# Provider Services Portal - Milestone 3

## Overview

This document describes how to complete Milestone 3 of a new enrollment application in the 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.

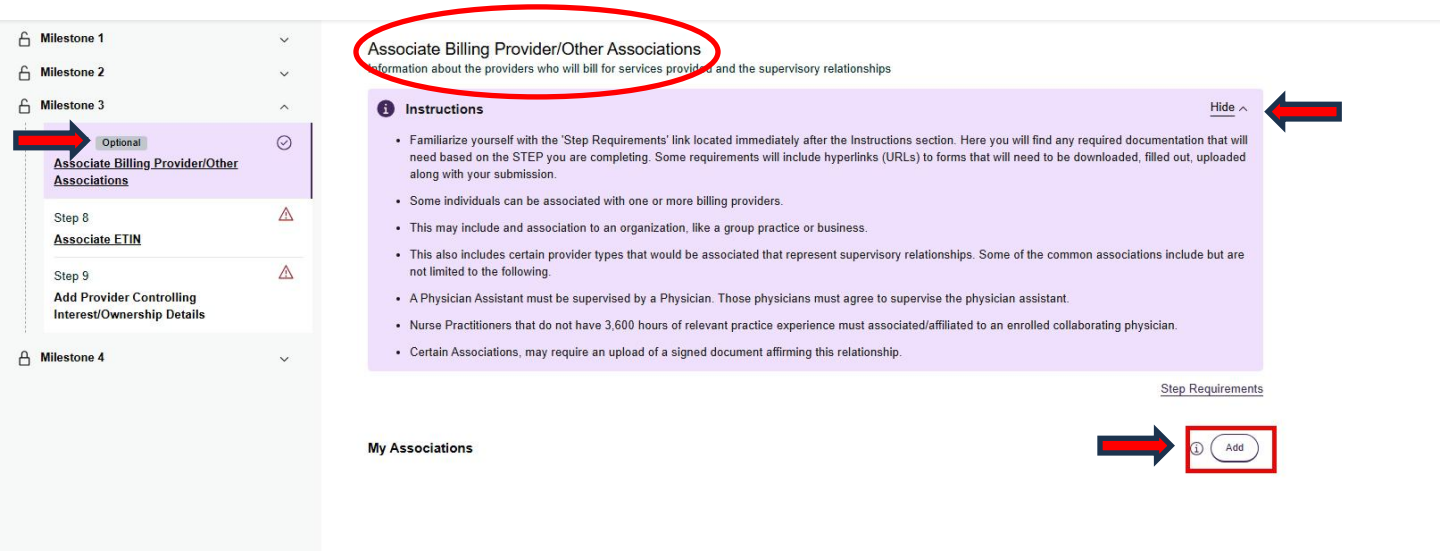
### Milestone 3 of an application

Milestone 3 of an application is comprised of steps 7-9. 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.

Step 7 requests information related to Associating Billing Providers and Other Associations. This is an optional step, but completion may be useful depending on the provider type.

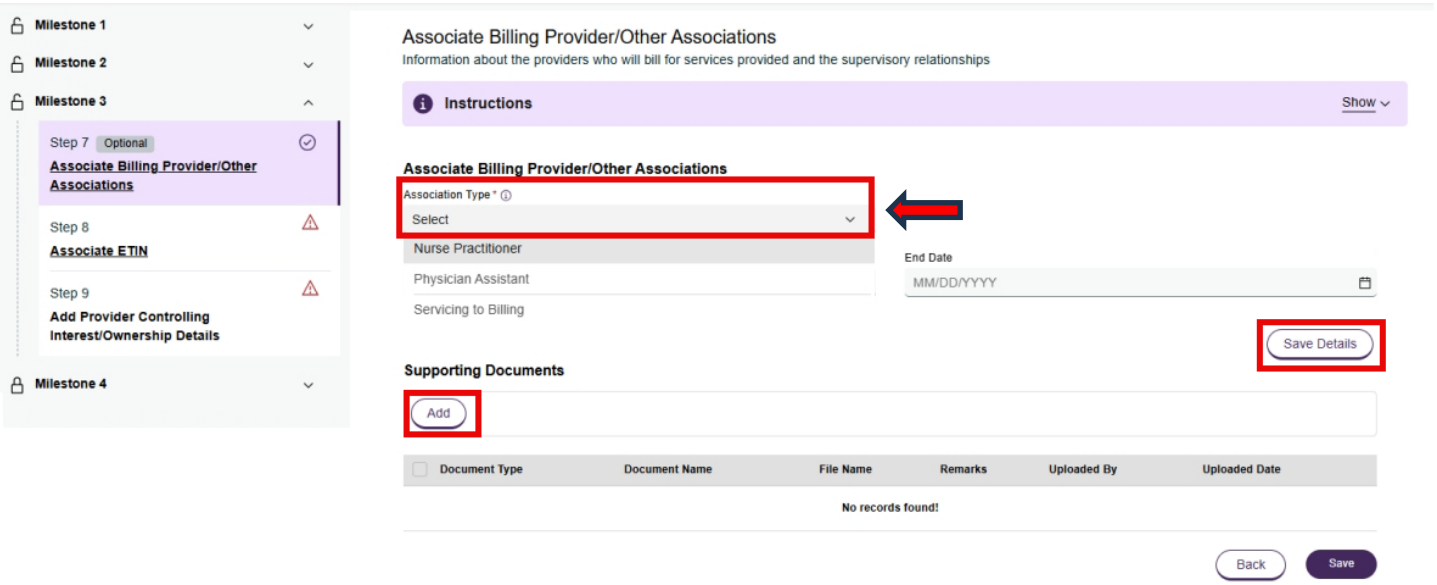
**Clicking** the arrow next to the Show/Hide button in the purple instructions banner of any screen will display or hide instructions for that step.

