

eMedNY

Provider Services Portal

New Practitioner Enrollment Overview



Agenda

- General Information
- eMedNY.org – Provider Services Portal (PSP) Homepage
- NY.GOV ID Log-In
- Provider Services Portal Overview
 - Create and Track Applications
 - Description of Milestones 1-4
 - Submitting Application
 - Uploading Documents
 - Application Status
- Reminders
- Reference and Contact Information

General Information

➤ NYS Medicaid Provider Services Portal is for New Enrollment of Practitioner Providers

- *Applied Behavior Analysis (ABA)*
- *Audiologist*
- *Certified Asthma Educator (CAE)*
- *Certified Diabetes Educator (CDE)*
- *Chiropractor*
- *Clinical Psychologist*
- *Clinical Social Worker*
- *Dentist*
- *Dietitian / Nutritionist*
- *Doula (Perinatal)*
- *Eye Prosthesis Supplier / Occularist*
- *Laboratory Director*
- *Licensed Marriage and Family Therapists (LMFTs)*
- *Licensed Mental Health Counselors (LMHCs)*
- *Medicare Cost Sharing Practitioner*
- *Midwife*
- *Nurse (LPN/RN)*
- *Nurse Practitioner*
- *Optician/Ophthalmic Dispenser (OPD)*
- *Optometrist (OPT)*
- *Physician*
- *Physician Assistant*
- *Podiatrist*
- *Supervising Pharmacist*
- *Therapist*

General Information

- NYS Medicaid Provider Services Portal is for New Enrollment of Practitioner Providers
- An NY.GOV ID business account is required to access the portal
- All Practitioners, Credentialers and Staff must have their own NY.GOV ID business accounts
- Multifactor Authentication and Identity Proofing steps are required for all NY.GOV ID accounts

General Information

- Once an application is started, it must be completed and submitted within 20 calendar days
- If not submitted within 20 calendar days, the application will be deleted and the application process begins again
- Enrollment application is divided into 4 Milestones with each Milestone having several steps
- Credentialers and staff may start and fill out the application, but **the practitioner must e-sign and submit the completed application**

eMedNY.org

The screenshot displays the eMedNY.org website interface. At the top, a blue navigation bar contains the eMedNY logo on the left, a search bar with the text "ENHANCED BY Google" in the center, and links for "home", "self help", "glossary", and "site map" on the right. Below the navigation bar is a horizontal menu with buttons for "What's New", "Provider Enrollment" (highlighted with a red arrow), "Provider Manuals", "Provider Outreach and Training", "Contacts", "eMedNY HIPAA Support", "eMedNY Tools Center", and "PTAR". The main content area features a large banner with a background image of the New York City skyline and the Statue of Liberty. The banner text reads "welcome to eMedNY". Below the banner are four green buttons: "NEW MEDICARE CARDS", "MEDICAID MANAGED CARE NETWORK", "PTAR" (with a sub-link "click here for more information"), and "REVALIDATION" (with a sub-link "click here for more information"). On the right side, a sidebar contains a yellow box asking "Are you compliant with NYSDOH EFT Requirement?", followed by buttons for "Login ePACES" (with a sub-link "ePACES Information"), "Login eXchange" (with a sub-link "eXchange Information"), "Medicaid NYRx" (with a sub-link "Member Resource Site"), and "NYS Medicaid Provider Services Portal".

eMedNY.org



Provider Enrollment & Maintenance

step 1 Enrollment Type Filter

Select your enrollment status.



Useful Information

 [Maintenance Forms](#)

 [Revalidation](#)

 [Enrollment Guide](#)

 [How Do I?](#)

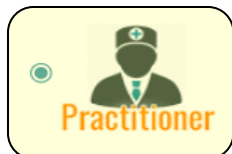
All Medicaid Provider Enrollment forms include information on the Provider Compliance Program requirements found in Title 18NYCRR, Part 521.

 [Click here](#) for the list of Providers requiring application fee payments.

eMedNY.org

step 2 Provider List Filter

Select a radio button to filter the list of providers below



- *Applied Behavior Analysis (ABA)*
- *Audiologist*
- *Certified Asthma Educator (CAE)*
- *Certified Diabetes Educator (CDE)*
- *Chiropractor*
- *Clinical Psychologist*
- *Clinical Social Worker*
- *Dentist*
- *Dietitian / Nutritionist*
- *Doula (Perinatal)*
- *Eye Prosthesis Supplier / Occularist*
- *Laboratory Director*
- *Licensed Marriage and Family Therapists (LMFTs)*

- *Licensed Mental Health Counselors (LMHCs)*
- *Medicare Cost Sharing Practitioner*
- *Midwife*
- *Nurse (LPN/RN)*
- *Nurse Practitioner*
- *Optician/Ophthalmic Dispenser (OPD)*
- *Optometrist (OPT)*
- *Physician*
- *Physician Assistant*
- *Podiatrist*
- *Supervising Pharmacist*
- *Therapist*

At this time New Enrollment for PRACTITIONERS is available on the Portal.

[Click Here to Continue](#)

eMedNY.org



Alternate access to PSP homepage

PSP Homepage – Step 1



The New York State Medicaid Provider Services Portal is an online system that manages the provider enrollment process. It includes a secure, easy-to-use portal where providers can enroll, update information in their enrollment file, ask questions, and find support.



1 Obtain Portal Access

All NYS DOH Medicaid providers are required to have a NY.gov username in order to login to NYS Medicaid Provider Services Portal.

Follow the steps below to create your NY.gov username. All steps must be completed before you are able to log into the portal and begin an application.

- 1 Click on the login link: <https://my.ny.gov/LoginV4/login.xhtml>
- 2 Click Create an Account.
- 3 Select Business.
- 4 Click on NYS Department of Health (NYSOH)
- 5 Enter data into the following fields:
 - First Name, Last Name
 - Email (use your business email)
 - Confirm email
 - Username
 - Check the Captcha box and verify pictures (if required)
- 6 Click Create Account.
- 7 Verify all information. Click Continue to proceed or Back to update.
- 8 Click Finish.
- 9 Go to your email account and find the message from "NY.govID@its.ny.gov."
- 10 Open the email and click on the link to activate the NY.gov account.
- 11 Click Continue.
- 12 Select questions and enter valid responses to all three secret questions.
- 13 Click Continue.
- 14 Enter a new password that meets the criteria.
- 15 Click Continue.
- 16 Close the browser window.

Click on the login link: <https://www.nysproviderportal.health.ny.gov>. If you have not already identity proofed, it will prompt you to do so. If you have not set up a multifactor authentication, it will prompt you to do so. This is required.



User Guide



Quick Reference Guides



Helpful Links

PSP Homepage – Step 2



The New York State Medicaid Provider Services Portal is an online system that manages the provider enrollment process. It includes a secure, easy-to-use portal where providers can enroll, update information in their enrollment file, ask questions, and find support.

2

3

4

2

Start an Enrollment Application

Providers will enter basic information about themselves and/or their organization, including contact information and identifiers required to create an application.

The system will assign a unique Application ID (IMPORTANT, always write down this ID). With this ID providers can:

- track the status of an application, and
- return later to complete or update the application (if it has not yet been submitted).

* Featured Links

[User Guide](#)

* Quick Reference Guides

- [Documents for New Submissions](#)
- [NY.GOV ID Account Overview](#)
- [PSP - Milestone 1](#)
- [PSP - Milestone 2](#)
- [PSP - Milestone 3](#)
- [PSP - Milestone 4](#)

* Helpful Links

- [Provider Index](#)
- [Provider Enrollment Guide](#)
- [Provider Training Sessions](#)

[Sign Up for
LISTSERV®](#)

PSP Homepage – Step 3



The New York State Medicaid Provider Services Portal is an online system that manages the provider enrollment process. It includes a secure, easy-to-use portal where providers can enroll, update information in their enrollment file, ask questions, and find support.



