



MetroHealth

*Department of Supply Chain
Supplier Portal Guide*

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New Supplier Registration

Introduction

The MetroHealth System has an electronic Supplier Portal platform where bid events and responses are processed and communicated electronically. The Supplier Portal is a self-service web portal utilized by suppliers who wish to provide goods or services to the MetroHealth System.

The MetroHealth System supplier portal website is available 24 hours a day, 7 days a week. From time to time, access to the portal or to specific information and/or documentation within the portal. To allow ample time to respond to events, bid events will remain for a minimum of 14 days on the supplier portal. Suppliers are encouraged to revisit all events to which they intend to respond 1 day prior to their due date.

All event responses must be submitted electronically to the portal well in advance of the close date and time of day specified the event. Our server will be the official source for the time of day. Responses to events received via any other format (i.e. via email) will not be accepted, nor considered further, for evaluation.

Registration and Login to the Supplier Portal

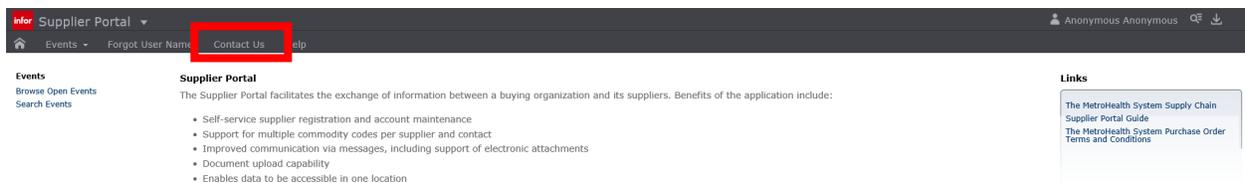
To register or login to the Supplier Portal, [click here](#) or copy and paste the following URL into your browser:

<https://metrohealthprod-lm01.cloud.infor.com:1442/lmscm/SourcingSupplier/html/SourcingSupplier?csk.SupplierGroup=MHS&sk.CHP=LMPROC>

Need Assistance

Questions regarding registration on the Supplier Portal can be sent to purchasing@metrohealth.org. We can also be contacted via phone at (216) 957-3761.

For Password resets, Click **Contact Us** from your company home page in the Supplier Portal or email purchasing@metrohealth.org.

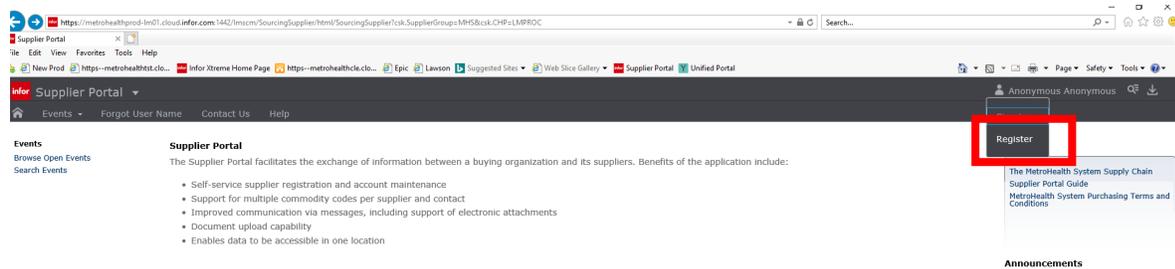


Register on the Supplier Portal

To access the MetroHealth System Supplier Portal, [click here](#) or copy and paste the following URL into your browser:

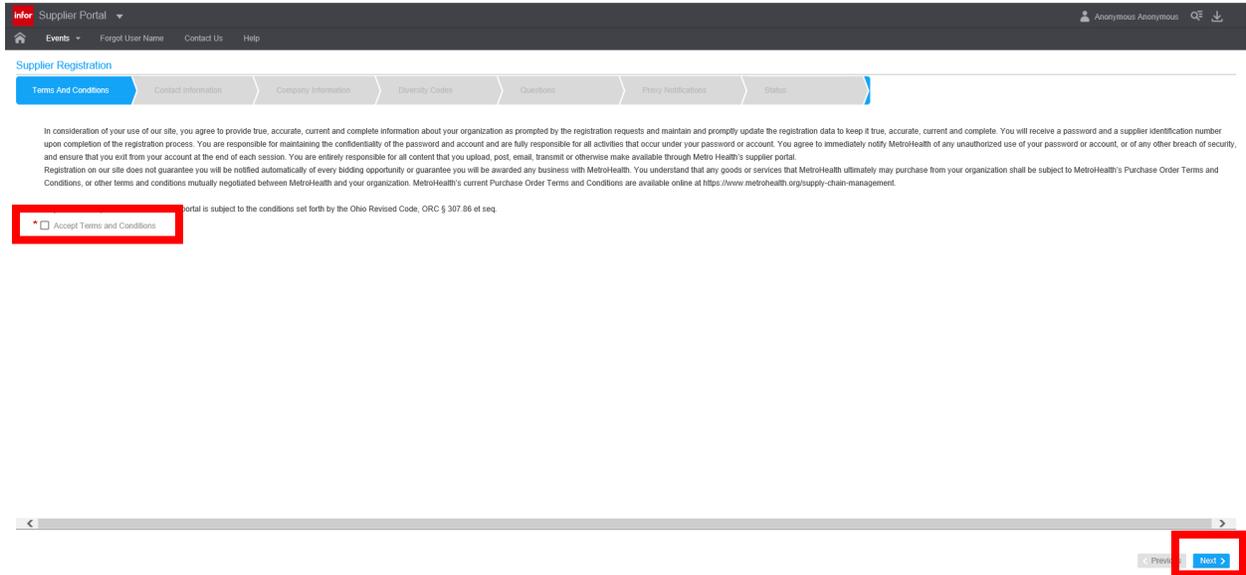
<https://metrohealthprod-lm01.cloud.infor.com:1442/Imscm/SourcingSupplier/html/SourcingSupplier?csk.SupplierGroup=MHS&sk.CHP=LMPROC>

