



**Training Video  
For NYS Medicaid Providers**

# Enrollment

# Key Objectives

Provider Services Portal (PSP)  
Fee Payment

# General Information

An application fee is required for certain provider types

An application fee voucher must be printed and mailed with payment

Currently, paper check or money order are the only options to pay the application fee

There are 3 application fee options:

➤ Pay Application Fee

➤ Application Fee Paid To Other Program

➤ Request Hardship Waiver



# Milestone 4 – Step 9

## Fee Payment

### Provider Portal

Application ID 20260312191545	Enrollment Type Facility/Agency/Organization(FAO) & Group	Name Sample Group	Application Status In Process	Start Date 03/12/2026	End Date 04/26/2026	Options
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- Milestone 1
- Milestone 2
- Milestone 3
- Milestone 4
- Step 9
- Fee Payment**
- Step 10
- Add Provider Controlling Interest/Ownership Details**
- Milestone 5

### Fee Payment

Pay Fees or request exemption


**Instructions** [Hide](#)












- Familiarize yourself with the 'Step Requirements' link located immediately after the Instructions section. Here you will find any required documentation that will need based on the STEP you are completing. Some requirements will include hyperlinks (URLs) to forms that will need to be downloaded, filled out, uploaded along with your submission.
- 42 CFR, Part 455.460 requires the collection of an application fee for organizations (other than groups). Please review the description for each option.
- If your organization is currently enrolled in Medicare, select "Fee Paid to Other Program" option. Be aware the Department will validate this information using the NPI you are applying with and will be subject to verification. If this can not be validated, the application will be returned and you will be required to submit an application fee.
- If Paying the Application Fee. Please follow the instructions found on the NY Medicaid Application Fee Payment Voucher. Please submit this voucher along with your check for the correct application fee amount promptly. If the completed voucher and check are not received within 10 business days from the submission date of this application, your applications review may be delayed and/or returned.

# Milestone 4 – Step 9

## Fee Payment


### Provider Portal

Application ID 20260312191545	Enrollment Type Facility/Agency/Organization(FAO) & Group	Name Sample Group	Application Status In Process	Start Date 03/12/2026	End Date 04/26/2026	Options 
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-  Milestone 1 
  -  Milestone 2 
  -  Milestone 3 
  -  Milestone 4 
  -  Milestone 5 
- Step 9 

**Fee Payment**

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Step 10 

**Add Provider Controlling Interest/Ownership Details**

### Fee Payment

Pay Fees or request exemption



 **Instructions** Show 

[Step Requirements](#)

### Fee Payment

### Supporting Documents

# Milestone 4 – Step 9

## Fee Payment – Pay Application Fee

Provider Portal

Application ID 20260312191545	Enrollment Type Facility/Agency/Organization(FAO) & Group	Name Sample Group	Application Status In Process	Start Date 03/12/2026	End Date 04/26/2026	Options <span>▼</span>
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**Milestone 1** ▼

**Milestone 2** ▼

**Milestone 3** ▼

**Milestone 4** ▲

Step 9 ▲

**Fee Payment**

Step 10 ▲

**Add Provider Controlling Interest/Ownership Details**

**Milestone 5** ▼

### Fee Payment

Pay Fees or request exemption

**Instructions** Show ▼

#### Fee Payment

Payment Reason  
New Enrollment

Options	Description
<input checked="" type="radio"/> Pay Application Fee	Currently, a paper check is the only option to pay an application fee. After saving the details, please click on the download button at the end of this page to create a payment voucher, please mail your check along with the downloaded payment voucher. NOTE: please review and follow instructions on the Voucher to limit any potential delays in your applications review.
<input type="radio"/> Application Fee Paid To Other Program	Select this option if you are enrolled in Medicare (with the same NPI) or have already paid the fee to Medicare or another States Medicaid Provider Enrollment program (less typical). Select the program name and date of payment in the section below. Please Note: The Application Fee Exemption Form (EMEDNY-520101) must be uploaded. Please visit the following URL <a href="https://www.emedny.org/info/ProviderEnrollment/ProviderMaintForms/520101_Application_Fee_Exemption_Form.pdf">https://www.emedny.org/info/ProviderEnrollment/ProviderMaintForms/520101_Application_Fee_Exemption_Form.pdf</a> , to fill out the form and uploaded it in the Supporting Documents section of this step. NOTE: This is subject to review and validation and will only be verified using your organizations NPI.
<input type="radio"/> Request Hardship Waiver	If you would like to request a hardship waiver, select this option. Please be aware that requesting a waiver may cause delays in processing your application, as it requires additional review. Before submitting, you must upload a hardship letter in the Supporting Documents section. This letter must explain the reason for the hardship and be signed by an individual listed in this application who is authorized to submit the request. Along with the letter, you are required to provide last year's signed tax filings and returns, financial profit and loss statements, and bank statements for each of the last six months. Submission of a waiver does not guarantee approval, as it is subject to both state and federal review. If your waiver request is denied, you will be notified and required to pay the fee. Once all required documents are received, your application will move forward for review.

