Provider Services Portal
Facilities, Agencies, Organizations and Groups
Milestone 5

Overview

This document describes how Facilities, Agencies, Organizations (FAOs) and Groups should complete Milestone 5 of an enrollment application in the Provider Services Portal. 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 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.

Milestone 5 of an Application

Milestone 5 of an application is comprised of steps 11-13. Optional steps will be 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. To identify information missing from an incomplete step, hover over the triangle with an exclamation point (⚠).

Step 11 is Complete Enrollment Checklist.

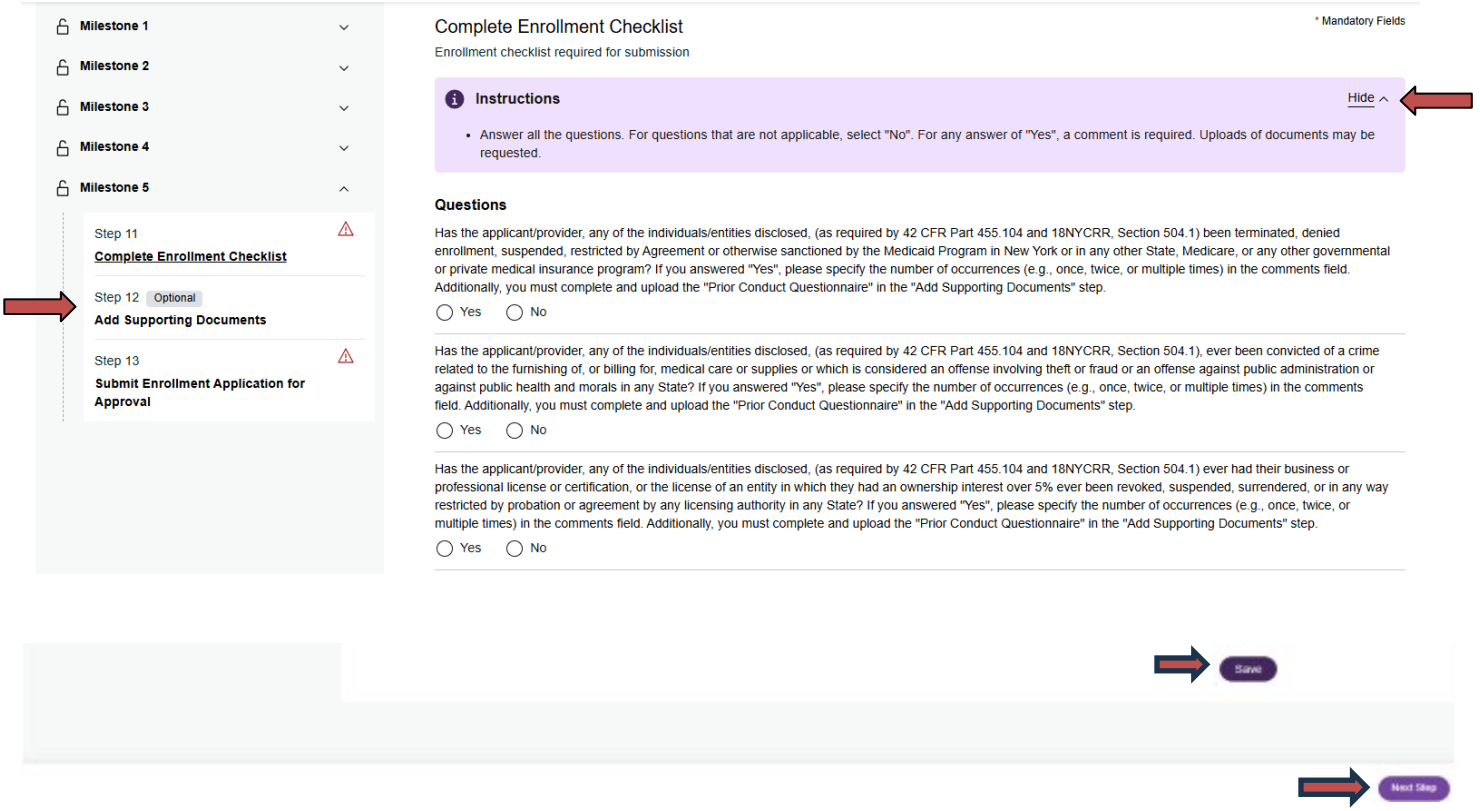
Click the arrow next to the Show/Hide button in the purple instructions banner of any screen to display or hide instructions for that step.

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.

Note: Depending on your enrollment type the questions may vary. If a question is not applicable, please select "No."

