



Provider Services Portal Facilities, Agencies, Organizations and Groups Milestone 1

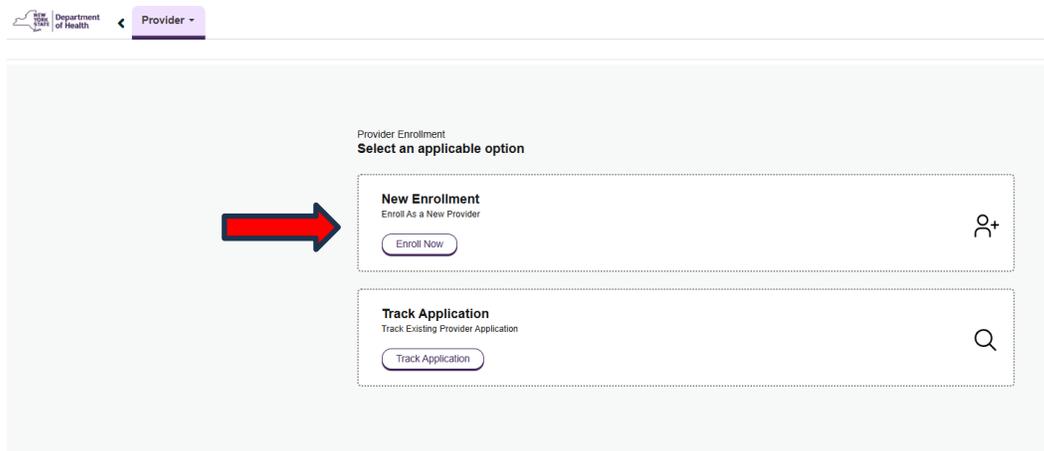
Overview

The Provider Services Portal is designed to allow providers to enroll in the Medicaid program and manage their provider enrollment file. Applications are comprised of five milestones that must be completed before an application can be submitted to New York State (NYS) Medicaid for review. This document describes how Facilities, Agencies, Organizations (FAOs), and Groups can generate a new enrollment application in the Provider Services Portal and how to complete Milestone 1 of the application. FAOs and Groups include but are not limited to Hospitals, Pharmacies, DME Suppliers, and Physician and Multi-Professional groups. This Quick Reference Guide is based on an example of a Group provider enrollment. Enrollment screens and requirements will vary based upon the specific provider type enrolling.

Note: At this time, the Provider Services Portal is only available to providers who have never been enrolled in NYS Medicaid and who do not have a paper application pending in the eMedNY system.

Getting started with a new application

Once logged into the Provider Services Portal, **click** on Enroll Now under New Enrollment.



Click on the appropriate application type, and a screen will display instructions for that application type.

New Enrollment
Select an Applicable Enrollment Type

- **Individual**

An individual provider is a single person who is associated with the provision of medical or healthcare related services to Medicaid and Medicaid Managed Care members. This includes licensed, certified or other professionals who are authorized to provide medical care or services to Medicaid and/or Medicaid Managed Care Members. Individual providers may bill NYS Medicaid directly, i.e., fee-for-service, or they may bill Managed Care Plans for the services they provide. They may also render services that are billed by another provider, or they may appear on claims as another identified role, including Ordering/Prescribing/Referring and/or Attending (OPRA) roles. All individual providers must have an NPI.

- **Managed Care Organization**

Managed Care Organization (MCO) is a term that refers to a health insurance plan or health care system that coordinates the provision, quality and cost of care for its enrolled member by using a network of participating providers. Managed care plans pay the health care providers directly, and enrollees do not have to pay out-of-pocket for covered services or submit claim forms for care received from the plan's network of providers. There are many different types of Medicaid managed care programs in New York State that serve members of all age groups and various income levels.

- **Billing Agent/Service Bureau**

A billing agent is commonly referred to as a service bureau in NYS. It is a third-party entity authorized to submit transactions and exchange Electronic Protected Health Information (ePHI) on behalf of Medicaid providers. A billing agent/service bureau is not paid by the NYS Medicaid Program but, instead, is paid by the NYS Medicaid providers who hire them to manage claims submissions.

