



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.

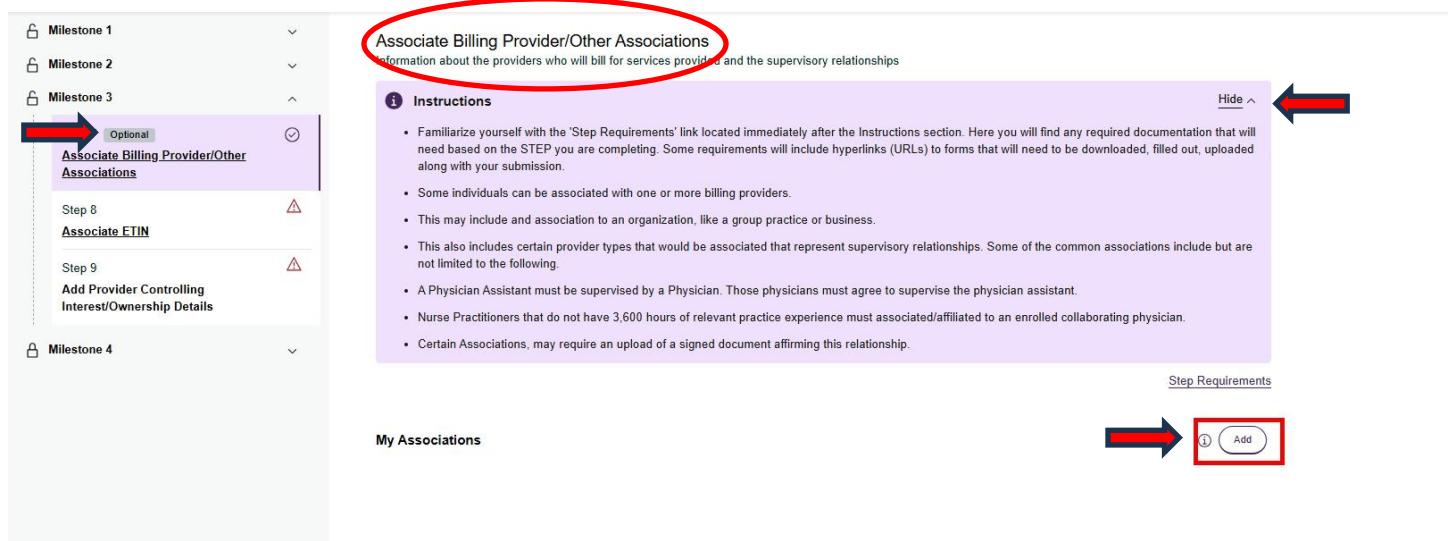
Milestone 3 of an application

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 Association Type drop down. The Servicing to Billing option refers to any Medicaid 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.

Milestone 1

Milestone 2

Milestone 3

Step 7 Optional

Associate Billing Provider/Other Associations

Information about the providers who will bill for services provided and the supervisory relationships

Instructions

Associate Billing Provider/Other Associations

Association Type * ⓘ

Select

Nurse Practitioner

Physician Assistant

Servicing to Billing

End Date

MM/DD/YYYY

Save Details

Supporting Documents

Add

Document Type

Document Name

File Name

Remarks

Uploaded By

Uploaded Date

No records found!

Back

Save

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 affiliation 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 affiliating to.

Enter the Begin Date.

Click Save Details when all the information has been added.

Instructions

Associate Billing Provider/Other Associations

Association Type * ⓘ

Physician Assistant

Search By * ⓘ

Select

Search Value * ⓘ

Start Date * ⓘ

MM/DD/YYYY

End Date

MM/DD/YYYY

Save Details

Click Add under the Supporting Documents section.

Supporting Documents

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

Add **Back** **Save**

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.

Document Type	Document Name	File Name	Remarks	Uploaded By	Uploaded Date
Select	Select				
File Name					
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**