3 Complete the Enrollment Application

Detailed information will be requested related to provider type, services offered, billing status, affiliations, and compliance with Medicaid program requirements.

- Each field is identified as mandatory or optional.
- Incomplete applications can be saved at any time and returned to later for modification or completion as long as the application status is "In Process."
- Providers can upload required documentation, such as licenses, certifications, or other required documents.

** Applications started but not submitted within 20 days will be deleted. If deleted, you must begin the application process again.*

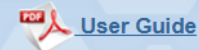
Once all required information has been entered and documentation has been uploaded, the application should be:

- reviewed for accuracy, and
- submitted to the State for review.
- NOTE: The provider will be required to log in via their own unique NY.gov business account and have to review their application and click the submit button.

After submission:

- the application status changes to "In Review," and
- changes can no longer be made unless you receive a request for updates or corrections.

✦ Featured Links



✦ Quick Reference Guides

- [Documents for New Submissions](#)
- [NY.GOV ID Account Overview](#)
- [PSP - Milestone 1](#)
- [PSP - Milestone 2](#)
- [PSP - Milestone 3](#)
- [PSP - Milestone 4](#)

✦ Helpful Links

- [Provider Index](#)
- [Provider Enrollment Guide](#)
- [Provider Training Sessions](#)



PSP Homepage – Step 4



Medicaid



PROVIDER SERVICES PORTAL

The New York State Medicaid Provider Services Portal is an online system that manages the provider enrollment process. It includes a secure, easy-to-use portal where providers can enroll, update information in their enrollment file, ask questions, and find support.



4

Review of an Enrollment Application and Determination of Enrollment:

Once an application is submitted and under review

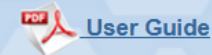
- all information will be verified for accuracy and completeness,
- eligibility and compliance with Medicaid program requirements will be confirmed, and
- notifications will be sent to the provider as applicable (e.g., rejected and returned application, request for additional information, documents or corrections), and**
- an application's progress can be monitored in the system using the Application ID.

*** If you receive a notification, respond promptly to avoid delays in processing or withdrawal of the application (after 45 days). If withdrawn, you must begin the application process again.*

When review of the application is complete,

- the application status is updated in the system and a notification is sent by e-mail;
- the system updates the provider's status to "Active," (provider can begin participating in the NYS Medicaid program) or "Denied," as applicable; and
- the provider will receive a determination in writing that includes the effective date of enrollment if approved.

* Featured Links



* Quick Reference Guides

- [Documents for New Submissions](#)
- [NY.GOV ID Account Overview](#)
- [PSP - Milestone 1](#)
- [PSP - Milestone 2](#)
- [PSP - Milestone 3](#)
- [PSP - Milestone 4](#)

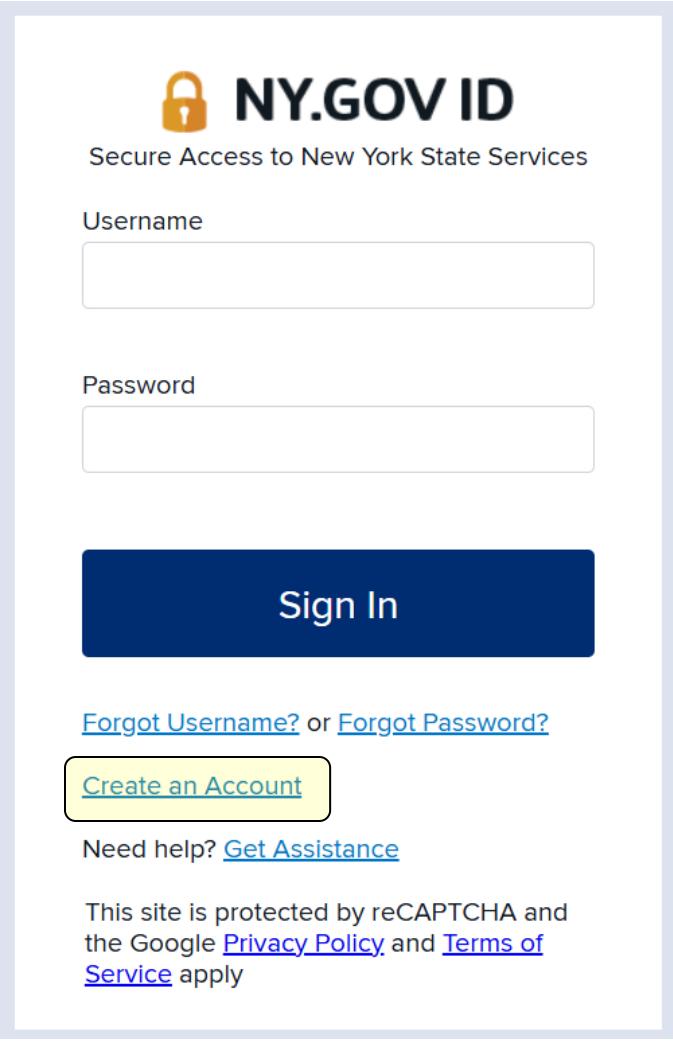
* Helpful Links

- [Provider Index](#)
- [Provider Enrollment Guide](#)
- [Provider Training Sessions](#)



Sign Up for
LISTSERV®

NY.GOV ID – Create an Account



The image shows a screenshot of the NY.GOV ID login and account creation interface. At the top, there is a logo consisting of an orange padlock icon followed by the text "NY.GOV ID". Below the logo, the text "Secure Access to New York State Services" is displayed. The interface includes two input fields: "Username" and "Password". Below these fields is a large blue button labeled "Sign In". Under the "Sign In" button, there are two links: "[Forgot Username?](#) or [Forgot Password?](#)". Below these links is a yellow button labeled "[Create an Account](#)". At the bottom of the form, there is a link for "Need help? [Get Assistance](#)". Finally, a disclaimer at the bottom states: "This site is protected by reCAPTCHA and the Google [Privacy Policy](#) and [Terms of Service](#) apply".

 **NY.GOV ID**

Secure Access to New York State Services

Username

Password

Sign In

[Forgot Username?](#) or [Forgot Password?](#)

[Create an Account](#)

Need help? [Get Assistance](#)

This site is protected by reCAPTCHA and the Google [Privacy Policy](#) and [Terms of Service](#) apply

<https://my.ny.gov/LoginV4/login.xhtml>

NY.GOV ID – Create an Account



[Services](#)

[News](#)

[Government](#)



[NY.gov ID](#)

[Online Services](#)

[FAQs](#)

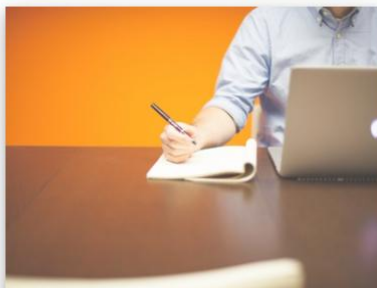
[About NY.gov ID](#)

[Help Desk Information](#)

[Privacy Policy](#)

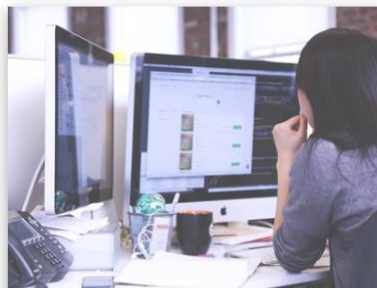
[Terms of Service](#)

Please select one of the following three account types:



PERSONAL

I want to access services for my personal use. My identity must be verified.



GOVERNMENT EMPLOYEE

Information for New York State or local government employees.



BUSINESS

I want to access services in a business capacity. My personal, business or organization's identity must be verified.

