Provider Services Portal – Milestone 2

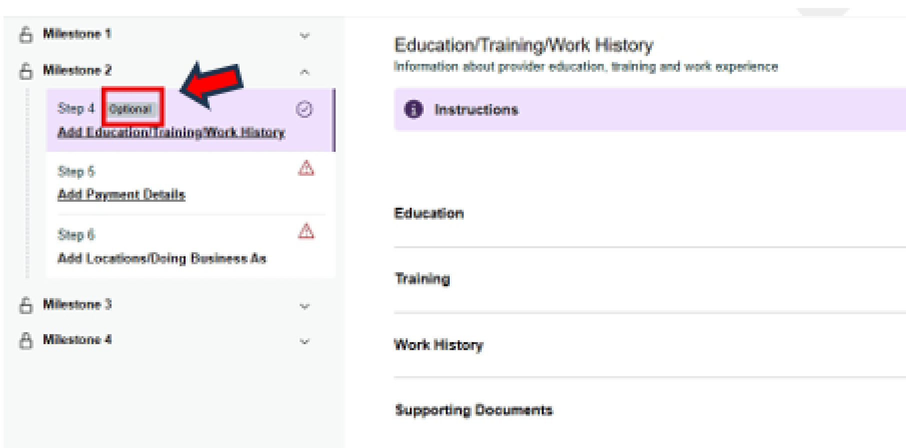
Overview

This document describes how to complete Milestone 2 of a new enrollment application in the Provider Services Portal.

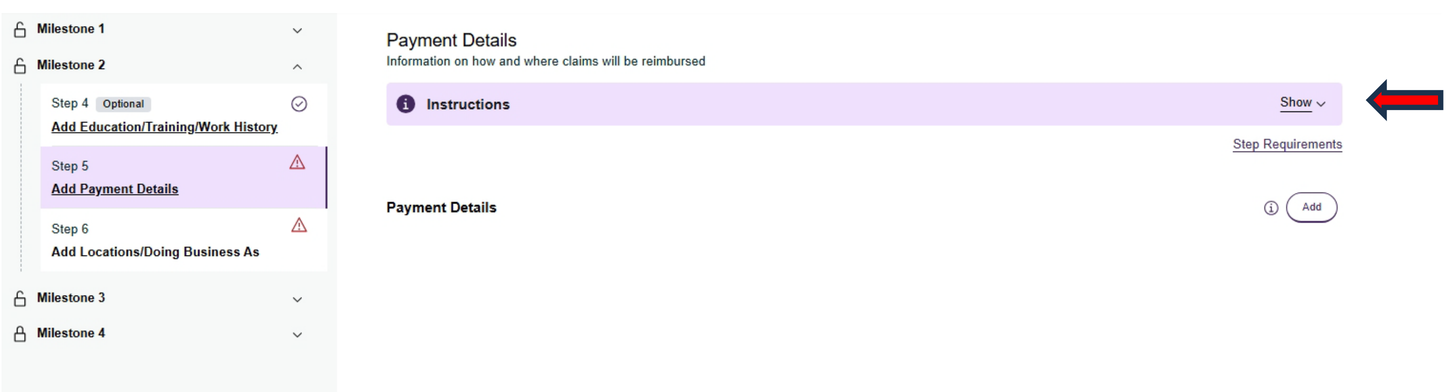
Note: At this time the portal is only available to practitioners who have never been enrolled in NYS Medicaid and who do not have a paper application pending in the eMedNY system. All other provider types and transactions will be available at a later date.

Milestone 2 of an application

Milestone 2 of an application is comprised of steps 4-6. 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.



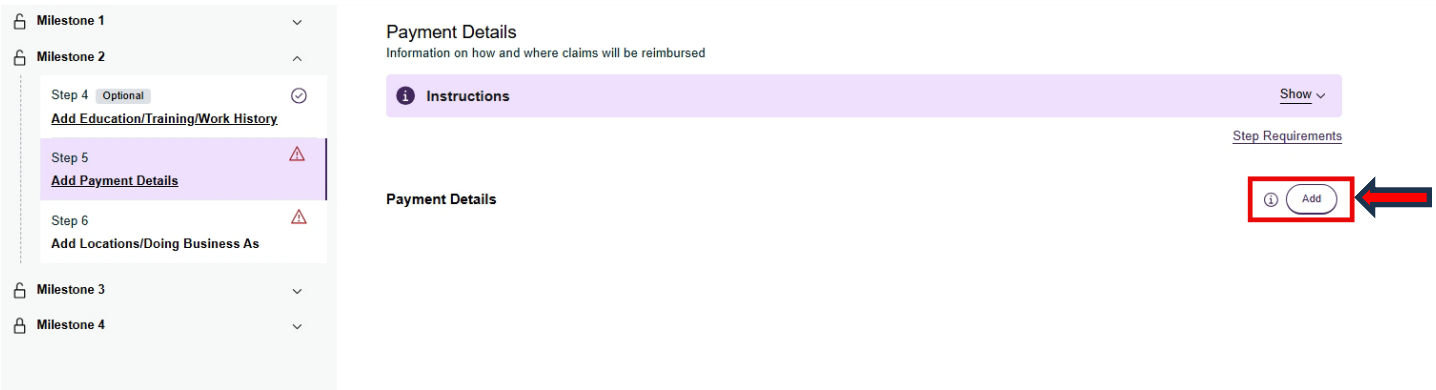
Clicking the arrow next to the Show/Hide button in the purple instructions banner of any screen will display or hide instructions for that step. See below screenshot for example.



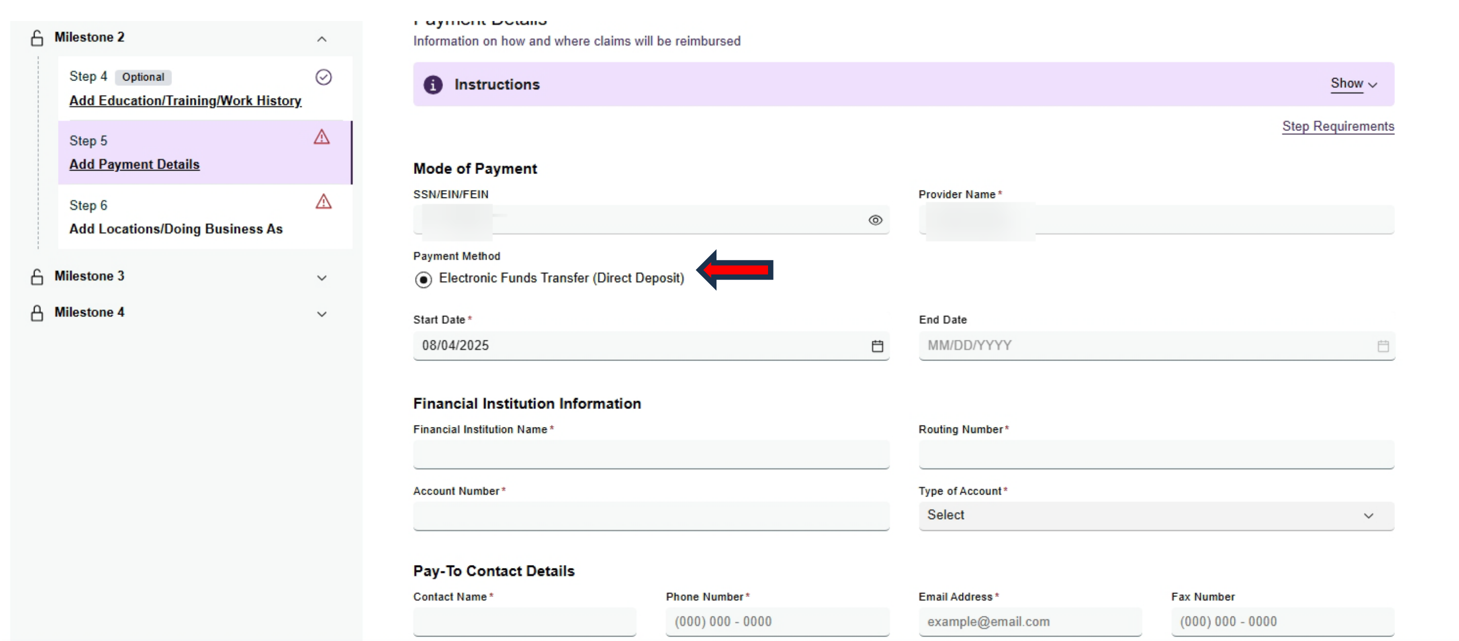
Step 4 requests Education/Training/Work History and is an optional step.

