

# 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 45 calendar days
- If not submitted within 45 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 shows the eMedNY website homepage. At the top left is the eMedNY logo. To the right are navigation links: home, self help, glossary, and site map. Below these is a search bar with the text "ENHANCED BY Google" and a magnifying glass icon. A horizontal menu contains several buttons: "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 graphic with the Statue of Liberty and a city skyline. The text "welcome to eMedNY" is centered. Below this 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, there is a yellow banner: "Are you compliant with NYSDOH EFT Requirement?". Below it are four buttons: "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

home | self help | glossary | site map

ENHANCED BY Google

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

## Provider Enrollment & Maintenance

### step 1 Enrollment Type Filter

Select your enrollment status.

  
**New Enrollment**

  
**Currently or Previously Enrolled**

### 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.

**Featured Links**

-  [User Guide](#)
-  [FAQs](#)

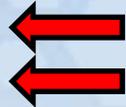
**Quick Reference Guides**

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

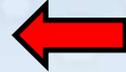
**Helpful Links**

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


Sign Up for LISTSERV®



User Guide  
FAQs



Quick Reference Guides



Helpful Links



Presentation Slides

# PSP Homepage – Step 2



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.



## 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](#)
-  [FAQs](#)

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**Quick Reference Guides**

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

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**Helpful Links**

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

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 [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

- [User Guide](#)
- [FAQs](#)

### 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](#)
- [Training Session](#)



# 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](#)
- [FAQs](#)

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**Quick Reference Guides**

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

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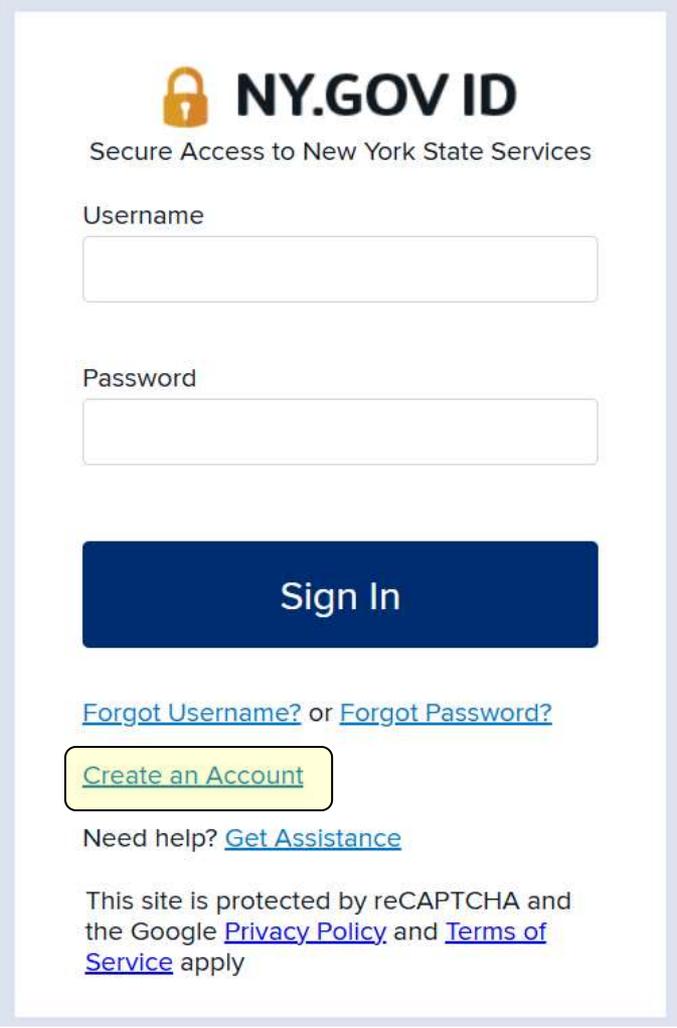
**Helpful Links**

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

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# NY.GOV ID – Create an Account

A screenshot of the NY.GOV ID login page. At the top, there is a logo consisting of a padlock icon and the text "NY.GOV ID". Below the logo is the tagline "Secure Access to New York State Services". The page contains two input fields: "Username" and "Password". Below these fields is a large blue button labeled "Sign In". Underneath the button are two links: "Forgot Username?" and "Forgot Password?". A button labeled "Create an Account" is highlighted with a yellow border. At the bottom, there is a link "Need help? Get Assistance" and a disclaimer: "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.



