![eMedNY logo] **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.

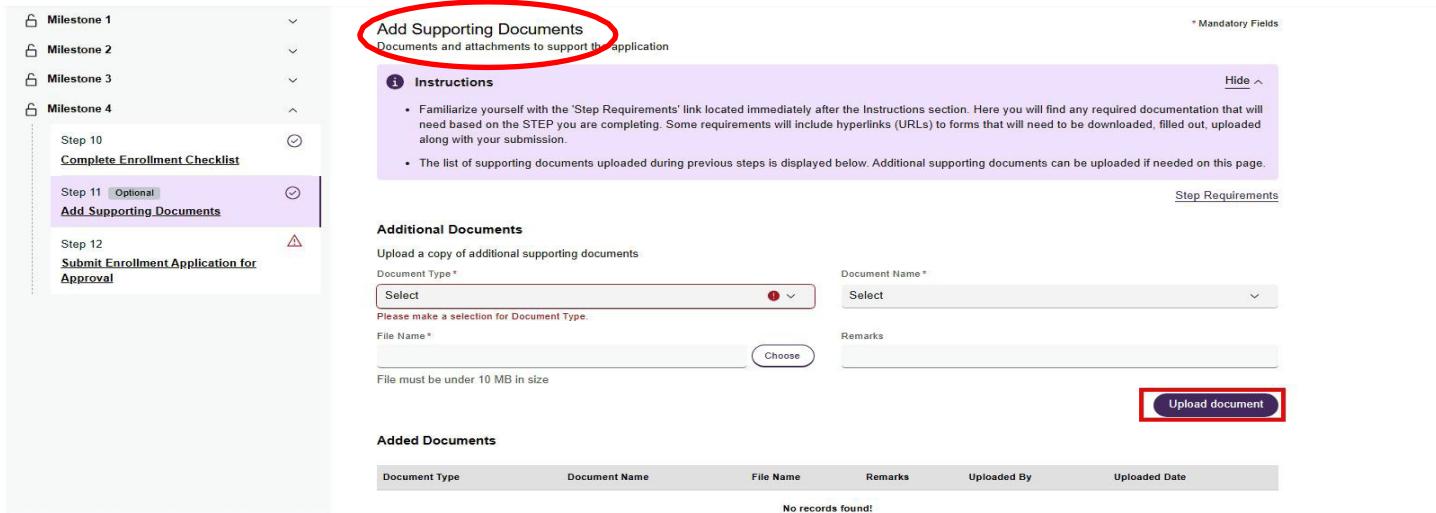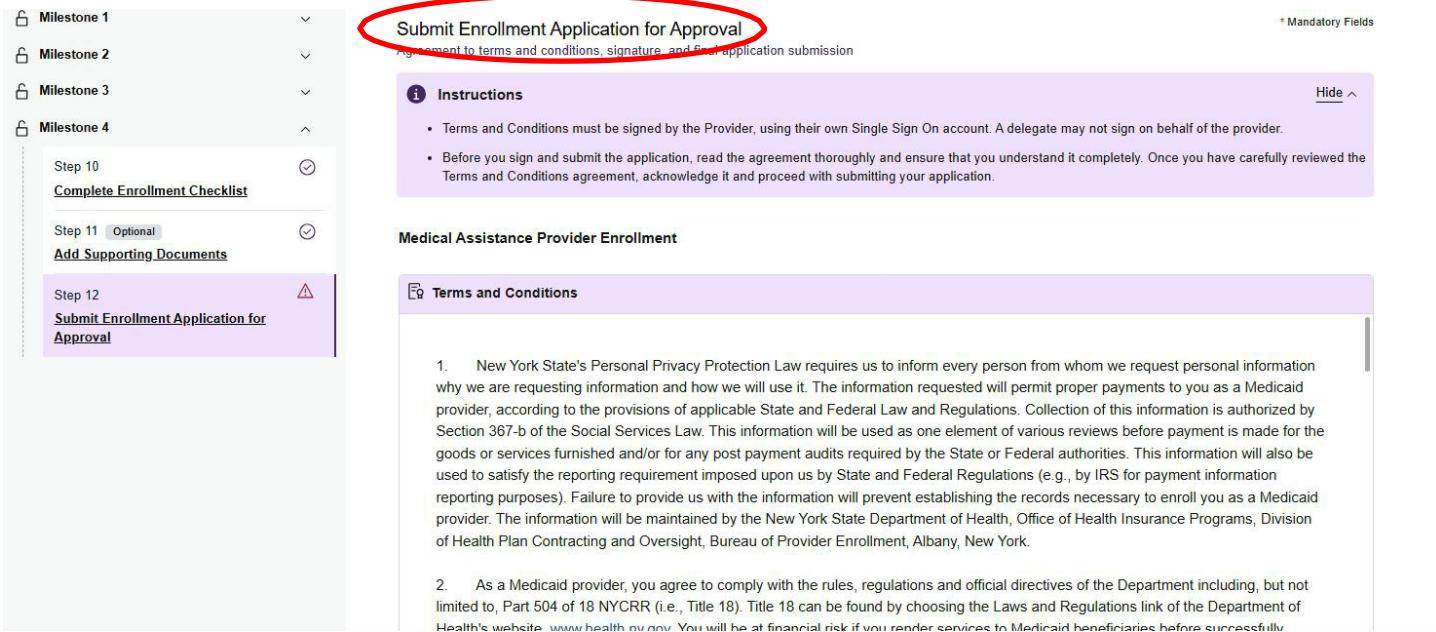**Click** Save at the bottom right of the page.

