

BANNER HEALTH CLINICAL CONNECTIVITY ENROLLMENT GUIDE

Please read carefully and understand that all Clinical Connectivity enrollment is done via the web. The process for registration is a multi-step process and includes actions from both the practice administrator and sponsoring physician.

WHAT APPLICATIONS ARE AVAILABLE?

Your physician office can request access to Banner Health's Clinical Connectivity web portal to access patient information over the internet. The Clinical Connectivity website provides:

- **Cerner Millennium:** Clinical information for Banner Health facility (lab, imaging reports, dictation, clinical results)
- **PACS Synapse:** Radiology Imaging/ Picture Archive Communication System (PACS)
- **iECG EKG Mgmt:** iECG enables viewing, printing, and searching of the 12-lead ECGs from the PC
- **Patient Census**
 - Physician-specific census lists.
 - Patient-specific "face sheets" containing patient demographic and billing information.
- **Direct Secure Messaging:** 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 Electronic Health Record. Traditional e-mail accounts (e.g., gmail, yahoo mail, or your outlook e-mail) are NOT Direct addresses. Direct addresses can be issued to individuals or to organizations, departments. An example of a direct address is dsm@direct.cerner.org.

ENROLLMENT REQUIREMENTS

Each group is required to identify a sponsoring physician and a group administrator (it is possible for the sponsoring physician to act as the group administrator, if desired). Each member of the group (physicians and staff members) will be assigned their own personal ID and password and access only to those applications they need as follows:

1. The sponsoring physician must be a licensed physician who provides treatment to patients who receive or are receiving services at one or more Banner Health medical centers. The sponsoring Physician accepts responsibility for the activities of the Group Administrator and all group members
2. The group administrator will usually be the office manager or administrator for a group of physicians and will be empowered to manage access and permissions for physician and staff within their group. Access for staff members and their applications may be requested during the enrollment process.
3. The Sponsoring Physician and the Group Administrator must sign a Contract for Clinical Connectivity. This contract is an acknowledgement of your responsibility to protect the confidentiality of patient health information.
4. Your Clinical Connectivity request can be processed in about two weeks following the return of a signed contract.

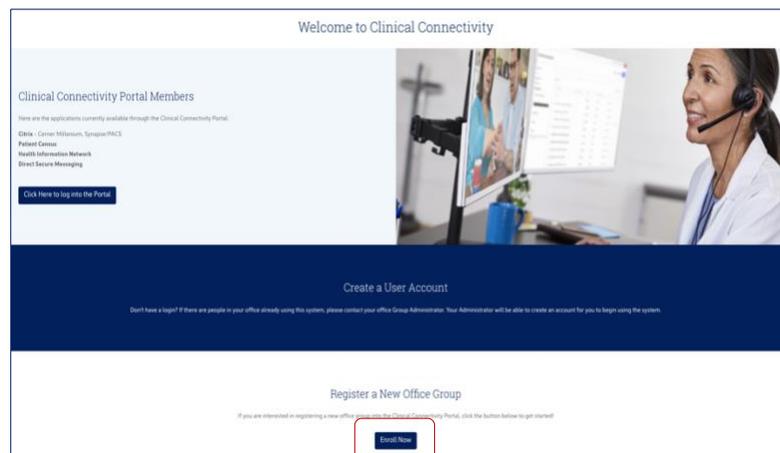
IT'S IMPORTANT TO KNOW

- Each use of Clinical Connectivity is tracked, logged and subject for review.
- Each user is accountable for the patient information that they access. Each user will only access the patient information needed in order to perform their responsibilities in providing direct patient care.
- Physicians, Group Administrators, and all users are required to comply with the terms under which this system should be used, which are outlined in the agreement signed by your organization. Your organization will have a copy of these terms, and each user should review them.
- Banner Health is committed to protecting the privacy of our patients and will take any action warranted to ensure that their health care data is secure.

ENROLLING IS EASY!