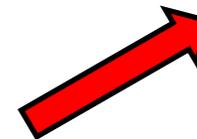
### GOVERNMENT EMPLOYEE

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.



All Practitioners, Credentialers and Staff are **REQUIRED** to have their own NY.GOV ID **BUSINESS** accounts

# 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

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

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# NY.GOV ID – PSP First Sign In

 **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

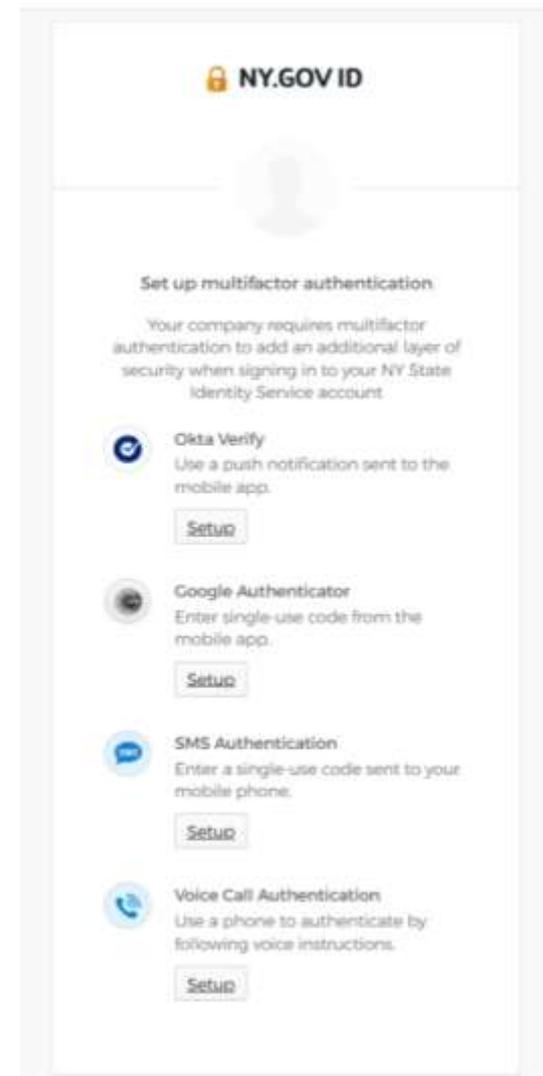
<https://www.nysproviderportal.health.ny.gov>

# 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



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 Secure

To complete document verification, you will be transferred from this New York State website to our partner's website. Secure'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

 **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://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 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.

Select

# Application Instructions

## Application Instructions for Individual

Follow below instructions to complete application easily



### Documents to Keep Handy

Please have your license and certification documents readily available to complete your application. Additional documents such as a bank letter or cancelled check, IRS FEIN Assignment Letter, and/or a certified copy of your DBA, or other forms (indicated in the Step Requirements) may also be required based on your provider category of service or the information provided in your 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. Once submitted, it is strongly recommended that providers promptly navigate to the application, select the “Options” dropdown, then download/print a copy of the application for their records.



### Submission Timeline

You must complete the full application and submit within 45 calendar days, or your application will expire.

