HealthLink

medicare
Mental Health
1800 595 212

shexie

User Guide

14.04.2025 SP

HealthLink SmartForms for
Shexie Platinum

Welcome to HealthLink SmartForms. The smartest way for health professionals to refer their patients to Medicare Mental Health.

Your practice must be running Shexie Platinum 7.0 or above to access the HealthLink SmartForms.

Submitting eReferrals from Shexie Platinum

Using HealthLink SmartForms

SmartForms enable **Shexie Platinum** users to easily refer and engage with all HealthLink SmartForm service providers including Hospitals, Private Specialist, Transport for NSW and My Aged Care.

SmartForms are designed to speed up the service you can provide for your patients. They give you confidence that your form has been securely delivered to the service provider, and a copy has been saved to your Practice Software.

HealthLink Technical Support

Email: helpdesk@healthlink.net

Phone: 1800 125 036

Step 1:
Accessing HealthLink SmartForms (eReferrals)

There are three ways to access the forms within your Shexie software…

(A) <u>From Appointments</u>
In the appointment calendar, right click on the patient and then select **HealthLink Form**

or –
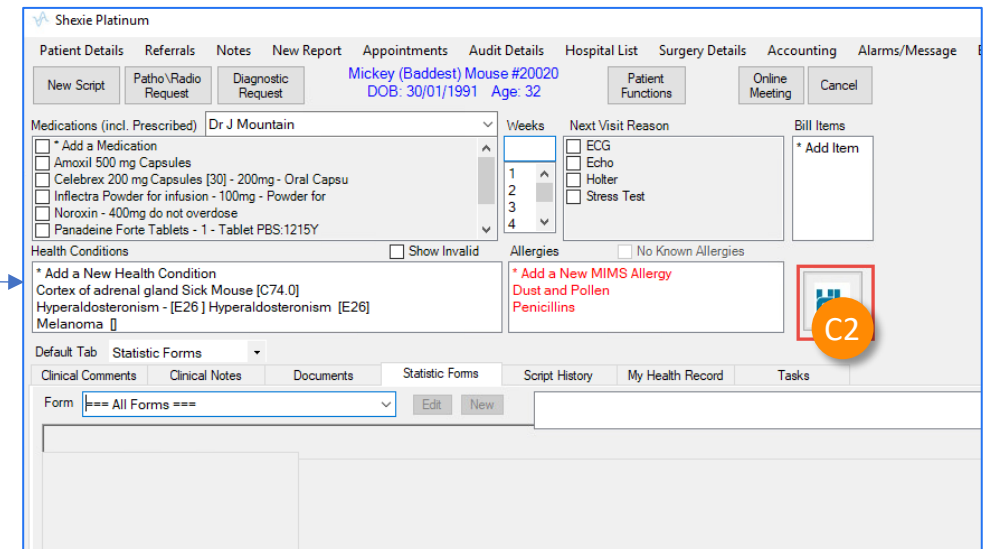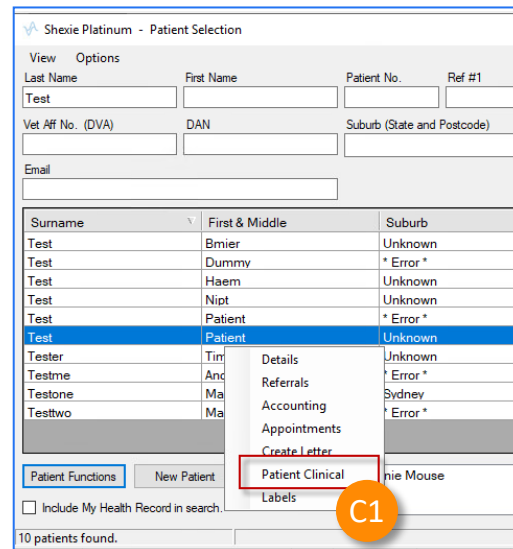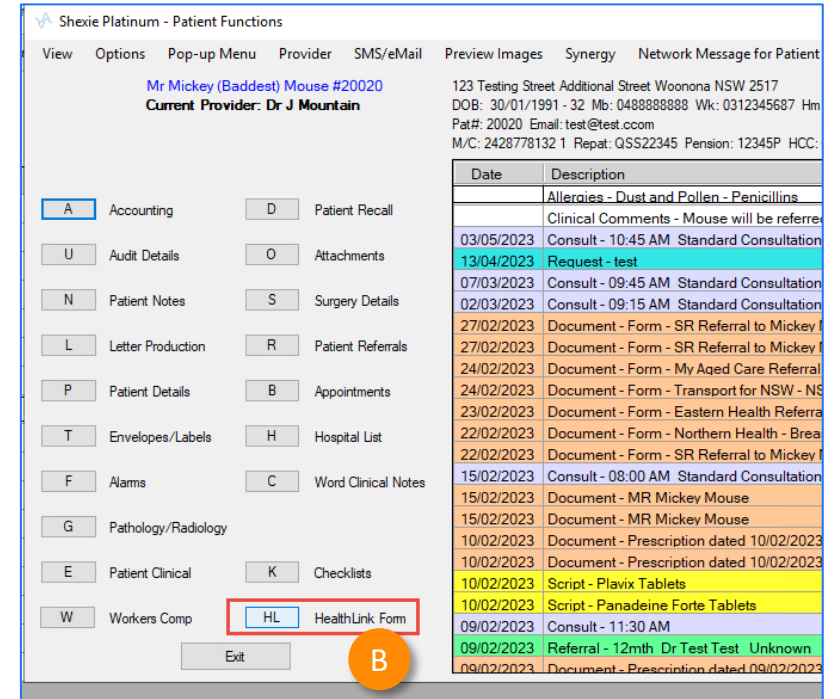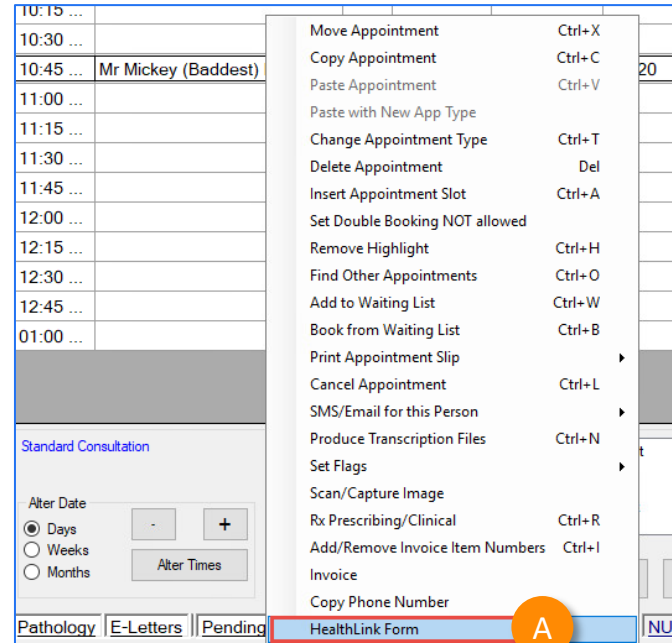
(B) <u>From Patient Functions</u>
Open and search for a patient via Patient Search. Once you are in the patient record click on **HL – HealthLink Form.**

or –

(C) <u>From Patient Clinical</u>
From the Patient search screen, after you have located the patient, click on the patient's name, select **Patient Clinical** and then click on the **HL icon.**

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Step 1:

Accessing HealthLink SmartForms (eReferrals)

If the patient has not had a HealthLink smartform created previously, when you click on the **HL** icon, you will be taken directly to the HealthLink home page (skip to next page).

D If the patient has any previously created smartforms, you will be presented with a pop-up window where you can **access a previously parked/saved form,**

E or **create a new form** for that patient.

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Step 2:
Launching a new form

Now you're on the HealthLink home page…

A Here you'll find a list of available services to refer patients.

B Within the **Referred Services** section, Click on the link named **Medicare Mental Health (1800 595 212)**

To launch the smart form, Medicare Mental Health require you to then:

C • **Select a specific state** and **PHN**

D • **Facility: Medicare Mental Health Intake**

E • Then click **Continue** to launch the form.

