

June 3, 2025

**Medical Assistance Program Office of Mail Renewal
Announcement**

This Alert is to inform Providers, Community-Based Organizations, Client Representatives, and Authorized Renewal Representatives that on Wednesday, June 11, 2025, there will be limited staff available to assist with Medicaid renewal submissions.

Priority on this date will be given to consumers visiting the 495 Clermont Avenue office in person.

Please note that the centralized submission schedule for Wednesday, June 11, 2025, has been officially canceled.

Agencies that are approved for centralized bulk submission to the Office of Mail Renewal (OMR) on Wednesdays are advised to either submit their renewals earlier in the week or on the following day, Thursday, June 12, 2025.

We appreciate your understanding and cooperation. If you have any questions, please contact the Office of Mail Renewal directly.

- If you are **Not an Approved Authorized Representative** and need to submit a Medicaid application on behalf of yourself or a consumer, please submit the application either via fax to the Initial; Eligibility Unit at 917-639-0732, mail it to the Mail-In Unit - PO Box . In addition, an application could be completed online via ACCESS HRA, <https://a069-access.nyc.gov/>.
- If you are applying on behalf of a client for Medicaid for a consumer who is presently in a hospital, or requesting coverage for a hospital stay that occurred within the last three months, the application should be directed to the Hospital Eligibility Division (HED) via email at maphedipdeferrals@hra.nyc.gov or fax at 917-639-0738. For any Outpatient consumers, the application should be sent to the C-Rep email box, micsacrepreferalls@hra.nyc.gov , this is for **authorized Client rep only**.
- If you are seeking Immediate Needs, please send these submissions to the immediate needs email box at hcrequests@hra.nyc.gov. Please ensure that you write- Immediate Needs in the Subject line. You can also mail it to Homecare Services Program -505 Clermont 7th floor, Brooklyn N.Y. 11238- Attention- Immediate Needs Unit.

- If you are requesting changes for an active Medicaid case, such as change of Address, Name, Upgrade in coverage to Community Based long term care etc., please submit your request to the Undercare Provider Relations Department via email at undercareproviderrelations@hra.nyc.gov
- If you want to submit payment or bills for an active Surplus case, you can fax the bills/documents to 917 639-0645, or you can send check or money order to DARB at the following address: 150 Greenwich Street, 34th Floor. NY, NY 10007. Additionally, consumers who have previously made a payment, can utilize the City Pay app by visiting- <https://a836-citypay.nyc.gov/>
- Applications for Nursing Home coverage for consumers currently residing in a Nursing Home, should be faxed to 917-639-0735.
- Nursing Home Renewals should be faxed to 917-639-0643.
- If you need to submit a Medicaid Recertification/ Renewal application, please fax the application to 917-639-0733 or complete the renewal online using ACCESS HRA, <https://a069-access.nyc.gov/>.