

Register for Supplier Lifecycle and Performance (SLP)

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04/03/2024

Version #

V1

Playbook Intention

The information contained in this playbook is intended to guide ALL suppliers through the SAP Business Network and SLP registration process. Following the steps contained in this playbook will be critical in continuing business with SSM Health post SAP Ariba Go-Live in Summer 2024.

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Register for Supplier Lifecycle and Performance (SLP)

Materials Needed for SLP Registration

- Company Name
- Company Address
- Company Tax Classification
- Company Tax ID Number
- Electronic Copy of W9
 - Must be signed and dated within the last 12 months.
 - Must reflect address registered with the IRS.
- Desired Payment Method. Some types may require additional documentation.
 - Check – no additional documentation required.
 - ACH – Bank letter on bank letterhead signed and dated within the last 12 months confirming account required.
 - SUA – Valid email address for virtual card payments is required.
 - Wire – Email Vendor.Maintenance@ssmhealth.com to request. Once approved by SSM Health Finance, you will need to attach Bank letter on bank letterhead signed and dated within the last 12 months confirming account.
- Accounts Receivable Contact Name
- Accounts Receivable Email
- Accounts Receivable Phone Number
- Purchase Order Contact Name
- Purchase Order Contact Email
- Purchase Order Contact Phone Number
- Company Diversity Status
- Company Ownership Type
 - Is the company publicly traded?
 - Is the company owned by a physician, family of a physician, or Physician group?

Approximate Time for Completion

20 minutes

Complete SLP Supplier Questionnaire

Once you log in or create a new SAP Business Network account, you will be directed to complete the SLP Supplier Questionnaire below. Only fields with asterisks are required.

1. Expand Registration Fields.

- a. Click the blue arrows in the upper right corner to expand the questionnaire fields.

- b. Some fields may prepopulate from our Master Data.
 - i. If the information prepopulated, confirm the information is correct.

2. Enter General Supplier Information.

- a. Enter Company Name (2.1).
- b. Enter Company Address (2.2).
 - i. Address entered must match the address on company W9.
 - ii. You must enter the street name and street number separately.
 1. Enter the street name in the first box and the street number in the second box.

Street: ⓘ House Number: ⓘ

3. Enter Tax Information.

3.1 Does Part 1 of your W9 reflect a Social Security Number?	* Yes ▾
<p>3.2 Note: We cannot accept sensitive Personally Identifiable Information via the SAP Business Network (Ariba Network). If your business uses a personally identifiable tax number (example: US Social Security Number), please follow the below directions.</p> <p>1. Send your tax information (Tax ID and any supporting documentation, like a W8 or W9) in a password protected email to vendor.maintenance@ssmhealth.com</p> <p>2. In a separate email, send the password to access the password protected email to vendor.maintenance@ssmhealth.com</p> <p>3. A Tax ID is required for setup in our vendor master system. If you use a personally identifiable Tax ID, you must follow this process to ensure successful setup.</p>	
3.3 Tax Classification (from W-9)	* Unspecified ▾

- a. Does Part 1 of your W9 reflect a social security number? (3.1)
 - i. You must select “Yes” or “No” from the drop-down menu.

- ii. If you select “No”, you will be prompted to enter Employer ID number and answer additional questions.
 - iii. If you leave selection as “Unspecified”, you will not be able to proceed.
 - b. Tax Classification (3.3)
 - i. You must make a selection from the drop-down list.

- ii. If you leave selection as “Unspecified”, you will not be able to proceed.
 - c. Tax ID (from W-9) (3.5).

i. Enter company Tax ID number.

*
Country/Region: ⓘ

Tax Name	Tax Type	Tax Number
USA: Employer ID Number	Organization	<input type="text"/>

d. Attach W9 (3.6)

3.6 Please attach the completed W9 signed and dated (not over one year old) form.	*Attach a file
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i. Must be signed and dated within the last 12 months.

4. Enter Transaction Information.

▼ 4 Transaction Information Less... -

Please provide your correct email address.

4.1 Does your company already use the SAP Business Network (Ariba Network) for business transactions (POs/Invoices) with other customers?

4.3 Payment Type ⓘ

▼ 4.5 Accounts Receivable Contact Details

4.5.1 Contact Name

4.5.2 E-mail Address

4.5.3 Phone Number

4.5.4 Phone Number Extension

4.5.5 Fax number

▼ 4.6 Purchase Order Contact Details

4.6.1 Contact Name

4.6.2 E-mail Address

4.6.3 Phone Number

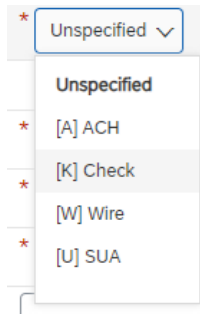
a. Does your company already use the SAP Business Account (Ariba Network) for business transactions (POs/Invoices) with other customers? (4.1)

i. Must select "Yes" or "No".

b. Payment Type (4.3)

i. Enter the method your company would like to get paid on the SAP Business Network.

ii. Must select payment type from the drop-down menu.



iii. SSM Health Requirements for each Payment Method.

