



Additional Documents for New Submissions

Overview

This document describes what documents a user may be required to have ready and available for upload and submission into the NYS Medicaid Provider Services Portal (PSP) for an individual practitioner's new enrollment application. These documents may be required to be uploaded within the four (4) Milestones of a new enrollment application, prior to submission for review. It is highly recommended that users review this document, in full, prior to submission.

Note: At this time, the portal is only allowing enrollment for brand new providers who have never been enrolled in NYS Medicaid.

What information is required?

Prior to generating and submitting an enrollment application, providers, credentialers and others involved in the process should have the following information on hand as it will be required on the enrollment application:

- The following NPIs including:
 - The applicant's
 - If the applicant is affiliated with a group, their NPI will be required
 - If the applicant is affiliated with a physician assistant or nurse practitioner, their NPI will be needed.
 - If the applicant is a physician assistant, they will need their supervising physician's NPI.
 - If the applicant is a nurse practitioner and if applicable, they will need their collaborating physician's NPI.
- The provider's Social Security Number
- All relevant addresses, including but not limited to:
 - Correspondence (where most mail is sent)
 - Pay To (where paper remittances, paper check payments and prior approval rosters are sent)
 - Taxpayer (where a 1099 is sent, if applicable)
 - Service Locations (Note: All providers must have at least one on file)
- If applicable, the provider's Federal Employer Identification Number (FEIN), also known as Tax ID.
- If applicable, the following financial information:
 - Financial Institution Account Number
 - Financial institution Routing Number
 - Financial Institution Name and Address (a branch location is permitted)



Additional Documents for New Submissions

What documents are required?

All individual practitioners, regardless of provider and enrollment type, will have documents that are required to be submitted with their enrollment application, while other documents may be required based on services provided or information that is entered on an enrollment application. Such documents must be saved onto the user's PC, then directly uploaded within the Portal.

The chart below reviews what is required to be submitted for all providers, based on enrollment type:

Order-Prescribe-Refer-Attend (OPRA)	Fee-for-Service (FFS)
<ul style="list-style-type: none"> Copy of license or certification with future expiration date 	<ul style="list-style-type: none"> Copy of license or certification with future expiration date ETIN Certification Statement – Form #490602

Note: If you do not submit an imaged copy of your license or certificate or an uploaded screenshot of your license status from the licensing agency's website within the appropriate milestone, you will not be able to submit your application until you do so. If you do not do this within the allotted timeframe of twenty (20) days, your application will be automatically cancelled by the system. If this occurs, a new submission will be required.

What documents may be required?

Individual practitioners, based on provider and enrollment type, may be required to submit other supporting documents in conjunction with their enrollment application, based on what information is entered on an enrollment application. Such documents must be saved onto the user's PC, then directly uploaded within the Portal.

The chart below reviews what may be required to be submitted with an enrollment, based on enrollment type. Please review this carefully, as this also provides what type of individual practitioner will be required to submit each document.

Order-Prescribe-Refer-Attend (OPRA)	Fee-for-Service (FFS)
<ul style="list-style-type: none"> For physicians with a specialty, submit one of the following: <ul style="list-style-type: none"> A copy of your Board Certification from the appropriate specialty board Letter of Admissibility to Final Examination A copy of your Residential or Fellowship Certificate For Physicians and Nurse Practitioners that wish to participate in the Preferred Physician's and Children's (PPAC) program, submit the following: <ul style="list-style-type: none"> The PPAC Phys Addendum for Enrollment as a Specialist For Physicians, Nurse Practitioners and Nurse Midwives performing or submitting laboratory testing on site, submit one of the following: <ul style="list-style-type: none"> Certificate of Compliance/Registration 	<ul style="list-style-type: none"> For physicians with a specialty, submit one of the following: <ul style="list-style-type: none"> A copy of your Board Certification from the appropriate specialty board Letter of Admissibility to Final Examination A copy of your Residential or Fellowship Certificate For Nurse Practitioners and Physicians that wish to participate in the Preferred Physician's and Children's (PPAC) program, submit the following: <ul style="list-style-type: none"> The PPAC Phys Addendum for Enrollment as a Specialist For Physicians, Nurse Practitioners and Nurse Midwives performing or submitting laboratory testing on site, submit one of the following: <ul style="list-style-type: none"> Certificate of Compliance/Registration



