Banner Health Clinical Connectivity Physician Office Group Admin Guide

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Access Links

- Group Administrator site:
 - o <u>http://svcnowprod.service-now.com/clinicalconnectivity</u>
- Clinical Connectivity (CC) Banner Portal Login Link:
 - <u>https://workspace.bannerhealth.com</u>

Group Administrator Responsibilities

- Add team members requiring Clinical Connectivity access to the group
- Remove inactive or terminated team members from the group page
- Ensure team members are accessing Patient Health Information for HIPAA compliant activities only
- Notify Banner Health no later than fourteen <u>(14) days</u> prior to any change of the Group Administrator
- Ensure team members do not use any other person's username or password to gain access to the Clinical Connectivity Portal, patient information & applications
- Process Bi-Annual Clinical Connectivity Access Reviews, initiated by Banner, to ensure each team member requires access to the Clinical Connectivity portal
- Ensure team members do not share their unique username or password with any other user for any reason whatsoever
- Contact the Banner Help Desk to report if team member is suspected / known to be accessing PHI inappropriately or by using another person's authorized username and/or password. Group Administrator will immediately request suspension of user's account

Group Administrator shall report suspected or known misuse to Banner Health's Help Desk at (602) 747-4444 and submit a written report of such misuse to the Banner Health Privacy Officer within twenty-four <u>(24) hours</u> of such occurrence.

The Platform Change from .NET to Service Now (SNOW)

When an existing Clinical Connectivity practice's Group Administrator (GA) is logged into the Banner Portal and clicks on the newly published Icon (see below) the Group Administrator is re-directed to the ServiceNow landing page.



Existing Group Administrators can use the Service Now Link below to be taken to the ServiceNow landing page.

https://svcnowprod.service-now.com/clinicalconnectivity



Once the Group Administrator arrives at the ServiceNow landing page

Click on the tab "Existing Group Administrator Login"



This will take the user to the login screen.

• Enter portal id and password to login

To check the status of your new Group Registration, enter the email address and password used to register as the Group Administrator.	
Log in	
Username (email address)	
Password	
Forgot Password ?	
Log in	

Once selecting <u>"Log In"</u> the user will be prompted to verify their identity and receive a verification code on the multifactor authenticator app or the users email address.



- Choose a method to complete access verification
- Click "Continue"

 Check the authenticator app or email for the generated verification code and then enter the 6-digit code in the window below



Click 'Verify'

When multi-factor authentication is complete, the Clinical Connectivity Portal page displays.





Manage My Group

Click on Manage My Group

Perform the following functions:

- Add or Remove Group Members
- Manage Groups Application Access
- Modify Group Members Information
- Replace Sponsoring Physician or Group Administrator
- Modify Group (Practice) Information



Add or Remove Group Members

Choose Add or Remove Group Members

	Manage M	y Group	
ome > Manage Group Page			
Add or Remove Group Members	Click on the Add or Remove Group Members	ion Access ions to your group	Modify Group Members Information Use this form to view and edit your group members information.
Replace Sponsoring Physician or Group Administrator	Modify Group Informatie	pn ıp's information.	

• Enter the practice name to add or remove group members for

🝃 Banner Health		
Home Clinical Group Management Add member to group	Search Q]
Select the group you wish to add or remove group members for:]
	Submit	

Click on the Submit button

Add Team Members

Use the drop down 'Select an action you wish to perform'

📚 Banner Health.		My Requests
Home > Clinical Group Management > Add member to group	Search Q]
* Select the group you wish to add or remove group members for:	×]
Select an action you wish to perform None	~)
Add		
	Submit	

- Select 'Add Members'
- Click the 'Add' button

≱ E	Bann	er	Hea	lth.						
Home	> Clinical	l Group	Managemer	Add member to group				Sea	arch	٩
* Select	* Select the group you wish to add or remove group members for:									
										× ×
* Select	an action you	wish t	to perform							
Add M	embers									~
	Add	4		Click on the Add butt	on					
Actions	First Name	M.I.	Last Name	Email Address	Staff Type	Cerner Millenium	PACs Synapse	Report 2 Web	Direct Secure Messaging	Qventus
	Janima -	D	Holland		Sponsoring Physician				0	
	P	с	Moody		Group Administrator					
										Submit

When adding team members:

• Enter their staff type and suffix first

These two fields will determine what applications are available for that person. Then, enter the required user information. Here are the staff types, suffixes and what applications are available for each staff type/suffix:

Staff Types	Suffix	Cerner Millennium	PACS Synapse	DSM	Qventus	Report2Web
Sponsoring Physician	Provider suffix	X	х	Х	Х	Х
Group Admin (Provider)	Provider suffix	X	х	Х	Х	Х
Group Admin (Regular Staff)	Regular Staff suffix	X	х			
Group Admin (Surgery)	Surgery Scheduler Suffix	X	х		Х	
Provider	Provider suffix	Х	Х	Х	Х	Х
Staff	Regular Staff suffix	X	Х			
Staff (Surgery Scheduler)	Surgery Scheduler suffix	X	X		X	

The "Add Group Member & Application Access" pop up appears.

🕽 Banner Health	Add Group Member & Application Access		
Home 🕨 Clini	• First Name	*Staff Type	٩
* Select the group		None v	
AZ Wound Solutions	*Middle Initial	Suffix	x v
* Select an a tion yo		•	
Add Mer bers	No M.I.	Cerner Millennium	~
	*Last Name	PACS Synapse	
/			
Add	*Email Address		
Informe Partman			da antes
Actions Prist Name	*Phone Number		iging Qventus
Krystal			
	Direct Secure messaging		
	Qventus		Submit
	Report 2 Web		
	Close	Save Save and Add	

- Choose the <u>Staff Type</u> and <u>Suffix</u> first, for the correct applications to be available.
- Then fill in all required fields and check the applications that are needed for this user.
- Put a checkmark next to all required applications
 - Additional required data when requesting: (illustrated below in the next section)
 - Direct Secure Messaging
 - Qventus
 - Report2Web
- Click the "Save" button to save the current entry and close the pop-up Or
- Click the "Save and Add" button to save the current entry and enter another group member.

