	SEXUAL_ORIENTATION_CD_DESC	47.8% - Refers to text related to table 8.
Table 9: Family PACT Sex on Birth Certificate	GENDER_BIRTH_CERT_CD_DESC	48.5%
Tables 10a and 10b: Family PACT Gender Identity by Sex on Birth Certificate	GENDER_ IDENTITY_CD GENDER_BIRTH_CERT_CD	See above

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