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

# Enrollment Information – Applicant Type Fee For Service (Billing)

## 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 - I am not a member of a group ▼

### Demographic Details

First Name \*

Last Name \*

NPI \*

Date of Birth \*

SSN \*

### Contacts

Primary Email Address \*

example@email.com

[Back to Instructions](#)

Cancel

Generate Application

# Enrollment Information – Applicant Type OPRA

## Application for Individual

\* Mandatory Fields

Provide some essential information to generate an application for you

### Enrollment Information

Applicant Type \*

Fee For Service (Billing) ^

Fee For Service (Billing) ✓

Ordering/Prescribing/Referring/Attending

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

Not Applicable - I am not a member of a group v

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](#)

# Enrollment Information – Applicant Type OPRA

## Application for Individual

\* Mandatory Fields

Provide some essential information to generate an application for you

### Enrollment Information

Applicant Type \*

Ordering/Prescribing/Referring/Attending 

Providers selecting this Applicant Type will not have ability to submit or be paid for Fee-For-Service (FFS) claims billed directly to NYS Medicaid. If you need to submit FFS claims, please select the Applicant Type "Fee for Service (Billing)".

### Demographic Details

First Name \*

Last Name \*

NPI \*

Date of Birth \*

MM/DD/YYYY 

SSN \*

000-00-0000 

### Contacts

Primary Email Address \*

example@email.com

# Enrollment Information – Private Practice Fee For Service (Billing)

\* Mandatory Fields

## Application for Individual

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 - I am not a member of a group 

No - I am only in a group. I do not have a private practice

Not Applicable - I am not a member of a group 

Yes - I am in a group and also have a private practice

### 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 - I am not a member of a group 

### 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

\* 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 - I am not a member of a group



### 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 - I am not a member of a group 

### 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 - I am not a member of a group

### 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

# 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 - I am not a member of a group



### 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 - I am not a member of a group



### 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!

<b>Application ID</b> 20260119706566 <a href="#">Copy</a>	<b>Application Status</b> In Process
<b>Enrollment Type</b> Individual	<b>Name</b> carl r

[Go to Application](#)

Red arrows point to the Application ID, Enrollment Type, and Name fields.

**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: 20260119706566  
Provider Name: Carl, R  
NPI: 0123456789

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 45 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 20260119708566	Enrollment Type Individual	Applicant Type Fee For Service (Billing)	Name carl r	Application Status In Process	Start Date 01/19/2026	End Date 03/05/2026	Options
----------------------------------	-------------------------------	---	----------------	----------------------------------	--------------------------	------------------------	---------

## Enroll Provider - Individual

### Enrollment Requirements

45 Days remaining Completed(0%)

Milestones	Status	Step Remark
Milestone 1	In Progress <span>Start</span>	
Milestone 2	Not Started	
Milestone 3	Not Started	
Milestone 4	Not Started	

# Enrollment Page – Options

Application ID 20260119708566	Enrollment Type Individual	Applicant Type Fee For Service (Billing)	Name carl r	Application Status In Process	Start Date 01/19/2026	End Date 03/06/2026	Options
----------------------------------	-------------------------------	---	----------------	----------------------------------	--------------------------	------------------------	---------

- Cancel Application
- Credentialing Details
- Print

## Enroll Provider - Individual

### Enrollment Requirements

45 Days remaining

Milestones	Status	Step Remark
Milestone 1	In Progress <span>Start</span>	
Milestone 2	Not Started	
Milestone 3	Not Started	
Milestone 4	Not Started	

# Enrollment Page – Requirements

Application ID 20260119708566	Enrollment Type Individual	Applicant Type Fee For Service (Billing)	Name Carl R	Application Status In Process	Start Date 01/19/2026	End Date 03/06/2026	Options ▾
----------------------------------	-------------------------------	---	----------------	----------------------------------	--------------------------	------------------------	-----------

Enroll Provider - Individual

Enrollment Requirements

- Milestones
- Milestone 1 ⓘ
- Milestone 2 ⓘ
- Milestone 3 ⓘ
- Milestone 4 ⓘ

Document Name							
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		<a href="https://www.emedny.org/info/providerenrollment/ProviderMainForms/490602_ETIN_CERTIFICATION_STATEMENT_FOR_NEW_ENROLLMENT_S.pdf">https://www.emedny.org/info/providerenrollment/ProviderMainForms/490602_ETIN_CERTIFICATION_STATEMENT_FOR_NEW_ENROLLMENT_S.pdf</a>	Required	No	

