Medicaid Contacts in New York City (NYC Human Resources Administration - MICSA)

August 5, 2024 - address for main NYC Medicaid Office - called the Brooklyn South Medicaid office - has been changed to 495 Clermont Avenue, Brooklyn, NY 11238. This is around the corner from the previous address on Atlantic Avenue since 2013 see 2024-08-02 Change of address for Brooklyn South (Main) Medicaid office

Sources of information in table below - click here

NYC HRA MEDICAID PROGRAM CONTACTS

- 1. Medicaid depts. (not Home Care)
 - (Undercare, Applications, Renewals, Eligibility Information Services, Reimbursement, Surplu Transportation
 - Fair Hearing Division
 - Nursing Home Eligibility Dept. (NHED)

| MICSA Unit | Liaison Name/ Purpose | New Contact Info |
|--|--|---|
| 1. Medicaid D | epartments NOT Hom | ne Care (for home care see <u>below)</u> |
| NYC HRA Medicaid Helpline | | 1-888-692-6116 |
| | | Medicaid |
| | | info https://www.nyc.gov/site/hra/help/health-assist |
| Undercare :Provider Relations Dept. | | undercareproviderrelations@hra.nyc.gov - use encryptopassword-protected attachment. |
| | | or Fax 1-917-646-0837. See this <u>August 2024 Medica</u> WHAT TO SUBMIT: Attach either |
| | Case action update requests Case or Budgeting | signed <u>MAP 751k form</u> required (encrypted)(co or change date of birth, SSN, gender, change o phone number, ,transfer from county-to-county r write "LUBERTO") |
| | Changes | MAP 751W (close case, add or remove someon case, report death, request budgeting changes pooled trust, evaluate for MSP eligibility, report of immigration status, add or remove Third Party H Insurance) |

See NYC Medicaid Alert: MAP Undercare Division - 9/8

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|---------------------------------|---|
| | General Public -who are not authorized submitters |
| | E-FAX applications to 917-639-0732 NOT for Immediate Need applications or MAIL to HRA/MAP Initial Eligibility Unit PO Be Brooklyn, NY 11202-9814 Apply online via Access HRA https://a069-access.nyc.gov/accesshra/ MAKE CLEAR ON APPLICATION IF SEEKING ENROLL IN MLTC, or SEEKING MEDICAID ON If applying with Immediate Need for Personal Carcopapers of the properties of the policy of t |
| | Authorized Submitters (C-REPs) ONLY have THREE submit applications - use only ONE method on any |
| Applications | fax applications to 917-639-0731 hand-deliver applications in bulk to 4th floor, W 495 Clermont Ave. e-mail applications to mapcrepreferrals@hra.nyc.gov (announced in 8) |
| | 30 days after application submitted, C-reps may e-mail follow up inquiries to mapcedreferrals@h email applications for Oupatient patients to micsarepreferrals@hra.nyc.gov (C-REP only)(pendlert) |
| | Immediate Need - see <u>below</u> . |
| | Applications for Hospitalized persons or seeking covera hospital care during the 3 months before the month the is filed:: |
| | maphedipreferrals@hra.nyc.gov orfax - 917-639-0738 |
| | NURSING HOME resident applications - FAX 917-639- |
| Managed Care Client Services | 212-273-0062 (phone) |
| Recipient Restriction Unit | 929-221-0859/60 (phone) |
| Eligibility | 929-221-0865 (phone) |
| Information Services | e-Fax (718) 636-7847 If down use instead (718)-636-7852 or (718) 636-7846 . |

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|---------------------------|--|
| | 929-221-0840/41 (phone) |
| | 917-639-0675 (e-fax) e-mail: <u>maptphi@hra.nyc.gov</u> |
| | Commercial Health Insurance <u>hipp@hra.nyc.gov</u> - premreimbursement |
| Evadne Duff (Homecare) | 929-221-0845 (phone non-home care) 929-221-1193 (phone home care) |
| | 917-639-0674 E-FAX (both home care and medical) |
| | E-mail::micsa.fiscal@hra.nyc.gov (both home care and e-Fax 917-639-0733 (new per 6/3/2025 Alert) |
| | Submit online at https://a069-access.nyc.gov/accesshrayou may not upload verification documents there. Must them separately to an App. See this article on renewals - Click here for info about online renewals and |
| | NURSING HOME RENEWALS only - FAX 917-639-07 |
| | 917-639-0645 (fax - submit bills to meet spend-dowr |
| | HOW TO PAY-IN SURPLUS (if approved for PAY-IN) |
| | MAIL check or money order to: DARB - 150 Greenwick |
| | 34th floor New York, NY |
| | MAKE PAYMENT BY Credit Card by PHONE to 718-5: |
| | CHOOSE OPTION 1 For info on your case Then choose to enter HRA case number and birt be told whether. case is active. Press 1 to hear more info on case - (will hear and listen to long lecture about privacy) Next OPTIONS - PReSS 2 for help with surply Will be told amount of Surplus. Next it gives options If you want to make a paym press 1 - goes to DARB - credit or debit payment by phone must have CIN num |
| | Evadne Duff (Homecare) |

