

Second Tier Private Hospital Registration Process

There are a number of different relationships that hospitals can have with health funds.



Minimum Benefits is what all brand-new hospitals are approved for once they are registered with the Department of Health. These rates are paid for [REDACTED], and there is [REDACTED] for each item number. The Minimum Benefit Rates are renewed by the Department of Health. This funding source is only considered temporary and ideally facilities should only require these for a maximum of 3 months, as the goal is to obtain approval for Second Tier Rates.

And that is where these instructions fit in, in order to obtain Second Tier Rates:

1. Obtain a **Provider Number**
2. Apply to become a **second-tier default benefits eligible hospital**. Information can be found in the link below:
[Become a second-tier default benefits eligible hospital](#)
3. FYDO will initiate the **ECLIPSE registration process** for your facility. This involves contacting the health funds to get approval for your hospital to submit claims electronically via ECLIPSE. [REDACTED]
4. [REDACTED] **contact all health funds (AHSA funds as a group)** to inform them of your Second Tier Approval and request that their Second Tier Rates be provided. Please note that each fund has its own process, so it's important to follow their specific requirements. Contact details for the funds can be found on our wiki page here:
[Medicare and Fund Contacts](#)
5. [REDACTED] as some funds will not backdate

Second Tier Approval. This means your facility may only be eligible to charge Minimum Benefit Rates until their Second Tier Rates are provided.

6. Send the Second Tier Rates through to us at FYDO as you receive them, so that we can enter them into FYDO for you.
7. Finally, please ensure you only bill each health fund once their Second Tier Rates have been received. This will allow you to bill at the maximum possible benefit.