

HealthShare Referral Manager

Quick Reference Guide for Community Providers

HEALTHSHARE REFERRAL MANAGER (HSRM) is an electronic referral and authorization processing system used by the Department of Veterans Affairs (VA) to accelerate Veterans' access to community care. HSRM allows VA, third-party administrators (TPAs), and community providers to better manage community care referrals and authorizations. HSRM facilitates a reduction in turnaround time for processing referrals, providing care, submitting claims, and receiving payment. This quick reference guide is one of several guides that will help users get the most out of HSRM.

QUICK REFERENCE GUIDE TOPICS

1. Referral lifecycle overview
2. Locate a referral
3. Manually change the status of a referral
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Community providers play a key role in delivering high-quality care to Veterans in their communities. HSRM enables community providers to receive and process referrals from VA and share information faster and more accurately than ever before. Community providers, VA, and Veterans all benefit from this new system. This guide provides details about the community provider's role in processing referrals in HSRM and how to maximize system functionality.

1. REFERRAL LIFECYCLE OVERVIEW

A referral's lifecycle begins when HSRM receives a referral, and it ends when the episode of care (EOC) is complete and all medical documentation has been received. There are six steps in the lifecycle. VA performs steps 1 and 2, and VA or the community providers complete steps 3, 4, and 5, as shown in **Exhibit 1**.

Exhibit 1: Referral Lifecycle



*The status of the referral automatically changes in HealthShare Referral Manager once the step is completed.

2. LOCATE A REFERRAL

HSRM allows community providers to locate referrals quickly and manage them according to their priority. When logging in to the system, the Referral List screen—which is also the home screen—appears. The Referral List screen features what is, in effect, a user to-do list; it shows all of a facility’s referrals from VA in a central location and allows users to sort referrals.

Users can sort all lists in HSRM by column heading. The default view lists referrals by highest priority and date added, making it easy to see which referrals need immediate attention. The user may also sort the Referral List. Sorting the Referral List allows users to view the information in any column in ascending or descending order.

To locate a referral by sorting column headers:

1. Navigate to the **Referral List** by selecting either the **Home** icon  or the **Menu** icon  at the top left of the screen, then selecting **Referral List** on the menu.
2. Select a column heading to sort data in ascending order by that category. Select it a second time to sort in descending order. Select it a third time to sort by the default (**Priority Order** and **Date Added**).
3. Select the row of the relevant referral to access the **Referral Details** screen.

The Advanced Sort feature provides multiple criteria by which users can sort the Referral List in HSRM.

To locate a referral by using the Advanced Sort feature:

1. Navigate to the **Referral List** by selecting either the **Home** icon  or the **Menu** icon  at the top left of the screen, then selecting **Referral List** on the menu.
2. Select the hyperlink on the **Referral List** to activate the **Advanced Sort**. The available options appear. Both primary and secondary sort criteria can be selected. Select the **Ascending**  or **Descending**  icon associated with the specific criterion for the sort. The referrals are now sorted according to the sort criteria. Select the row of the relevant referral to view the Referral Details screen.

3. MANUALLY CHANGE THE STATUS OF A REFERRAL

The Referral Status shows where a referral is in its lifecycle. Community providers should only use Accepted, Rejected, First Appointment Made, and Initial Care Given.

To manually update the status of a referral:

1. Locate the referral (see the [LOCATE A REFERRAL](#) section of this guide).
2. Navigate to the **Referral Details** screen by selecting the referral row.
3. Navigate to the **Referral Processing Information** section on the **Referral Details** screen. Select a new status.
 - Note: If the user selects the **Rejected** status, the **Referral Reason** field will be mandatory.
4. Enter any relevant comments regarding the referral in the **Comments** field of the **Referral Processing Information** section.
5. Select the **Update** button  at the bottom right of the screen to save changes and return to the previous screen. Selecting the **Apply** button  saves changes and stays on the same screen.

4. ACCESS STANDARDIZED EPISODE OF CARE (SEOC) INFORMATION

A SEOC is a bundle of services authorized under a single referral within a specific period of time. A SEOC helps reduce the need to request authorization for each service. Within HSRM, the user can view the SEOC and the procedural overview of services authorized under that referral.

To view SEOC details:

1. Locate the referral (see the [LOCATE A REFERRAL](#) section of this guide).
2. Select the row of the referral to navigate to the **Referral Details** screen.
3. Navigate to the **Service Requested** section on the **Referral Details** screen and select the **SEOC Details** link.
4. Review the **Procedural Overview** for the SEOC.

