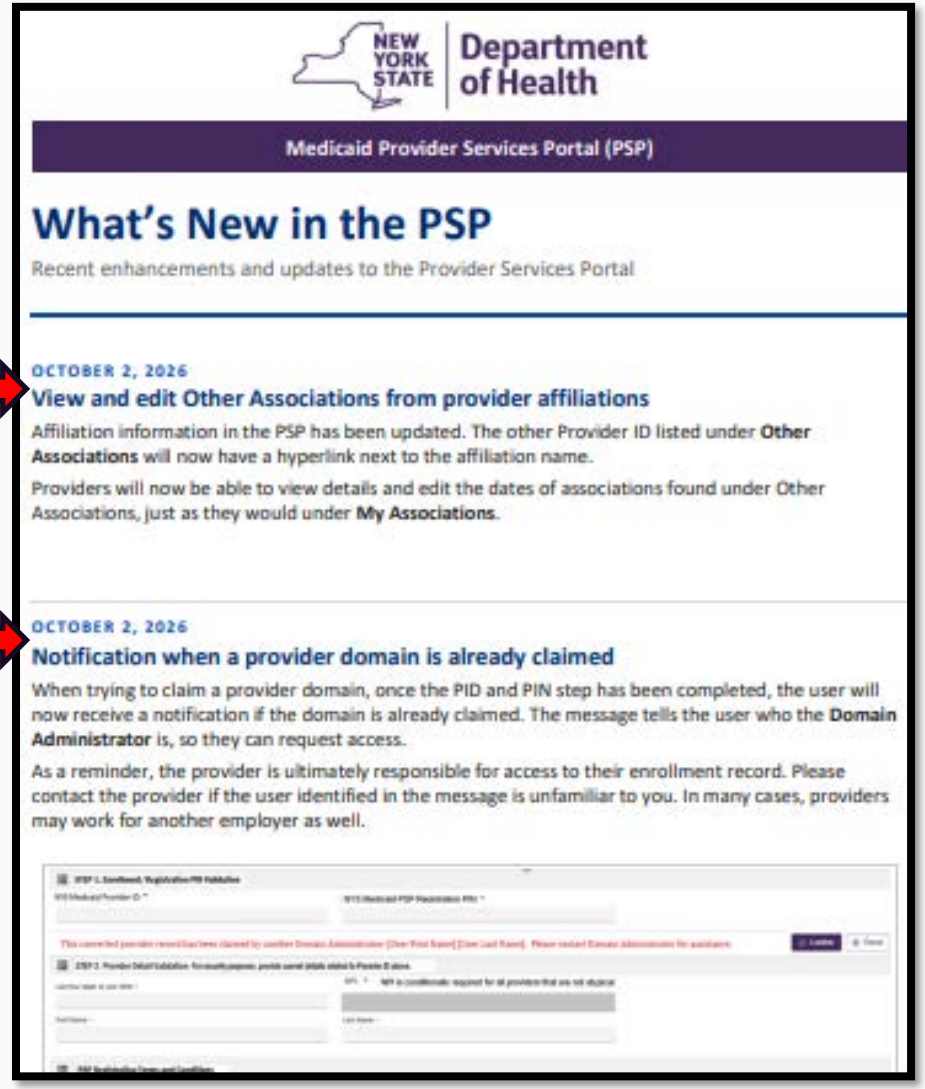
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Office Hours with Medicaid's Bureau of Provider Enrollment

October 29, 2026

WHAT'S NEW IN THE PSP?





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AGENDA

- Provider Revalidation Requirements
- Risk Designations
- Temporary Moratorium
- Provider Services Portal
- Q& A

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PROVIDER REVALIDATION – WHAT YOU NEED TO KNOW

- Revalidation is a federal requirement that began in 2011 and requires states to revalidate all providers at least every 5 years.
- **What's changed:** CMS issued a directive in April 2026 requiring all states to revalidate every enrolled provider within 24 months.
- Revalidations are not following the prior cycles. For the two-year interim period, revalidations are being completed in phases to accommodate 240,000 providers.
- Once you have revalidated during this interim two-year revalidation period, your new revalidation cycle will begin.
- At this time, the old paper process is being retired, and all revalidations must be completed in the NYS Medicaid Provider Services Portal (PSP).

Timeline

April 2026
CMS Directive Issued

July 2026 thru April 2028
Revalidation notifications to all 240,000 Providers

April / June 2028
Last notifications sent / All Revalidations Complete

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REVALIDATION NOTIFICATION PHASES

Under the federally mandated two-year period for revalidating all providers, providers will be notified to revalidate on the schedule below.

Phase	Providers Affected	Notification Timing
Phase 1	Phase 1 includes current high-risk providers, Durable Medical Equipment (DME) providers, and any providers that had not revalidated since the beginning of the COVID-19 Public Health Emergency.	July 2026
Phase 2	Phase 2 includes newly designated high-risk providers including Applied Behavior Analysis (ABA), Home and Community-Based Services (HCBS) under a 1915(c) Waiver, and Licensed Home Care Services Agencies (LHCSAs).	Beginning Winter 2026
Phase 3	Phase 3 includes atypical providers, specifically those who are currently enrolled without a National Provider Identifier (NPI).	Early 2027
Ongoing	The ongoing phase will include all remaining moderate- and limited-risk providers.	Through June 2028

WHERE TO FIND REVALIDATION DATE



The *Next Anticipated Revalidation Date* no longer appears on the *Medicaid Enrolled Provider Listing* on Health.Data.NY.Gov.



- The *Medicaid Enrolled Provider – Revalidation Notifications Sent* list has been posted on Health.Data.NY.Gov. The list includes Provider ID, NPI, date first notification was sent, date second notification was sent, and date of scheduled termination.

- Notifications will be emailed from NoReply-ProviderServicesPortal@health.ny.gov to primary and secondary email address. (Earlier notifications may have been sent from NoReply-ProviderServicesPortal@Acentra.com.)



Providers and users with access to a provider's enrollment file, e.g., credentialing staff, can view a provider revalidation period at any time in the PSP. *The dates are not yet aligned with the two-year interim schedule, but we will announce when that has been done.*

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NOTIFICATIONS TO SECONDARY EMAIL ON FILE

- Revalidation notifications are also sent to the secondary email address on a provider file.
- Organizations and credentialing staff who want to bulk-add a single secondary email address, e.g., email shared by all credentialing staff, to all their providers' files can easily do so. Minimum of 25 providers required.
- Submit the request to ProviderEnrollment@health.ny.gov with a subject line of "Add a Secondary Email Address." Include the email address to be used and a list of all provider IDs and corresponding NPIs for which you would like the email address added on the files. Due to overwhelming response, requests are taking two to three weeks to process.

REVALIDATION EMAILS – WHAT DO THEY LOOK LIKE?

FROM: NoReply-ProviderServicesPortal@health.ny.gov

SUBJECT: INITIAL NOTICE - NYS Medicaid Revalidation Required

Revalidation Requested for {Provider Name}
Provider ID: {Provider ID}
Provider NPI: {Provider NPI}

Dear Provider:

The Affordable Care Act and federal regulation at 42 CFR § 455.414 require that State Medicaid agencies periodically revalidate the enrollment of all providers, thus ensuring that all aspects of an enrollment file are current. Enrollment revalidation is separate and distinct from the annual recertification process for submitting claims, i.e., the annual ETIN certification process. You are now due to revalidate the enrollment file for the above-referenced provider ID. Revalidation must be completed in the New York State Medicaid Provider Services Portal (PSP), which can be accessed through either a Health Commerce System (HCS) account or an NY.gov business account.

SUBJECT: SECOND NOTICE - NYS Medicaid Revalidation Required

SUBJECT: FINAL NOTICE - NYS Medicaid Revalidation Required

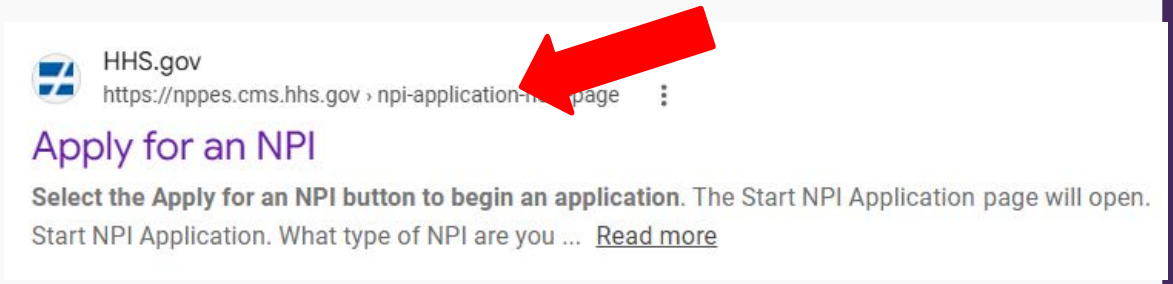
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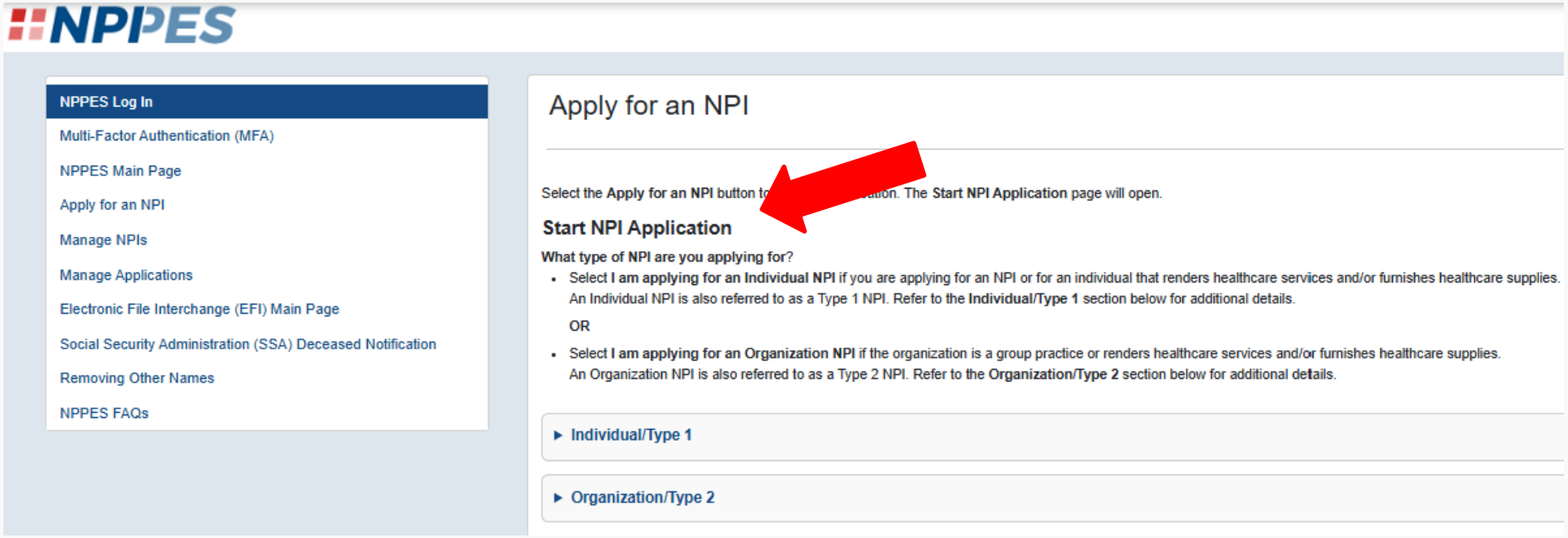
NATIONAL PROVIDER IDENTIFIERS (NPI)

- Beginning with this interim two-year revalidation period, <u>all providers must now have an NPI</u> to enroll and revalidate in the NYS Medicaid program.