(**e.g**. *Medicare Mental Health Phone Services – NSW – Central and Eastern Sydney PHN)*

Step 3:
Completing the form

Now you've loaded the form to complete and submit.

(A) **The SmartForm layout** provides a consistent, easy-to-use tabular structure on the left, with the main action window on the right.

(B) **Mandatory Fields** must be completed prior to submitting the SmartForm and are each highlighted with a red asterisk.

You'll notice SmartForms are **responsive**: They will pre-populate all available patient and referrer data and contain logic to request more specific patient information based on your selections.

Note: Once you have ticked on the consent box – the form will open and start pre-populating the patients details

(A)

medicare Mental Health
1800 595 212

Requested Information ⚠️
Central and Eastern Sydney PHN

Attachments / Reports
No reports selected
No files attached

Medications, Allergies, Alerts ⚠️
2 long term medications specified
8 medications specified
No medical warnings specified

Patient Information
MICKEY HEATLEY
No patient ID available
17/12/1941

Referrer Information
Sam Entwistle
No Different Regular GP

Requested Information ⚠️
North Western Melbourne PHN

Attachments / Reports
No reports selected
No files attached

Medications, Allergies, Alerts ⚠️
2 long term medications specified
8 medications specified
No medical warnings specified

Patient Information
MICKEY HEATLEY
No patient ID available
17/12/1941

Referrer Information
Sam Entwistle
No Different Regular GP

Submit   Preview   Park   Help

Central and Eastern Sydney PHN - Medicare Mental Health Intake

✓ **Form has been auto-saved.**

▼ Important Information

The following information **MUST** be understood by the referring clinician and the patient:

- Medicare Mental Health (1800 595 212) provides a free, confidential referral service for anyone seeking mental health support.
- Medicare Mental Health is NOT a crisis service. Our operating hours are Monday to Friday 8.30am - 5.00pm (excluding public holidays).
- Please do not use for critical emergencies; instead, follow your existing emergency healthcare pathways or call 000
- Once received, this referral will be assessed by the Medicare Mental Health team and allocated to an appropriate service. Medicare Mental Health may call the patient to discuss their referral.
- You will be informed of the referral status and the service will contact your patient directly to arrange an appointment

Privacy Collection Notice

The patient's personal and health information is protected in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles. The patient's personal and health information in the following pages will be collected, used and disclosed for the primary purpose of facilitating the patient's care and the referral. As this is a referral, it is not appropriate to collect health and personal information directly from the patient. If this information is not collected, the referral cannot be progressed. For further information about how the patient's personal and health information will be managed, please click here.

Primary Mental Health Care eReferral Form - Terms of Use

By using this Primary Mental Health Care eReferral service, and pressing submit, you agree to the Primary Mental Health Care eReferral form terms of use, which can be found here.

Consent

☐ The patient, or guardian, has consented to the referral (including their personal and health information) being shared with the Medicare Mental Health team, their local Primary Health Network (who manages the service) and if the patient is referred onto a service - other relevant service providers and health professionals as required for the purpose of to facilitating their care. They understand that this information will be kept safe and private and will be used to determine what support they need.*

(B)

Primary Mental Health Care eReferral Form - Terms of Use

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Consent

☑ The patient, or guardian, has consented to the referral (including their personal and health information) being shared with the Medicare Mental Health team, their local Primary Health Network (who manages the service) and if the patient is referred onto a service - other relevant service providers and health professionals as required for the purpose of to facilitating their care. They understand that this information will be kept safe and private and will be used to determine what support they need.*

The patient, or guardian, has consented to share their de-identified data with the Commonwealth Department of Health and Aged Care, state and territory health departments and evaluators. This de-identified data includes personal information like date of birth, gender, postcode and health outcomes. The patient, or guardian is aware that this de-identified data can also be linked to other available de-identified data about them to facilitate research. The service does not share the patient's name, address or other personally identifiable details that can be linked back to the patient.* ℹ️

○ Yes   ○ No   ● Not stated

Referral Details

Referral Date*   [09/04/2025]

Are you referring this patient due to concerns about suicide risk or their need for suicide prevention services?   ○ Yes   ○ No

Step 3:

Completing the form

C The additional details can be completed by using the drop-down menu and using the **Yes / No** radio buttons

D Assessment section of the form will ask if you would like to use the Initial Assessment and Referral Decision Support Tool (IAR-DST).