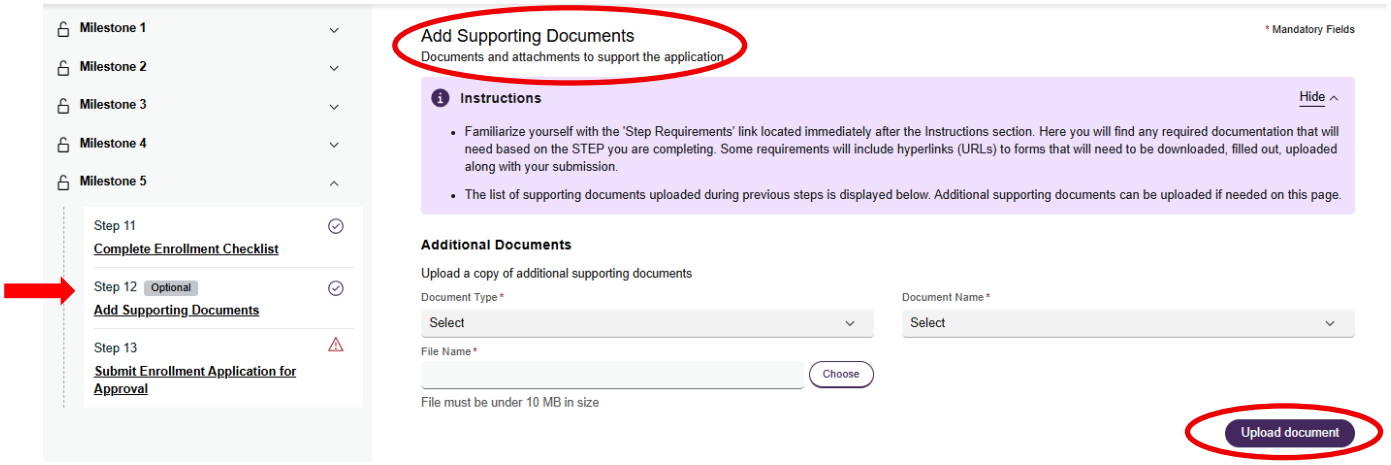
Click Save at the bottom right of the page.

Click Next Step.



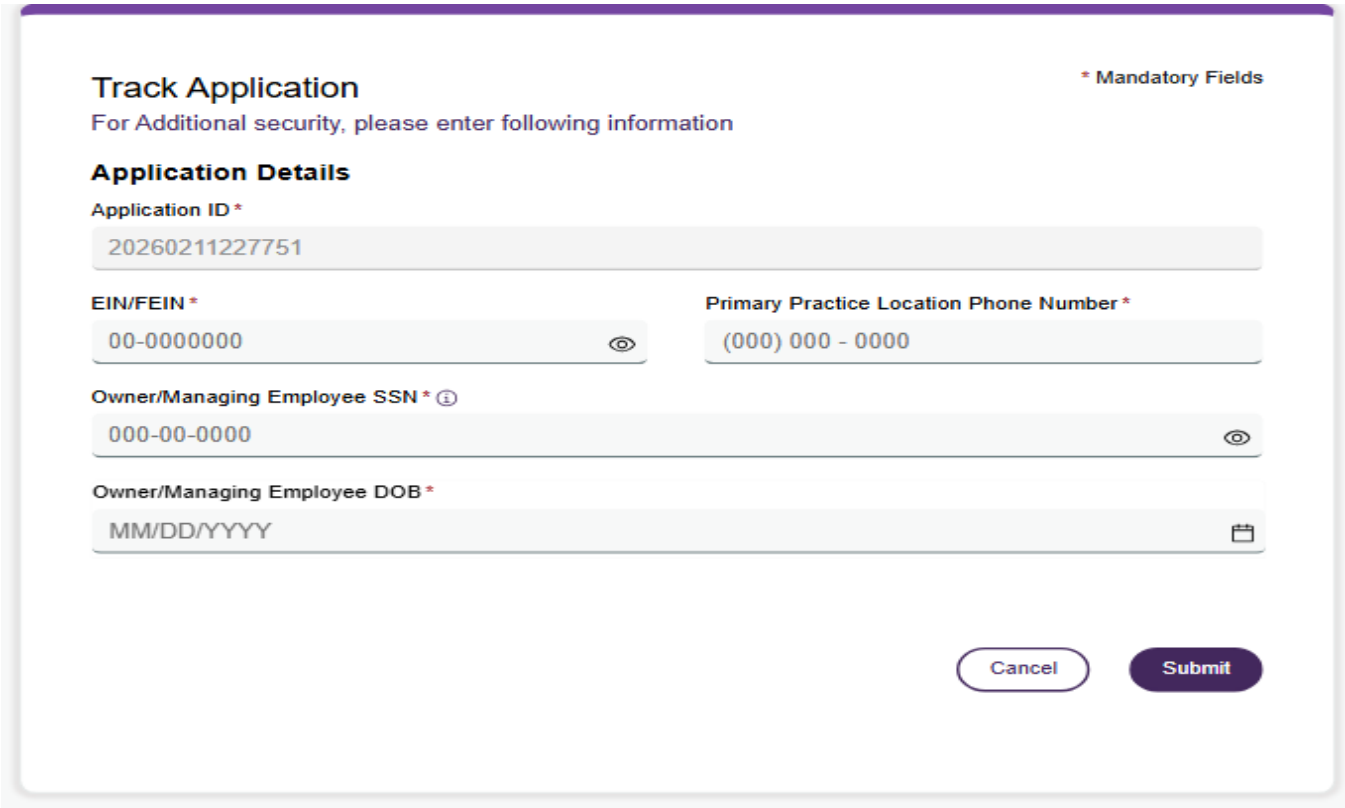
<u>Step 12</u> is Add Supporting Documents.

