



## Provider Services Portal-Milestone 1

### Overview

This document describes generating an application and completing Milestone 1 of a new application being submitted in the Provider Services Portal. The portal is designed to allow providers to enroll and manage their provider file. Applications are broken down into 4 milestones that must be completed before submission of an application for review.

**Note:** At this time the portal is only allowing enrollment for providers who have never been enrolled in NYS Medicaid. This is also limited to individual practitioners. Groups, businesses and institutions will come at a later date.

### Getting started

Once you are logged into the Provider Services Portal, to begin a new application, **click** on New Enrollment.

Provider Enrollment  
**Select an applicable option**

**New Enrollment**  
Enroll As a New Provider  
Enroll Now

**Track Application**  
Track Existing Provider Application  
Track Application

**Click** on the application type you would like to begin. **Note:** Individual will be the only application type at this time. A screen will display the application instructions.

**Application Instructions for Individual**  
Follow below instructions to complete application easily

- Documents to Keep Handy**  
Please have your license and certification documents readily available to complete your application. Additional documents such as a bank letter or cancelled check, IRS FEIN Assignment Letter, and/or a certified copy of your DBA, or other forms (indicated in the Step Requirements) may also be required based on your provider category of service or the information provided in your application.
- Basic Information**  
Enter the demographic details about the applicant to start the application process.
- Application Submission**  
After submission of the demographic details, an application id will be generated with additional details necessary. You will be able to return and continue with the application id at a later time.
- Submission Timeline**  
You must complete the full application and submit within 20 calendar days, or your application will expire.

Back Proceed

**NOTE:** Once an application is started, you will have 20 days to complete and submit the application. If not submitted within 20 days, the application will be purged from the system, and you must start again.



## Provider Services Portal-Milestone 1

Click on proceed to continue. You will enter the following information that is required to generate the application.

The screenshot shows the 'Application for Individual' form in the eMedNY Provider Services Portal. The form is titled 'Application for Individual' and includes a sub-header 'Provide some essential information to generate an application for you'. It features several sections: 'Enrollment Information' with a dropdown for 'Applicant Type' (set to 'Ordering/Prescribing/Referring/Attending'); 'Demographic Details' with fields for 'First Name', 'Last Name', 'NPI', 'Date of Birth' (with a calendar icon), and 'SSN' (with a mask icon); and 'Contacts' with a 'Primary Email Address' field (containing 'example@email.com'). At the bottom, there are 'Back to Instructions', 'Cancel', and 'Generate Application' buttons. A legend indicates that fields with an asterisk are mandatory.

- Applicant Type: OPRA or Fee-For-Service (Billing). **Note:** OPRA is the default selection, choose the appropriate application type from the drop down. **Important:** If you intend on Billing Fee for Service Medicaid, you must select the "Billing" option. **Note:** Any changes to this selection once an application has been started will cause previously entered information to be lost.
- If Affiliated with a group, do you have a private practice as well? **Note:** This is for Fee-For-Service application types only.
- First Name
- Last Name
- NPI
- Date of Birth
- Social Security Number (SSN)
- Primary Email Address

Click on Generate Application. A screen will display with the Application ID that you will need to continue the process.

**NOTE:** Currently this portal is for those practitioners that are enrolling for the first time (not known to the system).

Please be aware if you receive an error, it's either due to the fact:


- A paper or portal application was already submitted and is currently still under review. Please check to ensure an application was not already submitted.
- The provider is currently enrolled, and you must submit your maintenance request via instructions found at eMedNY.org or,
- If previously enrolled (but now inactive) and now looking to apply for reactivation, they should visit eMedNY.org and follow instructions to submit a paper application.

**Note:** The Application ID will also be emailed to the Primary Email Address that was entered. Click on Go to Application.



## Provider Services Portal-Milestone 1

MyInbox



Enrollment application created successfully!

Application ID [Redacted] <a href="#">Copy</a>	Application Status <b>In Process</b>
Enrollment Type <b>Individual</b>	Name [Redacted]

[Go to Application](#)

### Milestone 1 of an Application

Once you have generated an application, the enrollment application is now in process. You will begin with Milestone 1.

**Note:** Milestones 2-4 are locked, Milestone 1 must be completed before moving on. **Click** on Start next to Milestone 1.

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 <span>▼</span>
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**Enroll Provider - Individual**

Enrollment Requirements 20 Days remaining    Completed(0%)

Milestones	Status	Step Remark
🔒 Milestone 1 ⓘ	In Progress <span style="border: 2px solid red; padding: 2px;">Start</span>	✓
🔒 Milestone 2 ⓘ	Not Started	✓
🔒 Milestone 3 ⓘ	Not Started	✓
🔒 Milestone 4 ⓘ	Not Started	✓

Milestone 1 is broken down into three steps.

