COMMON REJECTION REASONS

Every file submitted for Giro Deduction goes through a <u>3 steps validation process</u>. Submissions that fail the basic 3 steps validation will be indicated in the "<u>Unsuccessful (Before Deduction) Reports</u>".

Step 1: Validation when you submit a file on the website

Possible Errors During File Submission	Error Message (Resulting in rejection of entire submission file)	Actions To Be Taken
Account not "GIRO-Enabled"	Sorry, your account is not GIRO-Enabled	Please contact your respective bank to ensure your account is GIRO-Enabled
Internal Error File Related Errors	'HTTP : 500'	Please clear the cache and uncheck the 'Show friendly HTTP error messages" under Internet Options, and resubmit
	Sorry our system is not ready to receive files. Please try again later.	Please email us at med_refd@cpf.gov.sg to notify us of the error.
	Sorry we are temporarily unable to process your request. Please try again later.	
File Related Errors	The file size exceeds the limit. Please reduce file size	The maximum file size is 5MB. Each file submission can contain up to 15,000 submissions.
	Could not retrieve local file / The file cannot be located	Please save the file in your local directory in your computer before uploading online. The system does not support file upload directly from a network path.
	Invalid file format	Please follow the file format specifications indicated. Excel has to be in .csv format.
File Format Errors	File rejected due to invalid record length	Each line in the file should be of 350 characters. All unused characters fields has to be padded with spaces " "
	File rejected due to invalid header record(s)	Please check against the header format for invalid submission date format of submission time format or the filler position is not proper
	File rejected due to invalid trailer record(s)	Please check against the trailer format as the total number of detail records including header and trailer should tally with number of records in trailer record.
	File rejected due to incorrect	Please check the detail record for invalid

	record format	date formats and numeric format to represent the amounts and spaces for the fillers
Validation errors	Please indicate "IP" if reimbursement is for MediShield under the Integrated Plan	Applicable for IP insurers only

Step 2: After the file is successfully submitted, a basic validation is performed on the reimbursement requests in the submitted file

Description	Validation	Error Message(if validation not met)
Admission-Date / Discharge Date	It is numeric Dates indicated must be a valid date	HRN IS NOT PROVIDED, MISSING DOA OR DOD ADMISSION/ DISCHARGE DATE NOT VALID
Total Refund Amt/ MED Refund Amt/ MSH Refund Amt	It is numeric At least one of them is > 0 Sum of MED&MSH Refund Amt = Total Refund Amt If MED Refund Amt = 0, Payer CPF A/C (1-4) should be blank	MED/MSH REIMB AMT NOT NUMERIC MED/MSH REIMB AMT INVALID MED/MSH REIMB AMT NOT TALLY MED AMT NOT TALLY TOTAL MED REIMB AMT = $0. RESUBMIT W/O PYR DETAILS
Payer Refund Amt (1-4)	Sum of Payer Refund Amt should equal MED Refund Amt	TOT MED REIMB NOT = MED REIMB FROM PAYERS
Payer CPF Account (1-4)	Payer A/C no. must be valid If payer A/C no. is provided, refund amt to payer must be provided.	CLAIM IS FOUND. INCORRECT PYR MED REIMB AMT FOR PAYER SHOULD NOT BE $0
Patient Identification no.	Patient identification no. should not have <u>SPACES</u>.	MISSING PATIENT ID NO.
Hospital Code	Hospital code should not have <u>SPACES</u>.	HRN IS NOT PROVIDED, MISSING HOSPITAL CODE
Actions to be taken: Please check through submission file again to ensure that all fields necessary for validation are met		

Step 3: Validation of individual patient reimbursements against the claims of the patient (only some of the more common errors/validations are mentioned)

Description	Validation	Error Message(If validation not met)
When HRN is NOT Submitted	**Matching of Claim to Reimburse** System uses Date of Admission (DOA); Date of Discharge (DOD); Hospital code & Patient Identification no. to locate the claim to be reimbursed	NO MATCHING CLAIM, PLS CHECK SUBMISSION DETAILS *(if there is no claim with the matching patient ID, payer ID, DOA, DOD and hospital code and the input DOA is < 3yrs ago)*
		NO MATCHING CLAIM, PLS CHECK IF CLAIM IS HOUSEKEPT *(if there is no claim with the matching patient ID, payer ID, DOA, DOD and hospital code and the input DOA is >= 3yrs ago)*
		MULTIPLE MATCHING CLAIMS, REIMB NOT EFFECTED *(If there are multiple claims with the matching patient ID, payer ID, DOA, DOD and hospital code*