Follow the instructions for uploading as in previous Milestones.



Step 13 is Submit Enrollment Application for Approval.

IMPORTANT: If you are preparing this application and you are NOT the Owner or a Managing Employee of the provider, or you are NOT disclosed on this application or the provider's enrollment record, STOP HERE.
The Owner or Managing Employee must have their own NY.Gov Business account and must be the individual to sign and submit the application by logging into the Provider Services Portal with their own credentials. **The application can be accessed by going to Track Application and entering the Application ID, EIN/FEIN, Primary Practice Location Phone Number and the Owner's or Managing Employee's Social Security Number (SSN) and Date of Birth**

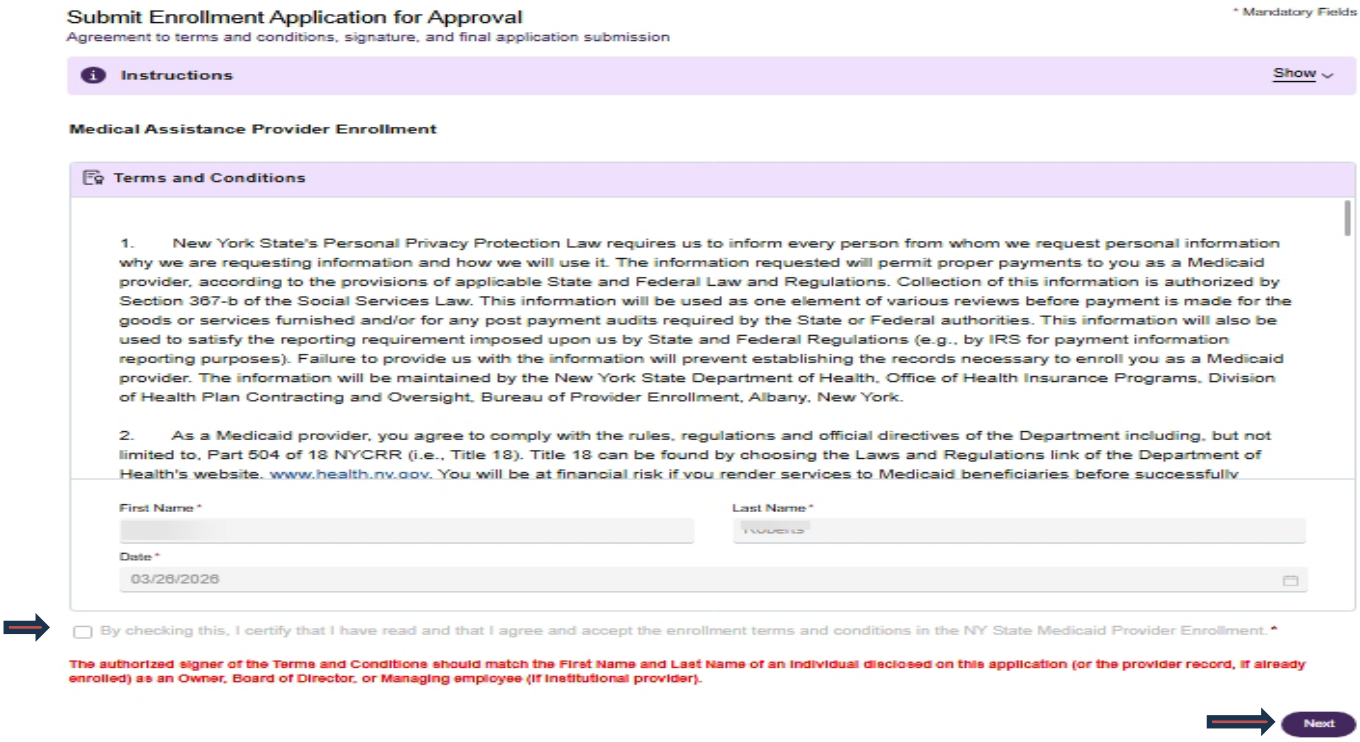


Read the Terms and Conditions in its entirety (scroll down to proceed to the end of the Agreement).