- We encourage you to obtain one while you await your notification to revalidate.

  - Internet search for “Apply for an NPI”
  - Click on the HHS.gov website that appears
  - Follow instructions on the NPPES site to apply.





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NPI QUESTIONS FROM PROVIDERS

Q: How do we confirm whether every Medicaid enrollment has an NPI, and how do we obtain one if necessary?

A: Refer to the *Medicaid Enrolled Provider Listing* to see if an NPI is enrolled.

Refer to *NPPES NPI Registry* to see if provider has an NPI or to apply for one.

A provider ID can only have one **unique** NPI attached to it. If your NPI is already enrolled with NYS Medicaid, you will need to add an NPI that is not known to/enrolled with Medicaid.

Q: Please clarify what "every Medicaid enrollment" means? Are you referring to every "program" or every MMIS #? Or one per agency/entity?

A: Every Medicaid enrollment means every provider ID or MMIS#.

Q: Do providers who have multiple provider IDs require multiple NPIs?

A: Yes. Each provider ID, regardless of provider type, must have a unique NPI going forward.

NPI QUESTIONS FROM PROVIDERS

Q: Am I correct in assuming that I need to apply for an NPI for each of our three (3) Waiver Services for revalidation purposes, as we are a not-for-profit, 501c3 corporation providing residential and other services to intellectually and developmentally disabled adults?

A: Yes. A **unique** NPI is required for each provider ID.

Q: The NPI listed is not an NPI that staff are familiar with or have seen before. What do we do about this? We cannot verify it is correct.

A: You can verify who an NPI belongs to by conducting an internet search for NPI Registry (https://npiregistry.cms.hhs.gov/search), entering the NPI, and clicking on search.

Q: How do we add our NPI to our Medicaid file?

A: Provider types that previously did not require an NPI (i.e., atypical providers) will not be able to add an NPI to their file until notified to revalidate.

PROVIDER RISK DESIGNATIONS

Risks levels are assigned to provider categories based on state and national trends and historical data for each category's statistical vulnerability to fraud, waste and abuse. All provider types are assigned risk levels by CMS, but states or CMS can raise risk levels for provider categories or for individual providers who meet specific criteria. Risk level determines the level of screening that is conducted at enrollment and revalidation.

NYS has recently elevated the risk level to high for ABA providers, 1915c waiver services providers and LHCSAs.

All Providers (Standard Screening)

- Verification of provider identity and credentials
- Confirmation of practice location and contact information
- National Provider Identifier (NPI) validation
- Submission of all required documentation through the Provider Services Portal (PSP)
- Additional screening requirements

High-Risk Providers

- Standard screening+ pre/post-enrollment site visit + finger printing background check for all owners 5% or more
- **Revalidation required every 3 years**

Moderate-Risk Providers

- Standard screening + pre/post-enrollment site visit
- **Revalidation required every 4 years**

Limited-Risk Providers

- Standard screening as outlined
- **Revalidation required every 5 years**

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TEMPORARY ENROLLMENT MORATORIUMS

As part of the revalidation initiative, CMS encouraged states to implement temporary enrollment moratoriums for provider classes identified as posing a higher risk of fraud, waste, or abuse. In response, NYS has imposed moratoriums on the following provider categories:

Classes Under Moratorium (Effective July 27, 2026)
Laboratory – COS 1000
Durable Medical Equipment (DMEPOS) - COS 0321, COS 0323
Applied Behavior Analysis (ABA) - COS 0590, COS 0591
Licensed Home Care Services Agencies (LHCSAs) - COS 0264
Pharmacy - COS 0441, COS 0442
Managed Long Term Care plans COS 0220 with a Line of Business **(MLTC Partial Cap, MAP, PACE)**
• Social Adult Day Care (SADC)* *SADCs are not Medicaid-enrolled providers; plans are being instructed to impose a moratorium on new SADC contracting/credentialing.

- Each moratorium will remain in effect for a minimum of 6 months
- No Changes of Ownership (CHOWs), reinstatements, or new enrollments will be accepted
- No pending applications for these transactions – regardless of stage of review – will be processed during the moratorium

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Already enrolled?

- **You're unaffected — except for CHOWs, continue to maintain your file and revalidate when notified.**

PROVIDER SERVICES PORTAL

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NEW ERA: THE PROVIDER SERVICES PORTAL

The NYS Medicaid Provider Services Portal (PSP) is a modern, web-based portal for all provider enrollment transactions.

- **The Goal:** To create an efficient, user-friendly, and accountable system for both providers and the state.
- **Where is it?** On eMedNY.org.

The platform remains under continuous development, with recurring enhancements and updates in response to user feedback.



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WHY GO PAPERLESS?

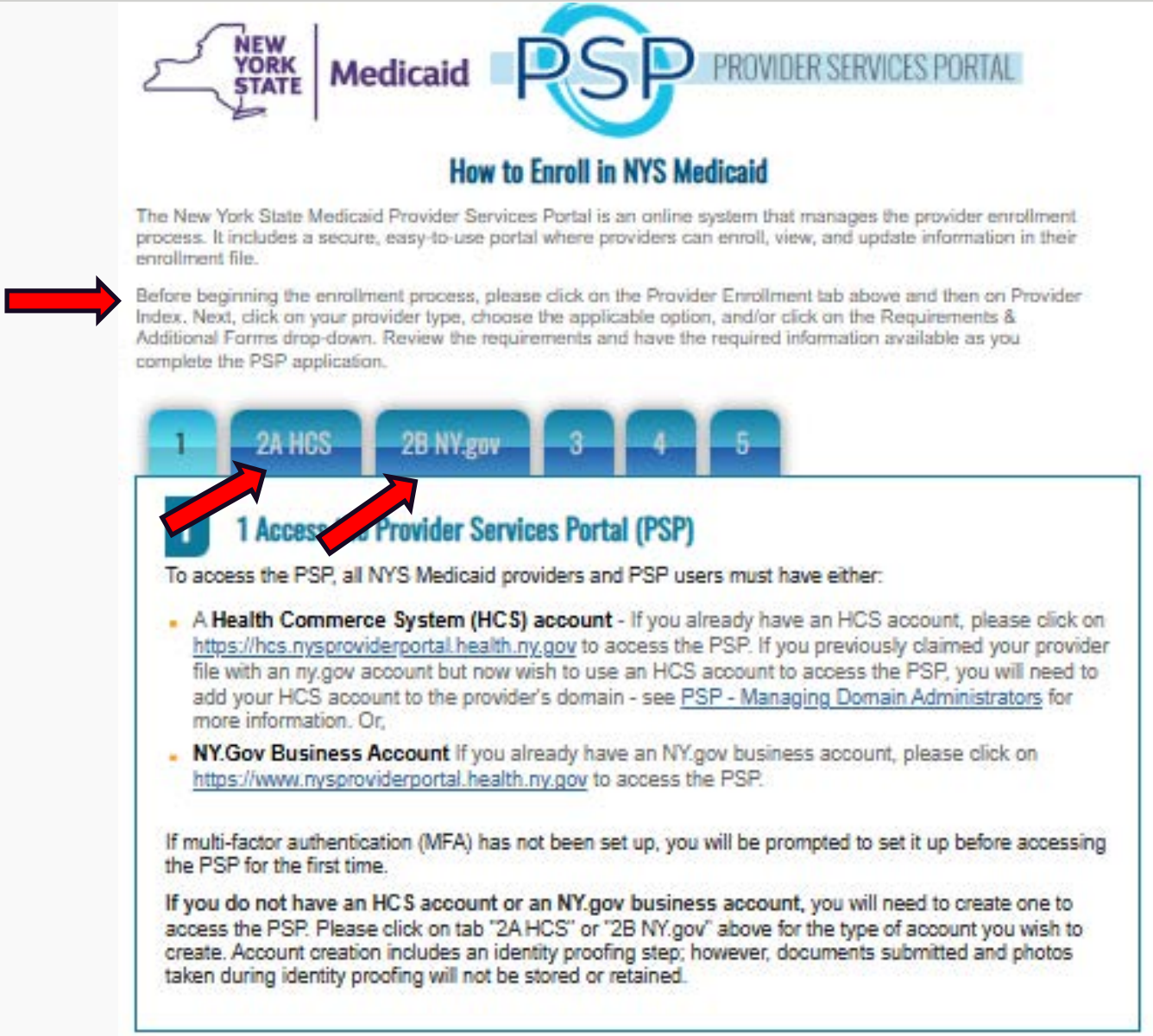
- **Quicker application processing**
  - Applications reach BPE immediately versus 3+ weeks (cost savings: no overnight mailing expenses, no repeated mailing expenses, and no lost applications)
  - Paper process often took 90 – 120 days to process an application once received by the Bureau of Provider Enrollment (BPE)
  - PSP is currently processing is under 20 days
  - Transactions can be completed on desktop, laptop, tablet or phone
- **Better customer service**
  - Providers can view their application, application status, and enrollment file at any time
  - eMedNY Call Center staff can view applications, allowing for real-time support

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Note: *Electronic payment for application fees coming in 2027.*

NYS MEDICAID PSP

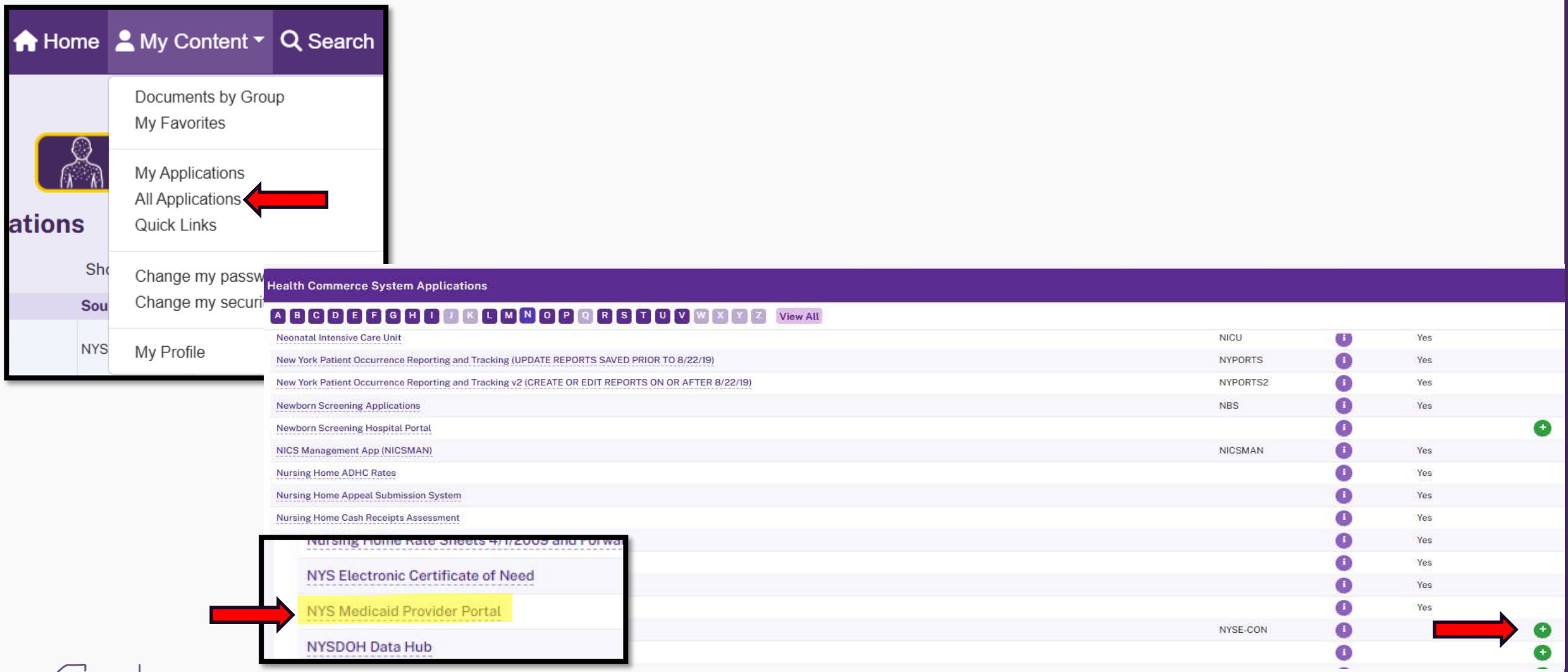
The PSP “Landing Page”