1. Check – no additional documentation required.
2. ACH – Bank letter on bank letterhead signed and dated within the last 12 months confirming account required.
3. SUA – Valid email address for virtual card payments is required.
4. Wire – Email Vendor.Maintenance@ssmhealth.com to request. Once approved by SSM Health Finance, you will need to attach Bank letter on bank letterhead signed and dated within the last 12 months confirming account.

- iv. If you enter a payment method that requires additional documentation, you will be prompted to upload before continuing to next section.
- v. If you leave selection as “Unspecified”, you will not be able to proceed.

c. Accounts Receivable Contact Details (4.5).

i. Enter contact name, email, and phone number.

▼ 4.5 Accounts Receivable Contact Details	
4.5.1 Contact Name	* <input type="text"/>
4.5.2 E-mail Address	* <input type="text"/>
4.5.3 Phone Number	* <input type="text"/>

d. Purchase Order Contact Details (4.6).

i. Enter contact name, email, and phone number.

▼ 4.6 Purchase Order Contact Details	
4.6.1 Contact Name	* <input type="text"/>
4.6.2 E-mail Address	* <input type="text"/>
4.6.3 Phone Number	* <input type="text"/>

5. Enter Diversity Status.

▼ 5 Diversity Owned Business Less... ▾	
If the Organization is a diversity owned business (defined: have one or more persons hold more than 51% ownership of the Organization), please indicate the Diversity type from the following list.	
5.1 Diversity Owned Business ⓘ	* <input type="text" value="Unspecified"/>

a. Diversity Owned Business (5.1).

i. Must select a diversity status from the drop-down menu.

- ii. If your company does not fall under a diversity status, select “Not Applicable).
- iii. If you leave selection as “Unspecified”, you will not be able to proceed.

6. Enter Organizations Ownership Type.

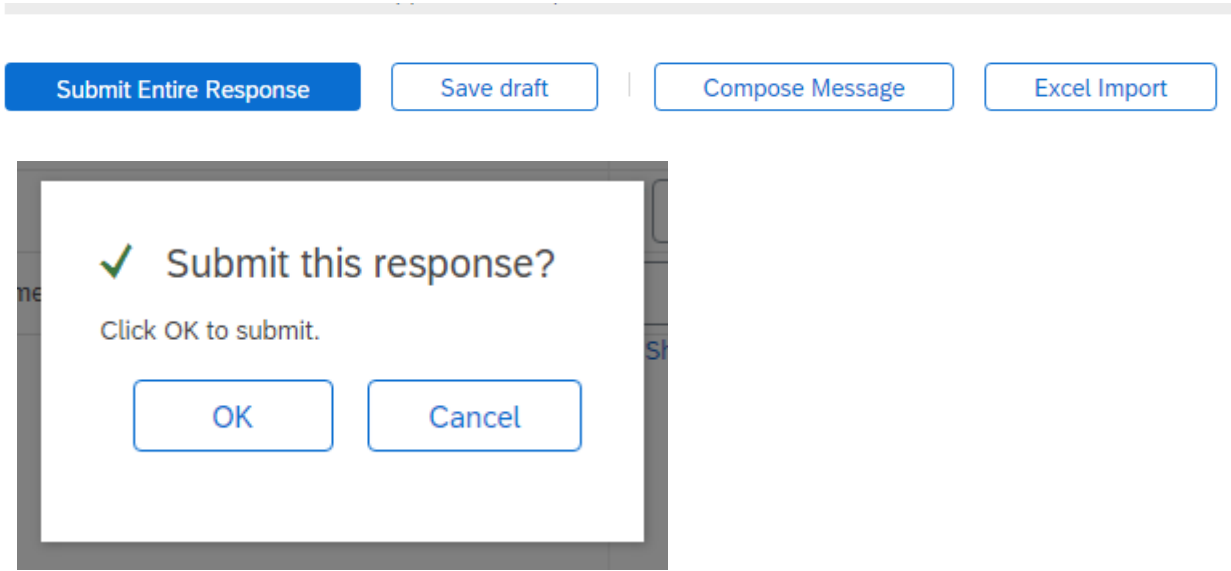
- a. Please select from the following list (6.2).
 - i. Must select ownership type from the drop-down menu.

7. Certification

- a. Read through the certification (7.1).

8. Submit Entire Response.

- a. Once all required fields are complete, click the “Submit Entire Response” button.
- b. Click “Ok” in the pop-up box.



Congratulations! You have successfully registered for Supplier Lifecycle and Performance (SLP). The questionnaire will now go to SSM for approval.

Questions?

Refer any questions to SSMSupplierEnablement@ssmhealth.com.