



## 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.

The screenshot displays the 'Milestone 2' section of the application. On the left, a vertical menu lists Milestone 1, Milestone 2, Milestone 3, and Milestone 4. Under Milestone 2, three steps are listed: Step 4 (Optional), Step 5, and Step 6. Step 4 is highlighted with a red box and a red arrow pointing to it. The main content area is titled 'Education/Training/Work History' and includes a purple banner with an 'Instructions' button. Below the banner are sections for Education, Training, Work History, and Supporting Documents.

**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.

The screenshot displays the 'Payment Details' section of the application. On the left, a vertical menu lists Milestone 1, Milestone 2, Milestone 3, and Milestone 4. Under Milestone 2, three steps are listed: Step 4 (Optional), Step 5, and Step 6. Step 5 is highlighted with a red box and a red arrow pointing to it. The main content area is titled 'Payment Details' and includes a purple banner with an 'Instructions' button and a 'Show' button. Below the banner are sections for Payment Details and a 'Step Requirements' section with an 'Add' button. A red arrow points to the 'Show' button.

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.

The screenshot shows the left sidebar with Milestone 2 expanded. Step 4 is marked as 'Optional' with a checkmark, and Step 5 is highlighted with a warning triangle. The main content area shows the 'Payment Details' header with an 'Instructions' bar and a red-bordered 'Add' button with an information icon, indicated by a red arrow.

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 screenshot displays the 'Payment Details' form. The 'Mode of Payment' section has 'Electronic Funds Transfer (Direct Deposit)' selected, indicated by a red arrow. The form includes fields for SSN/EIN/FEIN, Provider Name, Start Date (08/04/2025), End Date (MM/DD/YYYY), Financial Institution Name, Routing Number, Account Number, Type of Account (Select), Pay-To Contact Name, Phone Number ((000) 000 - 0000), Email Address (example@email.com), and Fax Number ((000) 000 - 0000).

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.

**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.

**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.
5. Alternate Payment Methods: For good cause (including but not limited to recovering overpayments from subsequent requests for claims payments), the

First Name \* ⓘ

Last Name \* ⓘ

Date \*

☐ I hereby acknowledge that I have read and agreed to the terms and conditions stated in the EFT Agreement. (Authorization Agreement - By Selecting the Check Box) \*


Click on Save Details after checking the box to agree.

First Name \* ⓘ

Last Name \* ⓘ

Date \*

☒ I hereby acknowledge that I have read and agreed to the terms and conditions stated in the EFT Agreement. (Authorization Agreement - By Selecting the Check Box) \*

 **Save Details**

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.

#### Address Details

 **Add** **Delete**

Click on Validate Address.

Click on Save after the address has been validated.

**Address Details**

Type of Address \*  
Pay-To Address

**Address**

Address Line 1 \*  

Enter Street Address or PO Box Only

Address Line 2

Address Line 3

City/Town \*  
OTHER

Other City \*

State/Province \*  
NEW YORK

County  
OTHER

Other County

Country \*  
UNITED STATES

Zip Code \*  
00000

0000

➡

Validate Address

Back

Save

⬅

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.

➡

Add

Delete

<input type="checkbox"/> Address Type ↑↓	Address ↑↓	Actions
<input type="checkbox"/> Pay-To Address		

