



Common Rejection Reasons

What is this guide about?

This guide details your actions to be taken upon encountering specific error messages from E-File submission to rejection reasons in the unsuccessful reimbursement reports. The reports are accessible via Employer Activities.

For error/rejection messages not found in this guide, please [write to us](#) for assistance.

Errors you may encounter during E-File submission

Direct Debit Arrangement for MediSave and MediShield Life reimbursements not found

You must have a Direct Debit Arrangement with a bank for the purpose of MediSave and MediShield Life reimbursements to use this service. For details, see [Submitting MediSave/MediShield Life reimbursements](#).

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What the error means?

- You do not have an approved Direct Debit Arrangement (DDA) for the purpose of MediSave and MediShield Life reimbursements. For more info, click on the hyperlink to the reimbursement webpage on the error page.
- If you have submitted your DDA form to us, please note that the processing time by the bank will be 4 to 6 weeks. You will be notified once your DDA has been approved by the bank and only then you will be able to access the reimbursement form.

Errors you may encounter during E-File submission

Errors found in submission file

The reimbursement information was formatted incorrectly. Please use the Excel template to fill in reimbursement details and export the submission file in CSV format.

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What the error means?

- There are errors in your file format. Please ensure that the column headers and descriptions are the same as the template. No variations are allowed.

Errors you may encounter during E-File submission

Errors found in submission file

Errors were found in 1 or more records in your submission file. Ensure that all records include these data fields:

- Patient identification number
- Hospital registration number
- Total refund amount (must be \$0 or more)
- MediSave refund amount (must be \$0 or more)
- MediShield Life refund amount (must be \$0 or more)

Check the file and resubmit the form.

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What the error means?

- All of the data fields listed in the error message are mandatory fields. Please ensure that they are filled up correctly before resubmitting.



Rejection reasons after file submission

Status in Activities: Not successful & no reports generated

Sample data **Not Successful**

Submission details

Transaction details

Service name Submit MediSave and MediShield Life reimbursements	Transaction number 4505000009205248	Transaction date 24 Apr 2024 03:55 PM
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Contact details

Email
employer1@gmail.com.sg

Submission progress

Cases submitted	Unsuccessful cases before payment	Unsuccessful cases after payment	Successful cases
1 Download submitted cases (CSV, 5.83 KB)	-	-	-

Actions to be taken:

Values entered under MED payers reimbursement amount (Columns H, J, L and N) must be numeric.

MED refund amount (column E) must tally with the sum of MED payers reimbursement amount (columns H, J, L and N).

Total refund amount (column D) must tally with the sum of MED and MSHL refund amounts (column E and F) and these columns must be > \$0.

What does it mean?

- The whole reimbursement submission file was rejected during pre-processing validations. Hence, there are no reports generated.
- Check the actions to be taken before resubmitting your file.

Consolidated rejection reasons in reports

Rejection Reason(s)	Action to be taken
<p>IP TAG SHOULD BE BLANK UNLESS REIMB IS FOR MSHL IP</p> <p>IP TAG SHOULD BE BLANK IF CLAIM IS NOT AN IP CLAIM</p>	<p>*Applicable to Integrated Plan insurers only.</p> <p>Please leave 'IP' Tag (column Q) blank if you are reimbursing to MediSave (MED) only. The 'IP' tag is only required if you are reimbursing to MediShield Life (MSHL) under Integrated Plan.</p>
TOTAL MED REIMB AMT = \$0. REMOVE PAYER(S) DETAILS	Please ensure MED payer ID (columns G, I, K and M) is empty if there are no reimbursement to MED (i.e. column E = \$0).
EXCESS REIMBURSEMENT	<p>The reimbursement amount you have submitted for MED/MSHL is greater than allowable reimbursement amount. This can be due to:</p> <ul style="list-style-type: none"> - Revision of medical bill (to check with medical institutions) - Prior reimbursement (to check with member)
CLAIM IS PENDING PROCESSING, PLS SUBMIT LATER	<p>Please submit reimbursements after the medical claim has been approved.</p> <p>CPFB will refund any excess reimbursement deducted back to your bank account.</p>

Consolidated rejection reasons in reports

Rejection Reason(s)	Action to be taken
CLAIM IS CANCELLED, REIMB NOT EFFECTED CLAIM IS REJECTED, REIMB CAN'T BE EFFECTED	Reimbursement will not be accepted for rejected/cancelled claim. Please approach the medical institution for the reason of rejection/cancellation. CPFB will refund any excess reimbursement deducted back to your bank account.
NO CLAIM FOUND BASED ON HRN. PLS CHECK HRN DETAILS	The HRN you have submitted is incorrect. You may refer to the guide to obtaining the HRN.
NO CLAIM FOUND VIA HRN, PLS CHK IF IT IS > 3 YEARS NO CLM FOUND, CHK HRN. RB NOT PROCESSED IF >7 YRS CLAIM > 3 YEARS, MSHL REIMB NOT EFFECTED	The claim you are reimbursing to could have been archived. Please write to us for assistance.
NO MEDISAVE DEDUCTION FOUND. PLS CHECK YOUR INPUTS MSHL DEDUCTION IS NOT FOUND	The claim you are reimbursing to has no MED/MSHL deduction. Please check with the member or medical institution directly.

Consolidated rejection reasons in reports

Rejection Reason(s)	Action to be taken
INCORRECT PATIENT ID. PLS CHECK YOUR INPUTS	Please ensure that the patient identification number (column A) is correct. You may wish to check with the member or medical institution directly.
INCORRECT PAYER(S) DETAILS. PLS CHECK YOUR INPUTS	Please ensure that the MED payer ID in columns H, J, L and N are correct. You may wish to check with the member or medical institution directly.
<p>REIMB NOT EFFECTED. MED ALREADY FULLY REIMBURSED.</p> <p>PREVIOUS REIMB FOUND, REIMB PARTIALLY ACCEPTED.</p> <p>MED REIMB > PYR'S DED AMT, PARTIAL REIMB ACCEPTED</p>	<p>No further action required as MED is already fully reimbursed.</p> <p>CPFB will refund any excess reimbursement deducted back to your bank account.</p>
MED NOT FULLY REIMBURSED. MSHL CANT BE REIMBURSED.	Please ensure that MED is fully reimbursed before reimbursing to MSHL.

Consolidated rejection reasons in reports

Rejection Reason(s)	Action to be taken
MSHL CLAIM IS NOT UNDER AN ACTIVE POLICY. PLS CHK.	Please ensure that patient is cover under MSHL before submitting the reimbursement.
IP TAG IS NEEDED IF REIMBURSING TO MSHL IP CLAIM	*Applicable to Integrated Plan insurers only. Please indicate 'IP' under IP Tag (column Q) if you are reimbursing to MediShield Life (MSHL) under Integrated Plan.
REIMB NOT EFFECTED. MSHL ALREADY FULLY REIMBURSED.	No further action required as MSHL is already fully reimbursed.
MSHL REIMB > MSHL DED AMT, PARTIAL REIMB ACCEPTED	CPF B will refund any excess reimbursement deducted back to your bank account.
REJ DUE TO TECH ERROR, REFER TO CPF B	Please write to us for assistance.