Additional Documents for New Submissions

<ul style="list-style-type: none"> ○ Certificate of PPMP (Provider Performing Microscopy Procedures) ○ Certificate of Waiver • For Physicians, Nurse Practitioners and Midwives participating in the National Diabetes Prevention Program (NDPP), submit the following: <ul style="list-style-type: none"> ○ The NDPP Recognition Attestation – form #434901 ○ A copy of your Pending/Preliminary/Full-CDC NDPP Recognition Document • For those that prescribe controlled substances, a copy of your DEA Certificate • For Nurses (LPN and RN only) participating in the Medically Fragile Children and Adults program, the Private Duty Nursing Program for Medically Fragile Children and Adults form #432301 • For Certified Asthma Educators only, the Employment Certification for Certified Educator – form #431601 • For Opticians Optometrists only, if applicable, submit a copy of either: <ul style="list-style-type: none"> ○ Your Low Vision Certificate ○ Your Contact Lens Certificate • For Physicians Assistant only, submit the following: <ul style="list-style-type: none"> ○ The Supervising Physician Certification – form #412601 • For Nurse Practitioners only, if applicable, submit the following: • Collaborating Physician Form – form #410501 For Physicians only, if your location has accreditation for Office Based Surgery (OBS), a copy of your Accreditation through one of the following: <ul style="list-style-type: none"> ○ The American Association for Accreditation Ambulatory Surgery Facilities ○ The Accreditation Association for Ambulatory Healthcare ○ The Joint Commission • If questions certain questions are answered yes in Milestone 4, the Prior Conduct Questionnaire – form #431001 	<ul style="list-style-type: none"> ○ Certificate of PPMP (Provider Performing Microscopy Procedures) ○ Certificate of Waiver • For Physicians, Nurse Practitioners and Midwives participating in the National Diabetes Prevention Program (NDPP), submit the following: <ul style="list-style-type: none"> ○ The NDPP Recognition Attestation – form #434901 ○ A copy of your Pending/Preliminary/Full-CDC NDPP Recognition Document • For those that prescribe controlled substances, a copy of your DEA Certificate • For Nurses (LPN and RN only) participating in the Medically Fragile Children and Adults program, the Private Duty Nursing Program for Medically Fragile Children and Adults form #432301 • For Certified Asthma Educators only, the Employment Certification for Certified Educator – form #431601 • For Opticians Optometrists only, if applicable, submit a copy of either: <ul style="list-style-type: none"> ○ Your Low Vision Certificate ○ Your Contact Lens Certificate • For Physicians Assistant only, submit the following: <ul style="list-style-type: none"> ○ The Supervising Physician Certification – form #412601 • For Nurse Practitioners only, if applicable, submit the following: <ul style="list-style-type: none"> ○ Collaborating Physician Form – form #410501 • For Physicians only, if your location has accreditation for Office Based Surgery (OBS), a copy of your Accreditation through one of the following: <ul style="list-style-type: none"> ○ The American Association for Accreditation Ambulatory Surgery Facilities ○ The Accreditation Association for Ambulatory Healthcare ○ The Joint Commission • For practitioners receiving payment directly from New York Medicaid under their Individual (Type One) NPI, a Voided Check or Notarized Bank Letter. • For practitioner's that are sole proprietors and wish to have their Federal Tax Identification
--	--



Additional Documents for New Submissions

	<p>Number (FEIN) added to their file, their IRS Assignment Letter (form SS-4).</p> <ul style="list-style-type: none">• If questions certain questions are answered yes in Milestone 4, the Prior Conduct Questionnaire – form #431001
--	---

What file types are accepted?

When uploading documents into the PSP for any new enrollment applications, the following file formats are accepted: .gif, .jpg, .jpeg, .html, .htm, .pdf, .xls, .tif, .doc, .docx, .xlsx, .txt

Where can I locate the additional forms?

Any and all referenced forms mentioned within the chart are located on www.emedny.org. You may navigate to the various landing pages via the [Provider Index](#) under the Provider Enrollment tab or utilize the search function located on the top right corner of the website. As a note, this document also contains hyperlinks directly to the forms within the previously referenced chart.