Tip: If you are unable to create one type of account, we suggest trying to create the other type of account.

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ADD THE PSP TO YOUR HCS APP DASHBOARD



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USERS MUST HAVE OR CREATE A USER ACCOUNT FOR PORTAL ACCESS

How to Enroll in NYS Medicaid

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, view, and update information in their enrollment file.

Before beginning the enrollment process, please click on the Provider Enrollment tab above and then on Provider Index. Next, click on your provider type, choose the applicable option, and/or click on the Requirements & Additional Forms drop-down. Review the requirements and have the required information available as you complete the PSP application.

1 | 2A HCS | 2B NY.gov | 3 | 4 | 5

2B NY.Gov Business Account Creation

1. Click on the NY.gov login link at: https://my.ny.gov/LoginV4/login.xhtml
2. Follow the instructions to create an NY.gov business account. If you need assistance, please reference the NY.GOVID Account Creation Instructions.
3. During account creation, you will be required to authenticate your identity using the ID Proofing Wizard. Documents submitted and photos taken during this process will not be stored or retained.
4. Once your account has been created, click on https://www.nysproviderportal.health.ny.gov and enter your NY.gov business account login information.
5. You will be required to set up multi-factor authentication (MFA) the first time you access the PSP.

The NY.GOV ID BusinessAccount Creation Instructions are very helpful!

eMedNY

NY.GOV ID Account Overview

Overview

NY.GOV ID is an online service that allows users to sign in securely to NY.GOV ID participating government online services. A NY.GOV ID **business account** is required for any user wishing to access the NYS Medicaid Provider Services Portal (PSP). NY.GOV ID **personal** accounts will not allow access to the PSP.

Although a business account must be created, personal information is required for the identity proofing process. This security step is necessary for granting access to the PSP and enrollment records. However, personal documents submitted and photographs taken during the identity proofing process will not be stored or retained.

Please Note: Providers enrolling into New York State (NYS) Medicaid using the PSP will need their own NY.GOV ID business account to submit their application. Credentialing staff can start or complete an application for a provider, but each provider, or duly authorized and disclosed representative in the case of organizational providers, must have their own NY.GOV ID business account to sign and submit an application. No one other than a provider or duly authorized and disclosed representative of an organizational provider can sign and submit an application on behalf of a provider.

Before You Begin

It generally takes less than 15 minutes to create a NY.GOV ID business account. Please be sure you allot enough time to complete the process in one session and be sure to have the following information and items available **before** starting the account creation process:

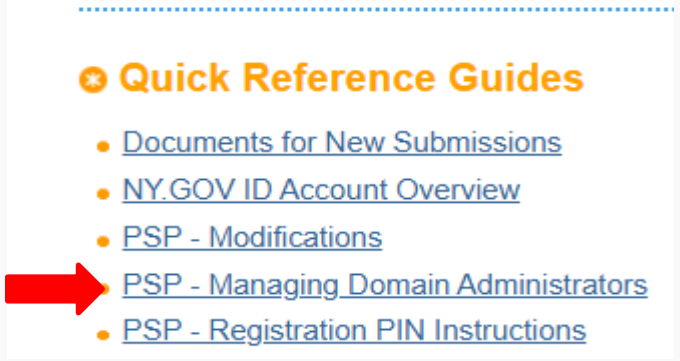
- A personal established email address that is not shared with anyone else (the system will only allow one NY.GOV account linked to a particular email address)
- Your legal first and last name exactly as shown on your government-issued identification and Social Security records (name cannot be changed after account creation)
- Your date of birth
- Your current residential address
- Your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN)
- One of the following government-issued photo IDs:
  - A valid state-issued driver's license
  - A valid state-issued non-driver ID
  - A valid United States Passport
  - A valid United States Passport Card
- A second device such as a smart phone, tablet, or laptop

- All users (e.g., Practitioners, Credentialing Staff, and Office Staff) must have their own user account to access the PSP
- Multifactor Authentication and Identity Proofing are required

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DOMAIN ADMINISTRATOR

- **What is a domain?** A domain is the provider's enrollment file.
- **What is a domain administrator?** A user who is responsible for maintaining and managing access to the domain.
- **Who can be a domain administrator?** The provider (if an individual practitioner), credentialing staff, office staff, or anyone designated to be. There can be more than one.
- **What can a domain administrator profile do?** Add, edit or remove a user's access to the domain. Please refer to the Quick Reference Guide "PSP-Managing Domain Administrators" on emedny.org for instructions.



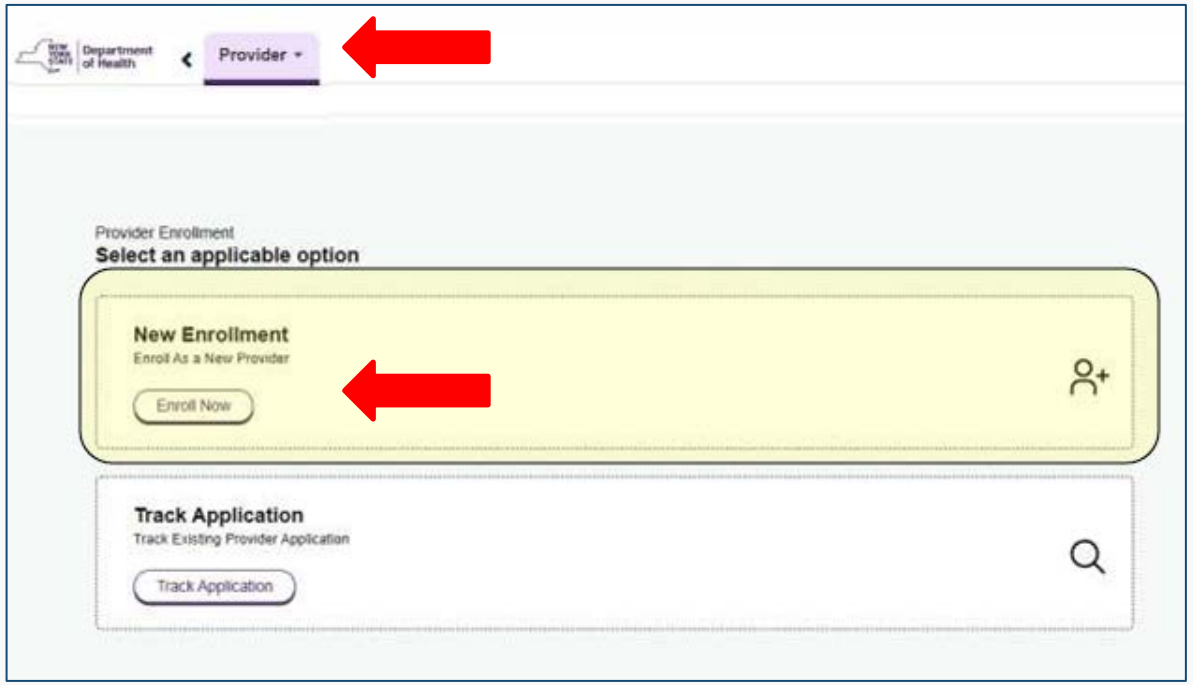
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HELPFUL TIPS FOR DOMAIN ADMINS

- The user that completes the PIN linking process prior to registration is automatically granted the domain administrator profile and may need to grant access to other users as necessary.
- When accessing the user list, clicking the Go button first will provide you a list of all current users.
- When adding a new user, the start date auto populates using the current date. Changing this date could delay the new user's ability to instantaneously access the provider's file.
- When trying to claim a provider domain, users will be notified when the domain is already claimed.

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STARTING A NEW ENROLLMENT



- **Individual Practitioner applications** are broken down into **(4) four milestones** that must be completed before an application can be submitted for review
- **Facility/Agency/Organizations & Group applications** are broken down into 5 (five) milestones

Guides provide step-by-step instructions

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Individual

- PSP - Individual Milestone 1
- PSP - Individual Milestone 2
- PSP - Individual Milestone 3
- PSP - Individual Milestone 4

Facility/Agency/Organization (FAO) & Group

- PSP - FAO & Group Milestone 1
- PSP - FAO & Group Milestone 2
- PSP - FAO & Group Milestone 3
- PSP - FAO & Group Milestone 4
- PSP - FAO & Group Milestone 5

Read Before You Start!