Select the developmental age group.

C

Additional Patient Details

The majority of patient demographic information is contained within the "Patient Information" tab, and populated from your medical software. Please review for accuracy prior to submission.

If unsure of an answer to a question below, please leave unanswered.

Gender identity	Please select ▾
Patient pronouns	Please select ▾
Patient sexual orientation ℹ️	Please select ▾
Patient has Health Care Card	○ Yes ○ No
Patient has Medicare card	○ Yes ○ No
Patient has DVA Card	○ Yes ○ No
Patient has Pensioner Concession Card	○ Yes ○ No
Homelessness	Not homeless ▾
NDIS participant	○ Yes ○ No
Proficiency in spoken English	Please select ▾
Main language spoken at home	Please select ▾
Interpreter required?*	○ Yes ● No
Do you identify as having a multicultural background?	○ Yes ○ No
Patient's preferred consultation method	Please select ▾
Preferred location for service	
Preferred contact method	Please select ▾
Are there any safety concerns with contact methods? ℹ️	○ Yes ○ No

Next of Kin or Emergency Contact

Relationship to patient	Please select ▾
Is the Next of Kin the preferred contact?	○ Yes ○ No

Assessment

D ➔

Do you want to use the Initial Assessment and Referral Decision Support Tool (IAR-DST) for this patient?*   ● Yes   ○ No

Developmental age group*

Please Select ▴
Please Select
Child (5-11)
Adolescent (12-17)
Adult (18-64)
Older Adult (65+)

GP Mental Health Treatment Plan

Has a GP Mental Health Treatment Plan been completed?*

If applicable, please attach the Mental Health Treatment Plan in the

Step 3:
Completing the form

IAR – DST Calculator

E In the form you can use the drop down to select the level.

TIP: The domain rating guide under each question will open another window and take you the official IAR-DST website.

F Click on Calculate to determine the IAR-DST recommended level of care.

Note: For more information on the IAR-DST please click here.

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Assessment

E

Do you want to use the Initial Assessment and Referral Decision Support Tool (IAR-DST) for this patient?*   ● Yes   ○ No

Developmental age group*   Adult (18-64) ▼

▼ Initial Assessment and Referral - Decision Support Tool

Note: Please refer to the IAR-DST rating guidance for selections.

Primary Domains

Domain 1 - Symptom Severity and Distress*   1 = Mild or sub diagnostic ▼

Domain rating guide ❓

Domain 2 - Risk of Harm*   1 = Low risk of harm ▼

Domain rating guide ❓

Domain 3 - Functioning*   1 = Mild impact ▼

Domain rating guide ❓

Domain 4 - Impact of Co-Existing Conditions*   3 = Severe impact ▼

Domain rating guide ❓

Contextual Domains

Domain 5 - Treatment and Recovery History*   1 = Positive ▼

Domain rating guide ❓

Domain 6 - Social and Environmental Stressors*   2 = Moderately stressful environment ▼

Domain rating guide ❓

Domain 7 - Family and Other Supports*   4 = No supports ▼

Domain rating guide ❓

Domain 8 - Engagement and Motivation   2 = Limited ▼

Domain rating guide ❓

[Calculate]   ← **F**

IAR-DST recommended level of care*   Level 3+ Moderate Intensity Services

Additional information supporting IAR-DST selection

Do you agree with the IAR-DST recommended level of care?   ● Yes   ○ No

8

Step 3:
Completing the form

IAR-DST

G If you disagree with the IAR-DST calculation; use the drop-down menu and text box.

Then **click through the remaining Tabs** on the left to **ensure all the pre-populated patient information has been either selected, or de-selected, as appropriate to submit to the service provider.**

All these features ensure you're providing a quality, and compliant submission every time, on behalf of your patients.