**REMINDER/TIP INSTRUCTIONS:** Within a milestone, each step you navigate to may have instructions for that page. When available it's recommended that you should first **select** the "Show" button, prior to entering any information. This section will expand and provide you with useful information for completing a particular step. **STEP REQUIREMENTS:** On most pages, below the instructions there may be a Step Requirement Link – As you enter data on a page, the system will evaluate additional required information, documentation and/or forms that may become both optional and required. Items will clearly be marked required or optional. If a URL to a website is present next to a required item, you will have to navigate to that form, download, complete and upload it prior to submitting an application.

Step 1 is Basic Information. Information that was entered when generating the application will be imported in for you.



## Provider Services Portal-Milestone 1

Fields marked with a red asterisk are required fields.

**Milestone 1**

- Step 1: Basic Information (selected)
- Step 2: Add Federal Tax Details
- Step 3: Add Specialties/Licenses/Certifications

**Milestone 2**

**Milestone 3**

**Milestone 4**

**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

**Contacts**

Primary Email Address \*  
Secondary Email Address  
example@email.com

Phone Number  
(000) 000 - 0000  
Extension

Mobile Number  
(000) 000 - 0000

Primary Language Spoken  
Select

**Employer Information**

Do you want to provide EIN/FEIN details?  
☐ Yes ☒ No

[Next Step](#)

Click save then Click Next Step to move to Step 2 of Milestone 1.

Step 2 of Milestone 1 is for adding Federal Tax Details. Click the show button arrow on the purple instructions banner to display instructions relating to this step. Click Next under the Tax Form radio button.

**Milestone 1**

- Step 1: Basic Information
- Step 2: Add Federal Tax Details (selected)
- 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  
☐ Next

**Federal Tax Details**

The next screen that will display is the Tax Form Details page. Fields marked with red asterisks are required.



## Provider Services Portal-Milestone 1

### Tax Form Details

Ownership Type * <input type="text" value="Select"/>	Ownership Type (If other) <input type="text"/>
Profit Status * <input type="text" value="Select"/>	
First Name <input type="text"/>	Last Name <input type="text"/>
SSN <input type="text"/>	EIN/FEIN <input type="text" value="00-0000000"/>
Legal Entity Name ⓘ <input type="text"/>	Entity Business Name ⓘ <input type="text"/>
Start Date * <input type="text" value="MM/DD/YYYY"/>	End Date <input type="text" value="MM/DD/YYYY"/>

### Corporate Address

Address Line 1 \*

Enter Street Address or PO Box Only

Address Line 2

Address Line 3

City/Town \*

State/Province \*

County

Country \*

Zip Code \*

Latitude

Longitude

[Validate Address](#)

Once you enter the details of the Corporate Address, which is where 1099s will be sent, **Click** on Validate Address in the bottom right-hand corner. **Click** on Save details directly below Validate Address when all information is correct. To upload supporting documents, click on Add.

[Validate Address](#)

[Save Details](#)

Supporting Documents

[Add](#)

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

[Back](#) [Save](#)

[Previous Step](#) [Next Step](#)

A new screen will pop up that allows you to upload supporting documents for this step. File formats allowed: .gif, .jpg, .jpeg, .html, .htm, .pdf, .xls, .tif, .doc, .docx, .xlsx, .txt. **Click** on Upload document. **Click** on Close when you have uploaded the documents.



## Provider Services Portal-Milestone 1

Supporting Documents

Application ID

Enrollment Type

Applicant Type

Name

Application Status

Individual

Fee For Service (Billing)

In Process

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

Document Type \*  

Select

Please make a selection for Document Type.

Document Name \*  

Select

Please make a selection for Document Name.

File Name \*  

Choose

Remarks

File must be under 10 MB in size

Upload document

Added Documents

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

Close

Step 3 of Milestone 1 is for specialties, licenses, and certifications. **Click** the show button arrow on the purple instructions banner to display instructions relating to this step. **Click** on Add next to Provider Type/Category of Service/Specialty/Subspecialty.

Milestone 1

Step 1

Basic Information

Step 2

Add Federal Tax Details

Step 3

Add Specialties/Licenses/Certifications

Milestone 2

Milestone 3

Milestone 4

Specialties/Licenses/Certifications

Information on provider types, specialties, licensing, and certifications

Instructions

Show

Step Requirements

Provider Type/Category of Service/Specialty/Subspecialty

1 Add

License/Certification

1 Add

Hospital Admitting Privileges

1 Add

Supporting Documents

1 Add

The next screen will display the following information that must be added. Fields marked with a red asterisk are a required field.



## Provider Services Portal-Milestone 1

### Specialty

Provider Type \*

Select

COS \*

Select

Specialty \*

Select

Start Date \*

MM/DD/YYYY

End Date

MM/DD/YYYY

### Subspecialty

Available Subspecialty

[Add All](#) >>

Associated Subspecialty \*

<< [Remove All](#)

Selection of the Provider Type, Category of Service, and Specialty will then display options for a Subspecialty. Choose at least one from the available subspecialty list and **click** the right arrow to move it over to the associated subspecialty field. **Click** on the Board Certified or Not Board Certified radio 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[Add All](#) >>

Associated Subspecialty \*

<< [Remove All](#)

Please make a selection for Associated Subspecialty

☒ Board Certified ☐ Not Board Certified[Back](#)[Save](#)



## Provider Services Portal-Milestone 1

This will bring you back to the initial page where you will **click** on the box next to the specialty of choice and then click on Primary Specialty.