Application Selection

When the following applications are requested:

- Direct Secure Messaging
- Qventus
- Report2Web

Details regarding these application requests must be provided in a separate form that opens when the application is checked.

When Direct Secure Messaging (DSM) is requested:

Please enter the provider's Direct Secure Email address that is active in the practice's EMR system.

* First Name	* Staff Type
Michelle	Sponsoring Physician 🔻
✓ No M.I.	Suffix
* Last Name	MD *
Messer-	Cerner Millennium
*Email Address	PACS Synapse
III.d . In Mexico Lumerhealth.com	Qventus
* Phone Number	
(111) 111-1111	
✓ Direct Secure messaging	7
* Direct Secure Message Email Address	
direct.cerner.org	

When **<u>Qventus</u>** is requested: (Surgery Scheduling)

Please enter the user's role in Qventus and all applicable Banner facilities where surgeries are scheduled.

* First Name	* Staff Type
Ministerile .	Sponsoring Physician
No M.I.	Suffix
* Last Name	MD
Messar	Cerner Millennium
Email Address	PACS Synapse
erhealth.com	Qventus
Phone Number	* What role should the group member have in Qventus?
(111) 111-1111	Surgeon
Direct Secure messaging	* Which facilities does the user need access for?
Report 2 Web	Sanner Thunderbird Medical Center



When <u>Report2Web</u> is requested:

- List the practice's fax number
- List all Banner Health facilities that patients are sent to for labs
- Please check all alerts needed to receive (by fax, email or both)
 Select all users on the team that should receive these alerts

Direct Secure messaging	
Report 2 Web	
*R2W Fax Number	
(222) 222-2222	
* Select the facilities you send your patients to for outpatient	at labs: 🔸
× Medical Center	
K Medical Center	
What alerts would you like to receive? 🗲	* Select the members who will receive the email notifications for this provider
ED/Admitted/OBG over 20 weeks	2 checked 🗸
"How would you like to receive this alert?	Charle All
Email	× Uncheck All
Discharged	
*How would you like to receive this alert?	
Fax	✓ Carried Landream
Cerner Documents	
*How would you like to receive this alert?	
Both	~
🗳 Labs ordered by you	
*How would you like to receive this alert?	
Both	~
flore	Prov
Close	Save

Banner Health ■

Examples of possible staff types/suffix combinations and available applications for each:

	Physician Sponso	r with Provider suffix	
	Add Group Member & Application Access		
	* First Name Test	Sponsoring Physician *	
	No M.I.	Suffix	
	Last Name doctor	Cerner Millennium	
	*Email Address	PACS Synapse	
	tdoctor@test.com		
	(333) 333-3333		
	Direct Secure messaging		
	Qventus Report 2 Web		
	Close	Save	
Group Administrato	r with Provider suffix	Group Administrat	tor with Staff suffix
Add Group Member & Application Access		Add Group Member & Application Access	
* First Name	* Staff Type	* First Name	* Staff Type
Test	Suffix	Test	Suffix
* Last Name	MD	* Last Name	Staff
doctor	Cerner Millennium	doctor	Cerner Millennium
tdoctor@test.com	PACS Synapse	tdoctor@test.com	🗆 PACS Synapse
* Phone Number		* Phone Number	
(333) 333-3333		(333) 333-3333	
Qventus			
Report 2 Web			
Close	Save	Close	Save
Group Administrator v	vith Surgery Scheduler	Provider with	Provider suffix
su	ffix	Add Group Member & Application Access	
Add Group Member & Application Access		* First Name	* Staff Type
* First Name	* Staff Type	* Middle Initial	*Suffix
No.MI	Group Administrator	la	MD × *
* Last Name	Surgery Scheduler	No M.I.	* Specialty
Mizy	Cerner Millennium	* Last Name	neurosurgery
* Email Address	PACS Synapse	* Email Address	AZ × *
filling flowcwc.net	Qventus	gamil.com	* State License Number
* Phone Number		* Phone Number	25888
	_	(222) 222-2222	* National Provider Number (NPI)
Close	Save	Urrect Secure messaging Oventus	Cerner Millennium
		Report 2 Web	PACS Synapse
		Close	Save Save and Add
Staff with	Staff suffix	Staff with Surger	v Scheduler suffix
Add Group Member & Application Access		Add Group Member & Application Access	y concluter currix
* First Name	* Staff Type	* First Name	® Staff Type
No M.I.	Suffix	. Helipin	Staff
*Last Name	Billing	No M.I.	Suffix
bottor Finall Address	Cerner Millennium	*Last Name	Surgery Scheduler
tdoctor@test.com		Miley	Cerner Millennium
* Phone Number		* Email Address	PACS Synapse
(and 343 343			Qventus
		Phone Number	
			_
Close	Save	Close	Save

When all users have been added and their needed applications have been checked, the final screen lists all users and their selected applications.

First Name	м.і.	Last Name	Email Address	Staff Type	Cerner Millenium	PACs Synapse	Report 2 Web	Direct Secure Messaging	Qventus
Talline i	L	Marca 1	Şhealth.mil	Staff		0	0		
1975719	L	100	Şhealth.mil	Staff					
100			aith.com	Staff	0			0	
ineq.	L	ide:	ima minanta in	Staff					
100	s	Indiana	alth.mil	Staff		1	□+†	0	
in the	R	100	ith.mil	Staff	2		0		
10.00	R	STATISTICS.	tr@health.mil	Staff	12	0	0	0	0

Click the 'Next' button after all users were added and you want to submit the request

Additional information on the Report2Web subscription will be provided if Report2Web was requested for one or more of the team members.