Description	Validation	Error Message(If validation not met)
When HRN is Submitted	**Matching of Claim to Reimburse** System uses HRN to locate the claim to be reimbursed	NO MATCHING CLM BASED ON HRN *(if there is <u>no claim</u> based on the HRN and the input DOA is < 3yrs ago)*
		NO MATCHING CLM BASED ON HRN. PLS CHK IF HOUSEKEPT *(if there is <u>no claim</u> based on the HRN and the input DOA is >= 3yrs ago)*
		CLAIM IS FOUND. INCORRECT PTNT PYR1 PYR2 PYR3 PYR4 *(The patient ID should match with the patient ID in the claim. Each payer ID should match with one of the payer IDs in the claim.)*
Actions to be taken: Please check through submission file again to ensure that all fields necessary for validation are met. Email us at <u>med_refd@cpf.gov.sg</u> for claim details.		

Other Unsuccessful "Before Deduction" Rejection Reasons

Rejection Reasons	Description	Actions To Be Taken
CLAIM IS PENDING PROCESSING/ CANCELLED/REJECTED, REIMB NOT EFFECTED	No claim found	Check with medical institution for final hospital bill
MSH DEDUCTION IS NOT FOUND/ MSH CLAIM IS NOT UNDER AN ACTIVE POLICY	No MSH records found	Check with medical institution for final hospital bill and confirmation on whether member utilised MediShield Life, and resubmit the case accordingly.
MED DEDUCTION IS NOT FOUND	No MED claim found	Check with medical institution for final hospital bill and confirmation on whether member utilised MediSave, and resubmit the case accordingly.

Common Unsuccessful "After Deduction" Rejection Reasons

Rejection Reasons	Description	Actions To Be Taken
REIMBURSED MSH AMOUNT > MSH CLM AMOUNT/ REIMB > AMT DED FOR PYR, REIMB PARTIALLY ACCEPTED	Reimbursement is in excess	CPFB will refund any excess reimbursement deducted, back to your bank account. Please ensure that you have a valid bank account registered with us.
REIMB TO CANCELLED/ REJECTED CLAIMS IS NOT ALLOWED	Hospital has cancelled claim	There is no claim to reimburse. CPFB will refund any excess reimbursement deducted, back to your bank account. Please ensure that bank account is valid.
CLAIM IS PENDING PROCESSING, REIMB NOT EFFECTED	Claim is being processed.	Check with medical institution for final hospital bill. Resubmission is required after hospital finalises the bill. In the meantime, CPFB will refund any excess reimbursement deducted, back to your back account

MED/MSH ALREADY FULLY REIMBURSED/ PREVIOUS REIMB FOUND, REIMB PARTIALLYACCEPTED	Claim fully refunded	The claim has been fully reimbursed by another 3rd party payer. CPFB will refund any excess reimbursement deducted, back to your bank account. Please ensure that bank account is valid.
IP TAG IS NEEDED FOR REIMB TO IP CLM	If MED is fully reimbursed and member is covered under Integrated Shield Plan / Reimbursement is for an Integrated Shield plan claim	If MED is fully reimbursed, any excess reimbursement will be refunded to your bank account. If claim was paid by the Integrated Shield plan, reimbursement should be paid directly to the Shield insurer. If you are the Shield insurer reimbursing to MSH under the Shield plan, please activate the IP indicator to effect reimbursement to MSH under the Shield plan.
MED NOT REFUNDED FULLY. MSH CAN'T BE REIMBURSD YET	MediSave portion not fully reimbursed yet.	MED must be reimbursed in full first, before MSH can be reimbursed. If you are not aware of other MED payers to this bill, check with the medical institution for the final hospital bill. Resubmission is required after confirming all MED payers. In the meantime, CPFB will refund any excess reimbursement deducted, back to your bank account.