Step 5 requests Payment Details. This is required for fee-for-service/billing providers but is not available for OPRA/non-billing providers.

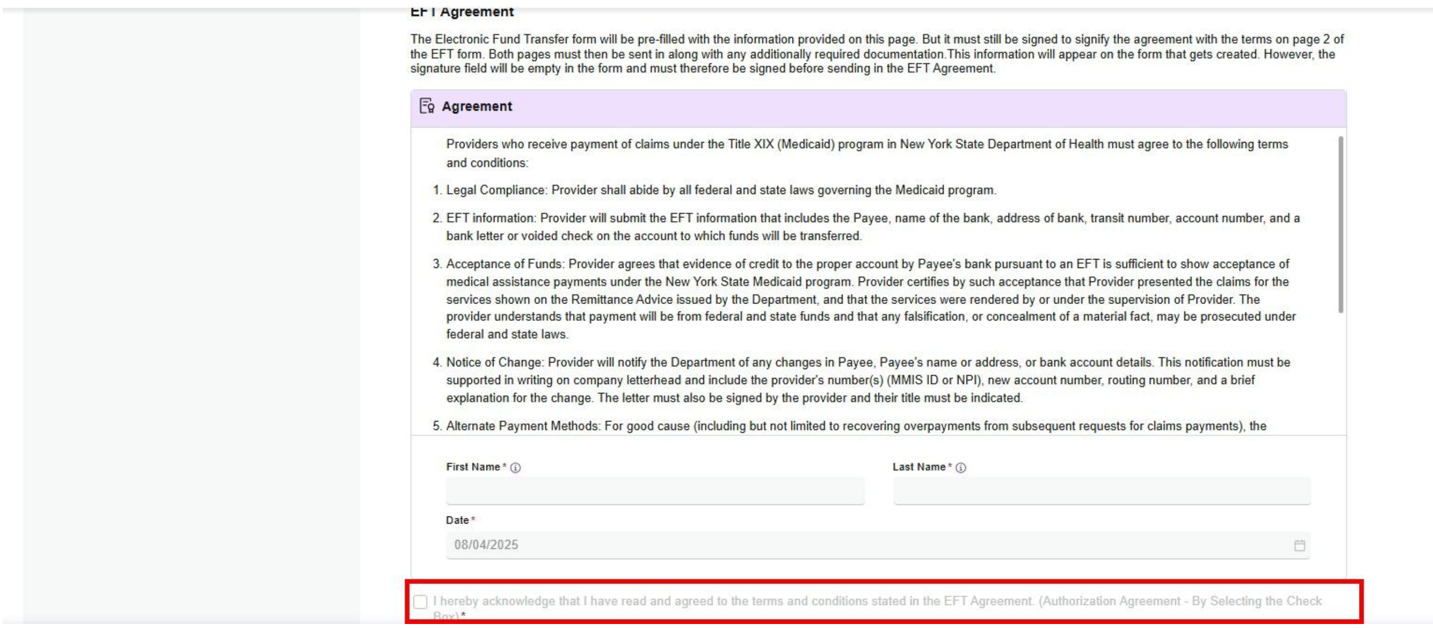
Click Add at the bottom right to begin this step.



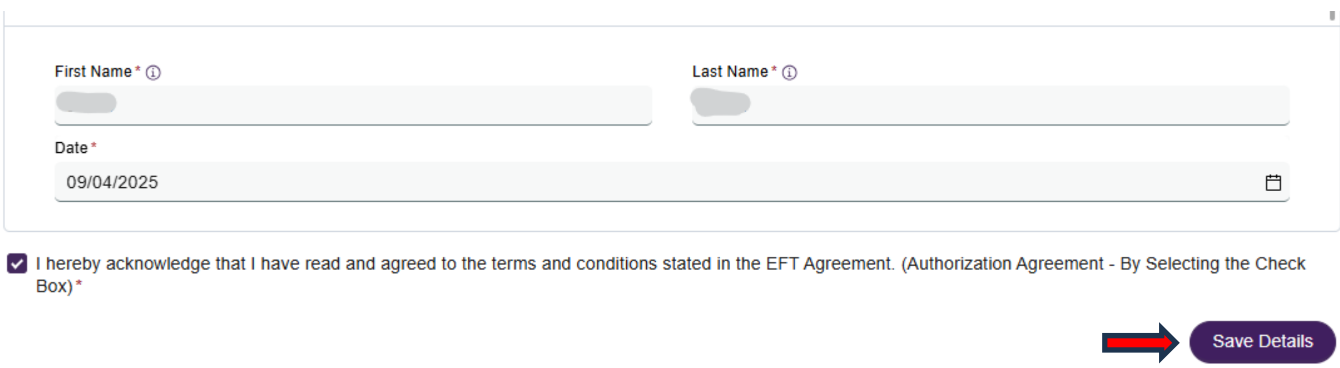
Information such as Social Security Number/EIN/FEIN and Provider Name will pre-populate based on information entered in Milestone 1. Payment Method defaults to Electronic Funds Transfer (Direct Deposit).



The EFT Agreement must be read in full and signed. The signature box will remain greyed out until the entire EFT Agreement has been read (scroll down to read in entirety). **Click** the box that acknowledges the EFT Agreement has been read and agreed to.