Click the **“User”** icon at the top right side of the page and select **“Register”**.



Terms and Conditions

After reviewing the terms and conditions of registering with The MetroHealth System, check **Accept Terms and Conditions.**



Click **Next** to proceed.

Contact Information

Complete the **required fields** to create a login and primary contact for your business.

Become A Supplier - Create An Account

* User Name
* Password
* Confirm Password

Enter Information About Yourself

Title
* First Name
* Last Name
* Phone Number Ext: (international prefix, phone number, extension)
Mobile Phone: Ext: (international prefix, phone number, extension)
Fax Number: Ext: (international prefix, fax number, extension)
* Email Address: You will be set to receive email notifications; use update account information to change flag
Don't have an email address? Create one here: [Create Email Address](#)

* = Required

[< Prev](#) [Next >](#)

Create an Account:

User Name: User name you will use to login to the Supplier Portal.

Password: Password used for login to the Supplier Portal. (*Passwords are case sensitive*)

Confirm Password: Password verification

Enter Information About Yourself:

First Name, Last Name, Phone Number, Email Address are required fields.

Title, Fax Number and Mobile Phone are optional information to be entered, but preferred.

If you do not have an Email Address, click the link [Create Email Address](#) to be directed to create a Gmail account.

Click **Next** to proceed.

Company Information

Company Information

* Company Name: Doing Business As:
Dun & Bradstreet: Business Type:
* Tax Id Type:
* Tax Id: Include * Characters: Example: 12-3456789
Global Location Number: Website:

Address Information

Mailing address

* Country:
* Address Line 1:
Address Line 2:
Address Line 3:
Address Line 4:
* City:
* State/Province:
* Postal Code:
Country:

Remit to name and address

Remit To First Name:
Remit To Last Name:
 Check if Remit To Address Is The Same As Mailing Address
Country:
Address Line 1:
Address Line 2:
Address Line 3:
Address Line 4:
City:
State/Province:
Zip Code:
Country:

[Previous](#) [Next >](#)

Complete the required fields for your organization.

Enter your Company Information:

Company Name, Tax Id Type, Tax ID are required fields.

If known, complete Dun and Bradstreet number, Website, Doing Business As (if applicable) and Business Type.

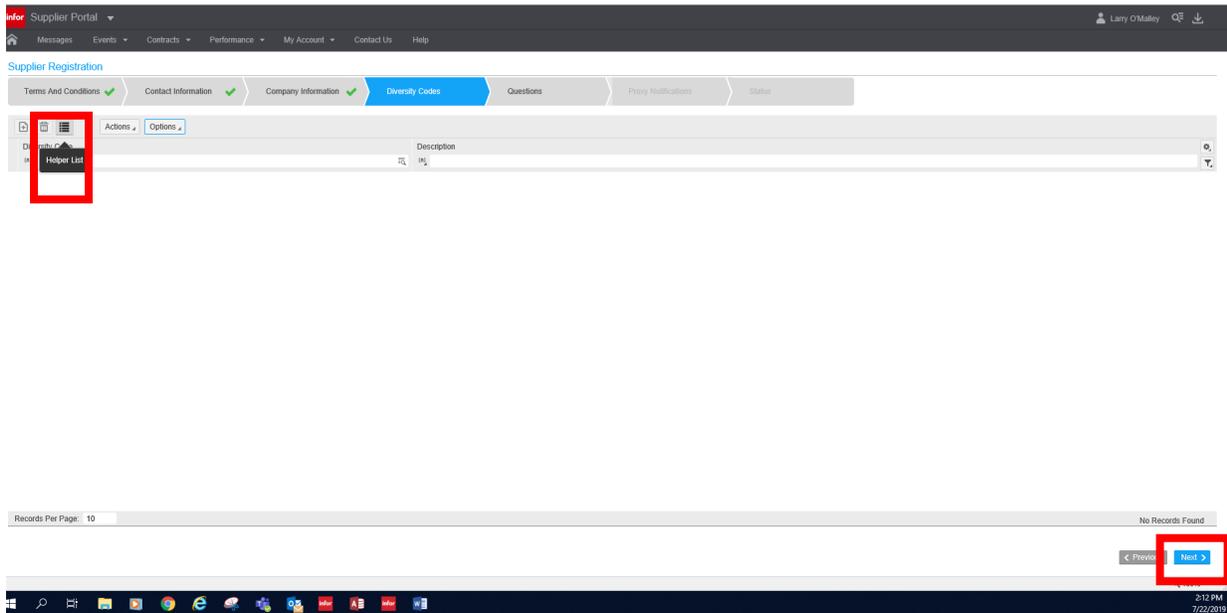
Address Information:

Address Line 1, City, State / Province, Postal Code, Country are required fields.