- **Facility/Agency/Organization(FAO) & Group**

Facility/Agency/Organization (FAO) and Group providers are organization types that provide healthcare (including inpatient and outpatient) services to Medicaid and/or Medicaid Managed Care members. These organizations bill the NYS Medicaid Program directly and/or bill Medicaid Managed Care. All FAO and Group providers must have an NPI.

 - FAOs include hospitals, clinics, hemodialysis providers, ambulatory surgery centers, nursing homes, intermediate care facilities, laboratories, pharmacies, durable medical equipment suppliers and optical establishments, to name a few.
 - A group typically includes two or more healthcare practitioners who practice their profession at a common location (whether or not they share common facilities, common supporting staff, or common equipment).

- **Atypical Organization**

Atypical organizations provide services that support the health of Medicaid members but that are not direct medical services. Examples of atypical organizations include non-medical transportation providers, assisted living programs, licensed home care service agencies, personal care agencies, and waived service providers, etc. Atypical providers do not enroll with an NPI.

Review the instructions and **Click** on Proceed to continue.

Application Instructions for Facility/Agency/Organization(FAO) & Group

Follow below instructions to complete application easily





Documents to Keep Handy
Please have your license and certification documents and all ownership and individual managing employee disclosure information readily available to complete, sign and submit the application. Be aware NYS requires Medicare approval (and associated documentation) for many organizational provider types as a prerequisite to applying. Additional documents such as a bank letter, or cancelled check, IRS FEIN Assignment Letter, and application fee payment (and associated payment voucher) and/or other forms (indicated in the Step Requirements) may also be required based on your provider category of service or the information provided in the 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. Once submitted, it is strongly recommended that providers promptly navigate to the application, select the "Options" dropdown, then download/print a copy of the application for their records.



Submission Timeline
You must complete the full application and submit within 45 calendar days, or your application will expire.

Back

Proceed


NOTES:

- This Quick Reference Guide is based on an example of a Group provider enrollment. Your application may look different based on the Category of Service being enrolled. Please call the eMedNY Call Center at (800) 343-9000 with specific application questions.
- Once an application is started, it must be completed and submitted within 45 days, or the application will be purged from the system. If the application is purged, a new application must be started, completed, and submitted.
- Fields with a **red asterisk** are required fields. If left blank, the application will not move forward.

Enter the following information required to generate the application:

- Applicant Type (choose from the drop down):
 - Fee-for-Service (FFS/billing) Fee-for-Service is the default selection or
 - Managed Care Only (Non-billing).
- NPI
- EIN/FEIN
- Entity Legal Name
- Entity Business Name
- Primary Email Address – this is the email address the system will recognize to communicate notifications regarding the application as well as future enrollment notifications.

Click on Generate Application. The Application ID will be displayed on the screen and will be emailed to the primary email address that was entered.

Application for Facility/Agency/Organization (FAO) * Mandatory Fields
Provide some essential information to generate an application for you

Enrollment Information

Applicant Type*
Fee For Service (Billing) ▼

NPI*
[Empty field]

EIN/FEIN*
00-0000000 ⓘ

Legal Entity Name* ⓘ
[Empty field]

Entity Business Name* ⓘ
[Empty field]

Contacts

Primary Email Address*
example@email.com

[Back to Instructions](#) Cancel **Generate Application** ←

NOTES:

- The most common reasons for an error message include:
 - A paper or portal application was already submitted and is currently under review;
 - The provider is currently enrolled, and a maintenance request must be submitted following the instructions found at eMedNY.org;
 - The provider was previously enrolled, is now inactive, and must apply for reactivation/reinstatement following the instructions for submitting a paper application found on eMedNY.org; or
 - Information about the provider was previously entered into eMedNY by a managed care plan for reporting purposes.
- If an error message is received, contact the eMedNY Call Center at (800) 343-9000 for assistance.

