



## Provider Services Portal Facilities, Agencies, Organizations and Groups Milestone 3

### Overview

This document describes how Facilities, Agencies, Organizations (FAOs) and Groups should complete Milestone 3 of the enrollment application in the Provider Services Portal. This Quick Reference Guide is based on an example of a Group provider enrollment. Enrollment screens and requirements will vary based upon the specific provider type enrolling.

Note: At this time, the Provider Services Portal is only available to providers who have never been enrolled in NYS Medicaid and who do not have a paper application pending in the eMedNY system.

### Milestone 3 of an Application

Milestone 3 of an application is comprised of steps 6-8. 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. To identify information still missing from a step marked as incomplete, hover over the triangle with an exclamation point (  ).

**Step 6** is Associate Billing Providers and Other Associations. This is a required step, at this time at least two providers must be added (if a Group).

**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 Groups:** the Association Type drop-down presents options allowed, based on the groups professional membership types The Billing to Servicing option should be selected to associate members of the group.

Select Provider ID in the Search By box.

Enter one Billing/Service Provider ID to be associated with the applicant in the Servicing Provider ID box to the right of the Search By box.

**TIP:** The system will check to see if the provider ID is active and a valid affiliation type. If valid, the provider's name will populate in the Provider Name box. Please review to ensure this appears to be the provider that you intend on affiliating.

**Associate Billing Provider/Other Associations** \* Mandatory Fields

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

**Instructions** Show

**Associate Billing Provider/Other Associations**

Association Type \*

Search By \*

Provider Name  Location \*

Start Date \*  End Date

Accept New Clients

In Person/Telehealth \*

**Add Specialty**

Available Specialty  Physicians Group/Physician Groups/No Specialty/No Subspecialty

Associated Specialty \*

Select the appropriate Location.

Enter the Begin Date.

Click the Accept New Clients checkbox if the practice is accepting new patients.

Select the appropriate Telehealth Option - "Both in Person and Telehealth," "In Person," or "Telehealth Only."

Click the appropriate available Specialty/Specialties and **Move** them to the right-hand box to add them to your application.

**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 \*

Search By \*  Servicing Provider ID \*

Provider Name  Location \*

Start Date \*  End Date

Accept New Clients

In Person/Telehealth \*

**Add Specialty**

Available Specialty  Physicians Group/Physician Groups/No Specialty/No Subspecialty

Associated Specialty \*

If applicable **Choose** the correct Office Hours for your Facility, complete requested information.

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

**Click** Add under the Supporting Documents section, include additional documents, if applicable.

**Office Hours**

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

**Save Details**

**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.

- 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.

**TIP for Groups:** You may be required to input at least two (2) servicing providers. Repeat Step 6 for any additional providers that need to be added.

Once the Next Step button is active, click it to move to the next step.

**Step 7** Add Additional Information - This Step is optional and may be skipped if no additional information is required. Click Show/Hide for additional Instructions.

### Additional Information

Its required in Medicaid to ensure accurate and efficient billing processes for healthcare services

**Instructions** Show ▾

**Identifiers** Add

**Bed Information List** Add

**Step 8** Associate ETIN – this step associates an Electronic Transmitter Identification Number (ETIN) to the FAO or group.

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

The screenshot shows a navigation menu on the left with milestones 1 through 5. Milestone 3 is expanded to show steps 6, 7, and 8. Step 8, 'Associate ETIN', is highlighted with a red triangle icon. The main content area shows the 'Associate ETIN' header, a sub-header 'Create associations to an existing ETIN and/or request for new ETIN', and an 'Instructions' bar. Below this, the text 'Associate ETIN' is displayed. A red arrow points to a red-bordered '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.

The screenshot shows the 'Associate ETIN' form. The title 'Associate ETIN' is at the top left, with a '\* Mandatory Fields' note at the top right. Below the title is the subtitle 'Tax information for both tax and identification purposes'. An 'Instructions' bar is present. The 'Association Type' dropdown menu is highlighted with a red box and contains the text 'New ETIN'. Below this are two date fields: 'Association Start Date' with the value '02/18/2026' and 'Association End Date' with the value '12/31/2999'. A red arrow points to a red-bordered 'Save Details' button in the bottom right corner.

Click Add under the Supporting Documents.

Supporting Documents

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

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.

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

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

Application ID	Enrollment Type Facility/Agency/Organization(FAO) & Group	Applicant Type Fee For Service (Billing)	Name ABC Physician Group	Application Status In Process
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**Required Documents**

- ETIN Certification Statement for New Enrollments - form #490602

Document Type \*  
ETIN

Document Name \*  
ETIN Certification Statement for New Enrollments - form #490602

File Name \*  
Sample PSP form upload.docx

File must be under 10 MB in size

**Added Documents**

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

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

[Return to List](#) | Application ID | Enrollment Type | Applicant Type | Application Status | Name

Facility/Agency/Organization(FAO) & Group | Fee For Service (Billing) | In Process | ABC Physician Group

Milestone 1

Milestone 2

Milestone 3

Step 6  
**Associate Billing Provider/Other Associations**

Step 7 Optional  
**Add Additional Information**

Step 8  
**Associate ETIN**

Milestone 4

Milestone 5

### Associate ETIN

Create associations to an existing ETIN and/or request for new ETIN

**Instructions** Show

[Step Requirements](#)

#### Associate ETIN

Show Filter Actions

<input type="checkbox"/> Association Type <sup>1</sup>	Start Date <sup>1</sup>	End Date <sup>1</sup>	Actions
<input type="checkbox"/> New ETIN	02/18/2026	12/31/2999	

1-1 of 1 item 1 of 1 page

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'