Amount  
\$750

Start Date 03/13/2026

End Date MM/DD/YYYY

Back Save

# Milestone 4 – Step 9

## Fee Payment

Provider Portal

Application ID 20260312191545	Enrollment Type Facility/Agency/Organization(FAO) & Group	Name Sample Group	Application Status In Process	Start Date 03/12/2026	End Date 04/26/2026	Options
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- Milestone 1
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- Milestone 4
- Step 9   
**Fee Payment**
- Step 10   
**Add Provider Controlling Interest/Ownership Details**
- Milestone 5

### Fee Payment

Pay Fees or request exemption

**Instructions** Show

### Fee Payment

<input type="checkbox"/> Payment Id	<input type="checkbox"/> Payment Reason	<input type="checkbox"/> Fee Option	<input type="checkbox"/> Payment Status	<input type="checkbox"/> Payment Date	<input type="checkbox"/> Actions
<input type="checkbox"/> IMTPNEA28M	New Enrollment	Pay Application Fee	Payment Completed	03/13/2026	

1-1 of 1 item 1 of 1 page

**Supporting Documents**



# Department of Health

## NY Medicaid Application Fee Payment Voucher

(Print this voucher and mail it, along with your payment check)

**Application ID:** 20260312191545

**Provider ID:**

**EIN:** 000000002

**Provider Name:** Sample

**NPI:**

**Amount:** \$750

**Provider Contact Email:** example@email.com

**Voucher Creation Date:** 03/20/2026

### Instructions:

**The enrollment fee for 2026 is \$750**

Enclose a check payable to the **New York State Development of Health** along with this payment voucher.

Be sure to include your **Application ID, NPI (if applicable) or Federal Employer Identification Number (FEIN)** on the check. If revalidating or submitting a change in ownership include your **NYS Medicaid Provider (MMIS) ID**.

*Please note: If both the voucher and check (including the required information above), are not submitted within 10 business days, review of your application will be delayed. Incomplete submissions may also result in your application being returned, withdrawn, or rejected. Should this occur, you will be required to begin a new application.*

Print this voucher and mail it, along with your payment check, to the following address:

STANDARD MAILING	EXPEDITED / PRIORITY MAILING
eMedNY P.O. Box 4603 Rensselaer, NY 12144-4603	eMedNY ATTN: Box 4603 327 Columbia Tumpike Rensselaer NY 12144

Provider Portal

Application ID: 20260312191545 | Enrollment Type: Facility/Agency/Organization(F

- Milestone 1
- Milestone 2
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- Step 9 ⚠
- Fee Payment**
- Step 10 ⚠
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- Milestone 5

Options ▾

For more details, please click on the download button at the top of the downloaded payment voucher. NOTE: This voucher is for your applications review.

If you have already paid the fee to Medicare or another States Medicaid, please indicate the date of payment in the section below. Please Note: Please visit the following URL [Application\\_Fee\\_Exemption\\_Form.pdf](#), to fill out the form. This form is subject to review and validation and will only be processed if you have already paid the fee. If you are requesting a waiver may cause delays in processing. You must upload a hardship letter in the Supporting Documents section by an individual listed in this application who has not filed the last year's signed tax filings and returns, and has been in the state for 12 months. Submission of a waiver does not guarantee approval. If a waiver is denied, you will be notified and required to pay the fee for review.

