eMedNY
Provider Services Portal

New Practitioner Enrollment Overview

NEW YORK STATE | Department of Health | Medicaid Program

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/Opthalmic 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**

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eMedNY
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MEDICAID MANAGED CARE NETWORK
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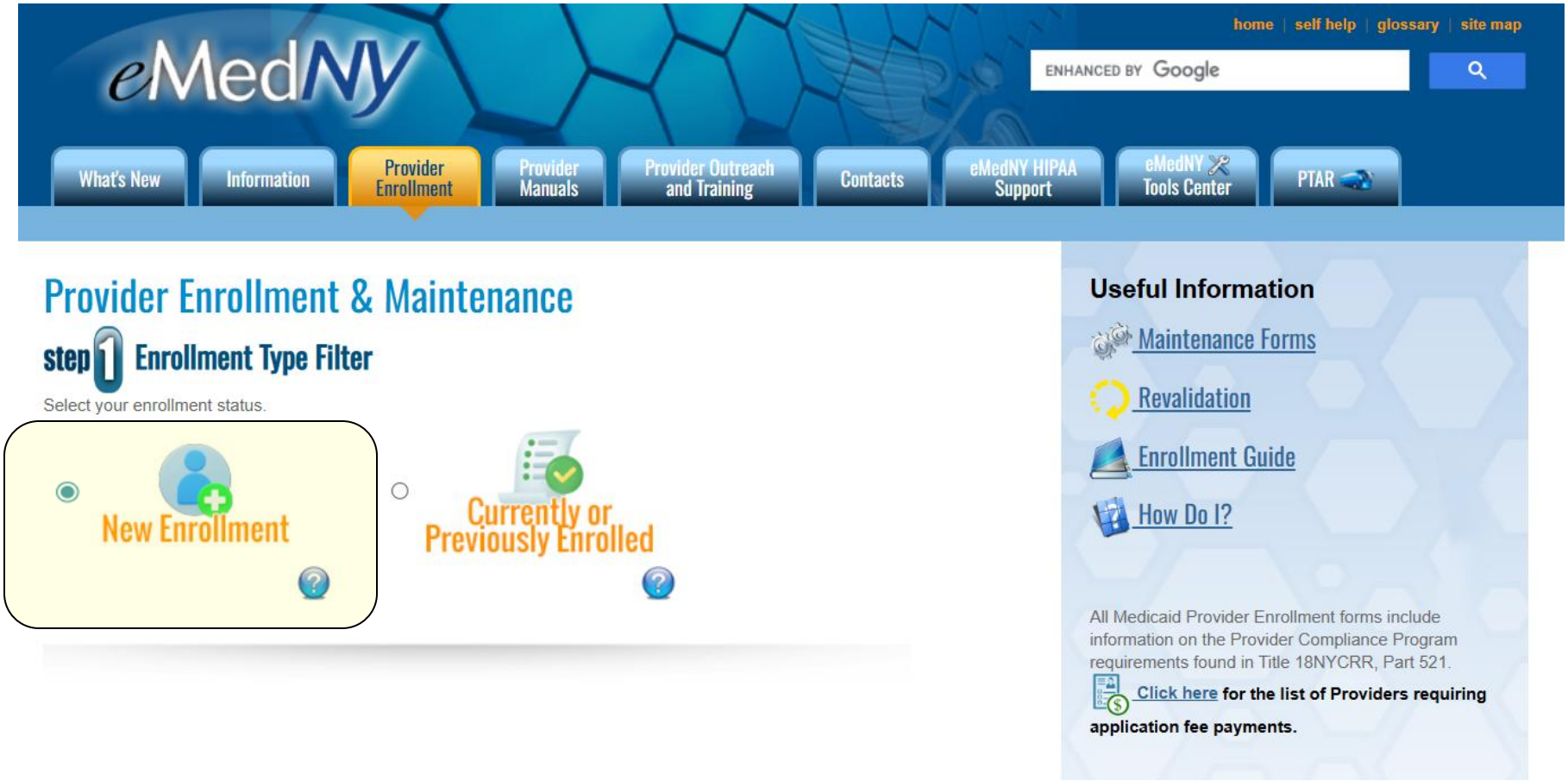
click here for more information
REVALIDATION
click here for more information
Are you compliant with NYSDOH EFT Requirement?
Login ePACES
ePACES Information
Login eXchange
eXchange Information
Medicaid NYRx
Member Resource Site
NYS Medicaid Provider Services Portal

eMedNY.org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What's New
Information
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Provider Enrollment & Maintenance
step 1 Enrollment Type Filter
Select your enrollment status.
New Enrollment
Currently or Previously Enrolled
Useful Information
Maintenance Forms
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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

- *Applied Behavior Analysis (ABA)*
- *Audiologist*
- *Certified Asthma Educator (CAE)*
- *Certified Diabetes Educator (CDE)*
- *Chiropractor*
- *Clinical Psychologist*
- *Clinical Social Worker*
- *Dentist*
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- *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 2 3 4

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.

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

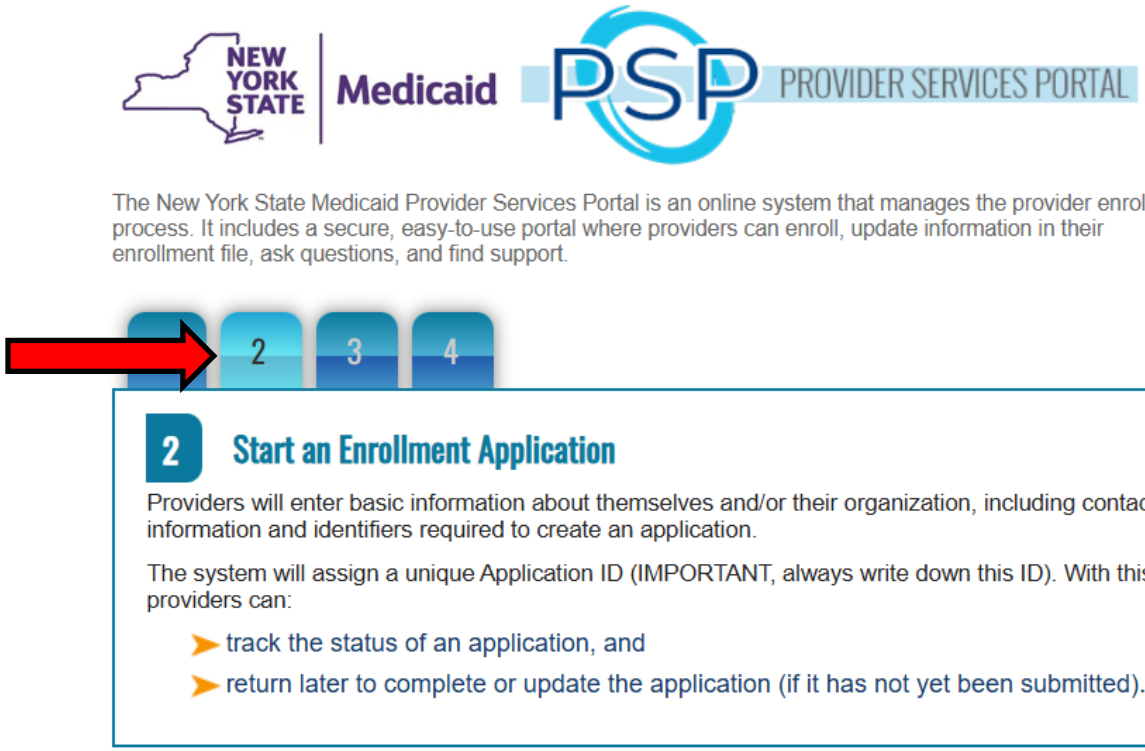
Sign Up for LISTSERV®

User Guide

Quick Reference Guides

Helpful Links

PSP Homepage – Step 2



PSP Homepage – Step 3

NEW YORK STATE | Medicaid PSP 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.

3 4

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.

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- PSP - Milestone 2
- PSP - Milestone 3
- PSP - Milestone 4

Helpful Links

- Provider Index
- Provider Enrollment Guide
- Provider Training Sessions

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PSP Homepage – Step 4

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

User Guide

Quick Reference Guides

- Documents for New Submissions
- NY.GOV ID Account Overview
- PSP - Milestone 1
- PSP - Milestone 2
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- PSP - Milestone 4

Helpful Links

- Provider Index
- Provider Enrollment Guide
- Provider Training Sessions

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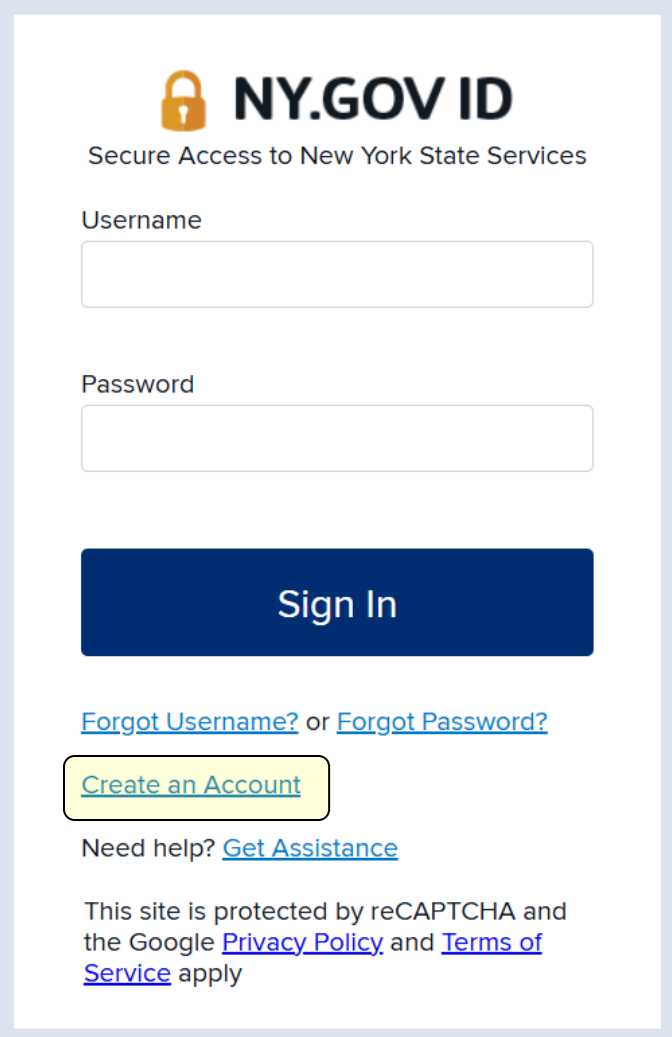
NY.GOV ID – Create an Account



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

NY.GOV ID – Create an Account

NEW YORK STATE

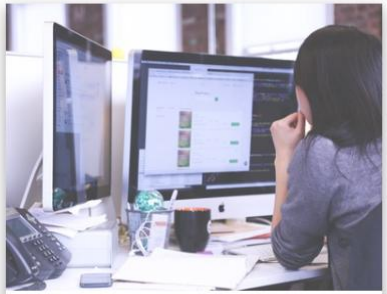
Services News Government

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 and 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.

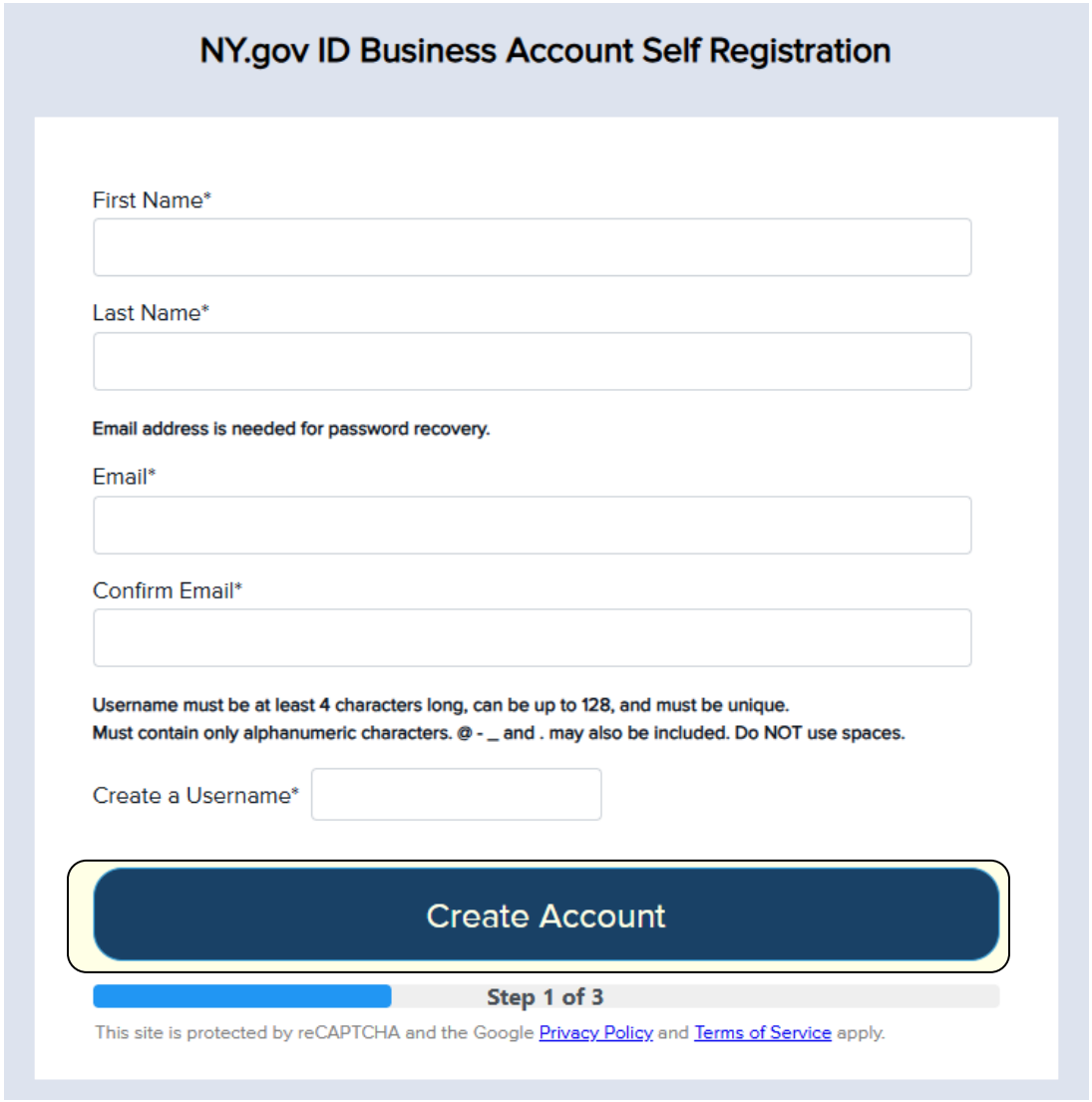
NYS Department of Health (NYSOH) : Allows Users to create a business account to access the NYSOH Issuer Portal

NYS Office for People With Developmental Disabilities : Allows Users to create a business account to access OPWDD applications.

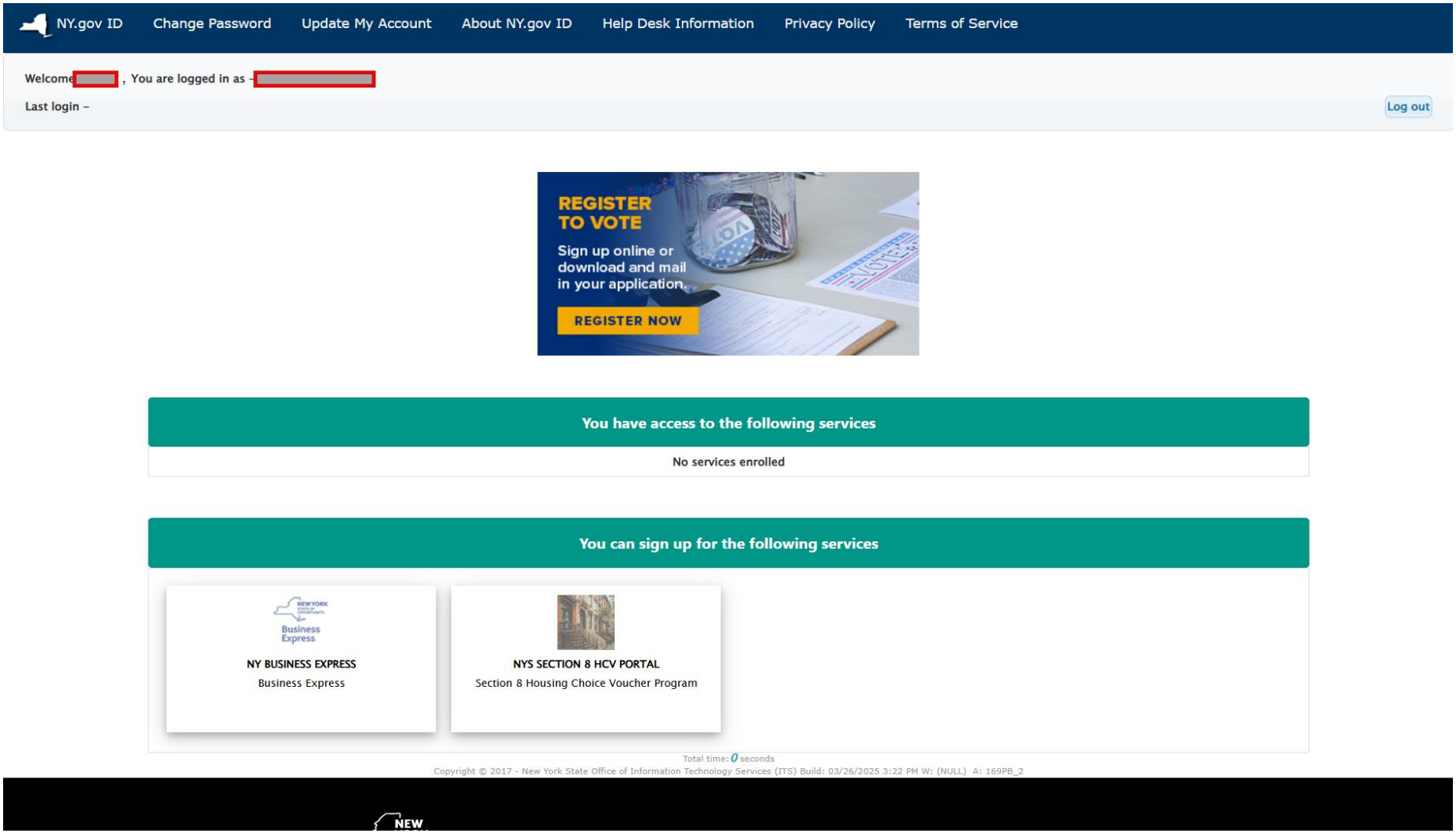
NYS Department of Corrections and Community Supervision : Allows Users to create a business account to access the DOCCS Issuer Portal.

