

Understanding Health Fund Codes

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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 called "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 separate 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
