



## Provider Services Portal – Milestone 1

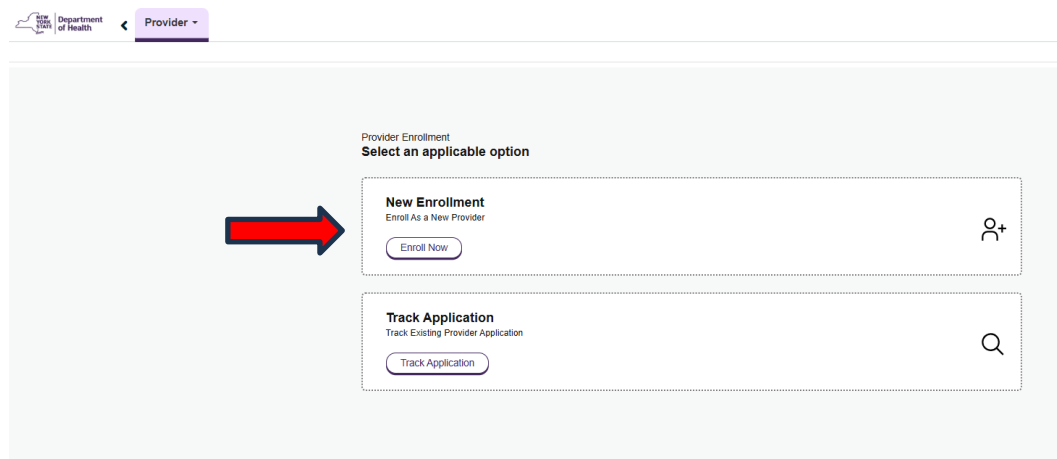
### Overview

The Provider Services Portal is designed to allow providers to enroll in the Medicaid program and manage their provider enrollment file. Applications are broken down into four milestones that must be completed before an application can be submitted for review. This document describes how to generate an application and complete Milestone 1 of a new enrollment application in the Provider Services Portal.

**Note:** At this time the portal is only available to practitioners who have never been enrolled in NYS Medicaid and who do not have a paper application pending in the eMedNY system. All other provider types and transactions will be available at a later date.

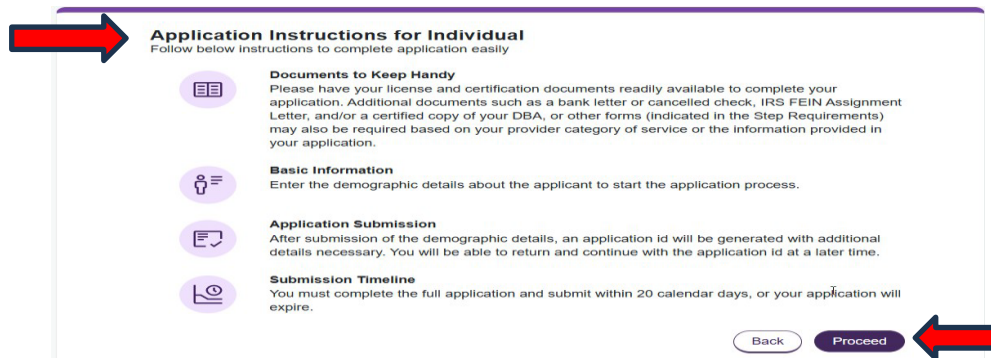
### Getting started with a new application

Once logged into the Provider Services Portal, click on Enroll Now under New Enrollment.



Click on the appropriate application type, and a screen will display instructions for that application type. (**Note:** “Individual” is the only application type available currently.)

Click on Proceed to continue.



#### NOTES:

- Once an application is started, it must be completed and submitted within 20 days, or the application will be purged from the system. If the application is purged, a new application must be started, completed, and submitted.

- Fields with a **red asterisk** are required fields. If left blank, the application will not move forward.

Enter the following information required to generate the application:

- Applicant Type (choose from the drop down):
  - Fee-For-Service (FFS/billing) - Fee-for-Service is the default selection or
  - Ordering/Prescribing/Referring/Attending (OPRA/non-billing,)
- If enrolling as an OPRA provider, the “Ordering/Prescribing/Referring/Attending” option must be selected.  
**Important:** When selecting OPRA from the drop down, the following messaging will appear “Providers selecting this Applicant Type will not have the 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)”.
- **Note:** Any changes to this selection once an application has been started will cause previously entered information to be lost.
- For fee-for-service applicants only - if affiliated with a group, does the provider also have a private practice?
- First Name
- Last Name
- NPI
- Date of Birth
- Social Security Number (SSN)
- Primary Email Address – this is the email address the system recognizes to communicate notifications regarding the application as well as future enrollment notifications.

