

To Enroll

There will be a new link on emedny.org on the right hand side to log into the Web Portal. This link will also allow a user to enroll into the Web Portal. When you click on the link, this is what the screen looks like:

themselves Create an account to enroll in services and applications Privacy & Term Create an account to enroll in services and applications I Agree to Medicaid Confidentiality Regulations Continue your Registration If you did not complete your Registration. If you did not complete your Registration. Forgot Password Forgot User Id	themselves Create an account to enroll in services and applications Privacy & Term Create an account to enroll in services and applications I Agree to Madicaid Confidentiality Regulations Continue your Registration I Submit If you did not complete your Registration you can continue the Registration.	User Id: = Password: =	Don't have a User Id? Register with us
Continue your Registration I Agree to Medicaid Confidentiality Regulations Submit Forgot Password, Forgot User Id	Continue your Registration I Agree to Medicaid Confidentialty Regulations Submit Forgot Password. Forgot User Id	themselves	Create an account to enroll in services and applications provided by eMedNY.
Forgot Password, Forgot User Id	Forgot Password. Forgot User Id	I Agree to Medicaid Confidentiality Regulations	Continue your Registration If you did not complete your Registration you can continue the Registration.
		Forgot Password Forgot User Id	Lange Control # Control

To begin the enrollment process, on the right hand side under 'Don't Have a User Id?' click on the <u>Register</u> with us link. When clicked, the Provider Information screen will appear.

Provider Information

Enter the NPI. If you do not have a NPI, put a check mark in the box that says 'I do not have NPI'. This will cause the MMIS ID field to appear and the MMIS ID can be entered. ONLY do this if you are an atypical provider that is not required to have a NPI.

Enter the provider's correspondence address and complete the CAPTCHA. Then, click on 'Next Step'. If you entered incorrect information and want to start over, click on 'Clear'. This clears all information written in the fields.

Create W	eb Portal Account	
Fields with - are required		
Provider Information		
NPI: -	I do not have NPI	
Address 1: *	Address 2:	
Church .	Charles and a State W	
City	State: - Select a state	
Zip: *		
Enter characters present in the image:	Words words words words	
	Next Step Clear	



The graphic below shows you the screen display for the MMIS ID field when the check box for 'I do not have NPI' is clicked. Only the MMIS ID is required in this case.

	Cre	ate Web Portal Account		
Fields wi	ith = are required			
Provide	er Information			
	NPI: *	•	I do not have NPI	
м	MIS ID: *			
Ad	dress 1: *	Address 2:		
	City: -	State: •	Select a State 💌	
	Zip: -			
		chicopes	anta	
	Enter characters present in the	image:		
		Privacy & Terms	b shop spart read Dooks	
		Next Step Clear		

Other Information

Once you click on 'Next Step,' this screen will appear. Enter the SSN or FEIN that was used to enroll the NPI/MMIS ID into Medicaid. To move on, click 'Next Step'. To go back to the previous screen, click 'Previous Step' and you can change previously entered information. To erase information you have written on this page, click 'Clear' to clear all information written in the fields.

Cre	ate Web Portal Accour	nt		1010
Other Information: Enter one of SSN:	FEIN (Ta	ix Id)		
	Previous Step	Next Step	Clear	



Personal Information

Once you click 'Next Step' the screen pictured below will appear. Enter the user's name (first and last), email address and phone number. The information entered here will be for the primary administrator of this web portal account.

Create Web Portal Account	Portal Login
Fields with * are required Personal Information First Name: * Middle Initial Last Name: * Email Address: * Phone Number: * Image: *	
Account Information Choose User Id: • Secret Question: • Secret Answer: •	
Previous Step Submit Clear	5
HOU	

Account Information

Enter the User ID you would like to use for this account. The User ID must be between 8 and 16 characters. Then, enter a secret question of your choosing and a corresponding answer to be used for if you forget your password or User ID.

**It is very important to remember and retain the information entered in these fields in case you forget User ID or your password. **

Once you have completed all information correctly, click on 'Submit'. To go back to the previous screen, click 'Previous Step'. To clear all information in all fields, click 'Clear'.



