



MMSEA Section 111 GHP User Guide

SP99, SP25, and SP32 Errors

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Welcome to the Group Health Plan (GHP) SP99, SP25, and SP32 Errors course.

Disclaimer

While all information in this document is believed to be correct at the time of writing, this CBT is for educational purposes only and does not constitute official CMS instructions for the MMSEA Section 111 implementation. All affected entities are responsible for following the instructions found at the following site: <http://www.cms.gov/mandatoryinsrep>.

Course Overview

- Assistance with the errors most commonly returned on response files
 - SP99
 - SP25
 - SP32
- Assist the RRE in understanding
 - Why these errors occur
 - What to do when these errors are received
 - Steps to take to prevent these errors in the future



This CBT was created to assist RREs with the errors most commonly returned on response files: SP99, SP25, and SP32. This CBT will assist the RRE in understanding why these errors occur, what to do when these errors are received, and steps to take to prevent these errors in the future.

What is an SP Disposition Code?

- Error Code returned on the MSP Response File
- Indicates that a MSP Input File Detail record has been rejected by the COBC due to errors
- RRE must
 - Correct the errors, and
 - Resend the record on their next quarterly update file transmission

An SP Disposition Code is an error code that is returned on the MSP Response File. It indicates that a MSP Input File Detail record has been rejected by the Coordination of Benefits Contractor (COBC) due to errors. The RRE must correct the errors and resend the record on their next quarterly update file transmission with the previously submitted Transaction Type (Add, Update, or Delete) and the most current information for all other fields.

Course Selection

- Each error is discussed in its own section
- Click on a button to be brought to the specified SP Error

SP99 Error

SP25 Error

SP32 Error

This course has been broken into 3 different segments, one for each error listed on this slide. Simply click on a button for the error you are interested in learning about.

SP99 Error

Returned on an MSP Response File when

- Submitted individual is under 45 years of age, and
- HICN was not included on MSP Input File Detail record

This Error will be returned on an MSP Response record when the individual submitted on the MSP Input File is under 45 years of age and the HICN was not included on the MSP Input File Detail record.

Reporting Requirements

- RREs are required to report information for Medicare beneficiaries who are Active Covered Individuals
 - Someone who may be Medicare eligible and currently employed, or
 - Spouse or family member of a worker who is covered by the employed individual's GHP and who may be eligible for Medicare and for whom Medicare would be a secondary payer for these individuals, or
 - Individuals covered in a GHP who have been receiving kidney dialysis or who have received a kidney transplant
- See the GHP User Guide for the complete definition of an Active Covered Individual

RREs are required to report information for Medicare beneficiaries who are Active Covered Individuals. An Active Covered Individual is defined as someone who may be Medicare eligible and currently is employed, or the spouse or other family member of a worker who is covered by the employed individual's GHP and who may be eligible for Medicare and for whom Medicare would be a secondary payer for these individuals. The definition of an Active Covered Individual also includes all individuals covered in a GHP who have been receiving kidney dialysis or who have received a kidney transplant, regardless of their own or a family member's current employment status and regardless of their age.

Please see the GHP User Guide for the complete definition of an Active Covered Individual.

Active Covered Individuals under age 45

RREs shall only report those individuals who are known to be entitled to Medicare

- Must submit their Medicare Health Insurance Claim Number (HICN)

CMS expects that the RRE “knows” that an individual is entitled to Medicare when the RRE

- Has the individual’s HICN on their internal files, or
- Has paid a claim secondary to Medicare for the individual, or
- Knows the individual has ESRD

Part of the Active Covered Individual definition discusses the reporting of individuals under age 45. In regards to this, RREs shall only report those individuals who are known to be entitled to Medicare. When reporting these individuals, RREs must submit their Medicare Health Insurance Claim Number (HICN).

Note: CMS expects that the RRE “knows” that an individual is entitled to Medicare when they have a HICN on their internal files, or they have paid a claim secondary to Medicare for that individual, or the individual is known to have End-Stage Renal Disease (ESRD).

