



Medical Assistance Program (MAP)

MEDICAID ALERT

Updated Undercare/Homecare email

August 30, 2021

Fax/Email Submissions to Medical Assistance Program (MAP) and Homecare Services Program (HCSP)

The purpose of this Alert is to explain MAP, formerly known as the Medical Insurance and Community Services Administration (MICSA), and HCSP's Fax/Email submission process for ALPS, Attorneys, Authorized Client Representatives, CASA, Facilitated Enrollers, Hospitals, Intermediate Care Facilities (ICF), Managed Care, Managed Long Term Care Plans (MLTC), Nursing Homes, Residential Health Care Facilities (RHCF) and other submitters that do not use the Electronic Data and Imaged Transfer System (EDITS). All EDITS submitters should continue to use EDITS.

During the COVID-19 emergency period, the use of eFax to submit Medicaid applications and documents (if available) it is strongly encouraged. Email submission is permissible to the areas with email addresses listed below.

Please submit application packets and documentation to the appropriate eFax number based on your submission type to ensure timely and accurate processing. Please do not submit documents for multiple clients in one fax. One client packet per fax will ensure that no client information is missed. Annotate each page of the fax with the consumer's initial. Do not submit the same documents to multiple fax numbers as that will also slow the processing. Duplicate applications to different fax numbers or offices will result in rejection notices for duplicate cases that will confuse clients. Per SDOH, application processing timeframes have not changed.

Below are the fax numbers for each program within MAP and Homecare

Table with 3 columns: PROGRAM NAME, FAX NUMBER / Email Address, DOCUMENTS. Rows include Client Rep (CREP), Excess Income (Surplus), Home Care Service Program - CASA Central Intake, and Home Care Service Program - Immediate Needs.

Home Care Service Program – Provider Relations	alpproviderrelations@hra.nyc.gov	Initial applications from ALPS Plans ONLY
	mltcproviderrelations@hra.nyc.gov	Initial applications from MLTC Plans ONLY
Hospital Eligibility Division (HED)	917-639-0738	In-patient applications only
Medicare Insurance Premium Payment (MIPP) Program	mipp@hra.nyc.gov	Medicare Part B premium reimbursements-
Nursing Home Eligibility Division (NHED) Applications	917-639-0735	Nursing Home Applications ONLY
Nursing Home Eligibility Division (NHED) Conversions/undercare	917-639-0736	Conversions and undercare changes only
Nursing Home Eligibility Division (NHED) Deferrals	917-639-0679	NHED Deferrals
Nursing Home Eligibility Division (NHED) Discharge	917-639-0687	Expedited discharge Nursing Home only
Nursing Home eligibility Division (NHED) Renewal	917-639-0643	NHED Renewal eFax
Office of Mail Renewal (OMR)	1-888-692-6116	All renewals are being extended until further notice regardless of whether the renewal is returned.
Prenatal Care and Assistance Program (PCAP)	917-639-0737 MICSA_PCAP@hra.nyc.gov	Applications from PCAP providers only
Reimbursements: Home Care and Medical	917-639-0674 micsa.fiscal@hra.nyc.gov	Requests for reimbursement for out of pocket expenses incurred during the application process and the 90 day retro period

Third Party Health Insurance (TPHI) Program	917-639-0675 micsatphi@hra.nyc.gov	Commercial Health Insurance Premium Reimbursement AHIP, PWA, COBRA
TPHI Recovery	micsatphi@hra.nyc.gov	Requests verification and updates to health insurance records
Undercare Processing Division (UPD)	undercareproviderrelations@hra.nyc.gov	DAB, MSSSI, Luberto and general case change requests

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