**Click** Add at the bottom right to begin this step.




**Select** the appropriate Association Type from the drop down menu under Associate Billing Provider/Other Associations.

**TIP for Group Members:** the Affiliations that you are presented are ones that are allowed for your profession in the Assocaition Type drop down. The Servicing to Billing option refers to any Medciaid group practices that you are a member of. If you selected the Billing Applicant type in Milestone 1, Step 1. And answered **No or Yes**, to the question "If affiliated with a Group, do you have a Private Practice as well?" You **will need** to indicate the group here. If you select N/A (you are not part of a group), you will not indicate the group.

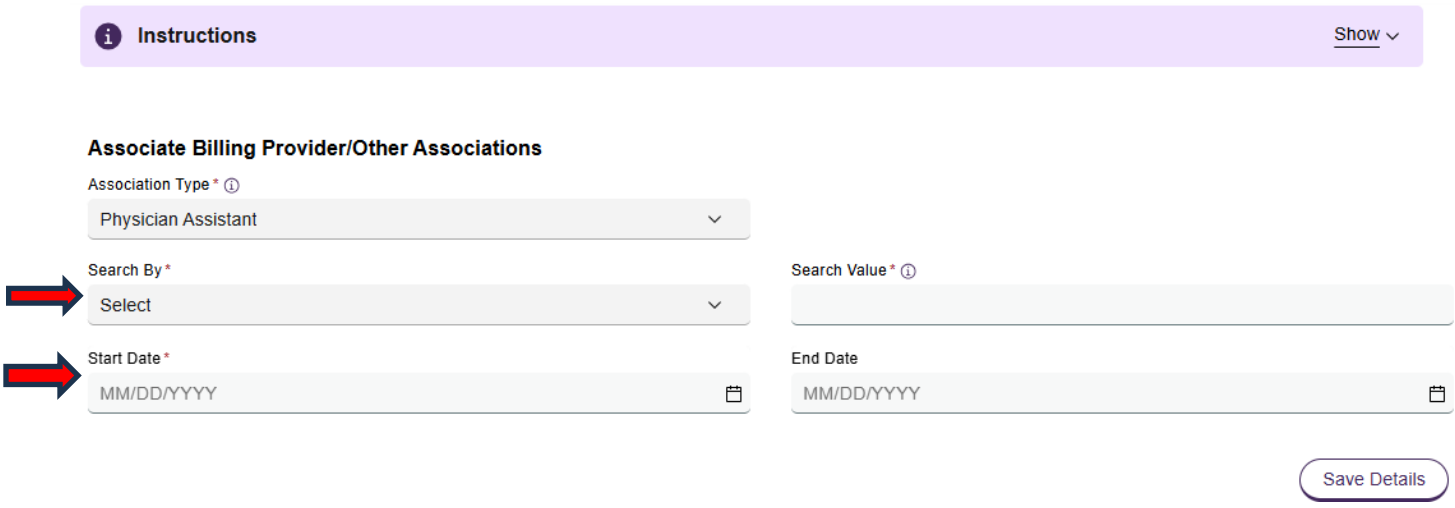



**Select** Provider ID in the Search By box.

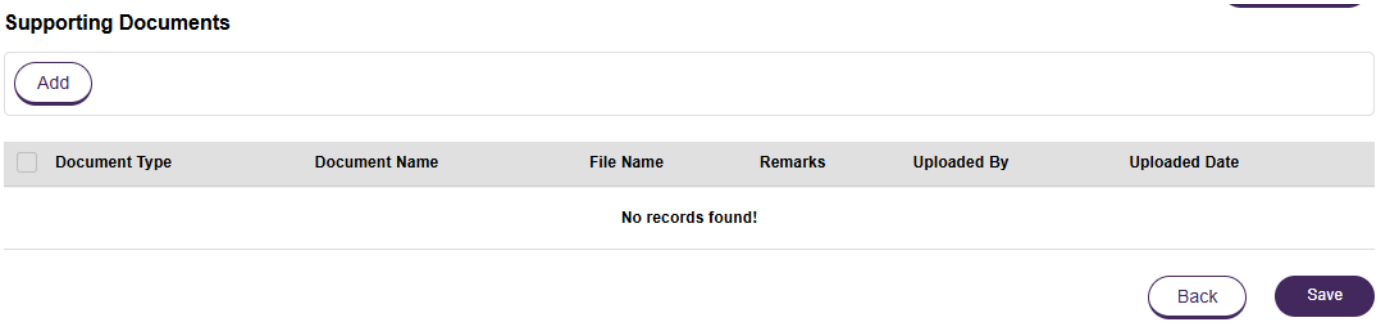