Quick Reference Guides

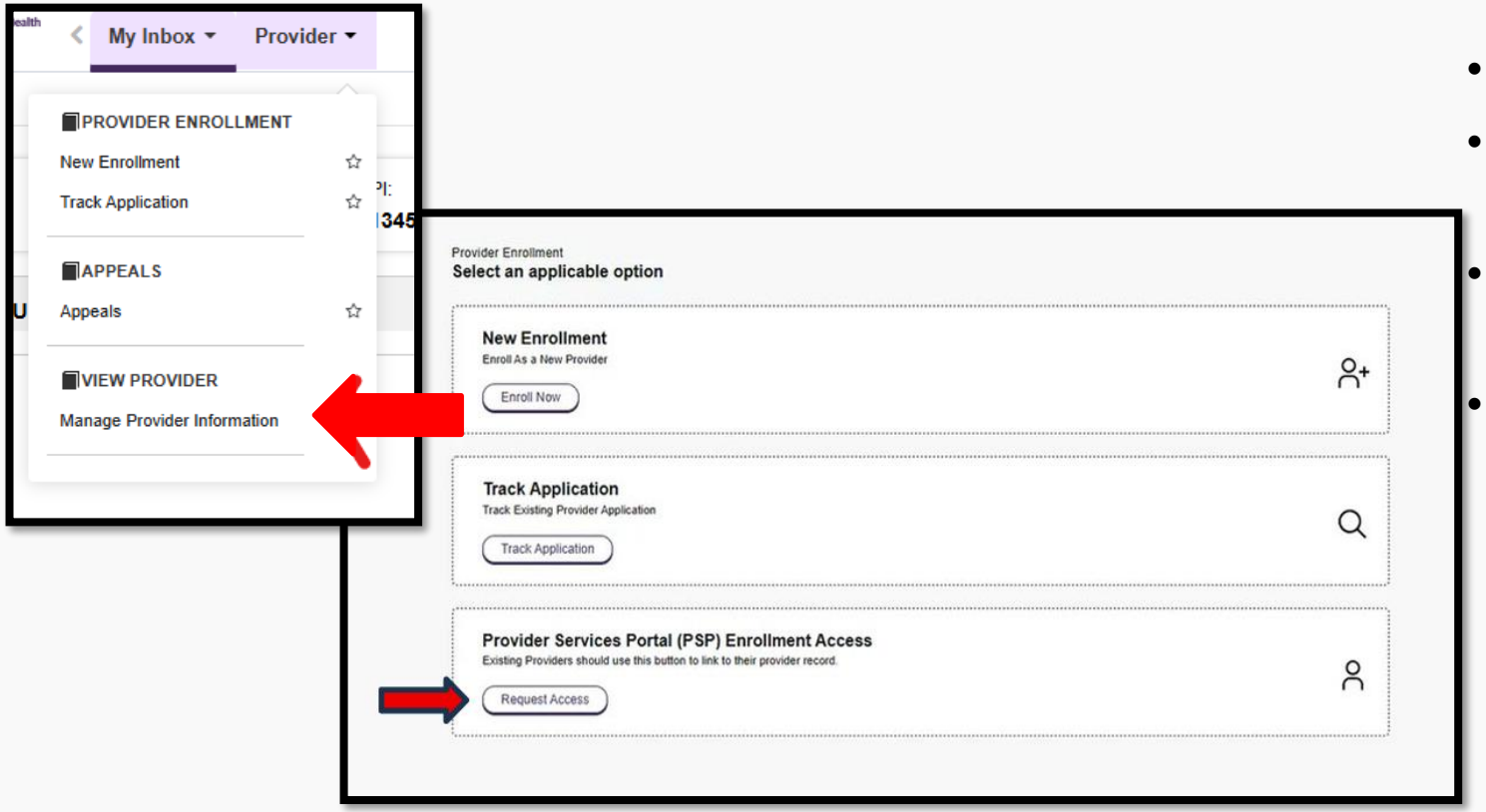
- Documents for New Submissions

IMPORTANT INFORMATION FOR NEW ENROLLMENTS

- New enrollment applications (only) - once an application is started, it **must be submitted within 45 days**.
- If not submitted within 45 days, the **application will be DELETED,** and the application **process BEGINS again**.
- You **can stop and return to the application later within the 45 days.** All materials/entries will be saved. You **can also print/download a copy** of the application for your records.
- Credentialing and office staff can start and fill out the application, but **the practitioner, owner, or duly authorized representative who is disclosed on the enrollment file must electronically sign and submit the completed application**.
- Check your transaction status and portal email occasionally after submission in case eMedNY staff have reached out about the EFT or ETIN or enrollment staff have reached out about your application.

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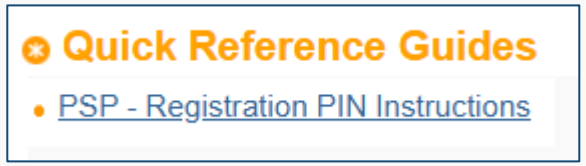
ALREADY ENROLLED...ACCESS YOUR EXISTING RECORD

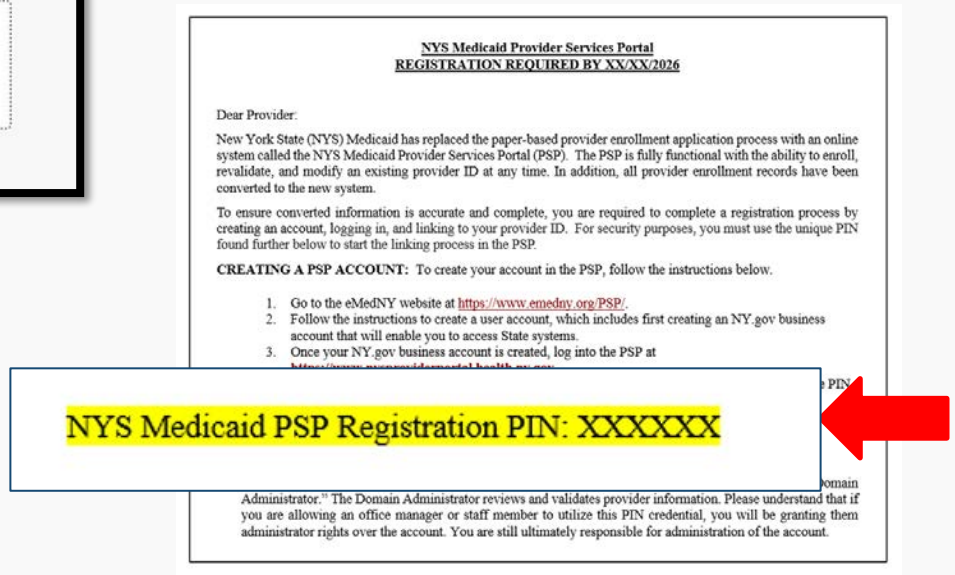


- Once logged in, **Request Access**
- The PSP will use a **PIN process** to **link your existing record** to you
- With a "Revalidation Notice," you will be mailed **and** emailed (your PIN)
- For an "As Needed Maintenance," you will need to select "Regenerate PIN," and you will be sent an email with a PIN

Guides provide step by step instructions

Have this guide handy!





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IMPORTANT INFORMATION FOR CURRENTLY ENROLLED

- Revalidation (only) - **you will have 123 days** from the date on your first notification letter to review, update, and submit your revalidation.
- You **can stop and return to the application at a later time.** All materials/entries will be saved. You **can also print/download a copy** of the application for your records.
- Credentialing and office staff can review and change an application, but **the practitioner, owner, or duly authorized representative who is disclosed on the enrollment file must electronically sign and submit the completed revalidation.**
- Occasionally check your portal email after submission in case eMedNY staff have reached out about the EFT or ETIN or enrollment staff have reached out about your application.

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CHANGE YOUR PRIMARY EMAIL (IF NEEDED)

1. Navigate to eMedNY.org

2. Enter **change email** in the Enhanced by Google search box

3. Click Search

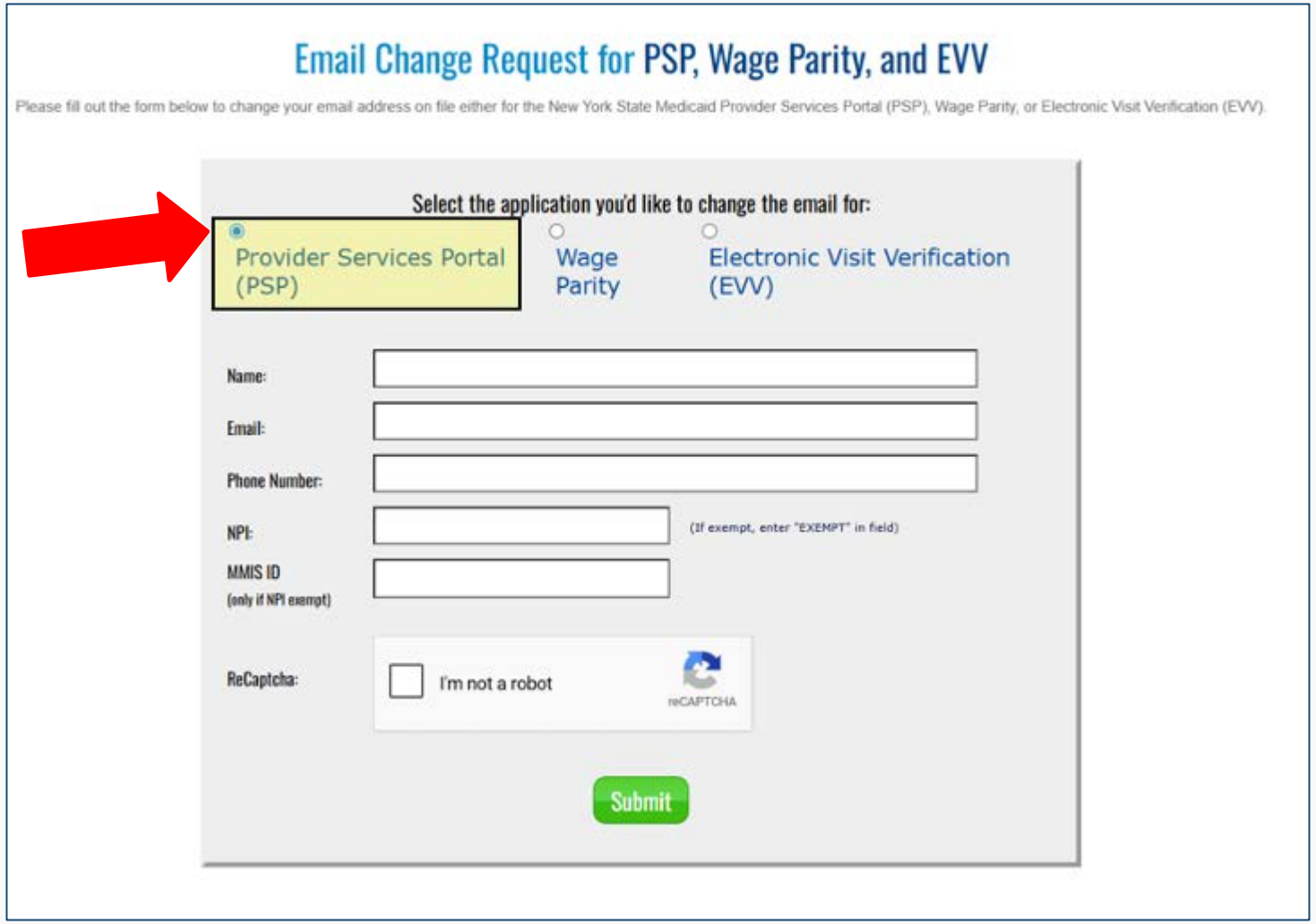




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CHANGE YOUR PRIMARY EMAIL ADDRESS