Copy and keep the Application ID for future tracking. The Application ID will also be sent to the Primary Email Address that was previously entered. This ID will be needed to check the status of an application or when returning to complete an application that was previously started.

Click on Go to Application.



Enrollment application created successfully!

Application ID [Redacted] Copy	Application Status In Process
Enrollment Type Facility/Agency/Organization (FAO)	Name [Redacted]

[Go to Application](#)

Milestone 1 of an Application

Once an application is generated, the Application Status becomes “In Process.”

Milestone 1 is comprised of three steps. **Click** on Start next to Milestone 1 to begin the first step.

Provider Portal

Application ID	Enrollment Type Facility/Agency/Organization (FAO)	Name	Application Status In Process	Start Date 02/11/2026	End Date 03/03/2026	Options
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Enroll Provider - Facility/Agency/Organization (FAO)

Enrollment Requirements 20 Days remaining Completed(0%)

Milestones	Status	Step Remark
Milestone 1	In Progress Start	
Milestone 2	Not Started	
Milestone 3	Not Started	
Milestone 4	Not Started	
Milestone 5	Not Started	

TIPS FOR COMPLETING THE APPLICATION:

- When available, **select** the “Show” button prior to entering any information. This will expand and provide guidance for completing a particular step.



- When applicable, additional requirements will appear under each step in the Step Requirements link. If the requirement is linked, navigate to the linked form and download, complete, then upload the completed form prior to submitting an application.
- Subsequent milestones (i.e., 2-5) are locked until Milestone 1 is completed.

Enroll Provider - Facility/Agency/Organization (FAO)

Enrollment Requirements

Milestones	Status
Milestone 1 ⓘ	In Progress
Milestone 2 ⓘ	Not Started
Milestone 3 ⓘ	Not Started
Milestone 4 ⓘ	Not Started
Milestone 5 ⓘ	Not Started

Milestone 1, Step 1: Basic Information. Fields will be pre-populated with information provided on previous screens. Confirm pre-populated information and enter information in any blank fields. **Click Save**, then **click Next Step**.

