



### **EpicLink Site Manager Designation for a sponsored Referred Group or CCP Participating Provider Practice**

#### **Responsibility of the designated sponsoring representative for the Credentialed / Referring Physician or Referred Group:**

Community Care Plan (CCP) requires the designation of a sponsor when a Credentialed/Referring Physician Practice, or Referred Group (herein referred to as the “Sponsored/Referred Group”), requires access to MHS EpicLink system.

The designated sponsor representative must be a CCP Participating Provider/Referring Physician or a CCP Provider Operations Department Representative working with the “Sponsored/Referred Group” who agrees to the following responsibilities:

- Sponsor the Group / Physician Practice and the assigned EpicLink Site Manager(s) by signing the **EpicLink Site Manager Designation Form** below.
- Communicate to the MHS IT Department if the “Site Manager(s)” assigned on this form leaves the “Sponsored/ Referred Group/Physician Practice.”
- Communicate to the MHS IT Department immediately, if the Sponsored/Referred Group ceases to provide referring services to their patients (i.e., if the referring provider/agency relationship with CCP is terminated).

#### **Responsibility of EpicLink Site Manager(s)**

Each “Sponsored / Referring Group / Physician Practice” must have at least one Lead Site Manager.

The “Lead Site Manager” must be the Medical Director, Agency Director or Office Manager for the group requesting access.

The Lead Site Manager for each Sponsored / Referred Group / Physician practice will be responsible for:

- Signing each **MHS Access Request Form** for each member of the Sponsored / Referred Group / Physician Practice requesting access.
- Inactivating users who have left the group / practice, immediately upon termination.
- Completing a monthly Site Verification in EpicLink. Site Verification is a function in EpicLink that allows the Site Manager(s) to validate the Epic/EpicLink access for all employees. Site Verification will ensure that access to Epic/EpicLink is terminated for the staff that has left the group / practice.

If the Lead Site Manager is not able to perform the Site Verification task, a second Site Manager can be designated to complete this task.

**IMPORTANT:** Memorial Healthcare System will be alerted if this monthly Site Verification is not completed in a timely manner, which will result in termination of MHS Epic/EpicLink access for each member of the non-compliant sponsored Referred Group or Referring Physician Practice.

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## PlanLink Site Manager Designation for a sponsored Referred Group or CCP Participating Provider

**SPONSOR Designation**

- **Designated Sponsor Representative for Credentialed/Referring Physician Practice:**

Your signature below signifies that you understand the responsibilities associated with designating the Site Manager(s) for your practice, and adhering to the designated sponsor responsibilities delineated above (refer to page 1 – section titled “**Responsibility of the designated sponsoring representative for the Credentialed / Referring Physician or Referred Group”**).

Physician's Name: \_\_\_\_\_ CCP Participating Provider ID: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

- **Designated Sponsor for Sponsored/Referred Group:**

Your signature below signifies that you understand the responsibilities associated with designating the Site Manager(s) for your group, and adhering to the designated sponsor responsibilities delineated above (refer to page 1 – section titled “**Responsibility of the designated sponsoring representative for the Credentialed / Referring Physician or Referred Group”**).

CCP Sponsor's Name (Please PRINT): \_\_\_\_\_

CCP Sponsoring Department: \_\_\_\_\_

CCP Sponsor's Signature: \_\_\_\_\_

**SITE MANAGER(S) Designation (for both Physician Practice and Sponsored/Referred Group)**

Your signature below signifies that you understand the responsibilities associated with your role as the Site Manager for your Practice / Sponsored/Referred Group, and that you will comply with timely site verification every 30 days.

**IMPORTANT:** Non-compliance with monthly site-verification by the Site Manager will result in termination of MHS Epic/EpicLink access for each member of your practice / group.

- **Lead Site Manager is REQUIRED** (must be the Medical Director, Agency Director or Office Manager of the Sponsored/Referred Group or Physician Practice):

Medical Director, Agency Director or Office Manager Name (Please PRINT): \_\_\_\_\_

Medical Director, Agency Director or Office Manager Signature: \_\_\_\_\_

E-mail address (required): \_\_\_\_\_

- **2<sup>nd</sup> Site Manager is OPTIONAL (if Lead Site Manager requires assistance to comply with monthly Site Verification)**

2<sup>nd</sup> Site Manager's Name (Please PRINT): \_\_\_\_\_

2<sup>nd</sup> Site Manager's Signature: \_\_\_\_\_

E-mail address (required if 2<sup>nd</sup> Site Manager is designated above): \_\_\_\_\_

**IF CLAIMS / REFERRALS ACCESS REQUESTED:**

Tax ID Number(s) (required): \_\_\_\_\_

Please return this form via fax to 954-276-5397