Report2Web Subscription Page

This page explains in detail what this subscription is and requires that the box to agree is checked for Banner Health Privacy Policies.

All a second contraction and a second s				My Requests	Go To Service Hub
Home > Register New Office Group				Search	٩
Group Information (9 Spon	soring Physician & Group Administrator Information 🔇	Groups Members Information	& Application Access 🕲	Additional Information	Submission Confirmation
Report2Web Subscription Report2Web is a free subscription agreement. This s • Your patients coming to all Banner Health ERs • Labs resulted post discharge (we are required • Cerner Documents	allows us to set you up in the R2W Notifica /Admitted or Discharged-this can be email I to deliver these for review) to fax# or pd	ation System where you will receive email notifications lied or faxed If to email)	regarding:		
 Please note that email addresses must be sec If the email addresses used are non-Banner, t You are responsible for communicating with th 	ure inhouse addresses controlled by an off the emails will come encrypted. To decrypt he R2W team if an employee leaves the pr	fice administrator or going to the provider only for HIP t the email, you must register with our Secure Messagi ractice, so we can stop the emails to remain HIPPA con	PA-no 3rd party delivery. ng Portal upon receiving the first email-this pliant.	is a onetime set up for decryption	
Action First Name M.I.	Last Name Email Ad	ddress Suffix	Staff Type	Receiving Notifications	
1					
and the second se					

- Check the box to agree to Banner Health's Privacy Policy
- Click "Submit" to complete the user additions and their application requests

Remove Team Members

- Select <u>`Remove Members'</u> from the question <u>`Select an action you wish to</u> <u>perform'</u>
- Click <u>'x'</u> in the action column next to the group member(s) that should be to removed

Ban	ner]	Healt	h.					My Requests Go	To Service Hu
Home 📏	clinical Grou	p Management	> Add member to group				Search	1	Q
* Select the gr	Select the group you wish to add or remove group members for:								
									× ×
* Select an act	on you wish	to perform							
Remove Me	nbers								~
Ad	d								
Actions First N	ame M.I.	Last Name	Email Address	Staff Type	Cerner Millenium	PACs Synapse	Report 2 Web	Direct Secure Messaging	Qventus
Actions First	ame M.I.	Last Name	Email Address	Staff Type	Cerner Hillenium	PACs Synapse	Report 2 Web	Direct Secure Messaging	Qventus
Actions First I	ame M.I.	Last Name	Email Address	Staff Type	Cerner Millenium	PACs Synapse	Report 2 Web	Direct Secure Messaging	Qventus

Click the 'Submit' button

Manage Group's (Team Members') Application Access

• Click on the Manage Group's Application Access tab:

	Manage My Group	
iome 💙 Manage Group Page		
Add or Remove Group Members Use this form to request to add or remove members to your group	Manage Group's Application Access Use this form to request modifications to your group members' application access	Modify Group Members Information Click on the Manage Group's Application Access
Replace Sponsoring Physician or Group Administrator Use this form to request transfer of permissions to new (or existing) group members fulfilling the Admin or Sponsoring Physician roles. Please node that this will require a new Data Access Agreement to be signed.	Modify Group Information Use this form to update your group's information.	

• Enter the group/practice name where changes are to be made

Banner Health		My Requ
Clinical Group Management Manage Group's Application Access		
Manage Group's Application Access • Use this form to manage the access to applications for your group members. • Start by selecting one of your groups • A list of active group members will display. You can filter the list by clicking on the filter button and adding some criteria. • Click on the edit lcon for one of the group members and check/uncheck the application you wish to add/remove. • Once completed, review the summary boxes to see how many users will be added/removed from each application. • Click submit once the changes are made and summary verified		
Group	x v	

• Click on the Submit button.

Add Application Access

- Locate the team member's name
- Check the box of an application that has not yet been selected for this user

								▼Fil	ter
F	irst Name	Middle Name	Last Name	Staff Type	Cerner Millennium 🗖	PACS Synapse	Report2Web	Direct Secure Messaging	Qventus
Γ	Exam	ole Staff Me	mber	Staff					
				Staff					
				Staff					
				Staff					

• Click on the "Submit" button.



Remove Application Access

- Locate the group member's name
- Uncheck the box beneath the application to which the user no longer needs access

							▼Fit	ter
First Name	Middle Name	Last Name	Staff Type	Cerner Millennium	PACS Synapse	Report2Web	Direct Secure Messaging	Qventus
Exam	ple Staff Me	mber	Staff					
			Staff					
			Staff					
	-		Staff					

Click on the "Submit" button.

Modify Group Member Information

Click on the Modify Group Member Information

	Manage My Group	
me > Manage Group Page		
Add or Remove Group Members	Manage Group's Application Access	Modify Group Members Information
Use this form to request to add or remove members to your group	Use this form to request modifications to your group members' application access	Use this form to view and edit your group members information.
Replace Sponsoring Physician or Group Administrator	Modify Group Information	Click on Modify Group Members Information
Use this form to request transfer of permissions to new (or existing) group members fulfilling the Admin or Sponsoring Physician roles. Please note that this will require a new Data Access Agreement to be signed.	use this room to opulate your group a morniauon.	L

- Select the group member to update
- Click on the drop down, scroll to locate the user
- Click on the user's name

📚 Banner Health	My Requests
Home Clinical Group Management Request to Modify Group Members Information	Search Q
Request to Modify Group Members Information Use this form to view and edit your group members information.	
Group Member Information	
* Please select the user you want to update	× v

• Click on the Submit button.



