



# Training Video

## For NYS Medicaid Providers



# Enrollment

# Key Objectives

Provider Services Portal (PSP)  
Enrollment File Access  
Registration PIN

# General Information

This presentation describes how Medicaid providers gain access to their existing provider enrollment records within the Provider Services Portal (PSP)

An NY.GOV ID **BUSINESS** account is required to access the PSP.

Refer to the NY.GOV ID Quick Reference Guide for instructions on creating an NY.GOV ID **BUSINESS** account. [https://www.emedny.org/PSP/NYGOV\\_ID\\_Account\\_Overview.pdf](https://www.emedny.org/PSP/NYGOV_ID_Account_Overview.pdf)

An eMail and/or letter will be sent with PSP registration instructions and a registration PIN

If the eMail address on file is incorrect, providers can update the email address from the eMedNY.org homepage

# Sample PSP Registration PIN Letter

## NYS Medicaid Provider Services Portal REGISTRATION REQUIRED BY XX/XX/2026

Dear Provider:

New York State (NYS) Medicaid has replaced the paper-based provider enrollment application process with an online system called the NYS Medicaid Provider Services Portal (PSP). The PSP is fully functional with the ability to enroll, revalidate, and modify an existing provider ID at any time. In addition, all provider enrollment records have been converted to the new system.

To ensure converted information is accurate and complete, you are required to complete a registration process by creating an account, logging in, and linking to your provider ID. For security purposes, you must use the unique PIN found further below to start the linking process in the PSP.

**CREATING A PSP ACCOUNT:** To create your account in the PSP, follow the instructions below.

1. Go to the eMedNY website at <https://www.emedny.org/PSP/>.
2. Follow the instructions to create a user account, which includes first creating an NY.gov business account that will enable you to access State systems.
3. Once your NY.gov business account is created, log into the PSP at <https://www.nysproviderportal.health.ny.gov>.
4. A PIN has been associated to the provider ID above. Once you have logged into the PSP, use the PIN below to begin the registration and linking process:

NYS Medicaid PSP Registration PIN: XXXXXXX



A user who completes the PSP registration process is initially set up with the security profile of "Domain Administrator." The Domain Administrator reviews and validates provider information. Please understand that if you are allowing an office manager or staff member to utilize this PIN credential, you will be granting them administrator rights over the account. You are still ultimately responsible for administration of the account.

# Change eMail Address

The screenshot shows the eMedNY website interface. At the top, the eMedNY logo is on the left, and navigation links for 'home', 'self help', 'glossary', and 'site map' are on the right. A search bar contains the text 'change email' with a red arrow pointing to it. Below the search bar is a horizontal menu with buttons for 'What's New', 'Information', 'Provider Enrollment', 'Provider Manuals', 'Provider Outreach and Training', 'Contacts', 'eMedNY HIPAA Support', 'eMedNY Tools Center', and 'PTAR'. The main content area features a large graphic of the Statue of Liberty and the New York City skyline, with the text 'welcome to eMedNY'. To the right of this graphic is a sidebar with a yellow banner asking 'Are you compliant with NYSDOH EFT Requirement?'. Below this are buttons for 'Login ePACES' (with a link to 'ePACES Information'), 'Login eXchange' (with a link to 'eXchange Information'), 'Medicaid NYRx' (with a link to 'Member Resource Site'), and 'NYS Medicaid Provider Services Portal'. At the bottom of the main content area are four green buttons: 'NEW MEDICARE CARDS', 'MEDICAID MANAGED CARE NETWORK', 'PTAR' (with a link to 'click here for more information'), and 'REVALIDATION' (with a link to 'click here for more information').

home | self help | glossary | site map

eMedNY

change email

What's New | Information | Provider Enrollment | Provider Manuals | Provider Outreach and Training | Contacts | eMedNY HIPAA Support | eMedNY Tools Center | PTAR

welcome to eMedNY

**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

**NEW MEDICARE CARDS**

**MEDICAID MANAGED CARE NETWORK**

**PTAR**  
click here for more information

**REVALIDATION**  
click here for more information

www.emedny.org

# Change eMail Address

home | self help | glossary | site map

[What's New](#) [Information](#) [Provider Enrollment](#) [Provider Manuals](#) [Provider Outreach and Training](#) [Contacts](#) [eMedNY HIPAA Support](#) [eMedNY Tools Center](#) [PTAR](#)

About 1,220 results (0.14 seconds)

## Change Email Address for Wage Parity, EVV and PSP - eMedNY

<https://www.emedny.org/info/ProviderEnrollment/changeaddress.aspx>

Please fill out the form below to **change** your **email** address on file either for the New York State Medicaid Provider Services Portal (PSP), Wage Parity, or ...