**Enter** the Provider ID in the Search Value box to the right of the Search By box (representing the provider you wish to affiliate to. **TIP:** The system will check to see if the provider ID is active and a valid affilation type. If valid, the providers name will be populated in new box. Please review to ensure this appears to be the provider that you intended on affilating to.

**Enter** the Begin Date.

**Click** Save Details when all the information has been added.



**Click** Add under the Supporting Documents section.



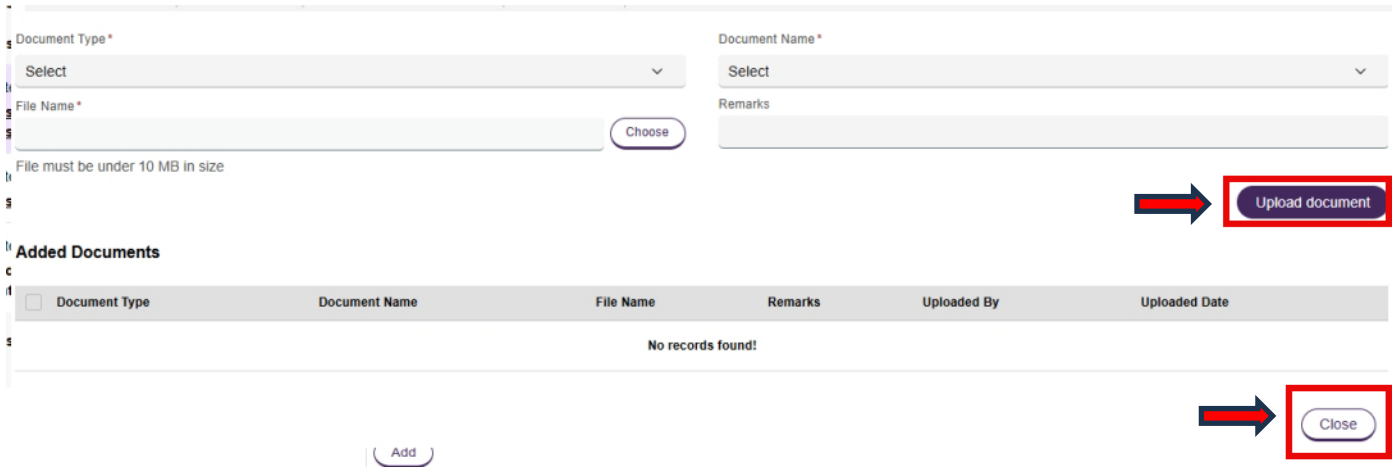

A new screen will pop up that allows upload of supporting documents for this step.

- 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 Required Document to be uploaded, **click** on Upload Document and follow the cues.

**Click** on Close when the documents have successfully uploaded. You will then be automatically redirected to the previous screen.

