



Policy and Procedure No: PDM 1.2	Revision No: 2
Division: Care Management	
Department: Provider Data Management	
Title: PHC-CA Contracted and Non-Contracted Physician Loading in HEALTHSuite	
Effective Date: 1/1/2020	
Supersedes Policy No: PDM 1.0, PDM 1.1	
Reviewed/Revised by: Victoria Narezhnaya	Review/Revision Date: 12/16/2025
Approving Committee: Member Provider Committee	Date: 12/16/2025
Executive Oversight Committee Date: 12/16/2025	

Purpose:

To provider data entry guidelines for loading contracted and non-contracted providers in HEALTHsuite.

Policy:

When loading a physician in HEALTHsuite, there are certain fields to fulfill depending if provider is participating or non-participating.

Procedure:

Provider Information			
Section	Add Status		Comment
Record	PAR	NON PAR	Add Status: Y = Required N = Not Required O = Optional
HS Number	*	*	Auto Generated; If record is invalid and cannot be purged from system then add "X" to the end of the number to signify the record should not be used
Physician Information	PAR	NON PAR	Add Status: Y = Required N = Not Required O = Optional
Last Name	Y	Y	<i>If available</i> , include name <u>suffix</u> after last name (e.g., "Smith III")
First Name	Y	Y	
Middle Name	O	O	<i>If available</i> , enter only <u>first initial</u> of Middle Name
Prefix	N	N	Examples: MR, MS, MISS, MRS, DR
Suffix	Y*	Y*	Examples: MD, DO, PA, ARNP, MSW, PHD * If not available then this field can be left blank
Birth Date	Y*	N	* <i>If available</i>
SSN	Y*	Y*	* When the provider is a Sole Proprietor and using their individual NPI for billing then enter provided Tax ID in this field; otherwise, the provider's <i>Social Security Number</i> is entered in the <i>Reference</i> Section.
Gender	Y	Y	
Race	N	N	Do not use "UNKNOWN" as a default value
Ethnicity	N	N	Do not use "UNKNOWN" as a default value
Type	Y	Y	Select appropriate provider type from drop-down list

License Information	PAR	NON PAR	Add Status: Y = Required N = Not Required O = Optional
State	Y*	N	* If state license information is available then enter it for PAR providers. * State License information <u>is not required</u> for NON-PAR providers.
License #	Y*	N	
Effective Date	Y*	N	
Expiration Date	Y*	N	
Insurance Information	PAR	NON PAR	Add Status: Y = Required N = Not Required O = Optional
DEA #	Y*	N	* If DEA and/or Insurance information is available then enter it for PAR providers. * DEA and/or Insurance information <u>is not required</u> for NON-PAR providers.
DEA # Expiration Date	Y*	N	
Ins Carrier	Y*	N	
Ins Carrier Effective Date	Y*	N	
Policy #	Y*	N	
Additional Information	PAR	NON PAR	THIS SECTION IS NOT USED

Address			
Section	Add Status		Comment
Mailing Address	PAR	NON PAR	Add Status: Y = Required N = Not Required O = Optional
Type	Y	N	Type will equal "MAILING"
Effective Date	Y	N	
Expiration Date	O*	N	* Used to expire an existing address; primarily used when updating system with a new address
Additional Address	Y*	N	* If additional address information is given then it should be entered here (<i>i.e., Suite, Floor, Building, etc...</i>)
Street Address	Y	N	
City	Y	N	
State	Y	N	
Zip Code	Y	N	
County	Y*	N	* If county is not available in drop-down list then request to have county added to <i>HEALTHsuite</i> and leave blank; otherwise, select corresponding county
Country	N	N	***DO NOT USE ***
Telephone Number	N	N	
Fax Number	N	N	
Office Address	PAR	NON PAR	Add Status: Y = Required N = Not Required O = Optional
Type	Y	Y	Type will equal "OFFICE"
Effective Date	Y	Y	
Expiration Date	O*	O*	* Used to expire an existing address; primarily used when updating system with a new address
Additional Address	Y*	Y*	* If additional address information is given then it should be entered here (<i>i.e., Suite, Floor, Building, etc...</i>)



