

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. <u>Medicaid depts.</u> (not Home Care)		
<ul style="list-style-type: none"> • (Undercare, <u>Applications</u>, Renewals, Eligibility Information Services, Reimbursement, Surplus Transportation <ul style="list-style-type: none"> ♦ <u>Applications</u> • <u>Fair Hearing Division</u> • <u>Nursing Home Eligibility Dept. (NHED)</u> 		
2. <u>Home Care Services Program</u> (includes CASA)(new fax number for Central intake 4/15/25)		
MICSA Unit	Liaison Name/ Purpose	New Contact Info
1. Medicaid Departments -- NOT Home 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.	Case action update requests Case or Budgeting Changes	undercareproviderrelations@hra.nyc.gov - use encrypted password-protected attachment. or Fax 1-917-646-0837 . See August 2, 2024 HRA <u>Me</u> - MAP Relocation of the Brooklyn South Medicaid Office <u>Authorized Client Rep Window</u> - (use fax number listed this one not working) or FAX 1- 917 639-0837 See 9/8/21 Medicaid Alert 20 <u>MAP Undercare Division Email Address</u> WHAT TO SUBMIT: Attach either <ul style="list-style-type: none"> • signed MAP 751k form required (encrypted)(co or change date of birth, SSN, gender, change of phone number, ,transfer from county-to-county re

		<p>write "LUBERTO")</p> <ul style="list-style-type: none"> • MAP 751W (close case, add or remove someone case, report death, request budgeting changes i pooled trust, evaluate for MSP eligibility, report c immigration status, add or remove Third Party He Insurance)
Applications		<p>General Public -who are not authorized submitters</p> <ul style="list-style-type: none"> • E-FAX applications to 917-639-0732 -- NOT for Immediate Need applications • or MAIL to Medicaid Mail-In Unit -- 495 Clermont 5th Floor, Brooklyn, N.Y. 11238. PO BOX, 24390 NY 11202-9814 • Apply online via Access HRA - https://a069-access.nyc.gov/accesshra/ • MAKE CLEAR ON APPLICATION IF SEEKING T ENROLL IN MLTC, or SEEKING MEDICAID ON • If applying with Immediate Need for Personal Ca CDPAP- see <u>below</u>. <p>Authorized Submitters (C-REPs) ONLY have THREE submit applications - use only ONE method on any</p> <ol style="list-style-type: none"> 1. fax applications to 917-639-0731 2. hand-deliver applications in bulk to 4th floor, W 495 Clermont Ave. 3. e-mail applications to mapcrepreferrals@hra.nyc.gov (announced in 8/ <ul style="list-style-type: none"> • 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)(pe Alert) <p>Immediate Need - see <u>below</u>.</p> <p>Applications for Hospitalized persons or seeking covera hospital care during the 3 months before the month the is filed::</p> <ul style="list-style-type: none"> • maphedipreferrals@hra.nyc.gov or • fax - 917-639-0738 <p>NURSING HOME resident applications - FAX 917-639-212-273-0062 (phone)</p>

Managed Care Client Services		
Recipient Restriction Unit		929-221-0859/60 (phone)
Eligibility Information Services		929-221-0865 (phone) e-Fax (718) 636-7847 If down use instead (718)-636-7852 or (718) 636-7846.
Medicaid <u>Transportation</u>		929-221-0840/41 (phone)
Medicaid Assistance Program (MAP) Third Party Health Insurance (TPI) Unit		917-639-0675 (e-fax) e-mail: maptphi@hra.nyc.gov Commercial Health Insurance hipp@hra.nyc.gov - prem reimbursement
Medicaid <u>Reimbursement</u>	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
Renewals - Office of Mail Renewal		e-Fax 917-639-0733 (new per <u>6/3/2025 Alert</u>) Submit online at https://a069-access.nyc.gov/accesshra you may not upload verification documents there. Must submit 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
Surplus Unit (Spend-down and Pay-In)		1-888-692-6116 . (phone) 917-639-0645 (fax - submit bills to meet spend-down) HOW TO PAY-IN SURPLUS (if approved for PAY-IN) MAIL check or money order to: DARB - 150 Greenwich 34th floor New York, NY MAKE PAYMENT BY Credit Card by PHONE to 718-5 1. CHOOSE OPTION 1 -- For info on your case