NY.GOV ID – Create an Account

my.ny.gov
NY.GOV ID

Obtain an NY.gov ID Business User Account

Business NY.gov ID - Allows you to access online services that require your business organization's unique identity must be verified where you are acting in a business capacity as an authorized representative of the business (i.e. not as an individual). Business NY.gov ID may be used by representatives of companies, partnerships, sole proprietorships or organizations including municipalities and not-for-profit societies. Additional accounts for employees can be created as required.

Create a Business Account for:

[NYS Department of Labor](#) : Allows business users to create an employer account or a representative account.

[NYS Department of Public Service](#) : Allows Business users to make electronic filings using our Document and Matter Management (DMM) System.

[NYS Department of Taxation and Finance](#) : Allows business users to view your account, sales tax web file, tax preparer registration and more.

[NYS Office for the Aging](#) : Allows Users to create a business account to access NYSOFA applications.

[NYS Department of Motor Vehicles](#) : Allows Users to create a business account to access DMV applications.

[NYS Workers Compensation Board](#) : Allows Users to create a business account to access WCB applications.

[NYS Department of State](#) : Allows user to create a business account to access Charitable Organization Financial Reporting System.

[NYS Department of Transportation](#) : Allows Users to create a business account to access DOT applications.

[NYS Office of Renewable Energy Siting](#) : Allows business users to create an account and make electronic filings using our Permit Application Portal.

[NYS Office of Children and Family Services](#) : Allows Users to create a business account for OCFS applications.

[NYS Office of General Services](#) : Allows Users to create a business account for SDVES applications.

[NYS Office of Temporary & Disability Assistance](#) : Allows Users to create a business account for OTDA applications.

[NYS Department of Health \(NYSOH\)](#) : Allows Users to create a business account to access the NYSOH Issuer Portal

[NYS Office for People With Developmental Disabilities](#) : Allows Users to create a business account to access OPWDD applications.

[NYS Department of Corrections and Community Supervision](#) : Allows Users to create a business account to access the DOCCS Issuer Portal.

[NYS Homes and Community Renewal](#) : Allows Users to create a business account to access HCR applications.

NY.GOV ID – Create an Account

NY.gov ID Business Account Self Registration

First Name*

Last Name*

Email address is needed for password recovery.

Email*

Confirm Email*

Username must be at least 4 characters long, can be up to 128, and must be unique.
Must contain only alphanumeric characters. @ - _ and . may also be included. Do NOT use spaces.

Create a Username*

Create Account

Step 1 of 3

This site is protected by reCAPTCHA and the Google [Privacy Policy](#) and [Terms of Service](#) apply.

NY.GOV ID – Create an Account



NY.gov ID

[Change Password](#)

[Update My Account](#)

[About NY.gov ID](#)

[Help Desk Information](#)

[Privacy Policy](#)

[Terms of Service](#)

Welcome [redacted], You are logged in as [redacted]

Last login -

[Log out](#)

REGISTER TO VOTE

Sign up online or download and mail in your application.

[REGISTER NOW](#)

You have access to the following services

No services enrolled

You can sign up for the following services



NY BUSINESS EXPRESS
Business Express



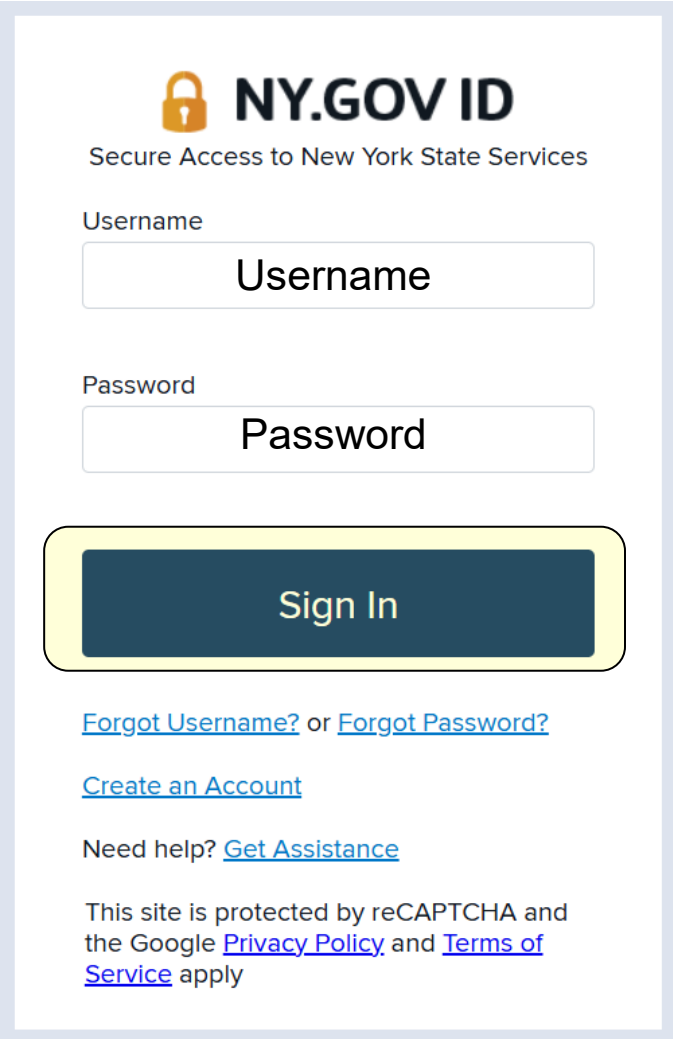
NYS SECTION 8 HCV PORTAL
Section 8 Housing Choice Voucher Program

Total time: 0 seconds

Copyright © 2017 - New York State Office of Information Technology Services (ITS) Build: 03/26/2025 3:22 PM W: (NULL) A: 169PB_2



NY.GOV ID – PSP First Sign In

A screenshot of the NY.GOV ID sign-in interface. At the top is the NY.GOV ID logo, which consists of an orange padlock icon followed by the text "NY.GOV ID". Below the logo is the text "Secure Access to New York State Services". There are two input fields: "Username" and "Password", each with a label above it. Below these fields is a large, dark blue "Sign In" button with a yellow border. Under the button are three links: "[Forgot Username?](#) or [Forgot Password?](#)", "[Create an Account](#)", and "Need help? [Get Assistance](#)". At the bottom, a disclaimer states: "This site is protected by reCAPTCHA and the Google [Privacy Policy](#) and [Terms of Service](#) apply".

 **NY.GOV ID**

Secure Access to New York State Services

Username

Username

Password

Password

Sign In

[Forgot Username?](#) or [Forgot Password?](#)

[Create an Account](#)

Need help? [Get Assistance](#)

This site is protected by reCAPTCHA and the Google [Privacy Policy](#) and [Terms of Service](#) apply

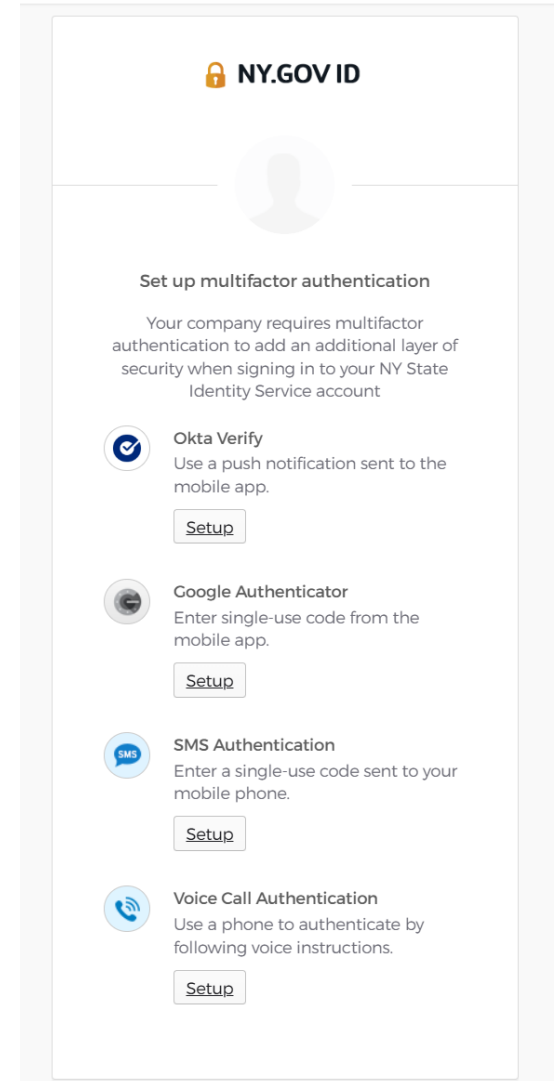
<https://www.nysproviderportal.health.ny.gov>