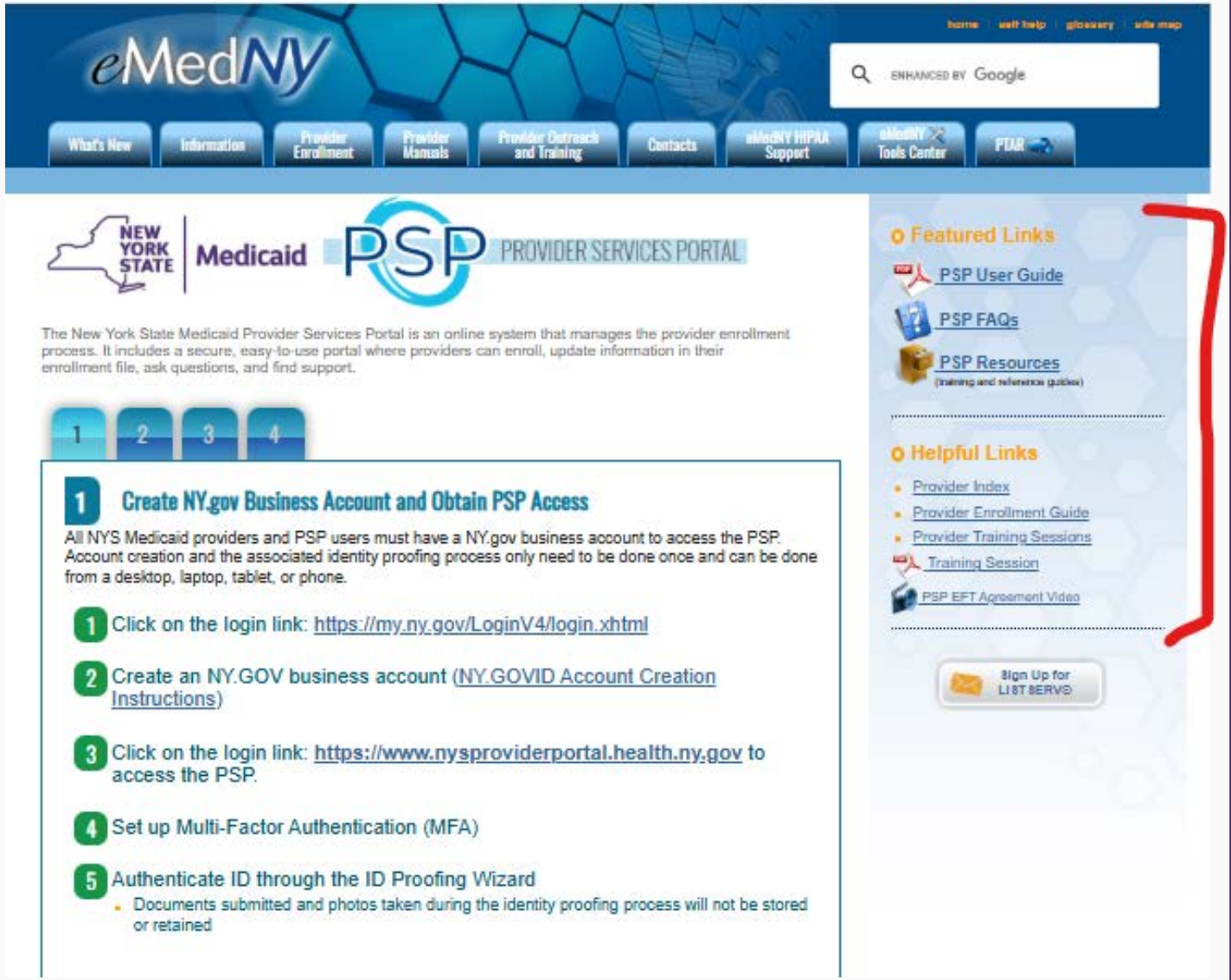
- Complete and submit the form to update the Email address on file



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WHERE TO FIND INFORMATION

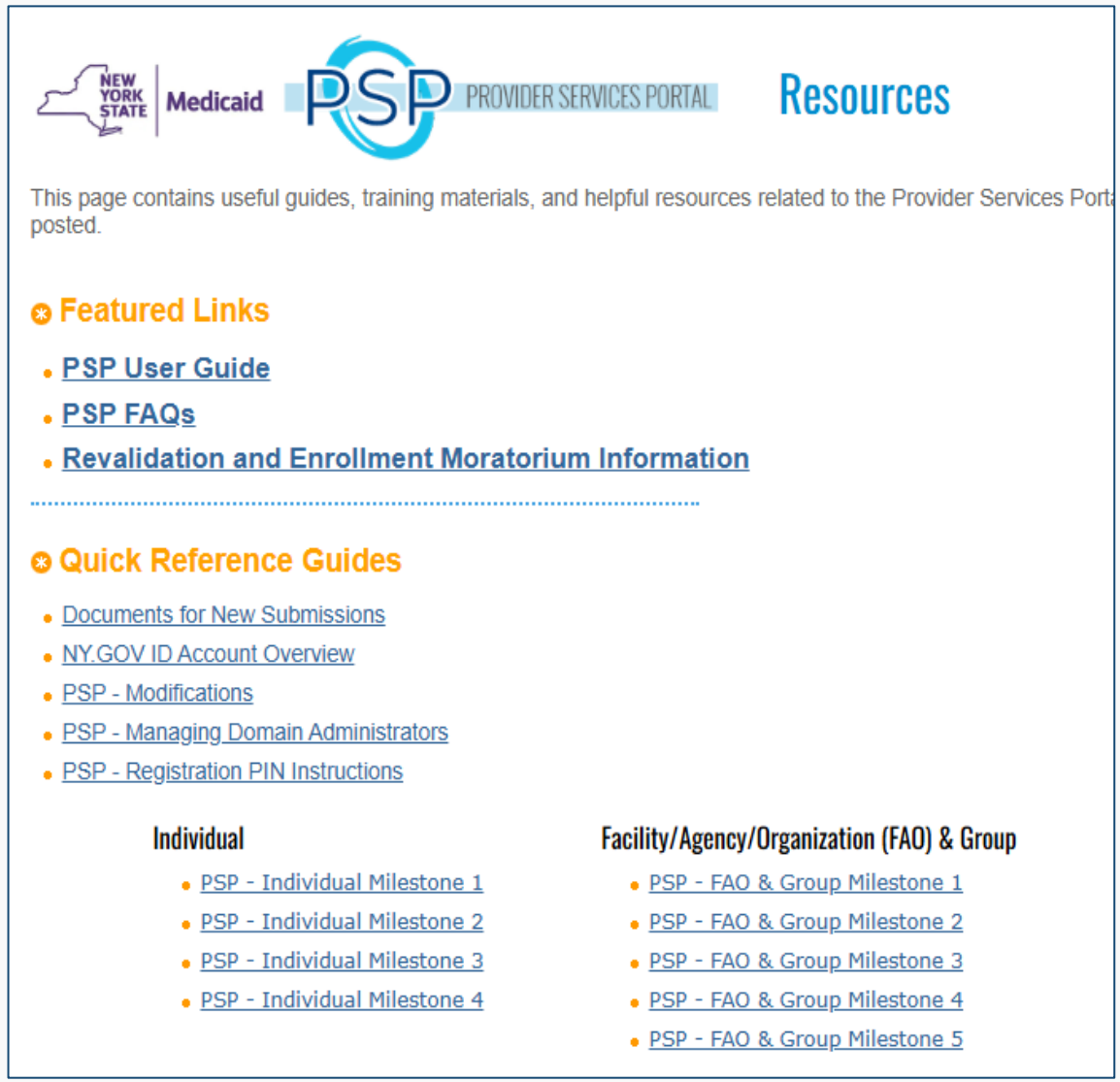
1. Navigate to eMedNY.org
2. Select NYS Medicaid Provider Services Portal
3. Resources are in the blue section on the right-hand side of the PSP landing page



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WHERE TO FIND INFORMATION





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WHERE TO FIND INFORMATION

PSP Quick Reference Guides Have Step-by-Step Instructions for each Milestone and Includes Screenshots

Quick Reference Guides

- Documents for New Submissions
- NY.GOV ID Account Overview
- PSP - Modifications
- PSP - Managing Domain Administrators
- PSP - Registration PIN Instructions

Individual

- PSP - Individual Milestone 1
- PSP - Individual Milestone 2
- PSP - Individual Milestone 3
- PSP - Individual Milestone 4

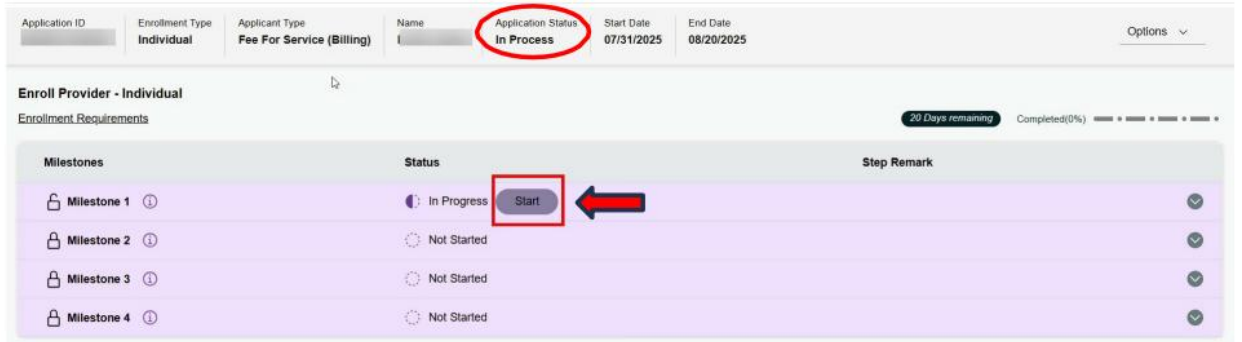
Facility/Agency/Organization (FAO) & Group

- PSP - FAO & Group Milestone 1
- PSP - FAO & Group Milestone 2
- PSP - FAO & Group Milestone 3
- PSP - FAO & Group Milestone 4
- PSP - FAO & Group Milestone 5

Milestone 1 of an Application

Once an application is generated, the status becomes "in process."

Milestone 1 is comprised of three steps. **Click** on Start next to Milestone 1 to begin the first step.