Click Next Step.

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

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

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.
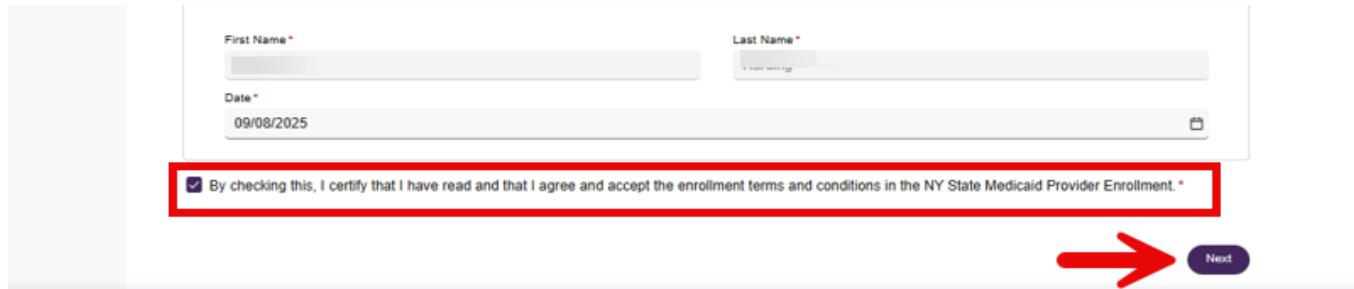
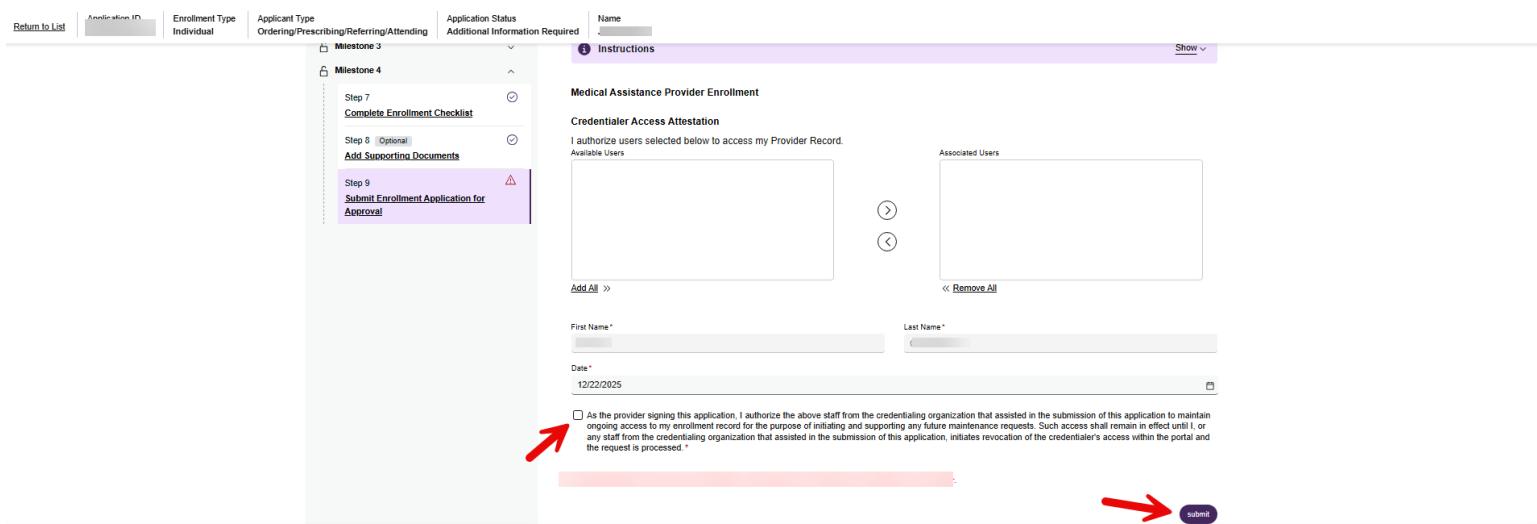5. The following screen will display the Credentialer Access Attestation page. This screen will allow the provider to select credentialers to grant them access to maintain their provider records after application approval. The list of available users will display the Last name, First Name and Username 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

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	
🔒 **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 `Optional`	⊘ 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 `Optional`	⊘ Complete		