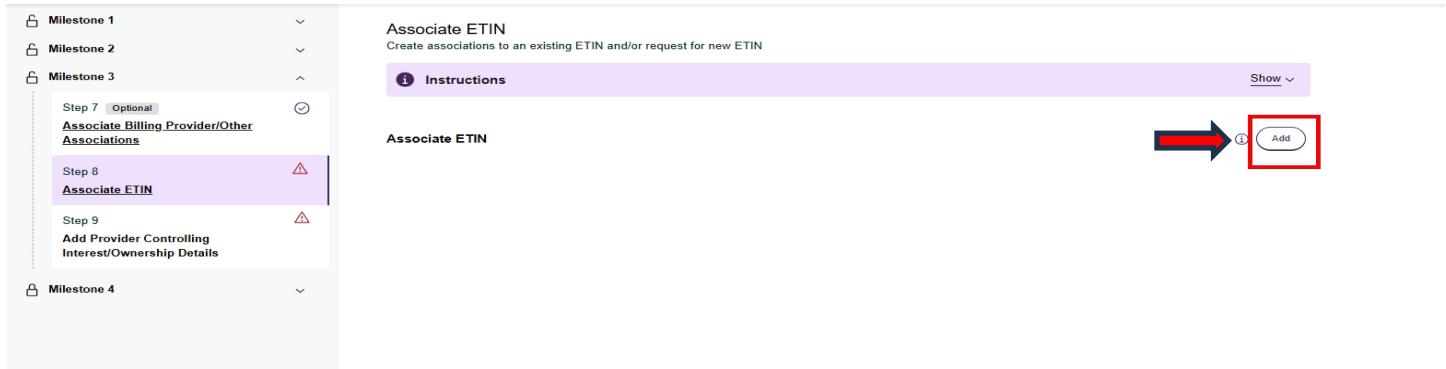
NOTE: You will then be automatically redirected to the previous screen.

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

Back **Save** **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.



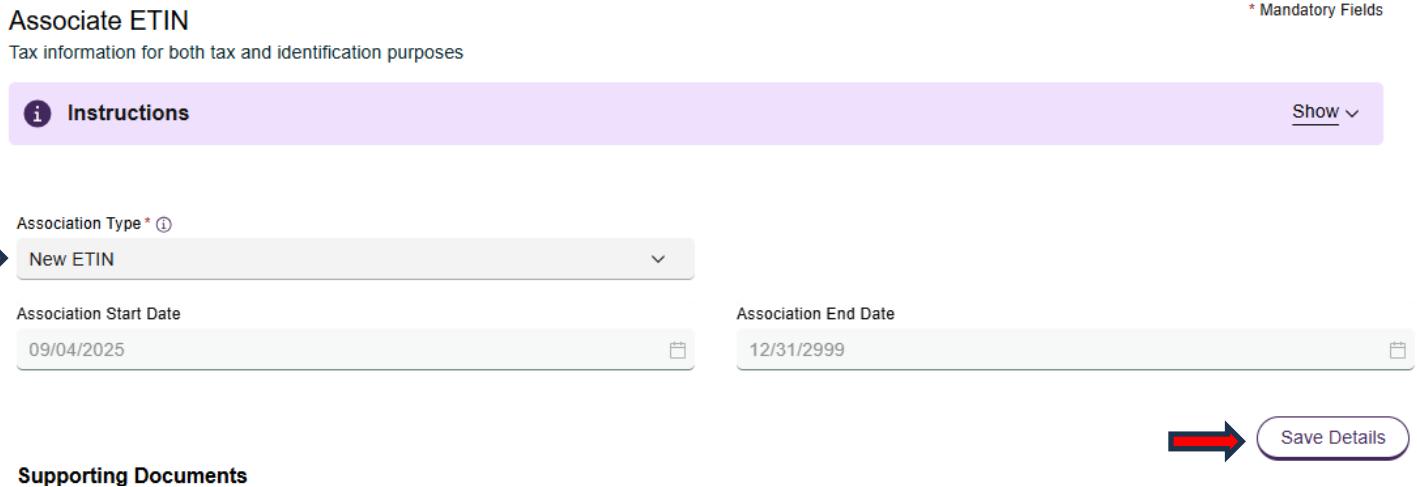
The screenshot shows the navigation menu on the left with 'Step 8 Associate ETIN' selected. The main panel is titled 'Associate ETIN' with the sub-instruction 'Create associations to an existing ETIN and/or request for new ETIN'. A red arrow points to the 'Add' button in the top right corner of the panel.

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.



The screenshot shows the 'Associate ETIN' form. It includes fields for 'Association Type' (set to 'New ETIN'), 'Association Start Date' (09/04/2025), 'Association End Date' (12/31/2999), and a 'Supporting Documents' section. A red arrow points to the 'New ETIN' selection in the dropdown, and another red arrow points to the 'Save Details' button.

Click Add under the Supporting Documents.

Supporting Documents

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

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 before** uploading.