**Click** on Generate Application. The Application ID will be displayed on the screen and will be emailed to the primary email address that was entered.

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

**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](#)

**NOTE:** The most common reasons for an error message include:

- A paper or portal application was already submitted and is currently still under review;
- The provider is currently enrolled, and a maintenance request must be submitted following the instructions found at eMedNY.org;
- The provider was previously enrolled, is now inactive, and must apply for reactivation/reinstatement following the instructions for submitting a paper application found on eMedNY.org; or


- Information about the provider was previously entered into eMedNY by a managed care plan for reporting purposes.

If an error message is received, contact the eMedNY Call Center at 800-343-9000 for assistance.

**Copy and keep** the Application ID for future tracking. The Application ID will also be sent to the Primary Email Address that was entered. This ID will be needed to check the status of an application or when returning to complete an application that was previously started.

**Click** on Go to Application.

MyInbox




Enrollment application created successfully!

Application ID  
[Redacted] [Copy](#)

Application Status  
**In Process**

Enrollment Type  
**Individual**


Name  
[Redacted]

 [Go to Application](#)


## 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.

Application ID [Redacted]	Enrollment Type <b>Individual</b>	Applicant Type <b>Fee For Service (Billing)</b>	Name [Redacted]	Application Status <b>In Process</b>	Start Date 07/31/2025	End Date 08/20/2025	Options 
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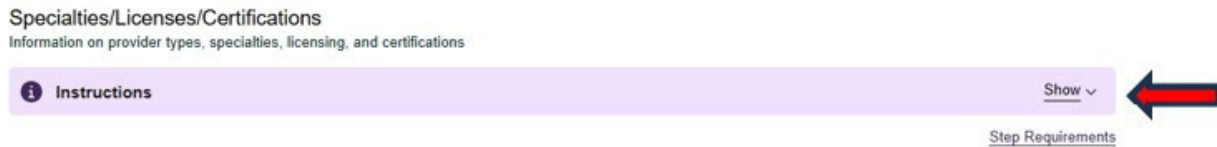
Enroll Provider - Individual

Enrollment Requirements 20 Days remaining Completed(0%) 

Milestones	Status	Step Remark
 Milestone 1 	 In Progress <a href="#">Start</a> 	
 Milestone 2 	 Not Started	
 Milestone 3 	 Not Started	
 Milestone 4 	 Not Started	

**TIPS FOR COMPLETING THE APPLICATION:**

- When available, **select** the “Show” button prior to entering any information. This will expand and provide guidance for completing a particular step.



- If applicable, additional requirements will appear under each step. If the requirement is linked, navigate to the linked form then download, complete, and upload the completed form prior to submitting an application.
- Subsequent milestones (i.e., 2-4) are locked until Milestone 1 is completed.

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

Milestone 1, Step 1: Basic Information. Fields will be pre-populated with information provided on previous screens. Confirm information and enter information for any blank fields. **Click Save**, then **Click Next Step**.

**Enroll Provider - Individual**  
Enrollment Requirements

**Basic Information**  
Demographic information about the provider

**Instructions** Show

**Enrollment Information**  
Applicant Type \*  
Fee For Service (Billing) If affiliated with a Group, do you have a Private Practice as well? \*  
Not Applicable

**Demographic Details**  
First Name \*  
Middle Initial  
Last Name \*  
Suffix Gender  
NPI \*  
Date of Birth \*  
SSN \*  
Race Ethnicity  
Primary Email Address \*  
Secondary Email Address  
Phone Number (000) 000 - 0000 Extension  
Mobile Number (000) 000 - 0000  
Primary Language Spoken  
Employer Information  
Do you want to provide EIN/FEIN details?  
☐ Yes ☒ No

**Next Step**

Milestone 1, Step 2: Federal Tax Details.

**Click** the arrow next to the Show/Hide button on the purple instructions banner to display instructions for this step.  
**Click** Next under the Add Tax Form button located below the purple instructions banner.

**Milestone 1**

Step 1  
Basic Information

Step 2  
**Add Federal Tax Details**

Step 3  
Add Specialties/Licenses/Certifications

Milestone 2

Milestone 3

Milestone 4

**Federal Tax Details**  
Tax information for both tax and identification purposes

**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.
- All individual providers must provide their SSN and other required and associated information as indicated in the fields below.
- If you have an EIN/FEIN that you want to use for billing purposes, and associated on a 1099, please go to Step 1: Basic Information and provide the EIN/FEIN, Legal Entity Name, and Entity Business Name (DBA - Doing Business As). You will also be required to upload the IRS FEIN Assignment Letter in the Federal Tax step.
- If the EIN/FEIN is not in the individual provider's own name, e.g., Jane Doe, the applicant must also supply a copy of their certified DBA (Doing Business As), e.g., Jane Doe Chiropractic, from a government entity (county/state) in which they operate.