		<p>2. Then choose to enter HRA case number and birth date. You will be told whether case is active.</p> <p>3. Press 1 to hear more info on case - (will hear recording) and listen to long lecture about privacy)</p> <p>4. Next OPTIONS - PReSS 2 for help with surplus Will be told amount of Surplus.</p> <p>5. Next it gives options If you want to make a payment</p> <ul style="list-style-type: none"> ◆ press 1 - goes to DARB - credit or debit card payment by phone .. must have CIN number. If you pay by phone they will ask what month you want it credited (generally Best to say the current month in order to activate medicaid). They will take credit card payment and give you a confirmation number and snail mail a receipt. ◆ Press 2 for info on how to mail payment ◆ Press 3 for info on how to pay online - but only pay online if previously paid DARB or by credit card by phone ◆ Press 4 for info on reimbursement or questions <p>After made at least one payment, may pay by <u>CITY PAY</u> - https://a836-citypay.nyc.gov/</p>
Pooled Trusts (not with home care)		<p>(929) 221-0868 /69</p> <p>Fax (718) 636-7847 TEMPORARILY INOPERABLE as of 1/1/2020 - use instead (718)-636-7852 or (718) 636-7846.</p> <p>For info on status of trust for client not receiving MLTC or immediate need - email undercareproviderrelations@hra.nyc.gov</p>
MIPP program		<p>E-MAIL: mipp@hra.nyc.gov (see <u>article</u> - not for people on MIPP program)</p>
Replace Medicaid Card		<p><u>Replace a lost, stolen, or damaged Medicaid card. can be found here</u></p> <p><u>Electronic Benefit Transfer (EBT) Card Assistance for Clients - scroll down to dropdown for <i>Replace or Correct an EBT Card for Medicaid Clients</i></u></p>
Medicaid Offices		<p>See list at https://www.nyc.gov/site/hra/locations/medicaid-locations (DO NOT use these offices if applying for or renewing Medicaid)</p>

Electronic Benefit Transfer (EBT) Card Assistance for Clients - scroll down to dropdown for Replace or Correct

		other Home Care. See Home Care Services Program b
1.a. NYC MEDICAID FAIR HEARING DIVISION (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)
Conference and Walk-In Unit - Fair Hearings		
(assists individuals and/or entities that request a hearing by reviewing the issue prior to the Fair Hearing and helping to achieve a resolution)		495 Clermont Ave. 4th fl. Brooklyn NY 11238
		TEL: (718) 637-2426 FAX: (718) 923-6452
Compliance & 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 Representation 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 DEPT. NHED		
Nursing Home Eligibility Dept. (NHED)		E-FAX (917) 639-0687
	Provider Relations	For inquiries: nhedproviderrelations@hra.nyc.gov - bes complete and mail the form attached to the <u>Medicaid Alert of Oct. 1, 2024</u> to register to have ac portal to access information about cases. Can be used advocates as well as providers -- follow instructions in th just leave Provider ID number blank.
	NHED Applications	E-Fax (917) 639-0735
	NHED Renewals	E-Fax 917-639-0643
	NHED Deferrals	E-Fax 917-639-0679
	Conversions & Undercare changes	E-Fax 917-639-0736
	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 Intake	NOTE: This is NOT for filing Medicaid	(929) 221-8851 or (929) 221-8889

	<p>applications. This is for people who already have Medicaid who are contacting HCSP for one of the reasons in the box to the right</p>	<p>FAX 718-230-0424 and 718-230-0841 (Changed per Alert 4/15/2025)</p> <p>email HCSRequests@hra.nyc.gov</p> <p>785 Atlantic Ave., 7th fl, Brooklyn, NY 11238</p> <p>PUT IN SUBJECT LINE WHAT EMAIL or FAX IS REQUESTED eg.:</p> <ul style="list-style-type: none"> • submission of NYIA decision "OUTCOME" office applicants, if NYIA denied MLTC enrollment and to local district request HOUSEKEEPING service to 8 hours/week • M11Qs for applicants under 18 or for adults who enrolled in an MLTC or managed care plan, • change requests on active cases, and • reauthorizations of CASA cases.
HCSP Centralized Medicaid Eligibility Unit	General Number	(929) 221-0849
	Charrise Andrews, Director	<p>(929) 221-3257 andrewsc@dss.nyc.gov</p> <p>(929) 221-3224 (Deputy Director Cynthia Robinson) robinsoncy@hra.nyc.gov</p> <p>Ms. Crislyn Kerr @ kerrc@hra.nyc.gov</p> <p>Inquire about case status - hcspinquiries@hra.nyc.gov email)</p>
Applications Other than Immediate Need		<u>See here</u>
<u>Immediate Need Unit</u>	Philomena Offurum	<p>TEL (929) 221-2501 or (212) 274-5035</p> <p>e-FAX (917) 639-0665 offurump@hra.nyc.gov</p> <p>e-mail applications HCSRequests@hra.nyc.gov (WRITE "IMMEDIATE NEEDS" on subject line. (per 6/3/2025 M alert, this seems to be preferred submission now, since doesn't list fax number). Suggested to send encrypted protected attachments to protect confidential info.</p>
Pooled Trusts for Home Care Cases	Yvette Poole-Brooks	<p>TEL (929) 221-2493</p> <p>poolebrooksy@hra.nyc.gov</p> <p>Fax (718) 636-7848</p>