Save to XLS

1-4 of 4 items

1 of 1 page

Close

# Enrollment Page – Days Remaining

Application ID 20260119708566	Enrollment Type Individual	Applicant Type Fee For Service (Billing)	Name carl r	Application Status In Process	Start Date 01/19/2026	End Date 03/06/2026	Options
----------------------------------	-------------------------------	---	----------------	----------------------------------	--------------------------	------------------------	---------

## Enroll Provider - Individual

### Enrollment Requirements

45 Days remaining Completed(0%)

Milestones	Status	Step Remark
Milestone 1	In Progress <span style="margin-left: 10px;">Start</span>	
Milestone 2	Not Started	
Milestone 3	Not Started	
Milestone 4	Not Started	

# Enrollment Page – Percent Completed

Application ID 20260119708566	Enrollment Type Individual	Applicant Type Fee For Service (Billing)	Name carl r	Application Status In Process	Start Date 01/19/2026	End Date 03/06/2026	Options
----------------------------------	-------------------------------	---	----------------	----------------------------------	--------------------------	------------------------	---------

## Enroll Provider - Individual

### Enrollment Requirements

45 Days remaining



Milestones	Status	Step Remark
Milestone 1	In Progress <span>Start</span>	
Milestone 2	Not Started	
Milestone 3	Not Started	
Milestone 4	Not Started	

# Enrollment Page – Milestones

Application ID 20260119708566	Enrollment Type Individual	Applicant Type Fee For Service (Billing)	Name carl r	Application Status In Process	Start Date 01/19/2026	End Date 03/06/2026	Options
----------------------------------	-------------------------------	---	----------------	----------------------------------	--------------------------	------------------------	---------

## Enroll Provider - Individual

### Enrollment Requirements

45 Days remaining Completed(0%)

Milestones	Status	Step Remark
Milestone 1	In Progress <span>Start</span>	
Milestone 2	Not Started	
Milestone 3	Not Started	
Milestone 4	Not Started	

# Enrollment Page – Milestones

Application ID 20260119708566	Enrollment Type Individual	Applicant Type Fee For Service (Billing)	Name carl r	Application Status In Process	Start Date 01/19/2026	End Date 03/06/2026	Options
----------------------------------	-------------------------------	---	----------------	----------------------------------	--------------------------	------------------------	---------

## Enroll Provider - Individual

Enrollment Requirements **45 Days remaining** Completed(0%)

Milestones	Status	Step Remark
Milestone 1	In Progress <span>Start</span>	
Milestone 2 <ul style="list-style-type: none"> <li>Steps</li> <li>• Basic Information</li> <li>• Add Federal Tax Details</li> <li>• Add Specialties/Licenses/Certifications</li> </ul>	Not Started	
Milestone 3	Not Started	
Milestone 4	Not Started	

# Enrollment Page – Status

Application ID 20260119708566	Enrollment Type Individual	Applicant Type Fee For Service (Billing)	Name carl r	Application Status In Process	Start Date 01/19/2026	End Date 03/06/2026	Options
----------------------------------	-------------------------------	---	----------------	----------------------------------	--------------------------	------------------------	---------

## Enroll Provider - Individual

### Enrollment Requirements

45 Days remaining Completed(0%)

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

# Enrollment Page – Time Out Warning

Application ID	Enrollment Type	Applicant Type	Name	Application Status	Start Date	End Date	Options
20260119708566	Individual	Fee For Service (Billing)	carl r	In Process	01/19/2026	03/06/2026	

## Enroll Provider - Individual

### Enrollment Requirements

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

### Session time out warning

Your session is going to expire in 1 minute

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

Close

45 Days remaining Completed(0%)

# Enrollment Page – Open Milestones

Application ID 20260119708566	Enrollment Type Individual	Applicant Type Fee For Service (Billing)	Name carl r	Application Status In Process	Start Date 01/19/2026	End Date 03/06/2026	Options
----------------------------------	-------------------------------	---	----------------	----------------------------------	--------------------------	------------------------	---------

## Enroll Provider - Individual

### Enrollment Requirements

45 Days remaining Completed(0%)

Milestones	Status	Step Remark
Milestone 1	In Progress <span>Start</span>	
Milestone 2	Not Started	
Milestone 3	Not Started	
Milestone 4	Not Started	