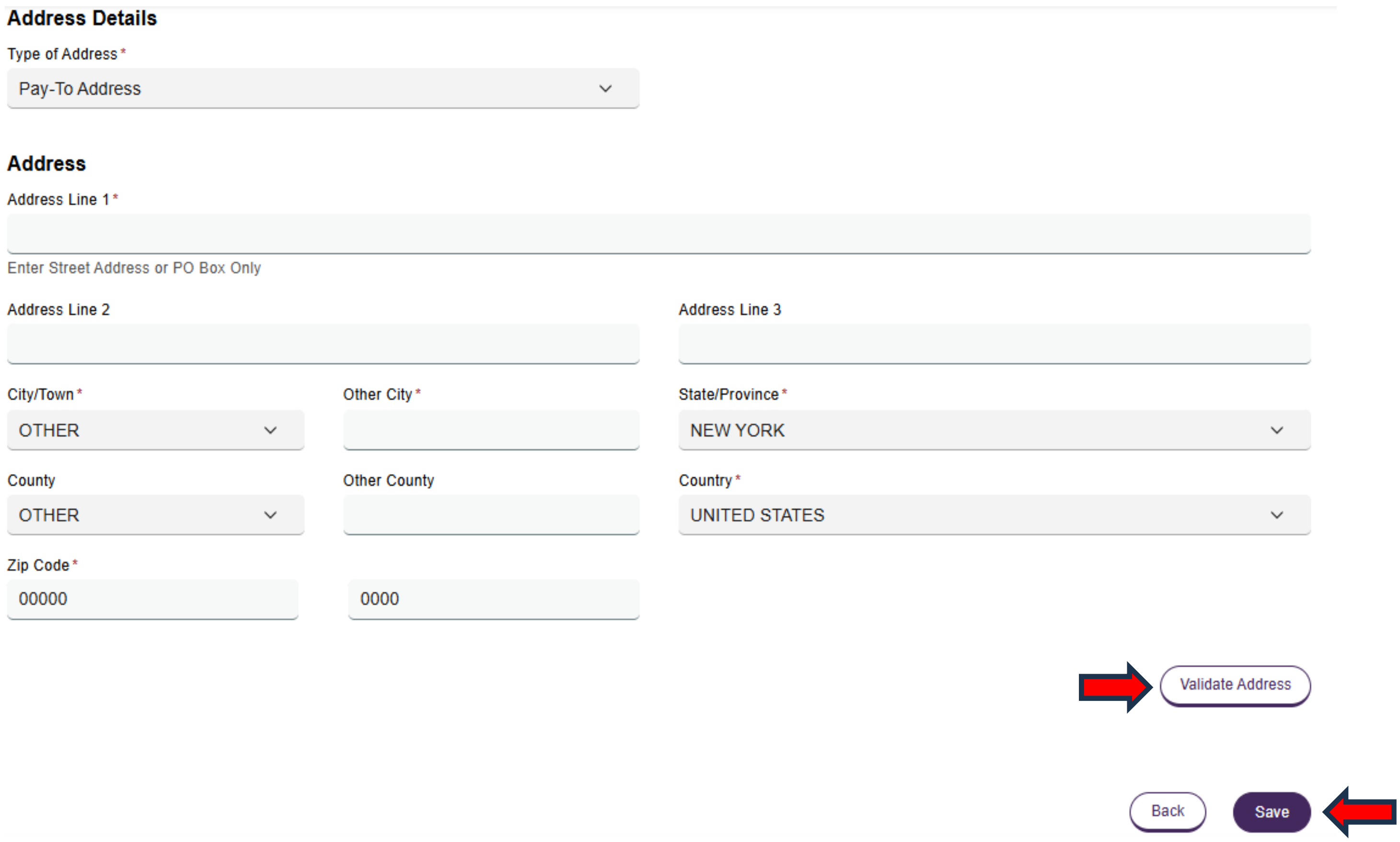
Click on Save Details after checking the box to agree.



Click on Add under Address Details to enter the Pay-To Address, which is where paper checks (if necessary) and remittances will be sent until electronic or PDF remits are set up.

Click on Validate Address.

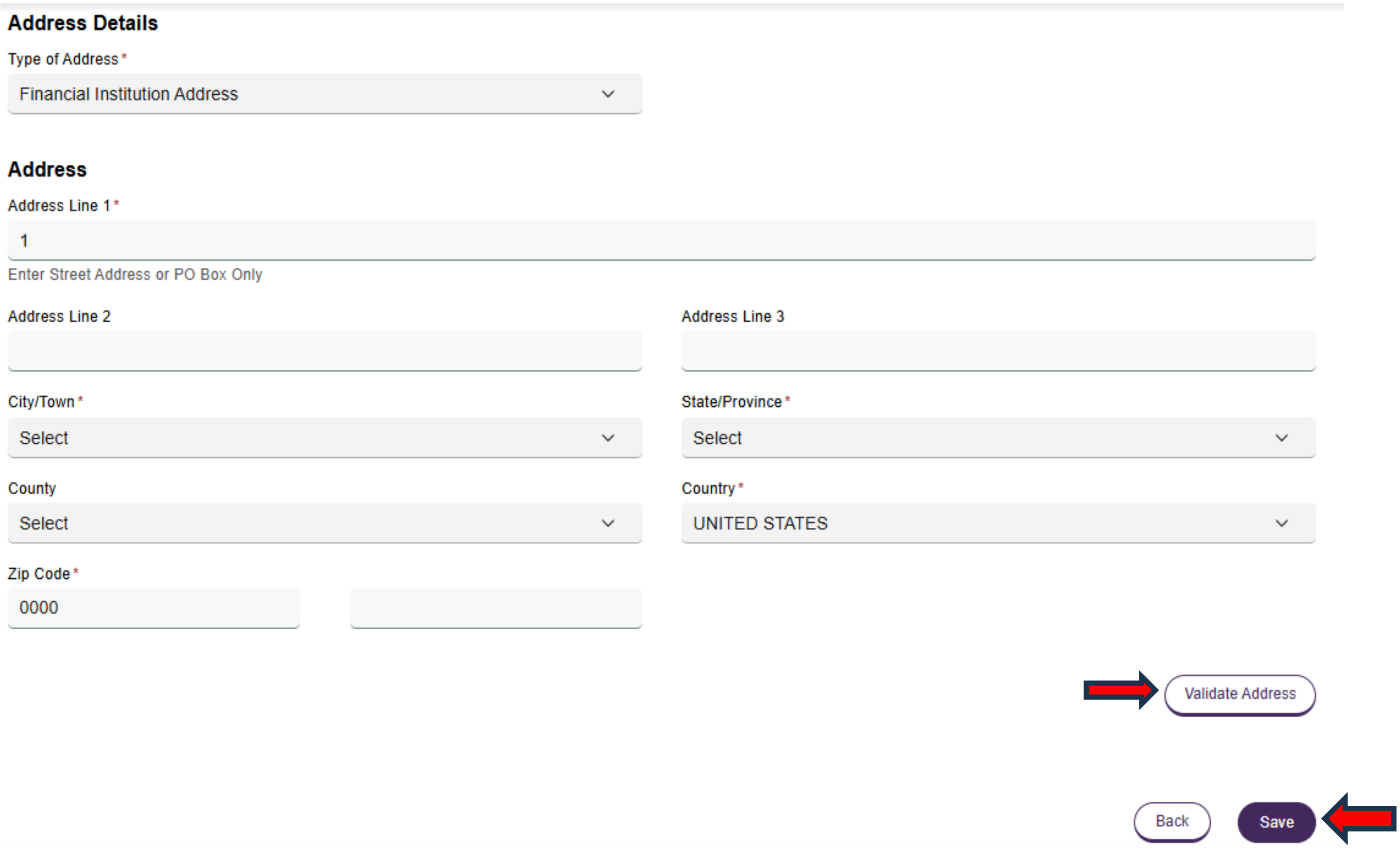
Click on Save after the address has been validated.