**Click** Save at the bottom right.

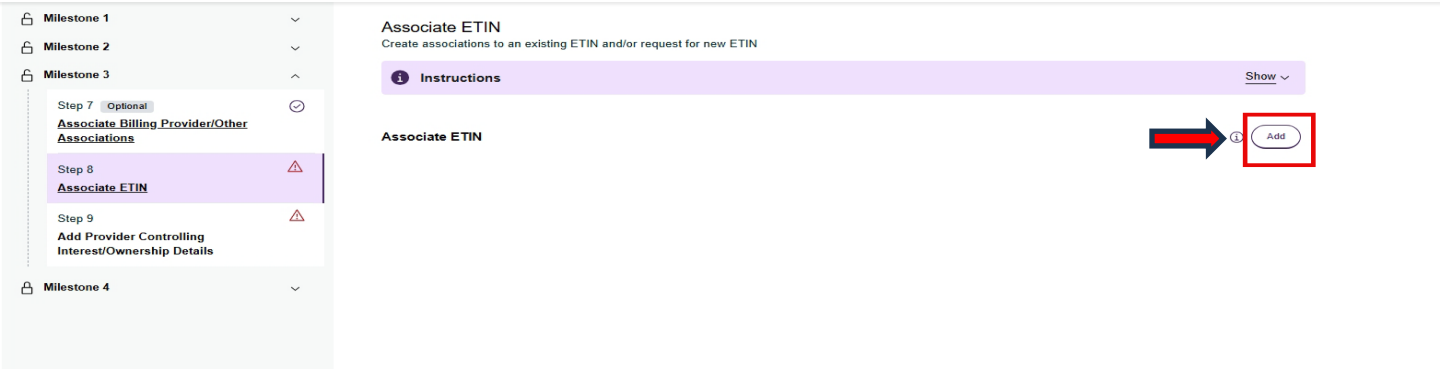



NOTE: You will then be automatically redirected to the previous screen.

**Click** Save at the bottom right. Then once the Next Step button is active, you may click it to move to the next step.

Step 8 associates an Electronic Transmitter Identification Number (ETIN) to the provider.

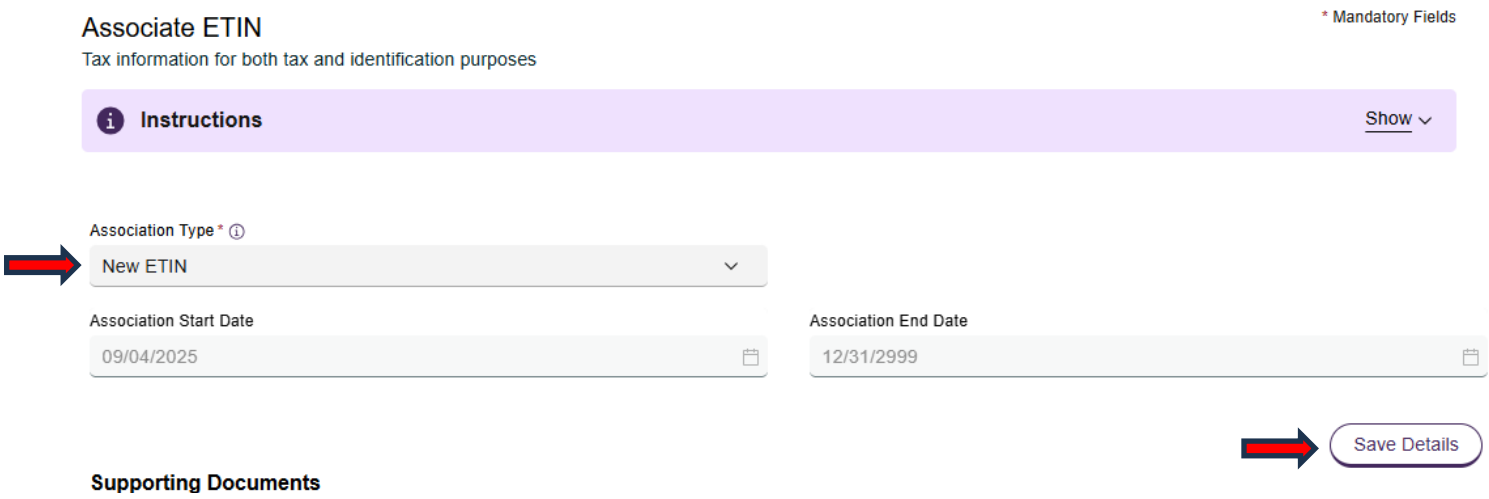
**Click** Add at the bottom right of the screen to begin this step.



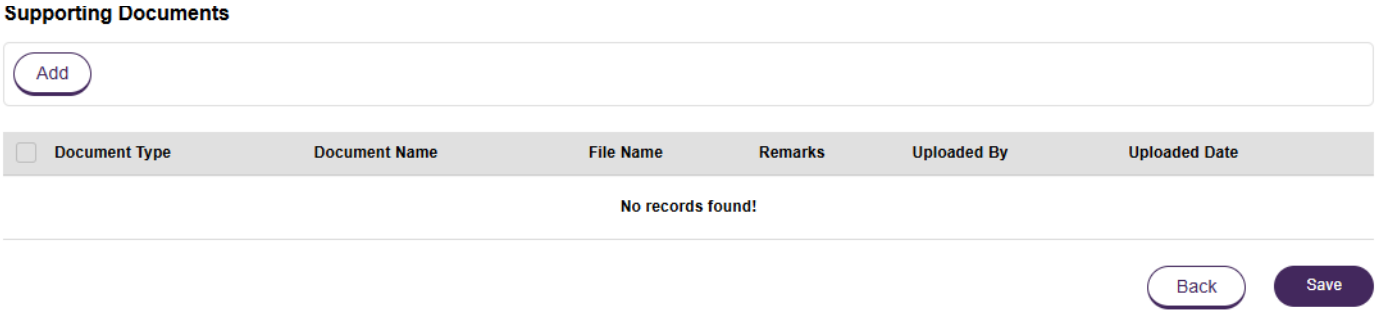

Association Type will display "New ETIN."