Make the necessary changes to the user profile below

- Fill in all required fields
- Put a checkmark next to the "Edit Banner Health Active Directory Information" if a name change affects the portal id or email address change.

Request to Modify Group Members Information	on
Group Member Information	
* Please select the user you want to update	
* First Name	*Staff Type
Phone Extension	* Middle Initial
Licensed State	No Middle Initial
State License Number	*Last Name
	* Phone Number
	*Email Address
*Title	NPI Number
Banner Health Active Directory Information	
Click to edit Banner Health Active Directory Information	Email Addrase

Click on the "Submit" button

Replacing Sponsoring Physician or Group Administrator

Please note that when changing the Sponsoring Physician or Group Administrator the following section <u>needs</u> to be completed as well.

Corporate Officer or Legal Representative

If the Practice <u>requires</u> a Corporate Officer or Legal Representative to be an additional signatory of our Data Access Agreement, then please:

- Select 'YES' to the question 'Does the Provider Group have a Corporate or Legal Representative"
- Provide the Name of the Corporate or Legal Representative
- Provide the email address of the Corporate or Legal Representative

By entering the Corporate or Legal Representative's information, this person will be required to sign the DAA.

If the Practice <u>does not</u> require a Corporate Officer or Legal Representative to be an additional signatory of our Data Access Agreement, then please:

 Select 'NO' to the question 'Does the Provider Group have a Corporate or Legal Representative"

This answer will remove any other fields for a Corporate or Legal Representative, and besides the group admin and the physician sponsor there is no additional signer on our Data Access Agreement.

Example Form when Replacing Sponsoring Physician or Group Admin:

* Does the provider group have a Corporate Officer or Legal Representative?	
Yes	•
* Corporate Officer or Legal Representative's Full Name	
* Corporate Officer or Legal Representative's Email Address	
* Replace with an existing active group member?	
None	۲
• Acknowledgement	L
By Clicking submit below, you acknowledge that a new data access agreement will be required to be signed. Once the request is processed, the group's sponsoring provider will be updated.	
Submit	ŧ



Example Form in Group Modification:

📚 Banner Health	My Request
Home > Clinical Group Management > Group Modification	Search Q
Group Modification Please use this form to modify some Group Information.	
*Group	
Address 1	X Y
Ste/Unit	Ste/Unit
city	City
State	State
Zip Code	Zip Code
Phone Number	Phone Number
Phone ext.	Phone ext.
Fax number	Fa number
Electronic Health Record	Ele tronic Health Record
Corp Officer/Legal Rep Name	Corp Officer/Legal Rep Name
Corp Officer/Legal Rep Mail	Corp Officer/Legal Rep Mail
😫 Suna for Jahor 🕑 Suna ao a Taomlaha (Taundha	Submit
	SUCHIE

Replacing the Practice Sponsoring Physician or Group Administrator:

Click on the Replace Sponsoring Physician or Group Administrator tab





- Select the group (practice) to make changes for
- Click on the drop down
- Select the group's name

🞾 Banner Health	My Requests
Home > Clinical Group Management > Replace Sponsoring Physician/Transfer Group Administrator Privileges	Search Q
Replace Sponsoring Physician/Transfer Group Administrator F Request to Replace Sponsoring Physician and/or Transfer Group Admin Privileges	Privileges
Use this form to request that the group sponsoring physician be replaced with another physician and or transfer group admin p Agreement to be signed.	ivileges. Please note that this will require a new Data Access
* Select the group you would like to make changes for	x v

- Select an action from the drop down 'Select the action you would like to make'
- Choose from the following options
 - Replace Sponsoring Physician
 - Transfer Group Administrator privileges
 - Both, if the same person

Banner Health	My Reque
ome 🔰 Clinical Group Management 💙 Replace Sponsoring Physician/Transfer Group Administrator Privileges	Search
Replace Sponsoring Physician/Transfer Group Administrator Request to Replace Sponsoring Physician and/or Transfer Group Admin Privileges Use this form to request that the group sponsoring physician be replaced with another physician and or transfer group admin Agreement to be signed.	Privileges privileges. Please note that this will require a new Data Access
[®] Select the group you would like to make changes for John Doe Medical Group	Х
" Select the group you would like to make changes for John Doe Medical Group " Select the action you would like to make	X Y
¹⁹ Select the group you would like to make changes for John Doe Medical Group ¹⁹ Select the action you would like to make Both, if same person	Х У
^I Select the group you would like to make changes for John Doe Medical Group ^I Select the action you would like to make Both, if same person I	× × ×
* Select the group you would like to make changes for John Doe Medical Group * Select the action you would like to make Both, if same person [- None	x x x
Select the group you would like to make changes for John Doe Medical Group Select the action you would like to make Both, if same person None Replace Sponsoring Physician	x v 4
Select the group you would like to make changes for John Doe Medical Group Select the action you would like to make Both, if same person	۲ ۲ ۸ ۹

Replacing the Sponsoring Physician with an Existing Active Group Member

- Select an action from the drop down 'Select the action you would like to make'
- Choose from the following options
 - Replace Sponsoring Physician
 - Transfer Group Administrator privileges
 - Both, if the same person
- Answer 'Does the Provider Group have a Corporate Officer or Legal Representation'
 - Fill out additional fields as required by the steps listed above: <u>Corporate Officer or Legal Representative</u>
- Click on the drop down under <u>`Replace with an active group member'</u>
- Choose <u>'Yes'</u> from the drop down
- Select the group member's name in the next the drop down
- Put a checkmark under the Acknowledgement
 - "By clicking submit below, you acknowledge that a new Data Access Agreement will be required to be signed. Once the request is processed, the group's sponsoring provider will be updated."
- Submit