Street Address	Y	Y	
City	Y	Y	
State	Y	Y	
Zip Code	Y	Y	
County	Y*	Y*	* If county is not available in drop-down list then request to have county added to <i>HEALTHsuite</i> and leave blank; otherwise, select corresponding county
Country	N	N	***DO NOT USE***
Telephone Number	Y*	Y*	* If available
Fax Number	Y*	Y*	* If available

Section	Status		Comment
Payee Address <i>*Sole Proprietor ONLY</i>	PAR	NON PAR	Add Status: Y = Required N = Not Required O = Optional
Type	Y	Y	Type will equal "PAYEE"
Effective Date	Y	Y	
Expiration Date	O*	O*	* Used to expire an existing address; primarily used when updating system with a new address
Additional Address	Y*	Y*	* If additional address information is given then it should be entered here (<i>i.e., Suite, Floor, Building, etc...</i>)
Street Address	Y	Y	
City	Y	Y	
State	Y	Y	
Zip Code	Y	Y	
County	Y*	Y*	* If county is not available in drop-down list then request to have county added to <i>HEALTHsuite</i> and leave blank; otherwise, select corresponding county
Country	N	N	***DO NOT USE***
Telephone Number	O*	O*	* If provider has a separate billing phone number then enter it here
Fax Number	O*	O*	* If provider has a separate billing fax number then enter it here

Reference

Section	Status		Comment
New Reference	PAR	NON PAR	Add Status: Y = Required N = Not Required O = Optional
Type	Y	Y	
Number	Y	Y	
Effective Date	Y	Y	
Expiration Date	O*	O*	* Used to expire an existing reference
Verification Source	N	N	
Verified By	N	N	
Report Date	N	N	
Confirm Date	N	N	
Note	N	N	



Reference Type Usage

Section	Status		Comment
New Reference	PAR	NON PAR	Add Status: Y = Required N = Not Required O = Optional
NATIONAL PROVIDER ID (NPI)	Y	Y	
FEDERAL TAX ID	Y*	Y*	* Required for <i>Sole Proprietors</i> billing using their individual NPI; this will be entered on the "SSN" field under the <i>Provider</i> section
MEDICARE NUMBER	Y*	N	* <i>If available</i>
MEDICAID NUMBER	Y*	Y*	* Required for Florida providers that are billing for Medicaid services; currently not a requirement for other regions such as California and Georgia
DO NOT PRINT	Y*	N	* Required for providers who specify not to be loaded in directory
HIV ID	Y*	N	* Required for HIV specialty PCPs ONLY
PCP FLAG	Y*	N	* Required for HIV specialty PCPs ONLY
SOCIAL SECURITY NUMBER	Y*	N	* <i>If available</i>
ELECTRONIC HEALTH RECORD	Y*	N	* <i>If available</i>
HANDICAP ACCESSIBILITY	Y*	N	* <i>If available</i>

Affiliation

Section	Status		Comment
New Affiliation	PAR	NON PAR	Add Status: Y = Required N = Not Required O = Optional
Affiliation Type	Y	Y	Select the appropriate affiliation type from the drop-down list
(for) Check Box	Y*	Y*	Required to be checked when affiliation from <i>Physician</i> record to <i>Site</i> or <i>Practice</i> record
From Date	Y	Y	
Thru Date	O*	O*	* Used to expire an existing affiliation
*** Affiliations are <u>not required</u> for <i>Sole Proprietors</i> as Sole Proprietors are acting as an individual entity ***			

Rule

Section	Status		Comment
Rules as Required	PAR	NON PAR	REFER TO PROVIDER RULE DOCUMENTATION

Contract

Section	Status		Comment
Field	PAR	NON PAR	Status: Y = Required N = Not Required O = Optional