NY.GOV ID – PSP First Sign In

Multifactor Authentication Options

Multifactor Authentication (MFA) options include:

- Okta Verify
- Google Authenticator
- SMS (Text)
- Voice call



The screenshot shows the 'NY.GOV ID' login interface. At the top, there is a lock icon and the text 'NY.GOV ID'. Below this is a placeholder for a user profile picture. The main heading is 'Set up multifactor authentication'. A message states: 'Your company requires multifactor authentication to add an additional layer of security when signing in to your NY State Identity Service account'. There are four options listed, each with an icon, a title, a description, and a 'Setup' button:

- Okta Verify**: Use a push notification sent to the mobile app. (Icon: Okta Verify logo)
- Google Authenticator**: Enter single-use code from the mobile app. (Icon: Google Authenticator logo)
- SMS Authentication**: Enter a single-use code sent to your mobile phone. (Icon: SMS icon)
- Voice Call Authentication**: Use a phone to authenticate by following voice instructions. (Icon: Voice call icon)

NY.GOV ID – PSP First Sign In

Identity Proofing



An official website of New York State. [Here's how you know.](#) ▾

my.ny.gov
NY.GOV ID

We'll need to take some steps to confirm your identity.

It'll only take a few minutes. You'll need:

- Access to a smartphone or tablet with a working camera.
- A U.S. passport, passport card, driver's license or a state-issued non-driver ID.

On the next page you'll be prompted to:

- Review the information we have on file for you.
- Edit any information that should be updated.

Continue

Don't have access to a mobile phone?
Contact the [appropriate agency](#) for assistance.

NY.GOV ID

[Get Assistance](#)

[About NY.GOV ID](#)

[Privacy Policy](#)

[Terms of Service](#)

[FAQs](#)



[Agencies](#)

[App Directory](#)

[Counties](#)

[Events](#)

[Programs](#)

[Services](#)

NY.GOV ID – PSP First Sign In

Identity Proofing



An official website of New York State. [Here's how you know.](#)

my.ny.gov
NY.GOV ID

Let's get you verified

It will only take 2 minutes

What you will need:



Your Government Issued ID - State ID,
Driver's License or US Passport



Your smartphone

Get started

powered by  Socure

To complete document verification, you will be transferred from this New York State website to our partner's website. Socure's Terms of Use and Privacy Statement apply.

Don't have a smartphone or tablet with a working camera? Contact the [appropriate agency](#) for assistance.

NY.GOV ID

[Get Assistance](#)

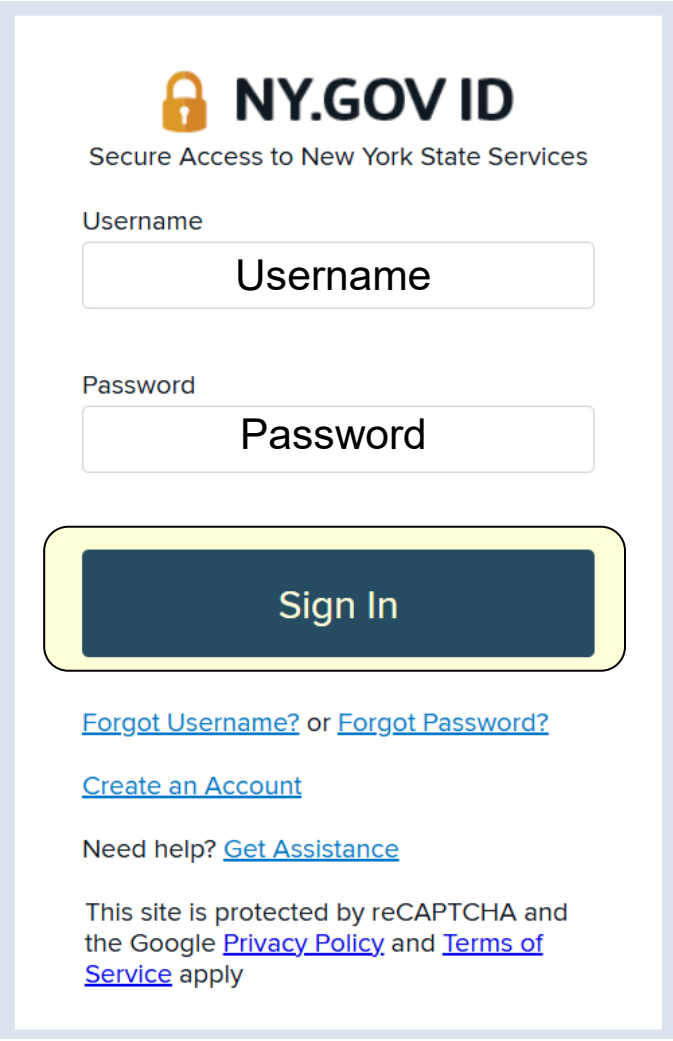
[About NY.GOV ID](#)

[Privacy Policy](#)

[Terms of Service](#)

[FAQs](#)

NY.GOV ID – PSP Sign In

A screenshot of the NY.GOV ID sign-in interface. At the top is the NY.GOV ID logo, which consists of an orange padlock icon followed by the text "NY.GOV ID". Below the logo is the text "Secure Access to New York State Services". The form contains two input fields: "Username" and "Password", each with a light gray border and a light gray placeholder text. Below these fields is a large, dark blue "Sign In" button with a yellow border. Under the button are three links: "[Forgot Username?](#) or [Forgot Password?](#)", "[Create an Account](#)", and "Need help? [Get Assistance](#)". At the bottom, a disclaimer states: "This site is protected by reCAPTCHA and the Google [Privacy Policy](#) and [Terms of Service](#) apply".

 **NY.GOV ID**

Secure Access to New York State Services

Username

Username

Password

Password

Sign In

[Forgot Username?](#) or [Forgot Password?](#)

[Create an Account](#)

Need help? [Get Assistance](#)

This site is protected by reCAPTCHA and the Google [Privacy Policy](#) and [Terms of Service](#) apply

<https://www.nysproviderportal.health.ny.gov>

NY.GOV ID – PSP Sign In

Multifactor Authentication



SMS Authentication

(+1 XXX-XXX-XXX9)

Enter Code

123456

[Send code](#)

Verify

[Lost your MFA device or need a re-set?](#)

[Back to sign in](#)

New Individual Provider Enrollment



Provider ▾

Provider Enrollment
Select an applicable option

New Enrollment

Enroll As a New Provider

Enroll Now



Track Application

Track Existing Provider Application

Track Application



Track Application

Track Application

* Mandatory Fields

Track your enrollment using your application ID

Option 1: Enter Application ID

Application Details

Application ID *

Option 2: Click on Application ID

Cancel

Next

Application ID ↑↓	Enrollment Type ↑↓	Application Status ↓	Application Start Date ↑↓	Appeal Status ↑↓
20250710934814	Individual	Submitted	07/28/2025	
1-1 of 1 item			1 ▾ of 1 page	◀ ▶