Entering **Remit to Information** or selecting check box; **Check** if Remit To Address is the same as Mailing Address is required.

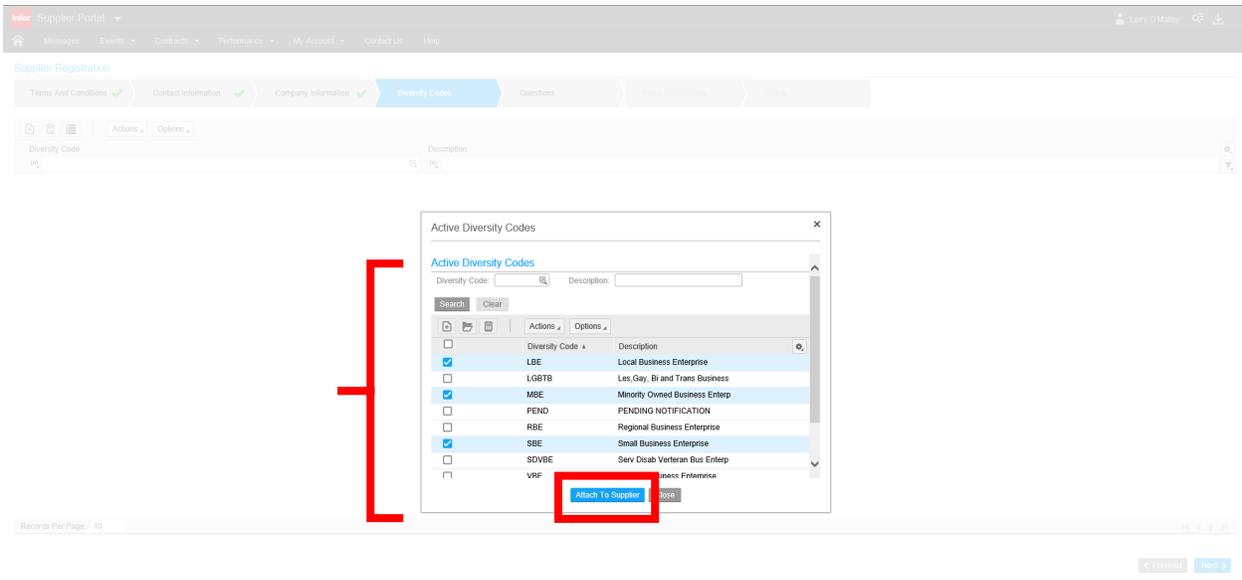
Click **Continue** to proceed.

Diversity Codes



We are continually looking for new business partners, suppliers, and vendors who can offer us the best value, including those who are local, and diverse.

If your organization is diverse, click **Helper List** to select the diversity codes that are check all that are applicable. If not eligible, click **Next**.

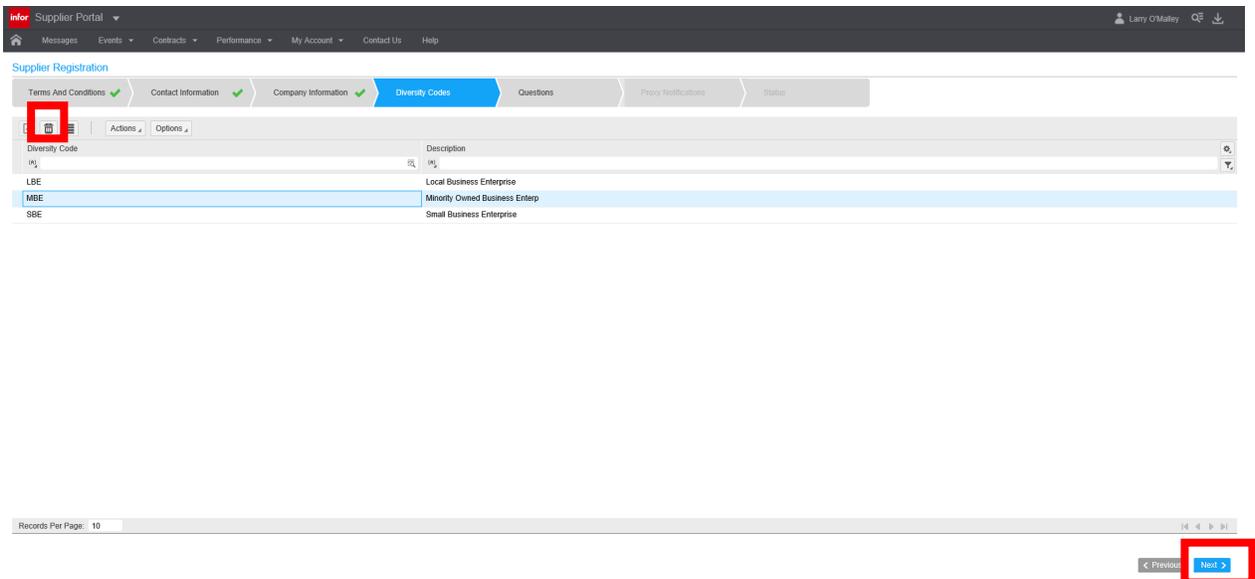


Attach Diversity Codes:

If your organization is eligible, you can select multiple diversity codes.