# Change eMail Address

## Email Change Request for PSP, Wage Parity, and EVV

Please fill out the form below to change your email address on file either for the New York State Medicaid Provider Services Portal (PSP), Wage Parity, or Electronic Visit Verification (EVV).

Select the application you'd like to change the email for:

☒ Provider Services Portal (PSP)

☐ Wage Parity

☐ Electronic Visit Verification (EVV)

Name:

Email:

Phone Number:

NPI:

MMIS ID  
(only if NPI exempt)

ReCaptcha:

☐ I'm not a robot  reCAPTCHA

# **Change eMail Address**

## **Sample Confirmation eMail**

**Your email change request has been completed.**

**Please note: If this email change request was for access to the Provider Services Enrollment Portal (PSP), you may now continue the registration process and generate a PIN. Upon successful registration, please validate the information is correct such as date of birth, name, other required fields, and make any changes as necessary.**

**If you have any questions, please contact the eMedNY Call Center at 1-800-343-9000.**

**This is an automated email; please do not reply to this message. This message is for the designated recipient only and may contain privileged, proprietary, or otherwise private information.**

# PSP Enrollment Access

Provider Enrollment  
Select an applicable option

## New Enrollment

Enroll As a New Provider

Enroll Now



## Track Application

Track Existing Provider Application

Track Application



## Provider Services Portal (PSP) Enrollment Access

Existing Providers should use this button to link to their provider record.

Request Access



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

# PSP Enrollment Access

## Step 1: Enrollment/Registration PIN Validation

\* Mandatory Fields

### Instructions

Hide ^

- Please key both fields in Step 1 and click buttons as described below.
- Confirm - Please select this button once all required information in Step 1 is provided.
- Reset - Please select this button if you want to clear all the information and re-add.
- Regenerate PIN button will regenerate a new PIN which would invalidate the old PIN. This impacts providers that received a PSP Registration letter and/or email (but cannot locate the PIN) or have decided to link to your NYS Medicaid Provider ID prior to notification. An automated email and/or hard copy PIN notification will be sent to the Email/Correspondence Address on record for this Provider ID.

### STEP 1. Enrollment/Registration PIN Validation

NYS Medicaid Provider ID \*

01234567

NYS Medicaid PSP Registration PIN \*

AB^\_cd12

Confirm

Reset

Regenerate PIN

# PSP Enrollment Access

## Step 1: Enrollment/Registration PIN Validation

\* Mandatory Fields

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[Hide](#) ^

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### STEP 1. Enrollment/Registration PIN Validation

NYS Medicaid Provider ID \*

01234567

NYS Medicaid PSP Registration PIN \*

AB^\_cd12

Confirm

Reset

Regenerate PIN

**NOTE:** If the eMail address on file is incorrect and needs to be updated - refer to the change eMail address instructions

# PSP Enrollment Access

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\* Mandatory Fields

### Instructions

Hide ^

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### STEP 1. Enrollment/Registration PIN Validation

NYS Medicaid Provider ID \*

01234567

NYS Medicaid PSP Registration PIN \*

Confirm

Reset

Regenerate PIN

**PIN has been sent to abc\*\*\*\*\*@email.com. If a change of email address or a hard copy letter is needed, please visit <https://www.emedny.org/portal/email> and complete the form.**

# PSP Enrollment Access

## Step 2: Provider Detail Validation

**STEP 2. Provider Detail Validation**-For security Purposes, Provide current Details related to Provider ID above.

Last four digits of your SSN \*

0000

NPI \*

0123456789

First Name \*

John

Last Name \*

Doe

### PSP Registration Terms and Conditions

I represent and certify as follows:

1. I am the individual provider and/or designated equivalent and certify that I have authority to execute this access request on behalf of myself and/or individual provider. I am aware that once linked only the individual provider is able to sign and submit all transactions.
2. I have the authority to obtain Domain Administrator rights to this account and validate the contents therein.
3. All of the above provided is true and accurate.

☐ By checking this, I certify that I have read and that I agree and accept the terms above. \*

 **Verify**

**NOTE:** This example is for an individual practitioner's registration PIN process

# PSP Enrollment Access

## Step 2: Provider Detail Validation

**STEP 2. Provider Detail Validation**-For security Purposes, Provide current Details related to Provider ID above.

Last four digits of your SSN \*

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First Name \*

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2. I have the authority to obtain Domain Administrator rights to this account and validate the contents therein.
3. All of the above provided is true and accurate.

