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

Since May 2013 the NYC Medicaid Office has been located at **785 Atlantic Ave., Brooklyn, NY 11238.** The Reception Unit is on the main floor of 785 Atlantic Ave.Brooklyn NY 11238.

The table of contacts below is compiled from these Alerts issued by HRA:

- See HRA Fax/E-mail Submissions to HRA MAP and HCSP Program 8/30/2021
- See <u>2021-07-22 NYC Medicaid Alert New Home Care Services Program (HCSP)</u> <u>Inquiry Email Address</u> - 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 <u>hcspinquiries@hra.nyc.gov</u>. This email is NOT for submitting applications or documents related to an application. Encrypted email and information required.
- See <u>2021-07-21 NYC Medicaid Alert: MAP Undercare Division</u> Case action update requests (including demographic changes, change of address, transfer from county-to-county requests and coverage updates) may be sent via email to <u>undercareproviderrelations@hra.nyc.gov</u>. Encrypted email with signed <u>MAP</u> <u>751k form</u> required. This email is NOT for new applications.

## **OLDER LISTS**

- See HRA MICSA Medicaid Alert <u>Dec. 31, 2018</u> "Department of Social Services <u>HRA Medical Assistance Program (MAP) and Homecare Program'' Medical</u> <u>Assistance Program Units and 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.

| NYC MEDICAID PROGRAM CONTACTS                                |                          |   |  |  |
|--|--------------------------|---|--|--|
| MICSA Unit   | Liaison Name/<br>Purpose | New Contact Info  |  |  |
| Medicaid Departments NOT Home Care (for home care see below) |                          |   |  |  |
| NYC HRA<br>Medicaid<br>Helpline                              |                          | 1-888-692-6116  |  |  |
|  |                          | Medicaid<br>info <u>https://www.nyc.gov/site/hra/help/health-assist</u> |  |  |

| Undercare<br>Processing<br>Division   | Case action update<br>requests<br>Case or Budgeting<br>Changes | <ul> <li><u>undercareproviderrelations@hra.nyc.gov</u> - use encrypted password-protected attachment.</li> <li>or Fax 1-917-639-0837. See this <u>May 2020 Medicaid A</u> WHAT TO SUBMIT: Attach signed <u>MAP 751k form</u> ret (encrypted)(correct,, add or change date of birth, SSN, gender, change of address &amp; phone number, ,transfer to county-to-county requests - write "LUBERTO")</li> <li><u>MAP 751W</u> (close case, add or remove someone from death, request budgeting changes including pooled true for MSP eligibility, report change in immigration status, remove Third Party Health Insurance)</li> <li>See NYC Medicaid Alert: MAP Undercare Division - 9/8</li> </ul> |
|---|--|--|
| Applications  |  | <ul> <li>E-FAX applications to 917-639-0732 (For general put not authorized submitters - NOT Immediate Need applie</li> <li>MAKE CLEAR ON APPLICATION IF SEEKING TENROLL IN MLTC, or SEEKING MEDICAID ON</li> <li>Authorized Submitters (C-REPs) ONLY can fax applie to 917-639-0731</li> <li>Immediate Need - see <u>below</u>.</li> </ul>  |
| Managed Care<br>Client Services   |  | 212-273-0062 (phone)   |
| Recipient<br>Restriction Unit   |  | 929-221-0859/60 (phone)  |
| Eligibility<br>Information<br>Services  |  | 929-221-0865 (phone)<br>e-Fax (718) 636-7847 If down <b>use instead</b><br>(718)-636-7852 or (718) 636-7846.   |
| Medicaid Fair<br>Hearings   | Rivera Unit (Request<br>Evidence Packets)                      | MAIL: HRA Fair Hearings - Rivera Unit<br>111 Livingston Street, Brooklyn, New York 11201<br>FAX: 718-722-7565  |
| Medicaid<br><u>Transportation</u><br>Medicaid<br>Assistance<br>Program (MAP)<br>Third Party<br>Health | -  | 929-221-0840/41 (phone)<br>917-639-0675 (e-fax)<br>e-mail: <u>maptphi@hra.nyc.gov</u>  |