Start the enrollment process online at <https://access.bannerhealth.com>

1. Register a New Office Group: Click on the “**click here**” link under the Register a new Office group section.
2. If your group is already registered, please contact your group administrator to request access. If you are unsure who your group administrator is, please send an email to webconnect@bannerhealth.com



OFFICE REGISTRATION

OFFICE GROUP INFORMATION

1. Fill in the required fields with the **OFFICE** information.

Phone Number: ensure the phone number is in the following format 999-999-9999

Main Banner Health Facility: If the sponsoring physician does not have privileges at a banner facility or if the facility is not listed, please select [None]

2. Once all fields are filled out in the required format click **NEXT**.

Office Registration
Please enter the Group information below. For your group's main facility, please enter the Banner Health facility in which your Sponsoring Physician has admitting privileges.

Office Group Information

Group Name * Address *

Suite / P.O. Box City * State *

Zip Code *

Phone Number * Phone Extension Primary Fax Number *

ex: 999-999-9999

Main Banner Health Facility Check if no EHR

[None] Enter your EHR *

NEXT

SPONSORING PHYSICIAN

The Sponsoring Physician: The sponsoring physician must be a licensed physician who provides treatment to patients who receive or are receiving services at one or more Banner Health medical centers. This individual must sign a use agreement on behalf of the group as a prerequisite for obtaining IDs and passwords for members of the group.

Phone Number: ensure the phone number is in the following format 999-999-9999

Middle Initial: if there is no middle initial, the Check box for no middle initial must be checked.

Sponsoring Physician Information

Check if no middle initial.

First Name * Middle Initial Last Name *

Phone Number * Pager or Cell Phone Number NPI *

ex: 999-999-9999 ex: 999-999-9999

Email Address * Verify Email Address * Suffix *

Professional State License Number * Speciality *

NEXT

GROUP ADMINISTRATOR

The Group Administrator: Each group must have one designated group administrator. All communication regarding the group will be routed via this person, including IDs and passwords. He or she controls what applications are available to each of the members of the group and may delete users from their group or from the system. He or she can also modify any of the personal customized census lists maintained by physician users from the group. All below communication will be routed to this user:

- Contracts
- User Account ID and temporary passwords
- Request of verification and validation
- Request for new accounts
- Deactivation of users

Check the check box if the Group Administrator and the Sponsoring Physician are the same, if not fill in the required fields to continue and click **NEXT**.

Group Administrator Information

Check if no middle initial.

First Name * Middle Initial Last Name *

Phone Number * Pager or Cell Phone Number

ex: 999-999-9999 ex: 999-999-9999

Email Address * Verify Email Address *

Speciality * Title/Role *

NEXT

CREATE OFFICE STAFF MEMBER

When you are requesting access for member, you will need to add each user individually. Complete the user information required, requirements may differ based on the user type.

- There are two user types: Provider and Staff.
- Once all required fields are completed click **ADD**
- You will continue this process for each user requiring access

The bottom table will list all users in the group that have been added.

If you need to remove a member, click **DELETE** next to the desired member account.

When all users have been added, click **NEXT**.

Create Office Staff Member

User Type * Provider Suffix * <select>

Check if no middle initial.

First Name * Middle Initial Last Name *

Phone Number Pager or Cell Phone Number Email Address *

Professional State License Number * Specialty *

NPI *

ADD

If you need to delete a staff member before moving on to the next step, click the **Delete** link. Otherwise, click the **NEXT** button to begin selecting applications for each staff member.

Delete Office Staff Member

Last Name	First Name	Middle Initial	Suffix	Delete
Provider	Banner	R	MD	Delete
Provider	Banner		MD	Delete

NEXT

ASSIGNING APPLICATION ACCESS

Clinical Connectivity provides access links to the following applications. For each new member, check the appropriate application(s) you would like to request access.

1. You can assign unique applications to each individual user or check the box to apply the same applications to all users
***Note:** DSM is only applicable to providers and will require a DSM address for each individual provider.
2. Click **NEXT** when you have completed member application assignment.

NOTE: Do not request application access for already credentialed providers. Access to Banner systems is already granted to providers with privileges at a Banner facility. Their access to applications is created when credentialed.

Office Registration

For each new member, check the application(s) you would like to request access for. Click the **Next** button when you have completed or press the **Back** button to return to the previous page.