	Create Web	Portal Accour	nt			
Fields with * are required						
Personal Information						
First Name: *		Middle Initia	I 🗌			
Last Name: *		Email Address: *				
Last name.		Lindii Address.				
Phone Number: *						
- Account Information -						
Choose User Id: *						
Secret Question: *		Secret Ans	swer: *			
		Previous Step	Submit	Clear		

Confirm Your Information

After hitting 'Submit,' a screen will appear that displays all the information you entered during enrollment. If all of the information is correct, click on 'Confirm'. If there are fields that require editing, click on 'Edit'. This will reopen all of the fields to allow changes. Once editing is complete, click on 'Confirm'. An email will be generated to the email address provided during Web Portal enrollment with a link to choose a password.

Creating a Password

To create a password, click on the link provided in the email.



NY Provider Portal Registration verification	$\uparrow \Psi \times$
Portal@nydoh.com (portal@nydoh.com) Add to contacts 3:33 PM IP To: someone@somewhere.com	Actions 🗸
Dear Provider,	
This email address has been submitted during eMedNY Web Portal registration. To validate that you own this address and to choose a password for eMedNY Web Portal, click the link below:	email
http://enysvzalb024.csc-us-rsr-m001.com:9080/providerportal/portal/fromEmail? viewId=PRTL_NEW_PR85&providerPin=1255355905&userId=MYTEST22&token=57166b6b72aa44d18f76d9d73c18b503	
If clicking the link above doesn't work, please copy and paste the URL into a new browser window instead.	
If you've received this mail in error, it's likely that another user entered your email address by mistake	9 7
Note: This email address cannot accept replies.	
Sincerely, NY eMedNY Web Portal.	

NOTE: The link in the email is only active for 24 hours. If the link is not clicked within 24 hours, you will have to go back to the log on screen and click on the <u>Continue your Registration</u> link to have the email sent again to your email address. Use the link in the newly generated email to continue the process.

Choose New Password

Enter a password of your choice. The password must be HIPAA-compliant; containing at least 8 characters, at least one number, at least one upper case letter, at least one lower case letter and a special character.

Identification Information NPI: 9999999999
NPI: 999999999
Portal User Id: userid
Choose Password: -
Confirm Password:
Comming assessed.

The system will let you know if your password is compliant when the word 'strong' appears and there is a green line displayed next to the 'Choose Password' field. Once you have entered the same password in the 'Confirm Password' field, click on 'Submit'. 'Clear' will clear all fields.

**It is important to remember your password. ** This password will be used to login to the Web Portal.



	Choose New	/ Password	
 Identification 	Information NPI Portal User Id Choose Password: *	: 99999999999 : userid	Strong
	Confirm Password: *	•	

Once you click submit, an email will be sent to the email address entered during the enrollment process indicating successful enrollment of the provider into the Web Portal.

Welcome Provider	$\uparrow \Psi \times$
portal@nydoh.com (portal@nydoh.com) Add to contacts 3:39 PM >> To: someone@somewhere.com	Actions 🗸
Dear Provider,	
Welcome to the Provider Portal for eMedNY.	
You have successfully registered to the Provider Portal for eMedNY.	
You can now login to the Provider Portal to register and enroll in services, applications and other compo the eMedNY program.	nents of
To login to the Provider Portal please click the link below.	
http://enysvzalb024.csc-us-rsr-m001.com:9080/providerportal	
Note: This email address cannot accept replies.	
Sincerely, NY eMedNY Web Portal.	

You are now enrolled in the Web Portal.



To Login to the Web Portal

You can click on the link in the email or go back to the log in screen.

Login to eMedNY Web Portal	
Decrements =	Don't have a User Id?
Passion.	Register with us
8848334	Create an account to enroll in services and applications provided by eMedNY.
CAPICHA-	
1 Agree to Medicaid Confidentiality Regulations	Continue your Registration
Submit	If you did not complete your Registration you can continue the Registration
Format Password 1 Format User Id	

Enter the User ID and password; put a check mark in the 'I agree' box, complete the CAPTCHA and click submit. This will bring you into the Web Portal.

Welcome: User	Portal Home Portal Admin Portal Account Logou
	eMedNY Web Portal Home
	The following eMedNY communications are available.
	<u>Core web Services</u>



Continue Your Registration

If you were not able to complete your registration in one session, the system will save the last page you entered. You can return to your registration in progress by clicking on the <u>Continue your Registration</u> link and following the enrollment instructions.

eMedN	Web Portal		
	Login to eMedNY Web Portal User Id: * Password: * Password: * Agree to Medicaid Confidentiality Regulations Forgot Password. Forgot User Id	Don't have a User Id? Register with us Create an account to enroll in services and applications provided by eMedNY. Continue your Registration If you did not complete your Registration you can continue the Registration.	
DOH			