Payment Status: Payment Completed

Back Download Save

**Print and Mail Voucher with Paper Check or Money Order**

# Milestone 4 – Step 9

## Fee Payment – Application Fee Paid To Other Program

Provider Portal

Application ID 20260312191545	Enrollment Type Facility/Agency/Organization(FAO) & Group	Name Sample Group	Application Status In Process	Start Date 03/12/2026	End Date 04/26/2026	Options
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#### Fee Payment

Payment Reason

New Enrollment

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Fee Paid To

Select

- CMS
- Alaska
- Alabama
- Arkansas

Refund/Payment Date

MM/DD/YYYY

End Date

MM/DD/YYYY

# Milestone 4 – Step 9

## Fee Payment – Application Fee Paid To Other Program

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Fee Paid To \*

CMS

Refund/Payment Date

MM/DD/YYYY

Start Date \*

03/13/2026

End Date

MM/DD/YYYY

Back

Save

# Milestone 4 – Step 9

## Fee Payment – Application Fee Paid To Other Program

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Milesto **Required Documents**

- Other State Medicaid Payment Confirmation Document
- Application Fee Exemption Form (EMEDNY-520101)

Milesto

Document Type\*  Document Name\*

Step

Fee File Name\*   Remarks

Step

Add File must be under 10 MB in size

Inter

Milesto

**Added Documents**

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

# Milestone 4 – Step 9

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Document Type\* Select ▼ Document Name\* Select ▼

Step Fee Payment

Remarks

File must be under 10 MB in size

### Added Documents

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

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Milesto Document Type\* Fee Payment

Document Name\* Select

Step **Fee** File Name\*  Choose

Application Fee Exemption Form (EMEDNY-520101)

Other State Medicaid Payment Confirmation Document

**Add** File must be under 10 MB in size

**Inter** Upload document

Milesto **Added Documents**


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


Close

# Milestone 4 – Step 9

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 Milesto

Document Type\*

Fee Payment 

Document Name\*

Other State Medicaid Payment Confirmation Document 

Step

Fee File Name\*

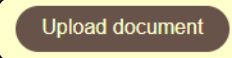
Sample PSP Doc.docx 

Remarks

Step

Add File must be under 10 MB in size

Inter



 Milesto

### Added Documents

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



# Milestone 4 – Step 9

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Milesto

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Milesto

Document Type\*

Fee Payment

Document Name\*

Other State Medicaid Payment Confirmation Document

Step

Fee File Name\*

Choose

Remarks

Step

Add File must be under 10 MB in size

Inter

Upload document

Milesto

### Added Documents

<input type="checkbox"/>	Document Type	Document Name	File Name	Remarks	Uploaded By	Uploaded Date	
<input type="checkbox"/>	Fee Payment	Other State Medicaid Payment Confirmation Document	<a href="#">Sample PSP Doc.docx</a>			04/16/2026	

Close

**Note: Document file must be under 10MB**

**Supported file formats include . . . gif, jpg, jpeg, html, htm, pdf, xls, tif, doc, docx, xlsx, txt**

# Milestone 4 – Step 9

## Fee Payment – Application Fee Paid To Other Program

Provider Portal

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**Milestone 4**

**Required Documents**

- Other State Medicaid Payment Confirmation Document
- Application Fee Exemption Form (EMEDNY-520101)

**Milestone 4**

Document Type\*  
Fee Payment ▾

Document Name\*  
Application Fee Exemption Form (EMEDNY-520101) ▾

Step

File Name\*  
Sample PSP Doc.docx

Remarks

File must be under 10 MB in size

**Milestone 4**

**Added Documents**

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

# Milestone 4 – Step 9

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Document Type\*

Select

Document Name\*

Select

Step

Fee File Name\*

Choose

Remarks

Step

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Inter

Upload document

Milesto

### Added Documents

<input type="checkbox"/>	Document Type	Document Name	File Name	Remarks	Uploaded By	Uploaded Date	
<input type="checkbox"/>	Fee Payment	Other State Medicaid Payment Confirmation Document	<a href="#">Sample PSP Doc.docx</a>			04/16/2026	
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Close

# Milestone 4 – Step 9

## Fee Payment – Request Hardship Waiver

Provider Portal

Application ID 20260312191545	Enrollment Type Facility/Agency/Organization(FAO) & Group	Name Sample Group	Application Status In Process	Start Date 03/12/2026	End Date 04/26/2026	Options <span>▼</span>
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**Milestone 1** ▼