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

**Address Details**

Type of Address \*  
Financial Institution Address

**Address**

Address Line 1 \*  
1  
Enter Street Address or PO Box Only

Address Line 2

Address Line 3

City/Town \*  
Select

State/Province \*  
Select

County  
Select

Country \*  
UNITED STATES

Zip Code \*  
0000

Validate Address

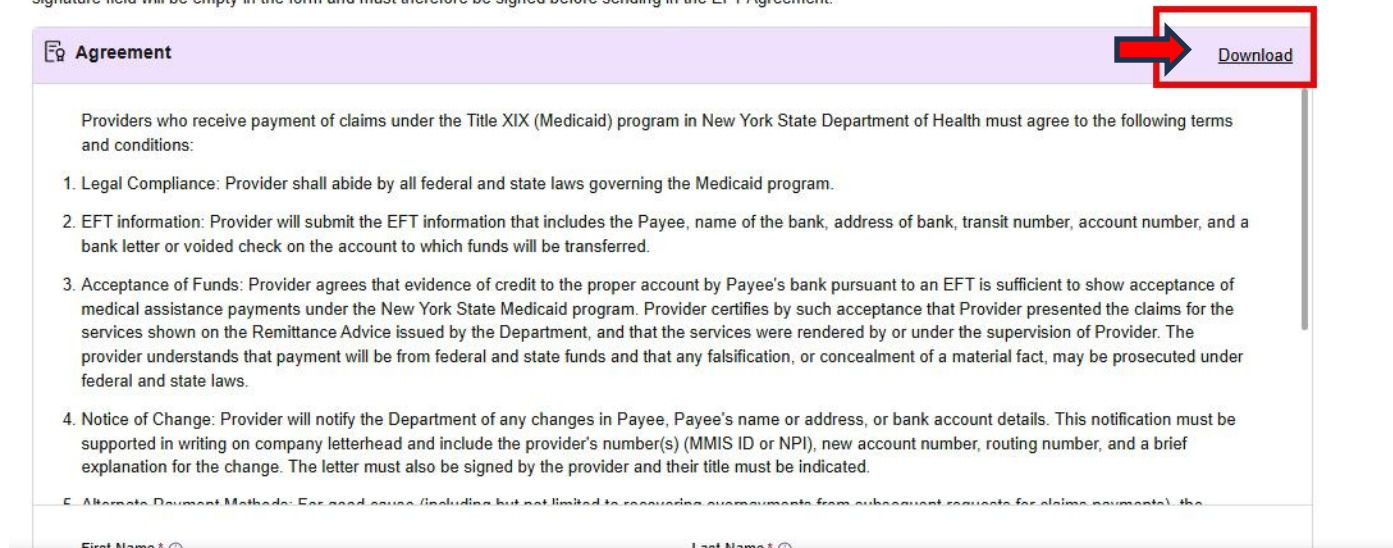
Back Save

Again, once 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.



The screenshot shows the EFT Agreement form. At the top, there is a purple header bar with the text "Agreement" and a red arrow pointing to a "Download" button. Below the header, the text reads: "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:" followed by four numbered items: 1. Legal Compliance, 2. EFT information, 3. Acceptance of Funds, and 4. Notice of Change. At the bottom of the form, there are fields for "First Name" and "Last Name".

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.

**Supporting Documents**

The screenshot shows the Supporting Documents section. There is a red arrow pointing to a purple "Add" button.

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.

Supporting Documents

Application ID

Enrollment Type  
Individual

Applicant Type  
Fee For Service (Billing)

Name  
I

Application Status  
In Process

Required Documents

- Bank Letter or Cancelled Check
- EFT Agreement

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

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

### Supporting Documents

Add

<input type="checkbox"/>	Document Type	Document Name	File Name	Remarks	Uploaded By	Uploaded Date	Actions
<input type="checkbox"/>	Payment	EFT Agreement	<a href="#">78837.jpg</a>			09/04/2025	

Back

Save

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

Next Step

**Step 6** requests locations and “doing business as” information.

Click Add at the bottom right.

The screenshot shows the left-hand navigation menu with Milestone 2 expanded. Under Milestone 2, Step 6 'Add Locations/Doing Business As' is highlighted with a red box and a warning icon. The main content area shows the title 'Locations/Doing Business As' circled in red, with the subtitle 'Information on the locations where the provider practices'. Below this is an 'Instructions' box. At the bottom right, a red arrow points to a red-bordered button with a plus icon and the text 'Add'.

**Milestone 1** ▾  
**Milestone 2** ▴  
Step 4 Optional ✓  
Add Education/Training/Work History  
Step 5 ✓  
Add Payment Details  
**Step 6** ⚠  
Add Locations/Doing Business As  
**Milestone 3** ▾  
**Milestone 4** ▾

**Locations/Doing Business As**  
Information on the locations where the provider practices

**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.
- Provide required information to add locations and associated information.
- Using a patient's address as the location address is not permitted.

**Locations**

➡ Add

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

The screenshot shows the 'Locations/Doing Business As' form. It includes an 'Instructions' box, a 'Location Details' section with dropdowns for 'Location Type' and 'Place Of Service', and a 'Doing Business As' text field. The 'Contact Details' section contains fields for 'Phone Number', 'Extension', 'Public Phone Number', and 'Fax Number'. The 'Email Address' and 'Web Page' fields are also present. The 'Communication Preference' is a dropdown menu. The 'Office's Information' section contains several yes/no questions with radio buttons.