- Track enrollment application status
- Return to working on enrollment application

Track Application

Track Application

* Mandatory Fields

For Additional security, please enter following information

Application Details

Application ID *

SSN *

000-00-0000

Date Of Birth: *

MM/DD/YYYY

Location Zip Code *

Cancel

Submit

Option 1: Requires practitioner's SSN, DOB and Location Zip Code

New Individual Provider Enrollment



Provider ▾

Provider Enrollment

Select an applicable option

New Enrollment

Enroll As a New Provider

Enroll Now



Track Application

Track Existing Provider Application

Track Application



New Individual Provider Enrollment

New Enrollment

Select an Applicable Enrollment Type

- **Individual**

An individual provider is a single person who is associated with the provision of medical or healthcare related services to Medicaid and Medicaid Managed Care members. This includes licensed, certified or other professionals who are authorized to provide medical care or services to Medicaid and/or Medicaid Managed Care Members. Individual providers may bill NYS Medicaid directly, i.e., fee-for-service, or they may bill Managed Care Plans for the services they provide. They may also render services that are billed by another provider, or they may appear on claims as another identified role, including Ordering/Prescribing/Referring and/or Attending (OPRA) roles. All individual providers must have an NPI.

A yellow button with a black border and rounded corners, containing the word "Select" in black text.

Application Instructions

Application Instructions for Individual

Follow below instructions to complete application easily



Documents to Keep Handy

Keep information and documents about the following on hand to complete the application:



Basic Information

Enter the demographic details about the applicant to start the application process.



Application Submission

After submission of the demographic details, an application id will be generated with additional details necessary. You will be able to return and continue with the application id at a later time.



Submission Timeline

You must complete the full application and submit within 20 calendar days, or your application will expire.

[Back](#)[Proceed](#)

Enrollment Information – Applicant Type

Application for Individual

* Mandatory Fields

Provide some essential information to generate an application for you

Enrollment Information

Applicant Type *

Ordering/Prescribing/Referring/Attending



Demographic Details

First Name *

Last Name *

NPI *

Date of Birth *

MM/DD/YYYY



SSN *

000-00-0000



Contacts

Primary Email Address *

example@email.com

[Back to Instructions](#)

Cancel

Generate Application

Enrollment Information – Applicant Type

Application for Individual

* Mandatory Fields

Provide some essential information to generate an application for you

Enrollment Information

Applicant Type *

Ordering/Prescribing/Referring/Attending ^

Fee For Service (Billing)

Ordering/Prescribing/Referring/Attending ✓

First Name *

Last Name *

NPI *

Date of Birth *

SSN *

MM/DD/YYYY

000-00-0000

Contacts

Primary Email Address *

example@email.com

[Back to Instructions](#)

Cancel

Generate Application

Enrollment Information – Private Practice

Application for Individual

* Mandatory Fields

Provide some essential information to generate an application for you

Enrollment Information

Applicant Type *

Fee For Service (Billing) ▼

If affiliated with a Group, do you have a Private Practice as well? *

Not Applicable ▼

No

Not Applicable ▼

Yes

Demographic Details

First Name *

NPI *

Date of Birth *

MM/DD/YYYY



SSN *

000-00-0000



Contacts

Primary Email Address *

example@email.com

[Back to Instructions](#)

Cancel

Generate Application

Demographic Details – Name

Application for Individual

* Mandatory Fields

Provide some essential information to generate an application for you

Enrollment Information

Applicant Type *

Fee For Service (Billing)



If affiliated with a Group, do you have a Private Practice as well? *

Not Applicable



Demographic Details

First Name *

Last Name *

NPI *

Date of Birth *

SSN *

MM/DD/YYYY



000-00-0000



Contacts

Primary Email Address *

example@email.com

[Back to Instructions](#)

Cancel

Generate Application

Demographic Details – NPI

Application for Individual

* Mandatory Fields

Provide some essential information to generate an application for you

Enrollment Information

Applicant Type *

Fee For Service (Billing)



If affiliated with a Group, do you have a Private Practice as well? *

Not Applicable



Demographic Details

First Name *

Last Name *

NPI *

Date of Birth *

SSN *

MM/DD/YYYY



000-00-0000



Contacts

Primary Email Address *

example@email.com

[Back to Instructions](#)

Cancel

Generate Application

Demographic Details – Date of Birth

Application for Individual

* Mandatory Fields

Provide some essential information to generate an application for you

Enrollment Information

Applicant Type *

Fee For Service (Billing)



If affiliated with a Group, do you have a Private Practice as well? *

Not Applicable



Demographic Details

First Name *

Last Name *

NPI *

Date of Birth *

MM/DD/YYYY



SSN *

000-00-0000



Contacts

Primary Email Address *

example@email.com

[Back to Instructions](#)

Cancel

Generate Application

Demographic Details – SSN

Application for Individual

* Mandatory Fields

Provide some essential information to generate an application for you

Enrollment Information

Applicant Type *

Fee For Service (Billing)



If affiliated with a Group, do you have a Private Practice as well? *

Not Applicable



Demographic Details

First Name *

Last Name *

NPI *

Date of Birth *

MM/DD/YYYY



SSN *

000-00-0000



Contacts

Primary Email Address *

example@email.com

[Back to Instructions](#)

Cancel

Generate Application

Contact – eMail Address

Application for Individual

* Mandatory Fields

Provide some essential information to generate an application for you

Enrollment Information

Applicant Type *

Fee For Service (Billing)



If affiliated with a Group, do you have a Private Practice as well? *

Not Applicable



Demographic Details

First Name *

Last Name *

NPI *

Date of Birth *

MM/DD/YYYY



SSN *

000-00-0000



Contacts

Primary Email Address *

example@email.com

[Back to Instructions](#)

Cancel

Generate Application

Generate Application

Application for Individual

* Mandatory Fields

Provide some essential information to generate an application for you

Enrollment Information

Applicant Type *

Fee For Service (Billing)



If affiliated with a Group, do you have a Private Practice as well? *

Not Applicable



Demographic Details

First Name *

Last Name *

NPI *

Date of Birth *

MM/DD/YYYY



SSN *

000-00-0000



Contacts

Primary Email Address *

example@email.com

[Back to Instructions](#)

Cancel

Generate Application

Application Created – Go To Application



Enrollment application created successfully!

Application ID 20250710934814 Copy	Application Status In Process
Enrollment Type Individual	Name carl r

[Go to Application](#)

NOTE: Keep a copy of the Application ID number

Confirmation eMail

This Message Is From an External Sender

Please use caution with links, attachments, and any requests for credentials.



**Department
of Health**

Application ID: 20250710934814

You have successfully started an enrollment application. Please make a note of the above Application ID. This is the number you will be required to use to track the status of your enrollment application.

Please make sure to complete your enrollment application and submit it for State review within 20 calendar days or your application will be deleted. If deleted, you must begin the application process again.