📚 Banner Health	My Requests
Home > Clinical Group Management > Replace Sponsoring Physician/Transfer Group Administrator Privileges	Search Q
Replace Sponsoring Physician/Transfer Group Administrator Pri Request to Replace Sponsoring Physician and/or Transfer Group Admin Privileges	vileges
Use this form to request that the group sponsoring physician be replaced with another physician and or transfer group admin privile Agreement to be signed.	ges. Please note that this will require a new Data Access
* Select the group you would like to make changes for	× •
* Select the action you would like to make Replace Sponsoring Physician	v
Does the provider group have a Corporate Officer or Legal Representative? None	
* Replace with an existing active group member? Yes	
* Select the Group Member	*
Acknowledgement By Clicking submit below, you acknowledge that a new data access agreement will be required to be signed. Once the request i updated.	s processed, the group's sponsoring provider will be
	Submit

Replacing the Sponsoring Physician with a member who Needs to be Added to the Group

- Select an action from the drop down 'Select the action you would like to make'
- Choose from the following options
 - Replace Sponsoring Physician
 - Transfer Group Administrator privileges
 - Both, if the same person
- Answer 'Does the Provider Group have a Corporate Officer or Legal Representation'
 - Fill out additional fields as required by the steps listed above: Corporate Officer or Legal Representative
- Click on the drop down under <u>`Replace with an active group member'</u>
- Choose <u>`No'</u> from the drop down
- Complete all the required fields in the window below for the new group member who will be the new Sponsoring Physician
- Click on the drop down under "Does the new Group Member need access to Clinical Applications".
- Choose "Yes" from the drop down

If "Yes" choose the applications needed.

- Checkmark the Acknowledgement.
 - "By clicking submit below, you acknowledge that a new Data Access Agreement will be required to be signed. Once the request is processed, the group's sponsoring provider will be updated."
- Submit

Replace Sponsoring Ph	nysician/Transfer Group Administrator Privileges
Request to Replace Sponsoring Physician and/	or Transfer Group Admin Privileges
Use this form to request that the group sponso	ring physician be replaced with another physician and or transfer group admin privileges. Please note that this will require a new Data Access
Agreement to be signed.	
* Select the group you would like to make chan	ges for
	× ×
* Select the action you would like to make	
Replace Sponsoring Physician	•
*Does the provider group have a Corporate Off	icer or Legal Representative?
None	
* Replace with an existing active group membe	n.
No	· · · · · · · · · · · · · · · · · · ·
* First Name	
Middle Initial	
•Last Nama	
Last Name	
•- *	
Suttix	
* Suffix	
MD	× ×
Email Address	
Phone Number	
*Licensed State	
	,
State License Number	
National Dravider Number (NDI)	
•- ···	
Specialty	
Does the new Group Member need access to C	linical Applications?
Yes	1
Options	
PACS Synapse	
Direct Secure Messaging	
Qventus	
Report 2 Web	
* Acknowledgement	
By Clicking submit below, you acknowledge	te that a new data access agreement will be required to be signed. Once the request is processed, the group's sponsoring provider will be
updated.	

Replacing Group Administrator with an Existing Active Group Member

- Select an action from the drop down 'Select the action you would like to make'
- Choose from the following options
 - Replace Sponsoring Physician
 - Transfer Group Administrator privileges
 - Both, if the same person

Banner Health	My Reque
tome > Clinical Group Management > Replace Sponsoring Physician/Transfer Group Administrator Privileges	Search
Replace Sponsoring Physician/Transfer Group Administrator F Request to Replace Sponsoring Physician and/or Transfer Group Admin Privileges	Privileges
Use this form to request that the group sponsoring physician be replaced with another physician and or transfer group admin p Agreement to be signed.	ivileges. Please note that this will require a new Data Access
* Select the group you would like to make changes for	
John Doe Medical Group	× ×
* Select the action you would like to make	
Both, if same person	*
[٩
None	
Replace Sponsoring Physician	
Transfer Group Administrator Privileges	
Both, if same person	

- Answer 'Does the Provider Group have a Corporate Officer or Legal Representation'
 - Fill out additional fields as required by the steps listed above: <u>Corporate Officer or Legal Representative</u>



- Click on the drop down under 'Replace with an active group member'
- Choose 'Yes' from the drop down
- Select the group member's name in the next the drop down
- Checkmark the Acknowledgement
 - "By Clicking submit below, you acknowledge that a new Data Access Agreement will be required to be signed. Once the request is processed, the Group Administrator will be updated."
- Submit

Banner Health	My Requests
Home > Clinical Group Management > Replace Sponsoring Physician/Transfer Group Administrator Privileges	Q
Replace Sponsoring Physician/Transfer Group Administrator Privileges	
Use this form to request that the group sponsoring physician be replaced with another physician and or transfer group admin privileges. Please note that this will require a new D Agreement to be signed.	ata Access
* Select the group you would like to make changes for	××
*Select the action you would like to make Transfer Group Administrator Privileges	
Does the provider group have a Corporate Officer or Legal Representative? None -	
*Replace with an existing active group member?	
Yes *Select the Group Member	*
Acknowledgement By Clicking submit below, you acknowledge that a new data access agreement will be required to be signed. Once the request is processed, the group's sponsoring provider updated.	vill be
	Submit

Replacing Group Administrator with a Member who Needs to be Added to the Group

- Select an action from the drop down 'Select the action you would like to make'
- Choose from the following options
 - Replace Sponsoring Physician
 - Transfer Group Administrator privileges
 - Both, if the same person
- Answer 'Does the Provider Group have a Corporate Officer or Legal Representation'
 - Fill out additional fields as required by the steps listed above: <u>Corporate Officer or Legal Representative</u>
- Click on the drop down under 'Replace with an active group member'
- Choose 'No' from the drop down
- Complete all the required fields in the window below for the new group member who will be the new Group Administrator
- Click on the drop down under "Does the new Group Member need access to Clinical Applications".
- Choose "Yes" from the drop down

If "Yes" choose the applications needed.