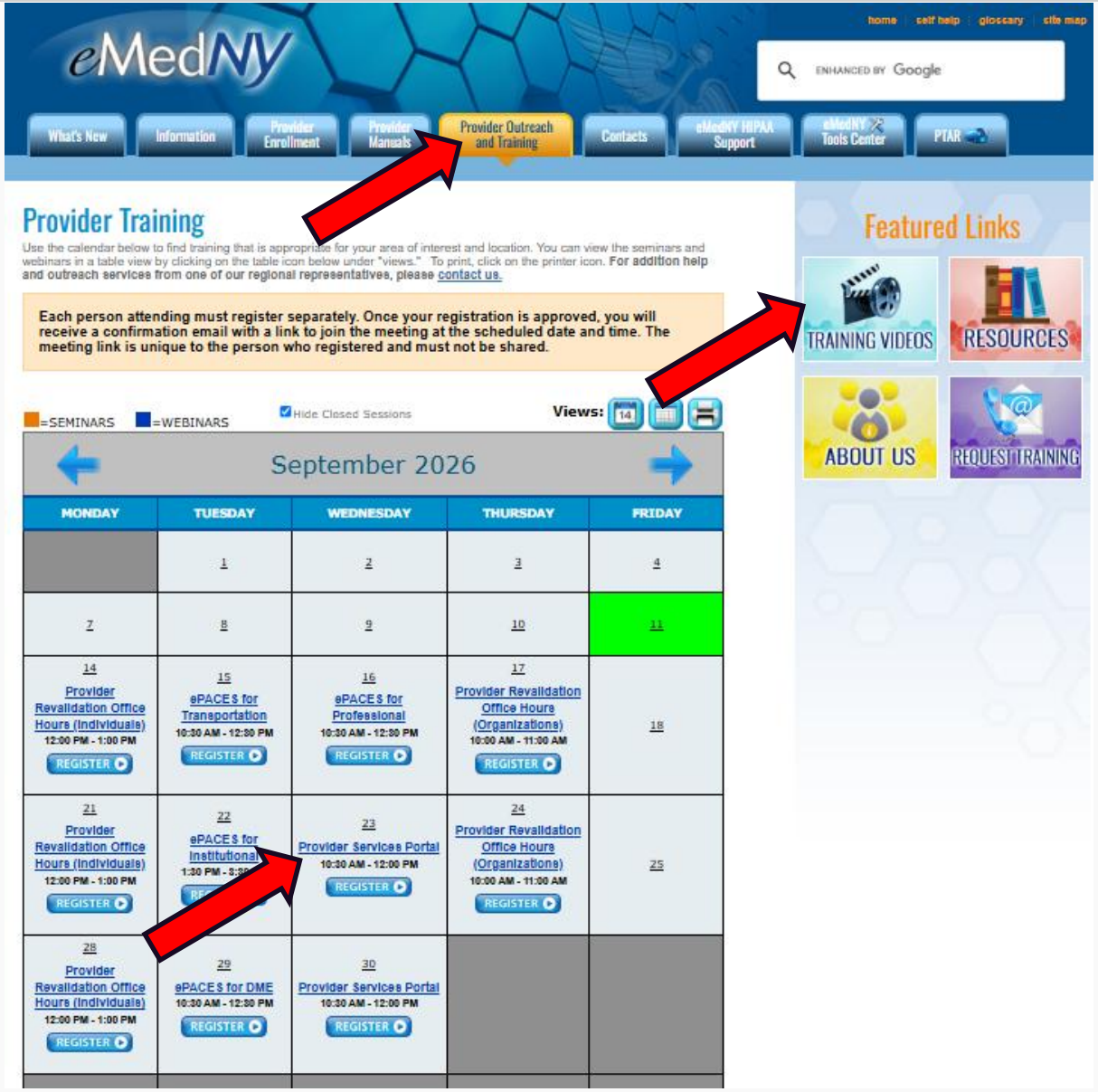
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TROUBLESHOOTING THE PSP

- Because of the scope of transitioning 240,000 providers to the PSP environment while simultaneously working to revalidate all providers, Call Center volume is very high and wait times are longer than normal. **We highly recommend first using the resources available to you to self-troubleshoot.**
- First, read through the **User Guide,** the appropriate **Quick Reference Guide** and the **FAQs** found on eMedNY.org.
- Visit eMedNY.org's training page, attend the live training sessions, and view the recorded webinars that are offered.

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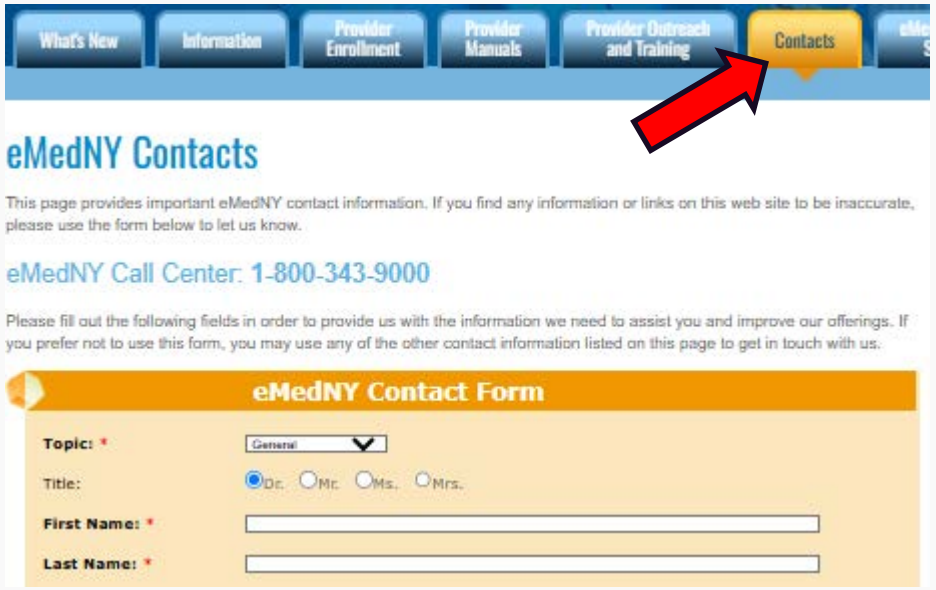
TROUBLESHOOTING THE PSP - CONTINUED



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TROUBLESHOOTING THE PSP

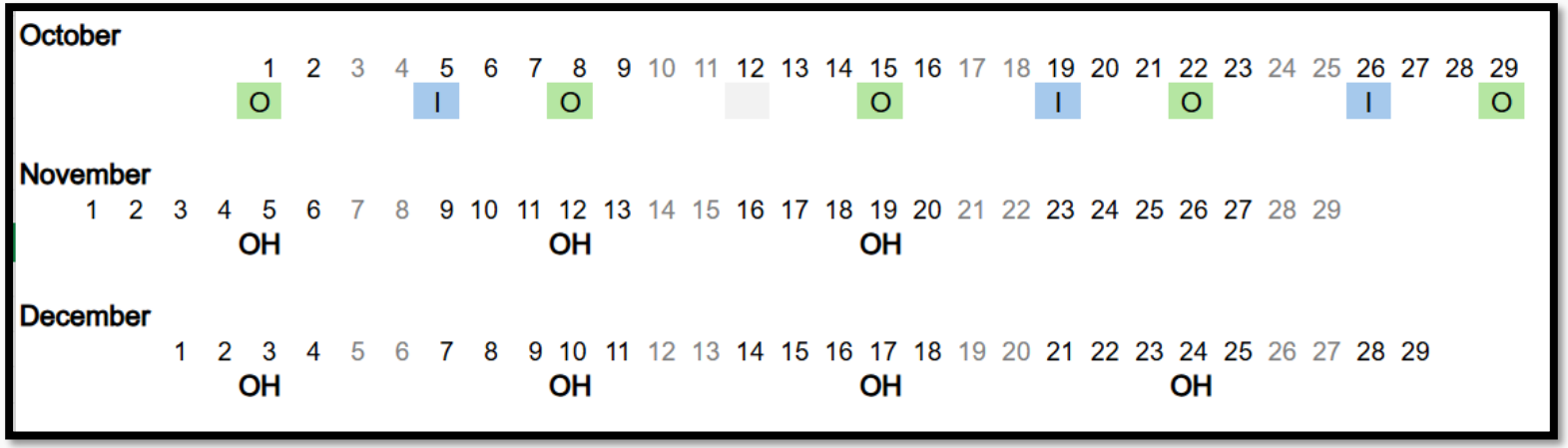
- If you are still unable to move forward, **contact the eMedNY Call Center**.
- Be sure they **create a ticket** for you. Write down the ticket number and the name of the person you spoke with. Be sure to ask what to expect next and the timeframe for that.
- If the time for resolution comes and goes, call again and provide:
  - Your name and contact information
  - Name, provider ID, and NPI of the provider whose transaction you are writing about
  - Brief description of the issue
  - Who you spoke with at the eMedNY Call Center and when
  - Ticket number(s)
- You can also Contact the Call Center via email.



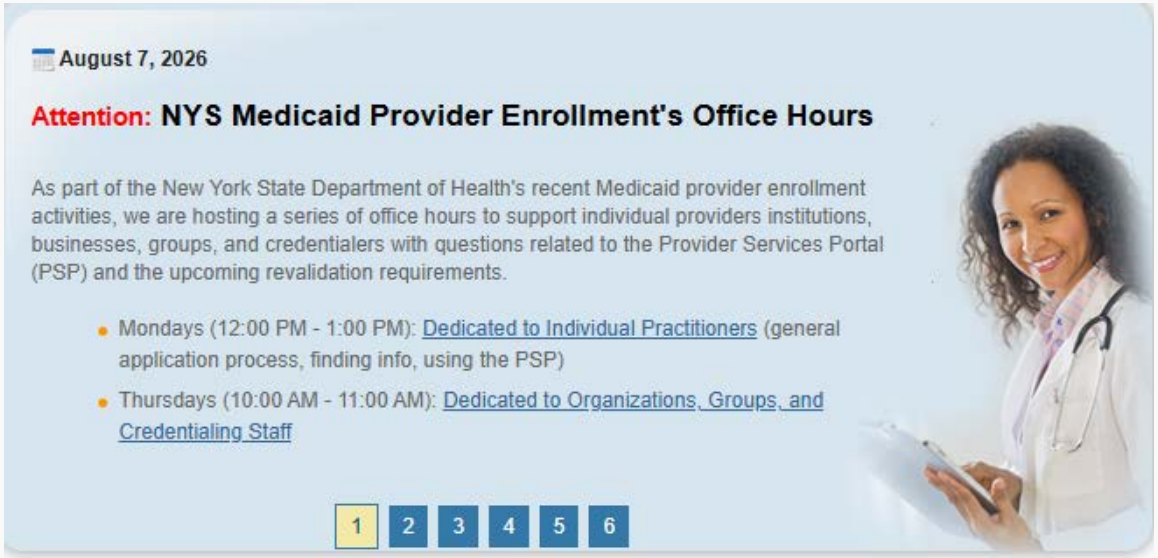
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OFFICE HOURS SCHEDULE

- Sessions are for general questions about how to apply, revalidation strategy, how to find information and use the new PSP.



- Individual questions about status of an application or a specific application will be directed to the eMedNY Call Center.



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STAY UP TO DATE: EMEDNY LISTSERV

1. Navigate to eMedNY.org

2. Select eMedNY LISTSERV

3. A new listserv specifically for credentialing and enrollment staff is available



Overview Category	✓Subscribe	XUnsubscribe
Credentialing/Enrollment Staff	☐	☐
Electronic Visit Verification (EVV)	☐	☐
eMedNY General Updates	☐	☐
ePACES	☐	☐
Primary Care	☐	☐
PTAR	☐	☐

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CONTACT EMEDNY CALL CENTER

Call Center Contact Information

Main Telephone Number: **800-343-9000**

CALL CENTER TELEPHONE TREE

Option 1: For claims, billing, remittance, form orders and prior approval questions.

- **Sub-Option 1:** Press "1" if you are a physician, dentist, private duty nurse, nurse practitioner, clinical social worker, physical therapist, or ophthalmic provider.
- **Sub-Option 2:** Press "2" if you are a hospital, clinic, long-term care facility, nursing agency, childcare agency or home health agency.
- **Sub-Option 3:** Press "3" if you are a pharmacy provider.
- **Sub-Option 4:** Press "4" if you are a DME, hearing aid, laboratory, or transportation provider.

Option 2: For new enrollment into the New York State Medicaid program, including the new Provider Services Portal, assistance with eMedNY ID (OKTA), EVV attestation, ePACES enrollment, ETIN applications and provider maintenance forms.

- **Sub-Option 1:** For ePACES enrollment and ETIN questions, please press 1.
- **Sub-Option 2:** For assistance using the new Provider Services Portal, please press 2.
- **Sub-Option 3:** For all other enrollment inquires, please press 3.

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Monday through Friday: 7:30 a.m. – 6:00 p.m.
Saturday/Sunday: 8:30 a.m. – 5:30 p.m.