Milestone 1

Step 1 Basic Information

Step 2 Add Federal Tax Details

Step 3 Add Specialties/Licenses/Certifications

Milestone 2

Milestone 3

Milestone 4

Milestone 5

Basic Information
Demographic information about the provider

Instructions Show ▾

Enrollment Information

Applicant Type *
Fee For Service (Billing) NPI*

EIN/FEIN *
-*0000 Legal Entity Name * ⓘ

Entity Business Name * ⓘ

Contacts

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

Phone Number
(000) 000 - 0000 Extension
Mobile Number
(000) 000 - 0000

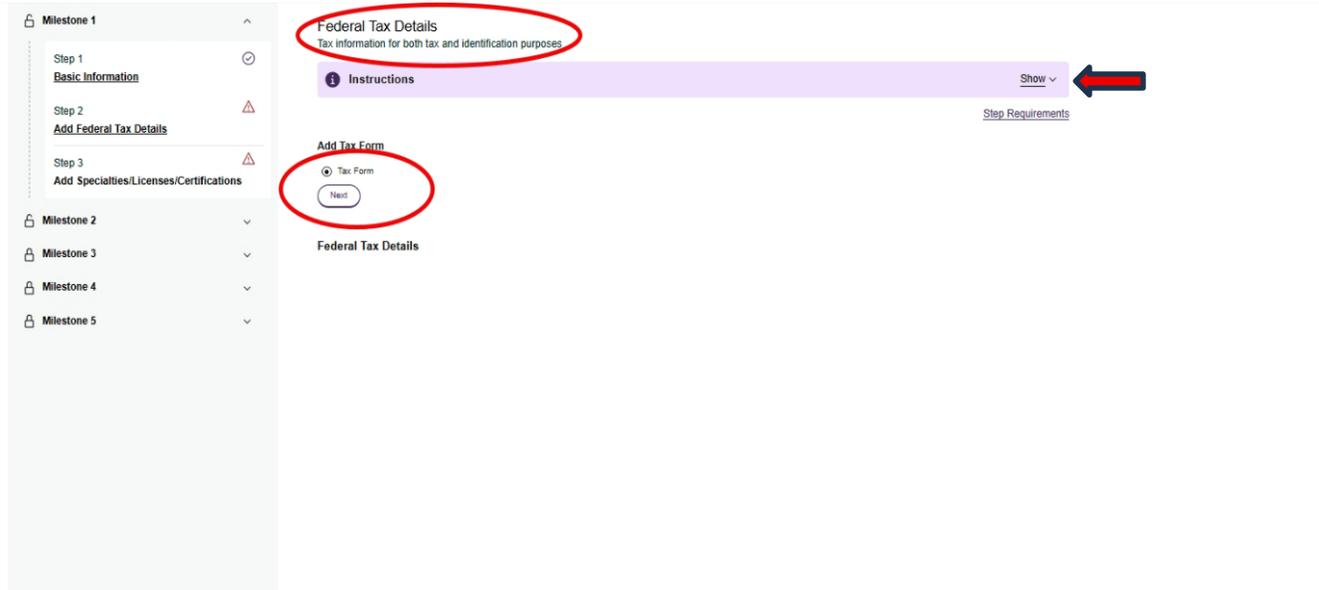
Save

Next Step

Milestone 1, Step 2: Federal Tax Details.

Click the arrow next to the Show/Hide button on the purple instructions banner to display instructions for this step.

Click Next under the Add Tax Form button located below the purple instructions banner.



Tax form details must be entered on the next screen. The Corporate Address is the address to which 1099s will be mailed. Once the address is entered, **click** on Validate Address in the bottom right-hand corner of the screen.

- If an error message is received, correct the error. Once all information is validated, **click** on Save Details directly below the Validate Address button.

Corporate Address

Address Line 1 *

Enter Street Address or PO Box Only

Address Line 2 Address Line 3

City/Town * OTHER Other City * State/Province * OTHER Other State *

County OTHER Other County Country * UNITED STATES

Zip Code * Latitude 42.68369 Longitude -73.76567



To upload supporting documents for the Federal Tax Details section, click on **Add** under Supporting Documents.

Supporting Documents

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

A new screen will pop up that allows upload of supporting documents for this step.

- Allowable file formats are .gif, .jpg, .jpeg, .html, .htm, .pdf, .xls, .tif, .doc, .docx, .xlsx, and .txt.
- File size must be under 10 MB.

For each document to be uploaded, **click** on Upload Document and follow instructions.

Click on Close when all documents have successfully uploaded.

Supporting Documents

Application ID: [Redacted] Enrollment Type: Facility/Agency/Organization(FAO) & Group Applicant Type: Fee For Service (Billing) Name: [Redacted] Application Status: In Process

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

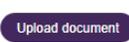
Required Documents

- IRS FEIN Assignment Letter

Document Type*: Document Name*:

File Name*:  Remarks:

File must be under 10 MB in size

Added Documents

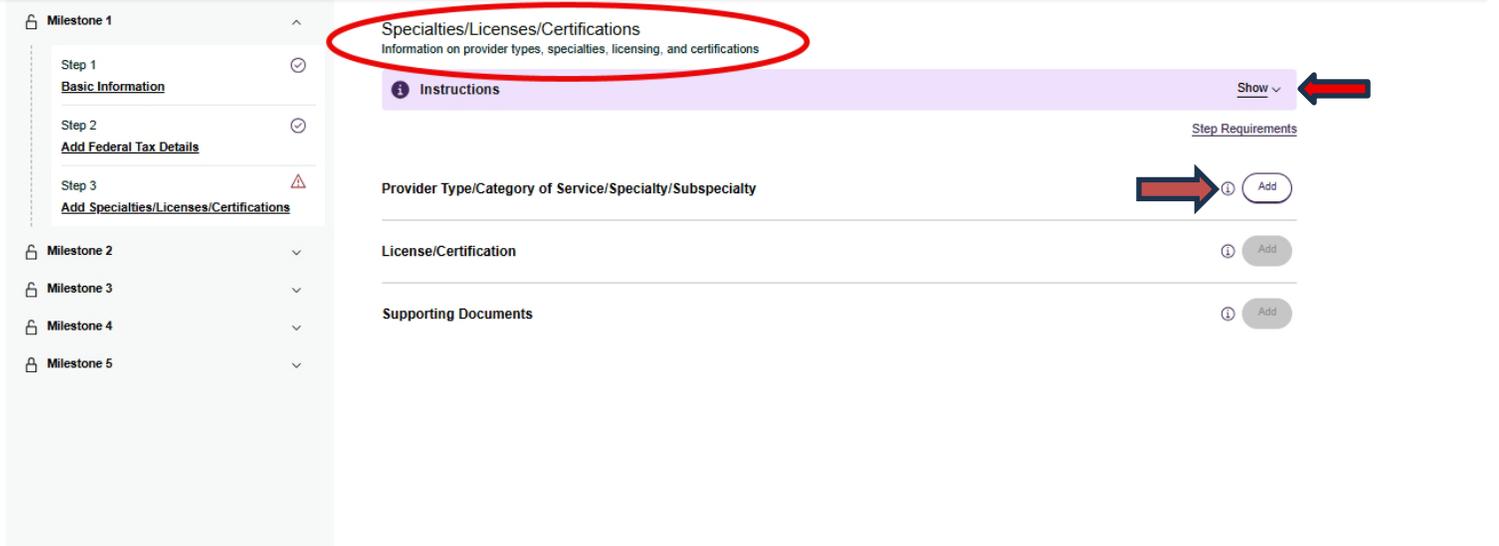
<input type="checkbox"/> Document Type	Document Name	File Name	Remarks	Uploaded By	Uploaded Date	Actions
<input type="checkbox"/> Tax	IRS FEIN Assignment Letter	[Redacted]		[Redacted]	02/11/2026	

Milestone 1, Step 3: Specialties/Licenses/Certifications.

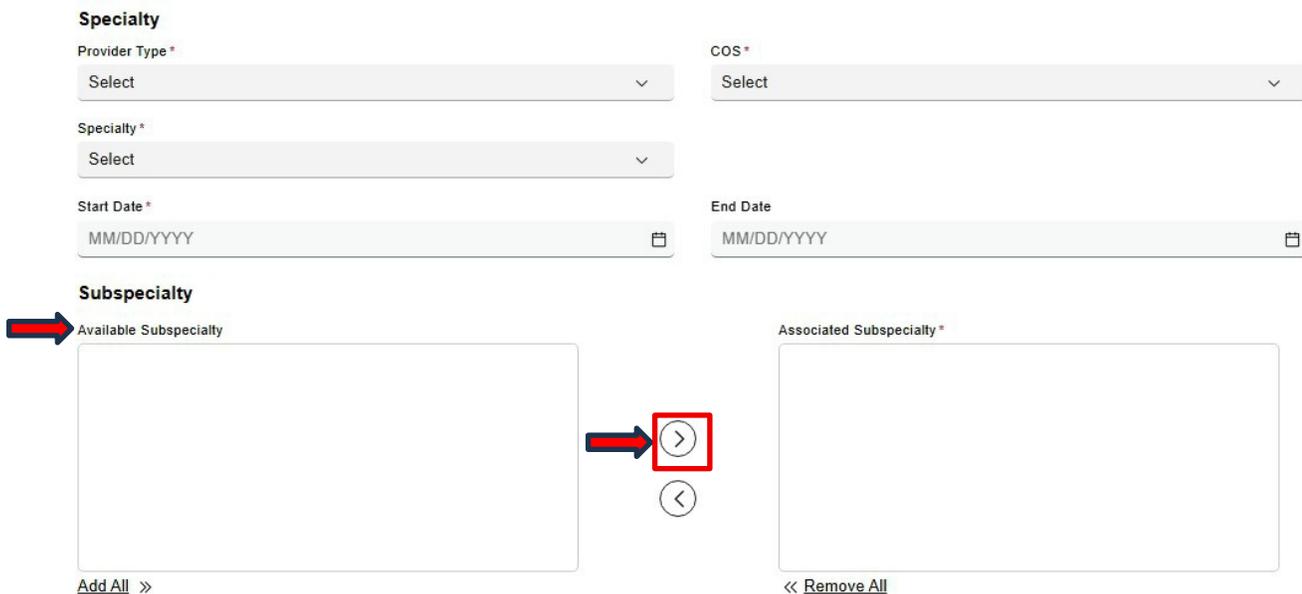
Click the arrow next to the Show/Hide button on the purple instructions banner to display instructions for this step.