# Enrollment Page – Milestone 1

Application ID 20260119708566	Enrollment Type Individual	Applicant Type Fee For Service (Billing)	Name carl r	Application Status In Process	Start Date 01/19/2026	End Date 03/06/2026	Options
----------------------------------	-------------------------------	---	----------------	----------------------------------	--------------------------	------------------------	---------

## Enroll Provider - Individual

### Enrollment Requirements

45 Days remaining

Completed(0%)



Milestones	Status	Step Remark
Milestone 1 Step 1 <a href="#">Basic Information</a> Step 2 <a href="#">Add Federal Tax Details</a> Step 3 <a href="#">Add Specialties/Licenses/Certifications</a>	In Progress <span>Start</span> Incomplete Incomplete 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 20260119708566	Enrollment Type Individual	Applicant Type Fee For Service (Billing)	Name carl r	Application Status In Process	Start Date 01/19/2026	End Date 03/06/2026	Options
----------------------------------	-------------------------------	---	----------------	----------------------------------	--------------------------	------------------------	---------

## Enroll Provider - Individual

Enrollment Requirements

45 Days remaining Completed(0%)

Milestones	Status	Step Remark
Milestone 1	Complete	
Milestone 2	Complete	
Step 4 <a href="#">Add Education/Training/Work History</a> <span style="border: 1px solid gray; padding: 2px;">Optional</span>	Complete	
Step 5 <a href="#">Add Payment Details</a>	Complete	
Step 6 <a href="#">Add Locations/Doing Business As</a>	Complete	
Milestone 3	Complete	
Milestone 4	Complete	

# Milestone 2 – Step 5

## EFT Download

Application ID: 20260119708566 | Enrollment Type: Individual | Applicant Type: Fee For Service (Billing)

- Milestone 1
- Milestone 2
  - Step 4 Optional
  - Add Education/Training/Work History
  - Step 5**
  - Add Payment Details
  - Step 6
  - Add Locations/Doing Business As
- Milestone 3
- Milestone 4

ELECTRONIC FUNDS TRANSFER AGREEMENT		
<b>PROVIDER INFORMATION</b>		
Provider Name R CARL		
Provider Address Street 111 MAIN STREET		
City ANY TOWN	State/Province NEW YORK	Zip Code/Postal Code 12345
<b>PROVIDER IDENTIFIERS INFORMATION</b>		
Social Security Number (SSN) or Federal Employer Identification Number (FEIN) or Employer Identification Number (EIN) #####		
National Provider Identifier (NPI) #####		
<b>PROVIDER CONTACT INFORMATION</b>		
Contact Name carl r		
Phone Number 5555555555	Email Address @email.com	Fax Number
<b>FINANCIAL INSTITUTION INFORMATION</b>		
Routing Number #####	Type of Account <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
Account Number #####		
Financial Institution Name ABC Bank		
Financial Institution Address Street 111 Main		
City ANY TOWN	State/Province NEW YORK	Zip Code/Postal Code 12345
<b>MODE OF PAYMENT</b>		
Payment Method <input checked="" type="checkbox"/> Electronic Funds Transfer(EFT)		
<b>AUTHORIZED SIGNATURE</b>		
Original Signature of Practitioner/Authorized Representative		
Printed Name of Practitioner/Authorized Representative carl r		
Printed Title of Practitioner/Authorized Representative		
Submission Date 28-JUL-25		Effective Start Date/Cycle#

Options ▾

Show ▾

Step Requirements

I signify the agreement with the terms on page 2 of appear on the form that gets created. However, the

Download

ted in this agreement has been closed, be automatically terminated.

y amount that has been credited to your

Authorization Agreement - By Selecting the Check

Save Details

# Enrollment Page – Milestone 3

Application ID 20260119708566	Enrollment Type Individual	Applicant Type Fee For Service (Billing)	Name carl r	Application Status In Process	Start Date 01/19/2026	End Date 03/06/2026	Options
----------------------------------	-------------------------------	---	----------------	----------------------------------	--------------------------	------------------------	---------