- Checkmark the Acknowledgement.
 - "By clicking submit below, you acknowledge that a new Data Access Agreement will be required to be signed. Once the request is processed, the group's sponsoring provider will be updated."
- Submit

Replace Sponsoring Physician/T	ransfer Group Administrator Privileges
Request to Replace Sponsoring Physician and/or Transfer Group Ad	min Privileges
Use this form to request that the group sponsoring physician be rep Agreement to be signed.	laced with another physician and or transfer group admin privileges. Please note that this will require a new Data Access
* Select the group you would like to make changes for	
	X Y
[®] Select the action you would like to make	
Transfer Group Administrator Privileges	v
*Does the provider group have a Corporate Officer or Legal Represe	intative?
None	×
[®] Replace with an existing active group member?	
No	×
* First Name	
Middle Initial	
Last Name	
• Suffix	
	×
* Suffix	
MD	× ×
Email Address	
*Phone Number	
*Licensed State	
	· · · · · · · · · · · · · · · · · · ·
* State License Number	
 National Provider Number (NPI) 	
• Specialty	
* Does the new Group Member need access to Clinical Applications?	
Yes	×
Options Cerner Millennium PACS Symapse Dirrect Secure Messaging	
Qventus	
Report 2 Web	
 Acknowledgement By Clicking submit below, you acknowledge that a new data ac updated. 	cess agreement will be required to be signed. Once the request is processed, the group's sponsoring provider will be

Replacing the Sponsoring Physician or Group Administrator when 'Both are the Same Person'

- Select the action you would like to perform
- Click on the drop down
- Choose <u>'Both If the Same Person'</u> from the following options
 - Replace Sponsoring Physician
 - Transfer Group Administrator Privileges
 - Both, if the same person

📚 Banner Health.	My Requests
Home > Clinical Group Management > Replace Sponsoring Physician/Transfer Group Administrator Privileges	Search Q
Replace Sponsoring Physician/Transfer Group Administrator Pri Request to Replace Sponsoring Physician and/or Transfer Group Admin Privileges	vileges
Use this form to request that the group sponsoring physician be replaced with another physician and or transfer group admin privile Agreement to be signed.	eges. Please note that this will require a new Data Access
*Select the group you would like to make changes for	×
* Select the action you would like to make Both, if same person	· · · ·
Does the provider group have a Corporate Officer or Legal Representative? None	•
* Replace with an existing active group member? Yes	•
*Select the Group Member	•
 Acknowledgement By Clicking submit below, you acknowledge that a new data access agreement will be required to be signed. Once the request i updated. 	s processed, the group's sponsoring provider will be
	Submit

Replacing the Sponsoring Physician or Group Administrator when 'Both are the Same Person' with an Existing Active Group Member

- Select an action from the drop down 'Select the action you would like to make'
- Choose from the following options
 - Replace Sponsoring Physician
 - Transfer Group Administrator privileges
 - o Both, if the same person
- Answer 'Does the Provider Group have a Corporate Officer or Legal Representation'
 - Fill out additional fields as required by the steps listed above: <u>Corporate Officer or Legal Representative</u>
- Click on the drop down under 'Replace with an active group member'
- Choose 'Yes' from the drop down
- Select the group member's name in the next the drop down
- Checkmark the Acknowledgement
 - "By Clicking submit below, you acknowledge that a new Data Access Agreement will be required to be signed. Once the request is processed, the Group Administrator will be updated."
- Submit

📚 Banner Health	My Red	quests
Home > Clinical Group Management > Replace Sponsoring Physician/Transfer Group Administrator Privileges		Q
Replace Sponsoring Physician/Transfer Group Administrator Privileges Request to Replace Sponsoring Physician and/or Transfer Group Admin Privileges		
Use this form to request that the group sponsoring physician be replaced with another physician and or transfer group admin privileges. Please note that this will require a new D Agreement to be signed.	ata Acco	ESS
* Select the group you would like to make changes for		
* Select the action you would like to make	×	*
Both, if same person		*
*Does the provider group have a Corporate Officer or Legal Representative?		
None		*
* Replace with an existing active group member?		
Yes		*
*Select the Group Member		
		*
 Acknowledgement By Clicking submit below, you acknowledge that new data access agreement will be required to be signed. Once the request is processed, the group's sponsoring provider updated. 	will be	
	Subr	nit

Replacing the Sponsoring Physician or Group Administrator when 'Both are the Same Person' with a Member who Needs to be Added to the Group

- Select an action from the drop down 'Select the action you would like to make'
- Choose from the following options
 - Replace Sponsoring Physician
 - Transfer Group Administrator privileges
 - o Both, if the same person
- Answer 'Does the Provider Group have a Corporate Officer or Legal Representation'
 - Fill out additional fields as required by the steps listed above: <u>Corporate Officer or Legal Representative</u>
- Click on the drop down under 'Replace with an active group member'
- Choose 'No' from the drop down
- Complete all the required fields in the window below for the new group member who will be the new Group Administrator
- Click on the drop down under "Does the new Group Member need access to Clinical Applications".
- Choose "Yes" from the drop down

If "Yes" choose the applications needed.