G

Do you agree with the IAR-DST recommended level of care?   ○ Yes   ● No

Practitioner assessed level of care*

Please select ▲
Please select
Level 1 - Self Management
Level 2 - Low intensity services
Level 3 - Moderate intensity services
Level 4 - High intensity services
Level 5 - Acute and specialist community health services

Please include the rationale for any deviation between the DST-der   f care.*

GP Mental Health Treatment Plan

Has a GP Mental Health Treatment Plan been completed?*   ○ Yes   ● No

If applicable, please attach the Mental Health Treatment Plan in the Attachments/Reports tab of this referral.

HL

medicare Mental Health
1800 595 212 Central and Eastern Sydney PHN - Medicare Mental Health Intake

Submit | Preview | Park | Help ⌄

Requested Information ⚠ Central and Eastern Sydney PHN	✓ Form has been auto-saved.

Patient Information
Date of birth*
17/12/1941

Attachments / Reports No reports selected	Name*

  ▸ MICKEY Disney HEATLEY (Mmouse)

Medications, Allergies, Alerts 2 long term medications specified 8 medications specified No medical warnings specified	Gender*	Patient's Indigenous status*

Gender*   Patient's Indigenous status*
Male   Neither Aboriginal nor Torres Strait Islander origin ⌄

Patient Information MICKEY HEATLEY No patient ID available 17/12/1941	Gender Identity	Country of Birth

Residential Address
Please add only the following State or Territory codes, ACT, NSW, NT, QLD, SA, TAS, VIC, WA only in the State field

Referrer Information Sam Entwistle No Different Regular GP	▸ 95 Pitt Street, Apartment, Sydney, NSW, 2000

Postal Address
Same as residential

Step 3:

Completing the form

Attachments

H The **Attachments / Reports** tab will give you access to all the supporting documents that you may wish to attach to the form.

I You can select any item from the **table** – showing you patient medical records captured from the **last six months**.

Or you can **browse for files**…

J • stored in your Practice Management Software by clicking the **Browse for Patient Document** button .

K **Note:** Make sure to update the date parameters if you want to see files that are older than 6 months.

L • *Or* in your local computer's file system by clicking the **Browse for Local File** button.

Previewing, Submitting and Parking

Previewing

A You can verify that the form has been completed correctly by clicking **Preview** allowing you to review the details before submitting.

B Whether you click **Preview** or **Submit**, if a piece of required information is incomplete or incorrect, the form will notify you to complete or correct it.

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Step 4:

Previewing, Submitting and Parking

Submitting

(C) When you are ready to send your form, click **Submit**.

(D) This will safely and securely send the form electronically via HealthLink, and you will see a copy of the completed form with a **date stamp.**

A copy of the submitted form is saved directly to the patient file.

(E) If you'd like to provide the patient with a copy, you can left-click the **Print** button or right-click anywhere on the submitted form and choose Print.

medicare **Mental Health**
1800 595 212 Central and Eastern Sydney PHN - Medicare Mental Health Intake

| Submit | Preview | Park | Help ∨ |

(C)

Medical Practitioner Information

| Requested Information
General Surgery | Medicare Provider Number* | Medical Registration Number |
	0000000A	123456
Attachments / Reports	HPI-I	HPI-O
		123456789098765
	Name	
	Full name	Dr Name ⓘ

(D) → **Form sent on 17/02/2025 09:34 AEDT**

(E) → Print

Sensitive: Personal

Central and Eastern Sydney PHN - Medicare Mental Health Intake

medicare **Mental Health**
1800 595 212

Patient: MICKEY HEATLEY, 83yrs, M, DOB 17/12/1941, PH: 0401 201 2011, Wrk 03 9 23423221, Hme 03 9 53532221

Residential address: 95 Pitt Street, Apartment, Sydney, NSW 2000

Postal address: 9600 Pitt Street, Apartment, Sydney, NSW 2000

Referred by: Sam Entwistle, Millstone Family Practice, PH 03 9 358 0116, FAX 03 9 4433456

Clinical Referral Information

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Step 4:

Previewing, Submitting and Parking

Parking

F And if you need more information to complete the form, you can **Park** the form to save what you've done so far and come back to it later.

Step 5:

Accessing parked and auto-saved forms

A Any form parked or submitted can be seen from the patient's file after clicking the HL icon.

B Also, you can access all forms via **Housekeeping** > **HealthLink Audit Report**

Note: when returning to a parked or auto-saved form, due to security policy, any previously added attachments will need to be re-added.