Medicaid Provider Enrollment
New York State Department of Health

Enrollment Page – Summary

Application ID	Enrollment Type	Applicant Type	Name	Application Status	Start Date	End Date
20250710934814	Individual	Fee For Service (Billing)	carl r	In Process	07/10/2025	07/30/2025

Options 

Enroll Provider - Individual

Enrollment Requirements

20 Days remaining

Completed(0%) 

Milestones	Status	Step Remark
 Milestone 1 	 In Progress Start	
 Milestone 2 	 Not Started	
 Milestone 3 	 Not Started	
 Milestone 4 	 Not Started	

Enrollment Page – Options

Application ID 20250710934814	Enrollment Type Individual	Applicant Type Fee For Service (Billing)	Name carl r	Application Status In Process	Start Date 07/10/2025	End Date 07/30/2025	Options ▾
----------------------------------	-------------------------------	---	----------------	----------------------------------	--------------------------	------------------------	-----------

Enroll Provider - Individual

Enrollment Requirements

20 Days remaining

Cancel Application

Credentialing Details

Print

Milestones	Status	Step Remark
Milestone 1	In Progress Start	
Milestone 2	Not Started	
Milestone 3	Not Started	
Milestone 4	Not Started	

Enrollment Page – Requirements

Application ID	Enrollment Type	Applicant Type	Name	Application Status	Start Date	End Date	Options
20250710934814	Individual	Fee For Service (Billing)	carl r	In Process	07/10/2025	07/30/2025	▼

Enroll Provider - Individual

Enrollment Requirements

Milestones

- Milestone 1
- Milestone 2
- Milestone 3
- Milestone 4

Document Name

[Save to XLS](#)

Step Name ↑	Document Type ↑↓	Document Name ↑↓	File Name ↑↓	Sample Document Link ↑↓	Required/Optional ↑↓	Uploaded ↑↓	Associated Id ↑↓
Add Education/Training/Work History	Education/Training/Work History	Curriculum Vitae			Optional	No	
Add Education/Training/Work History	Education/Training/Work History	Pre-Qualification Documents			Optional	No	
Add Supporting Documents	General	Other			Optional	No	
Associate ETIN	ETIN	ETIN Certification Statement for New Enrollments - form #490602		https://www.emedny.org/info/providerenrollment/ProviderMainForms/490602_ETIN_CERTIFICATION_STATEMENT_FOR_NEW_ENROLLMENT_S.pdf	Required	No	

1-4 of 4 items

1 ▼ of 1 page

[Close](#)

Enrollment Page – Days Remaining

Application ID	Enrollment Type	Applicant Type	Name	Application Status	Start Date	End Date	Options
20250710934814	Individual	Fee For Service (Billing)	carl r	In Process	07/10/2025	07/30/2025	▼

Enroll Provider - Individual

[Enrollment Requirements](#)

20 Days remaining

Completed(0%)

Milestones	Status	Step Remark
Milestone 1	In Progress Start	
Milestone 2	Not Started	
Milestone 3	Not Started	
Milestone 4	Not Started	

Enrollment Page – Percent Completed

Application ID
20250710934814

Enrollment Type
Individual

Applicant Type
Fee For Service (Billing)

Name
carl r

Application Status
In Process

Start Date
07/10/2025

End Date
07/30/2025

Options 

Enroll Provider - Individual

Enrollment Requirements

20 Days remaining

Completed(0%) 

Milestones	Status	Step Remark
 Milestone 1 	 In Progress Start	
 Milestone 2 	 Not Started	
 Milestone 3 	 Not Started	
 Milestone 4 	 Not Started	

Enrollment Page – Milestones

Application ID
20250710934814

Enrollment Type
Individual

Applicant Type
Fee For Service (Billing)

Name
carl r

Application Status
In Process

Start Date
07/10/2025

End Date
07/30/2025

Options

Enroll Provider - Individual

Enrollment Requirements

20 Days remaining

Completed(0%)

Milestones	Status	Step Remark
Milestone 1	In Progress Start	
Milestone 2	Not Started	
Milestone 3	Not Started	
Milestone 4	Not Started	

Enrollment Page – Milestones

Application ID	Enrollment Type	Applicant Type	Name	Application Status	Start Date	End Date	Options
20250710934814	Individual	Fee For Service (Billing)	carl r	In Process	07/10/2025	07/30/2025	▼

Enroll Provider - Individual

Enrollment Requirements

20 Days remaining

Completed(0%)

Milestones	Status	Step Remark
Milestone 1 Steps - Basic Information - Add Federal Tax Details - Add Specialties/Licenses/Certifications	In Progress Start	
Milestone 2	Not Started	
Milestone 3	Not Started	
Milestone 4	Not Started	

Enrollment Page – Status

Application ID	Enrollment Type	Applicant Type	Name	Application Status	Start Date	End Date	Options
20250710934814	Individual	Fee For Service (Billing)	carl r	In Process	07/10/2025	07/30/2025	▼

Enroll Provider - Individual

Enrollment Requirements

20 Days remaining

Completed(0%)

Milestones	Status	Step Remark
Milestone 1	In Progress Start	
Milestone 2	Not Started	
Milestone 3	Not Started	
Milestone 4	Not Started	

Enrollment Page – Time Out Warning

Application ID 20250710934814	Enrollment Type Individual	Applicant Type Fee For Service (Billing)	Name carl r	Application Status In Process	Start Date 07/10/2025	End Date 07/30/2025	Options ▾
----------------------------------	-------------------------------	---	----------------	----------------------------------	--------------------------	------------------------	-----------

Enroll Provider - Individual

Enrollment Requirements

Milestones

Milestone 1		
Milestone 2		
Milestone 3		
Milestone 4		Not Started

Step Remark

20 Days remaining

Completed(0%)

Session time out warning

Your session is going to expire in 1 minute

[Click here](#) to extend your session by 10 minutes.

Close

Enrollment Page – Open Milestones

Application ID	Enrollment Type	Applicant Type	Name	Application Status	Start Date	End Date	Options
20250710934814	Individual	Fee For Service (Billing)	carl r	In Process	07/10/2025	07/30/2025	▼

Enroll Provider - Individual

Enrollment Requirements

20 Days remaining

Completed(0%)

Milestones	Status	Step Remark
Milestone 1	In Progress Start	
Milestone 2	Not Started	
Milestone 3	Not Started	
Milestone 4	Not Started	

Enrollment Page – Milestone 1

Application ID	Enrollment Type	Applicant Type	Name	Application Status	Start Date	End Date	Options
20250710934814	Individual	Fee For Service (Billing)	carl r	In Process	07/10/2025	07/30/2025	▼

Enroll Provider - Individual

[Enrollment Requirements](#)

20 Days remaining

Completed(0%) 

Milestones	Status	Step Remark
 Milestone 1	 In Progress Start	
Step 1 Basic Information	 Incomplete	
Step 2 Add Federal Tax Details	 Incomplete	
Step 3 Add Specialties/Licenses/Certifications	 Incomplete	
 Milestone 2 	 Not Started	
 Milestone 3 	 Not Started	
 Milestone 4 	 Not Started	

NOTE: Milestone 1 MUST be completed to unlock Milestones 2 - 4

Enrollment Page – Milestone 2

Application ID	Enrollment Type	Applicant Type	Name	Application Status	Start Date	End Date	Options
20250710934814	Individual	Fee For Service (Billing)	carl r	In Process	07/10/2025	07/30/2025	▼

Enroll Provider - Individual

[Enrollment Requirements](#)

20 Days remaining

Completed(0%)

Milestones	Status	Step Remark
Milestone 1	Complete	
Milestone 2	Complete	
Step 4 Add Education/Training/Work History Optional	Complete	
Step 5 Add Payment Details	Complete	
Step 6 Add Locations/Doing Business As	Complete	
Milestone 3	Complete	
Milestone 4	Complete	

Enrollment Page – Milestone 3

Application ID	Enrollment Type	Applicant Type	Name	Application Status	Start Date	End Date	Options
20250710934814	Individual	Fee For Service (Billing)	carl r	In Process	07/10/2025	07/30/2025	▼

Enroll Provider - Individual

[Enrollment Requirements](#)

20 Days remaining

Completed(0%)

Milestones	Status	Step Remark
Milestone 1	Complete	
Milestone 2	Complete	
Milestone 3	Complete	
Step 7 Associate Billing Provider/Other Associations Optional	Complete	
Step 8 Associate ETIN	Complete	
Step 9 Add Provider Controlling Interest/Ownership Details	Complete	
Milestone 4	Complete	