NYS Homes and Community Renewal : Allows Users to create a business account to access HCR applications.

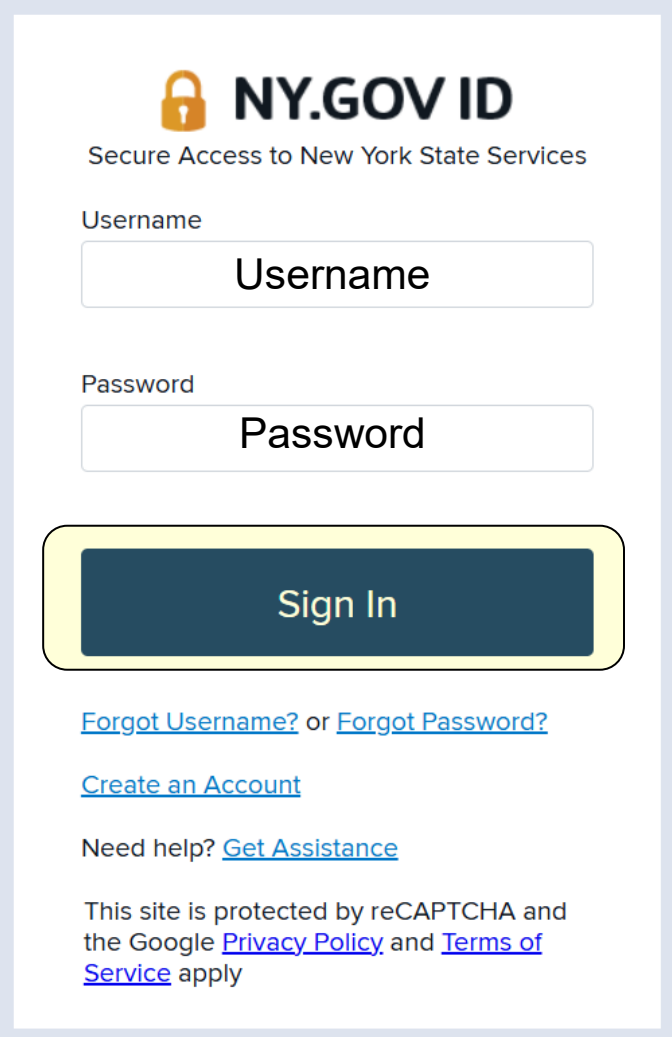
NY.GOV ID – Create an Account



NY.GOV ID – Create an Account



NY.GOV ID – PSP First Sign In



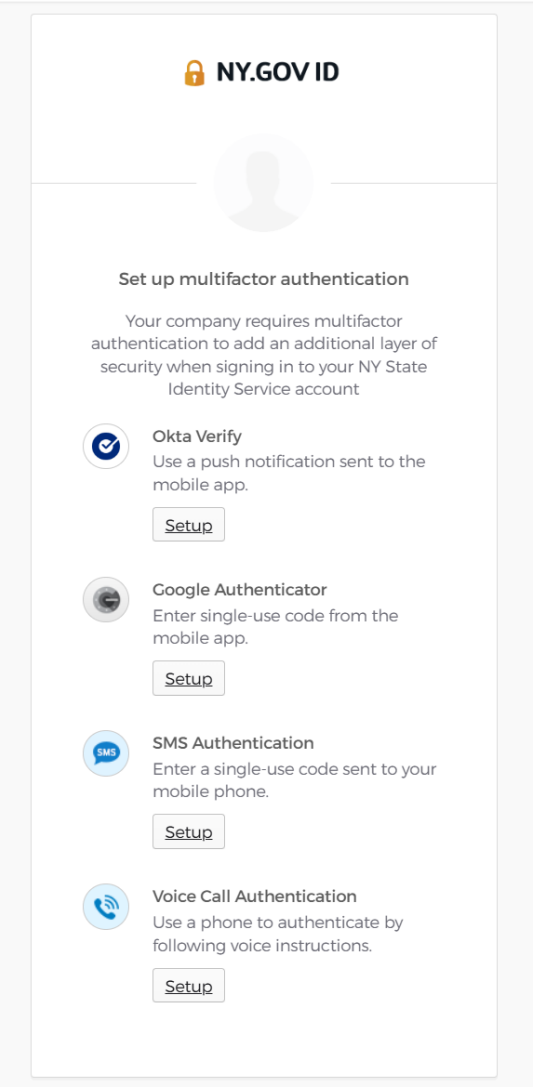
https://www.nysproviderportal.health.ny.gov

NY.GOV ID – PSP First Sign In

Multifactor Authentication Options

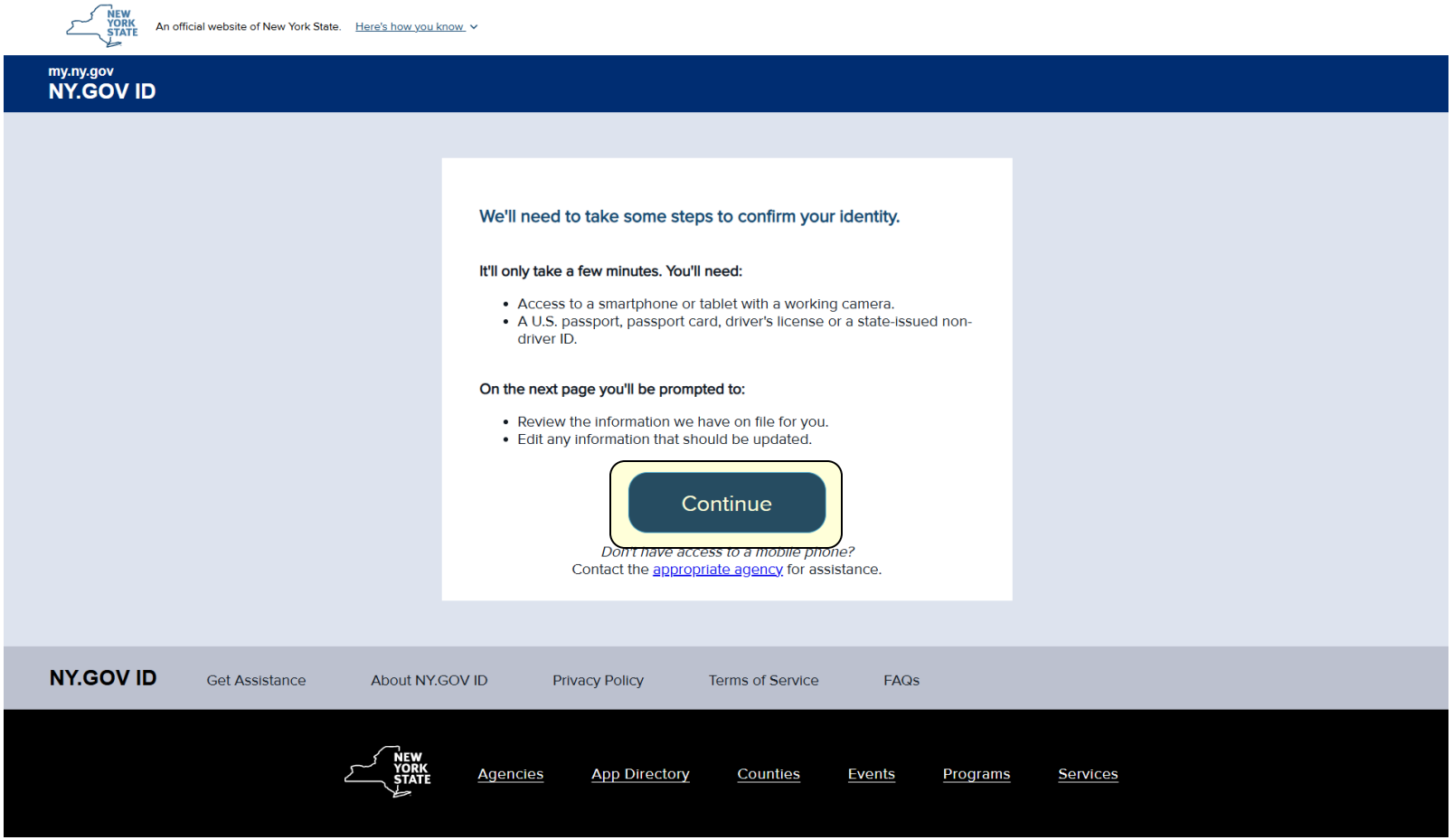
Multifactor Authentication (MFA) options include:

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



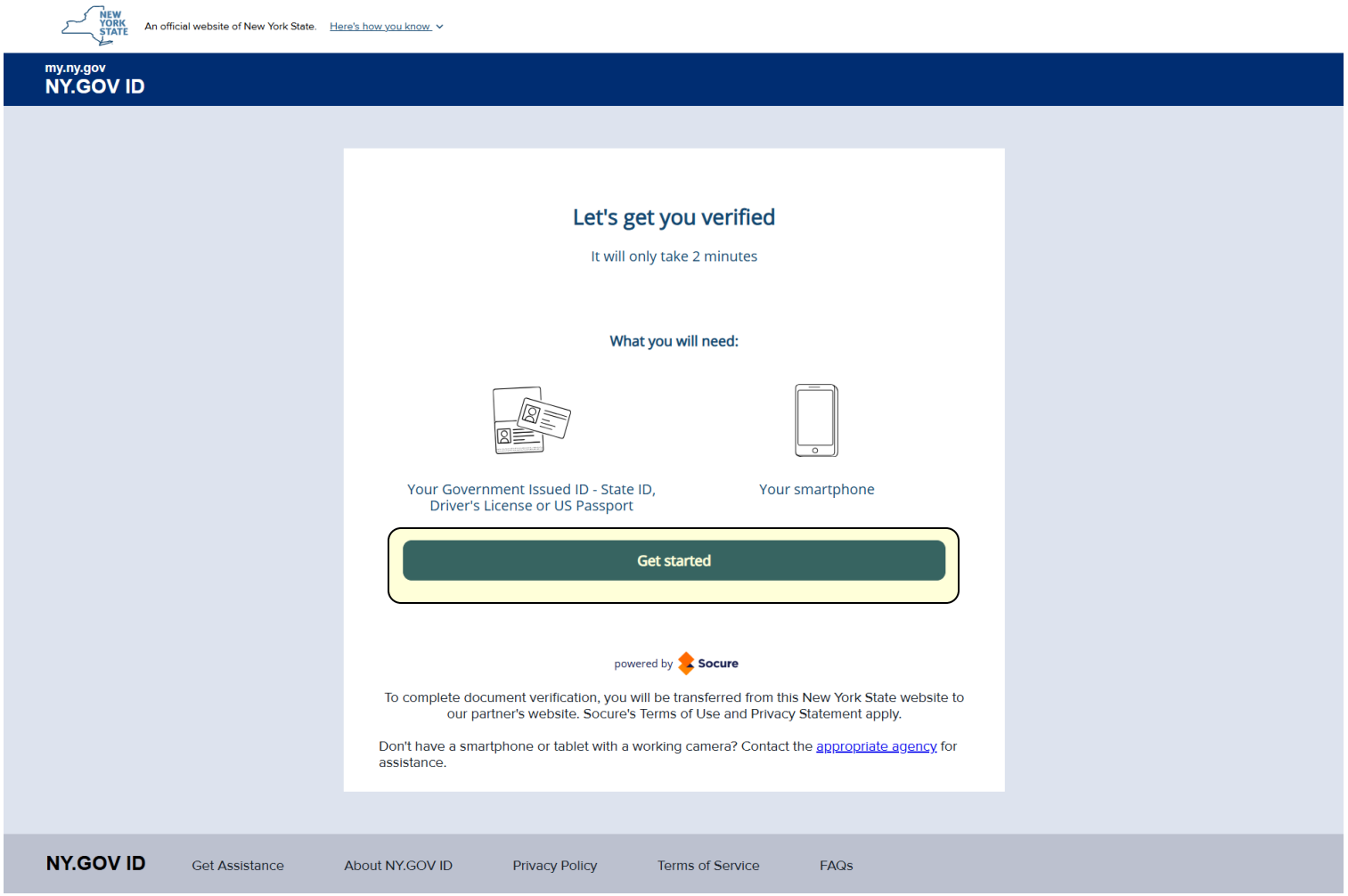
NY.GOV ID – PSP First Sign In

Identity Proofing

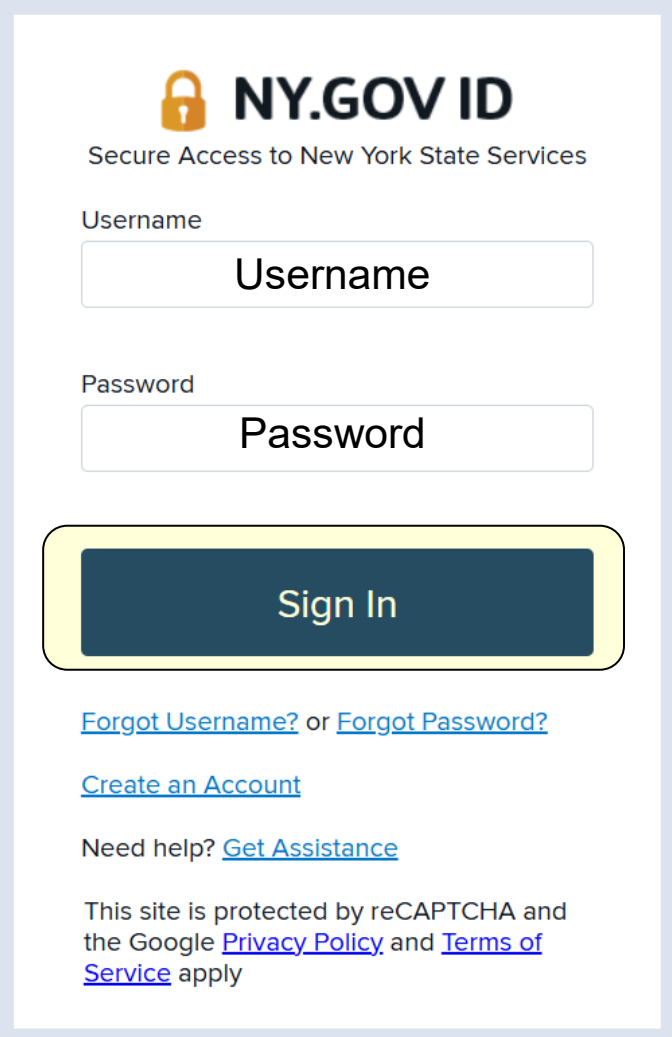


NY.GOV ID – PSP First Sign In

Identity Proofing



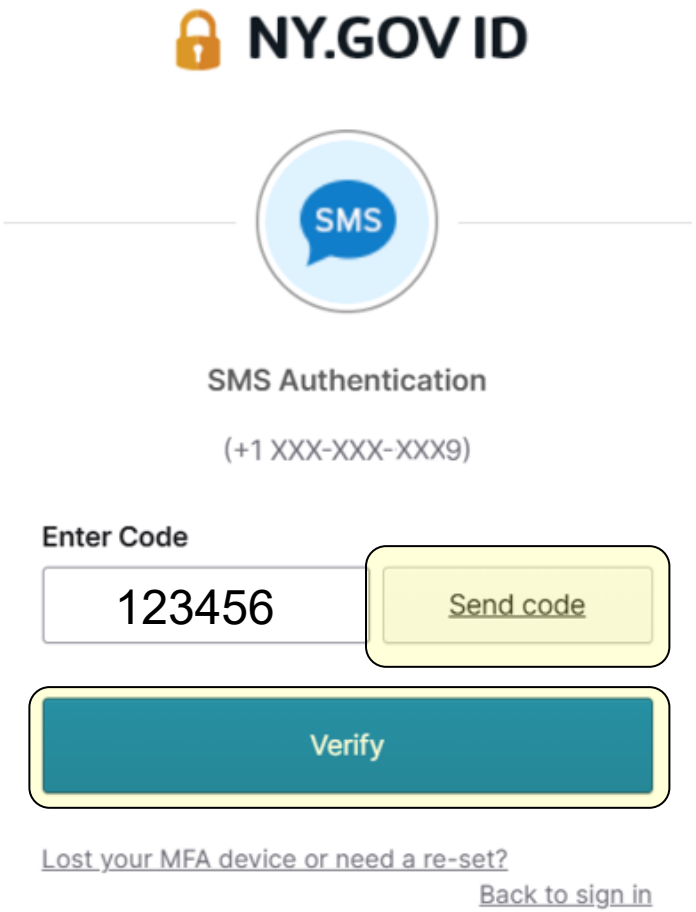
NY.GOV ID – PSP Sign In



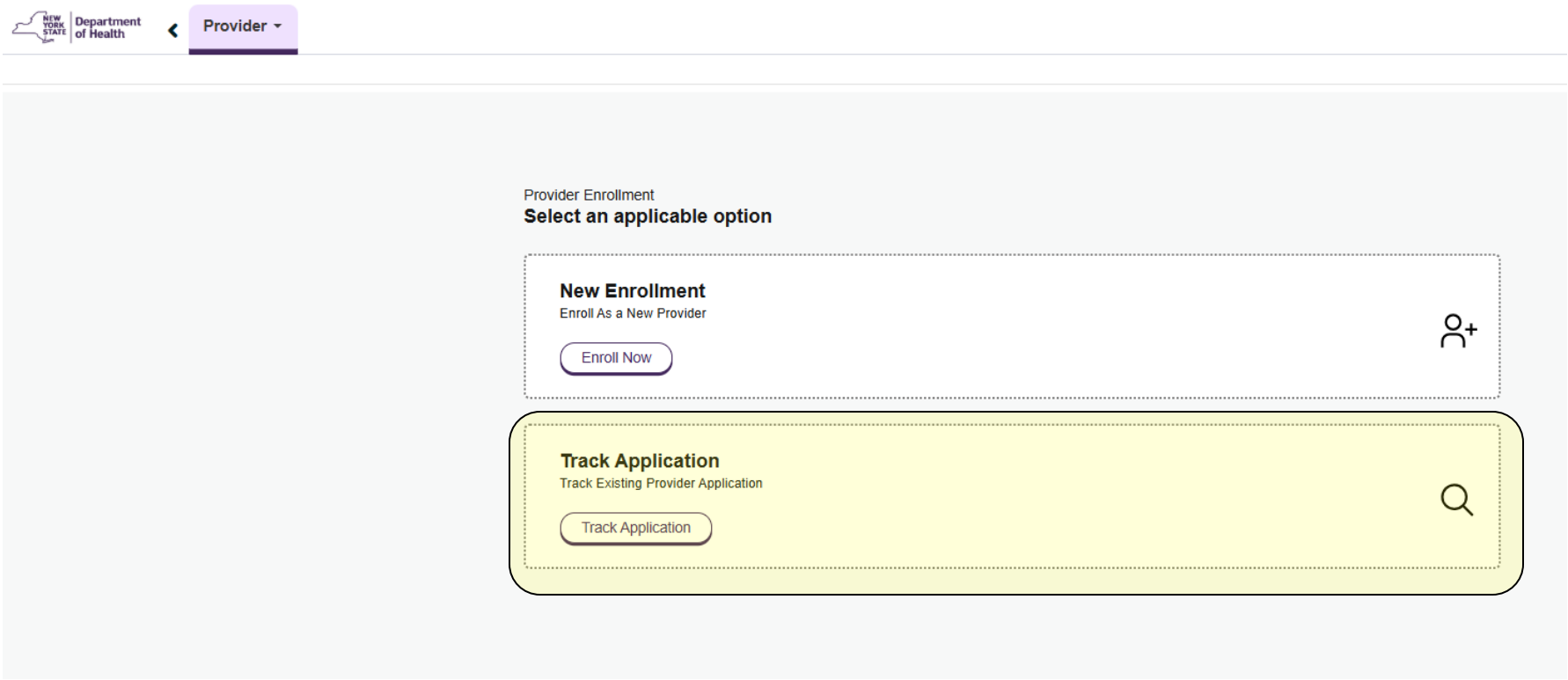
https://www.nysproviderportal.health.ny.gov

NY.GOV ID – PSP Sign In

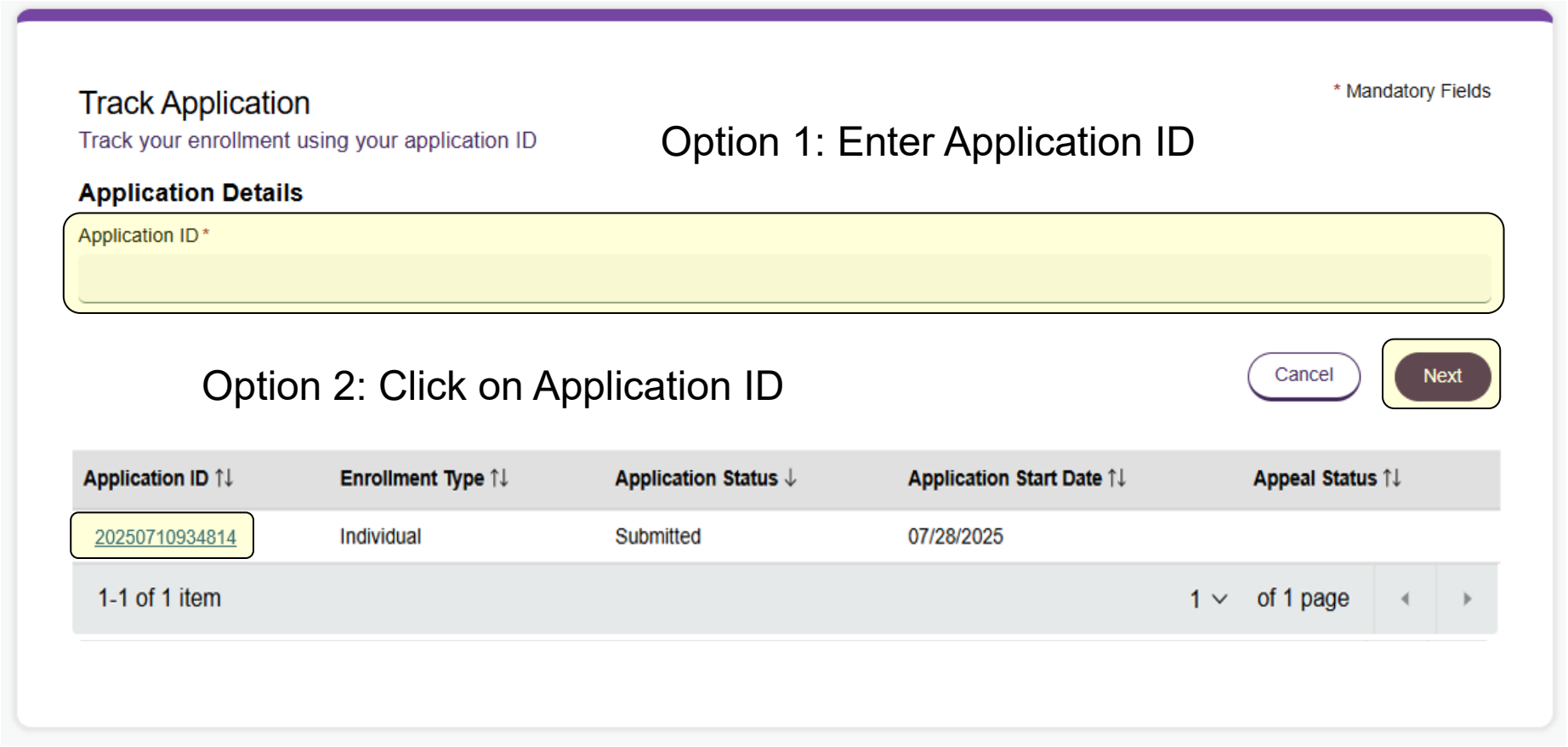
Multifactor Authentication



New Individual Provider Enrollment

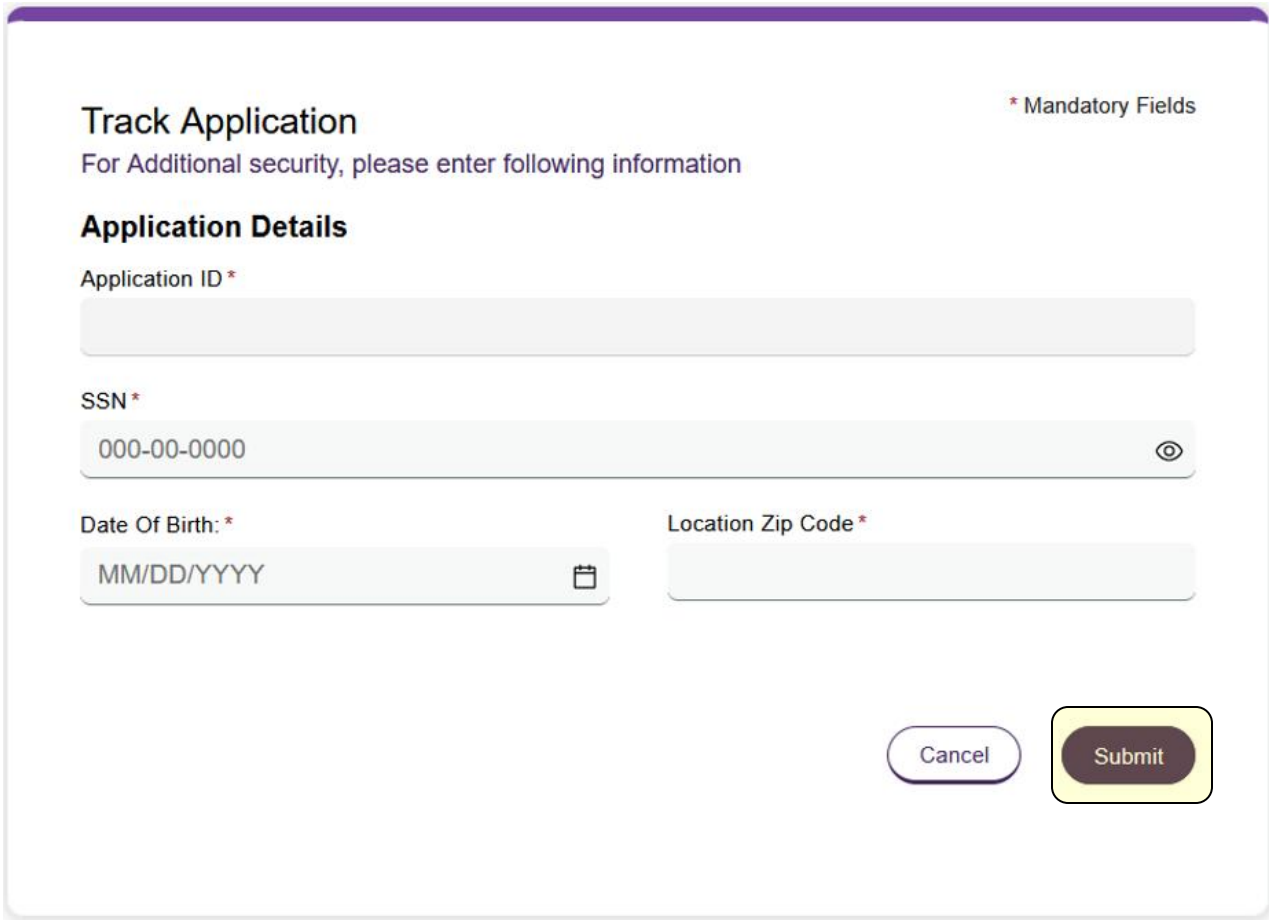


Track Application



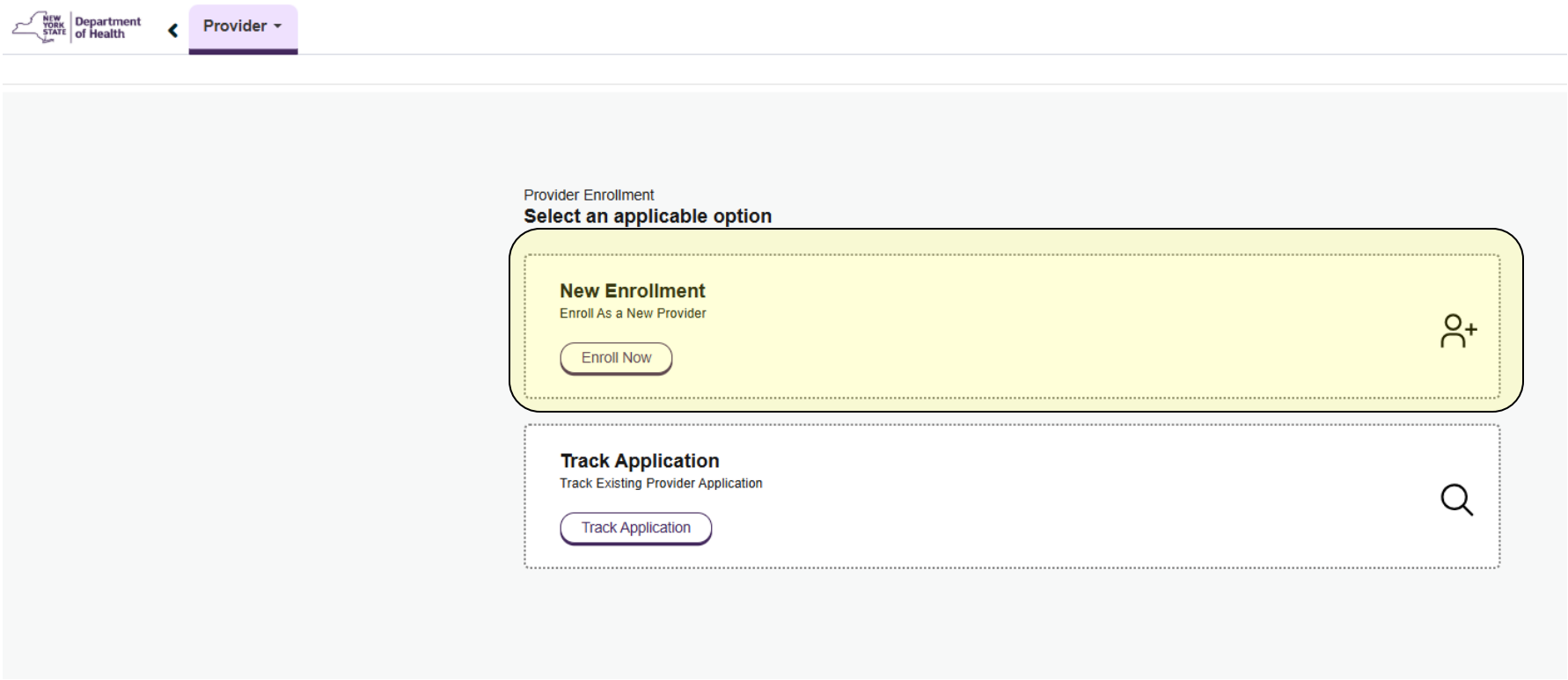
- Track enrollment application status
- Return to working on enrollment application