Click the **blank box to select** to the left of the eligible diversity code. (A check mark will appear in the box)

Click **Attach to Supplier**, then **Close** once complete.



Review attached supplier diversity codes for accuracy.

If changes are necessary, click **Helper List** to select additional codes.

If an incorrect choice was selected, select the code and click the trash can icon to **Delete**.

Click **Next** to proceed.

Questions

The screenshot shows the 'Supplier Registration' process in the Infor Supplier Portal. The 'Questions' step is active, indicated by a blue highlight in the progress bar. The page contains four questions:

- Describe the product(s) or service(s) that your company provides?
Answer:
Attach document:
- Do you have any known conflict of interest in doing business with The MetroHealth System?
A conflict of interest would be indicative of the Supplier or any Subcontractor and their personnel having a real or perceived conflict of interest (e.g., employed by MHS) and, if so, the nature of the conflict should be specified. Also, prior to implementing any program or service for which your company receives external funding, which may be a real or perceived conflict of interest, your company shall disclose the details of such program and such external funding to MHS.
Response is required
*Answer:
- Have you read and do you agree to abide by the Vendor Policy and Handbook?
Response is required
*Answer:
- Please provide a copy of your companies W9 using the attached form and provide the date the document was signed.
For reference, copy and paste this URL into your web browser to access:
<https://www.irs.gov/pub/irs-pdf/fw9.pdf>
Both response and attachment are required
*Answer:

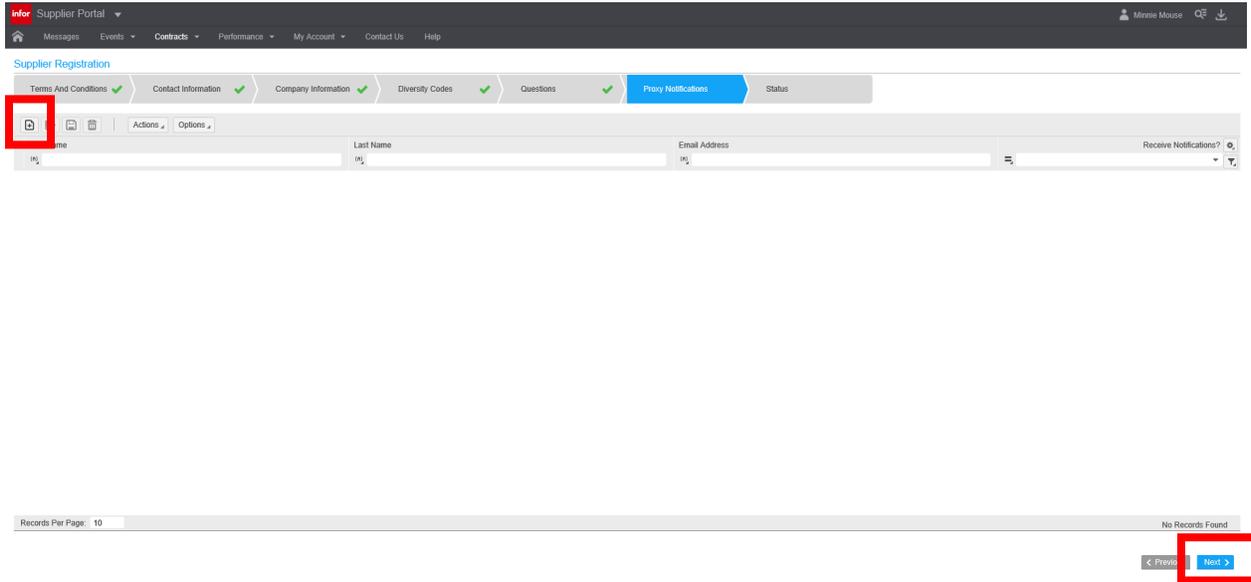
At the bottom right, there are navigation buttons: '< Previous' and 'Next >', with the 'Next >' button highlighted in a red box.

Answer all the required questions (noted with an asterisk “*”) on the Supplier Portal page.

If your organization identifies as a diverse supplier, please provide a copy of your diverse certification and expiration date.

Click **Next** to proceed.