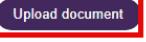
Supporting Documents

Application ID	Enrollment Type	Applicant Type	Name	Application Status
	Individual	Fee For Service (Billing)		In Process

Required Documents

- ETIN Certification Statement for New Enrollments - form #490602

← 

Document Type *  Document Name * 
Select
File Name *  Choose
Remarks
File must be under 10 MB in size 

→ 

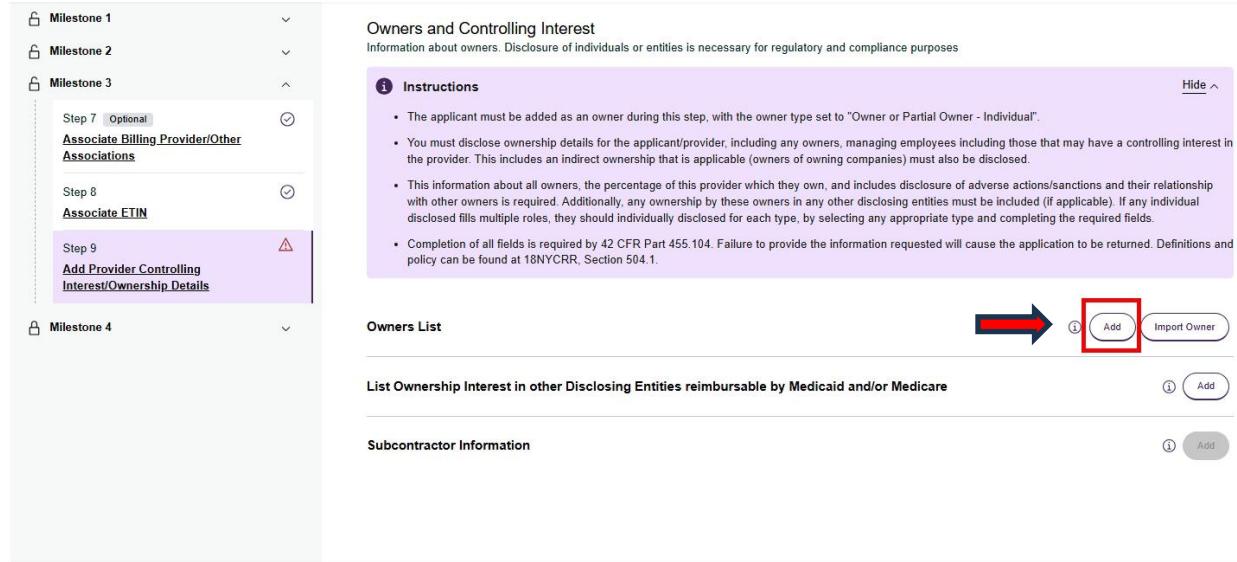
Added Documents

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

→ 

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

Click Add next to the Owners list.



Milestone 1

Milestone 2

Milestone 3

- Step 7 [Optional] **Associate Billing Provider/Other Associations**
- Step 8 **Associate ETIN**
- Step 9 **Add Provider Controlling Interest/Ownership Details** ⚠

Milestone 4

Owners and Controlling Interest

Information about owners. Disclosure of individuals or entities is necessary for regulatory and compliance purposes

Instructions

- The applicant must be added as an owner during this step, with the owner type set to "Owner or Partial Owner - Individual".
- You must disclose ownership details for the applicant/provider, including any owners, managing employees including those that may have a controlling interest in the provider. This includes an indirect ownership that is applicable (owners of owning companies) must also be disclosed.
- This information about all owners, the percentage of this provider which they own, and includes disclosure of adverse actions/sanctions and their relationship with other owners is required. Additionally, any ownership by these owners in any other disclosing entities must be included (if applicable). If any individual disclosed fills multiple roles, they should individually disclosed for each type, by selecting any appropriate type and completing the required fields.
- Completion of all fields is required by 42 CFR Part 455.104. Failure to provide the information requested will cause the application to be returned. Definitions and policy can be found at 18NYCRR, Section 504.1.