Track Application

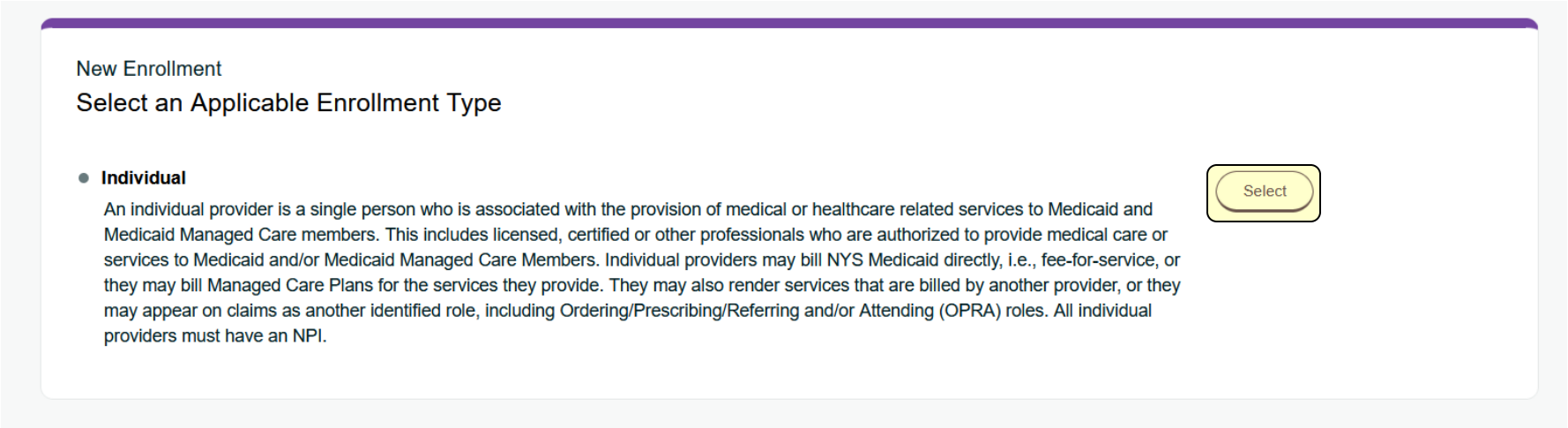


Option 1: Requires practitioner's SSN, DOB and Location Zip Code

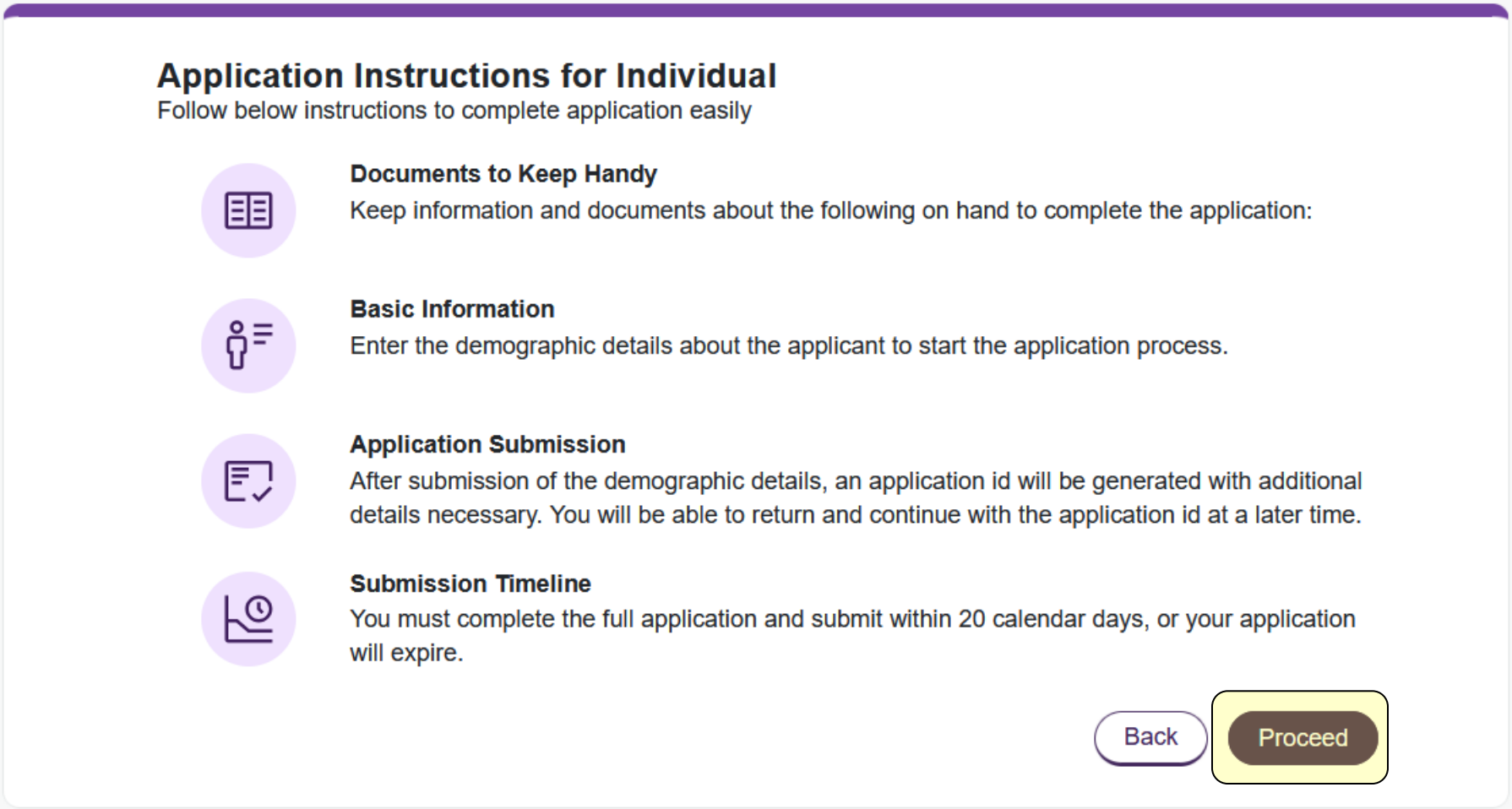
New Individual Provider Enrollment



New Individual Provider Enrollment



Application Instructions



Enrollment Information – Applicant Type

* Mandatory Fields

Application for Individual

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 *

MM/DD/YYYY

SSN *

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

Provide some essential information to generate an application for you

* Mandatory Fields

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 – NPI

Application for Individual

Provide some essential information to generate an application for you

* Mandatory Fields

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 – 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

Provide some essential information to generate an application for you

* Mandatory Fields

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

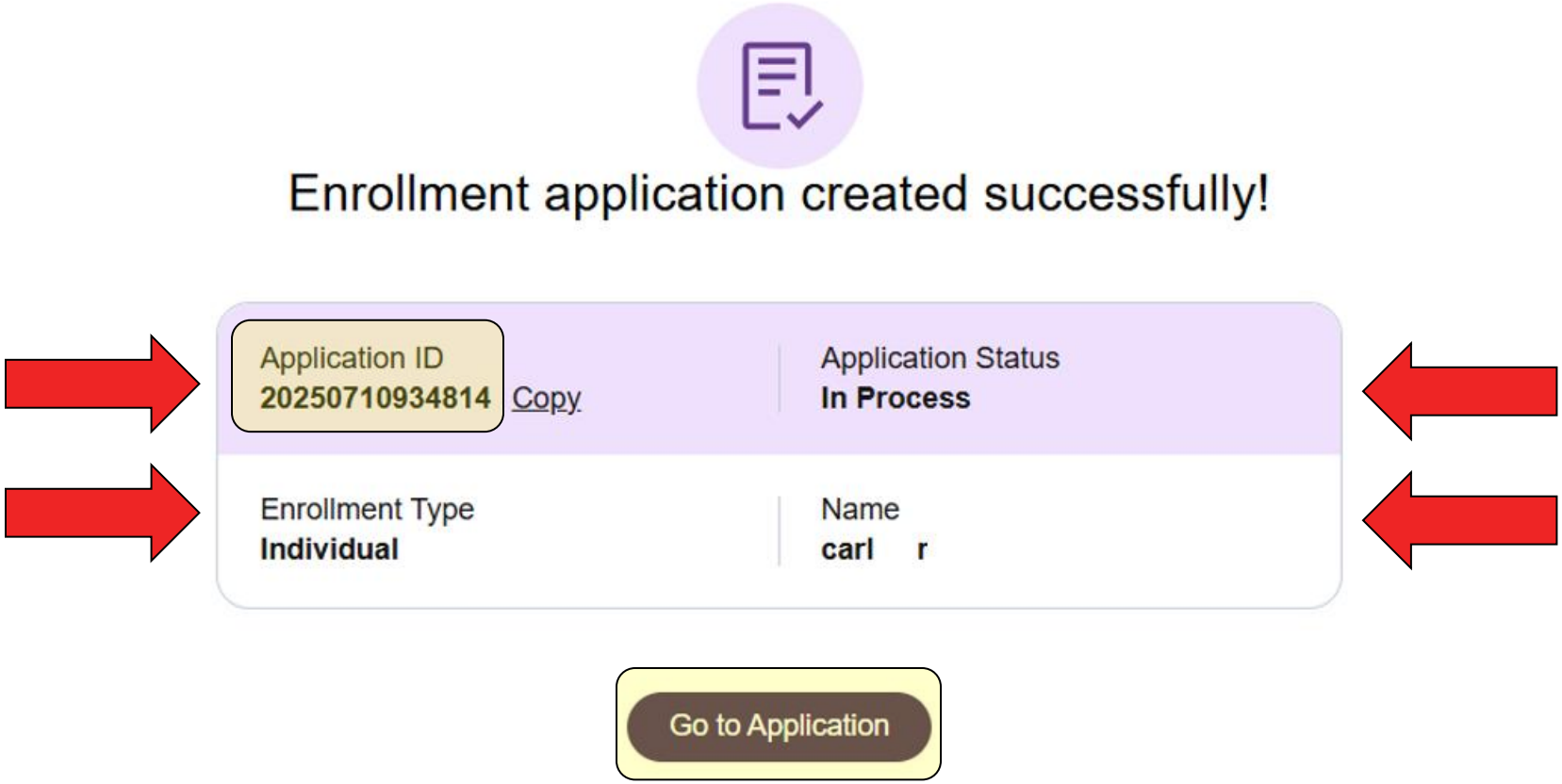
Primary Email Address *
example@email.com

Back to Instructions

Cancel

Generate Application

Application Created – Go To Application



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.

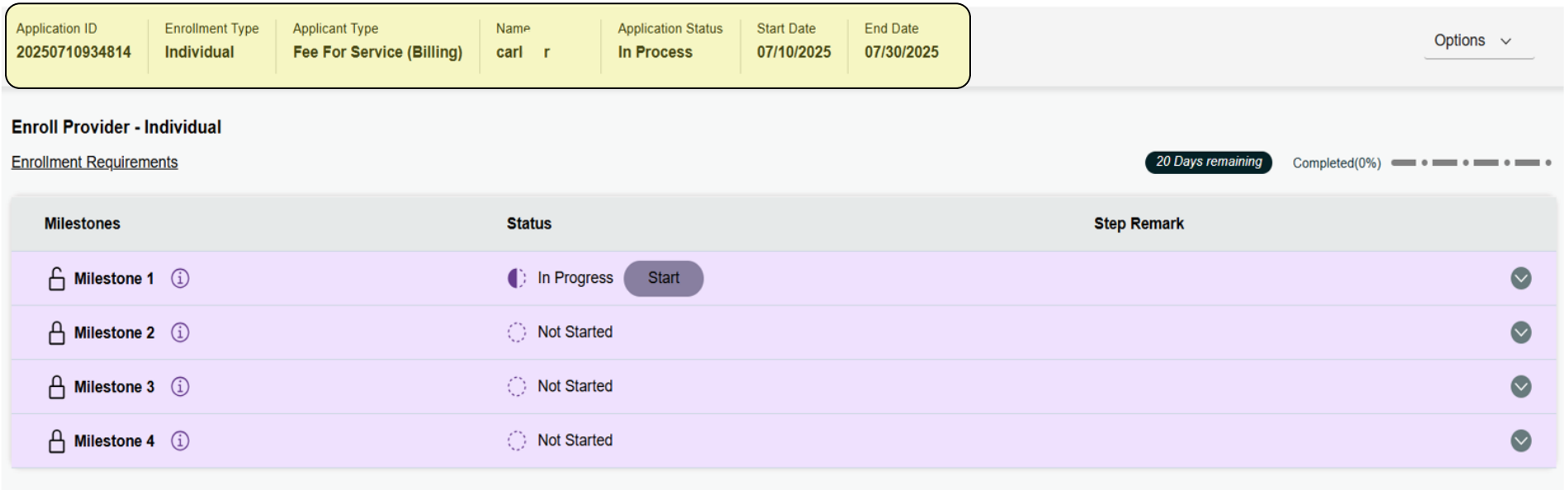
Application ID: 20250710934814

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.

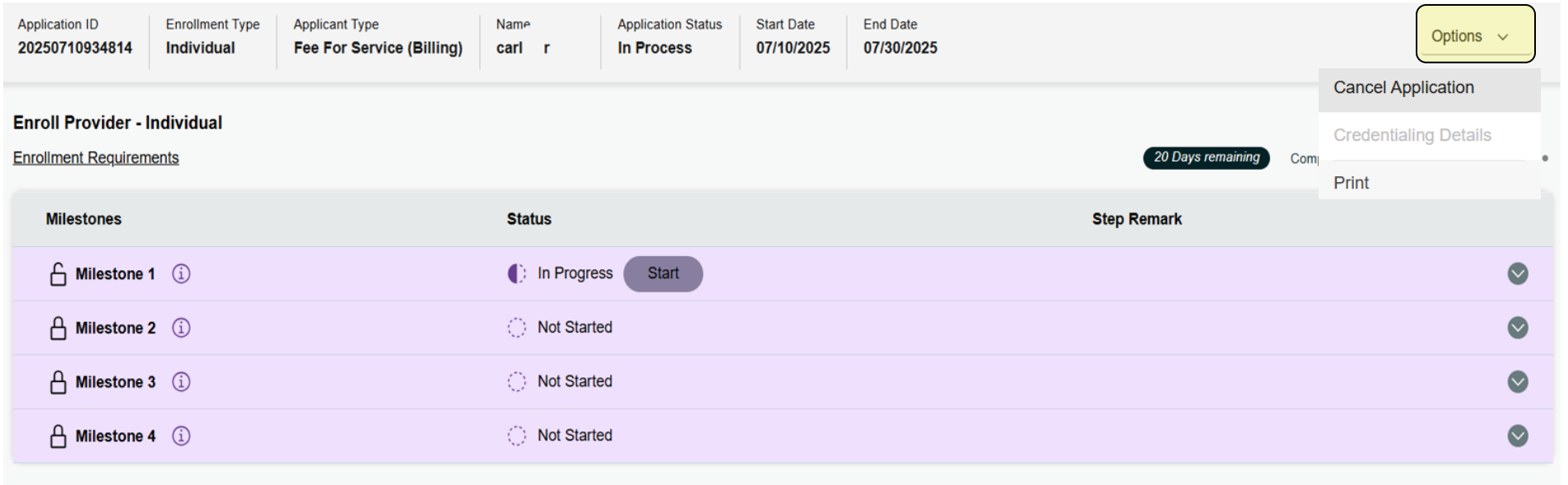
Please make sure to complete your enrollment application and submit it for State review within 20 calendar days or your application will be deleted. If deleted, you must begin the application process again.