 By checking this, I certify that I have read and that I agree and accept the terms above. \*

Submit

Cancel

# PSP Enrollment Access Domain Home Page



## Department of Health Medicaid



JOHN DOE 01234567 IND



Provider Enrollment Access



Select Favorite



Go



# PSP Enrollment Access Modification Request Type

## Modification Request Type

Select an appropriate option to proceed

### ● Provider Service Portal (PSP) Registration

Providers that originally enrolled utilizing a paper process should use this button to claim their enrollment record, now available in the PSP. Here they will follow the process linking the provider or authorized representatives to their digital NYS Medicaid Provider enrollment record. Since this record has been converted from paper, we want to ensure the details are correct and complete. The provider must review all the details in each step, to verify or update details. Users will be prompted to enter required information, where the data is incomplete, then confirm.

Some provider types designated as "Limited" risk as per 42 CFR 455.450, the information that you provide in this re-registration process could also be used to meet the revalidation requirements. If you do not complete this process, you will not be able to access the PSP to report updates to your provider record which could result in processing delays.



# PSP Enrollment Access

 Department of Health  
My Inbox ▾ Provider ▾

Provider Portal

| Provider ID | Name     | NPI        | Business Status | Business Eligibility Date Range | Revalidation Period     | Options ▾ |
|-------------|----------|------------|-----------------|---------------------------------|-------------------------|-----------|
| 01234567    | JOHN DOE | 0123456789 | ACTIVE          | 01/01/2024 – 12/31/2999         | 06/01/2026 – 05/30/2031 |           |

PROVIDER SERVICE PORTAL (PSP) REGISTRATION - INDIVIDUAL

[Enrollment Requirements](#)

| Milestones                                                                                      | Modification Date              | Review Date | Status                                                                                           | Modification Status | Step Remark                                                                           |
|-------------------------------------------------------------------------------------------------|--------------------------------|-------------|--------------------------------------------------------------------------------------------------|---------------------|---------------------------------------------------------------------------------------|
|  Milestone 1   |                                |             |                                                                                                  |                     |    |
| Step 1 <a href="#">Basic Information</a>                                                        | 05/26/2026                     | 05/26/2026  |  Incomplete   |                     |                                                                                       |
| Step 2 <a href="#">Federal Tax Details</a>                                                      | 05/28/2026                     | 05/28/2026  |  Incomplete   |                     |                                                                                       |
| Step 3 <a href="#">Specialties/Licenses/Certifications</a>                                      | 05/28/2026                     | 05/28/2026  |  Incomplete   |                     |                                                                                       |
|  Milestone 2   |                                |             |                                                                                                  |                     |    |
| Step 4 <a href="#">Education/Training/Work History</a>                                          | <div>Optional</div> 05/26/2026 | 05/26/2026  |  Incomplete   |                     |                                                                                       |
| Step 5 <a href="#">Payment Details</a>                                                          | 05/28/2026                     | 05/28/2026  |  Incomplete |                     |                                                                                       |
| Step 6 <a href="#">Locations/Doing Business As</a>                                              | 05/28/2026                     | 05/28/2026  |  Incomplete |                     |                                                                                       |
|  Milestone 3 |                                |             |                                                                                                  |                     |  |

**NOTE: The provider, owner, board member or managing employee must e-sign and submit the updated enrollment profile**

# Important Reminders

An NY.GOV ID **BUSINESS** account is required to access the PSP.

Refer to the NY.GOV ID Quick Reference Guide for instructions on creating an NY.GOV ID **BUSINESS** account. [https://www.emedny.org/PSP/NYGOV\\_ID\\_Account\\_Overview.pdf](https://www.emedny.org/PSP/NYGOV_ID_Account_Overview.pdf)

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The provider, owner, board member or managing employee must e-sign and submit the updated enrollment profile

# Reference and Contact Information

## eMedNY Website

- [www.emedny.org](http://www.emedny.org)

## PSP – Registration PIN Quick Reference Guide

- [https://www.emedny.org/PSP/docs/PSP\\_RegistrationGuide.pdf](https://www.emedny.org/PSP/docs/PSP_RegistrationGuide.pdf)

## eMedNY Call Center

- 800-343-9000



## Conclusion

Provider Services Portal  
Registration PIN



[www.emedny.org](http://www.emedny.org)