Click on Add next to Provider Type/Category of Service/Specialty/Subspecialty.



Complete the fields on the next screen.

Based on the Provider Type, COS, and Specialty, available Subspecialty options will be displayed. Providers must choose at least one Available Subspecialty from the list, then click the “>” arrow to populate it in the Associated Subspecialty field, then click on save.



For the License/Certification portion of this step, **click** on Add to the right of License/Certification.

Complete the fields for adding a license.

Click on Confirm License/Certification.

Click on Save after the license/certification has been confirmed.

Specialties/Licenses/Certifications * Mandatory Fields
Information on provider types, specialties, licensing, and certifications

Instructions Show ▾

[Step Requirements](#)

License/Certification

License/Certification Type * Licensing Board/Certifying Body *
Select Select

License/Certification # *

Effective Date * End Date
MM/DD/YYYY MM/DD/YYYY

Valid License/Certification

Back Confirm License/Certification Save

Next, click on Add next to **Supporting Documents**.

For each Required Document to be uploaded, **click** on Upload Document and follow cues to upload the required document listed for the Specialty/License/Certification section of the file.

Click on Close when all documents have successfully uploaded.

Supporting Documents Step Requirements

Application ID	Enrollment Type	Applicant Type	Name	Application Status
1	Facility/Agency/Organization(FAO) & Group	Fee For Service (Billing)		In Process

Required Documents

- Business License

Document Type * Document Name *
Select Select

File Name * Choose

File must be under 10 MB in size

Added Documents

Document Type	Document Name	File Name	Remarks	Uploaded By	Uploaded Date
No records found!					

Upload document Close

Once all documents have been successfully uploaded for Milestone 1, **click** on Next Step at the bottom right.

Milestone 1

Step 1 **Basic Information**

Step 2 **Add Federal Tax Details**

Step 3 **Add Specialties/Licenses/Certifications**

Specialties/Licenses/Certifications
Information on provider types, specialties, licensing, and certifications

Instructions Show

[Step Requirements](#)

Provider Type/Category of Service/Specialty/Subspecialty

Provider Type T1	COS T1	Specialty T1	Subspecialty T1	Taxonomy T1	Actions	
<input type="checkbox"/>	Physicians Group	0046 - Physician Groups	No Specialty	No Subspecialty	19320000X	

1-1 of 1 item 1 of 1 page

License/Certification

Type T1	LicCert # T1	Certifying Body T1	State T1	Valid Lic/Cert T1	Effective Date T1	End Date T1	Actions
<input type="checkbox"/>	Business License	900000000	New York State Education Department	Yes	02/18/2020	02/23/2028	

1-1 of 1 item 1 of 1 page

Supporting Documents

Document Type	Document Name	File Name	Remarks	Uploaded By	Uploaded Date	Actions
<input type="checkbox"/>	License	Business License			02/18/2020	

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

A screen will pop up to indicate that Milestone 1 is complete. **Click** Okay to move on to the next Milestone. The remaining Milestones are now unlocked so that information can be added anywhere in the application.

Milestone Completed ×

Congratulations on Completing Milestone 1
You've taken a significant step forward in the application process, and we are thrilled to see your progress.

Click on 'Okay' to proceed to 'Milestones list'

[Okay](#)