Q & A

WHAT IS A CORPORATE RESOLUTION?

A corporate resolution is a written legal document that records who is legally authorized to act on behalf of an organization, e.g., to sign documents on the organization's behalf and to legally bind the organization. Examples would include but are not limited to:

- Bylaws
- Corporate Resolution
- Operating Agreement
- Partnership Agreement
- Partnership Resolution

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UPDATES “IN REVIEW”

Q: Our payment details are shown as "in review." Is there anything else we need to do there?

A: No. Depending on the area of the enrollment record, current information may appear with a status of “approved.” When that area of the record is updated and saved, the system will show a new row of data with a status of “in review.” When provider enrollment staff review and approve the change, the information is changed to an approved status.



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UPLOADS

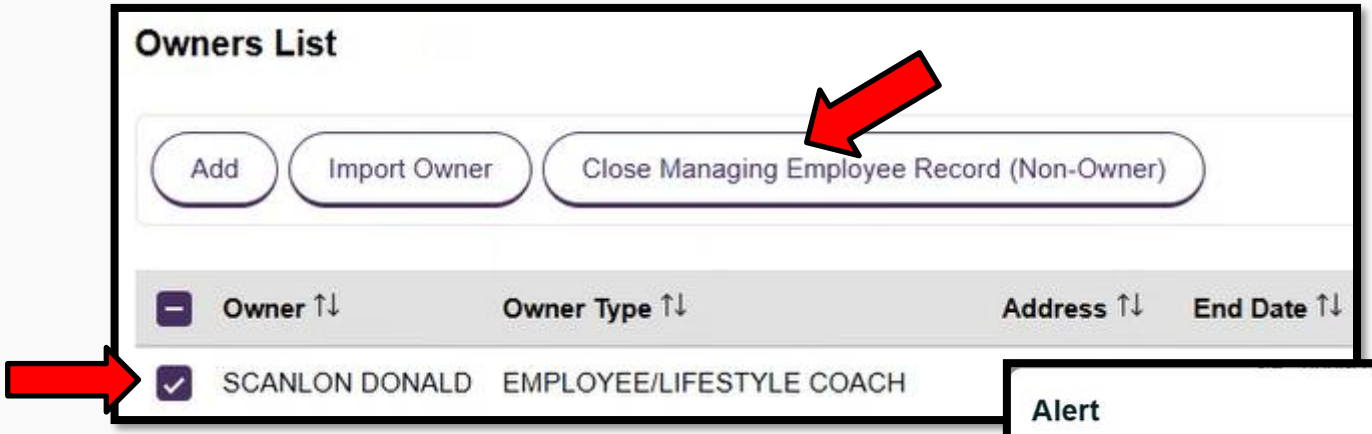
Q: Step 2, Federal Tax Details – I have uploaded the documents, but the triangle is indicating I did not.

A: Click on the step requirements to confirm which documents are required for upload. It will also show if the document successfully uploaded or not.

Currently, the system will occasionally show a document has not been uploaded when it has been uploaded. The portal development team is working to fix this issue, and we will communicate in the What's New document when this has been fixed.

OWNERSHIP, BOARD, & MANAGING EMPLOYEE INFORMATION

If you are using the current date as the end-date:



Choose the individual you want to end date and then click on Close. The Alert will pop up for you to confirm you want to close – click OK.





Approved is the current information on the file. In Review is the information you just changed.

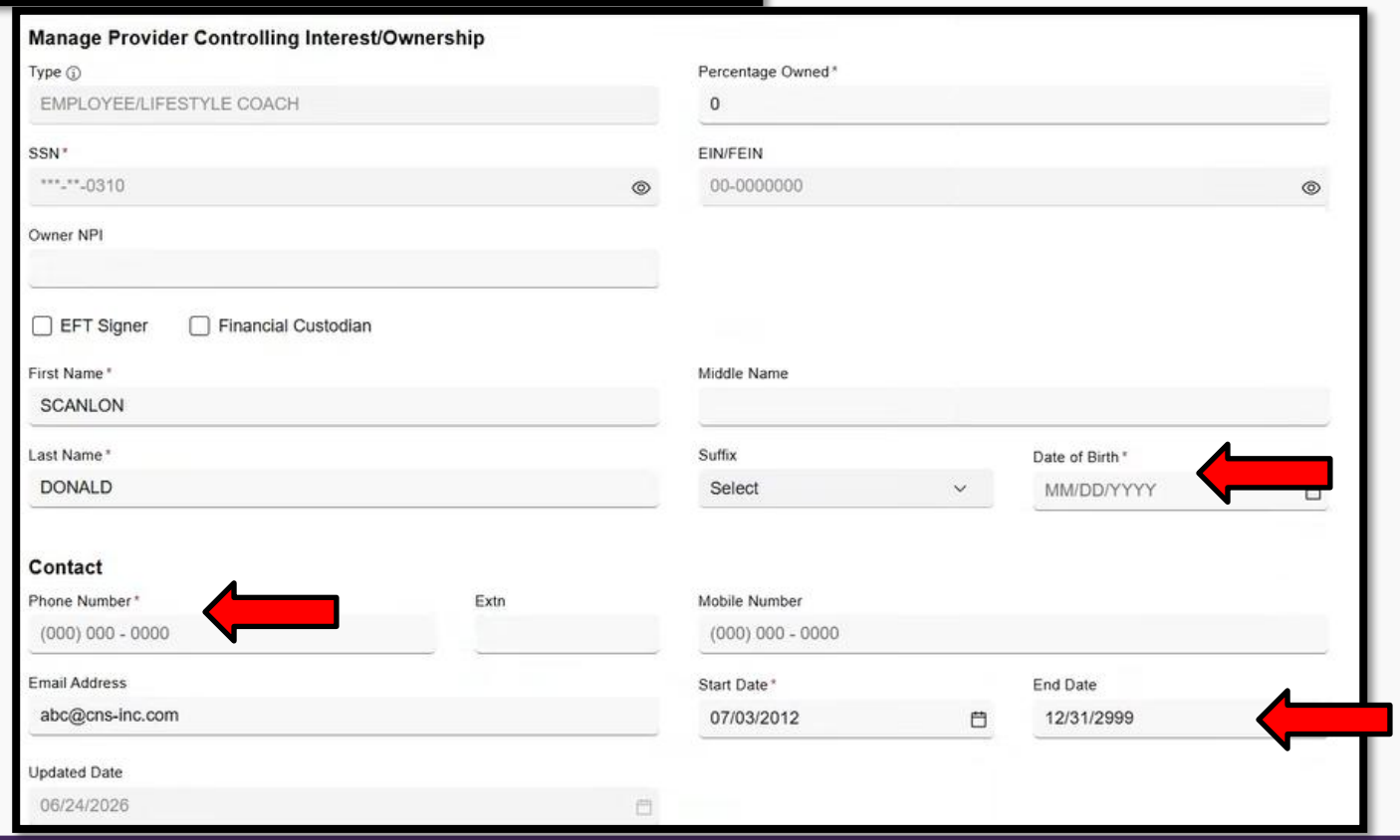
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OWNERSHIP, BOARD, & MANAGING EMPLOYEE INFORMATION

If you are using a prior date as the end-date:

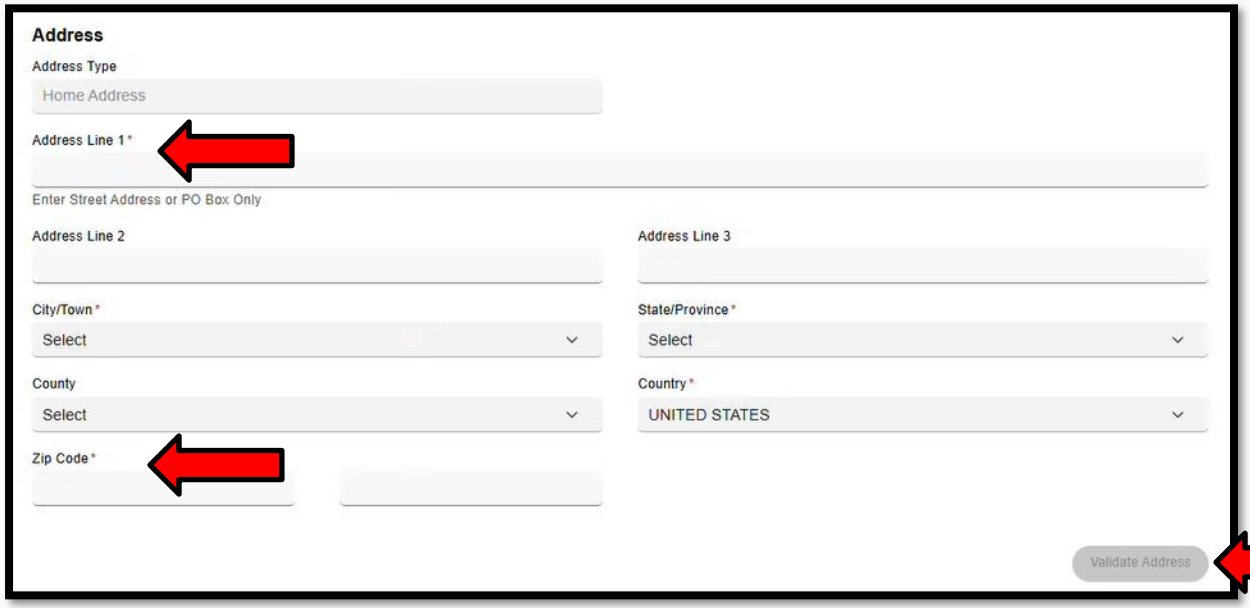


- In addition to entering the date, you are required to complete required fields and several more sections.

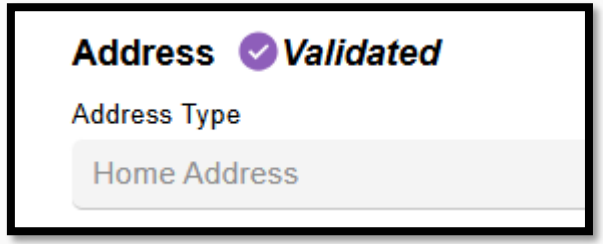


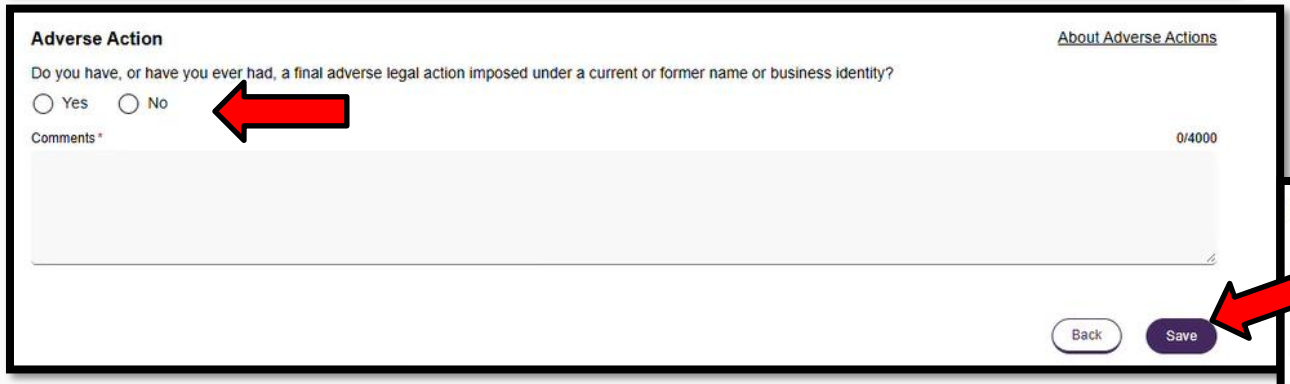
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OWNERSHIP, BOARD, & MANAGING EMPLOYEE INFORMATION



Enter address line 1, zip code, and validate – the remainder will auto populate.