Once Saved you will be redirected to the previous screen. Scroll back down to the **Adress Details** section. Here you will see the "Pay-to Address" just saved.

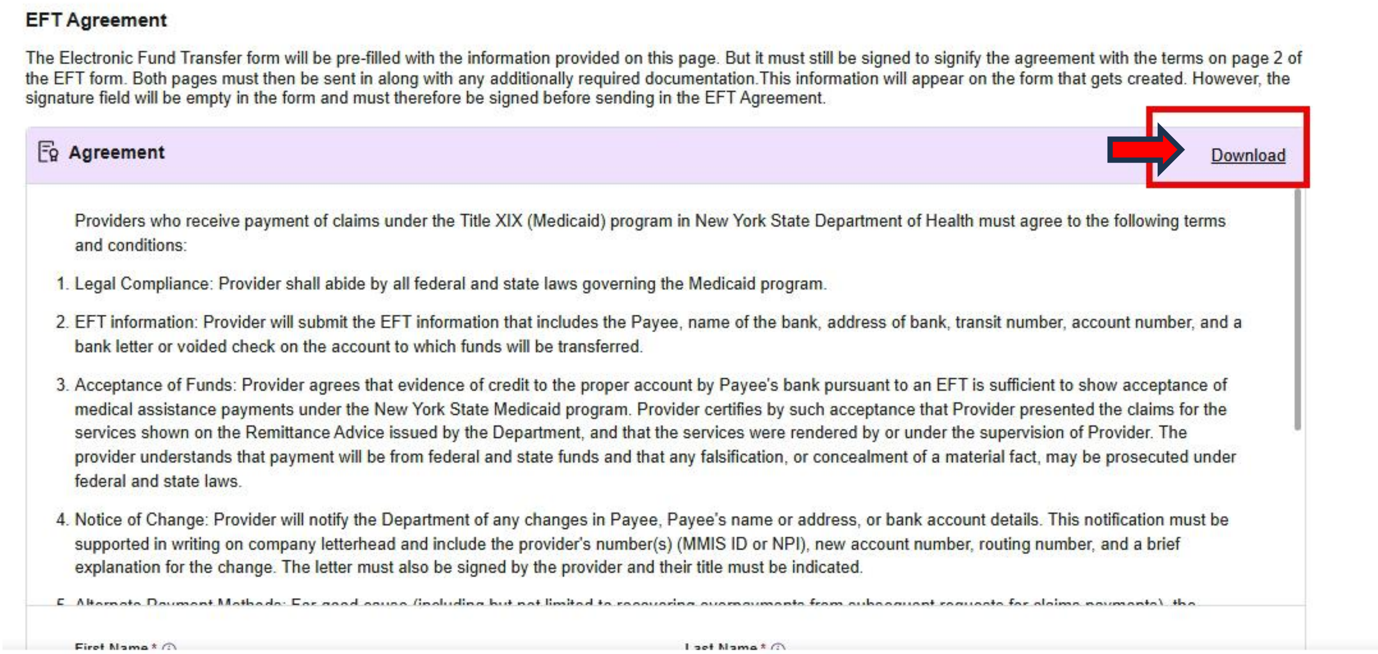
Click on Add under Address Details again to enter the Financial Institution address details.

Click on Validate Address and then Save under the Validate Address button.



Again, o*nce Saved you will be redirected to the previous screen*. If you scroll back down to the **Adress Details** section, you can review the Pay-to and Financial Institution just saved.

Scroll up to the EFT Agreement and **click** on Download in the upper right corner. **Note**: This download button will not be available until both addresses have been entered.



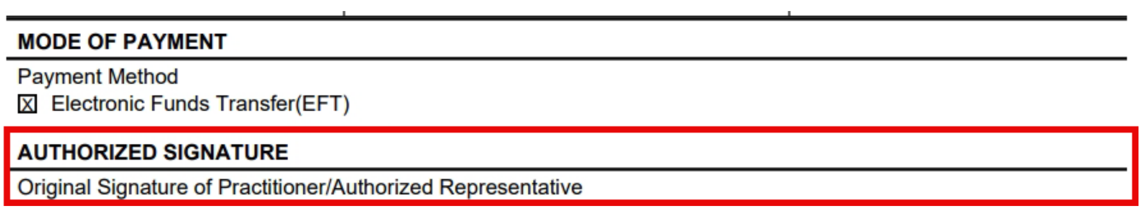
EFT Agreement

The Electronic Fund Transfer form will be pre-filled with the information provided on this page. But it must still be signed to signify the agreement with the terms on page 2 of the EFT form. Both pages must then be sent in along with any additionally required documentation.This information will appear on the form that gets created. However, the signature field will be empty in the form and must therefore be signed before sending in the EFT Agreement.

Providers who receive payment of claims under the Title XIX (Medicaid) program in New York State Department of Health must agree to the following terms and conditions:

1. Legal Compliance: Provider shall abide by all federal and state laws governing the Medicaid program.
2. EFT information: Provider will submit the EFT information that includes the Payee, name of the bank, address of bank, transit number, account number, and a bank letter or voided check on the account to which funds will be transferred.
3. Acceptance of Funds: Provider agrees that evidence of credit to the proper account by Payee's bank pursuant to an EFT is sufficient to show acceptance of medical assistance payments under the New York State Medicaid program. Provider certifies by such acceptance that Provider presented the claims for the services shown on the Remittance Advice issued by the Department, and that the services were rendered by or under the supervision of Provider. The provider understands that payment will be from federal and state funds and that any falsification, or concealment of a material fact, may be prosecuted under federal and state laws.
4. Notice of Change: Provider will notify the Department of any changes in Payee, Payee's name or address, or bank account details. This notification must be supported in writing on company letterhead and include the provider's number(s) (MMIS ID or NPI), new account number, routing number, and a brief explanation for the change. The letter must also be signed by the provider and their title must be indicated.

Once the EFT Agreement has been downloaded, it must be **printed, physically signed by provider, saved to computer, and uploaded** under the Supporting Documents section of this step.



