

## Michigan Department of Community Health Michigan Medicaid ListServ

### **What is the Michigan Department of Community Health (MDCH) Michigan Medicaid ListServ?**

As a means of promoting better service to and improving communications with Medicaid-enrolled providers and individuals who may be interested in the Michigan Medicaid Program, MDCH offers an electronic, subscription-based e-mail notification service (ListServ). The ListServ system notifies subscribers of important news relative to the Michigan Medicaid Program, i.e., changes to Medicaid policy, billing issues, training opportunities, etc.

### **How Do I join the Listserv?**

The ListServ was developed to distribute information to subscribers interested in/appropriate to specific providers/provider groupings. The information below provides ListServ names and the provider types/subject areas covered. You may choose individual ListServ groups or you may select ALL\_PROV group which will provide you with information applicable to all groups. When you have made your selection(s):

1. Send an e-mail message to [LISTSERV@LISTSERV.MICHIGAN.GOV](mailto:LISTSERV@LISTSERV.MICHIGAN.GOV)
2. In the subject field, type SUB <insert LISTNAME>
3. In the message body, type SUBSCRIBE <insert LISTNAME> <insert Your Name>

The following is an example of a subscription request:

<b>From:</b>	John Doe
<b>To:</b>	LISTSERV@LISTSERV.MICHIGAN.GOV
<b>Subject:</b>	SUB ALL_PROV
SUBSCRIBE ALL_PROV John Doe	

LISTNAME	THIS LIST WILL PROVIDE INFORMATION FOR:
ALL_PROV	All Medicaid Providers. All emails that are submitted through any of the lists below will also be submitted through this list. If you would like to receive all notifications, you will only need to sign up for this ListServ.
PRO_PROV	All Professional Providers. Provider types that are included in these postings will be Physicians, Non Physicians (i.e., Nurse Practitioners and Audiologist), Medical Group (Family Planning Clinics, Child and Adolescent Health Center & Programs, Federally Qualified Health Centers, Rural Health Clinics, Tribal Health Centers), Local Health Departments, Suppliers (i.e., Medical Supply Company, Hearing Aid Dealer, Hearing Centers), Chiropractics, Optometry, Podiatry, Transportation Ambulance, and Laboratory providers.
INST_PROV	All Institutional Providers. Provider types that are included in these postings will be Entities (Rehabilitation Facilities, Private Duty Nursing Agencies, Hospitals, Nursing Facilities, and End Stage Renal Disease Facilities), Hospice, and Home Health.
DENTAL_PROV	All Dental Providers. Provider types that are included in these postings will be Dentists and Dental Groups.
ELECTRONIC_BILLING	This list will provide information for all billing agents or electronic submitters. Anyone interested in electronic billing may sign up for this listing.
CLINICS	Family Planning Clinics, Child and Adolescent Health Center & Programs, Federally Qualified Health Centers, Rural Health Clinics, Tribal Health Centers, Maternal and Infant Health Program
CMH_PROVIDERS	Community Mental Health Providers and waiver programs.
MHP_PROV	Medicaid Health Plans and Medicaid County Health Plans.
MICHILD_PROV	MiChild Providers.
SBS_PROV	School Based Services Providers.
PHARM_PROV	Pharmacy Providers and Pharmacies that provide Medical Supplies.
CSHCS_PROV	This list provides information for Children's Special Health Care Services providers.
HOMEHELP_PROV	This list provides information for Home Help providers.

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## **ListServ Use**

This server is used to transmit information only from Medicaid. Recipients should not reply. ListServ messages will be delivered to your electronic mailbox from AutomatedBilling, MSAPolicy, ProviderSupport, ProviderOutreach. If you should have filters established for your e-mail system, please make adjustments to receive mail from these senders.

## **ListServ Maintenance**

If at any time you change your mind, you may leave the list by sending an email to [LISTSERV@LISTSERV.MICHIGAN.GOV](mailto:LISTSERV@LISTSERV.MICHIGAN.GOV) with the subject and body of the email as, "SIGNOFF LISTNAME," Example: SIGNOFF ALL\_PROV

If you should have a change in your e-mail name or wish to revise your group selection(s), you will need to unsubscribe and complete a new subscription process.

Any questions or concerns regarding the ListServ should be directed to [ProviderOutreach@michigan.gov](mailto:ProviderOutreach@michigan.gov) with a subject of "ListServ".