Medicaid Provider Enrollment
New York State Department of Health

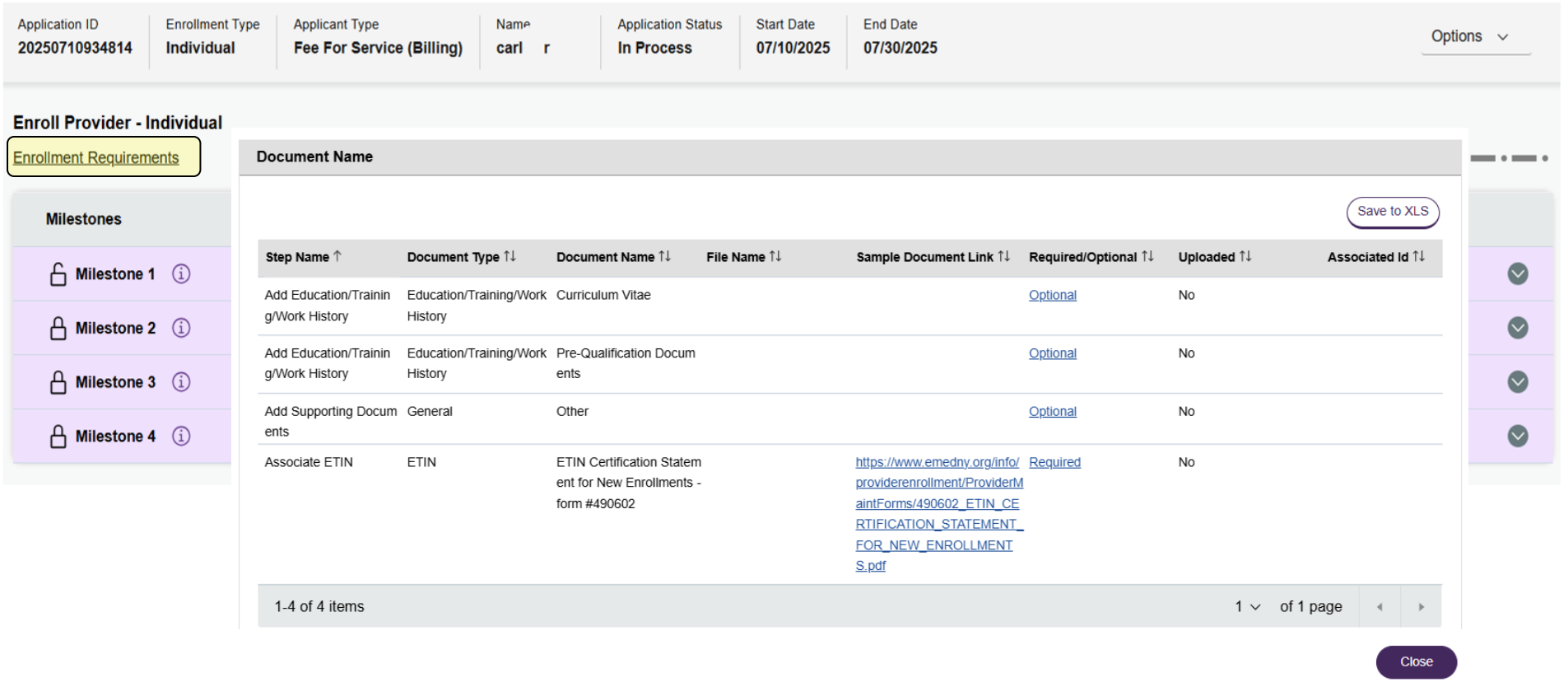
Enrollment Page – Summary



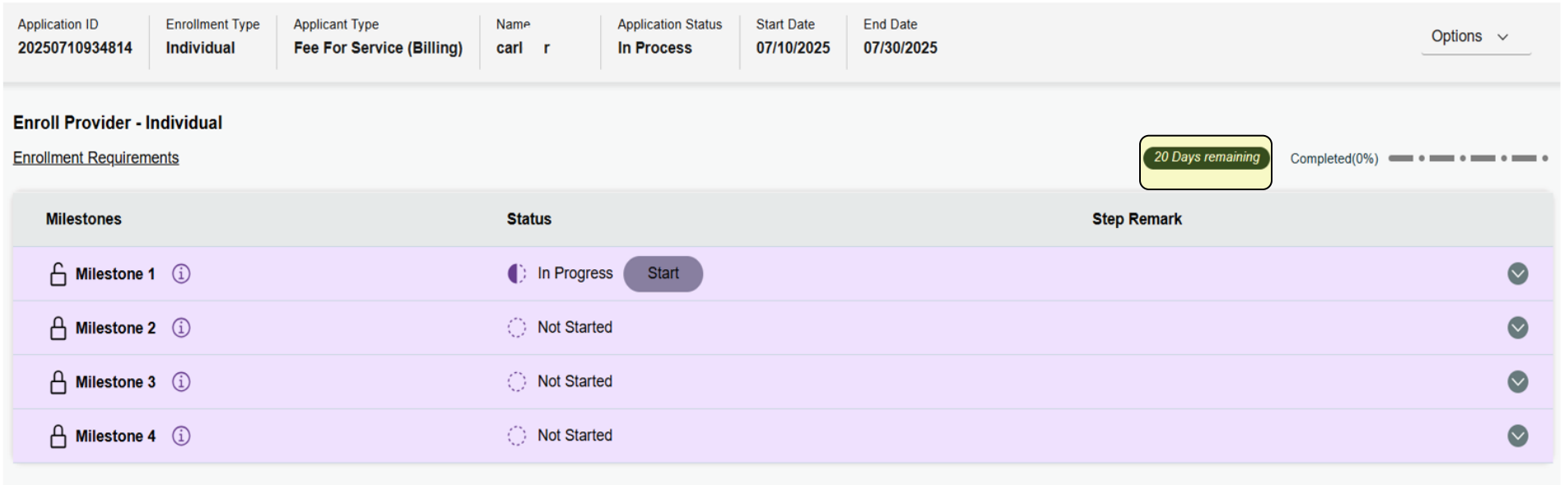
Enrollment Page – Options



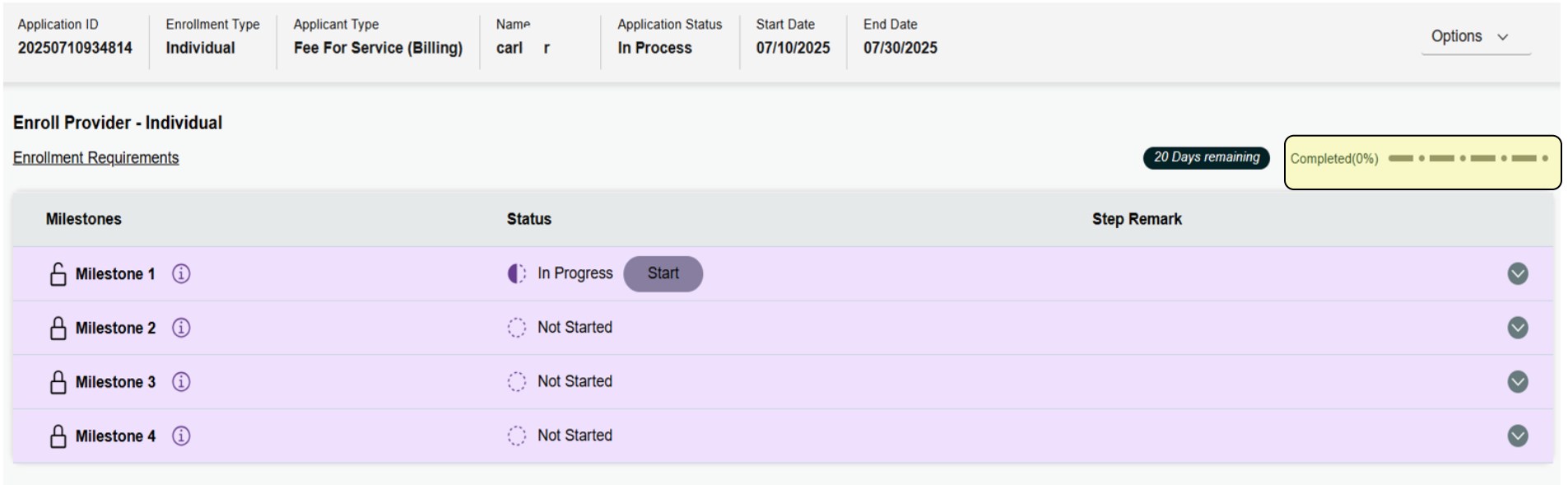
Enrollment Page – Requirements



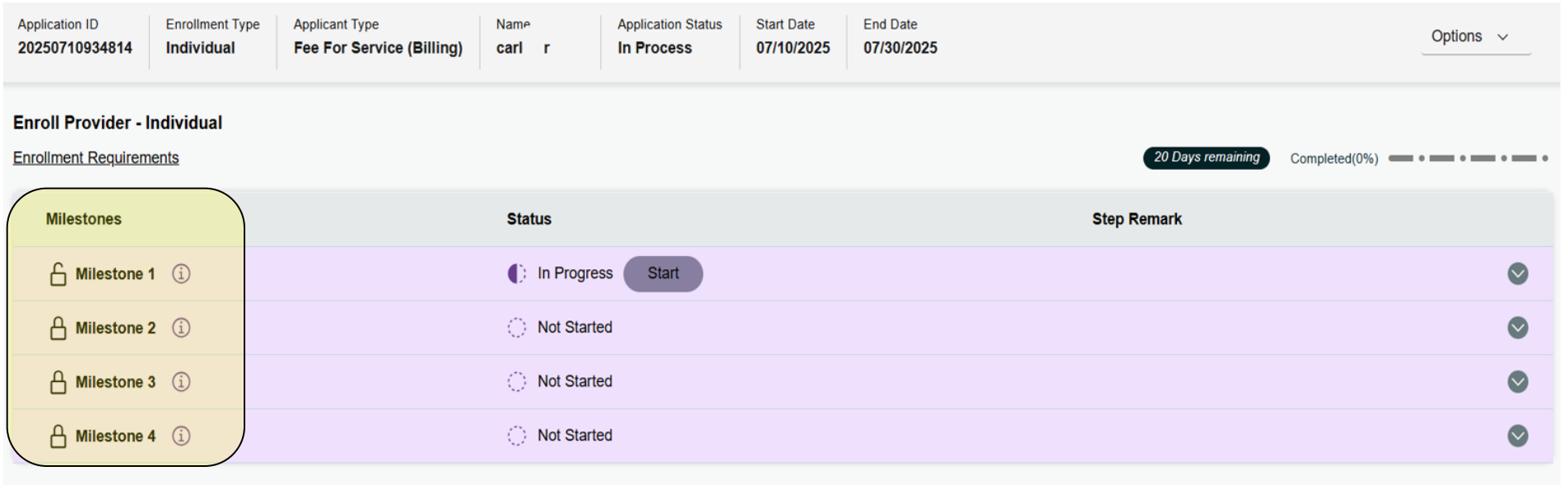
Enrollment Page – Days Remaining



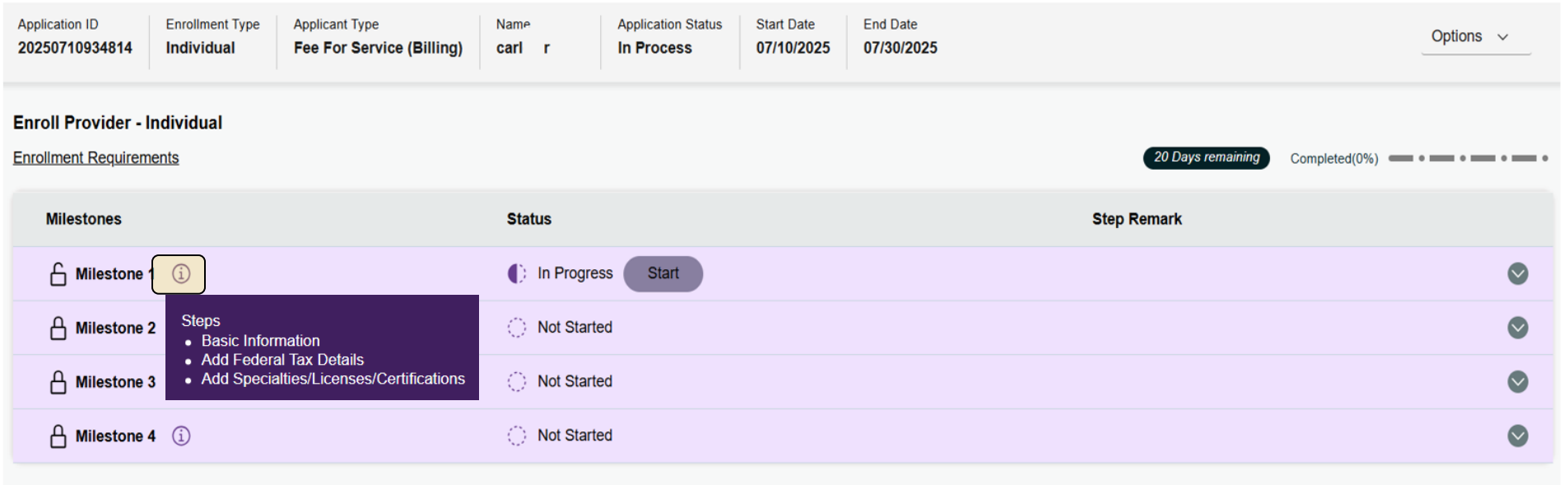
Enrollment Page – Percent Completed



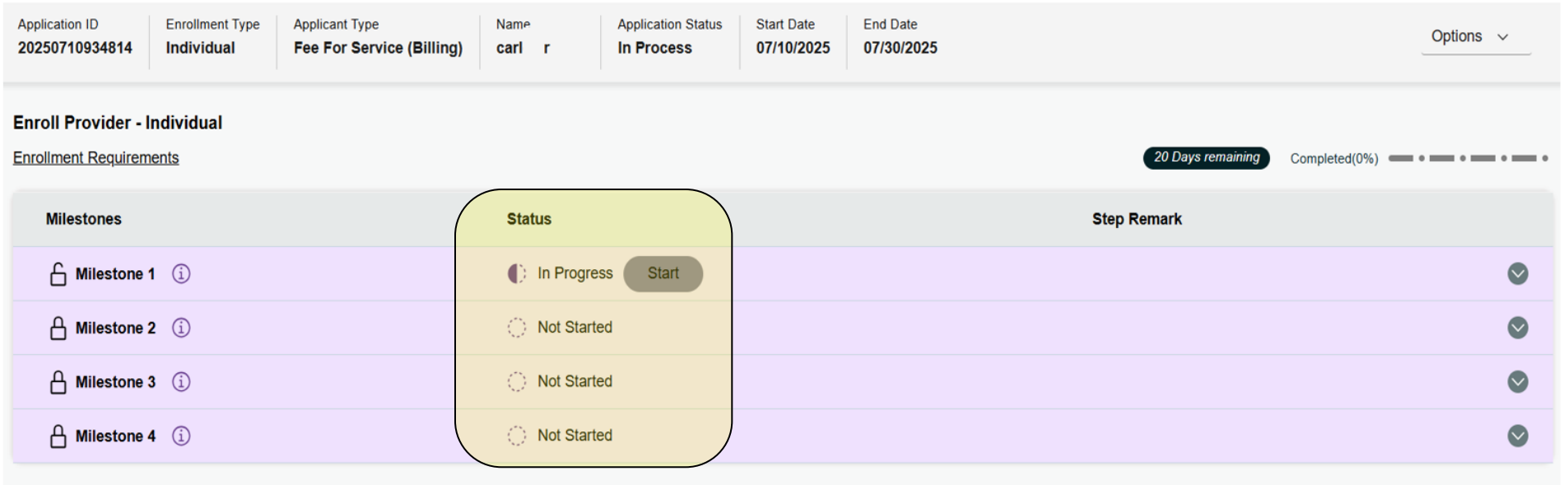
Enrollment Page – Milestones



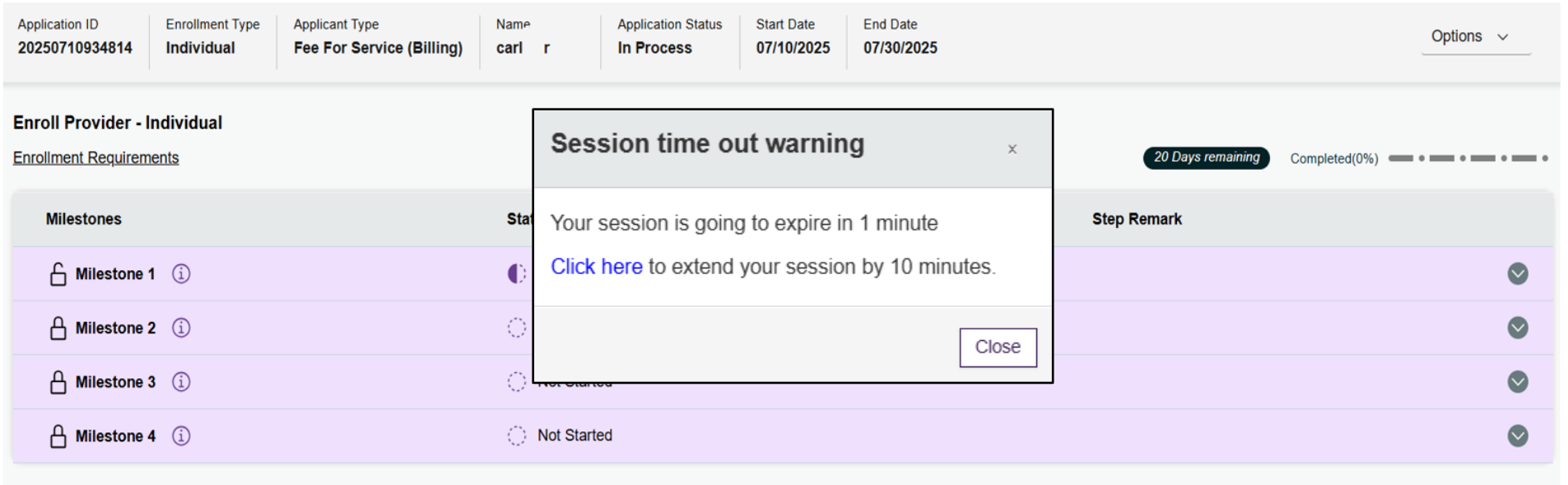
Enrollment Page – Milestones



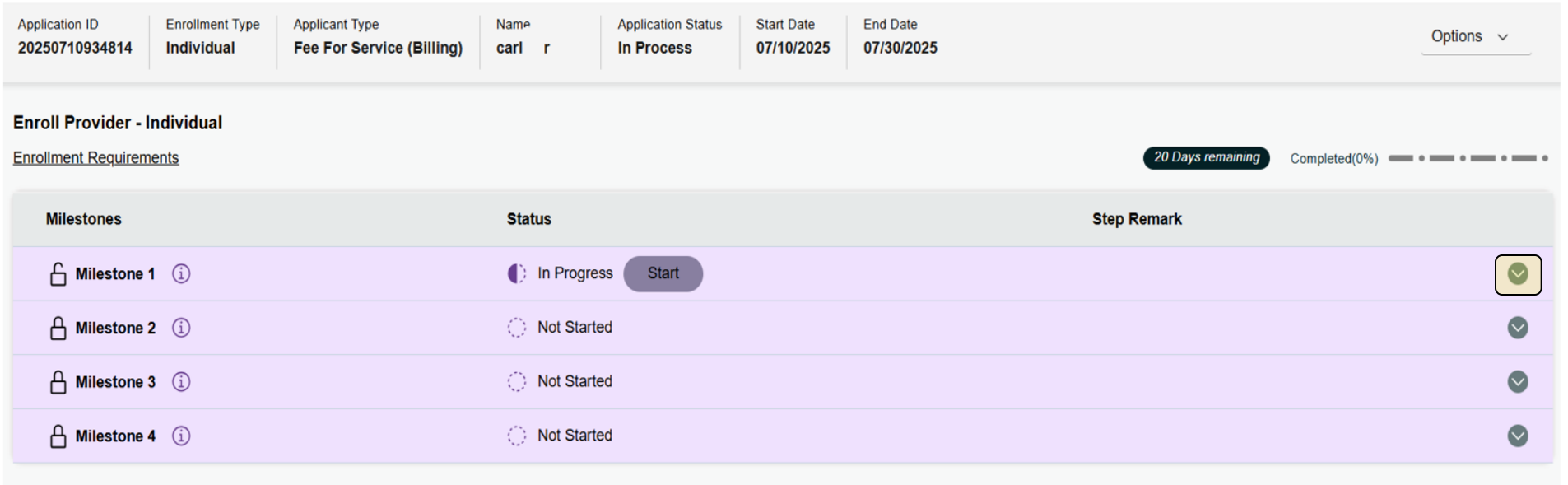
Enrollment Page – Status



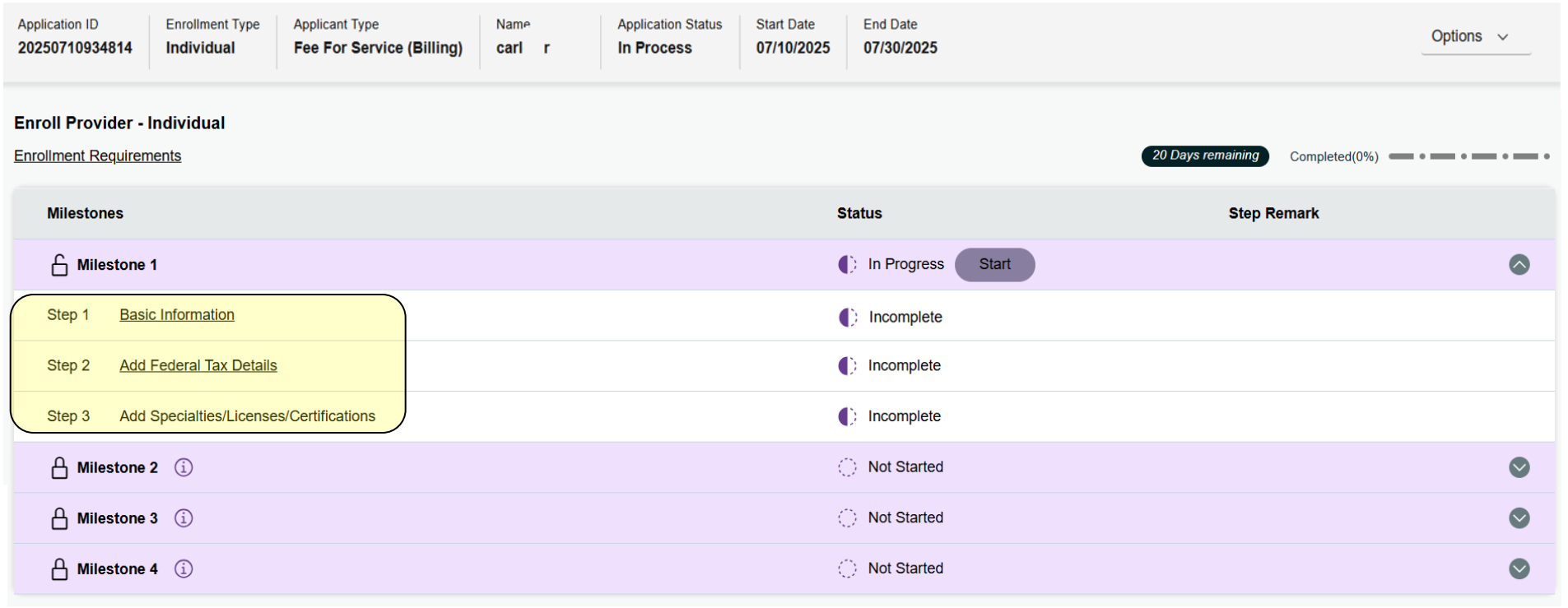
Enrollment Page – Time Out Warning



Enrollment Page – Open Milestones



Enrollment Page – Milestone 1



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
20250710934814	Individual	Fee For Service (Billing)	carl r	In Process	07/10/2025	07/30/2025

