

**MEDICAID ALERT**

April 16, 2020

**Fax Submissions to Medical Insurance and Community  
 Services Administration (MICSA) and Homecare Services  
 Program(HCSP)**

The purpose of this Alert is to explain MICSA and HCSP's Fax 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 for 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. If possible annotate each page of the case submitted with consumers 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 MICSA and Homecare

| <b>PROGRAM NAME</b>                             | <b>FAX NUMBER / Email Address</b> | <b>DOCUMENTS</b>  |
|---|-----------------------------------|---|
| Client Rep (CREP)                               | 917-639-0731                      | DAB and MSP APPLICATIONS  |
| Excess Income (Surplus)                         | 917-639-0645                      | Bills (Client and Provider) and change to surplus cases requests                    |
| Home Care Service Program – CASA Central Intake | e-fax - <b>TBD</b>                | Managed Long Term Care exempt clients – (M11-q and Medicaid Application, if needed) |
| Home Care Service Program – Immediate Needs     | 917-639-0665                      | Package – M11-q, Medicaid Application and Attestation                               |

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| Home Care Service Program – Provider Relations     | <a href="mailto:alpproviderrelations@hra.nyc.gov">alpproviderrelations@hra.nyc.gov</a><br><a href="mailto:mltcproviderrelations@hra.nyc.gov">mltcproviderrelations@hra.nyc.gov</a> | Initial applications from ALPS, MLTC Plans ONLY  |
| Hospital Eligibility Division (HED)                | eFax - <b>TBD</b>  | In-patient applications only   |
| Medicare Insurance Premium Payment (MIPP) Program* | <a href="mailto:mipp@hra.nyc.gov">mipp@hra.nyc.gov</a>   | Medicare Part B premium reimbursements-  |
| Nursing Home Eligibility Division (NHED)           | 917-639-0734   | Nursing Home Applications ONLY   |
| Nursing Home Eligibility Division (NHED)           | 917-639-0736   | Conversions and undercare changes only   |
| Nursing Home Eligibility Division (NHED)           | 917-639-0679   | NHED Deferrals   |
| Nursing Home Eligibility Division (NHED)           | 917-639-0687   | Expedited discharge Nursing Home only  |
| Office of Mail Renewal (OMR)                       | 1-888-692-6116   | All renewals are being extended regardless of whether the renewal is returned.   |
| Prenatal Care and Assistance Program (PCAP)*       | <a href="mailto:MICSA_PCAP@hra.nyc.gov">MICSA_PCAP@hra.nyc.gov</a>   | Applications from PCAP providers only  |
| Reimbursements: Home Care and Medical              | 917-639-0674 or<br><a href="mailto:micsa.fiscal@hra.nyc.gov">micsa.fiscal@hra.nyc.gov</a>  | Requests for reimbursement of out of pocket expenses incurred during the application process and the 90 day retro period |
| Third Party Health Insurance (TPHI) Program        | 917-639-0675 or<br><a href="mailto:micsatphi@hra.nyc.gov">micsatphi@hra.nyc.gov</a>  | Commercial Health Insurance Premium Reimbursement AHIP, PWA, COBRA   |
| TPHI Recovery*                                     | <a href="mailto:micsatphi@hra.nyc.gov">micsatphi@hra.nyc.gov</a>   | Requests verification and updates to health insurance records  |
| Undercare Processing Division (UPD)                | 917-639-0837   | DAB, MSSSI, Luberto and general case change requests   |

### COVID General Application Easements:

- During the period of the COVID-19 emergency, clients can attest to all elements of eligibility except immigration status and identity (unless previously verified).
- If a client is unable to sign an application or provide their authorization due to the COVID-19 emergency, the MAP-3044 Authorization form should be submitted by the facility or

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 Steven Banks, Commissioner ♦ Karen Lane Executive Deputy Commissioner ♦ Maria Ortiz-Quezada, Director of EIS

representative with the application and reason COVID-19 should be annotated in section II. The 3044 form is posted in MARC by submitter type.

- **COVID Nursing Home Easements (in addition to the above):**
  - During the period of the COVID-19 emergency, clients can attest to all elements of eligibility, including transfers during the 60-month look-back. Clients may not attest to immigration status and identity (unless previously verified).
  - During the COVID-19 emergency, no NHED Medicaid cases will be closed for failure to renew or failure to provide documentation. Any case that is closed for failure to renew or failure to provide documentation will be re-opened and coverage restored to ensure no gap in coverage. Renewals will be extended for 12 months.
  
- **COVID Renewal Easements for DAB and MSP:**
  - During the COVID-19 emergency, no Medicaid cases will be closed for failure to renew or failure to provide documentation. Any case that is closed for failure to renew or failure to provide documentation beginning with March expirations, will be re-opened and coverage restored to ensure no gap in coverage. Renewals will be extended for 12 months.
  - Questions regarding renewals, please call the Medicaid Helpline at 1-888-692-6116
  
- **COVID Surplus Easements:**
  - Clients that meet or attest to meeting their spenddown will have their coverage extended 6 months.
    - Example: Client submits bills for May, Client's coverage will be extended 6 months prospectively from May.

PLEASE SHARE THIS ALERT WITH ALL APPROPRIATE STAFF