Add a new guarantor

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

Add a Guarantor

1. Click **Administration.**

2. Select **Accounting** from menu.

2. Select **Guarantor** from menu.

3. Click **New** under the banner.

4. Complete the below fields.

5. Select **Create Guarantor** button at the bottom of the page.

Notice

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 fall back.

Admin > Medicare Participants

Field	Description	Example
Details		
Code	This code is used as a CareRight identifier to interface with other systems within the organisation (ie Hospital system - HL7). This field is not used for Eclipse transmission rather used for matching/linking between CR and other systems.	

Name	Name of the health fund (a maximum of 50 characters is allowed, including provider code, account type and guarantor name)	ACA Health Benefits Fund
Type	This is a drop down list	Health Insurance Fund
Email	A field for Guarantor's email address	example@exampletest.com
Address	This is the street address for the guarantor	LOCKED BAG 2014
Suburb	This is the Suburb for the guarantor	WAHROONGA
State	This is a drop down list with the states	NSW
Postcode		
Phone	A maximum of 100 characters is allowed.	
Fax		
Disabled Status(Check box)	Check this value to make the Guarantor inactive	False/no
Theatre		
Theatre Band List	Select from drop down list - as per your site configuration. See Theatre Banding Overview for configuration.	
Procedure 1 Percentage	The percentage of charge amount for procedure 1. This models the Multiple Operation Rule (sometimes known as the *Multiple Procedure Rule, or Multiple Theatre Rule)*. For private rates, this is set via a Assign Rate Table to Patient Account	100%
Procedure 2 Percentage	The percentage of charge amount for procedure2	80%
Procedure 3 Percentage	The percentage of charge amount for procedure3	60%
Subsequent Procedure Percentage	The percentage of charge amount for the subsequent procedure	40%
Claiming		
Rate	Inpatient Rate. This is a drop down list- This list relates to the values populated in Accounting/Rate Definitions. This is typically a model of the health fund's contract with the hospital. Where a guarantor is a member of a group of funds, be sure to choose the rate that matches that group.	AHSA
Outpatient Rate	Outpatient Rate can be mapped into different rate table if required.	

Minimum Benefit Rate	Where Minimum Benefits may apply due to health fund policy restrictions (example: IVF), a rate definition can be nominated to model the legislated rates. This rate is selected when a patient account has the **Minimum Benefit** flag selected.	
Calming Method	Select from drop down list	Online
Day Hospital IHC Claiming	This is a drop down list. This needs to be set correctly for in Hospital Claiming for Day Hospitals	The options are: No claiming, Electronic (Thelma), Electronic (Eclipse), Paper Claiming
Other IHC Claiming (non Day Hospital)	Select from drop down list	The options are: No Claiming, Electronic (Thelma), Paper Claiming
Default Grouper Version	This allows the individual Grouper to be set per Guarantor. This is a drop down list. If not set the default Grouper version will be applied.	blank
All Services are Taxable supplies (Check box)	Check this value	False/No
Default Fund Payee ID (IMC)	Used for IMC	
Default Hospital Claim Type	These values are applied to invoice created to this guarantor when the invoice is for inpatient medical claims (IMC). This should be set to the value as stipulated by the health fund. In our experience all health funds use "Agreements" excepts for Medibank Private that use "Scheme"	The options are: Billing Agent Medicare Only, Private hospital claim, public hospital claim, Agreements, Scheme, Billing Agent, Patient Claims
Default Hospital Consent	These values are applied to invoice created to this guarantor when the invoice is for inpatient medical claims(IMC). This should be set to the value as stipulated by the health fund. In our experience all health funds use "Verbal" except for Medibank Private that use "Not obtained"	
Medicare Participants	Select the Medicare participants the fund use. See Medicare Participants list in Administration.	
Health Fund Details		
Grouping	Drop down select. Select if Health Fund is individual fund. Group of Funds and Member of Group funds	Member of Group Funds
Member of Group of Funds	This field will only appear if "Member of a group of Funds" is selected above	Australian Health Service Alliance

Gap Type	This is a drop down list 1. If the gap type is **known gap**, this means Careright will use the private rates as the item price and fund price will be the heath fund rate 2. If there was a rate contract created, the gap type must be **no gap**, so that you can choose from your rate contract list	
Maximum Procedure Gap		0.0
Use Parent Fund For Claiming (check box)	Where a Guarantor is a member of a group of funds, and your agreements with the health funds are applicable to the **entire group**, you can simply opt in to using a single set of claim contracts at the group of funds levels.	Eg: if you had an agreement with the AHSA group, for each fund under their umbrella you can now select *Use parent fund for claiming*.
Statutory Reporting		
Code	This is the registered code for the guarantor as recognised by Medicare	ACA
HCP payer Identifier	This is a drop down list - This must be populated for statutory reporting	Insured with agreement with hospital
HMDS Funding Source	This is a drop down list - This must be populated for statutory reporting	Australian Funding source
QHAPDC Funding Source	This is a drop down list - This must be populated for statutory reporting	Private Health Insurance
AAPC Funding Source	This is a drop down list - This must be populated for statutory reporting	Other Hospital or public authority
ISAAC Funding source	This is a drop down list - This must be populated for statutory reporting	
TSMS Funding Source	This is a drop down list - This must be populated for statutory reporting	
Report separate to fund group on HCP report		
Clients eligible for Medicare for statutory reporting purposes	Used to ensure Medicare eligibility, particularly for QHAPDC reporting	