## Enroll Provider - Individual

Enrollment Requirements

45 Days remaining Completed(0%)

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

# Enrollment Page – Milestone 4

Application ID 20260119708566	Enrollment Type Individual	Applicant Type Fee For Service (Billing)	Name carl r	Application Status In Process	Start Date 01/19/2026	End Date 03/06/2026	Options
----------------------------------	-------------------------------	---	----------------	----------------------------------	--------------------------	------------------------	---------

## Enroll Provider - Individual

Enrollment Requirements

45 Days remaining

Completed(0%)

Milestones	Status	Step Remark
Milestone 1	Complete	
Milestone 2	Complete	
Milestone 3	Complete	
Milestone 4	Complete	
Step 10 <a href="#">Complete Enrollment Checklist</a>	Complete	
Step 11 <a href="#">Add Supporting Documents</a> <span>Optional</span>	Complete	
Step 12 <a href="#">Submit Enrollment Application for Approval</a>	Complete	

# Milestone 4 – Submit Enrollment Application

Application ID	Enrollment Type	Applicant Type	Name	Application Status	Start Date	End Date	Options
20260119708566	Individual	Fee For Service (Billing)	carl r	In Process	01/19/2026	03/06/2026	

- 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

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](http://www.health.ny.gov). You will be at financial risk if you render services to Medicaid beneficiaries before successfully



# Milestone 4 – Submit Enrollment Application Incorrect

 **MUST** be submitted by the practitioner

Application ID 20260119708566	Enrollment Type Individual	Applicant Type Fee For Service (Billing)	Name carl r	Application Status In Process	Start Date 01/19/2026	End Date 03/06/2026	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 *	Last Name *
John	Doe
Date *	
01/25/2026	

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 \*



**The authorized signer of the Terms and Conditions should match the First Name and Last Name of the provider.**

Next

# Milestone 4 – Submit Enrollment Application Correct

 **MUST** be submitted by the practitioner

Application ID 20260119708566	Enrollment Type Individual	Applicant Type Fee For Service (Billing)	Name Carl R	Application Status In Process	Start Date 01/19/2026	End Date 03/06/2026	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 \*  Last Name \*

Date \*

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 \*



Next

# Milestone 4 – Submit Enrollment Application Credentialer Access Attestation

Application ID	Enrollment Type	Applicant Type	Name	Application Status	Start Date	End Date	Options
20260119708566	Individual	Fee For Service (Billing)	Carl R	In Process	01/19/2026	03/06/2026	

- 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

### Medical Assistance Provider Enrollment

#### Credentialer Access Attestation

I authorize users selected below to access my Provider Record.

Available Users

Doe, John

[Add All](#) >>

Associated Users

Doe, John

<< [Remove All](#)



First Name\*

Last Name\*

Date\*



As the provider signing this application, I authorize the above staff from the credentialing organization that assisted in the submission of this application to maintain ongoing access to my enrollment record for the purpose of initiating and supporting any future maintenance requests. Such access shall remain in effect until I, or any staff from the credentialing organization that assisted in the submission of this application, initiates revocation of the credentialer's access within the portal and the request is processed.\*



# Add/Upload a Supporting Document

Application ID 20260119708566	Enrollment Type Individual	Applicant Type Fee For Service (Billing)	Name carl r	Application Status In Process	Start Date 01/19/2026	End Date 03/06/2026	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

Association Type \*

New ETIN

Association Start Date: 01/19/2026

Association End Date: 12/31/2999

Save Details

**Supporting Documents**

Add

<input type="checkbox"/>	Document Type	Document Name	File Name	Remarks	Uploaded By	Uploaded Date
No records found!						