MODE OF PAYMENT

Payment Method

☒ Electronic Funds Transfer(EFT)

AUTHORIZED SIGNATURE

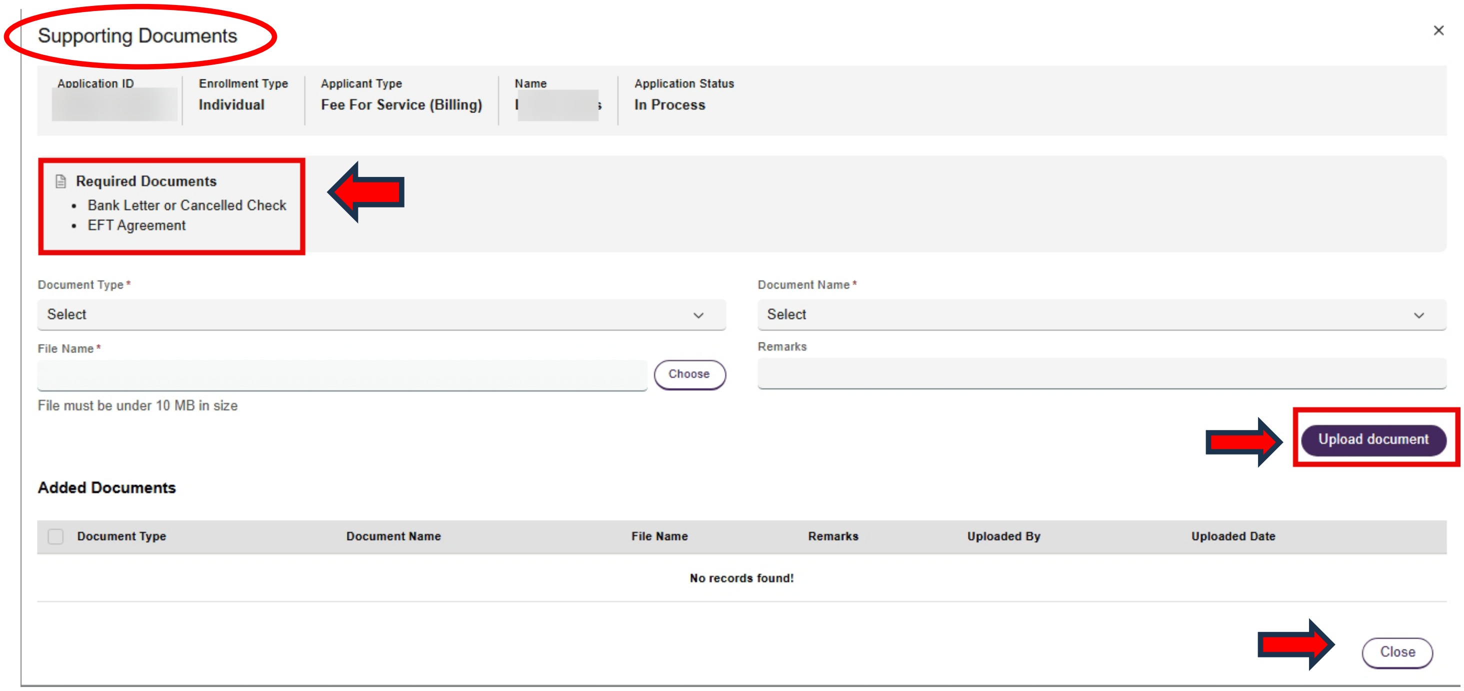
Original Signature of Practitioner/Authorized Representative

Click on Add under Supporting Documents.

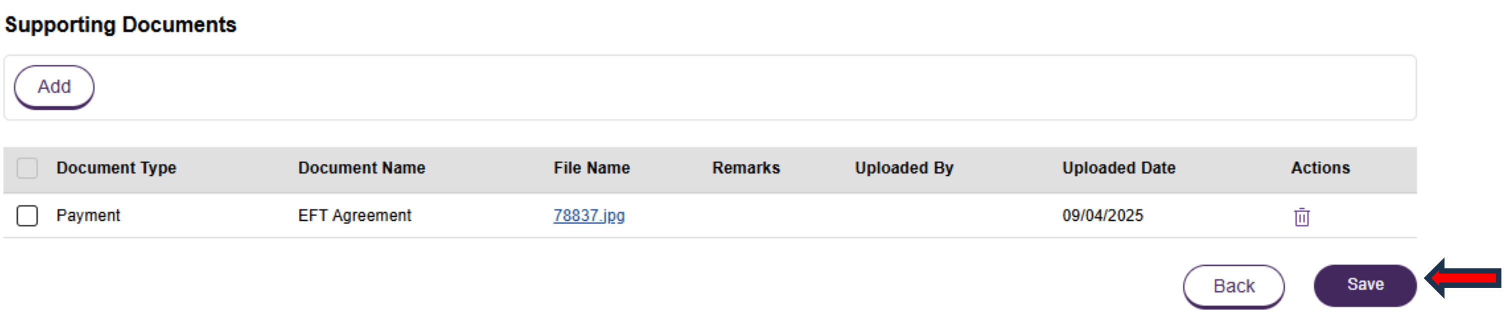
A new screen will pop up that allows upload of supporting documents for this step.
- Allowable file formats are .gif, .jpg, .jpeg, .html, .htm, .pdf, .xls, .tif, .doc, .docx, .xlsx, and .txt.
- File must be under 10 MB in size

For each Required Document to be uploaded, **click** on Upload Document and follow cues for uploading.

Click on Close when the documents have successfully uploaded.



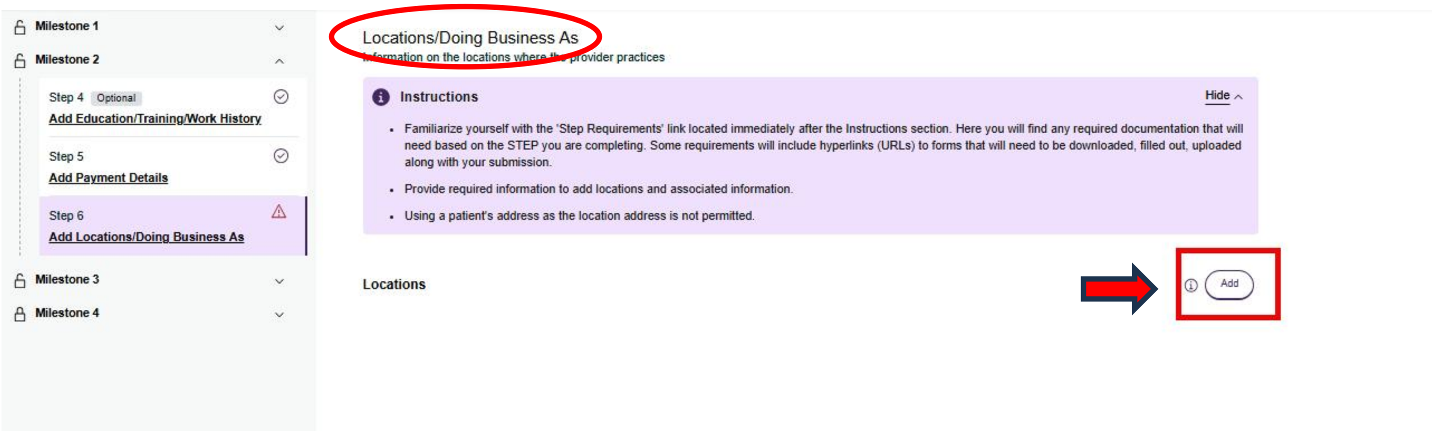
Click on Save at the bottom right right once all details of this page have been completed.