		Inquire about status of submitted trust - hcspinquiries@hra.nyc.gov use encrypted mail or password-protected attachment.
HCSP MLTC Provider Relations Unit		TEL (929) 221-2427 FAX (718) 636-7848 MLTC plans - mltcproviderrelations@hra.nyc.gov Assisted Living Programs alpproviderrelations@hra.nyc.gov
CASA offices		See list at https://www.nyc.gov/site/hra/locations/casa-locations Felix Rodriguez - Executive Director HCSP Field Operations (Citywide) and Director of CASA at Bronx, Manhattan, and Staten Island. (212) 274-5044 rodriguezfe@hra.nyc.gov Ms. Iyabo Moore, Deputy Director HCSP moorei@hra.nyc.gov Celeste Lewis - Director of CASA South (Queens and Brooklyn) lewisceleste@hra.nyc.gov 718-250-5640
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		hcspinquiries@hra.nyc.gov - use encrypted mail or password-protected attachment. Attach signed <u>MAP 751k form</u> required (encrypted)(complete or change date of birth, SSN, gender, change of address, number, transfer from county-to-county requests - write "LUBERTO") <u>MAP 751W</u> (close case, add or remove someone from case, death, request budgeting changes including pooled trust for MSP eligibility, report change in immigration status, remove Third Party Health Insurance)
This table is compiled from these Alerts issued by HRA:		
<ul style="list-style-type: none"> • 2025-07 • <u>Medical Assistance Program Fair Hearing Relocation Update</u> • 2025-06-03 <u>Office of Medicaid Renewal Alert - Fax and Email Contacts to Submit Renewal Applications, and other Requests</u> • <u>2025-04-15 New Fax numbers for Central Intake - Home Care Services Program</u> • <u>2024-12-17 Medicaid Fair Hearing Move Update</u> • <u>2024-08-02 Change of address for C-Rep and Brooklyn South Main Medicaid office</u> • 2023-12-28 <u>Contact Information Update for the Medical Assistance Program's Third-Party Health Insurance Unit</u> • See <u>HRA Fax/E-mail Submissions to HRA MAP and HCSP Program 8/30/2021</u> 		

- **See 2021-07-22 NYC Medicaid Alert New Home Care Services Program (HCSP) Inquiry Address** - Inquiries related to HCSP Medicaid case transactions (including demographic changes, address updates, pooled trust reviews, county-to-county transfer requests, Medicare Savings Program (MSP) and coverage updates) may be sent via email to hcspinquiries@hra.nyc.gov. This email is for submitting applications or documents related to an application. Encrypted email and information required.
- **See 2021-07-21 NYC Medicaid Alert: MAP Undercare Division** - Case action update requests (including demographic changes, change of address, transfer from county-to-county requests, coverage updates) may be sent via email to undercareproviderrelations@hra.nyc.gov. Encrypted email with signed MAP 751k form required. This email is NOT for new applications.

OLDER LISTS

- **See HRA MICSA Medicaid Alert Dec. 31, 2018 "Department of Social Services HRA Medical Assistance Program (MAP) and Homecare Program" Medical Assistance Program Undercare Contacts**
- **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.](#)

Article ID: 216

Last updated: 27 Jan, 2026

Revision: 5

Medicaid -> Applying For and Keeping Medicaid -> Medicaid Contacts in New York City (NYC Human Resources Administration - MICSA)

<http://health.wnyc.com/health/entry/216/>