**Milestone 2** ▼

**Milestone 3** ▼

**Milestone 4** ▲

- Step 9 ▲
- Fee Payment**
- Step 10 ▲
- Add Provider Controlling Interest/Ownership Details**

**Milestone 5** ▼

### Fee Payment

Pay Fees or request exemption

**Instructions** Show ▼

**Fee Payment**

Payment Reason  
New Enrollment

Options	Description
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Comments

Start Date\*  📅 End Date  📅

Back Save

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- Milestone 1 ▾
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- Step 9 ⚠  
Fee Payment
- Step 10 ⚠  
Add Provider Controlling Interest/Ownership Details
- Milestone 5 ▾

### Fee Payment

Pay Fees or request exemption

**i Instructions** Show ▾

[Step Requirements](#)

### Fee Payment

Add Delete Show Filter Actions ▾

<input type="checkbox"/> Payment Id ↑↓	Payment Reason ↑↓	Fee Option ↑↓	Payment Status ↑↓	Payment Date ↑↓	Actions
<input type="checkbox"/> C3Q7G8H43A	New Enrollment	Request Hardship Waiver	N/A	04/16/2026	<a href="#">✎</a> <a href="#">🗑</a>

1-1 of 1 item 1 ▾ of 1 page ◀ ▶

### Supporting Documents

**i Add**

# Milestone 4 – Step 9

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Fee Payr
- Step 10  
Add Pro  
Interest/
- Milestone 5

**Fee Payment**  
Pay Fees or request exemption

- Required Documents**
- Business-Last Year Tax Filing & Returns-Signed
  - Financial Profit/Loss Exports
  - Hardship Letter
  - Last 3 Months or more Bank Statement

Document Type \*

Select ▾

Fee Payment

Choose

Document Name \*

Select ▾

Remarks

File must be under 10 MB in size

Upload document

**Added Documents**

<input type="checkbox"/>	Document Type	Document Name	File Name	Remarks	Uploaded By	Uploaded Date
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**Required Documents**

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Document Type \*  
Fee Payment ▾

Document Name \*  
Select ▾

File Name \*  
 Choose

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Fee Payment ▾

Document Name \*  
Business-Last Year Tax Filing & Returns-Signed

File Name \*  
Sample PSP Doc.docx

File must be under 10 MB in size

Remarks

**Added Documents**

<input type="checkbox"/>	Document Type	Document Name	File Name	Remarks	Uploaded By	Uploaded Date
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**Note: A hardship waiver request does not guarantee approval and payment of the enrollment fee could still be required**

# Important Reminders

An application fee is required for certain provider types

Currently, paper check or money order are the only options to pay the application fee

An application fee voucher must be printed and mailed with payment

	<b>NEW YORK STATE</b>	<b>Department of Health</b>
<b>NY Medicaid Application Fee Payment Voucher</b> <i>(Print this voucher and mail it, along with your payment check)</i>		
Application ID: 20260312191545		
Provider ID:		
EIN: 000000002		
Provider Name: Sample		
NPI:		
Amount: \$750		
Provider Contact Email: example@email.com		
Voucher Creation Date: 03/20/2026		
<b>Instructions:</b>		
The enrollment fee for 2026 is \$750		
Enclose a check payable to the <b>New York State Department of Health</b> along with this payment voucher.		
Be sure to include your <b>Application ID, NPI (if applicable) or Federal Employer Identification Number (FEIN)</b> on the check. If <b>revalidating or submitting a change in ownership</b> include your <b>NYS Medicaid Provider (MMIS) ID</b> .		
<i>Please note: If both the voucher and check (including the required information above), are not submitted within 10 business days, review of your application will be delayed. Incomplete submissions may also result in your application being returned, withdrawn, or rejected. Should this occur, you will be required to begin a new application.</i>		
Print this voucher and mail it, along with your payment check, to the following address:		
<b>STANDARD MAILING</b>		<b>EXPEDITED / PRIORITY MAILING</b>
eMedNY P.O. Box 4603 Rensselaer, NY 12144-4603		eMedNY ATTN: Box 4603 327 Columbia Turnpike Rensselaer NY 12144

# Reference and Contact Information

## eMedNY Website

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

## Provider Services Portal – Quick Reference Guides

- <https://www.emedny.org/PSP/docs>

## eMedNY Call Center

- 800-343-9000



## Conclusion

Provider Services Portal  
Fee Payment



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