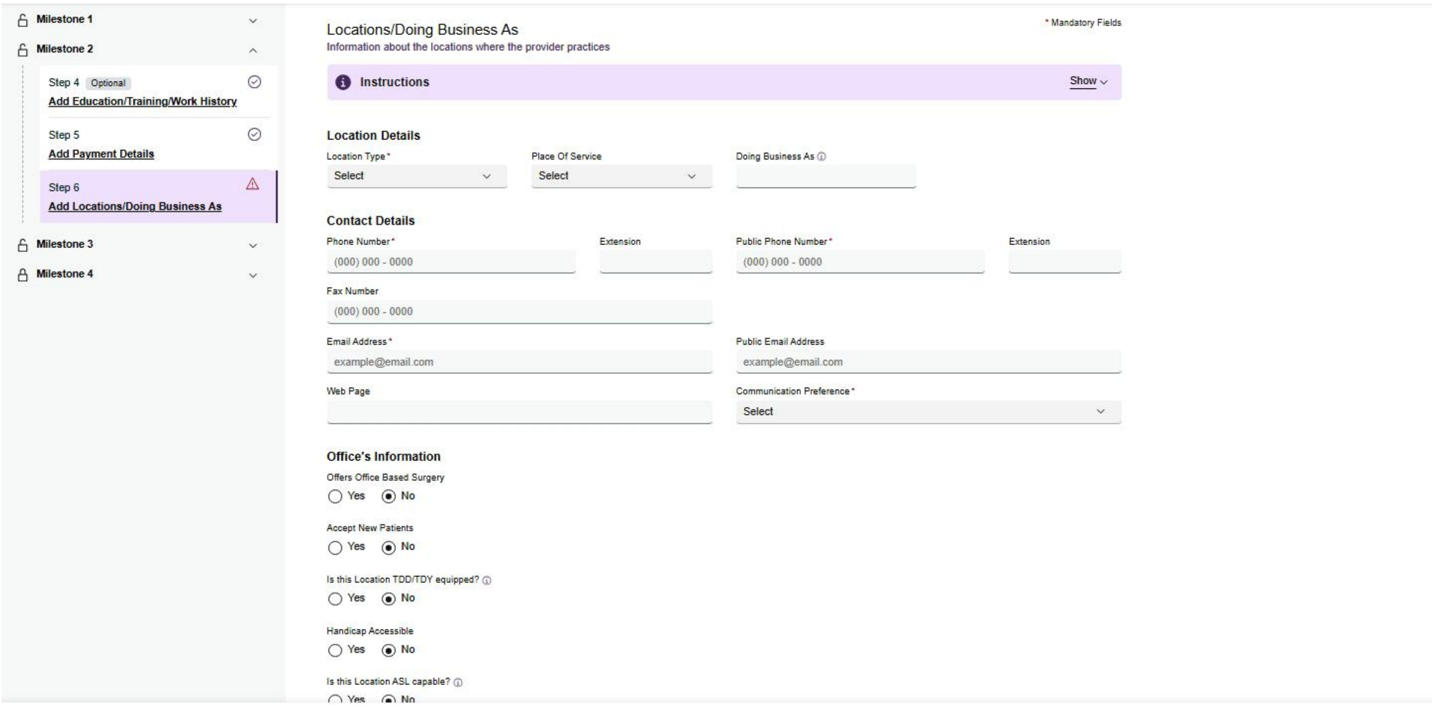
Click on Next Step at the bottom right of the page.

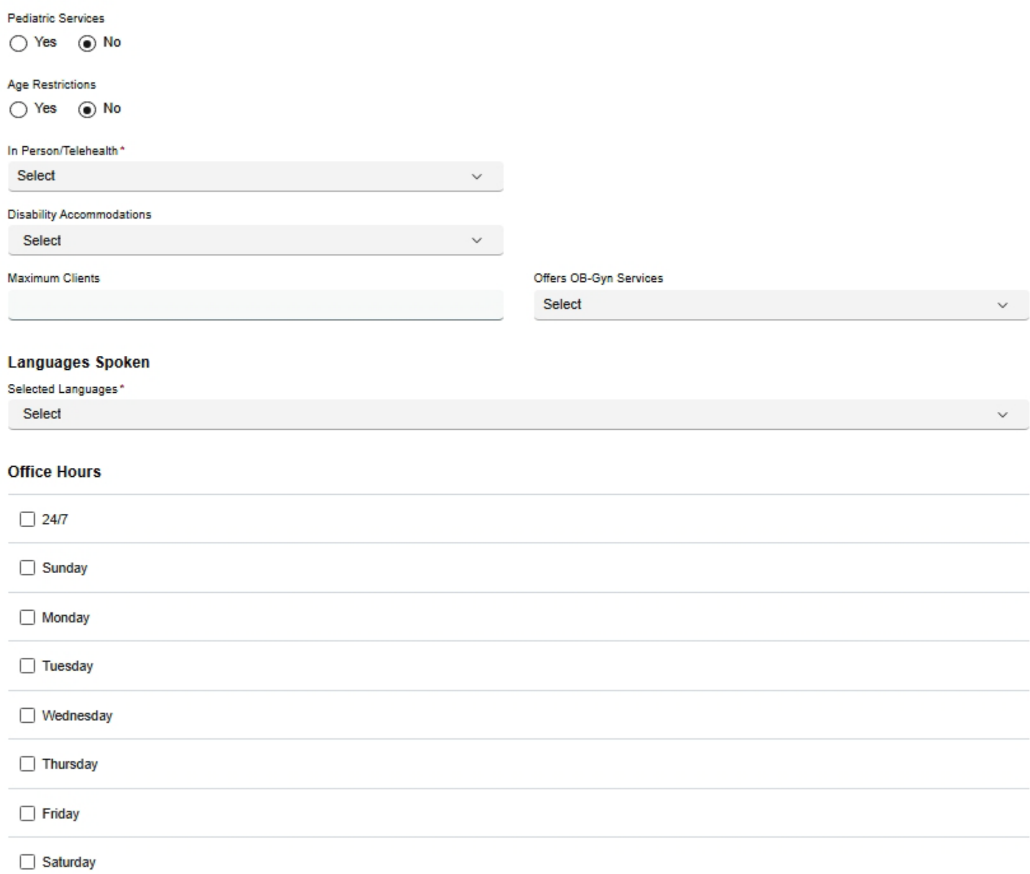
Step 6 requests locations and "doing business as" information.

Click Add at the bottom right.