Step 6:
Accessing submitted forms

A Submitted forms are saved back to the Documents tab where it can be viewed

What happens after a referral has been made?

- Medicare Mental Health will respond with a **Status Message** regarding the **Referral Acceptance** or **Referral Rejection** with reasons.
- These Status Messages will be received back into your Practice Software using the same workflows when receiving Incoming Reports and Results, and Other correspondence like Discharge Summaries.

Viewing incoming reports

A From the home screen – if incoming correspondence is waiting to be viewed – tabs at the bottom will flash red.

You are also able to click on E-Letters and it will take you to the incoming correspondence area.

Step 7:

What happens after a referral has been made?

Viewing incoming reports (continued)

You can also access incoming correspondence by…

B Selecting **View** from the menu

C Then clicking **Review Incoming Electronic Files**
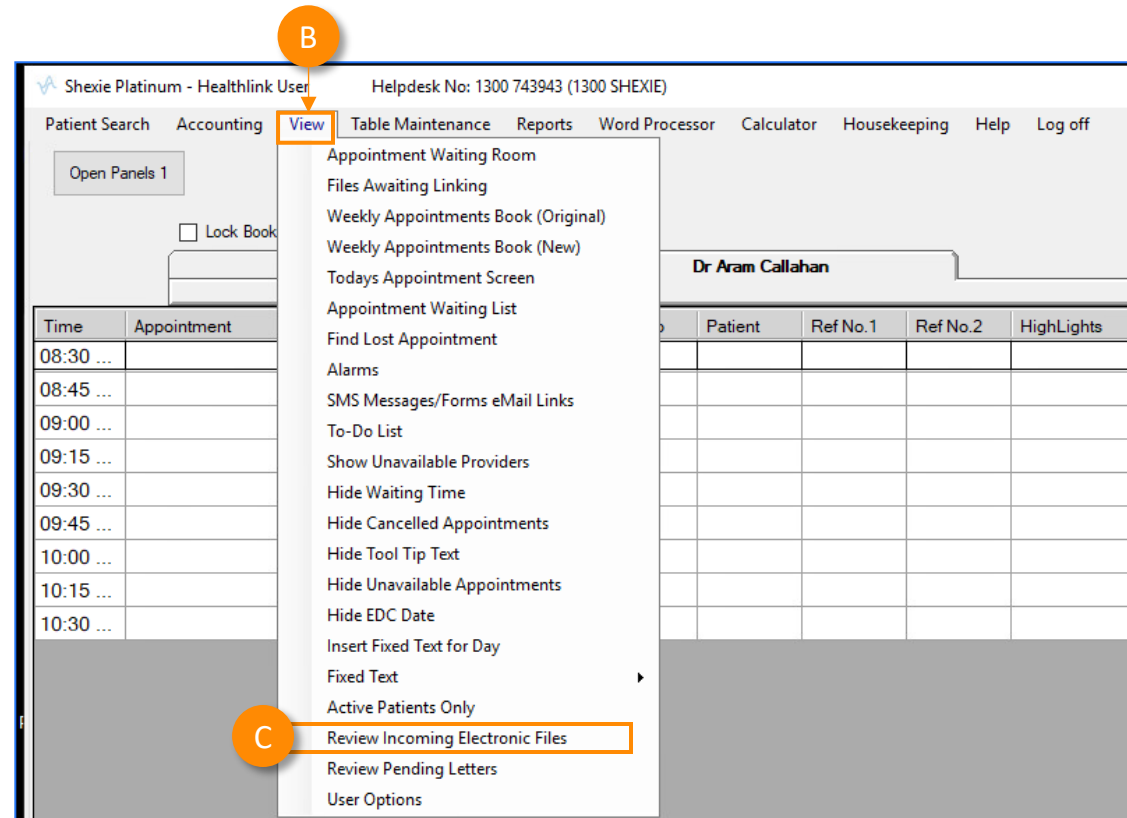
Step 7:

What happens after a referral has been made?

Viewing incoming reports (continued)

D The right-hand side shows the messages waiting for review.

E The right-hand panel enables you to link/match/filter etc.

HealthLink* —— Part of Clanwilliam