



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 Hide

• 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.

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

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.

Add Supporting Documents
Documents and attachments to support the application

Instructions

- 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.
- The list of supporting documents uploaded during previous steps is displayed below. Additional supporting documents can be uploaded if needed on this page.

Additional Documents
Upload a copy of additional supporting documents

Document Type *
Select

Document Name *
Select

Please make a selection for Document Type.

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!					

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

Submit Enrollment Application for Approval
Agreement to terms and conditions, signature, and final application submission

Instructions

- Terms and Conditions must be signed by the Provider, using their own Single Sign On account. A delegate may not sign on behalf of the provider.
- Before you sign and submit the application, read the agreement thoroughly and ensure that you understand it completely. Once you have carefully reviewed the Terms and Conditions agreement, acknowledge it and proceed with submitting your application.

Medical Assistance Provider Enrollment

Terms and Conditions

- New York State's Personal Privacy Protection Law requires us to inform every person from whom we request personal information why we are requesting information and how we will use it. The information requested will permit proper payments to you as a Medicaid provider, according to the provisions of applicable State and Federal Law and Regulations. Collection of this information is authorized by Section 367-b of the Social Services Law. This information will be used as one element of various reviews before payment is made for the goods or services furnished and/or for any post payment audits required by the State or Federal authorities. This information will also be used to satisfy the reporting requirement imposed upon us by State and Federal Regulations (e.g., by IRS for payment information reporting purposes). Failure to provide us with the information will prevent establishing the records necessary to enroll you as a Medicaid provider. The information will be maintained by the New York State Department of Health, Office of Health Insurance Programs, Division of Health Plan Contracting and Oversight, Bureau of Provider Enrollment, Albany, New York.
- As a Medicaid provider, you agree to comply with the rules, regulations and official directives of the Department including, but not limited to, Part 504 of 18 NYCRR (i.e., Title 18). Title 18 can be found by choosing the Laws and Regulations link of the Department of Health's website, www.health.ny.gov. You will be at financial risk if you render services to Medicaid beneficiaries before successfully

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.

The screenshot shows a form with fields for 'First Name', 'Last Name', and 'Date'. The 'Date' field is prepopulated with '09/08/2025'. Below these fields is a checkbox with the text: '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.' A red box highlights this checkbox. To the right of the checkbox is a red arrow pointing to a 'Next' button.

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

The screenshot shows the 'Credentialer Access Attestation' page. It includes a sidebar with a list of steps: 'Step 7 Complete Enrollment Checklist', 'Step 8 Optional Add Supporting Documents', and 'Step 9 Submit Enrollment Application for Approval'. The main content area has a heading 'Medical Assistance Provider Enrollment' and a sub-heading 'Credentialer Access Attestation'. Below this is a text box for 'I authorize users selected below to access my Provider Record.' and a list of 'Available Users'. To the right is a list of 'Associated Users'. Below these lists are fields for 'First Name', 'Last Name', and 'Date'. At the bottom, there is a checkbox with the text: '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.' A red arrow points to this checkbox. To the right of the checkbox is a red arrow pointing to a 'Submit' button.

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

13 Days remaining

Completed(100%)

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