**Note:** This will be the only opportunity to create a brand new ETIN. After enrollment is completed, an existing ETIN can be linked using the paper process found here:
490501_ETIN_CERT_Certification_Statement_Cert_Instructions_for_Existing_ETINs.pdf

**Click** Save Details.



**Click** Add under the Supporting Documents.

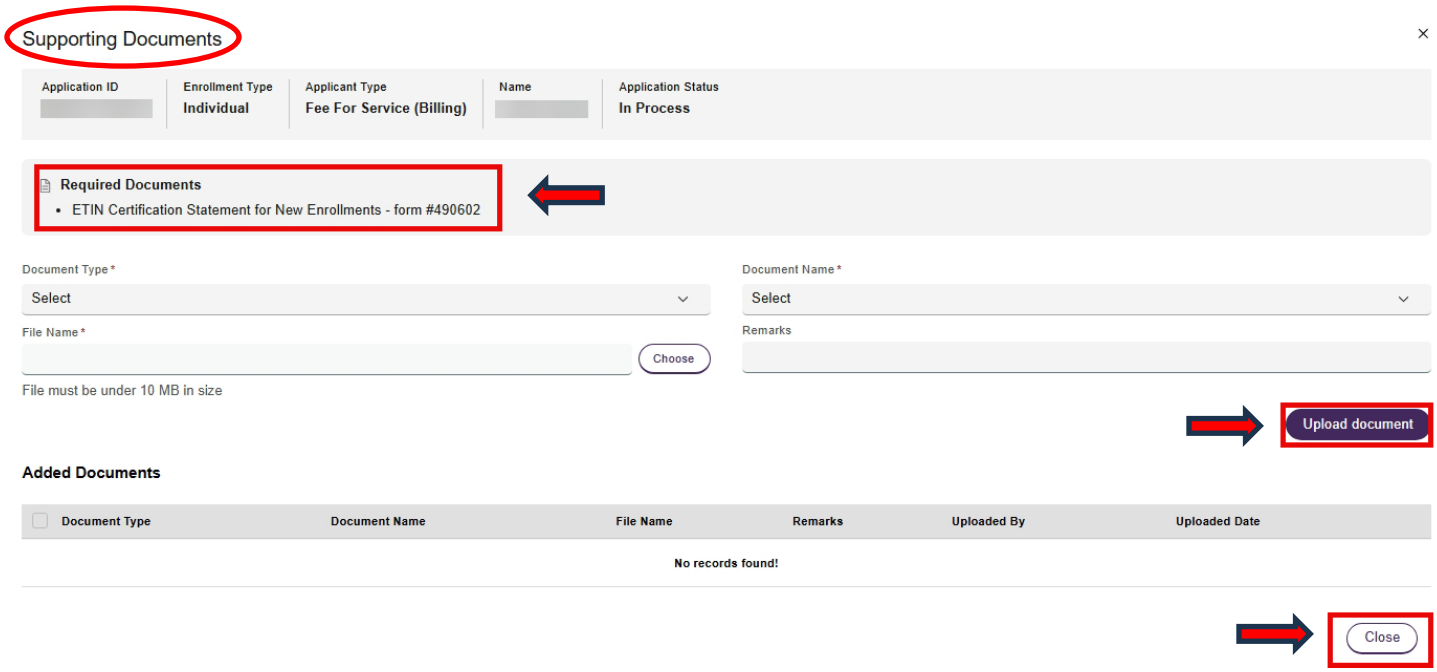



A new screen will pop up that allows upload of supporting documents for this step.