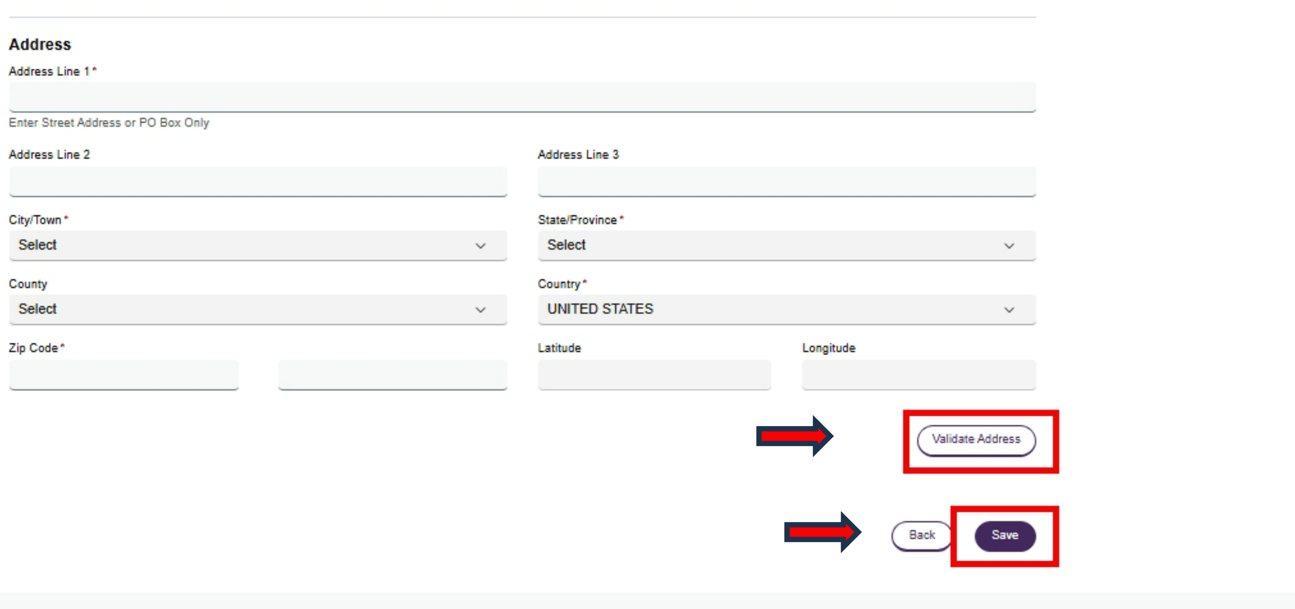
Enter required and optional (if desired) details for the service location.





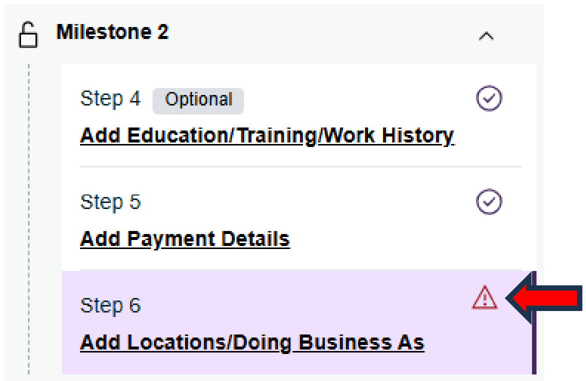
Click on Validate Address in the bottom right-hand corner.

Click on Save directly below Validate Address when all information is correct.

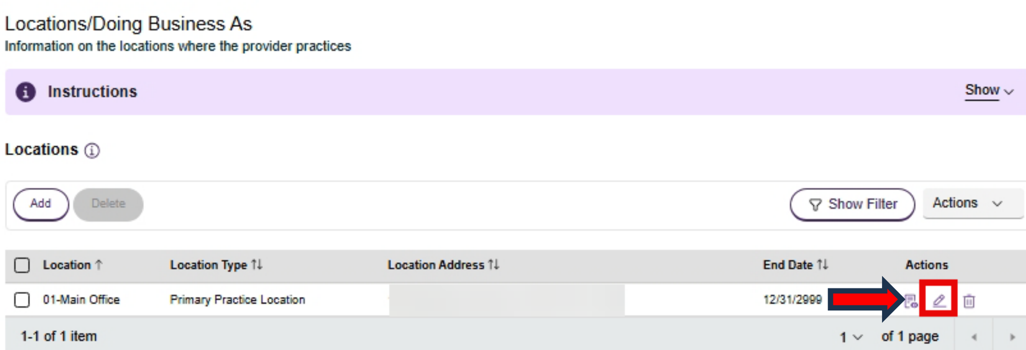


The main page of this step will now appear.

A red triangle on the left side of the screen will pop up if there is an error requiring correction.

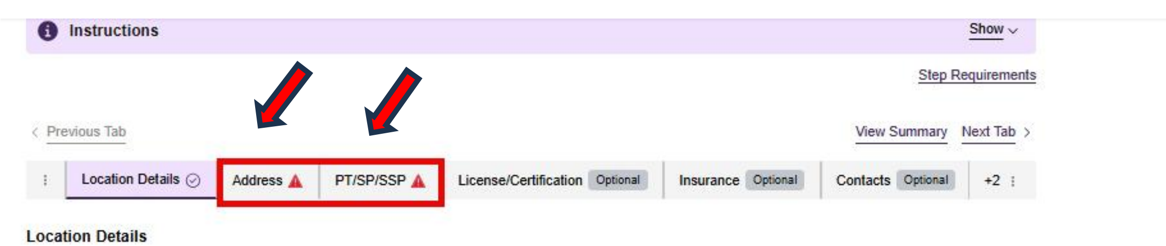


To correct the errors, **click** on the edit button of the address. Additional information will be required to complete the step.



The address details that were initially entered will now appear under Location Details, and a ribbon toward the top of the screen will display two sections, Address and PT/SP/SSP, each marked with a red warning triangle and requiring require additional information.

NOTE: The Address Tab refers you to the area where you will enter the provider's correspondence address. The PT/SP/SSP refers to the area where you will enter the provider specialties that are associated to this location. This will be based on information provided in Milestone 1, Step 3. The remaining five tabs to the right are optional (License/Certification, Insurance, Contacts, +2).