Back Save

# Add/Upload a Supporting Document

Application ID  
202601197081

## Supporting Documents

✕

Application ID	Enrollment Type	Applicant Type	Name	Application Status
20260119708666	Individual	Fee For Service (Billing)	carl r	In Process

**Required Documents**

- ETIN Certification Statement for New Enrollments - form #490602

**Step 7** Document Type\*

Document Type\*

ASSOC Select

ASSOC

ETIN

Choose

File must be under 10 MB in size

Document Name\*

Select

Remarks

**Upload document**

**Step 8**

**Added Documents**

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

Close

# Add/Upload a Supporting Document

Application ID  
202601197081

## Supporting Documents

✕

Application ID	Enrollment Type	Applicant Type	Name	Application Status
20260119708666	Individual	Fee For Service (Billing)	carl r	In Process

**Required Documents**

- ETIN Certification Statement for New Enrollments - form #490602

Step 7 Document Type\*

**ASSOC** ETIN

File Name\*

Choose

File must be under 10 MB in size

Document Name\*

Select

ETIN Certification Statement for New Enrollments - form #490602

**Upload document**

Step 8

**ASSOC**

Step 9

**Add P**

**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  
202601197081
Supporting Documents x

Application ID	Enrollment Type	Applicant Type	Name	Application Status
20260119708666	Individual	Fee For Service (Billing)	carl r	In Process

**Required Documents**

- ETIN Certification Statement for New Enrollments - form #490602

**Step 7** Document Type\* 🗨

**Assoc** ETIN v

**Assoc** ETIN Certification Statement for New Enrollments - form #490602 v

File Name\* Remarks

ETIN Cert.docx Choose

File must be under 10 MB in size

**Upload document**

**Step 8** **Assoc**

**Step 9** **Add P**

**Interes** **Added Documents**

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 20260119708566	Enrollment Type Individual	Applicant Type Fee For Service (Billing)	Name carl r	Application Status In Process	Start Date 01/19/2026	End Date 03/06/2026	Options <span>▼</span>
----------------------------------	-------------------------------	---	----------------	----------------------------------	--------------------------	------------------------	------------------------

**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 ▼

<input type="checkbox"/>	Association Type T1	Start Date T1	End Date T1	Actions
<input type="checkbox"/>	New ETIN	01/25/2026		<span>✎</span> <span>🗑</span>

1-1 of 1 item 1 of 1 page ◀ ▶

# Application Successfully Submitted

Application ID	Enrollment Type	Applicant Type	Name	Application Status	Start Date	End Date	Options
20260119708566	Individual	Fee For Service (Billing)	carl r	In Process	01/19/2026	03/05/2026	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.

**Enroll Provider - Individual**

Enrollment Requirements 45 Days remaining Completed: 100% 

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

# Track Application

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

## Option 1: Enter Application ID

### Track Application

\* Mandatory Fields

Track your enrollment using your application ID

#### Application Details

Application ID \*

20260119706566

Cancel

Next

Application ID ↑↓	Enrollment Type ↑↓	Application Status ↓	Application Start Date ↑↓	Appeal Status ↑↓
<a href="#">20260119706566</a>	Individual	Submitted	01/19/2026	

1-1 of 1 item

1 ▾ of 1 page

- Track enrollment application status
- Return to working on enrollment application
- Provider e-signing and submitting application

# Track Application

Track Application \* Mandatory Fields

For Additional security, please enter following information

**Application Details**

Application ID \*

SSN \*  
 

Date Of Birth: \*   Primary Practice Location Zip Code \*

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

# Track Application

Option 2: Click on Application ID

## Track Application

Track your enrollment using your application ID

\* Mandatory Fields

### Application Details

Application ID \*

Cancel
Next

Application ID ↑↓	Enrollment Type ↑↓	Application Status ↓	Application Start Date ↑↓	Appeal Status ↑↓
20260119706566	Individual	In Process	01/19/2026	

1-1 of 1 item
1 ▾ of 1 page
◀ ▶

# Track Application Status – In Process

## 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 ↑↓
<a href="#">20260119706566</a>	Individual	In Process	01/19/2026	

1-1 of 1 item 1 ▾ of 1 page ◀ ▶

# Track Application Status – 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 ↑↓
<a href="#">20260119706566</a>	Individual	Submitted	01/19/2026	