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

Add

☒ Primary Specialty

Delete

Show Filter

Actions

<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

Add

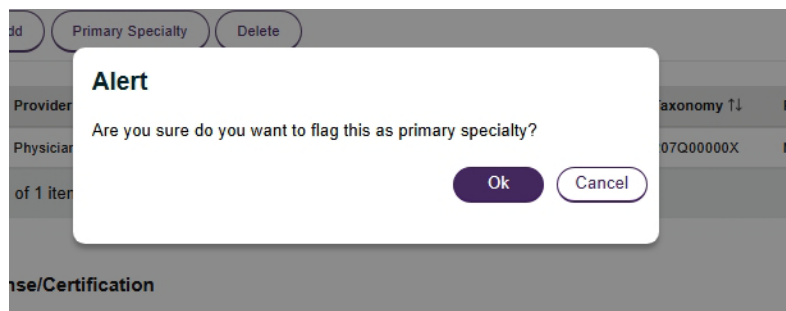
### Hospital Admitting Privileges

Add

### Supporting Documents

Add

An alert will pop up that asks if you want to flag this as a primary specialty. **Click** Ok to acknowledge the alert.



From there, you will move on to the License/Certification portion of this step. **Click** on Add next to License/certification.





## Provider Services Portal-Milestone 1

### Specialties/Licenses/Certifications

Information on provider types, specialties, licensing, and certifications

#### Instructions

[Show](#) [Step Requirements](#)

#### 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	No	Limited	

1-1 of 1 item

1 of 1 page

#### License/Certification

[Add](#)

#### Hospital Admitting Privileges

[Add](#)

#### Supporting Documents

[Add](#)

The next screen will display the details for adding a license. All fields marked with the red asterisk are a required field. **Click** on Confirm License/Certification. Then **click** on Save after you have confirmed the license/certification.

### Specialties/Licenses/Certifications

Information on provider types, specialties, licensing, and certifications

\* Mandatory Fields

#### 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

[Back](#)[Confirm License/Certification](#)[View Screening Result](#)[Save](#)

The final action to complete this step will be to add the supporting documents. **Note:** Hospital Admitting privileges is not a requirement for NYS Medicaid enrollment.



## Provider Services Portal-Milestone 1

### 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	

1-1 of 1 item 1 of 1 page

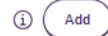
### License/Certification

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



### Supporting Documents



A new screen will pop up that allows you to upload a supporting document for this step. File formats allowed: .gif, .jpg, .jpeg, .html, .htm, .pdf, .xls, .tif, .doc, .docx, .xlsx, .txt. **Note:** This screen will display the required documents you must upload.

**Click** on Upload document. **Click** on close when you have uploaded the documents.

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

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

Close

You will need to **click** add under the Supporting Document section to upload additional documents.



## Provider Services Portal-Milestone 1

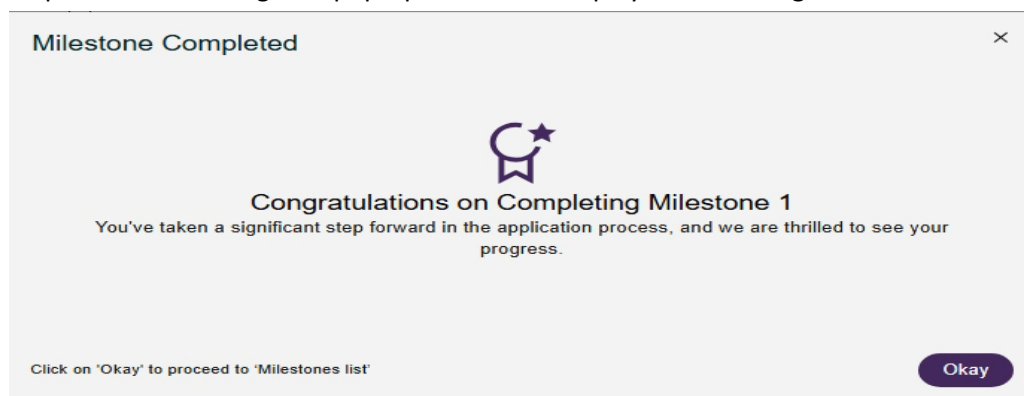
### Supporting Documents

Add

Actions ▾

<input checked="" type="checkbox"/> Document Type	Document Name	File Name	Remarks	Uploaded By	Uploaded Date	Actions
<input checked="" type="checkbox"/> License	State Professional License				08/01/2025	

Once you have uploaded all documents and are completely satisfied with the information in Milestone 1, **click** on next step at the bottom right. A pop-up screen will display the following information.



You are now complete with Milestone 1. **Click** Okay to acknowledge and move on to the remainder of the application. You will notice that the remainder of the Milestones are now unlocked. That means you can move freely around the application to add information.