Check here to apply the same application selections from the first team member to all team members

Request Application Access for Banner Nurse

Request Application Access for Banner Provider

Cerner Millennium Report2Web

Fuji PACS Synapse Direct Secure Messaging (Tucson and Northern Colorado Providers Only)

iECG EKG Mgmt

Direct Secure Email Address *
banner.dsm@direct-ci.com

BACK **NEXT**

Description of available applications:

- **Cerner Millennium:** Clinical information for Banner Health facility (lab, imaging reports, dictation, clinical results)
- **Fuji PACS Synapse:** Radiology Imaging/ Picture Archive Communication System (PACS)
- **iECG EKG Mgmt:** iECG enables viewing, printing, and searching of the 12-lead ECGs from the PC
- **Report2Web:** Report2Web notification/alert via a daily email. This email notifies the PCP/Internist/Pediatrician or OBG of an ED visit/Admit/OBG and/or Discharged event.
- **Direct Secure Messaging:** Direct Secure Messaging (DSM) is a secure exchange of clinical healthcare data between Electronic Health Records (EHR) systems to improve patient coordination of care. Direct Secure Messaging can be used for: Transitions of Care (CCD, CCD-A documents), Lab Tests/Results, Referrals, Reports.
Note: Only providers will have a direct secure email. Direct secure addresses are generated by your practice Electronic Health Record. Traditional e-mail accounts (e.g., gmail, yahoo mail, or your outlook e-mail) are NOT Direct addresses. Direct addresses can be issued to individuals or to organizations, departments. An example of a direct address is *dsm.banner@direct.cerner.org*. If you are unsure of your direct email address, contact your EHR vendor.

CONFIRMING YOUR REQUEST FOR ACCESS

To complete the application all users must be confirmed.

1. If there are no edits, select **FINISH**.
2. To edit, click the **BACK** button to return to previous page

Office Registration Summary

Below is a summary of your access request. Please review the below request items for accuracy, and if you are satisfied with the results click the **FINISH** button at the bottom. If you would like to modify something, click the **BACK** button to return to the previous page.

Banner Nurse

Application Name	Request Submitted
Cerner Millennium	11/29/2022

Banner Provider

Application Name	Request Submitted
Cerner Millennium	11/29/2022
Direct Secure Messaging (Tucson and Northern Colorado Providers Only)	11/29/2022

BACK **FINISH**

Office Registration Completed



THANK YOU

You have successfully submitted your enrollment information for the Banner Health Clinical Connectivity portal which will allow you and members of your group to view patient demographic, billing and clinical information via the web!

The next step in this process will be validation of hospital privileges of your sponsoring physician. Once this is accomplished, you will receive another e - mail that will include detailed instructions for the next step in the enrollment process. In the meantime, if you have any questions, feel free to e-mail us at QWebConnect@bannerhealth.com.

CLOSE

WHAT NEXT?

Once you have completed the registration process, your request will be submitted for review and approval. If the request for access has been approved, the group administrator and sponsoring physician will receive email notifications from webconnect@bannerhealth.com with the contract link to complete.

Thank you for your interest in getting connected to Banner Health System's web-enabled Clinical Connectivity system. Through this system, you and members of your group will be able to view patient demographic, billing, and clinical information via the web!

To ensure your contract is approved, please review the following instructions carefully.

** Since forms may time out due to inactivity, please do not allow this form to go idle else the process may need to be restarted**

Please be advised that the document you are about to fill out is a binding legal document. As such, please take care to complete it completely and accurately.

Any contracts containing the following errors will be voided and need to be resubmitted for validation:

- **general spelling errors**
- **inappropriate abbreviations (ex. Med Rec instead of Medical Record, as well as abbreviated names / or nicknames)**
- **inappropriate use of caps lock (ex. md instead of MD or practice name instead of Practice Name)**
- **and inaccurate entries (ex. Wrong practice names, NPI or License numbers)**

Data Access Agreement section:

The start of the contract requests to indicate the "User," please enter your **legal** facility/practice name (e.g., Sample Pediatrics, LLC).

II. Agreement

In this section, you are asked to specify a HIPAA compliant activity (do not enter your name in this section, enter the activity (ex. accessing medical records for patient care)

II. AGREEMENT

1. BH shall permit the User and User Agents to request IDs and passwords as set forth herein and User agrees to transmit electronically or permit electronic access to PHI in accordance with this Agreement for the following HIPAA compliant activities:
accessing medical records for patient care

OIG/GSA Screening Affidavit (where applicable) – For those providers not yet provisioned in Morrissey, an affidavit will be required. Please be sure to indicate the NPI Number/State License Number as indicated

Based on information you have already provided you will be the Group Admin for your group and [Dr. Name] will be the Sponsoring Physician.