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MANAGING EMPLOYEES

Q: Who is considered a managing employee to be added in place of the outdated entries? CEO and CFO? Anyone else?

A. A managing employee means a general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts, the day-to-day operation of an institution, organization, or agency.

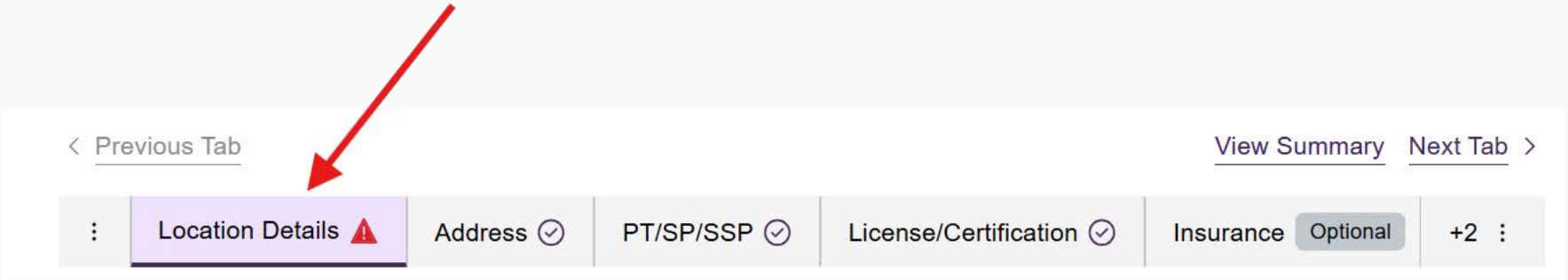
Agents, managing employees and those with a control interest also include, but are not necessarily limited to:

- Facility Administrator
- All Members of the Board of Directors
- Compliance Officer
- Laboratory Director
- Supervising Pharmacist

LOCATIONS

Q: Step 4: Locations doing business as: All locations listed say approved, so I'm not sure why there is "triangle" indicating action is required.

A: When you click on edit icon (pen icon) next to a location, you will be presented with multiple tabs representing various details about that location. If the tab has a triangle next to it, it means the information under that tab needs review (see below) - most often, contact details need to be confirmed or added. Asterisks indicate required fields.



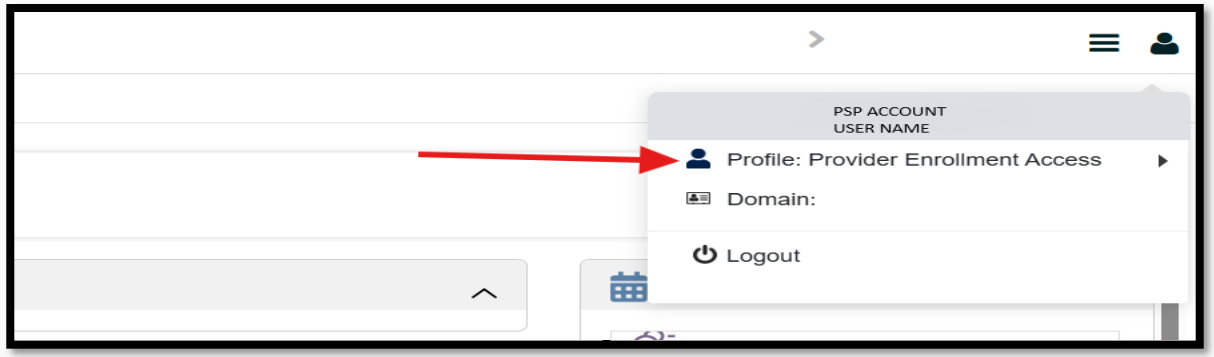
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LOCATIONS

Q: There are clinic site addresses in our profile that are incorrect. One has the wrong address. Another is a site that has closed but is shown as active. All addresses and site information is greyed out so that we cannot make changes. What do we do about this?

A: Some profiles won't allow the user to make edits, so we recommend first confirming that you are in the right domain profile – Provider Enrollment Access (not View Provider Enrollment). If you still experience an issue once you confirm you are in the Provider Enrollment Access profile, we recommend contacting the eMedNY Call Center for assistance.

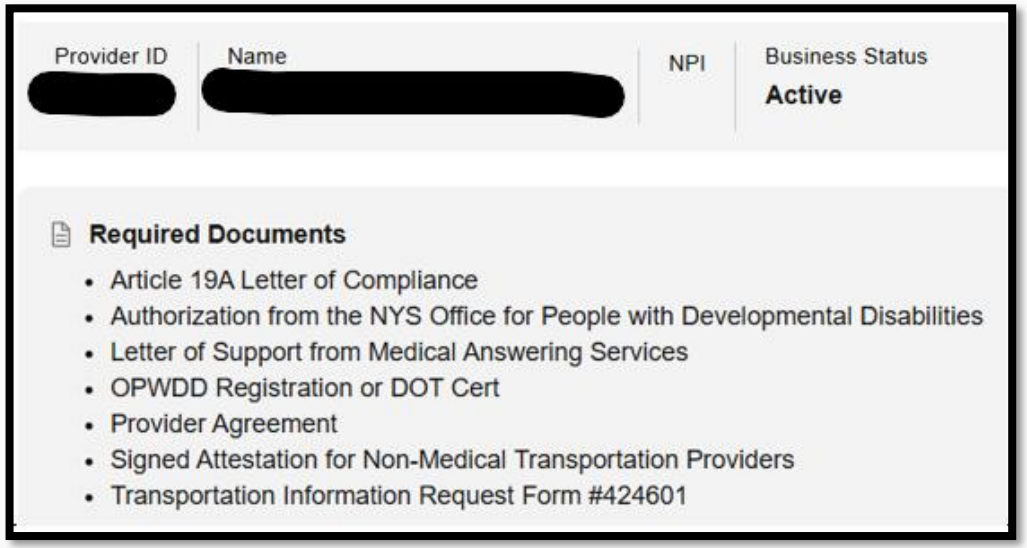
To view profiles available to you or to switch profiles, simply click on the arrow next to the profile and other options will appear.



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REQUIRED DOCUMENTS

Q: I submitted a revalidation in 2016, but I am not familiar with the documents that are being asked for with this revalidation below. Is this new?



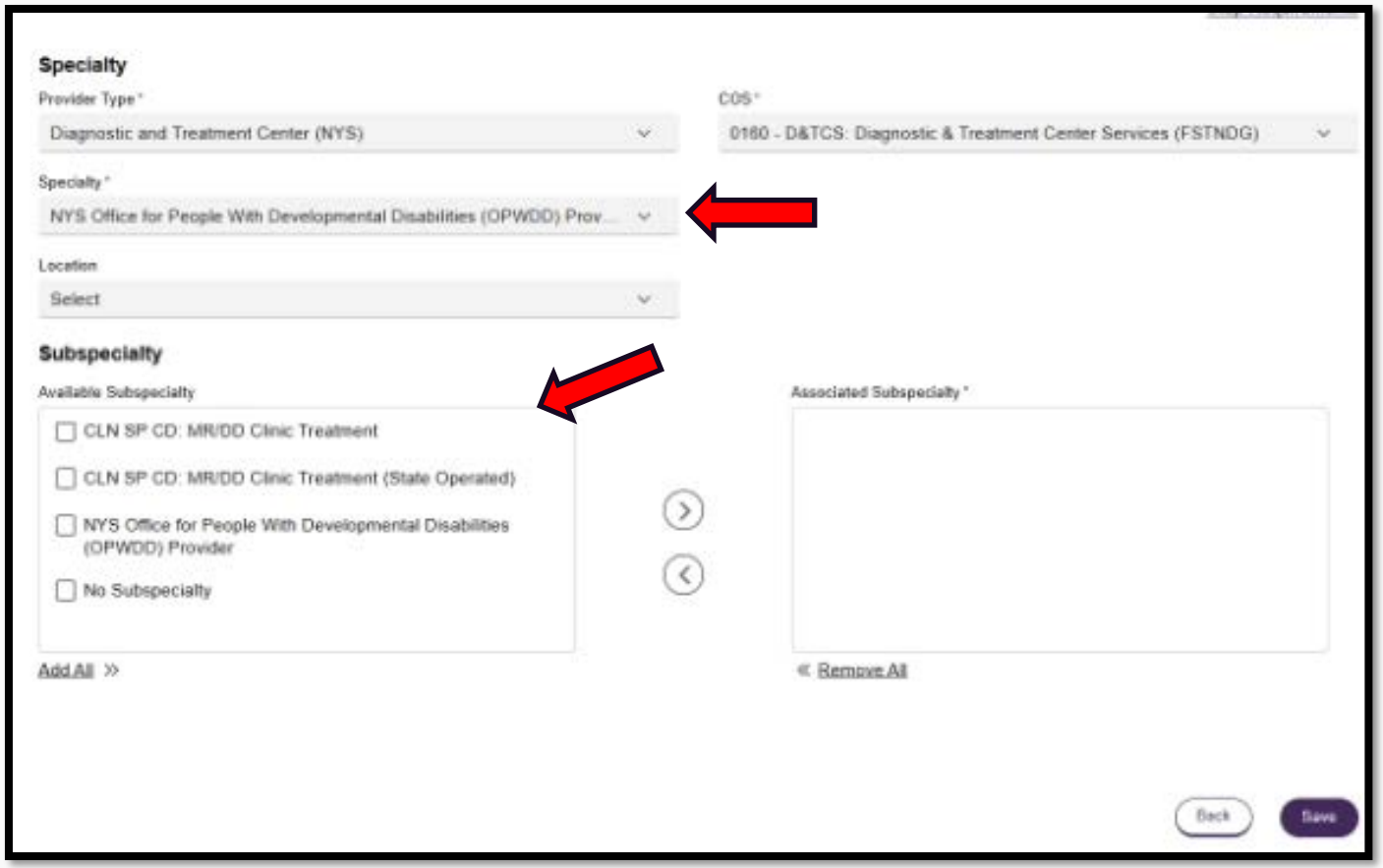
A: Required documentation depends on how many categories of services are enrolled on a single provider ID. If a provider has a transportation COS 0606 and a waiver COS 0269, required documents will include those for both COSs.

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ORGANIZATION TYPES

Q: We were sent two separate revalidation notices. One appears to be only for our Article 16 clinic sites, which are described as D&TCs. My understanding is that Article 28 clinics are D&TCs. I want to verify that this classification is correct for Article 16 clinic sites.

A: In the PSP, D&TC is a generic term for clinics. Once you click on D&TC and provide the specialty/agency that authorized the services, specific clinic services will appear as options under the subspecialty section.



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