



Provider Services Portal-Milestone 3

Overview

This document overviews completing Milestone 3 of a new application being submitted in the Provider Services Portal. The portal is designed to allow providers to enroll and manage their provider file. Applications are broken down into 4 milestones that must be completed before submission of an application for review.

Note: At this time the portal is only allowing enrollment for providers who have never been enrolled in NYS Medicaid. This is also limited to individual practitioners. Groups, businesses, and institutions will come at a later date.

Milestone 3 of an application

Milestone 3 of an application is broken down into steps 7-9. Steps that are optional will be marked as so on the left-hand menu next to the step number.

Step 7 of Milestone 3 is for Associating Billing Providers/Other Associations. This is an optional step. You may want to fill this out depending on your provider type. **Click** the show button arrow on the purple instructions banner to display instructions relating to this step. **Click** Add at the bottom right to begin this step.

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 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

Select the appropriate Association Type from the drop down. **Select** Provider ID in the Search By box and enter the Provider NPI to the right in the Search Value Box. Enter the begin Date **Click** Save Details when all the information has been added.



Provider Services Portal-Milestone 3

Milestone 1

Milestone 2

Milestone 3

Step 7 Optional

Associate Billing Provider/Other Associations

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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

Save Details

Supporting Documents

Add

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

Back Save

Milestone 1

Milestone 2

Milestone 3

Step 7 Optional

Associate Billing Provider/Other Associations

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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 *
Physician Assistant

Search By *
Select
Provider ID

Search Value *
End Date
MM/DD/YYYY

Save Details

Click Add under the Supporting Documents section. A new screen will pop up that allows you to upload supporting documents for this step. File formats allowed: .gif, .jpg, .jpeg, .html, .htm, .pdf, .xls, .tif, .doc, .docx, .xlsx, .txt. **Click** on Upload document. **Click** on Close when you have uploaded the documents. **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

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

Add

Close



Provider Services Portal-Milestone 3

Step 8 of Milestone 3 is for Associating an ETIN. **Click Add** at the bottom right to begin this step.

The screenshot shows the 'Associate ETIN' screen. On the left, a sidebar lists Milestones 1 through 4. Milestone 3 is expanded, showing Step 7 (Optional: Associate Billing Provider/Other Associations) and Step 8 (Associate ETIN), which is currently selected. The main content area is titled 'Associate ETIN' with the subtitle 'Create associations to an existing ETIN and/or request for new ETIN'. Below this is an 'Instructions' section with a 'Show' dropdown. At the bottom right, there is an 'Add' button, which is highlighted with a red rectangular box.

Association Type will be displayed as New ETIN. **Note:** This will be the only option to create a brand new ETIN, linking to an already existing ETIN will need to be completed after enrollment is completed and done via paper method. **Click Save Details.**

This screenshot shows the 'Associate ETIN' screen after clicking 'Add'. The 'Instructions' section is expanded, showing detailed steps: 1. A Certification Statement must be submitted with your enrollment application. 2. Add the Association Type "New ETIN" and select Save Details. 3. Attach the completed and notarized Certification Statement for New Enrollments, eMedNY form #490602, under Supporting Documents. Please copy and paste the following link into your web browser to download the eMedNY form #490602: https://www.emedny.org/info/providerenrollment/ProviderMainForms/490602_ETIN_CERTIFICATION_STATEMENT_FOR_NEW_ENROLLMENTS.pdf. 4. The fiscal agent cannot accept Certification Statements that are not notarized. Below the instructions, there is a form with 'Association Type' set to 'New ETIN', 'Association Start Date' as '08/08/2025', and 'Association End Date' as '12/31/2999'. At the bottom right, the 'Save Details' button is highlighted with a red rectangular box.

Click Add under the Supporting Documents section. A new screen will pop up that allows you to upload supporting documents for this step. **Note:** The ETIN Certification Statement for New Enrollments -form #490602 must be printed, signed and notarized before uploading. File formats allowed: .gif, .jpg, .jpeg, .html, .htm, .pdf, .xls, .tif, .doc, .docx, .xlsx, .txt. **Click** on Upload document. **Click** on Close when you have uploaded the documents.



Provider Services Portal-Milestone 3

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 *

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 of Milestone 3 is for adding Provider Controlling Interest/Ownership Details. **Click** the show button arrow on the purple instructions banner to display instructions relating to this step. **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

1

Add

Import Owner

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

1

Add

Subcontractor Information

1

Add

The next screen will display. Fields marked with a red asterisk are required. **Click** on Validate Address. **Select** yes or no for Adverse Actions. If you need additional information on adverse actions, **click** the about Adverse Actions hyperlink to the right. **Click** Save.



Provider Services Portal-Milestone 3

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 *

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

Contact

Phone Number *
(000) 000 - 0000

Extn

Mobile Number
(000) 000 - 0000

Email Address
example@email.com

Start Date *
MM/DD/YYYY

End Date
MM/DD/YYYY

Address

Address Type

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 *

Validate Address

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

This will bring you back to the main screen of the step. **Click** Add under Owners List to include any additional individuals or entities information if applicable. **Click** Add next to the ownership interest in other disclosing entities reimbursable by Medicaid and/or Medicare if applicable. **Click** Add next to subcontractor information if applicable.



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Milestone 1

Milestone 2

Milestone 3

Step 7 Optional
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Milestone 4

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

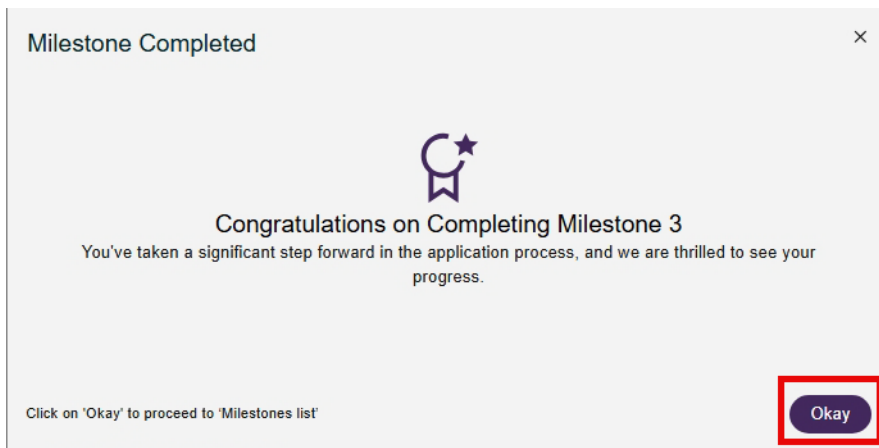
List Ownership Interest in other Disclosing Entities reimbursable by Medicaid and/or Medicare

Add

Subcontractor Information

Add

Once you are completely satisfied with the information in Milestone 3, **click** on next step at the bottom right. A pop-up screen will display the following information



You are now complete with Milestone 3. **Click** Okay to acknowledge and move on to the remainder of the application.