

**Bulletin Number:** MSA 19-06

**Distribution:** All Providers

**Issued:** March 1, 2019

**Subject:** Compliance with Federal Nondiscrimination Provisions

**Effective:** April 1, 2019

**Programs Affected:** Medicaid, Healthy Michigan Plan, Maternity Outpatient Medical Services, Children's Special Health Care Services, MI Health Link

This bulletin is being issued in accordance with Section 1557 of the Patient Protection and Affordable Care Act (42 USC 18116), which provides that an individual shall not be excluded from participation in, be denied the benefits of, or be subjected to discrimination on the grounds prohibited under Title VI of the Civil Rights Act of 1964, 42 USC 2000d et seq. (race, color, national origin), Title IX of the Education Amendments of 1972, 20 USC 1681 et seq. (sex, gender identification, sexual orientation), the Age Discrimination Act of 1975, 42 USC 6101 et seq. (age), or Section 504 of the Rehabilitation Act of 1973, 29 USC 794 (disability), under any health program or activity, any part of which is receiving federal financial assistance, or under any program or activity that is administered by an Executive Agency or any entity established under Title I of the Affordable Care Act or its amendments.

The Michigan Department of Health and Human Services (MDHHS) will continue to apply nondiscriminatory criteria across all programs it administers. This includes, but is not limited to, the coverage of medically necessary health care services that are evidence-based and provided within generally accepted standards of medical practice to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms.

All Michigan Medicaid program participants and providers are encouraged to review the above laws and regulations, as well as guidance from the U.S. Department of Health and Human Services (HHS) Office of Civil Rights and take the necessary steps to ensure compliance with all relevant nondiscrimination provisions. Failure to comply may result in the provider's disenrollment from the Michigan Medicaid program.

### **Manual Maintenance**

Retain this bulletin until the information is incorporated into the Medicaid Provider Manual.

## Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). When you submit an e-mail, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

## Approved

A handwritten signature in black ink that reads "Kathy Stiffler". The signature is written in a cursive, flowing style.

Kathy Stiffler, Acting Director  
Medical Services Administration