



## Provider Services Portal-Milestone 4

### Overview

This document overviews completing Milestone 4 of a new application being submitted in the Provider Services Portal. 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 and is currently limited to individual practitioners. Groups, businesses, and institutions will come at a later date.

### Milestone 4 of an application

Milestone 4 of an application is broken down into steps 10-12. Steps that are optional will be marked as so on the left-hand menu next to the step number.

Step 10 of Milestone 4 is for completing the Enrollment Checklist. **Click** the show button arrow on the purple instructions banner to display instructions relating to this step. **Select** either Yes or No to the questions below. All questions must be answered. **Note:** Selection of yes will open up a comment box to leave information relating to the question.

Milestone 2

Milestone 3

Milestone 4

Step 10

Complete Enrollment Checklist

Step 11

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.

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

**Click** Save at the bottom right of the page. **Click** Next Step to move on

Step 11 of Milestone 4 is for Adding Supporting Documents. This is an optional step. **Click** the show button arrow on the purple instructions banner to display instructions relating to this step.



## Provider Services Portal-Milestone 4

Milestone 1

Milestone 2

Milestone 3

Milestone 4

Step 10

Complete Enrollment Checklist

Step 11 Optional

Add Supporting Documents

Step 12

Submit Enrollment Application for Approval

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

Please make a selection for Document Type.

File Name \*

Choose

Document Name \*

Select

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 of Milestone 4 is for Submitting Enrollment Application for Approval. **Click** the show button arrow on the purple instructions banner to display instructions relating to this step.

Milestone 1

Milestone 2

Milestone 3

Milestone 4

Step 10

Complete Enrollment Checklist

Step 11 Optional

Add Supporting Documents

Step 12

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](http://www.health.ny.gov). You will be at financial risk if you render services to Medicaid beneficiaries before successfully

**IMPORTANT:** If you are NOT the provider and are preparing this application on behalf of 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.

Once logged in Providers can **click** on Milestone 4 and Step 12. They will need to read the entire agreement by scrolling down. They can then **click** the box to accept and agree to the terms and conditions then **click** Submit.

07/31/2025



## Provider Services Portal-Milestone 4

First Name \*

Last Name \*

Date \*

08/07/2025

☐ 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. \*

Submit

Once submitted the following screen will display. Notice of a successful submission will be at the top in red. An email will be sent to advise of successful submission.

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