Enrollment Page – Milestone 4

Application ID	Enrollment Type	Applicant Type	Name	Application Status	Start Date	End Date	Options
20250710934814	Individual	Fee For Service (Billing)	carl r	In Process	07/10/2025	07/30/2025	▼

Enroll Provider - Individual

[Enrollment Requirements](#)

20 Days remaining Completed(0%)

Milestones	Status	Step Remark
Milestone 1	✔ Complete	▼
Milestone 2	✔ Complete	▼
Milestone 3	✔ Complete	▼
Milestone 4	✔ Complete	▲
Step 10 Complete Enrollment Checklist	✔ Complete	
Step 11 Add Supporting Documents Optional	✔ Complete	
Step 12 Submit Enrollment Application for Approval	✔ Complete	

Milestone 4 – Submit Enrollment Application

Application ID	Enrollment Type	Applicant Type	Name	Application Status	Start Date	End Date	Options
20250710934814	Individual	Fee For Service (Billing)	carl r	In Process	07/10/2025	07/30/2025	Options ▾

🔒 Milestone 1

▾

🔒 Milestone 2

▾

🔒 Milestone 3

▾

🔒 Milestone 4

▴

Step 10

✓

Complete Enrollment Checklist

Step 11

Optional

✓

Add Supporting Documents

Step 12

⚠️

Submit Enrollment Application for Approval



Submit Enrollment Application for Approval

* Mandatory Fields

Agreement to terms and conditions, signature, and final application submission

Instructions

Show ▾

Medical Assistance Provider Enrollment

Terms and Conditions

1. New York State's Personal Privacy Protection Law requires us to inform every person from whom we request personal information why we are requesting information and how we will use it. The information requested will permit proper payments to you as a Medicaid provider, according to the provisions of applicable State and Federal Law and Regulations. Collection of this information is authorized by Section 367-b of the Social Services Law. This information will be used as one element of various reviews before payment is made for the goods or services furnished and/or for any post payment audits required by the State or Federal authorities. This information will also be used to satisfy the reporting requirement imposed upon us by State and Federal Regulations (e.g., by IRS for payment information reporting purposes). Failure to provide us with the information will prevent establishing the records necessary to enroll you as a Medicaid provider. The information will be maintained by the New York State Department of Health, Office of Health Insurance Programs, Division of Health Plan Contracting and Oversight, Bureau of Provider Enrollment, Albany, New York.
2. As a Medicaid provider, you agree to comply with the rules, regulations and official directives of the Department including, but not limited to, Part 504 of 18 NYCRR (i.e., Title 18). Title 18 can be found by choosing the Laws and Regulations link of the Department of Health's website, www.health.ny.gov. You will be at financial risk if you render services to Medicaid beneficiaries before successfully

Milestone 4 – Submit Enrollment Application



MUST be submitted by the practitioner

Application ID	Enrollment Type	Applicant Type	Name	Application Status	Start Date	End Date	Options
20250710934814	Individual	Fee For Service (Billing)	Carl R	In Process	07/10/2025	07/30/2025	Options ▾

Milestone 1

▾

Milestone 2

▾

Milestone 3

▾

Milestone 4

▴

Step 10

✓

Complete Enrollment Checklist

Step 11 Optional

✓

Add Supporting Documents

Step 12

⚠

Submit Enrollment Application for Approval

Submit Enrollment Application for Approval

Agreement to terms and conditions, signature, and final application submission

Instructions

Show ▾

Medical Assistance Provider Enrollment

Terms and Conditions

I understand and agree, under penalty of perjury, that my e-signature is an attestation that I have examined the information contained in this transaction, including any accompanying documentation or attachments uploaded, and certify that my electronic submission is true, correct, and complete. I am aware that this certification may later be used as documentary evidence against me, and/or the provider on behalf of whom I am signing, in, including but not limited to, administrative audits and audit proceedings, and civil and criminal legal actions in federal and State court by the Medicaid Fraud Control Unit (MFCU) of the NYS Attorney General's Office, the U.S. Attorney, or a District Attorney. I hereby register for a Provider Enrollment account and agree to abide by the Terms of Service.

First Name *

Carl

Last Name *

R

Date *

07/25/2025

☒ 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. *

Submit

Prepared by GDIT

9/30/2025 4:23 PM Slide 59

Add/Upload a Supporting Document

Application ID 20250710934814	Enrollment Type Individual	Applicant Type Fee For Service (Billing)	Name carl r	Application Status In Process	Start Date 07/10/2025	End Date 07/30/2025	Options
----------------------------------	-------------------------------	---	----------------	----------------------------------	--------------------------	------------------------	---------

Milestone 1

Milestone 2

Milestone 3

Step 7 Optional
Associate Billing Provider/Other Associations

Associate ETIN

Step 9
Add Provider Controlling Interest/Ownership Details

Milestone 4

Association Type *
New ETIN

Association Start Date
07/23/2025

Association End Date
12/31/2999

Save Details

Supporting Documents

Add

☐ Document Type	Document Name	File Name	Remarks	Uploaded By	Uploaded Date
No records found!					

Back Save

Add/Upload a Supporting Document

Application ID
20250710934

Supporting Documents

Application ID	Enrollment Type	Applicant Type	Name	Application Status
20250710934814	Individual	Fee For Service (Billing)	carl r	In Process

Required Documents

- ETIN Certification Statement for New Enrollments - form #490602

Step 7

Document Type *

Document Name *

Remarks

Choose

Upload document

Step 8

File must be under 10 MB in size

Step 9

Added Documents

Document Type	Document Name	File Name	Remarks	Uploaded By	Uploaded Date
No records found!					

Close

Add/Upload a Supporting Document

Application ID
20250710934

Milestone

Milestone

Milestone

Supporting Documents

Application ID	Enrollment Type	Applicant Type	Name	Application Status
20250710934814	Individual	Fee For Service (Billing)	carl r	In Process

Required Documents

- ETIN Certification Statement for New Enrollments - form #490602

Step 7

Document Type *

ETIN

Document Name *

Select

ETIN Certification Statement for New Enrollments - form #490602

File Name *

Choose

File must be under 10 MB in size

Upload document

Step 8

Assoc

Assoc

Step 9

Add Pl

Interes

Added Documents

Document Type	Document Name	File Name	Remarks	Uploaded By	Uploaded Date
No records found!					

Close

Add/Upload a Supporting Document

Application ID
20250710934

Supporting Documents

Application ID
20250710934814

Enrollment Type
Individual

Applicant Type
Fee For Service (Billing)

Name
carl r

Application Status
In Process

Milestone

Milestone

Milestone

Required Documents

- ETIN Certification Statement for New Enrollments - form #490602

Step 7

Document Type *

Assoc

Assoc

ETIN

File Name *

ETIN Cert.docx

Choose

File must be under 10 MB in size

Step 8

Document Name *

ETIN Certification Statement for New Enrollments - form #490602

Remarks

Step 9

Add Pl

Interes

Added Documents

Upload document

Milestone

☐ Document Type	Document Name	File Name	Remarks	Uploaded By	Uploaded Date
No records found!					