Options

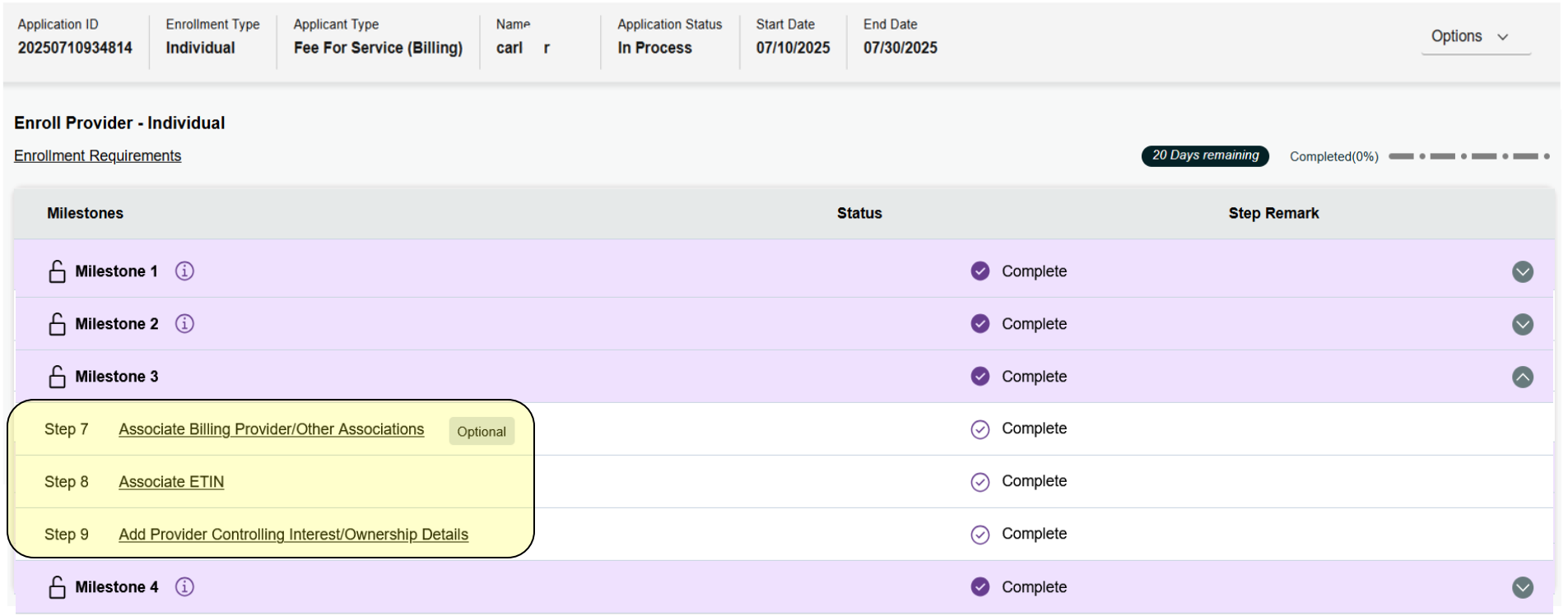
Enroll Provider - Individual

Enrollment Requirements

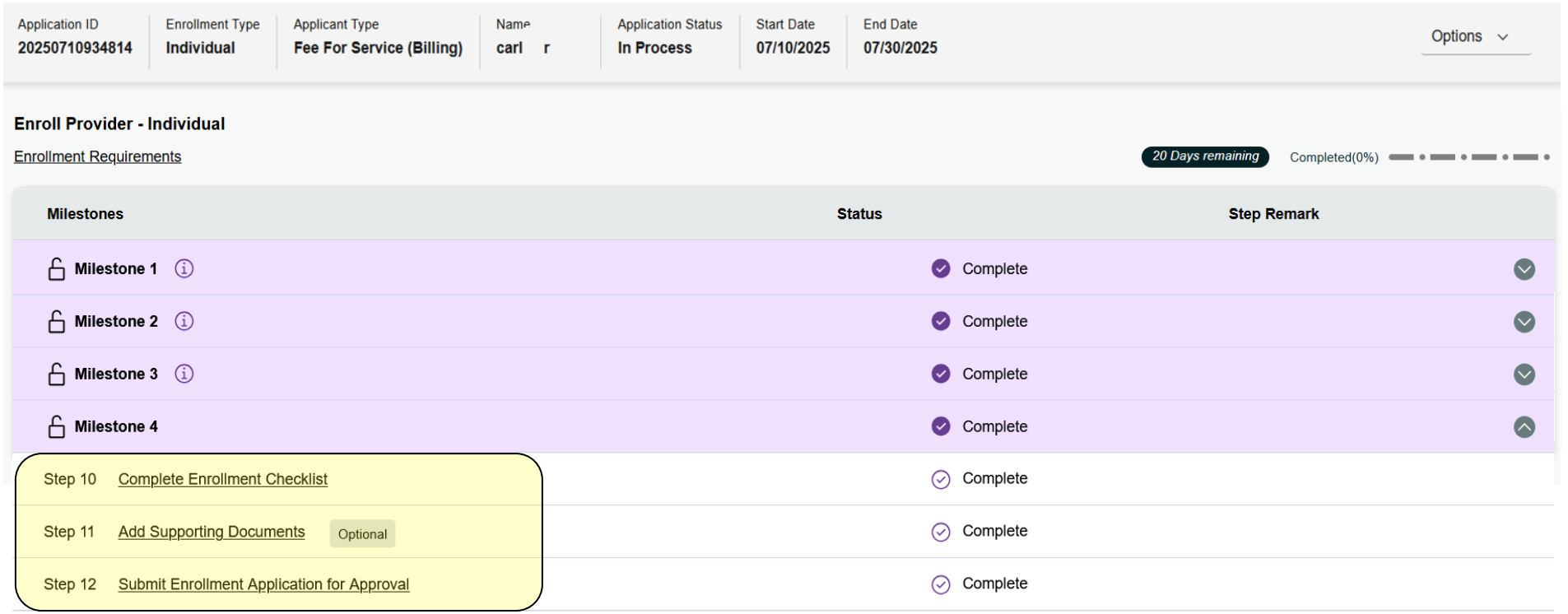
20 Days remaining Completed(0%)

Milestones	Status	Step Remark
Milestone 1	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	

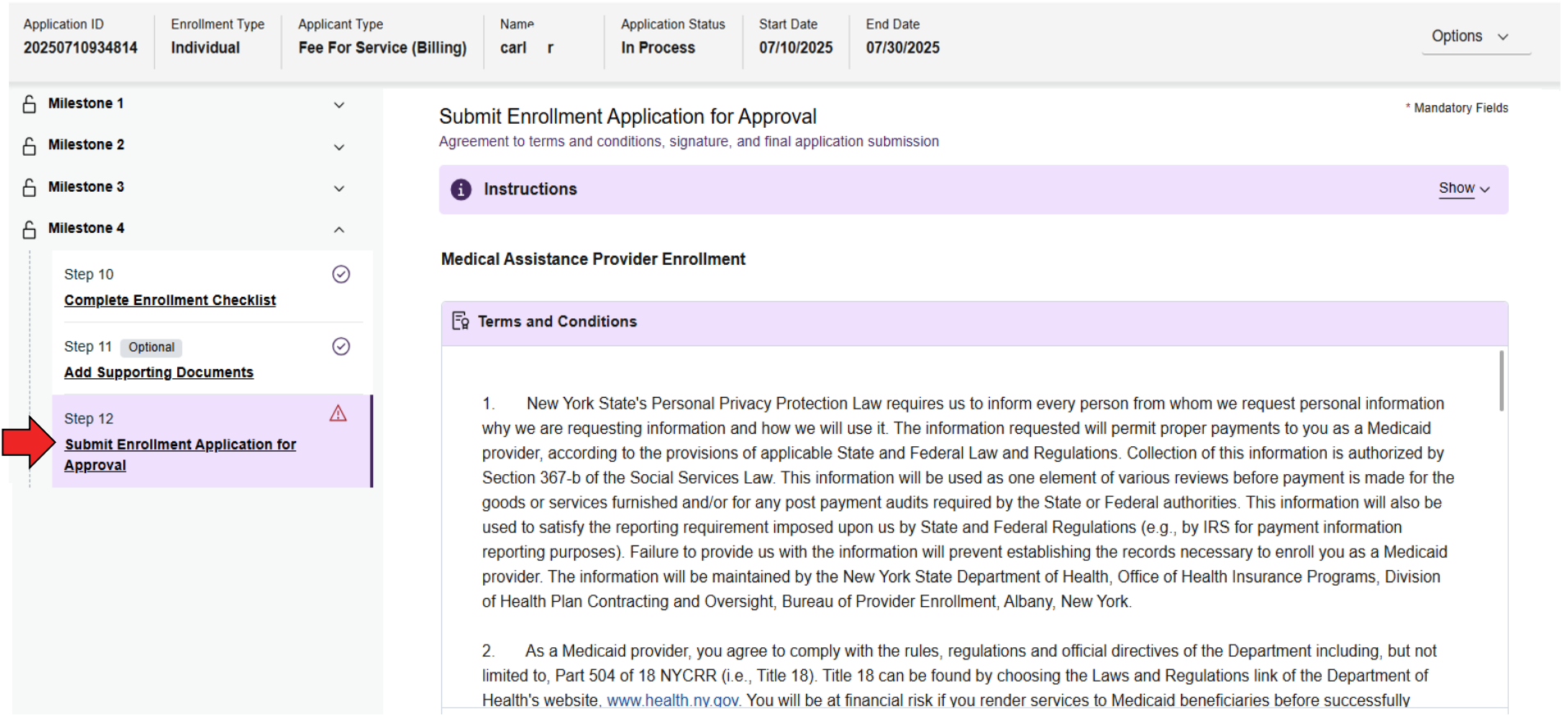
Enrollment Page – Milestone 3



Enrollment Page – Milestone 4



Milestone 4 – Submit Enrollment Application



Milestone 4 – Submit Enrollment Application

⚠ MUST be submitted by the practitioner

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

- 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

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

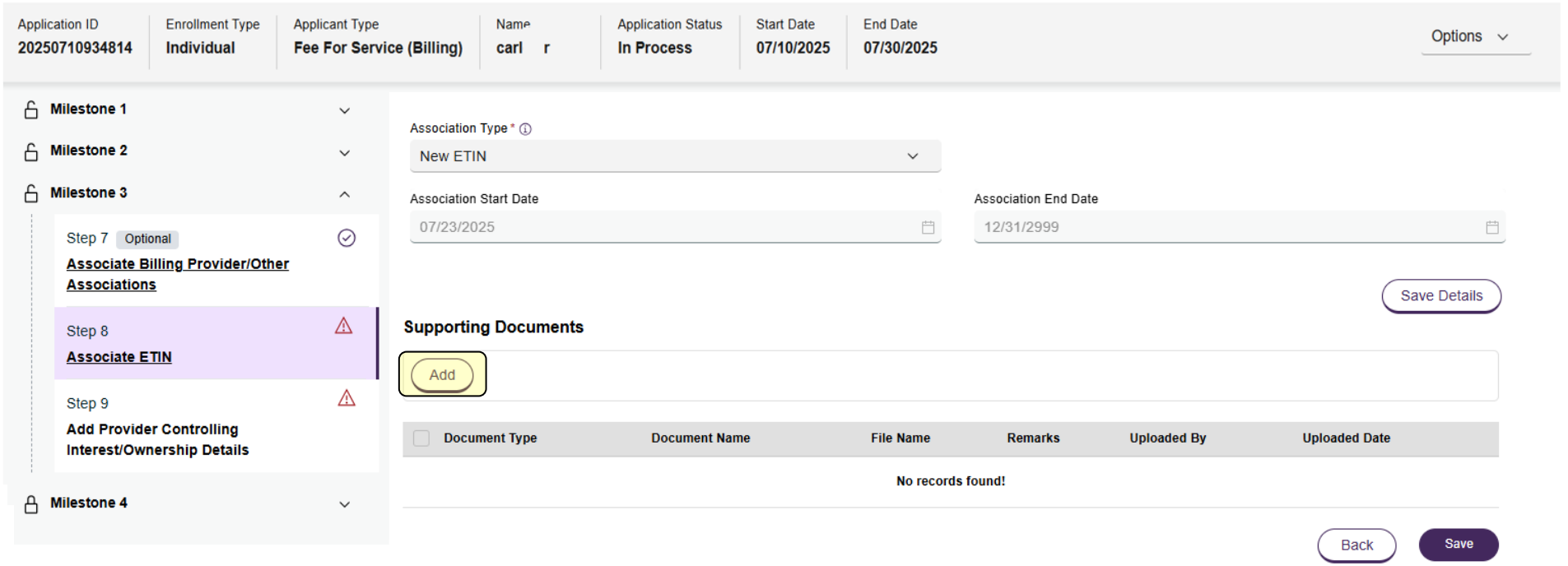
Last Name * R

Date * 07/25/2025

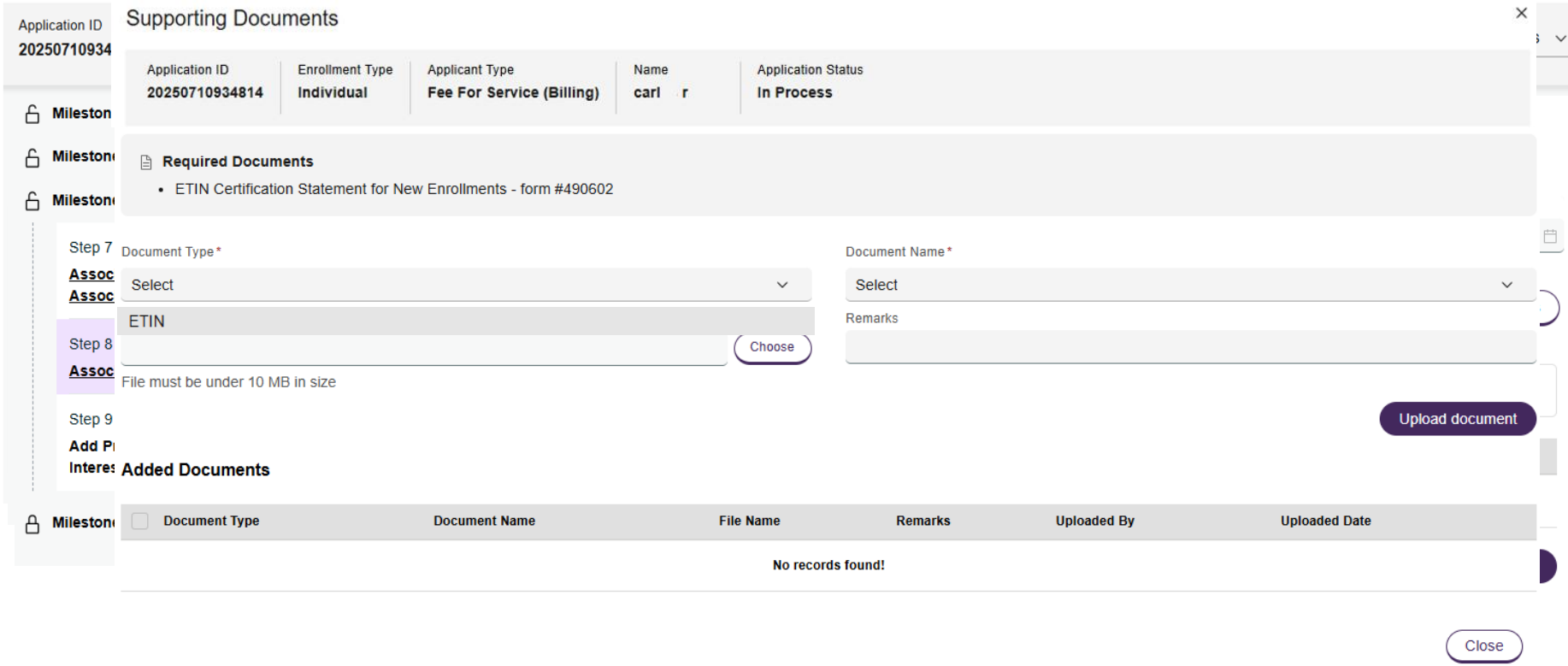
☑ By checking this, I certify that I have read and that I agree and accept the enrollment terms and conditions in the NY State Medicaid Provider Enrollment. *