[Step Requirements](#)

**Add Tax Form**

☒ Tax Form

**Federal Tax Details**

Tax form details must be entered on the next screen. The Corporate Address is the address to which 1099s will be mailed. Once the address is entered, **click** on Validate Address in the bottom right-hand corner of the screen.

If an error message is received, correct the error. Once all information is validated as correct, **Click** on Save Details directly below the Validate Address button.

#### Corporate Address

Address Line 1 \*

Enter Street Address or PO Box Only

Address Line 2

Address Line 3

City/Town \*

Other City \*

State/Province \*

Other State \*

County

Other County

Country \*

Zip Code \*

Latitude

Longitude




To upload supporting documents for the Federal Tax Details section, click on **Add** under Supporting Documents.

#### Supporting Documents

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

A new screen will pop up that allows upload of supporting documents for this step.

- Allowable file formats are .gif, .jpg, .jpeg, .html, .htm, .pdf, .xls, .tif, .doc, .docx, .xlsx, and .txt.
- File size must be under 10 MB.

For each document to be uploaded, **click** on Upload Document and follow instructions.

**Click** on Close when all documents have successfully uploaded.

**Supporting Documents**

Application ID: [Redacted] Enrollment Type: Individual Applicant Type: Fee For Service (Billing) Name: [Redacted] Application Status: In Process

Upload a copy of your document, ensuring the document is current and signed within the last 12 months.

Document Type \*  
Select [Redacted] Please make a selection for Document Type.

Document Name \*  
Select [Redacted] Please make a selection for Document Name.

File Name \*  
[Redacted] Choose

Remarks  
[Redacted]

File must be under 10 MB in size

**Upload document**

**Added Documents**

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

**Close**

### Milestone 1, Step 3: Specialties/Licenses/Certifications.

**Click** the arrow next to the Show/Hide button on the purple instructions banner to display instructions for this step.

**Click** on Add next to Provider Type/Category of Service/Specialty/Subspecialty.

**Specialties/Licenses/Certifications**  
Information on provider types, specialties, licensing, and certifications

**Instructions** Show

**Step Requirements**

**Provider Type/Category of Service/Specialty/Subspecialty** Add

**License/Certification** Add

**Hospital Admitting Privileges** Add

**Supporting Documents** Add

**Complete** the fields on the next screen.

Based on the Provider Type, COS, and Specialty, available Subspecialty options will be displayed. Providers must **choose** at least one Available Subspecialty from the list, then **click** the ">" arrow to populate it in the Associated Subspecialty field.

**Specialty**

Provider Type \*  
Select

COS \*  
Select

Specialty \*  
Select

Start Date \*  
MM/DD/YYYY

End Date  
MM/DD/YYYY

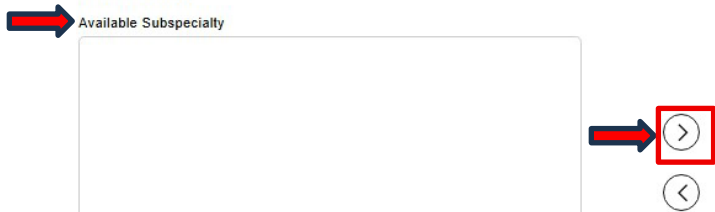
**Subspecialty**

Available Subspecialty

Associated Subspecialty \*

Add All >>

<< Remove All



**Click** on the Board Certified or Not Board Certified button, then **click** on save.

**Specialty**

Provider Type \*  
Physician

COS \*  
0460 - Physician Services

Specialty \*  
Family Practice

Start Date \*  
08/01/2025

End Date  
MM/DD/YYYY

**Subspecialty**

Available Subspecialty

☒ No Subspecialty

☐ Sleep Medicine

Associated Subspecialty \*


Add All >>

<< Remove All

Please make a selection for Associated Subspecialty

☒ Board Certified ☐ Not Board Certified

Back Save



On the next page, **click** on the box next to the chosen specialty, and then click on Primary Specialty.

**Provider Type/Category of Service/Specialty/Subspecialty**

<input checked="" type="checkbox"/> Provider Type ↑↓	COS ↑↓	Specialty ↑↓	Subspecialty ↑	Taxonomy ↑↓	Primary Specialty ↑↓	Risk Category ↑↓	Actions
<input checked="" type="checkbox"/> Physician	0460 - Physician Services	Family Practice	No Subspecialty	207Q00000X	No	Limited	

1-1 of 1 item

1 of 1 page

**License/Certification**

**Hospital Admitting Privileges**

**Supporting Documents**

An alert will pop up asking if this specialty should be flagged as the primary specialty. **Click** OK to acknowledge the alert.