In order to get you connected please complete the DocuSign Contract Form below. Be sure to enter both your information and CORPORATE email address as the group administrator and the physician's information and CORPORATE email address as the Group Sponsoring Physician. You will both be required to sign.

Please do not use generic email addresses that multiple users have access to.

If CORPORATE email is not available, personal email addresses may be used instead. The emails need to be unique to each of you or else the electronic signature process won't work.

Once you have signed the contract, [Dr. Name] will receive an email from DocuSign, at the email address you entered, to be able to sign the same contract.

Please also note that further instructions on how to fill out this contract are available in DocuSign by hovering your mouse over the required entry field.

[Click Here to Begin the Clinical Connectivity Non-Staff Contract](#)

COMPLETING THE BANNER CLINICAL CONNECTIVITY NON-STAFF CONTRACT

The contract link will reside in the email you receive after registration listed **Clinical Connectivity Non-Staff Contract**. The contract will be an electronic signature form which will require both the Group Administrator’s and Sponsoring Physician’s name and email.

1. Complete the requested information listed on the PowerForm Signer Information and click **Begin Signing**.

The screenshot shows a form titled "PowerForm Signer Information". It contains instructions for signing, a section for "Group Admin" with fields for "Your Name" and "Your Email", and a section for "Sponsoring Physician" with fields for "Name" and "Email". A "Begin Signing" button is located at the bottom right.

2. The Group Administrator will need to enter the access code to validate the PowerForm. The access code will be sent to the email you entered on the PowerForm. If an Access Code is not provided, click “I Never Received an Access Code.”

The screenshot shows a Banner Health interface with the heading "Please enter the access code to view the document". It identifies the user as "Clinical Connectivity Admin" and provides instructions on how to use the access code. There is an "Access Code" input field, a "Show Text" link, and a button labeled "I NEVER RECEIVED AN ACCESS CODE".

3. After entering the access code, you’ll see the Confidentiality and Data Access Agreement form.

The screenshot displays a document titled "CONFIDENTIALITY AND DATA ACCESS AGREEMENT - Consent Letter". The document contains several sections: "I. RECITALS", "II. AGREEMENT", and "III. SIGNATURES". It details the terms of the agreement between Banner Health and the user, including provisions for data access and confidentiality. The document is labeled "Page 1 of 4" at the bottom.

4. The highlighted fields are what is required from your practice to complete the contract.
5. CONFIDENTIALITY AND DATA ACCESS AGREEMENT: 1st paragraph, this is the Agreement between Banner Health and your Practice. Enter the legal Practice Name
6. AGREEMENT: 1. HIPAA Compliant Activities: This is the reason why you are requesting access to Banner online systems i.e., review medical records for patient continuity of care

DocuSign Envelope ID: 46F79C2-0214-4915-AC1D-0A7640092D14

CONFIDENTIALITY AND DATA ACCESS AGREEMENT – Covered Entities

This CONFIDENTIALITY AND DATA ACCESS AGREEMENT ("Agreement") is made and entered into as of this February - 2018 by and between Banner Health, an Arizona nonprofit corporation ("BH") and [Redacted] ("User"). BH and User will be collectively known as "Parties".

I. RECITALS

WHEREAS, BH and User are covered entities as defined by 45 CFR § 160.103 and therefore are obligated to comply with the privacy and security requirements under the Healthcare Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH);

WHEREAS, BH is custodian of certain electronically-stored Protected Health Information, as defined by 45 CFR § 160.103 (hereinafter "PHI"); and

WHEREAS, the User desires to access, PHI via BH's web-based application ("Patient Information Application") to perform User determined HIPAA compliant activities; and

NOW, THEREFORE, in consideration of the mutual promises herein contained, BH and User agree to the terms as defined in this Agreement.