| | | they will ask what month you want it credit (generally Best to say the current month i activate medicaid). They will take credit of card payment and give you a confirmation and snail mail a receipt. Press 2 for info on how to mail payment Press 3 for info on how to pay online - b only pay online if previously paid DARI or by credit card by phone Press 4 for info on reimbursement or ques |
|----------------------------|-----------------------|--|
| | | After made at least one payment, may pay by <u>CITY PA</u> - https://a836-citypay.nyc.gov/ |
| | | (929) 221-0868 /69 |
| | | (929) 221-0808/09 |
| | | Fax (718) 636-7847 TEMPORARILY INOPERABLE a s |
| Pooled Trusts | | - use instead |
| (not with home | | (718)-636-7852 or (718) 636-7846. |
| care) | | |
| | | For info on status of trust for client not receiving MLTC |
| | | immediate need - |
| | - | email <u>undercareproviderrelations@hra.nyc.gov</u> |
| MIPP program | | E-MAIL: mipp@hra.nyc.gov (see article - not for people program) |
| - | - | program) |
| | | Replace a lost, stolen, or damaged Medicaid card. can be found here |
| Replace Medicaid Card | | Electronic Benefit Transfer (EBT) Card Ass for Clients - scroll down to dropdown for Replace or Correct an EBT C Medicaid Clients |
| | | See list |
| Medicaid | | at https://www.nyc.gov/site/hra/locations/medicaid-locat |
| Offices | | (DO NOT use these offices if applying for or renewing N |
| | | other Home Care. See <u>Home Care Services Program</u> t |
| 1.a. NYC MEDIC | CAID FAIR HEARING DIV | /ISION (updated July 2025 |
| Medicaid Fair | Hearings | MAIL: HRA Fair Hearings - Records Request Unit |
| Record Requests Unit | | 495 Clermont Ave. 4th floor Brooklyn, New York 11238 |
| (Request Evidence Packets) | | FAX: 917-639-9355 (updated July 25. 2025) |
| | · | 495 Clermont Ave. 4th fl. Brooklyn NY 11238 |
| | | |

| Conference and Walk-In Unit - Fair Hearings | | TEL: (718) 637-2426 FAX: (718) 923-6452 |
|---|---------------------------------|--|
| (assists individuals and/or entities that request a hearing by reviewing the issue prior to the Fair Hearing and helping to achieve a resolution) | | |
| Compliance & A | Aid to Continue Unit | |
| (manages compliance with hearing decisions and with OTDA Aid Continuing orders | | 495 Clermont Ave. 4th fl. Brooklyn NY 11238 TEL: (929) 221-0978 FAX (718) 923-0978 |
| Fair Hearing Re | epresentation Unit | 495 Clermont Ave. 4th fl. Brooklyn NY 11238 |
| (reps agency in OTDA hearings) | | TEL: (929) 221-0978 (718) 923-6452 |
| 1.b. NURSING | HOME ELIGIBILITY DEP | Γ. NHED |
| Nursing Home Eligibility | Provider Relations | E-FAX (917) 639-0687 For inquiries: nhedproviderrelations@hra.nyc.gov - bescomplete and mail the form attached to the Medicaid Alert of Oct. 1 , 2024 to register to have ac portal to access information about cases. Can be used advocates as well as providers follow instructions in the leave Provider ID number blank. |
| Dept. (NHED) | NHED Applications | E-Fax (917) 639-0735 |
| | NHED Renewals | E-Fax 917-639-0643 |
| | NHED Deferrals | E-Fax 917-639-0679 |
| | Conversions & Undercare changes | |
| | Discharge | E-FAX 917-639-0687 |
| 2. Home Care | Services Program (HCSP |) - 785 Atlantic Ave., 7th floor |
| Deputy Comm'r. Home Care | Randa Henry-Jenkins | (929) 221-0848 |
| HCSP Central | | (929) 221-8851 or (929) 221-8889 |
| Intake | | FAX 718-230-0424 and 718-230-0841 (Changed per Alert 4/15/2025) email <u>HCRequests@hra.nyc.gov</u> |
| | | 785 Atlantic Ave., 7th fl, Brooklyn, NY 11238 |
| | | PUT IN SUBJECT LINE WHAT EMAIL IS REQUESTIN |