Owners List

Add Import Owner

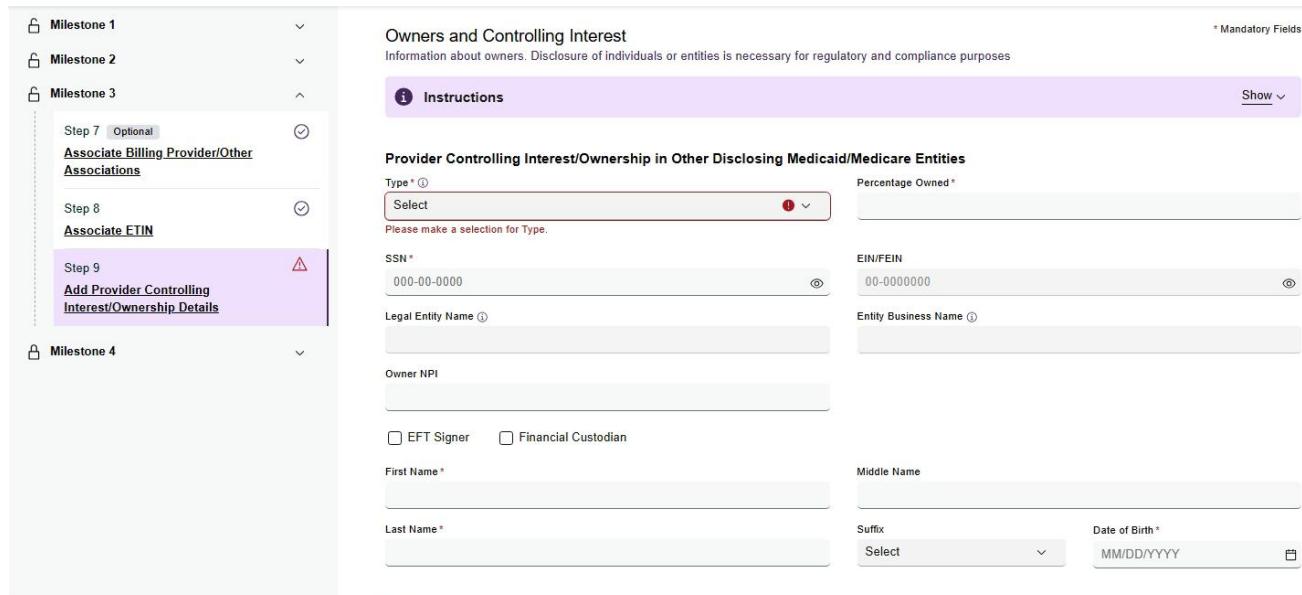
List Ownership Interest in other Disclosing Entities reimbursable by Medicaid and/or Medicare

Add

Subcontractor Information

Add

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



Milestone 1

Milestone 2

Milestone 3

- Step 7 [Optional] **Associate Billing Provider/Other Associations**
- Step 8 **Associate ETIN**
- Step 9 **Add Provider Controlling Interest/Ownership Details** ⚠

Milestone 4

Owners and Controlling Interest

Information about owners. Disclosure of individuals or entities is necessary for regulatory and compliance purposes

Instructions

Provider Controlling Interest/Ownership in Other Disclosing Medicaid/Medicare Entities

Type * Select Percentage Owned *

Please make a selection for Type.

SSN * 000-00-0000 EIN/FEIN 00-0000000

Legal Entity Name Entity Business Name

Owner NPI Entity Business Name

EFT Signer Financial Custodian

First Name * Select Middle Name Select

Last Name * Select Suffix Select Date of Birth * MM/DD/YYYY

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

Address

Address Type

Home 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

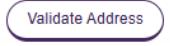
Other County

Country *

UNITED STATES

Zip Code *

14127

Validate Address

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

Click the About Adverse Actions hyperlink to the right if more information is needed.

Adverse Action

Do you have, under any current or former name or business identity, ever had a final adverse legal action imposed?

 Yes NoAbout Adverse Actions

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.

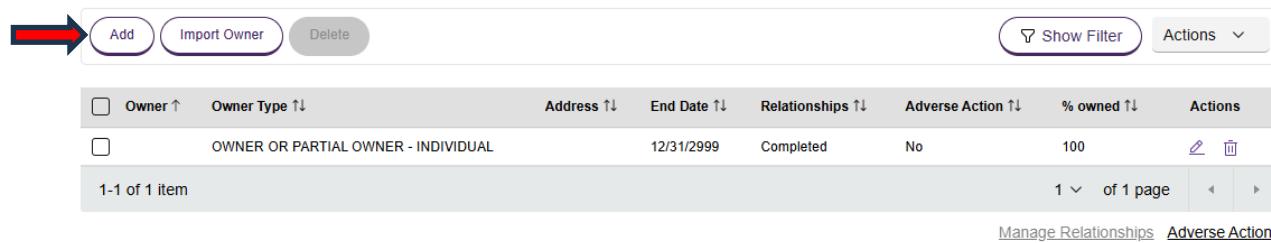
Owners and Controlling Interest

Information about owners. Disclosure of individuals or entities is necessary for regulatory and compliance purposes

Instructions

Show ▾

Owners List



Owner ↑	Owner Type ↑	Address ↑	End Date ↑	Relationships ↑	Adverse Action ↑	% owned ↑	Actions
<input type="checkbox"/>	OWNER OR PARTIAL OWNER - INDIVIDUAL	12/31/2999	Completed	No	100	 	Manage Relationships Adverse Action

1-1 of 1 item

1 of 1 page

 **List Ownership Interest in other Disclosing Entities reimbursable by Medicaid and/or Medicare**

 [Add](#)

 **Subcontractor Information**

 [Add](#)

[Next Step](#)

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.