**Locations/Doing Business As** \* Mandatory Fields  
Information about the locations where the provider practices

**Instructions** Show ▾

**Location Details**

Location Type \*  
Select

Place Of Service  
Select

Doing Business As ⓘ

**Contact Details**

Phone Number \*  
(000) 000 - 0000

Extension

Public Phone Number \*  
(000) 000 - 0000

Extension

Fax Number  
(000) 000 - 0000

Email Address \*  
example@email.com

Public Email Address  
example@email.com

Web Page

Communication Preference \*  
Select

**Office's Information**

Offers Office Based Surgery  
☐ Yes ☒ No

Accept New Patients  
☐ Yes ☒ No

Is this Location TOD/IDY equipped? ⓘ  
☐ Yes ☒ No

Handicap Accessible  
☐ Yes ☒ No

Is this Location ASL capable? ⓘ  
☐ Yes ☒ No



## Pediatric Services

☐ Yes ☒ No

## Age Restrictions

☐ Yes ☒ No

## In Person/Telehealth \*

Select

## Disability Accommodations

Select

## Maximum Clients

## Offers OB-Gyn Services

Select

## Languages Spoken

## Selected Languages \*

Select

## Office Hours

☐ 24/7☐ Sunday☐ Monday☐ Tuesday☐ Wednesday☐ Thursday☐ Friday☐ Saturday

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

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

## Address

## Address Line 1 \*

Enter Street Address or PO Box Only

## Address Line 2

## Address Line 3

## City/Town \*

Select

## State/Province \*

Select

## County

Select

## Country \*

UNITED STATES

## Zip Code \*

## Latitude

## Longitude



Validate Address

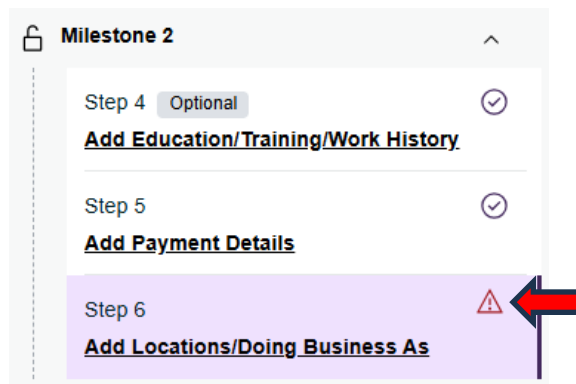


Back

Save

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.

#### Locations/Doing Business As

Information on the locations where the provider practices

**Instructions** [Show](#)

**Locations**

[Add](#) [Delete](#) [Show Filter](#) [Actions](#)

<input type="checkbox"/>	Location ↑	Location Type ↑↓	Location Address ↑↓	End Date ↑↓	Actions
<input type="checkbox"/>	01-Main Office	Primary Practice Location		12/31/2999	<a href="#">Edit</a> <a href="#">Delete</a>

1-1 of 1 item 1 of 1 page

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 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).*

**Instructions** [Show](#)

[Previous Tab](#) [View Summary](#) [Next Tab](#)

[Location Details](#) [Address](#) [PT/SP/SSP](#) [License/Certification](#) [Optional](#) [Insurance](#) [Optional](#) [Contacts](#) [Optional](#) [+2](#)

**Location Details**

**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.”

+1	Address ✓	PT/SP/SSP ⚠	License/Certification Optional	Insurance Optional	Contacts Optional	Supporting Docur	+3
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### Address Details

Location

01-Buffalo Bills LLC

Type of Address \*

Correspondence

Start Date \*

MM/DD/YYYY

End Date

MM/DD/YYYY

### Location Address

☐ Use the same as Location Address

### Address

Address Line 1 \*

Enter Street Address or PO Box Only

Address Line 2

Address Line 3

City/Town \*

Select

State/Province \*

Select

County

Select

Country \*

UNITED STATES

Zip Code \*

Latitude

Longitude

Validate Address

Back

Save

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.

Provider Type/Specialty/ Subspecialty

Location: 01-Main Office

Start Date: MM/DD/YYYY

End Date: MM/DD/YYYY

Associate Provider Type/Specialty/ Subspecialty

Available Subspecialty

☐ Physician/Family Practice/No Subspecialty - 207Q00000X

Associated Subspecialty \*

« Remove All

Back Save


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

#### Provider Type/Specialty/Subspecialty List

Delete

Show Filter

Actions

<input type="checkbox"/> Provider Type-Specialty-Subspecialty-Taxonomy ↑	Start Date ↑↓	End Date ↑↓	Actions
<input type="checkbox"/> Physician	09/04/2025	12/31/2999	 

1-1 of 1 item

1 of 1 page

Next Step

**Click** Okay to acknowledge and move on to Milestone 3.