II. AGREEMENT

1. BH shall permit the User to request IDs and passwords as set forth herein and User agrees to transmit electronically or print electronic access to PHI in accordance with this Agreement for the following HIPAA compliant activities: [Redacted]
Access shall be granted to the User Agents listed at Exhibit A.
2. **Compliance with Law.** User agrees to comply with this Agreement and all state and federal law, including but not limited to, employees, owners, partners, subcontractors or vendors.
3. **Administrator and Notice.** User shall identify, to BH, an Administrator (User's designated representative authorized to assign passwords/IDs and responsible for the enforcement of this Agreement). The User shall notify BH no later than fourteen (14) days prior any change in the Administrator or User. The User agrees to accept responsibility for the activities of the Administrator and all employees and to keep current the written identification provided to BH of authorized individuals.
4. **Term and Termination.** This Agreement shall be effective upon signature by both parties and shall remain in effect unless terminated by either party for any reason by giving ten (10) day advance written notice to the other party. BH retains the right to terminate this Agreement immediately should it suspect a violation of patient confidentiality or violation of any other terms of use.
5. **Rules, Regulations and HIPAA policies.** User hereby agrees to comply with any BH rules, regulations and policies implementing HIPAA requirements whether now or hereafter existing. Should Banner enact any policies or determine that modifications to this Agreement are necessary, it

Page 1 of 4

7. Scroll to the signature pages. Electronic signatures from both the Group Administrator and Sponsoring Physician are required. The Group Administrator will need to complete their signature and click Finish, and the Sponsoring Physician will receive their own email to sign and complete the contract.

DocuSign Envelope ID: 46F79C2-0214-4915-AC1D-0A7640092D14

BANNER HEALTH:
By: _____
Printed Name: Ryan Smith
Title: CEO Banner Health
Date: _____

Group Sponsoring Physician:
By: _____
Printed Name: _____
Title: _____
Date: _____

Group Administrator:
By: _____
Printed Name: Julia B. McKernan
Title: _____
Date: 1/21/2018

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DocuSign Envelope ID: 46F79C2-0214-4915-AC1D-0A7640092D14

BANNER HEALTH:
By: _____
Printed Name: Ryan Smith
Title: CEO Banner Health
Date: _____

Group Sponsoring Physician:
By: _____
Printed Name: [Redacted]
Title: [Redacted]
Date: 1/21/2018

Group Administrator:
By: _____
Printed Name: _____
Title: _____
Date: _____

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8. If the sponsoring physician is not credentialed at a Banner facility, they will need to complete the OIG/GSA Screening Affidavit.

DocuSign Envelope ID: 4E778C0-021A-4015-AC1D-D476A009F014

OIG / GSA SCREENING AFFIDAVIT
For Individuals

I hereby certify that I (i) have never been excluded, suspended, debarred or otherwise deemed ineligible to participate in Federal and/or State healthcare programs; (ii) have never been excluded, suspended, debarred or otherwise deemed ineligible to participate in any and all other Federal procurement programs; and (iii) have never been convicted of a criminal offense related to the provision of healthcare items or services.

Signature: 

Date: 3/22/2018

Print Name: BRIDGET KACIS

SSN / Employee ID: 

Facility: 

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9. Upon completion of the contract by both the Group Administrator and Sponsoring Provider, the practice will receive a copy of the completed contract via email.

10. Processing and creation of user accounts may take up to 2-3 weeks.

USER ACCOUNTS AND PASSWORDS

If requesting access to clinical applications i.e., Cerner, Fuji, EKG, R2W

Upon completion of the contract by both the Group Administrator and Sponsoring Provider, the Group Administrator will receive all user accounts via an encrypted email with user login information.

- If the user is new to Banner applications, the Group Administrator will receive the ID and temporary password via email. It will be the responsibility of the Group Administrator to distribute the login credentials to the individual user(s).
- The user will receive an email to set-up the Azure Multifactor Authentication via Microsoft Authenticator. Go to [Self-Enrollment with Azure MFA](#) for instructions.
- If the user had previous access to Banner systems and the account is active, only username will be sent. Inform the user to utilize previous credentials. 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.

If requesting access to Direct Secure Messaging (DSM)

Upon completion of the contract by both the Group Administrator and Sponsoring Provider, Banner will then start the account creation. The Group Administrator will be notified via email of completion. 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.

TECHNICAL SUPPORT

Once you have enrolled, technical support is available to you 24 hours-a-day by calling the Banner Help Desk at 602-747-4444. To request an enrollment status update, please email webconnect@bannerhealth.com.

Learn more about Clinical Connectivity and resources available at [bannerhealth.com/clinicalconnectivity](https://portal.bannerhealth.com/clinicalconnectivity)