5. PRINT THE OFFLINE REFERRAL FORM

Printing the Offline Referral Form enables community providers to retain a hard copy of the referral for their files. The Offline Referral Form contains referral details, the referral number (which is used as the authorization number), additional referral information, billing and precertification information, patient details, and SEOC information. Community providers can print offline referral forms for individual or multiple referrals.

To print the Offline Referral Form for an individual referral:

1. Locate the referral (see the [LOCATE A REFERRAL](#) section of this guide).
2. Select the row of the referral to navigate to the **Referral Details** screen.
3. Select the **Component Menu** icon  at the far right of the **Referral Details** section to open the **Component Menu** (below the **Patient Banner**), then select **Offline Referral Form**.
4. The **Offline Referral Form** appears in a new browser tab and users can print, download, and save the form.

To generate an Offline Referral Form for multiple referrals:

1. Navigate to the **Referral List** by selecting either the **Home** icon  or the **Menu** icon  at the top left of the screen, then select **Referral List** on the menu.
2. Select the **Toggle Multiple Selection** checkbox at the top right to enable the selection of multiple referrals, then check the boxes next to the appropriate referrals.
3. Select the **Component Menu** icon  and select **Offline Referral Form**.
4. The **Offline Referral Form** appears in a new browser tab and users can be print, download, and save the form.

6. MANAGE DOCUMENTS

HSRM allows VA and community providers to easily upload and download medical documents such as medical records and images. Prior to providing care to a Veteran, community providers can download and review documents that VA shares regarding the Veteran, and community providers can upload relevant care documentation for VA's review.

To view and download documents:

1. Locate the referral (see the [LOCATE A REFERRAL](#) section of this guide).
2. Navigate to the **Referral Details** screen by selecting the referral row.
3. Select **Add/View Documents** on the **Referral Details** screen to open the **Documents** screen. Users can view and download all documents that were added to the referral here.

To add documents to a referral:

1. Locate the referral (see the [LOCATE A REFERRAL](#) section of this guide).
2. Navigate to the **Referral Details** screen by selecting the referral row.
3. Select **View/Add Documents** link on the **Referral Details** screen to open the **Documents** screen.
4. Select the **New** button  at the bottom right of the **Documents** screen. The **Add Documents** screen appears.
5. Enter data in the corresponding fields on the **Add Documents** screen.
6. Select the **Upload** button  and select the file from the computer's hard drive.
7. Select the **Document Type** field and choose the appropriate type (either **Medical Documents** or **Request for Services/SAR**). This will trigger an automatic task for VA to review the document.
8. Select the **Update** button  at the bottom right of the screen to save and go back to the **Documents** screen.
9. Select **Referral Details** from the Breadcrumb Trail drop-down list at the top left of the screen to go back to the **Referral Details** screen or continue to add documents in the same manner.

7. RECORD AND MANAGE APPOINTMENTS

Recording appointments in HSRM makes this information available to VA without having to phone, email, or fax, thus reducing the administrative burden for both VA and community providers. Users can record appointments in the system from the Referral Details screen, but they will also need to book the appointment in their own external systems.

To record an appointment:

1. Locate the referral (see the [LOCATE A REFERRAL](#) section of this guide).
2. Select the referral to navigate to the **Referral Details** screen.
3. Select the **Component Menu** icon  located at the far right of the screen in the **Referral Details** section to open the **Component Menu**.
 - Note: Users must be at the top of the screen in order to see the **Component Menu**.
4. Select **Options** and **Record Appointment**.
5. Enter the appropriate information (e.g., **Service Requested**, **Appointment for**, **Scheduling Method**, **Date/Time**, etc.). Mandatory fields are indicated by a red asterisk.
6. If the name of the specific facility caregiver is unknown or the appointment is with a facility caregiver other than the initial community provider, select the **PPMS (Provider Profile Management System) Provider Search** link. The **PPMS Provider Search** screen appears.
7. Enter the provider's National Provider Identifier (NPI) in the **NPI** field on the **PPMS Provider Search** screen and select the **Find** button  at the bottom right.
8. Select a provider for the referral by selecting the row of the provider. The **Record Appointment** screen appears. The **Provider Name** field populates.
 - Note: For subsequent appointments, the previous caregiver will appear in that field and will need to be changed if the caregiver is different.
9. Select the **Update** button  on the **Record Appointment** screen to save changes. The **Referral Details** screen appears, and the status of the referral will automatically change to **First Appointment Made**.

