

## Compliance Manager TPM (Third Party Management) Bulk Import Reference Guide

### Available Fields and Description

Note: \* denotes a required field.

Note: All headers must be exact, no changes can be made

#### Exception:

Exclusion Vendor: When the “Exclusion Vendor” field is set to “Yes,” only the following fields are required, regardless of the third-party type.

- Client ID
- Organization
- Third Party Type
- Exclusion Vendor Yes/No (A value of Yes is required)
- Template Name

**ClientID\*** – System Generated. See Client ID field of location profile. Access location profiles by clicking on Admin in the blue bar and then locations on the left.

**Organization\*** – This is the BA or Vendor name.

**Category** – Free text when uploading. Appears as customizable dropdown menu when entering manually. Any Category name used must appear in your Compliance Manager Category list. Your Category list is maintained in the Template Library section of your Compliance Manager toolbox.

**Type of Service** - Free text.

**Website\*** – Free text. Does not require web address format.

**Exception:** Required only when “Exclusion Vendor” is set to “No”.

**Third Party Type\*** - Limited options. Enter one of three available, Business Associate, Non-Business Associate or Unknown.

**Workflow Tip:** If identified as Business Associate and “Exclusion Vendor” is set to “No”, Website is required.

**Exclusion Vendor Yes/No** – Populate this field Yes for any BA or vendor you want included in monthly, auto run sanction checks. If left blank or No is entered, the BA or vendor will not be included in monthly checks.

**EIN** – Free text. Must enter nine digits with no symbols or spaces e.g., numbers only. Example 999999999

**National Provider Identifier (NPI)** Free text but must be 10 characters

**Date of Birth** – Date chosen from calendar

**Street Address** – Free text.

**Zip Code** – Number field (five digits required).

**Note:** Primary contact information can be left blank. However, if you choose to include it, all required fields must be completed.

**Primary Contact Title\*** – Free text.

**Primary Contact First Name\*** – Free text.

**Primary Contact Last Name\*** – Free text.

**Primary Contact Email\*** – Free text.

**Primary Contact Phone** – Number Field format xxx -xxx-xxx.

**Primary Contact Fax** – Number Field format xxx -xxx-xxx.

**Primary Contact Address Line 1** – Free text.

**Primary Contact Address Line 2** - Free text.

**Primary Contact City** – Free text.

**Primary Contact State** – Free text.

**Primary Contact Zip** – Number field (five digits required).

**Note:** Secondary Contact information can be left blank. However, if you choose to include it, all required fields must be completed.

**Secondary Contact Title** – Free text (Note that Secondary Contact fields of Primary Contact First Name, Last Name, and Email are required if you enter a Secondary Contact Title).

**Secondary Contact First Name** – Free text.

**Secondary Contact Last Name** – Free text.

**Secondary Contact Email** – Free text.

**Secondary Contact Phone** - Number Field format xxx -xxx-xxx.

**Secondary Contact Fax** – Number Field format xxx -xxx-xxx.

**Secondary Contact Address Line 1** – Free text.

**Secondary Contact Address Line 2** – Free text.

**Secondary Contact City** – Free text.

**Secondary Contact State** – Free text.

**Secondary Contact Zip** – Number field (five digits required).

**Template Name\*** – Third Party Template