1-1 of 1 item 1 ▾ of 1 page ◀ ▶

# Track Application Status – Additional Information Required

## Track Application

Track your enrollment using your application ID

\* Mandatory Fields

### Application Details

Application ID \*

20260119706566

Cancel

Next

Application ID ↑↓	Enrollment Type ↑↓	Application Status ↓	Application Start Date ↑↓	Appeal Status ↑↓
20260119706566	Individual	Additional Information Required	01/19/2026	

1-1 of 1 item
1 ▾ of 1 page

### Track Application \* Mandatory Fields

For Additional security, please enter following information

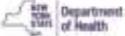
#### Application Details

Application ID \*

SSN \*

Date Of Birth: \* Primary Practice Location Zip Code \*

# Track Application – Additional Information Required


Provider >






Application ID	Enrollment Type	Applicant Type	Name	Application Status	Start Date	End Date	Options
20260119708566	Individual	Fee For Service (Billing)	carl r	In Process	01/19/2026	03/06/2026	

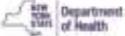
**Warning**  
 Your application requires additional information. Please check the email you have on file with us for any outstanding information's as requested by Review Committee. Please note: All required information's must be submitted within 45 business days.

**Enroll Provider - Individual**  
 Enrollment Requirements 45 Days remaining Completed: 100%

Milestones	Status	Step Remark	Review Comments
<ul style="list-style-type: none"> <li>Milestone 1</li> <li>Milestone 2</li> </ul>	In Progress	<p>Please download, sign, and upload the completed EFT agreement. A completed EFT agreement is required to process your request. Thank you.</p> <p>Created Date: 02/04/2026</p> <p><a href="#">Add Education/Training/Work History</a></p> <p><a href="#">Add Payment Details</a></p> <p><a href="#">Add Locations/Doing Business As</a></p>	<p>Review Comments</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>
<ul style="list-style-type: none"> <li>Milestone 3</li> <li>Milestone 4</li> </ul>	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
20260119708566	Individual	Fee For Service (Billing)	carl r	In Process	01/19/2026	03/06/2026	

**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.

**Enroll Provider - Individual**

Enrollment Requirements 45 Days remaining Completed: 100%

Milestones	Status	Step Remark	Review Comments
<a href="#">Milestone 1</a> ⓘ			
<a href="#">Milestone 2</a> ⓘ			
Step 4 <a href="#">Add Education/Training/Work History</a>			
Step 5 <a href="#">Add Payment Details</a>			
Step 6 <a href="#">Add Locations/Doing Business As</a>	<input checked="" type="checkbox"/> Complete		
<a href="#">Milestone 3</a> ⓘ	<input checked="" type="checkbox"/> Complete		
<a href="#">Milestone 4</a> ⓘ	<input type="checkbox"/> In Progress <span style="border: 1px solid gray; border-radius: 5px; padding: 2px 5px;">Start</span>		

**Review Comments** ✕

Please have the provider go into the last step and sign/submit the application.  
 Thank you kindly.

Created Date: 02/04/2026 Close

# Track Application Status – 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 ↑↓
<a href="#">20260119706566</a>	Individual	Final Review	01/19/2026	

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## 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 45 calendar days
- If not submitted within 45 calendar days, the application will be deleted and the application process begins again
- Requests for additional information must be completed within 45 days
- 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](http://www.emedny.org/PSP/#psm=step1)
- PSP User Guide
- PSP FAQs
- 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
- PDF of Presentation Slides

# Reference and Contact Information

- NY.GOV ID
  - 1-844-891-1786
  - [Fixit@its.ny.gov](mailto:Fixit@its.ny.gov)
  - <https://my.ny.gov/NYgovId/faqs.xhtml>
  
- NYS Department of Health – Bureau of Provider Enrollment
  - [providerenrollment@health.ny.gov](mailto:providerenrollment@health.ny.gov)
  
- eMedNY Website – Provider Enrollment
  - [www.emedny.org/info/ProviderEnrollment](http://www.emedny.org/info/ProviderEnrollment)
  
- eMedNY Call Center
  - 800-343-9000