**Alert**

Are you sure do you want to flag this as primary specialty?

**IMPORTANT NOTE:** You will not be able to move on from this step until you flag a primary specialty. Please be sure to select one from the list of specialties added. Even if you do not have a specialty and it reads as No Specialty - No Subspecialty, you must still flag this as primary specialty.

For the License/Certification portion of this step, **click** on Add to the right of License/Certification.

#### Specialties/Licenses/Certifications

Information on provider types, specialties, licensing, and certifications

**Instructions**

[Step Requirements](#)

**Provider Type/Category of Service/Specialty/Subspecialty**

<input type="checkbox"/> Provider Type ↑↓	COS ↑↓	Specialty ↑↓	Subspecialty ↑	Taxonomy ↑↓	Primary Specialty ↑↓	Risk Category ↑↓	Actions
<input type="checkbox"/> Physician	0460 - Physician Services	Family Practice	No Subspecialty	207Q00000X	No	Limited	

1-1 of 1 item

1 of 1 page

**License/Certification**

**Hospital Admitting Privileges**

**Supporting Documents**



**Complete** the fields for adding a license.

**Click** on Confirm License/Certification.

**Click** on Save after the license/certification has been confirmed.

### Specialties/Licenses/Certifications

\* Mandatory Fields

Information on provider types, specialties, licensing, and certifications

#### Instructions

Show ▾

[Step Requirements](#)

#### License/Certification

License/Certification Type \*

Select ▾

Licensing Board/Certifying Body \*

Select ▾

License/Certification # \*

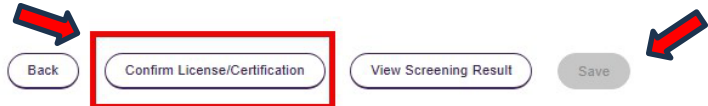
Effective Date \*

MM/DD/YYYY

End Date

MM/DD/YYYY

Valid License/Certification



Completion of the **Hospital Admitting Privileges** section is optional for NYS Medicaid enrollment.

#### Provider Type/Category of Service/Specialty/Subspecialty

Add

Primary Specialty

Delete

Show Filter

Actions

<input type="checkbox"/>	Provider Type ↓	COS ↓	Specialty ↓	Subspecialty ↑	Taxonomy ↓	Primary Specialty ↓	Risk Category ↓	Actions
<input type="checkbox"/>	Physician	0460 - Physician Services	Family Practice	No Subspecialty	207Q00000X	Yes	Limited	<div><div></div><div></div></div>

1-1 of 1 item

1 of 1 page

#### License/Certification

Add

Delete

Show Filter

Actions

<input type="checkbox"/>	Type	Lic/Cert #	Certifying Body	State	Valid Lic/Cert	Effective Date	End Date	Actions
<input type="checkbox"/>	State Professional License	00306354	Physician - 060	New York	No	08/01/2025	12/31/2999	

1-1 of 1 item

1 of 1 page

**Hospital Admitting Privileges**

① Add

Supporting Documents

① Add

Click on Add next to **Supporting Documents**.

For each Required Document to be uploaded, **click** on Upload Document and follow cues to upload the required document listed for the Specialty/License/Certification section of the file.

Click on Close when all documents have successfully uploaded.

**Required Documents**

- Board Certificate
- State Professional License

Document Type \*  
Select

Document Name \*  
Select

File Name \*  
Choose

Remarks

File must be under 10 MB in size

**Upload document**

**Added Documents**

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

**Close**

Once all documents have been successfully uploaded for Milestone 1, **click** on Next Step at the bottom right.

#### License/Certification

Add

Delete

Show Filter

Actions

<input type="checkbox"/> Type ↑↓	Lic/Cert # ↑	Certifying Body ↑↓	State ↑↓	Valid Lic/Cert ↑↓	Effective Date ↑↓	End Date ↑↓	Actions
<input type="checkbox"/> State Professional License	123456	Physician - 060	New York	No	08/01/2025	12/31/2999	<a href="#">Edit</a> <a href="#">Delete</a>

1-1 of 1 item

1 of 1 page

#### Hospital Admitting Privileges

Info Add

#### Supporting Documents

Add

Actions

<input type="checkbox"/>	Document Type	Document Name	File Name	Remarks	Uploaded By	Uploaded Date	Actions
<input type="checkbox"/>	Certification	Board Certificate	<a href="#">Certificate of Qualification.jpg</a>			08/26/2025	
<input type="checkbox"/>	License	State Professional License	<a href="#">78837.jpg</a>			08/26/2025	

**Next Step**

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A screen will pop up to indicate that Milestone 1 is complete. **Click** Okay to move on to the next Milestone. The remaining Milestones are now unlocked so that information can be added anywhere in the application.