| | | submission of NYIA decision "OUTCOME" office applicants, if NYIA denied MLTC enrollment and to local district request HOUSEKEEPING servic to 8 hours/week M11Qs for applicants under 18, change requests on active cases, and reauthorizations of CASA cases. |
|---|-------------------------------|--|
| | General Number | (929) 221-0849 |
| HCSP Centralized Medicaid Eligibility Unit | Charrise Andrews, Director | (929) 221-3257 andrewsc@dss.nyc.gov (929) 221-3224 (Deputy Director Cynthia Robinson) robinsoncy@hra.nyc.gov Ms. Crislyn Kerr @ kerrc@hra.nyc.gov Inquire about case status - hcspinquiries@hra.nyc.gov |
| | | email) |
| Immediate Need Unit | Philomena Offurum | TEL (929) 221-2501 or (212) 274-5035 e-FAX (917) 639-0665 offurump@hra.nyc.gov e-mail applications HCRequests@hra.nyc.gov (WRITE "IMMEDIATE NEEDS" on subject line. (per 6/3/2025 Mealert, this seems to be preferred submission now, since |
| | | doesn't list fiax number). Suggested to send encrypted protected attachments to protect confidential ino. |
| Pooled Trusts for Home Care Cases | Yvette Poole-Brooks | TEL (929) 221-2493 poolebrooksy@hra.nyc.gov Fax (718) 636-7848 Inquire about status of submitted trust - hcspinquiries@use encrypted mail or password-protected attachment. |
| HCSP MLTC Provider Relations Unit CASA offices | | TEL (929) 221-2427 FAX (718) 636-7848 MLTC plans - mltcproviderrelations@hra.nyc.gov Assisted Living Programs alpproviderrelations@hra.nyc.gov See list at https://www.nyc.gov/site/hra/locations/casa-locations |

Felix Rodriguez - Executive Director HCSP Field Opera (Citywide) and

Director of CASA at Bronx, Manhatta

Staten Island. (212) 274-5044

rodriguezfe@hra.nyc.gov

Ms. Iyabo Moore, Deputy Director HCSP moorei@hra

Celeste Lewis - Director of CASA South (Queens and E lewisceleste@hra.nyc.gov 718-250-5640

hcspinquiries@hra.nyc.gov - use encrypted mail or password-protected attachment.

Contact HCSP about pending Medicaid case transactions (demographic changes, address updates, pooled trust reviews, county-to-county transfer requests, Medicare Savings Program (MSP) and coverage updates - not for submitting applications

Attach signed MAP 751k form required (encrypted)(cor or change date of birth, SSN, gender, change of addre number, transfer from county-to-county requests - write "LUBERTO")

MAP 751W (close case, add or remove someone from death, request budgeting changes including pooled tru for MSP eligibility, report change in immigration status, remove Third Party Health Insurance)

This table is compiled from these Alerts issued by HRA:

- 2025-07
- Medical Assitance Program Fair Hearing Relocation Update
- 2025-06-03 Office of Medicaid Renewal Alert Fax and Email Contacts to Submit Renewal Applications, and other Requests
- 2025-04-15 New Fax numbers for Central Intake Home Care Services Program
- 2024-12-17 Medicaid Fair Hearing Move Update
- 2024-08-02 Change of address for C-Rep and Brooklyn_South Main Medicaid office
- 2023-12-28 Contact Information Update for the Medical Assistance Program's Third-Party Hard Insurance Unit
- See <u>HRA Fax/E-mail Submissions to HRA MAP and HCSP Program 8/30/2021</u>
- See <u>2021-07-22 NYC Medicaid Alert New Home Care Services Program (HCSP) Inquiry Address</u> Inquiries related to HCSP Medicaid case transactions (including demographic ch address updates, pooled trust reviews, county-to-county transfer requests, Medicare Saving (MSP) and coverage updates) may be sent via email to hcspinquiries@hra.nyc.gov. This er for submitting applications or documents related to an application. Encrypted email and information.
- See <u>2021-07-21 NYC Medicaid Alert: MAP Undercare Division</u> Case action update requincluding demographic changes, change of address, transfer from county-to-county reques coverage updates) may be sent via email to <u>undercareproviderrelations@hra.nyc.gov.</u> Encluding MAP 751k form required. This email is NOT for new applications.

OLDER LISTS

- See HRA MICSA Medicaid Alert <u>Dec. 31, 2018</u> "<u>Department of Social Services HRA M Assistance Program (MAP) and Homecare Program" Medical Assistance Program Un Contacts</u>
- See department head contacts obtained 3/2014 dated Dec. 2013
- See a detailed list of contacts became available on August 14, 2013.
- See detailed Lists December 2018

Visit our article on Medicaid Alerts.

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Revision: 5

Medicaid -> Applying For and Keeping Medicaid -> Medicaid Contacts in New York City (NYC Human

Resources Administration - MICSA) http://health.wnylc.com/health/entry/216/