



Policy and Procedure No: PDM 3.2		Revision No: 2
Division: Care Management		
Department: Provider Data Management		
Title: PHC-CA Contracted and Non-Contracted Practice Loading in HEALTHsuite		
Effective Date: 1/1/2020		
Supersedes Policy No: PDM 3.0, PDM 3.1		
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 provide data entry guidelines for loading contracted and non-contracted provider practices in HEALTHsuite.

Policy:

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

Procedure:

Practice 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
Practice Information	PAR	NON PAR	Add Status: Y = Required N = Not Required O = Optional
Name	Y	Y	Enter provider's DBA (Doing Business As) name
Provider Type	Y	Y	Select appropriate provider type from drop-down list
Organization	Y*	N	* If provider is part of a Network then enter network name here (e.g., HCA, UMMG, SHANDS, USC, etc...)
Directory Name	Y*	Y*	* If provider has a different legal name than the DBA (Doing Business As) name then enter it here
Type	N	N	
Date Established	N	N	
Tax ID	Y*	Y*	* Unless the Practice record was created as a place holder or Network affiliation reference, the Practice record should have a Tax ID
Practice Limited To	N	N	
Address Information	PAR	NON PAR	Add Status: Y = Required N = Not Required O = Optional
Payee Bldg/Apt	O*	O*	

Delivery Address	O*	O*	* The address reflected on this screen populates as the provider's "PAYEE" address . Entering the address on this screen is optional as it can be entered in the <i>Address</i> section of the record.
City	O*	O*	
State	O*	O*	
Zip Code	O*	O*	
Country	N	N	***DO NOT USE ***
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*	* <i>If available</i>



Fax Number	Y*	Y*	* If available
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Section	Status		Comment
Payee Address	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*	* Add NPI if appropriate; this will depend on organization setup and loading convention
FEDERAL TAX ID	Y*	Y*	* Tax ID should be entered on the initial <i>Practice</i> screen under the "Tax ID" field



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

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	N	N	Check Box is <u>not required</u> to be checked when affiliating from <i>Practice to Site or Physician</i> record
From Date	Y	Y	
Thru Date	O*	O*	* Used to expire an existing affiliation

Rule

Section	Status		Comment
Rules as Required	PAR	NON PAR	<i>REFER TO PROVIDER RULE DOCUMENTATION</i>

Contract

Section	Status		Comment
Contracts as Required	PAR	NON PAR	<i>REFER TO CONTRACT LOADING DOCUMENTATION</i>

Certification

Section	Status		Comment
New Certification	PAR	NON PAR	Add Status: Y = Required N = Not Required O = Optional
Specialty	Y	Y	
Effective Date	Y	Y	
Expiration Date	O*	O*	* Used to expire an existing 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 ***

Personnel

Section	Status		Comment
*** 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		Comment
*** 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		Comment
W9 Information	PAR	NON PAR	REFER TO W-9 PROCESS DOCUMENTATION



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 check name differs from the provider's listed name; <u>do not complete this section unless instructed by leadership or provider</u> ***			
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 annually by the Member Provider Committee.