

## Electronic Claim Submitters

### Review of Rejected Claim Reports

It is important that you review both Level I and Level II ECS Rejected Claim Reports as detailed below.  
*Rejected claims need to be corrected and resubmitted.*

#### LEVEL I SUMMARY REPORT (FACILEDI)

When an electronic claims file is submitted to Paramount it will immediately run through a Claredi Faciledi server, which checks each claim for HIPAA compliance. (This is a report to help your office maintain HIPAA compliance.)

- If a single claim is found to be non-compliant, it will be rejected back to the submitter immediately on a **Summary Report**. This report will be placed in the submitter's electronic outbox.

The file name for the Summary Report is **RPTSUB** (or **RPTTXT** if receiving it in the text version).

Faciledi rejected claims will **NOT** run through our processing system.

- These rejected claims will need to be corrected and resubmitted.

##### PROVIDERS SUBMITTING DIRECTLY

- You will most likely need to retrieve this report yourselves and review it yourselves.
- If you are not already doing so, please look to your vendor for direction.

##### PROVIDERS SUBMITTING THROUGH CLEARINGHOUSES

- Your clearinghouse is responsible for retrieving this report.
- They should be making it available to your office.

**ALL PROVIDERS:** Whether you retrieve the Faciledi (Level I) reports yourselves or your clearinghouse retrieves them, you are ultimately responsible for making sure the rejected claims are resubmitted. Claims need to be resubmitted electronically.

#### LEVEL II WORK OFF ERRORS & RESUBMIT

An **Error/Confirmation Report**, a.k.a. **Work Off Errors and Resubmit**, is created for each electronic file uploaded. Files are uploaded M-F at 3:15 pm. The Work Off Errors report for claims uploaded is usually generated the next day. The report is automatically posted in the submitter's electronic outbox. The file name is **RPTERR**.

This report checks for errors that are non-HIPAA related, such as invalid member number or invalid provider number.

This report lists all claims which passed the Level I edits.

##### PROVIDERS SUBMITTING DIRECTLY

You will most likely need to retrieve these files yourselves if you are not already doing so.

Please see your vendor for direction on how to access them.

##### PROVIDERS SUBMITTING THROUGH CLEARINGHOUSES

Your clearinghouse will be retrieving these reports.

They should be making them available to your office.

**ALL PROVIDERS:** You are ultimately responsible for making sure you are receiving your Work Off Errors and Resubmit (Level II) report and resubmitting rejected claims. Claims need to be resubmitted electronically.

If you have questions, you may call the ECS Helpdesk at:

[PHCECShelpdesk@medmutual.com](mailto:PHCECShelpdesk@medmutual.com)

VISIT US ON THE WEB : <http://www.paramounthealthcare.com>