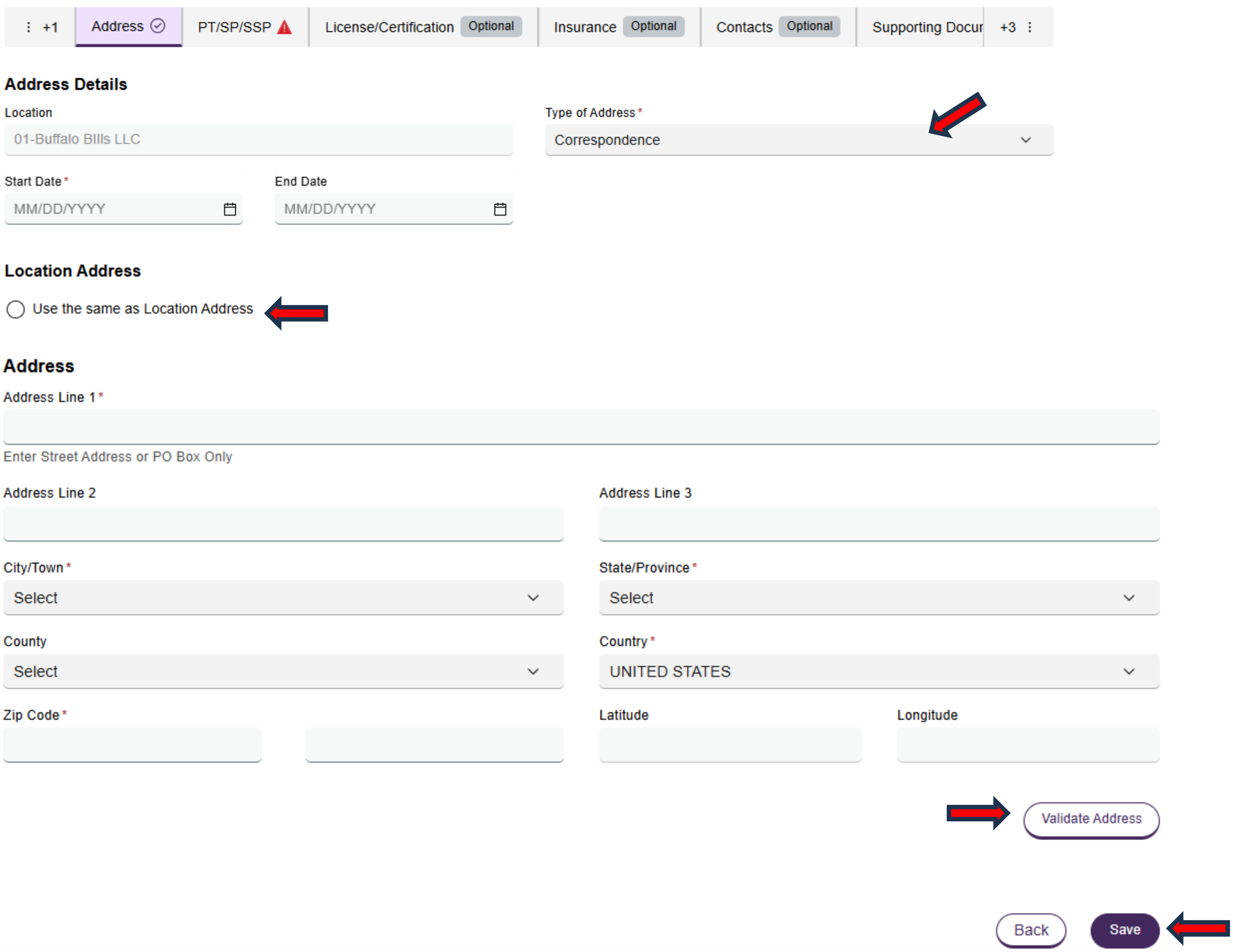


Click on the Address tab first.

Select the Correspondence as Type of Address. The Correspondence Address is where any paper communications will be mailed.

Once address details are entered, **click** Validate Address then **click** Save.

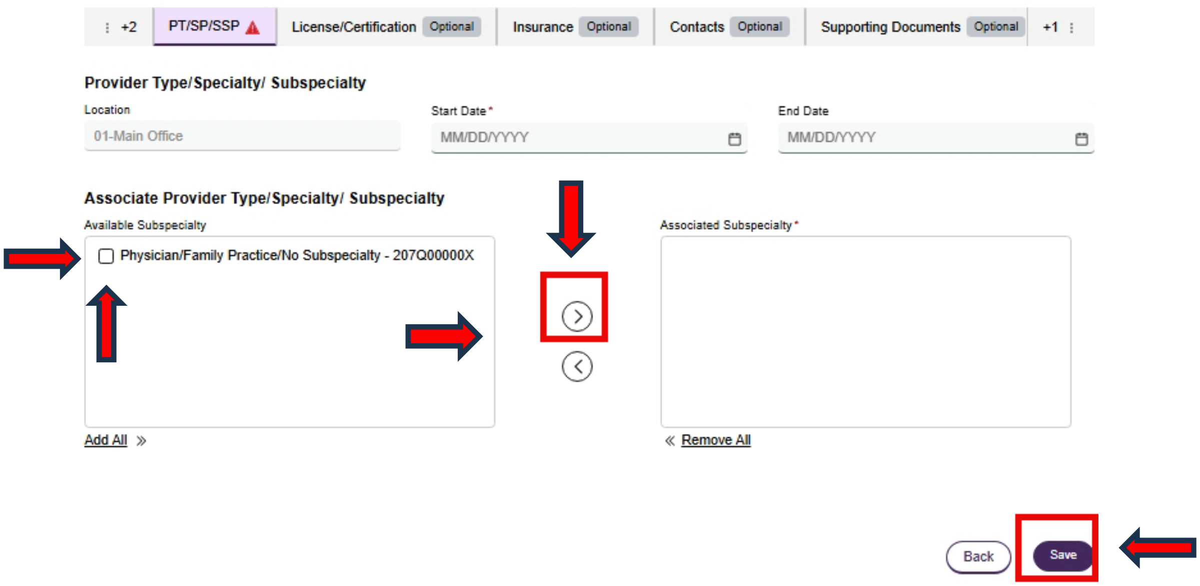
TIP: If the Correspondence Address is the same as the Location Address, click the circle next to “Use the same as Location Address.”



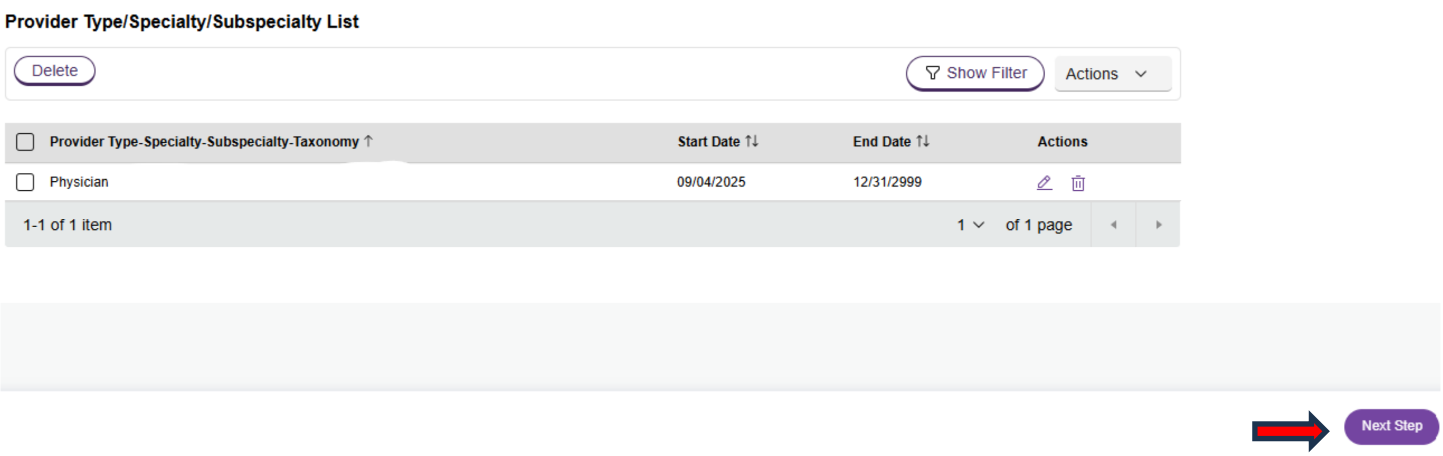
Click PT/SP/SSP tab.

Select the specialty(ies) from the box on the left and **click** the arrow pointing to the right to move the specialty over to the box on the right. *This will be based on information you provided in Milestone 1, Sept 3. The remaining five tabs to the right are optional (License/Certification, Insurance, Contacts, +2).*

Click Save when all subspecialties have been moved over to the box on the right.



Click on Next Step at the bottom right. A screen will pop up to indicate that Milestone 2 is complete.



Click Okay to acknowledge and move on to Milestone 3.