



Provider Services Portal-Milestone 4

Overview

This document describes how to complete Milestone 4 of a new enrollment application in the 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.

Milestone 4 of an application

Milestone 4 of an application is comprised of steps 10-12. Optional steps will be marked as such on the left-hand menu next to the step number. Optional steps are marked as such on the left-hand menu next to the step number. Required fields are marked with a **red asterisk**. The application will not move forward if required fields are left blank.

Step 10 is completion of the Enrollment Checklist.

Click the arrow next to the Show/Hide button in the purple instructions banner of any screen to display or hide instructions for that step.

Select either Yes or No for each of the questions on the Enrollment Checklist. Selecting yes will open a comment box to provide additional information for that question. All questions must be answered.

Milestone 2

Milestone 3

Milestone 4

Step 10 Complete Enrollment Checklist *

Optional

Add Supporting Documents

Step 12 Submit Enrollment Application for Approval *

Enrollment checklist required for submission

Instructions

Answer all the questions. For questions that are not applicable, select "No". For any answer of "Yes", a comment is required. Uploads of documents may be requested.

Hide ←

Questions

Do you want to provide EIN/FEIN information? If yes, please enter "I agree" in the comments field and go to Step 1: Basic Information and enter 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.

Yes No

Independent Nurses (RN/LPN), select "Yes" and comment "I agree". If you agree to participate in the Private Duty Nursing (PDN) Medically Fragile Provider Directory for the purpose of promoting the availability and ensuring delivery of fee for service nursing services to medically fragile children and adults. This directory is available to the public and will be updated weekly. I acknowledge that the information provided above is accurate and I will immediately notify the NY Medicaid program if there are changes to my address, phone number or email address. Approval for participation in the Directory will authorize enhanced reimbursement for private duty nursing services provided to medically fragile children and adults. Participation in the directory indicates the willingness to accept inquiries to provide care to medically fragile children and adults, and subject to availability, provide services. These requests may be received from a family member or a representative designated by the family, a discharge planner, and/or case manager. Directory participants are expected to respond to all inquiries.

Yes No

Supervising Pharmacists - Signed Passport size photo must be uploaded. Select "Yes", if you agree to upload this photo and indicate the name of pharmacy in the comments field. Please upload the photo in the "Add Supporting Documents" step.

