



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.

Associate Billing Provider/Other Associations
Information about the providers who will bill for services provided and the supervisory relationships

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.
- Some individuals can be associated with one or more billing providers.
- This may include and association to an organization, like a group practice or business.
- This also includes certain provider types that would be associated that represent supervisory relationships. Some of the common associations include but are not limited to the following.
 - A Physician Assistant must be supervised by a Physician. Those physicians must agree to supervise the physician assistant.
 - Nurse Practitioners that do not have 3,600 hours of relevant practice experience must associated/affiliated to an enrolled collaborating physician.
 - Certain Associations, may require an upload of a signed document affirming this relationship.

[Step Requirements](#)

My Associations ➡ Add

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

Step 8
Associate ETIN

Step 9
Add Provider Controlling Interest/Ownership Details

Milestone 4

Associate Billing Provider/Other Associations

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

Instructions

Show

Associate Billing Provider/Other Associations

Association Type * ⓘ
Select

Nurse Practitioner

Physician Assistant

Servicing to Billing

End Date
MM/DD/YYYY

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

Show

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

Add

<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.
- o Allowable file formats are .gif, .jpg, .jpeg, .html, .htm, .pdf, .xls, .tif, .doc, .docx, .xlsx, and .txt.
 - o 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 *
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!					

Add

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.

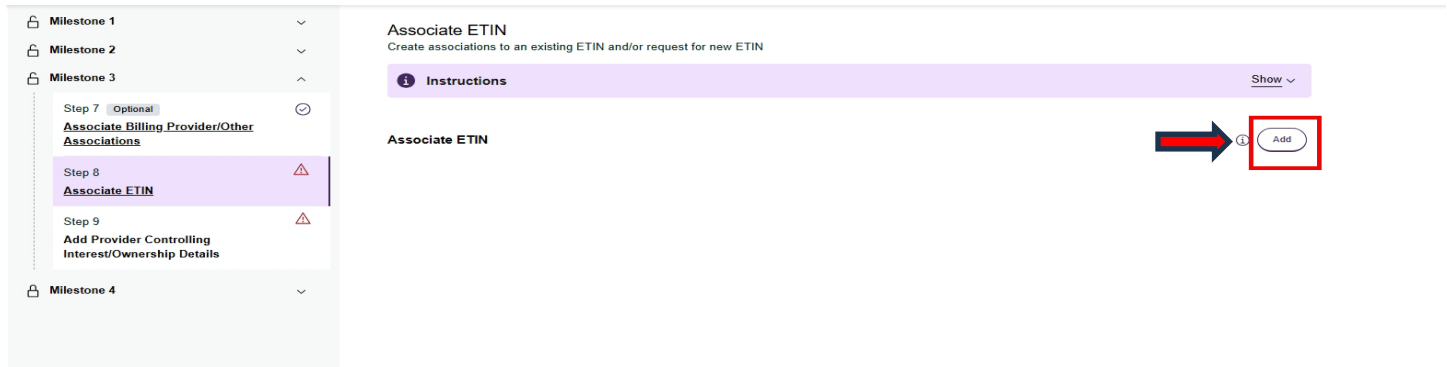
Back

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 'Associate ETIN' screen. On the left sidebar, 'Milestone 3' is expanded, and 'Step 8 Associate ETIN' is highlighted. The main content area has a header 'Associate ETIN' with a sub-header 'Create associations to an existing ETIN and/or request for new ETIN'. Below this is a purple bar with 'Instructions' and a 'Show' dropdown. The main content area is currently empty, but a red arrow points to an 'Add' button in the bottom right corner.

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.

Associate ETIN

* Mandatory Fields

Tax information for both tax and identification purposes

Instructions

Show ▾

Association Type * ⓘ

New ETIN

Association Start Date

09/04/2025

Association End Date

12/31/2999

Save Details

Supporting Documents

Click Add under the Supporting Documents.

Supporting Documents

Add

<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
Individual

Applicant Type
Fee For Service (Billing)

Name

Application Status
In Process

Required Documents

- ETIN Certification Statement for New Enrollments - form #490602

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

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 Hide ^

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

Instructions Show ▾

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

Type * ⓘ Select ⓘ Please make a selection for Type. Percentage Owned *

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

Legal Entity Name ⓘ Entity Business Name ⓘ

Owner NPI

☐ EFT Signer ☐ Financial Custodian

First Name * Middle Name

Last Name * 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 ☐ No

[About Adverse Actions](#)[Back](#)[Save](#)

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

Add

Import Owner

Delete

Show Filter

Actions

<input type="checkbox"/>	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	<div><div></div><div></div></div>

1-1 of 1 item

1

 of 1 page

Manage Relationships

Adverse Action

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.

Milestone Completed

Congratulations on Completing Milestone 3

You've taken a significant step forward in the application process, and we are thrilled to see your progress.

Click on 'Okay' to proceed to 'Milestones list'

Okay

9/5/2025