Submit

Add/Upload a Supporting Document



Add/Upload a Supporting Document



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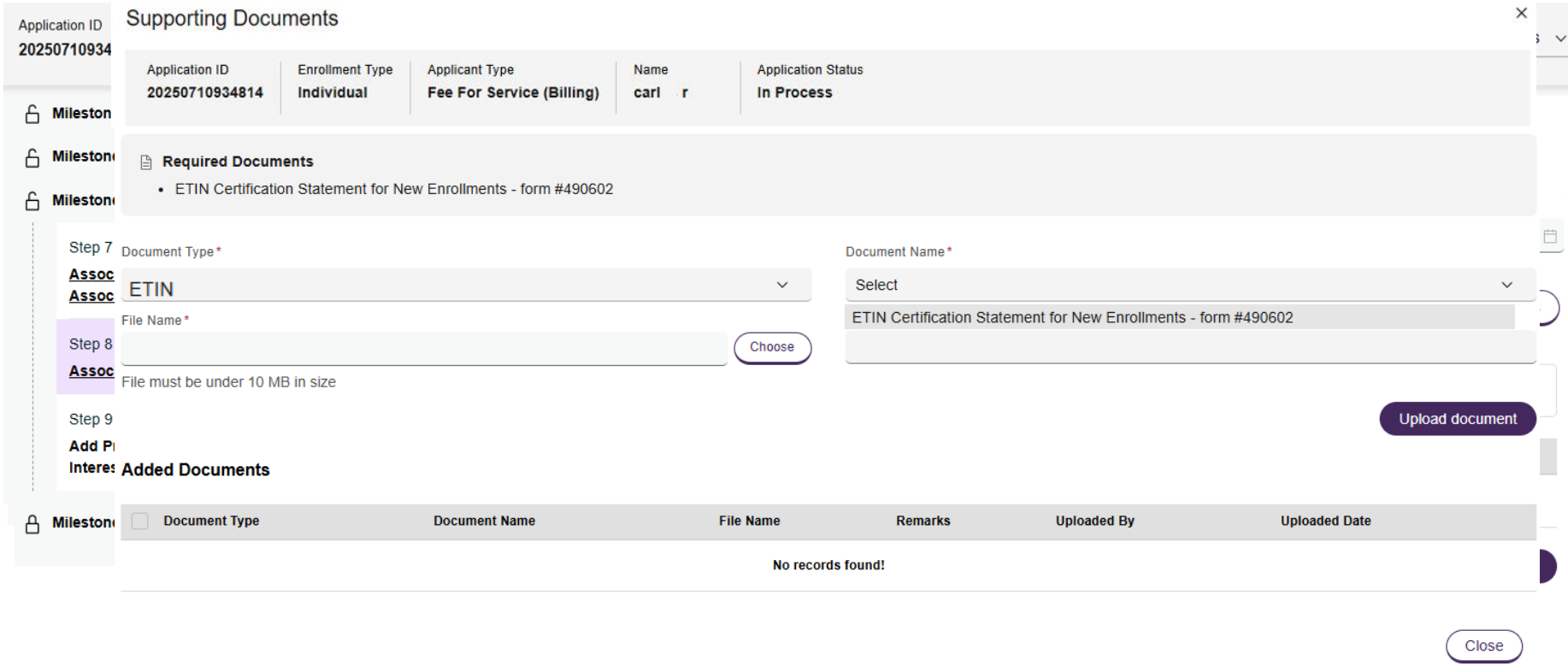

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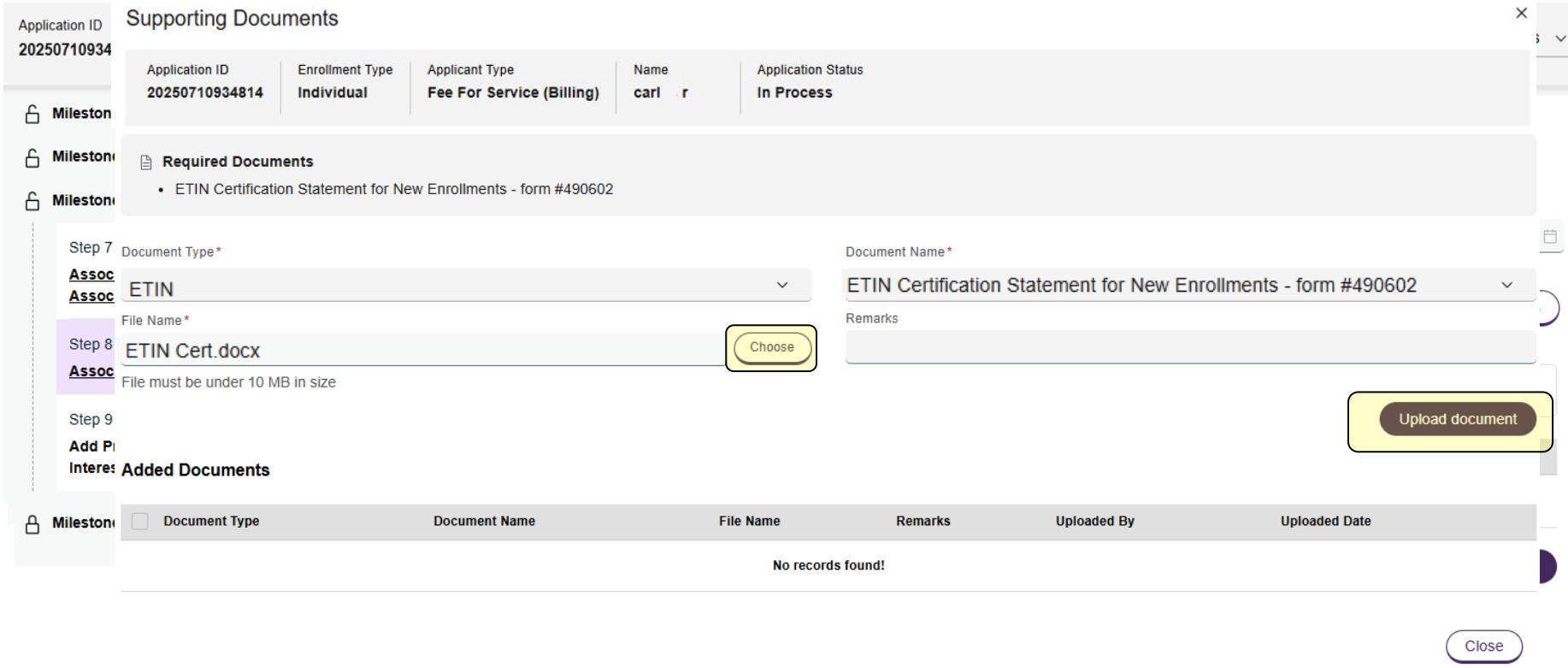
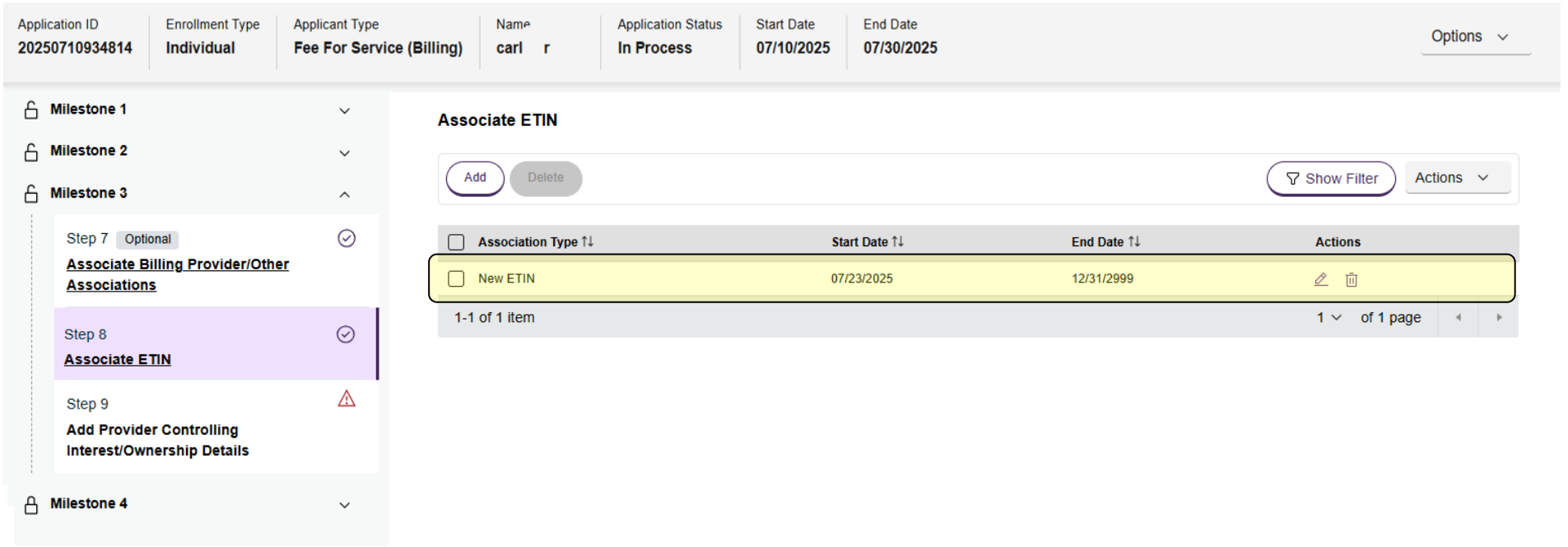
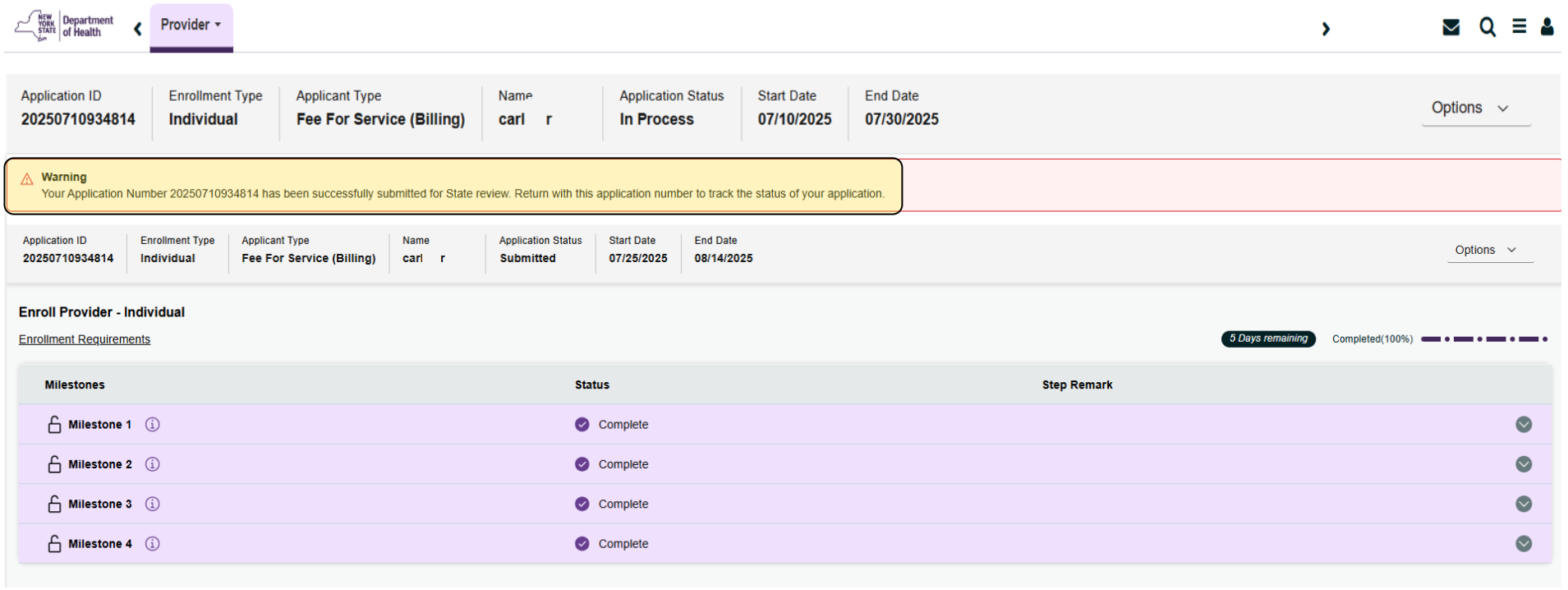


File formats include: .gif, .jpg, .jpeg, .html, .htm, .pdf, .xls, .tif, .doc, .docx, .xlsx, .txt