Yes No

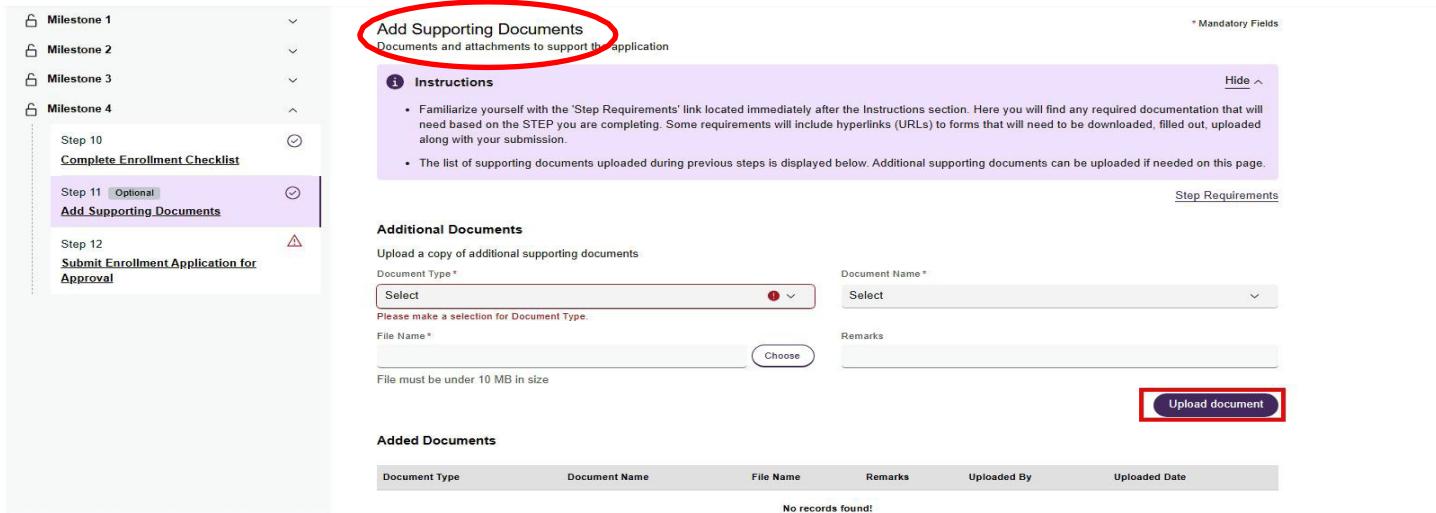
Save

Next Step

Click Save at the bottom right of the page.

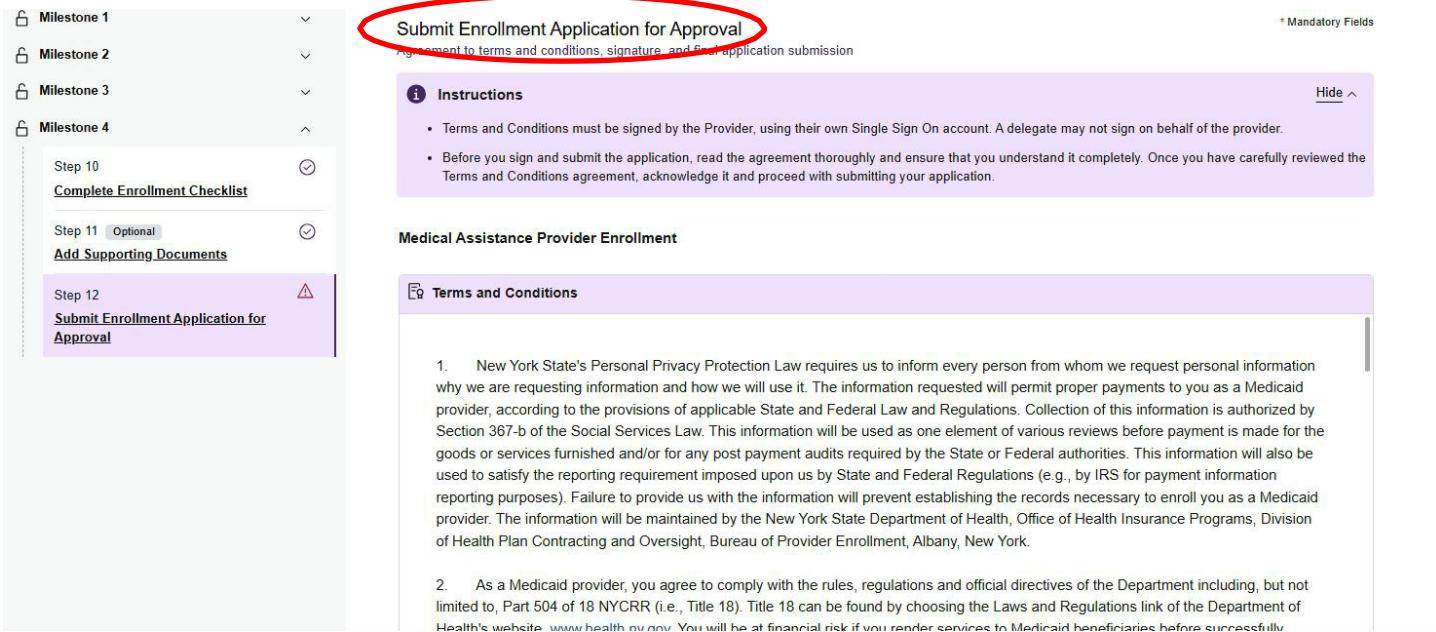
Click Next Step.

