



Provider Services Portal Registration Instructions

Overview

This document 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.

Please 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

Request Access

Once logged in to the PSP (<https://www.nysproviderportal.health.ny.gov>):

Select Provider Services Portal (PSP) Enrollment Access from the available options:

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

Enrollment/Registration PIN Validation (Step 1)

Enter the NYS Medicaid Provider ID number and NYS Medicaid PSP Registration PIN (refer to the sample registration PIN Email/letter on page 5).

Click on Confirm.

* Mandatory Fields

Instructions

- 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

The **Reset** button will clear all information in the fields.

The **Regenerate PIN** button will regenerate a new PIN. An Email will be sent to the provider's Email address on file.

NOTE: If the Email address on file is incorrect and needs to be updated, refer to the Change Email Address instructions starting on page 6.

The following message is an example of the response that will appear after entering the NYS Medicaid Provider ID number and clicking Regenerate PIN. Only the first 3 letters of the email address will be displayed.

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.**

Provider Detail Validation (Step 2)

Enter the last four digits of the provider's Social Security number, the provider's NPI number and first and last names.

Click on Verify

NOTE: This example is for an individual practioner's PIN process. Required fields will vary depending on provider type.

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. *



Once verified, review the PSP Registration Terms and Conditions.

Place a check mark in the "I certify that I have read and that I agree to and accept the terms above."

Click on Submit

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

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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

From the NYS PSP domain home page –

Select - Provider's name from the drop-down list (if more than one provider is available)**Select** - Provider Enrollment Access**Click** on Go

JOHN DOE 01234567 IND  *

Provider Enrollment Access  *

Select Favorite  

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NOTE: A credentialer can add a provider via the domain access profile at their convenience once the provider has claimed their file via the PIN. Please refer to the [Managing Domain Administrators quick reference guide](#) for assistance with making changes and additions to the provider domain and enrollment access files.

From the Modification Request Type Screen –

Select - Provider Services Portal (PSP) Registration

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.

Select



Make modifications and updates to the provider's enrollment profile where needed and then submit.

NOTE: The provider (not a credentialer or staff member) must e-sign and submit the updated enrollment profile. Providers are encouraged to complete the profile update as soon as possible.

My Inbox
Provider

Provider ID

01234567

Name

JOHN DOE

NPI

0123456789

Business Status

ACTIVE

Business Eligibility Date Range

01/01/2024 – 12/31/2999

Revalidation Period

06/01/2026 – 05/30/2031

Options

PROVIDER SERVICE PORTAL (PSP) REGISTRATION - INDIVIDUAL

[Enrollment Requirements](#)

Milestones	Modification Date	Review Date	Status	Modification Status	Step Remark
Milestone 1					
Step 1 Basic Information	05/28/2026	05/28/2026	Incomplete		
Step 2 Federal Tax Details	05/28/2026	05/28/2026	Incomplete		
Step 3 Specialties/Licenses/Certifications	05/28/2026	05/28/2026	Incomplete		
Milestone 2					
Step 4 Education/Training/Work History	Optional 05/28/2026	05/28/2026	Incomplete		
Step 5 Payment Details	05/28/2026	05/28/2026	Incomplete		
Step 6 Locations/Doing Business As	05/28/2026	05/28/2026	Incomplete		
Milestone 3					

Sample Email/Letter with Registration PIN

An Email and/or letter will be sent with PSP registration instructions and a registration PIN to the email and correspondence addresses currently on the provider's enrollment file. The image below is an excerpt from a NYS Medicaid PSP registration 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: XXXXXX

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.

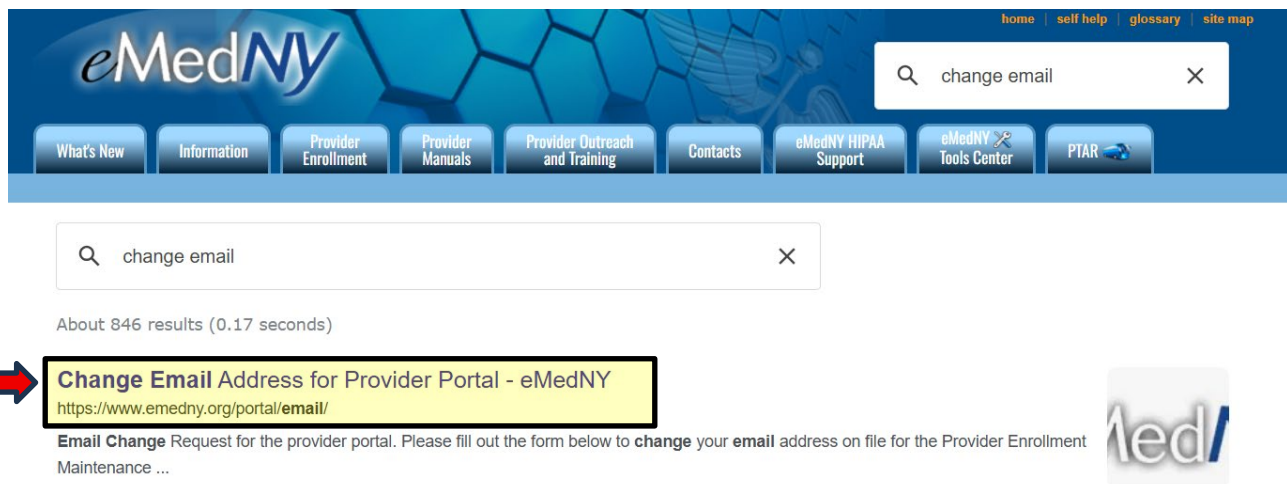
Change Email Address (if needed)

If the Email address on file is incorrect, providers can update the email address as follows:

From the eMedNY.org homepage

Enter **change email** in the Enhanced by Google search box in the upper right corner

Click on  to search

**Select - Change Email Address for Provider Portal - eMedNY**

Select the Provider Services Portal (PSP) application

Complete and submit the form to update the Email address on file

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: (If exempt, enter "EXEMPT" in field)

MMIS ID
(only if NPI exempt)

ReCaptcha: ☐ I'm not a robot 