- Checkmark the Acknowledgement.
 - "By clicking submit below, you acknowledge that a new Data Access Agreement will be required to be signed. Once the request is processed, the group's sponsoring provider will be updated."
- Submit

Replace Sponsoring Physician/Transfer Group Administrator Privileges	
Request to Replace Sponsoring Physician and/or Transfer Group Admin Privileges	
Use this form to request that the group sponsoring physician be replaced with another physician and or transfer group admin phylieges. Please note that this will require a new Data A Agreement to be signed.	coess
* Select the group you would like to make changes for	
×	٠
* Select the action you would like to make	
Both, if same person	
Does the provider group have a Corporate Officer or Legal Representative?	
None	*
* Replace with an existing active group member?	
No	
First Name	
Middle Initial	
*Last Norma	
LOU-TRUTT	-
• ee.	
	Τ.
*Suffix	_
×	*
Email Address	
Phone Number	
*Licensed State	
	٠
* State License Number	
National Provider Number (NPI)	
* Specialty	
* Does the new Group Member need access to Clinical Applications?	
Yes	*
Options	
Cerner Millennium	
Direct Secure Messaging	
Oventus	
Banot 2 Mah	
Acknowledgement By Clicking submit below, you acknowledge that a new data access agreement will be required to be signed. Once the request is processed, the prous's sponsoring provider will b	æ
updated.	



Edit Practice/ Group Information Click on Modify Group Information

Banner Health		My Requests
	Manage My Group	
Home > Manage Group Page		
Add or Remove Group Members Use this form to request to add or remove members to your group	Manage Group's Application Access Use this form to request modifications to your group members' application access	Modify Group Members Information Use this form to view and edit your group members information.
Replace Sponsoring Physician or Group Administrator Use this form to request transfer of permissions to new (or existing) group members fulfilling the Admin or Sponsoring Physician roles. Please note that this will require a new Data Access Agreement to be signed.	Modify Group Information Use this form to update your group's information.	Click on Modify Group Information

 Click on the drop down, scroll to locate the practice name Select the group's (Practice) name •

🕽 Banner Health	My Requests	
Home > Clinical Group Management > Group Modification	Search Q]
Group Modification Please use this form to modify some Group information.		
*Group	•	



On the right-hand side;

- Update fields that need to be changed
- Answer Corporate Officer or Legal Representation
 - Fill out additional fields as required by the steps listed above: <u>Corporate Officer or Legal Representative</u>
- Submit

穿 Banner Health		My Reques
Home > Clinical Group Management > Group Modification		Search Q
Group Modification Please use this form to modify some Group information.		
Address 1	Address 1	× ×
Ste/Unit	Ste/Unit	
City	City	
State	State	× ×
Zip Code	Zip Code	
Phone Number	Phone Number	
Phone ext.	Phone ext.	
Fax number	Fax number	
Electronic Health Record	Electronic Health Record	
Corp Officer/Legal Rep Name	Corp Officer/Legal Rep Name	
Corp Officer/Legal Rep Mail	Corp Officer/Legal Rep Mail	
Save for Later Save as a Template/Favorite		Submit

Description of Available Applications

- Cerner Millennium: Clinical information for Banner Health facility (lab, imaging reports, dictation, clinical results)
- Direct Secure Messaging: (DSM) is a secure exchange of clinical healthcare data between Electronic Health Records (EHR) systems to improve patient coordination of care. DSM was developed as a technical standard for health care providers to communicate electronically, while ensuring the security of Protected Health Information.
 - DSM enables community providers the ability to communicate with Banner Health securely. DSM is an alternative method to mailing or faxing your patient's referral information, which can be time consuming and may not always be secure. DSM provides you the ability to send information about your patient's health record within minutes. DSM allows clinicians timely clinical details and helps to address the significant gaps in information that occur during transitions of care.
 - Direct Secure Messaging can be used for:
 - Transitions of Care (CCD, CCD-A documents)
 - Lab Tests/Results
 - Referring to Banner providers
 - Receipt and distribution of finalized reports.
 - Note: Only providers will have a direct secure email. Direct secure addresses are generated by your practice <u>Electronic Health Record</u>. Traditional e-mail accounts (e.g., gmail, yahoo mail, or your outlook email) are <u>NOT</u> Direct addresses. Direct addresses can be issued to individuals or to organizations, departments. An example of a direct address is dsm@direct.cerner.org.
- PACS Synapse: Radiology Imaging/ Imaging Reports. Picture Archive Communication System (PACS)
- Qventus: Qventus is a web-based application that allows clinic schedulers to search and request available time for surgeons that perform procedures at certain Banner acute facilities. Access is available to clinic staff that are responsible for scheduling surgical cases. Qventus can also be used by surgeons who self-schedule their own cases.

- Report2Web (R2W): is an email-based alert system that notifies your office daily when one of your patients is seen at a Banner Health hospital. This service best serves family medicine, internal medicine, pediatricians and obstetrician/gynecologists and will make you aware of ER visits/Admits/Discharges. You can choose to be notified upon admission, discharge, or both.
 - Other offerings thru Report2Web:
 - R2W can also send labs you ordered to your fax number or as a PDF attachment to an email you provide. This turns manual processes into electronic and encourages 'paper-lite' processes.
 - R2W can send you a Physician Census if you are a primary provider in the form of an Excel spreadsheet attached to your email. This shows movement or your patient while admitted.
 - The R2W service is free, available to Banner and non-Banner practices, and can be customized to your preferences. Information is encrypted to meet patient privacy requirements. A one-time set up to register with Cisco is required for non-Banner emails. Once notified of your patient's hospitalization, access their patient record via Banner Health's Clinical Connectivity portal. Report2Web has a link at the bottom of each email which takes you to the first step to access our portal.
 - R2W ER/Admit/Discharge alerts currently provide the following information:
 - ED/OB, Admit/Discharge
 - Patient name
 - DOB
 - Banners FIN#
 - Chief complaint (if available)
 - Patient phone number (if available)
 - Primary care physician named
 - Banner Health facility

