Edit a Guarantor

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This article is part of the systems administration guide. You will require administration access to view the pages mentioned in this article.

Edit a Guarantor

Notice

If you disable any Guarantors which are associated/linked to existing patients you will experience issues with Billing.

1. Click **Administration**.

2. Select **Accounting** from menu.

3. Select **Guarantors** sub-menu.

4. Select the **Type of Guarantor** from the banner at the top of the page (e.g., Heath Fund).

5.

Sections	Description
All	This option will show all kinds of guarantors in the lists
Health fund	A Health Fund Account is one where the patient is a member of the specified health fund and the billed eligible services will be paid by the fund.
Workers comp	A Workers Compensation / Legal Account is one where: The services rendered are as a result of a workers compensation claim through the specified agency. The services have been requested by a legal 3rd party.
Third party	Specific third party (e.g. Public Hospital under contract)
Military	Active duty military members and their dependents receive free medical care, under the provision of TRICARE known as Tricare Prime.
Hearing services	Providers related to hearing services
Other	Other party of guarantors that don't belong to any above(eg: DVA, MC)

6. Click the **Edit** button alongside the Guarantor to be updated.

    a. Details for the Guarantor will be displayed.

7. Update the relevant fields.

8. Select **Update Guarantor** button at the bottom of the page.

Changes in Version 6.61

Details Section

Code field has been moved to the top of the Details panel.
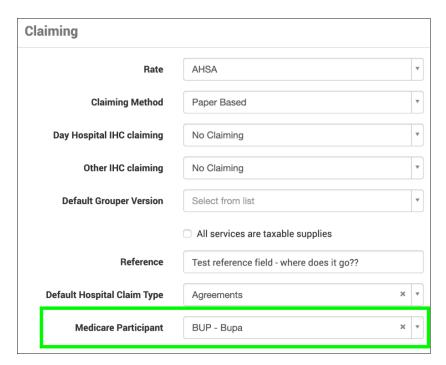
This code allows CareRight to interface with other systems within an organisation without impacting the HCP Code for Statutory Reporting.

Claiming Section

In the Claiming panel of the Edit Guarantor screen, the Medicare Participant field has been added. Guarantors can no longer be linked from the Medicare Participants screen.

This now allows for multiple guarantors to be linked to one Medicare Participants.

Statutory Reporting Panel

The new HCP Code field can, optionally, be used to override the standard guarantor code in HCP/PHDB reports. The code can be blank, in which case the standard code is used for HCP reporting. Some guarantors may have the same HCP Code — it is not unique.

This means, if the HCP Code is different to the Medicare participants code (Eclipse), then the HCP code is required to be entered here.

Statutory Reporting

HCP Code	
HCP Payer Identifier	Insured with agreement with hospital
HMDS Funding Source	Australian Health Care Agreement
QHAPDC Funding Source	Private health insurance

IMPORTANT NOTE: Statutory Reporting and Guarantor set up

UNDERSTANDING HEALTH FUND CODES

When configuring Health Fund Guarantors it is important to understand how the various health fund codes are configured for health fund claiming and statutory reporting purposes.

Admin > Accounting > Guarantors

When editing a Guarantor there is a field in the "Statutory Reporting" section callled "Code". This value needs to contain the code that is required to be submitted to state and federal statutory reporting authorities in relation to admitted patient data. Examples of these are HCP, PHDB, PHISCO, VAED etc.

If the guarantor is part of a fund group then the admission records related to that guarantor will be included with the fund group and use the fund groups code. If this guarantor is a member of a fund group, but is required to report individually on HCP/PHDB reports then select the checkbox "Report seperate to fund group on HCP report". If this is checked then this guarantor will be reported separately and use the code entered for this guarantor.

The code that is submitted for claiming purposes is set by linking the guarantor to a Medicare Participant record in the Medicare Participants administrative screen. If no link is setup then the "Statutory Reporting" > "Code" value will be used as a fallback.

Admin > Medicare Participants