Step 11 provides an optional opportunity to Add Supporting Documents. Follow instructions and cues for uploading as in previous Milestones.



The screenshot shows the 'Add Supporting Documents' step in the Provider Services Portal. The 'Add Supporting Documents' button is circled in red. The page includes a sidebar with 'Milestone 1' through 'Milestone 4' and a main content area with sections for 'Instructions', 'Additional Documents', and 'Added Documents'.

Step 12 is the final step to Submit Enrollment Application for Approval.

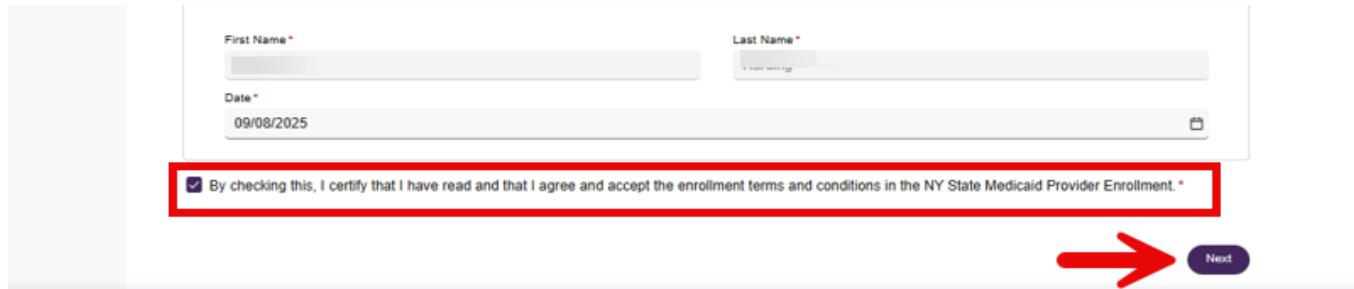


The screenshot shows the 'Submit Enrollment Application for Approval' step in the Provider Services Portal. The 'Submit Enrollment Application for Approval' button is circled in red. The page includes a sidebar with 'Milestone 1' through 'Milestone 4' and a main content area with sections for 'Instructions', 'Medical Assistance Provider Enrollment', and 'Terms and Conditions'.

IMPORTANT: If you are preparing this application on behalf of the provider and you are NOT the provider, STOP HERE. The provider must sign and submit the application by signing into the Provider Services Portal with their own credentials. They can access the application by going to Track Application and then entering the Application ID, Social Security Number (SSN), and Date of Birth. A soft warning will appear when the name of the user logged in does not match the name of the applicant.

Instructions for Provider:

1. Log into the portal, review the application, then **click** on Milestone 4 and Step 12.
2. **Read** the entire Agreement (scroll down to proceed to the end of the Agreement). NOTE: The providers name will be prepopulated, and must appear (by virtue of logging in with their own credentials).
3. If so, **Click** the box to accept and agree to the terms and conditions.
4. **Click** Next.