Portal ID and Application Notifications Processes

- New users will receive their Portal ID and temporary password via separate encrypted Joiner emails
 - Included in these emails will be instructions to set-up the Azure Multifactor Authentication via Microsoft Authenticator and how to login to the Banner Portal
- If a new user had previous access to Banner systems while working for a different employer within the last 30 days, and an account (Portal ID) under that user's name exists in our system, no Joiner emails will be sent
 - Instead, a validation email will be sent to the group administrator to confirm or decline the user's previous employment
- If the Group Admin declines the previous employment for this user, then the user will receive a new Portal ID and temporary password via separate encrypted Joiner emails
 - Included in these emails will be instructions to set-up the Azure Multifactor Authentication via Microsoft Authenticator and how to login to the Banner Portal
- If the Group Admin confirms the previous employment for this user, then the existing Portal ID will be utilized
 - If the user does not remember their credentials, they will need to contact the helpdesk at 602-747-4444 opt. 3 and request a password reset
- Once application access requests have been processed by the specific Banner application teams, the user will be notified via email with their application user credentials
- If requesting access to Direct Secure Messaging (DSM), the Group Administrator will be notified via email when completed
 - The email will contain Banner's Direct Secure Emails for DSM referral communication
 - The Group Administrator will be asked to send a test DSM message from the practice's EHR
 - Once the "test message" is received by the Banner referral team, a "received" communication will be sent back to the "sender"
 - When test communications have been successfully sent and received, both the community provider practice and Banner Health can begin Direct Secure Messaging communication
- If you receive an error, please connect with your EHR vendor or IT personnel to verify direct secure emails have been listed correctly
- > If you need additional support, please contact us at (602) 747-4444 opt. 3
- Adding a new provider to DSM communication: Once accounts have been created for Direct Secure Email referral communication, the Group Administrator will receive an email of completion that the DSM address has been added to the provider's Cerner profile
 - Test email is not required if adding a new provider for DSM communication

Banner Health
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Checking the Status of a Request and Connecting with Support

- Log into the Landing Page by clicking on the following link

 <u>https://svcnowprod.service-now.com/clinicalconnectivity</u>
- Click on "My Requests" on the upper right-side toolbar

穿 Banner Health				My Requests	Carola Taséman				
Welcome to Clinical Connectivity	ealth's online link to clinical information. It is i to access clinical information quickly, easily a	lesigned for providers	rs, office staff and healt	h					
	to access canical information quickly, easily a								
Register a New Offic Click here to register a new office group in order	ce Group to access clinical connectivity	Manage N Registered users can click h	My Group						
箳 Banner Health					My Requests				
Home 🕻 My Requests									
	Banner Health Service Desk (602) 747-4444								
My Requests	■ Requests			Keyword Search Q					
All My Requests	Number Short Description	State Crea	ated	Updated V					
My Active Cases	CS0001073 Register a New Office Group	New 11/18	18/2024 11:03:31 AM	11/18/2024 11:03:45 AM					
My Closed Requests	 Rows 1 - 1 of 1 								

When clicking on the Request Number, you will receive an overview/status of your submitted requests. When clicking on the Case Number and then the Request Number, an overview/status of the submitted requests displays

Home > Ticket Form for Request						
Request details						
Number CS0001073 State	Priority 4 - Low Updated					
New	ad ago					
C50001073 - Register a New Office Group						
Company Fields						
Label		Value				
Type of Group	physician_office					
Check Here if your company does not have EHR	true					
City	tucson					
Zip code		-85730				
Fax Number		1500 Sele-2003				
Address 1		100 reat drive				
Ste/Unit						
State		AZ				
Group Name		Camila's Tini group				
Phone Number		12 mil H 1203				
Enter your Company's Electronic Health Record (EH	R)					
Extension						



A listing of all Team members that have been added including their application requests displays

×													
	Group members												
First Name	м.і	Last Name	Phone Number	Email Address	Title	Specialty	Suffix	Staff Type	Licensed State	Sate License Number	Cerner Millenium	PACs Synapse	Repor 2 Web
Test		doctor	(333) 333- 3333	tilectarijilest.com		neurology	MD	Sponsoring Physician	AZ	12345	true	true	false
Carola		Entras	(520) 649- 2203	combrossi31@gmail.com			Office Manager	Group Administrator			true	true	false
Michello		Mexade	(222) 222- 2222	Michellie.messen@liannerhealth.com		neurology	Surgery Scheduler	Staff			true	true	false
Drandsen		Charles	(222) 222- 2222	Brandler, Charles glosses health.com		neurology	Surgery Scheduler	Staff			true	true	false
Multi		Hall	(222) 222- 2222	and the at tally have the alth.com			Coder	Staff			true	true	false
4	4								+				

Clinical Connectivity Request Status Support

At the bottom of the My Request page, the Group Admin can send a message to inquire about the status of the enrollment or request.

	Example: Can I get an ETA on when all access will completed?	
Register a New Office Group		Ø
		Send

Clinical Connectivity Administrative Support

Please email Clinical Connectivity Support- <u>mailto:CCSupport@bannerhealth.com</u> for questions or issues with:

- > The DocuSign process correction/completion/renewal of the DAA
- Provider credential validations
- > Group Admin / Physician sponsor change requests
- > Clinical Connectivity Access Reviews
- Dormant accounts/ disabled users

Clinical Connectivity Application Support

Please contact our clinical service desk at 602-747-4444 option 3 for assistance with:

Application access and workflow Issues:

- > Qventus
- > Cerner
- > PACS
- > DSM
- ≻ R2W



Technical Support

Please contact our service desk at 602-747-4444, option 2, to assist with:

- Login credentials
- Password reset
- MFA (Multi Factor Authentication) enrollment
- Citrix Receiver installation
- System troubleshooting

Enrollment and Training Guides

- <u>https://www.bannerhealth.com/health-professionals/for-physicians/physician-tools/clinical-connectivity/enrollment-and-training-guides</u>
- For all other questions regarding Clinical Connectivity, please email our Business Development team at <u>BusinessDevelopmentReguests@bannerhealth.com</u>