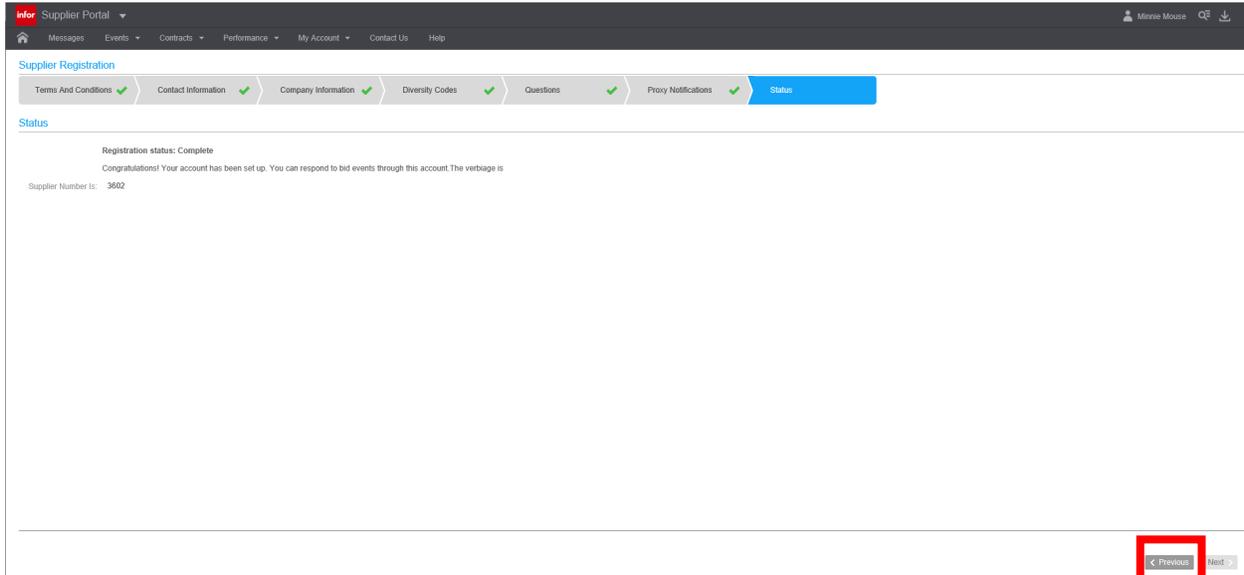
Proxy Notifications



If needed, select **Add** to add an individual for proxy notification from your company. proxy can be added to your supplier profile. A proxy is an individual named to access the portal on your behalf. The proxy will receive email alerts for bidding events but would not have a log in and cannot formally respond to a bidding event. If this is not needed, click **Next** to proceed. The contact designated for your company will receive all notifications and will be able to formally respond to bid events.

If not, select **Next**. Your company contact will continue to receive all notifications and be able to formally respond to bid events.

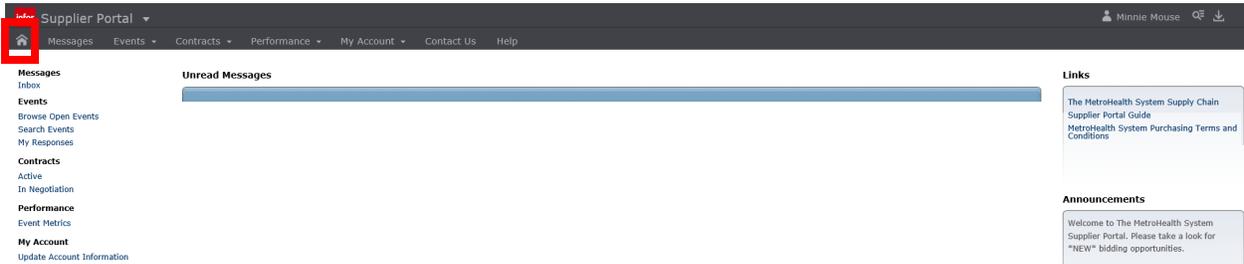
Registration Status



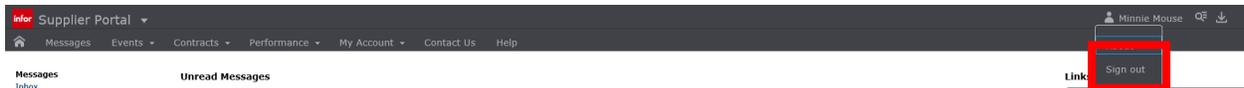
The last section will show if you have successfully completed the registration or will note where information is omitted.

Select **Previous** for adjustments to your account.

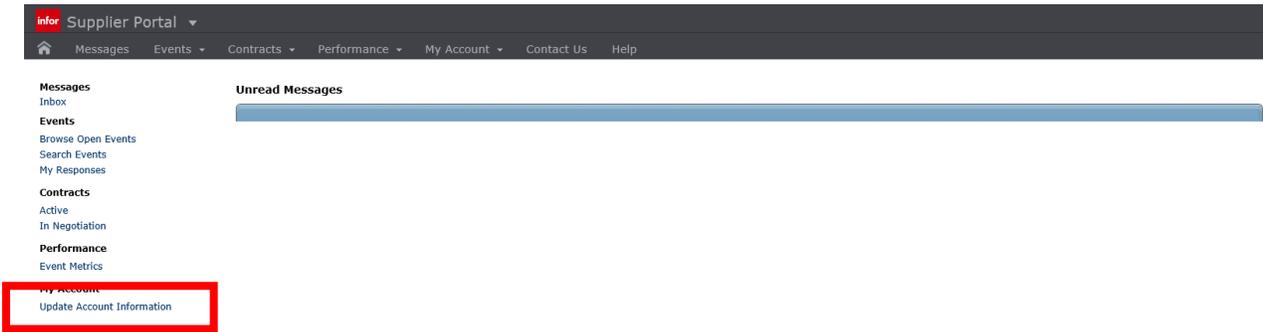
Select **Home icon** to complete.



