



PRACTITIONERS

Helpful Tips for Submitting Applications in the NYS Medicaid Provider Services Portal (PSP)

Since the September 2025 rollout of new practitioner enrollments in the NYS Medicaid Provider Services Portal (PSP), the volume of applications submitted and processed continues to increase daily. Some applications are incomplete, however, and must be returned to the provider for action, thus delaying an enrollment determination. As a result, a few of the most common reasons for returned applications, and how to prevent return for those reasons, are provided below to assist practitioner providers and credentialing support teams with submitting clean applications, thus helping the application process flow as smoothly and efficiently as possible.

TIPS:

- The top portion of any screen in the portal provides important information and instructions related to the steps on that screen. Be sure to review that information first!
- Check your application status once a week to determine if additional information is needed to continue processing. To do so, log into the Portal, enter the application ID, and expand the milestone steps by selecting the down arrows. If additional information or action is needed, you will see a notepad/comment icon (see below). Please click on this icon to view the information needed to continue with the review process. The requested information must be provided/updated prior to resubmitting the application.

Milestones	Status	Step Remark	Review Comments
Milestone 1	Complete		
Step 1 Basic Information	Complete		
Step 2 Add Specialties/Licenses/Certifications	Complete		

Top Four Reasons Applications are Returned for Correction:

1. **Incorrect Signature** – The application must be signed and submitted by the provider themselves. Signatures from office staff, billing agents, or other representatives will result in a rejected submission.

To provide a correct/acceptable signature, the individual provider must first follow the instructions to create an NY.gov business account. Once logged into the portal via the NY.gov account, the provider's name will appear in the first and last name fields (see below example) on the final milestone/step of the application. The provider must next confirm they have reviewed and accept

the preceding terms and conditions of the submission. Finally, the provider selects the Submit button.

The application has now been correctly signed and submitted.

The screenshot shows a web form titled "Submit Enrollment Application for Approval". On the left is a sidebar with milestones: Milestone 1, Milestone 2, Milestone 3, Milestone 4, Step 10 (Complete Enrollment Checklist), Step 11 (Optional: Add Supporting Documents), and Step 12 (Submit Enrollment Application for Approval). The main content area has a purple header with the title "Submit Enrollment Application for Approval" circled in red. Below this are sections for "Instructions" and "Medical Assistance Provider Enrollment" with "Terms and Conditions". The "Terms and Conditions" section contains two paragraphs of text. At the bottom, there is a form with fields for "First Name", "Last Name", and "Date" (pre-filled with 08/07/2025). Below these fields is a checkbox with the text "By checking this, I certify that I have read and that I agree and accept the enrollment terms and conditions in the NY State Medicaid Provider Enrollment." and a "Submit" button. A red arrow points to the checkbox, and another red arrow points to the "Submit" button.

2. **Ownership Section Not Completed Correctly** – The applicant must also be listed in the ownership section (by selecting the Type “Owner or Partial Owner – Individual”). Remember, for each disclosed individual, required information such as Social Security number, home address, and date of birth must be included. Omissions in this section are a common reason for delays.

Owners and Controlling Interest
Information about owners. Disclosure of individuals or entities is necessary for regulatory and compliance purposes

Instructions

- The applicant must be added as an owner during this step, with the owner type set to "Owner or Partial Owner - Individual".
- You must disclose ownership details for the applicant/provider, including any owners, managing employees including those that may have a controlling interest in the provider. This includes an indirect ownership that is applicable (owners of owning companies) must also be disclosed.
- This information about all owners, the percentage of this provider which they own, and includes disclosure of adverse actions/sanctions and their relationship with other owners is required. Additionally, any ownership by these owners in any other disclosing entities must be included (if applicable). If any individual disclosed fills multiple roles, they should individually disclosed for each type, by selecting any appropriate type and completing the required fields.
- Completion of all fields is required by 42 CFR Part 455.104. Failure to provide the information requested will cause the application to be returned. Definitions and policy can be found at 18NYCRR, Section 504.1.

Owners List

List Ownership Interest in other Disclosing Entities reimbursable by Medicaid and/or Medicare

Subcontractor Information

Provider Controlling Interest/Ownership in Other Disclosing Medicaid/Medicare Entities

Type* [ⓘ]
Select

Please make a selection for Type.

SSN*
000-00-0000

EIN/FEIN
00-0000000

Legal Entity Name [ⓘ]

Entity Business Name [ⓘ]

Owner NPI

☐ EFT Signer ☐ Financial Custodian

First Name*

Middle Name

Last Name*

Suffix
Select

Date of Birth*
MM/DD/YYYY

- Payment Details Step** - Please remember to upload the EFT agreement from the portal, **not** the EFT authorization form from emedny.org. If you are uploading a Bank Letter, please make sure it is notarized.
- Missing DEA Certificate** – If the provider holds a DEA certificate, a copy must be included with the application where indicated. This enables prompt verification of prescribing credentials.

Attention to the above details is appreciated as complete applications facilitate a quicker turnaround of enrollment determinations.

New York State Provider Enrollment

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