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

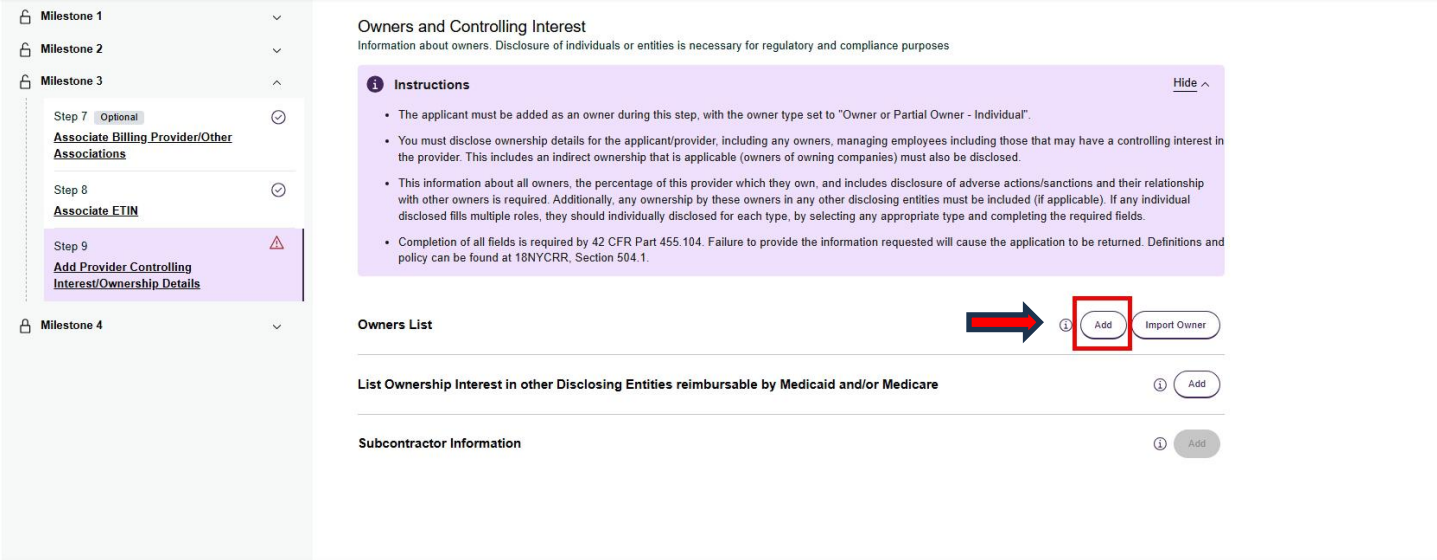
**Click** on Close when the documents have successfully uploaded.

**Note:** The *ETIN Certification Statement for New Enrollments* - form #490602 must be **printed, signed and notarized <u>before</u>** uploading.

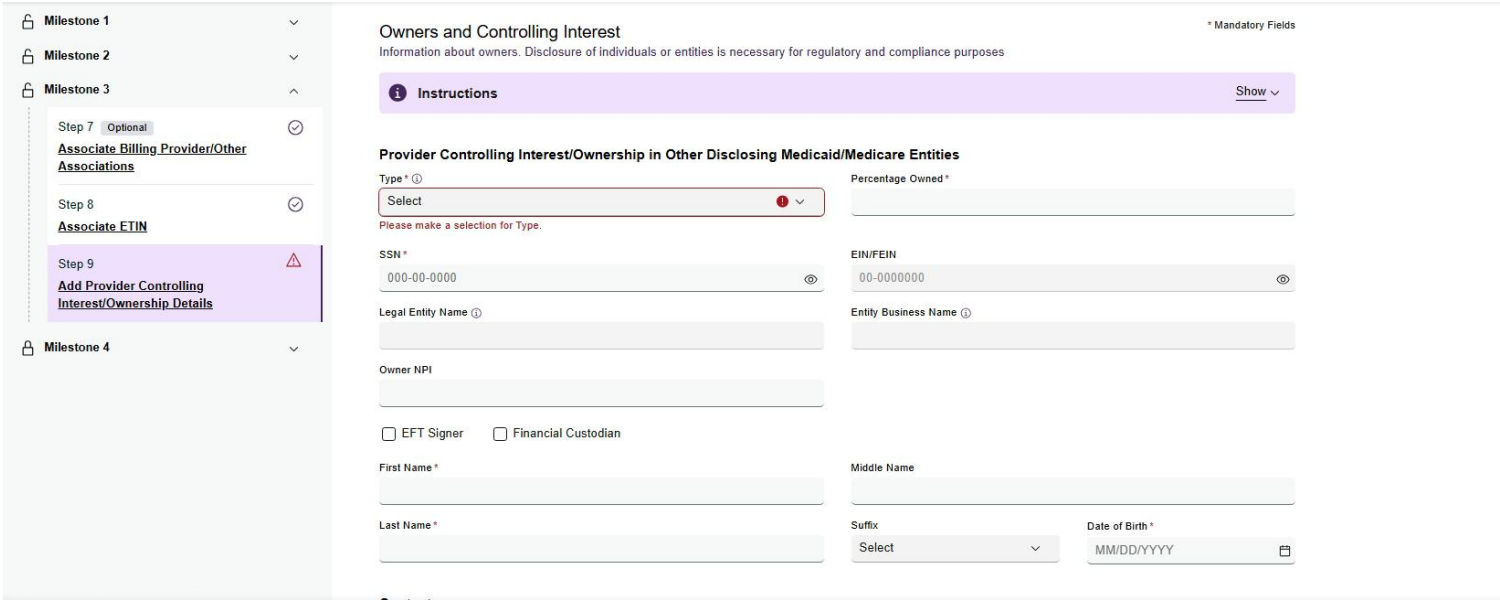


Step 9 requests details for Owners and those with a Controlling Interest.