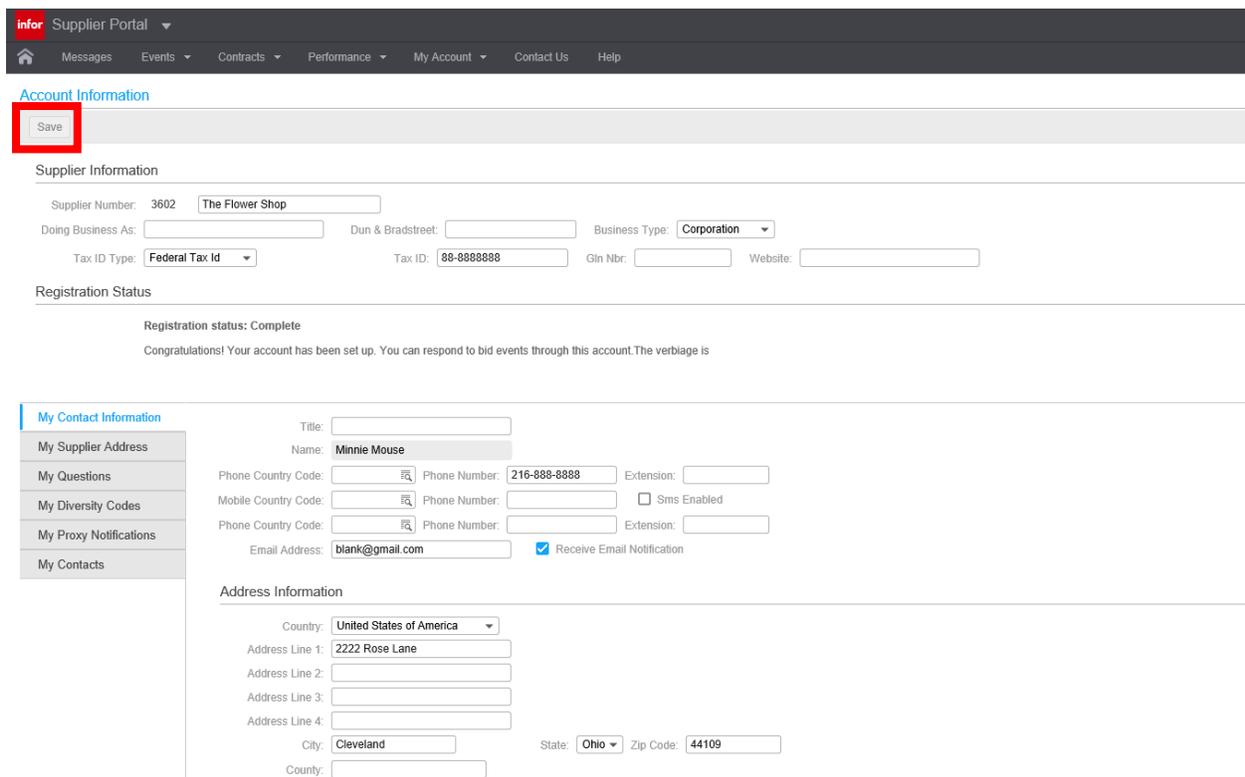
To logout, click **Sign Out** located under the user icon of your account.



Maintaining Your Account



To review or update your account information, including the assignment of additional users to respond to bid events, select **Update Account Information** from the Supplier Portal.



Review Account Information for accuracy.

Under each section heading, click into the field that you wish to change. Upon completion, click **Save**, at the top of the form to update.

Creating an Additional Contact from an existing Supplier

The screenshot shows the 'Supplier Information' page in the Infor Supplier Portal. The 'Create Contact' button is highlighted with a red box. Below the main form, there is a table with columns for 'Contact', 'Name', 'Email Address', 'Receive Notifications?', 'Active', and 'Registration Status'. The 'Create Contact' button is located above the first row of this table.

Each user can respond to bid events with their own user name and password.

Click **Create Contact** to create an additional contact for the supplier record.

The screenshot shows the 'Become A Supplier Contact - Create An Account' form. A red bracket on the left side highlights the required fields: User Name, Password, Confirm Password, First Name, Last Name, Phone Number, Mobile Phone, Fax Number, Email Address, and the 'Receive Email Notification' checkbox. The form also includes sections for 'Enter Information About Yourself' and 'Mailing Address'.



Complete the **required fields** to create a login and contact for your business.

Create an Account:

User Name: User name you will use to login to the Supplier Portal

Password: Password used for login to the Supplier Portal. Passwords are case sensitive

Confirm Password: Password verification

Enter Information:

First Name, Last Name, Phone Number, Email Address are required fields.

Title, Fax Number and Mobile Phone are optional information to be entered, but preferred.

Mailing Address will default from supplier if left blank.

Click **Next** to proceed.