The Owner's or Managing Employee's name will prepopulate at the bottom of the screen when logged in with their own credentials. If someone other than an Owner or Managing Employee is logged in, e.g., credentialing staff, a warning will appear. This is a cue for the user to **STOP** and email the submitting Owner or Managing Employee with the portal URL and the application ID to complete the submission process.

Once the user is an Owner or Managing Employee, they must **Click** the box to accept and agree to the Terms and Conditions and proceed with the remaining steps.

Click Next.



Once Next has been selected, the screen below will display the Credentialer Access Attestation. This is where the Owner or Managing Employee can grant access to selected users for the purpose of maintaining the provider's enrollment record after initial enrollment. The list of Available Users displays the Last Name, First Name and Username of any users who have previously accessed the application.

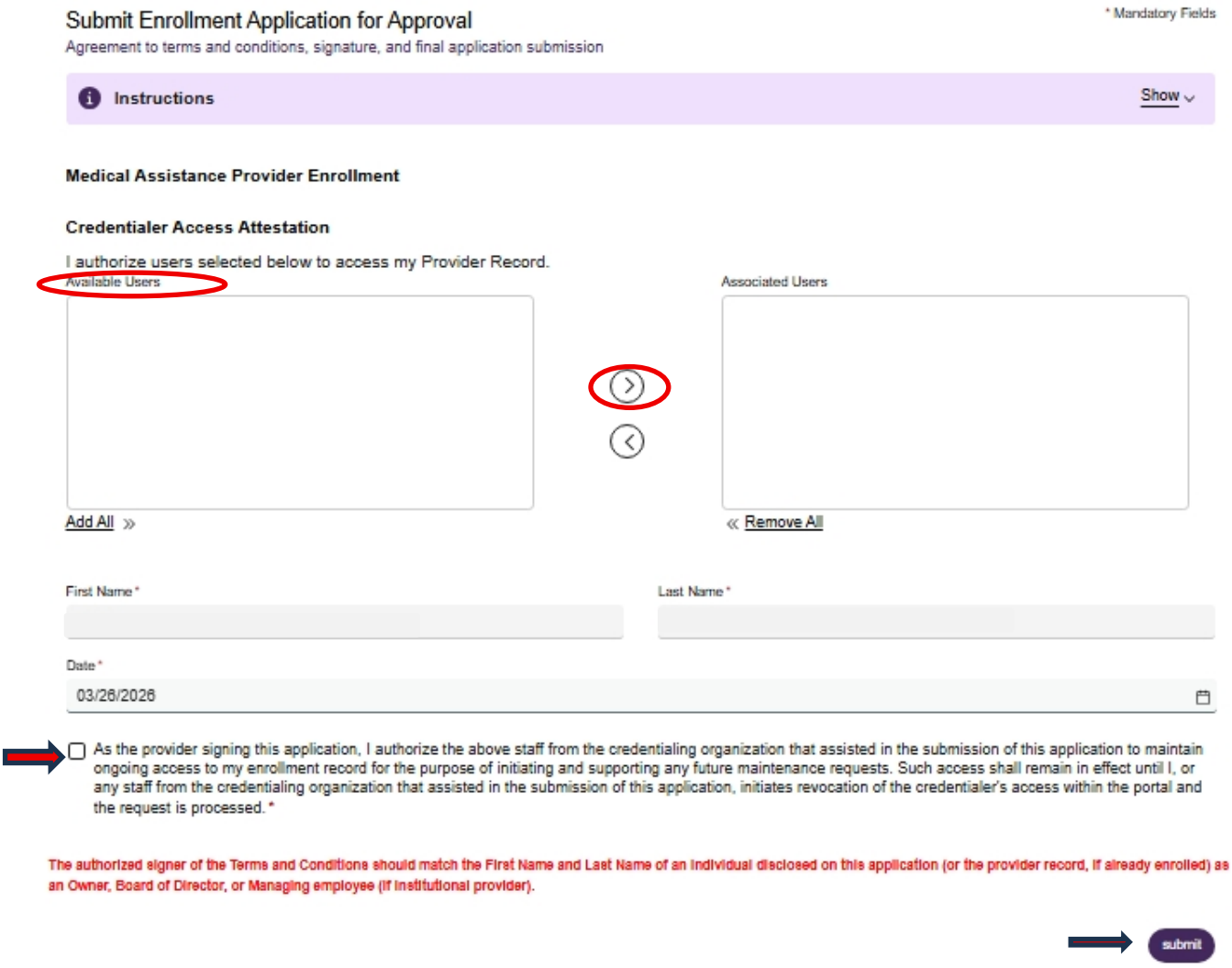
To provide ongoing access to users/credentialing staff:

1. In the **Available Users** box on the left, click on the name of the user who you want to have access to your file.
2. Click the **right-pointing arrow** to move the selected name into the **Associated Users** box.

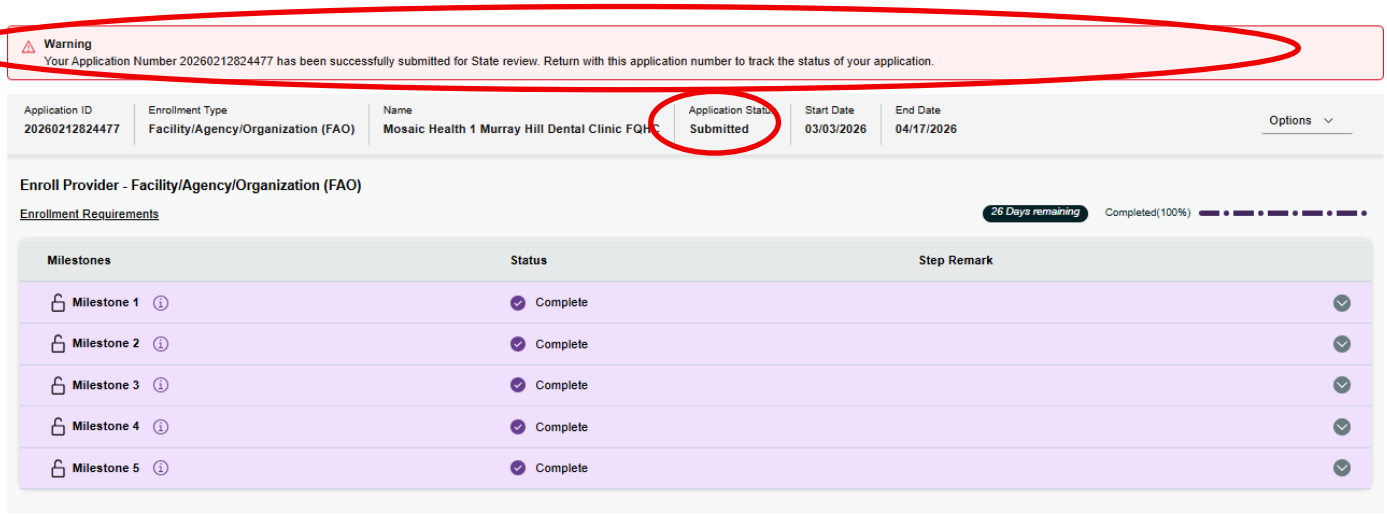
Once all users have been selected, **check the box to authorize** the users and click **Submit**. After Application Approval, the users listed are assigned the Provider Domain with the profiles of Domain Administrator, Provider Enrollment Access, and View Provider Enrollment.

TIP: Owners, Managing Employees, or other disclosed individuals who are authorized to submit the application will typically grant access to users who have assisted in completing the application.

Once all users have been selected, **check the box to authorize** the users and click **Submit**.



Once user authorizations have been submitted, the application is complete and the following screen will display. Notice of a successful application submission will display at the top in pink and the Application Status will say **Submitted**. An email will also be sent to the primary email address entered on the application to notify that the submission was successful.


Warning
Your Application Number 20260212824477 has been successfully submitted for State review. Return with this application number to track the status of your application.
Application ID
20260212824477
Enrollment Type
Facility/Agency/Organization (FAO)
Name
Mosaic Health 1 Murray Hill Dental Clinic FQHC
Application Status
Submitted
Start Date
03/03/2026
End Date
04/17/2026
Options
Enroll Provider - Facility/Agency/Organization (FAO)
Enrollment Requirements
26 Days remaining
Completed(100%)
Milestones
Status
Step Remark
Milestone 1
Complete
Milestone 2
Complete
Milestone 3
Complete
Milestone 4
Complete
Milestone 5
Complete