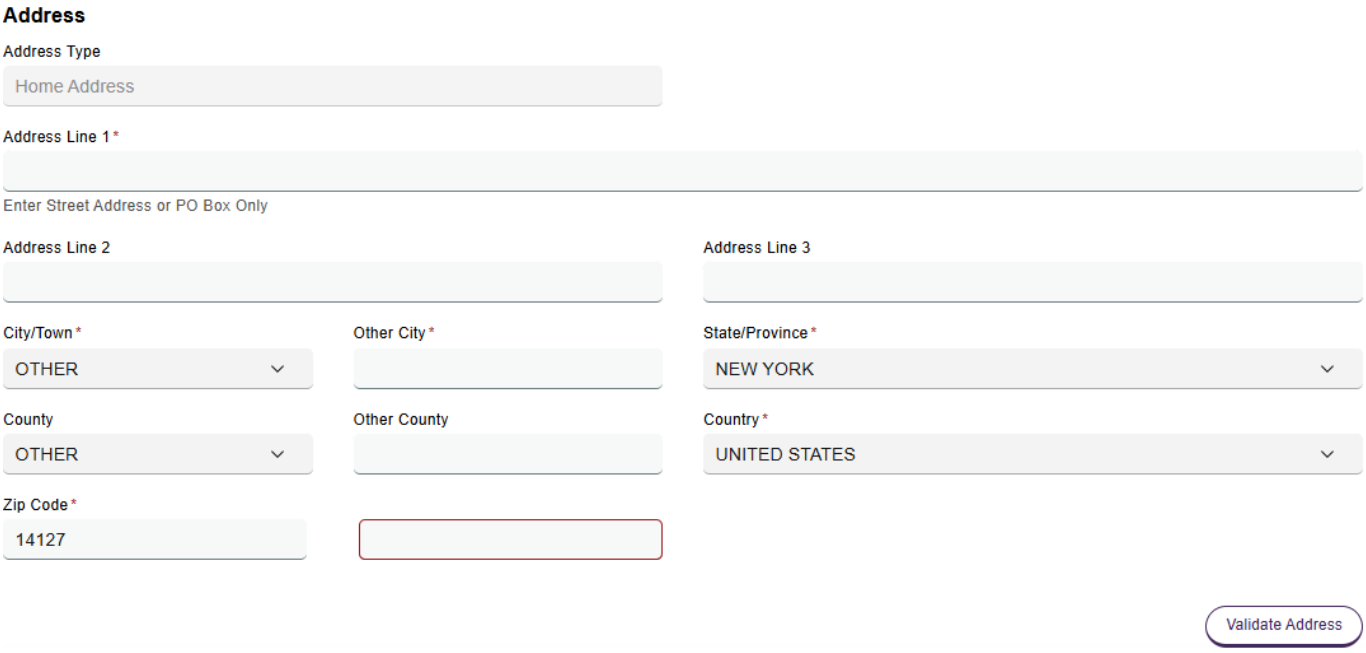
**Click** Add next to the Owners list.




**Select** the "Type" field Individual practitioners must disclose themselves, by selecting the "Owner or Partial Owner – Individual" dropdown and enter all required information.

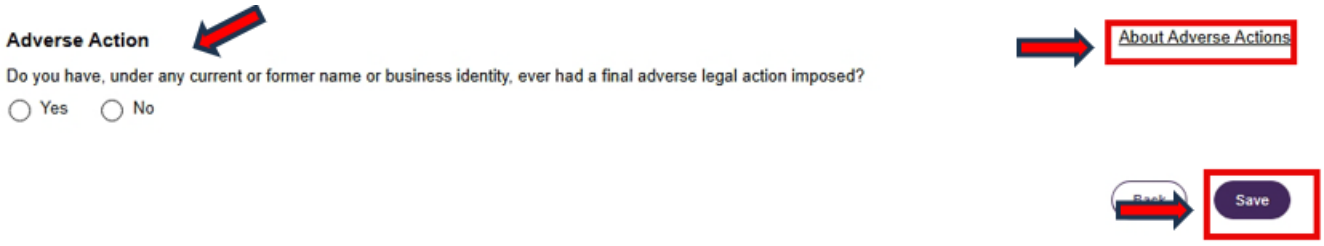


NOTE: Individuals must enter "Home Addresses", **then Click** on Validate Address.




**Select** yes or no to respond to the question about Adverse Actions.

C**lick** the About Adverse Actions hyperlink to the right if more information is needed.