Add / Update Contact – Proxy Notifications

The screenshot shows the 'Add / Update Contact' interface in the Infor Supplier Portal. The 'Proxy Notifications' tab is active. The 'Add' icon is highlighted with a red box. The form contains the following fields:

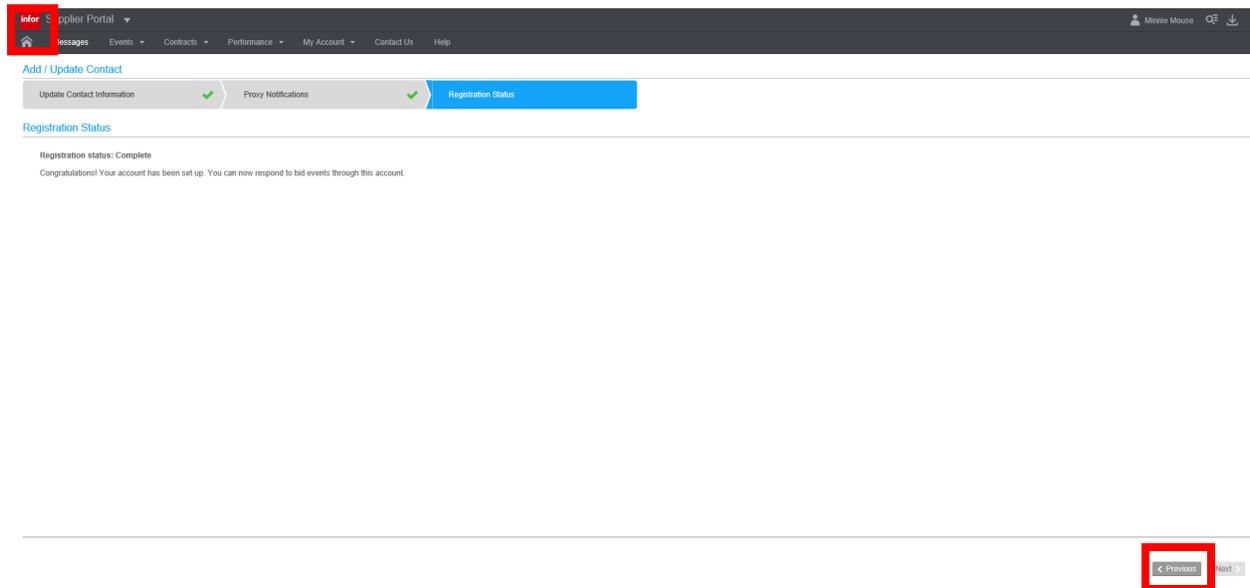
First Name	Last Name	Email Address	Receive Notifications?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

At the bottom right, the 'Next' button is highlighted with a red box.

If required, select **Add icon** to add an individual for Proxy notifications from your company. A proxy notification is an email contact to receive email alerts for bid events but does not have a login and cannot formally respond to a bid event.

If not, select **Next**. Your company contact will continue to receive all notifications and be able to formally respond to bid events.

Registration Status



The last section will show if you have successfully completed the registration or note where information is omitted.

Select **Previous** for adjustments to your account.

Select **Home icon** to complete.

Existing Supplier Registration

Registration and Login on the Supplier Portal

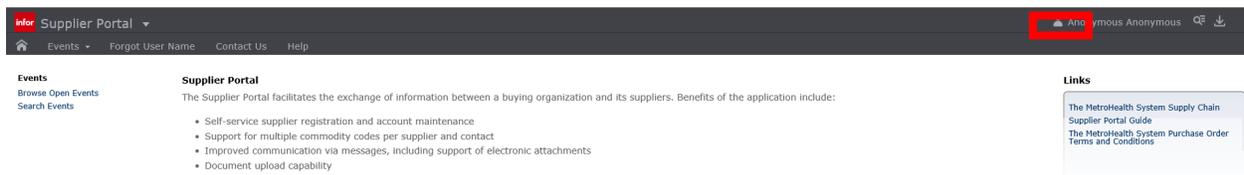
To access the MetroHealth System Supplier Portal, [click here](#) or copy and paste the following URL into your browser:::

<https://metrohealthprod-lm01.cloud.infor.com:1442/lmscm/SourcingSupplier/html/SourcingSupplier?csk.SupplierGroup=MHS&sk.CHP=LMPROC>

Upon implementation of our portal website in 2016, we had loaded existing business partners, supplier, and vendor data for those entities we had done business with over the last twelve (12) months. If your company falls under this category, you will just need your vendor number. The vendor number can be found in the upper left-hand corner of the most recent purchase order issued to your company.

Your user name and password will be a lower-case v immediately followed by your vendor number. (v#####).

If you need assistance finding your vendor number, contact us at 216-957-3761 or purchasing@metrohealth.org.



Click **User icon**

1. Enter **User Name (v###)**
 - a. Enter your Vendor Number in the format (v#####)
 - i. For example, v123 Lower case v followed by the vendor number
2. Enter **Password (v###)**
 - a. Enter your Vendor Number in the format (v#####)
 - i. For example, v123 Lower case v followed by the vendor number

