Epic Link Site Manager Designation for a Sponsored Referred Group or CCP Participating Provider Practice

Responsibility of the designated sponsor representative for the Credentialed/Referring Physician or Referred Group:
When a Credentialed/Referring Physician Practice or Referred Group (herein referred to as the “Sponsored/Referred Group”), requires access to Memorial Healthcare Systems (MHS) Epic Link system, Community Care Plan (CCP) requires the designation of a sponsor. The designated sponsor representative must be a CCP Participating Provider/Referring Physician or CCP Provider Operations Representative working with the “Sponsored/Referred Group” who agrees to the following responsibilities:

- Sponsor the Group/Physician Practice and the assigned Epic Link Site Manager(s) by signing the Epic Link 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 relationship between the referring provider/agency and CCP is terminated).

Responsibility of Epic Link Site Manager(s)
Each Sponsored/Referred 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 Epic Link. Site Verification is a function in Epic Link that allows the Site Manager(s) to validate the Epic/Epic Link access for all of its employees. Site Verification ensures that access to Epic/Epic Link is terminated for any 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: if this monthly Site Verification is not completed in a timely manner, MHS will be alerted, which will result in termination of MHS Epic/Epic Link access for each member of the non-compliant Sponsored/Referred Group or Referring Physician Practice.

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**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 sponsor 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 sponsor 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 Sponsored/Referred Group/Practice and that you will comply with site verification every 30 days. **IMPORTANT:** Non-compliance with monthly site-verification by the Site Manager will result in termination of MHS Epic/Epic Link 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): ______________________________________________________

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

2nd Site Manager’s Name (Please PRINT): __________________________________________

2nd Site Manager’s Signature: ______________________________________________________

E-mail address (required if 2nd 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

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