- Note: If an appointment is recorded for a provider other than the initial community provider, that second provider will not see the referral on their **Referral List** but will instead receive a task on his/her facility's **Task List** that will allow them to work with the referral.

To change the status of an appointment:

1. Locate the referral (see the [LOCATE A REFERRAL](#) section of this guide).
2. Select the **Action Menu** icon  on the corresponding referral row and select **Additional Referral Information**.
 - Note: The **Action Menu** icon  is also available from the **Referral Details** screen in the **Patient Banner**.
3. Locate the appointment from the **Appointments** section and select the **Status** link. The **Appointment Change Status** screen appears. From here, users can select a status as **Canceled**, **Completed**, or **No Show**.
4. The **Change Status To** field automatically populates as **Canceled**. To select another status, select the **Change Status To** field and select a status from the drop-down list.
 - Note: If **No Show** is selected, the **Reason for No Show** field must be populated.
5. Select the **Reason for Cancellation** field and select the appropriate reason for cancellation from the available options.
6. Enter any additional information regarding the appointment cancellation.
7. Select the **Update** button  at the bottom right to save changes.

8. VIEW ADDITIONAL REFERRAL INFORMATION

Users can view additional information about a referral on the Additional Referral Information screen. This screen displays Contacts, Appointments, Referral Documents, Care Coordination Documents, Referral Notes, and Letters related to the referral.

To view additional referral information:

1. Locate the referral (see the [LOCATE A REFERRAL](#) section of this guide).
2. Select the **Action Menu**  icon to the right of the corresponding referral row and select **Additional Referral Information**. The **Action Menu**  is also available from the **Referral Details** screen in the **Patient Banner**.
3. The **Additional Referral Information** screen appears, showing **Contacts**, **Appointments**, **Referral Documents**, **Care Coordination Documents**, **Referral Notes**, and **Letters** related to the referral. Select each one to view the corresponding information.

9. WORK WITH TASKS

A task in HSRM represents a discrete action that users must complete for a Veteran's referral. Tasks can be created manually, while others are generated automatically. They minimize administrative burden, streamline communications, and enable VA and community providers to share information without having to pick up the phone or send emails and faxes. Some tasks serve as reminders for submitting medical documents and precertification information, minimizing potential delays in payment.

To manually create a task:

1. Locate the referral (see the [LOCATE A REFERRAL](#) section of this guide).
2. Select the **Action Menu**  icon to the right of the corresponding referral row, then select **Add Task**.



3. The **Task Edit** screen appears. The **Patient Banner** is located at the top of the screen to show demographic information for the patient with which the referral is associated.
4. Enter the appropriate information (e.g., **Task Item, Priority, Status, Comments**) to create the task. **Task Item, Priority, and Status** fields are mandatory (as denoted by the red asterisk) and can be edited.
5. Select each field to view and select available options.
6. Select the **Update** button  at the bottom right to save the task information.

The Task List displays all task items for the facility. From the Task List, users can review the item, edit it, and mark it as complete.

To view or edit a task:

1. Select the **Menu** icon  at the top left and select **Task List** from the drop-down options.
2. Locate the task on the **Task List**.
3. Select the hyperlink on the **Task** column to navigate to the **Task Edit** screen. The **Task Edit** screen appears.
 - Note: Overdue tasks will have a red indicator in the **Due Date** column.
4. Review the task, including any comments.
5. Edit the **Priority** and **Status** fields as needed. To do this, select within each field and select the appropriate option.
6. Edit the **Comments** field.
7. Select the **Update** button  at the bottom to save the task information and return to the **Task List**.

To mark a task as complete:

1. Select the **Menu** icon  at the top left of any screen and select the **Task List** option.
2. Locate the task on the **Task List**.
3. Check the box in the **Completed** column of the task.

10. ADDITIONAL RESOURCES

Contact the HSRM Help Desk for support. Open a ticket by phone at 1-844-293-2272, or email hsrmsupport@va.gov and request that the ticket be sent to the HSRM – Tier 1 queue.

Additionally, the following websites and email address provide quick access to commonly needed materials:

- [VA Community Care Website](#)
- [Community Provider HealthShare Referral Manager Demo Webinar Series](#)
- [Community Provider eLearning](#)
- [Billing and Claims email address](#)