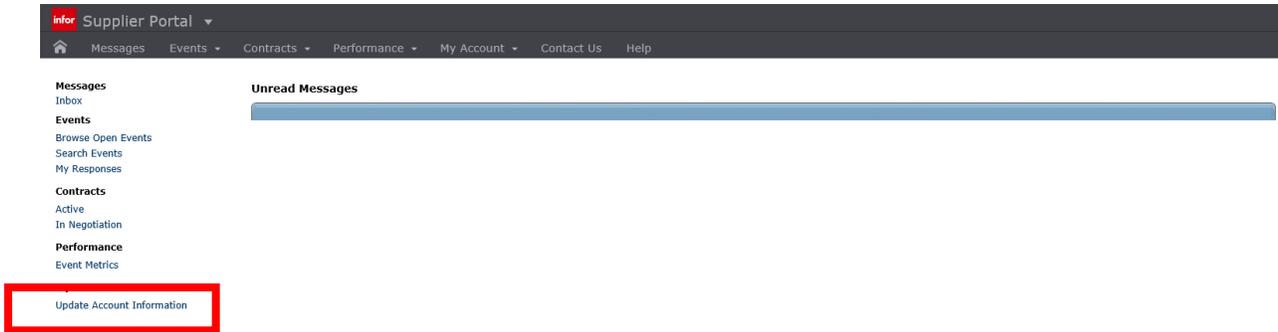


[Register a new user](#)

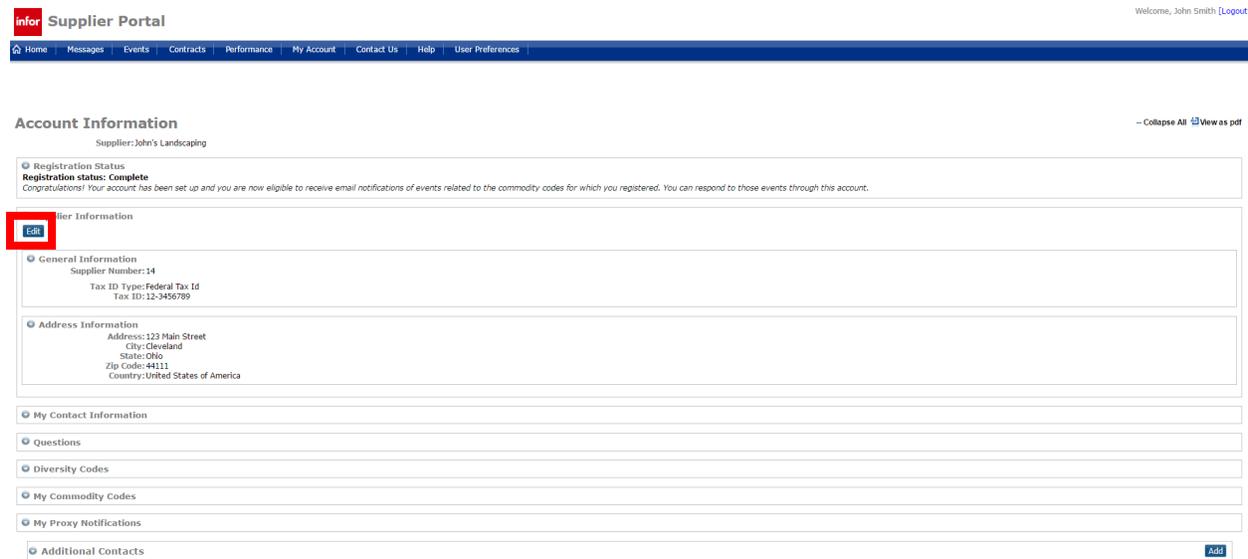
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Technology 11.0.0.1207

Click the **Login** to Sign In.

Maintaining Your Account



Once loaded, your account information, select **Update Account Information** from the Supplier Portal. Adding additional users to respond to bid events can be accomplished in this area.



Review Account Information for accuracy.

Under each section heading, click **Edit** to change. Upon completion, click **OK** to update.

Note: It is very important to review and complete each section in the Supplier Portal. Including all applicable diverse classifications and commodity codes, if applicable, will maximize your opportunity to be sourced for bid events.

Frequently Asked Questions

Q. How and when do I submit a response?

Only suppliers who have completed registration may respond to events.

- For detailed instructions, please refer to our "Step by Step Guide for Responding to an Event".
- All bid responses must be submitted before the close date and time on the bidding event. Our server time will be the official time for these submissions. Please make every effort to submit before this time to ensure your bid response is accepted into the system.

Q. How will I know I am awarded a contract?

You will be informed by e-mail from our purchasing staff when a decision has been made to award a contract to one or more suppliers. If you are not awarded a contract associated with an Event, you will receive a notice of a non-award. We are unable to award contracts to responses that are in Draft status. If you exit the portal without submitting your response, a message may display reminding you of the submission deadline the next time you log into your supplier account.

Q. What if I forget my MetroHealth Supply Portal password?

See guide to [Setting up Supplier Portal Security Questions](#).

Q. Why do I get the Warning: *Page has Expired* error message in my browser?

This is caused by using your browser's back button. Use the navigation buttons across the top of the page to avoid this (or return to the Home page).

Q. What do I do when I get the supplier group does not exist error?

This error can occur if the link to our site is truncated via a cut and paste or missing our extension in the URL. Please visit our Supply Chain page at www.metrohealth.org and the Visit Supplier Portal link. This link will connect you to our site directly.

Q. I want to ask a question or bid on an Event, but the options are greyed out?

A. Please sign into the Supplier Portal using your established credentials and you will be able to ask a question on the Event or begin to respond to an RFP.