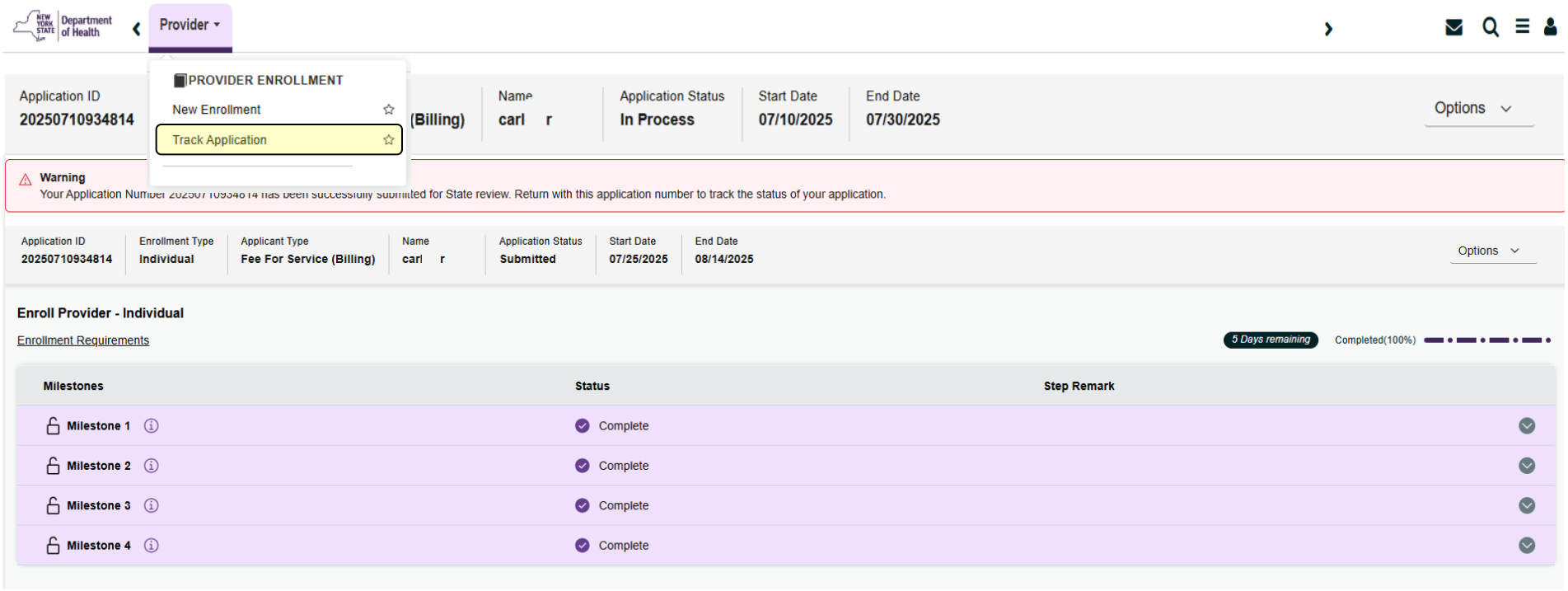
Add/Upload a Supporting Document



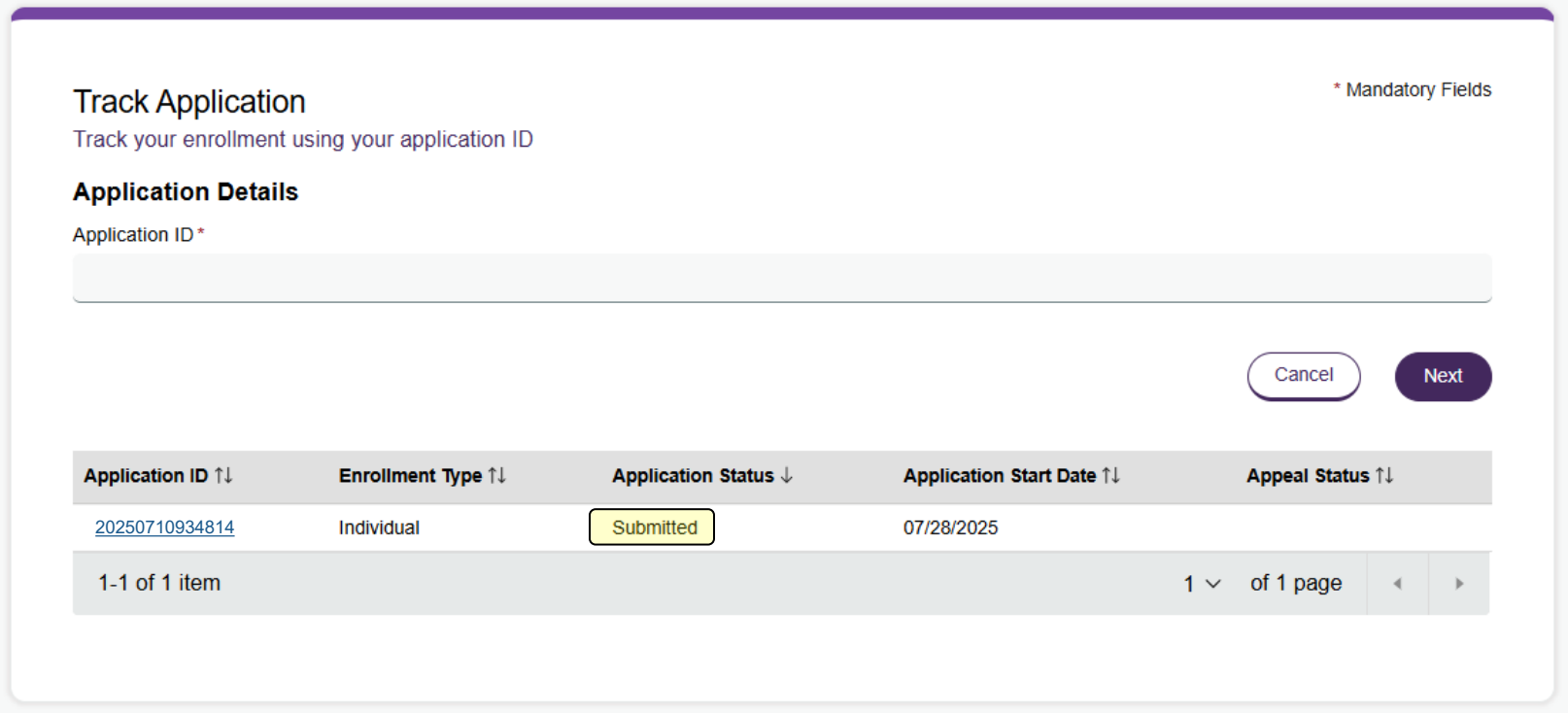
Application Successfully Submitted



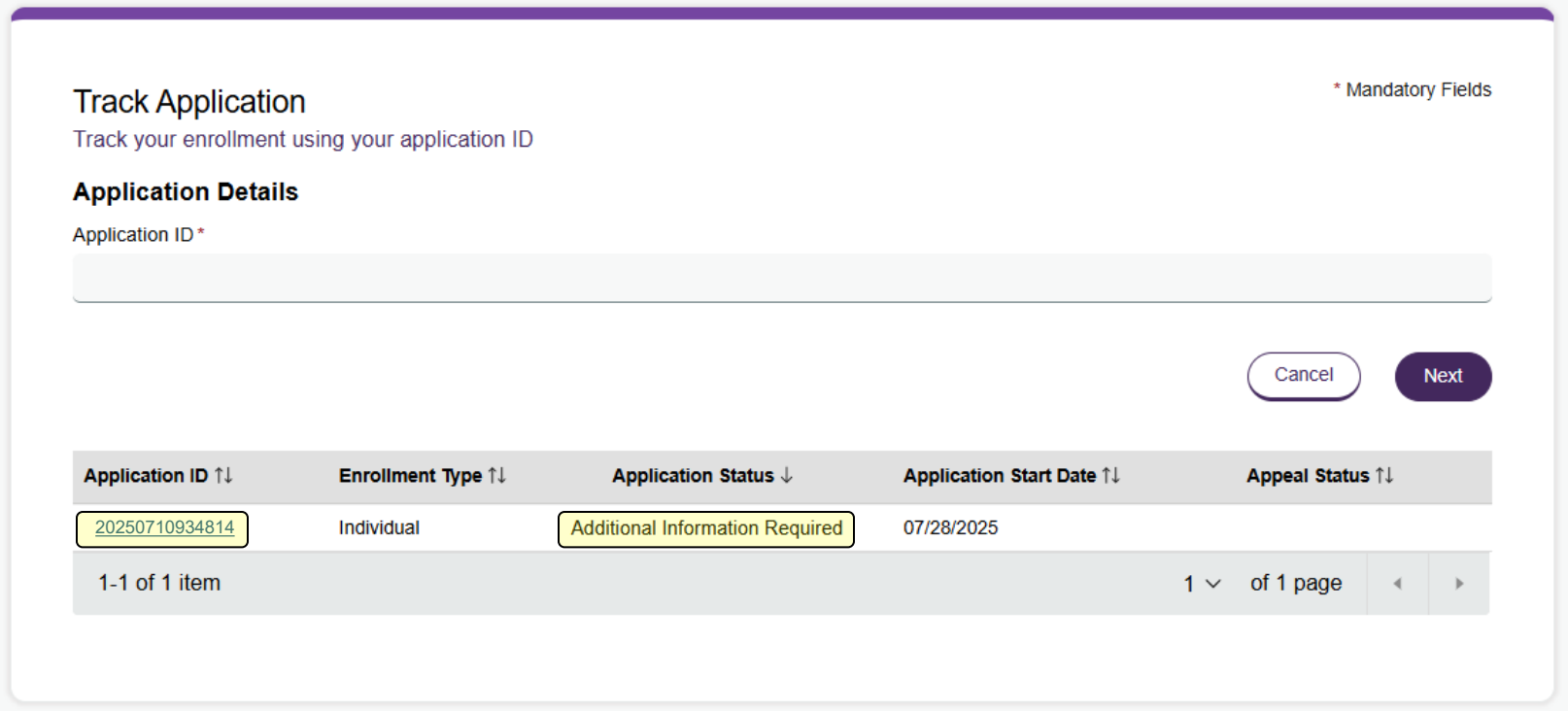
Application Successfully Submitted Track Application



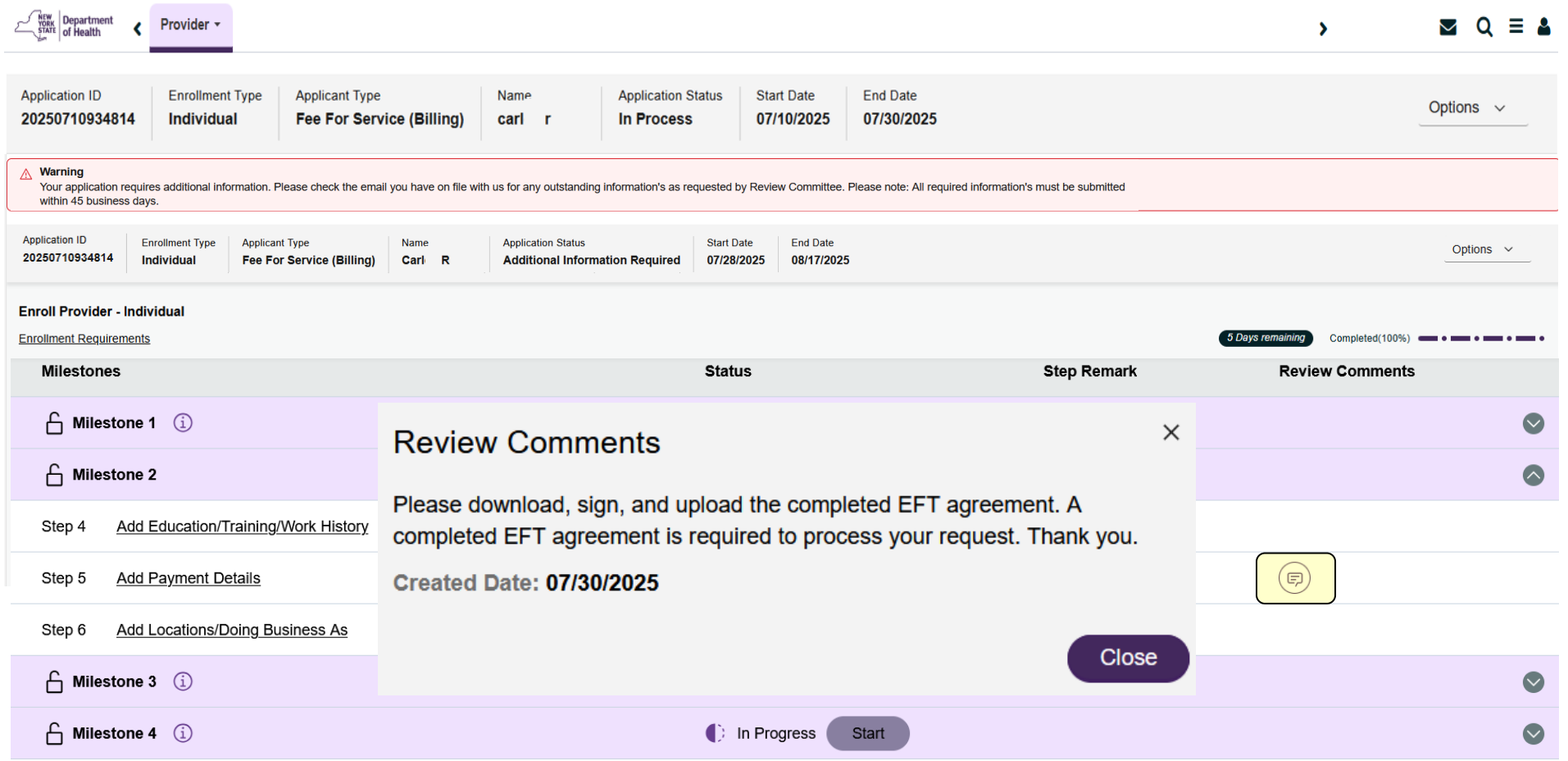
Track Application – Submitted



Track Application – Additional Information Required

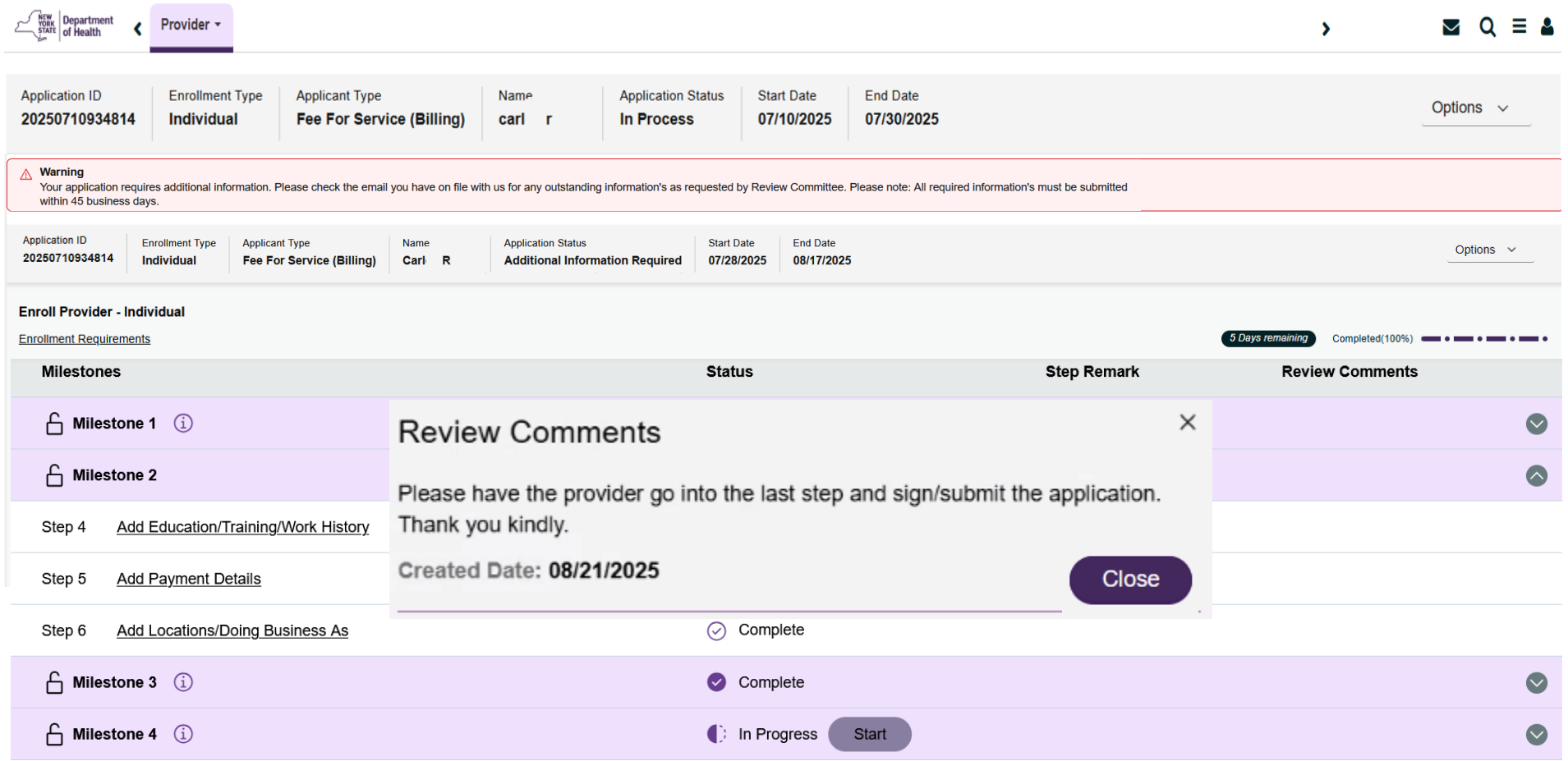


Track Application – Additional Information Required

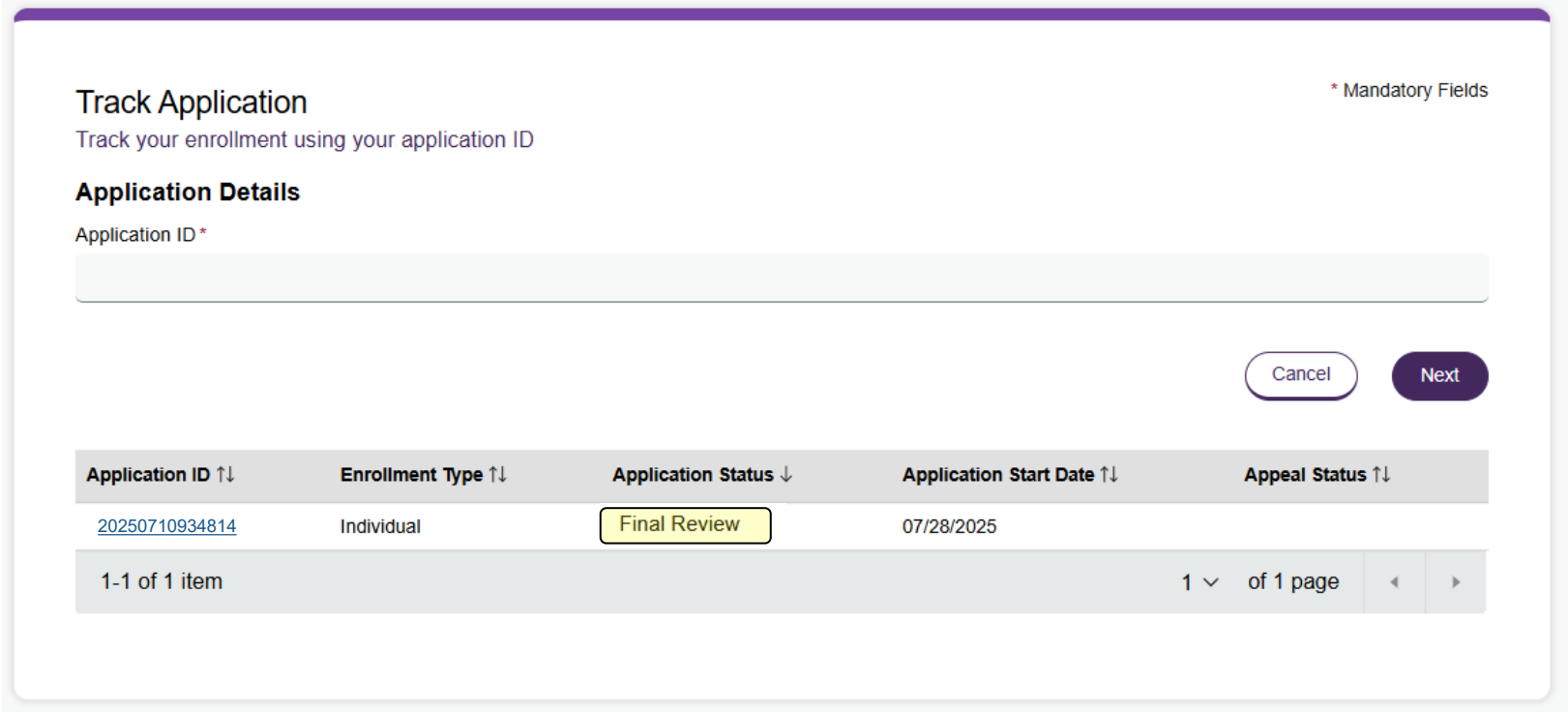


Requests for additional information MUST be completed within 45 days

Track Application – Additional Information Required



Track Application – Final Review



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