Contracts as Required	PAR	NON PAR	REFER TO CONTRACT LOADING DOCUMENTATION
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Certification			
Section	Status		Comment
New Certification	PAR	NON PAR	Add Status: Y = Required N = Not Required O = Optional
Specialty	Y	Y	
Board Name	N	N	
Certified Date	Y	Y	
Expiration Date	O*	O*	* Used to expire an existing specialty
Specialty ID	N	N	
Verification Source	N	N	
Verified By	N	N	
Report Date	N	N	
Confirm Date	N	N	
Note	O	O	
Primary Specialty (check box)	Y*	Y*	* Required if specialty is listed as provider's primary specialty

Language			
Section	Status		Comment
New Language	PAR	NON PAR	Add Status: Y = Required N = Not Required O = Optional
Language	Y	N	
Effective Date	Y	N	
*** Load "ENGLISH" as a default language for PAR providers; load additional languages if provided ***			

Education			
Section	Status		Comment
New Education	PAR	NON PAR	Add Status: Y = Required N = Not Required O = Optional
Type	Y	N	Select appropriate education type for provider, usually "MEDICAL SCHOOL" or "GRADUATE" (for Mid-Levels)
Organization Name	Y*	N	* If available, name of school attended
Degree	Y	N	Degree obtained (e.g., MD, DO, PA, APRN, etc...)
Foreign Degree	N	N	
Start Date	Y*	N	* If available, school start date; otherwise use default date of "1/1/1900"
End Date	O*	N	* If available
Specialty	N	N	
Program	N	N	



Location	N	N	
Credit Hours	N	N	
Verification Source	N	N	
Verified By	N	N	
Report Date	N	N	
Confirm Date	N	N	
Note	O	N	

Personnel

Section	Status	NON PAR	Comment
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*** Enter only if contact information is provided (e.g., Credentialing Contact, Email Address, etc...) ***

New Personnel Info	PAR	NON PAR	Add Status: Y = Required N = Not Required O = Optional
Type	Y	N	
Effective Date	Y	N	
Expiration Date	O*	N	* Used to expire existing personnel info
First Name	O	N	
Middle Name	O	N	
Last Name/Org	Y*	N	* If contact's last name is unknown then use provider's last name
Title	O	N	
Telephone Number	O	N	
Fax Number	O	N	
Street Address	O	N	
Zip Code	O	N	
City	O	N	
State	O	N	
Country	O	N	
Language	O	N	
Email	O	N	

Comment

Section	Status	NON PAR	Comment
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*** REQUIRED WHEN ANY UPDATES ARE MADE TO A RECORD ***

New Comment	PAR	NON PAR	Add Status: Y = Required N = Not Required O = Optional
Type	Y	Y	Select appropriate comment type from the drop-down list
Resolution	N	N	
Comment	Y	Y	Enter a descriptive comment that identifies any changes that were made to the record

W9 Info

Section	Status	NON PAR	Comment
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W9 Information	PAR	NON PAR	REFER TO W-9 PROCESS DOCUMENTATION
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Taxonomy			
Section	Status		Comment
New Taxonomy	PAR	NON PAR	Add Status: Y = Required N = Not Required O = Optional
Taxonomy Code	Y	Y	
Effective Date	Y	Y	
Expiration Date	O*	O*	* Used to expire an existing taxonomy

Payee			
Section	Status		Comment
*** Required only if record is for a <i>Sole Proprietor</i> and check name differs from the provider's name; do not complete this section unless instructed by leadership or provider ***			
New Payee	PAR	NON PAR	Add Status: Y = Required N = Not Required O = Optional
Type	Y	Y	
Payment Method	Y	Y	
Payee Name	Y	Y	
Effective Date	Y	Y	
Expiration Date	O*	O*	* Used to expire existing payee information

Attachments			
Section	Status		Comment
*** Attach documents upon request or as part of other stated loading convention ***			
New Attachment	PAR	NON PAR	Add Status: Y = Required N = Not Required O = Optional
Type	Y	Y	Select appropriate document type from drop-down list
Description	Y	Y	Enter a description of the document being uploaded
Verification Source	N	N	
Verified By	N	N	
Report Date	N	N	
Confirm Date	N	N	
+ Choose	Y	Y	Use file browser to select document to be uploaded

Monitoring:

This policy is updated as often as necessary and reviewed and approved at least annually by the Member Provider Committee.