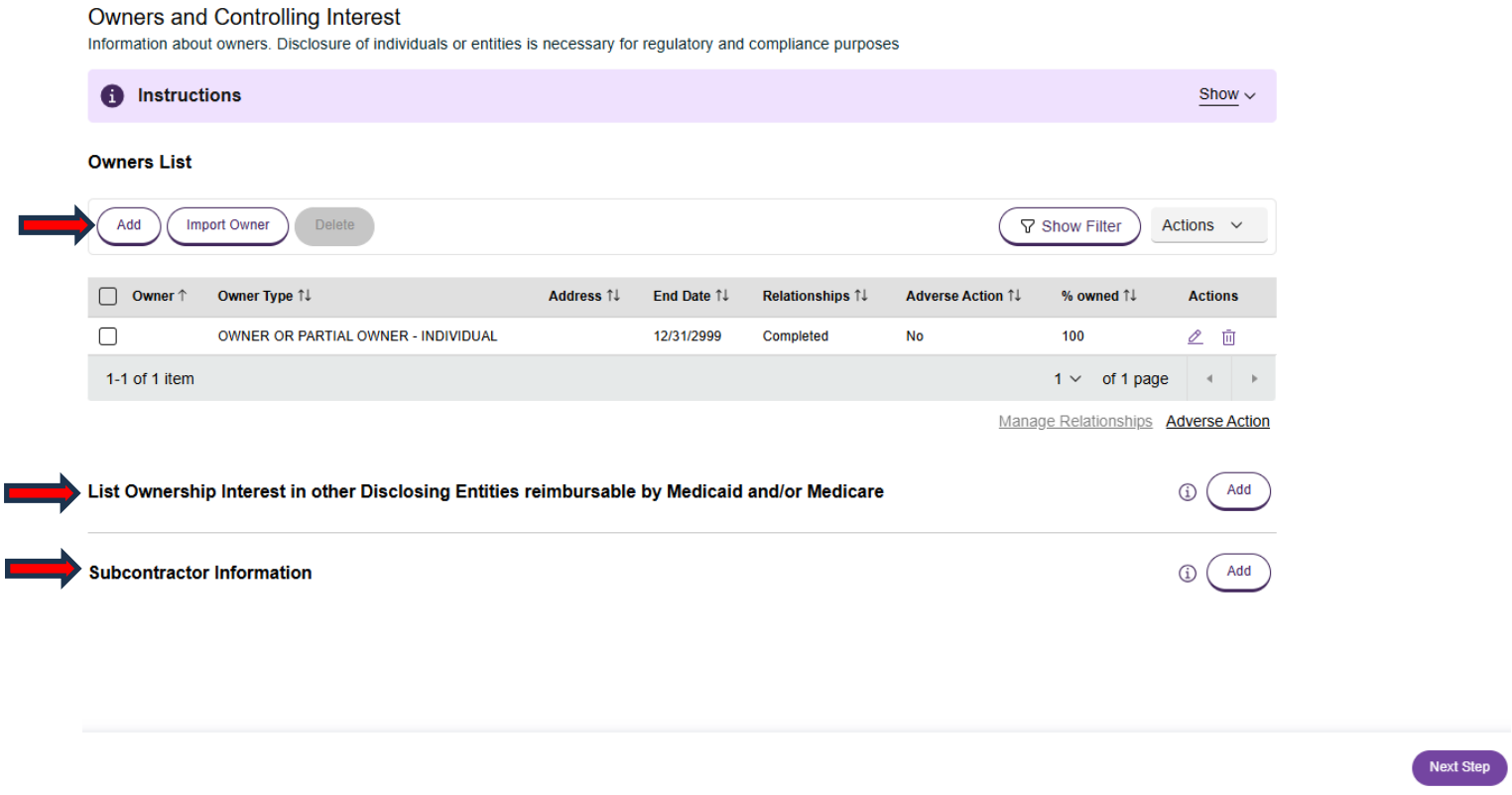

**Click** Save.

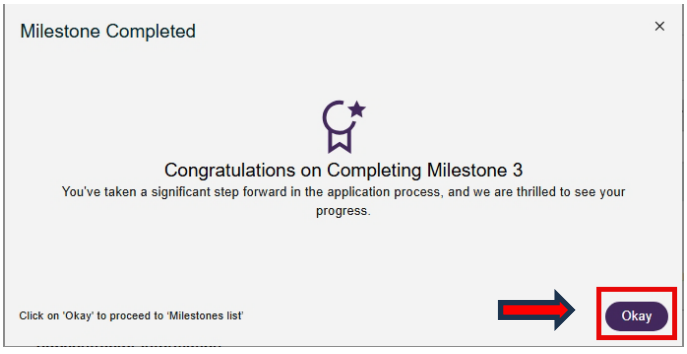
The main screen of this step will appear again.

**Click** Add under Owners List to add additional owners or individuals with a controlling interest in the provider, if applicable.

**Click** Add next to List Ownership Interest in Other Disclosing Entities Reimbursable by Medicaid and/or Medicare, if applicable.

**Click** Add next to Subcontractor Information, if applicable.




**Click** on next step at the bottom right of screen. A screen will pop up to indicate that Milestone 3 is complete.

**Click** Okay to acknowledge and move on to Milestone 4.