Close

File formats include: .gif, .jpg, .jpeg, .html, .htm, .pdf, .xls, .tif, .doc, .docx, .xlsx, .txt

Add/Upload a Supporting Document

Application ID 20250710934814	Enrollment Type Individual	Applicant Type Fee For Service (Billing)	Name carl r	Application Status In Process	Start Date 07/10/2025	End Date 07/30/2025	Options ▾
----------------------------------	-------------------------------	---	----------------	----------------------------------	--------------------------	------------------------	-----------

🔒 Milestone 1 ▾

🔒 Milestone 2 ▾

🔒 Milestone 3 ▲

Step 7 Optional ✓
Associate Billing Provider/Other Associations

Step 8 ✓
Associate ETIN

Step 9 ⚠️
Add Provider Controlling Interest/Ownership Details

🔒 Milestone 4 ▾

Associate ETIN

Add Delete Show Filter Actions ▾

☐ Association Type ↑↓	Start Date ↑↓	End Date ↑↓	Actions
☐ New ETIN	07/23/2025	12/31/2999	✎ 🗑

1-1 of 1 item 1 ▾ of 1 page ◀ ▶

Prepared by GDIT

9/30/2025 4:23 PM Slide 64

Application Successfully Submitted

Application ID	Enrollment Type	Applicant Type	Name	Application Status	Start Date	End Date	Options
20250710934814	Individual	Fee For Service (Billing)	carl r	In Process	07/10/2025	07/30/2025	▼

 **Warning**
Your Application Number 20250710934814 has been successfully submitted for State review. Return with this application number to track the status of your application.

Application ID	Enrollment Type	Applicant Type	Name	Application Status	Start Date	End Date	Options
20250710934814	Individual	Fee For Service (Billing)	carl r	Submitted	07/25/2025	08/14/2025	▼

Enroll Provider - Individual

Enrollment Requirements

5 Days remaining

Completed(100%)

Milestones	Status	Step Remark
 Milestone 1 	 Complete	
 Milestone 2 	 Complete	
 Milestone 3 	 Complete	
 Milestone 4 	 Complete	

Application Successfully Submitted Track Application



Provider ▾



Application ID 20250710934814	PROVIDER ENROLLMENT New Enrollment ☆ Track Application ☆	(Billing)	Name carl r	Application Status In Process	Start Date 07/10/2025	End Date 07/30/2025	Options ▾
----------------------------------	---	-----------	----------------	----------------------------------	--------------------------	------------------------	-----------

Warning
Your Application Number 20250710934814 has been successfully submitted for State review. Return with this application number to track the status of your application.

Application ID 20250710934814	Enrollment Type Individual	Applicant Type Fee For Service (Billing)	Name carl r	Application Status Submitted	Start Date 07/25/2025	End Date 08/14/2025	Options ▾
----------------------------------	-------------------------------	---	----------------	---------------------------------	--------------------------	------------------------	-----------

Enroll Provider - Individual

Enrollment Requirements 5 Days remaining Completed(100%) ● ● ● ● ● ● ● ●

Milestones	Status	Step Remark
Milestone 1 ⓘ	✓ Complete	✓
Milestone 2 ⓘ	✓ Complete	✓
Milestone 3 ⓘ	✓ Complete	✓
Milestone 4 ⓘ	✓ Complete	✓

Track Application – Submitted

Track Application

* Mandatory Fields

Track your enrollment using your application ID

Application Details

Application ID *

Cancel

Next

Application ID ↑↓	Enrollment Type ↑↓	Application Status ↓	Application Start Date ↑↓	Appeal Status ↑↓
20250710934814	Individual	Submitted	07/28/2025	
1-1 of 1 item			1 ▾ of 1 page	◀ ▶

Track Application – Additional Information Required

Track Application

* Mandatory Fields

Track your enrollment using your application ID

Application Details

Application ID *

Cancel

Next

Application ID ↑↓	Enrollment Type ↑↓	Application Status ↓	Application Start Date ↑↓	Appeal Status ↑↓
20250710934814	Individual	Additional Information Required	07/28/2025	

1-1 of 1 item

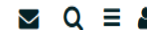
1 ▾ of 1 page

◀ ▶

Track Application – Additional Information Required



Provider ▾



Application ID	Enrollment Type	Applicant Type	Name	Application Status	Start Date	End Date	Options
20250710934814	Individual	Fee For Service (Billing)	Carl R	In Process	07/10/2025	07/30/2025	▾

Warning
Your application requires additional information. Please check the email you have on file with us for any outstanding information's as requested by Review Committee. Please note: All required information's must be submitted within 45 business days.

Application ID	Enrollment Type	Applicant Type	Name	Application Status	Start Date	End Date	Options
20250710934814	Individual	Fee For Service (Billing)	Carl R	Additional Information Required	07/28/2025	08/17/2025	▾

Enroll Provider - Individual

Enrollment Requirements

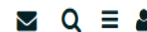
5 Days remaining

Completed(100%)

Milestones	Status	Step Remark	Review Comments
Milestone 1 ⓘ	In Progress	Review Comments Please download, sign, and upload the completed EFT agreement. A completed EFT agreement is required to process your request. Thank you. Created Date: 07/30/2025 Close	
Milestone 2			
Step 4 Add Education/Training/Work History			
Step 5 Add Payment Details			
Step 6 Add Locations/Doing Business As	In Progress		
Milestone 3 ⓘ			
Milestone 4 ⓘ	In Progress	Start	

Requests for additional information MUST be completed within 45 days

Track Application – Additional Information Required

[Provider](#)

Application ID	Enrollment Type	Applicant Type	Name	Application Status	Start Date	End Date	Options
20250710934814	Individual	Fee For Service (Billing)	Carl R	In Process	07/10/2025	07/30/2025	

Warning
Your application requires additional information. Please check the email you have on file with us for any outstanding information's as requested by Review Committee. Please note: All required information's must be submitted within 45 business days.

Application ID	Enrollment Type	Applicant Type	Name	Application Status	Start Date	End Date	Options
20250710934814	Individual	Fee For Service (Billing)	Carl R	Additional Information Required	07/28/2025	08/17/2025	

Enroll Provider - Individual

[Enrollment Requirements](#)**5 Days remaining** Completed(100%)

Milestones	Status	Step Remark	Review Comments
Milestone 1	Review Comments Please have the provider go into the last step and sign/submit the application. Thank you kindly. Created Date: 08/21/2025 Close		
Milestone 2			
Step 4 Add Education/Training/Work History			
Step 5 Add Payment Details			
Step 6 Add Locations/Doing Business As	Complete		
Milestone 3	Complete		
Milestone 4	In Progress Start		

Track Application – Final Review

Track Application

* Mandatory Fields

Track your enrollment using your application ID

Application Details

Application ID *

Cancel

Next

Application ID ↑↓	Enrollment Type ↑↓	Application Status ↓	Application Start Date ↑↓	Appeal Status ↑↓
20250710934814	Individual	Final Review	07/28/2025	
1-1 of 1 item			1 ▾ of 1 page	◀ ▶

Reminders

- NYS Medicaid Provider Services Portal is for New Enrollment of Practitioner Providers
- An NY.GOV ID business account is required to access the portal
- All Practitioners, Credentialers and Staff must have their own NY.GOV ID business accounts
- Multifactor Authentication and Identity Proofing steps are required for all NY.GOV ID accounts

Reminders

- Once an application is started, it must be completed and submitted within 20 calendar days
- If not submitted within 20 calendar days, the application will be deleted and the application process begins again
- Enrollment application is divided into 4 Milestones with each Milestone having several steps
- Credentialers and staff may start and fill out the application, but **the practitioner must e-sign and submit the completed application**

Reference and Contact Information

- eMedNY Website – Provider Services Portal Homepage
 - www.emedny.org/PSP/#psm=step1
- User Manual
- Quick Reference Guide – Documents for New Submissions
- Quick Reference Guide – NY.GOV ID Account Overview
- Quick Reference Guide – PSP - Milestone 1
- Quick Reference Guide – PSP - Milestone 2
- Quick Reference Guide – PSP - Milestone 3
- Quick Reference Guide – PSP - Milestone 4

Reference and Contact Information

- NY.GOV ID
 - 1-844-891-1786
 - Fixit@its.ny.gov

- NYS Department of Health – Bureau of Provider Enrollment
 - providerenrollment@health.ny.gov

- eMedNY Website – Provider Enrollment
 - www.emedny.org/info/ProviderEnrollment

- eMedNY Call Center
 - 800-343-9000