| Insurance (TPI)<br>Unit                  |                             |  |
|--|-----------------------------|--|
| Medicaid<br>Reimbursement                | Evadne Duff<br>(Homecare)   | 929-221-0845 (phone non-home care)<br>929-221-1193 (phone home care)<br>917-639-0674 E-FAX (both home care and medical)<br>E-mail:: <u>micsa.fiscal@hra.nyc.gov</u> (both home care and  |
| Renewals -<br>Office of Mail<br>Renewal  |                             | e-Fax 1-888-692-6116   |
|  | Maria Rivera                | 929-221-0833 (phone)   |
| Surplus Unit                             | Graciela Mathews            | 929-221-0838 (phone)   |
| Sulpius Offic                            | Angel Phifer-Brown (Fax     | 929-221-0835 (phone)   |
|  | Unit)                       | 917-639-0645 (fax - submit bills to meet spend-down  |
|  |                             | (929) 221-0868 /69   |
| Pooled Trusts<br>(not with home<br>care) |                             | Fax (718) 636-7847 <b>TEMPORARILY INOPERABLE a</b><br><b>- use instead</b><br><b>(718)-636-7852</b> or <b>(718) 636-7846</b> .<br>For info on status of trust for client not receiving MLTC<br>immediate need -<br>email <u>undercareproviderrelations@hra.nyc.gov</u> |
| MIPP program                             |                             | E-MAIL: <u>mipp@hra.nyc.gov</u> (see <u>article</u> - not for peop<br>program)   |
| Replace<br>Medicaid Card                 |                             | Replace a lost, stolen, or damaged Medicaid card.         can be found here         Electronic Benefit Transfer (EBT) Card Ass         for Clients       - scroll down to         dropdown for Replace or Correct an EBT C         Medicaid Clients                    |
| NURSING HOM                              | /<br>/E ELIGIBILITY DEPT. N | HED  |
|  |                             | TEL 718-557-1368   |
|  | Provider Relations          | E-FAX (917) 639-0687   |
|  | l                           |  |

Dento (NHER) fit Transfer (EBT) Card Assistance for Clients - scroll down to dropdown for Replace or Col

| 1   |                                   |  |
|---|-----------------------------------|--|
|   | 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   |
| Home Care Se                                | rvices Program (HCSP) -           | 785 Atlantic Ave., 7th floor   |
| Deputy<br>Comm'r. Home<br>Care              | Randa Henry-Jenkins               | (929) 221-0848   |
| HCSP Central<br>Intake                      |                                   | (929) 221-8851 or (929) 221-8889   |
|   |                                   | FAX 718-636-7784/7780 email <u>HCRequests@hra.nyc</u>  |
|   |                                   | 785 Atlantic Ave., 7th fl, Brooklyn, NY 11238  |
|   |                                   | <ul> <li>Applications for Medicaid and Personal Care/CD people exempt or excluded from MLTC or manage (i.e enrolled in home hospice, OPWDD waiver, or NHTDW waivers)</li> <li>If denied MLTC enrollment by NYIA and NYIA re "local district," NYC residents contact THIS UNIT CASAs Fax or Email the OUTCOME NOTICE address and request HOUSEKEEPING services 8 hours/week(</li> </ul> |
|   | General Number                    | (929) 221-0849   |
| HCSP  |                                   | (929) 221-3257 andrewsc@dss.nyc.gov  |
| Centralized<br>Medicaid<br>Eligibility Unit | Charrise Andrews,<br>Director     | (929) 221-3224 (Deputy Director Cynthia Robinson)  |
|   |                                   | Inquire about case status - <u>hcspinquiries@hra.nyc.gov</u><br>email)   |
| <u>Immediate</u><br>Need Unit               |                                   | TEL (929) 221-2501 or (212) 274-5035   |
|   | Philomena Offurum<br>or Alla Alex | e-FAX (917) 639-0665 <u>offurump@hra.nyc.gov</u> or<br><u>alexa@hra.nyc.gov</u>  |
|   |                                   | e-mail applications <u>HCRequests@hra.nyc.gov</u>  |
| Pooled Trusts<br>for Home Care<br>Cases     | Yvette Poole-Brooks               | TEL (929) 221-2493   |
|   |                                   | poolebrooksy@hra.nyc.gov   |
|   |                                   | Fax (718) 636-7848   |
|   |                                   |  |

|   |                         | Inquire about status of submitted trust - <u>hcspinquiries@</u><br>use encrypted mail or password-protected attachment.   |
|---|-------------------------|---|
| HCSP MLTC<br>Provider<br>Relations Unit |                         | TEL (929) 221-2427  |
|   |                         | FAX (718) 636-7848  |
|   |                         | MLTC plans - mltcproviderrelations@hra.nyc.gov  |
|   |                         | Assisted Living Programs alpproviderrelations@hra.ny  |
| CASA offices                            |                         | See list  |
| CASA UNICES                             |                         | at https://www.nyc.gov/site/hra/locations/casa-locations  |
|   |                         | hcspinquiries@hra.nyc.gov - use encrypted mail or<br>password-protected attachment.   |
| Contact HCSP a                          |                         | Attach signed MAP 751k form required (encrypted)(cor  |
|   |                         | or change date of birth, SSN, gender, change of addre   |
| county-to-county                        | · • •                   | number, transfer from county-to-county requests - write<br>"LUBERTO")   |
| -                                       | es - not for submitting | MAP 751W (close case, add or remove someone from death, request budgeting changes including pooled true for MSP eligibility, report change in immigration status, |
|   |                         | remove Third Party Health Insurance)  |

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