First Name *

Last Name *

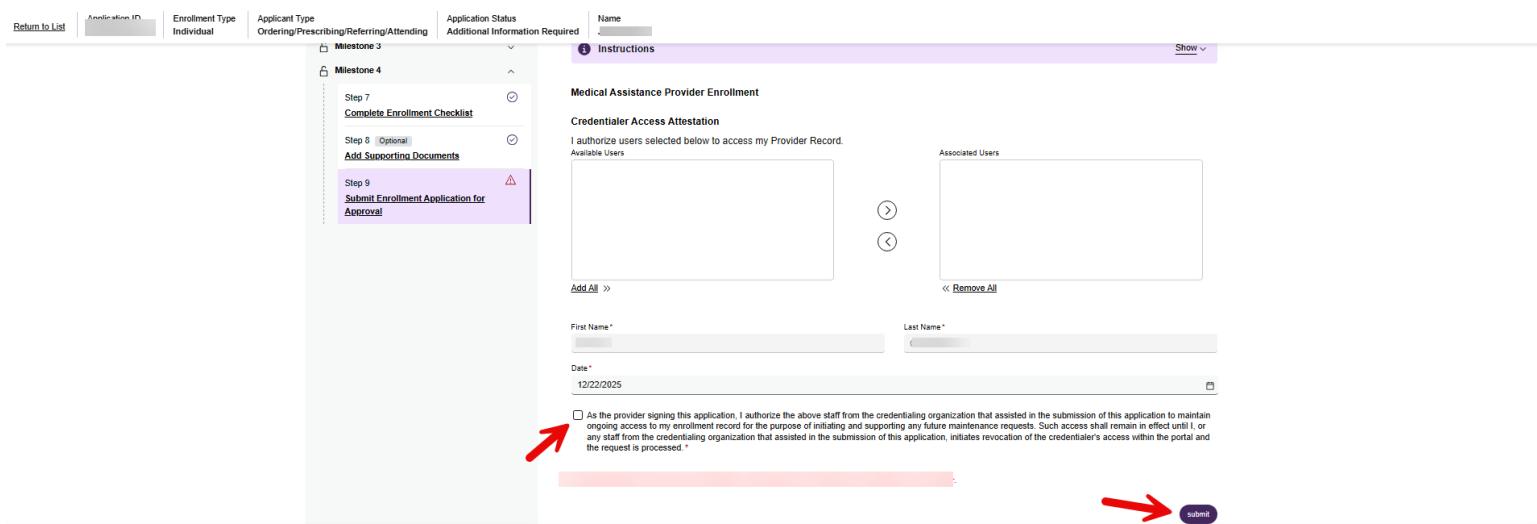
Date *

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

5. The following screen will display the Credentialer Access Attestation page. This screen will allow the provider to select credentialers to grant them access to maintain their provider records after application approval. The list of available users will display the Last name, First Name and Username of any users that have accessed the application prior. The provider may pick and choose which users maintain access to their provider record. Once satisfied with the users selected, check the box granting access and hit submit. After Application Approval, the users listed would be given the Provider Domain with the below profiles:

- Domain Administrator
- Provider Enrollment Access
- View Provider Enrollment



Return to List Application ID: Enrollment Type: Applicant Type: Ordering/Prescribing/Referring/Attending: Application Status: Additional Information Required:

Milestone 3

Instructions

Milestone 4

Step 7

Step 8 (Optional)

Step 9

Medical Assistance Provider Enrollment

Credentialer Access Attestation

I authorize users selected below to access my Provider Record.

Available Users

Associated Users

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.*

submit

Once submitted, the following screen will display. Notice of a successful submission will be at the top in red. An email will also be sent to the email address previously entered to notify that the submission was successful.

⚠ Warning
Your Application Number 20250731567627 has been successfully submitted for State review. Return with this application number to track the status of your application.

Application ID	Enrollment Type	Applicant Type	Name	Application Status	Start Date	End Date	Options
	Individual	Fee For Service (Billing)		Submitted	08/07/2025	08/27/2025	▼

Enroll Provider - Individual

Enrollment Requirements

Milestones	Status	Step Remark
[] Milestone 1	[] Complete	[]
Step 1 Basic Information	[] Complete	
Step 2 Add Federal Tax Details	[] Complete	
Step 3 Add Specialties/Licenses/Certifications	[] Complete	
[] Milestone 2	[] Complete	[]
Step 4 Add Education/Training//Work History	[] Complete	
Step 5 Add Payment Details	[] Complete	
Step 6 Add Locations/Doing Business As	[] Complete	
[] Milestone 3	[] Complete	[]
Step 7 Associate Billing Provider/Other Associations	[] Complete	