Reporting Medicare Beneficiaries Under Age 45

- Individual must be an Active Covered Individual
- RRE must obtain HICN before including their information on the MSP Input File
 - If HICN not included, the MSP Input File Detail record will fail with an SP99

When you report GHP coverage for a Medicare beneficiary who is under 45 years of age and is an Active Covered Individual, then you must obtain their HICN before including their information on the MSP Input File. Remember, if the individual submitted on the MSP Input File is under 45 years of age and the HICN is not included on the MSP Input File Detail record, the record will fail with an SP99 error.

Reporting Medicare Beneficiaries Under Age 45

- HICN may be obtained
 - Directly from the beneficiary from their Medicare insurance card
 - By submitting a request for this information using Beneficiary Lookup action on the COBSW
 - By submitting a query request using the Query Only Input File

- HICN cannot be obtained by submitting entire population of covered lives on the MSP Input File
 - Will result in the receipt of an SP99 Error where HICN was not submitted for an individual under the age of 45

An RRE can obtain the beneficiary's HICN by asking the beneficiary to supply the HICN shown on his/her Medicare insurance card, by submitting a request for this information using the Beneficiary Lookup action on the Section 111 Coordination of Benefits Secure Web site (COBSW), or by submitting a query request using the Query Only Input File. An RRE cannot obtain the HICN by submitting their entire population of covered lives on the MSP Input File. Using this option will result in the receipt of an SP99 Error on all records where the HICN was not submitted for an individual under the age of 45.

Obtaining the HICN from the beneficiary



John Doe

- Age 42
- Actively working
- Known to be a Medicare beneficiary
- Active Covered Individual
- RRE must report his GHP information on the MSP Input File

- RRE requests the HICN directly from the beneficiary
 - Beneficiary provides HICN by looking at his Medicare health insurance card

Suppose John Doe, age 42, is actively working and is known to be a Medicare beneficiary because of a disability. Since John is known to be a Medicare beneficiary, and he is an Active Covered Individual, the RRE must report his GHP information on the MSP Input File. However, the RRE does not have John's HICN on their internal records. The RRE requests the HICN directly from John who provides it by looking at his Medicare health insurance card.

Beneficiary Lookup

- Online real time query capability
- Can be used to obtain a HICN for use in reporting coverage information for Active Covered Individuals on the MSP Input File
- RREs are limited to 100 query request per RRE ID per calendar month
- For more information, see the Beneficiary Lookup CBT

As discussed earlier, the RRE may also obtain the HICN by using the Beneficiary Lookup action on the Section 111 COBSW. The Beneficiary Lookup is an online, real-time query capability that will provide a response as to whether information supplied for a covered individual can be matched to a Medicare beneficiary. It can be used to obtain a HICN for use in reporting coverage information for Active Covered Individuals on the MSP Input File. RREs are limited to 100 query requests per RRE ID per calendar month using the Beneficiary Lookup on the COBSW. For more information, see the Beneficiary Lookup CBT.

Beneficiary Lookup



Jane Jones

- Age 40
- Actively working
- Fits the definition of an Active Covered Individual
 - She is known to be entitled to Medicare

- RRE has an immediate need to access Medicare entitlement information
 - Submit request through Beneficiary Lookup action on the COBSW

Suppose Jane Jones, age 40, is actively working and she fits the definition of an Active Covered Individual (i.e., she is known to be entitled to Medicare). The RRE is aware that they must submit GHP information for her but they do not have her HICN. Since the RRE has an immediate need to access her entitlement information, they will use the Beneficiary lookup action on the COBSW to submit a request for this information. Once on the Beneficiary Lookup page, the RRE enters her Social Security Number, First Name, Last Name, Date of Birth, and Gender. If the information entered was matched to a Medicare beneficiary, a message will show displaying the beneficiary's HICN. However, if the information entered cannot be matched to a Medicare beneficiary, a message will indicate that no match was found.

Using the Query Only File

- Dataset used to obtain entitlement and enrollment information for those individuals they have identified as a Medicare beneficiaries
- May be used to obtain the HICN for Active Covered Individuals who are Medicare beneficiaries for use in reporting coverage information on the MSP Input File
- RREs should not send a query record for every Active Covered Individual under age 45 to determine Medicare entitlement, if there is no reason to believe these individuals are entitled to Medicare
- Effective 1/1/2011, GHPs may only query once a quarter

Another way the RRE can obtain the HICNs for their Active Covered Individuals who are Medicare beneficiaries is through the use of the Query Only File. This dataset is used by RREs to submit query requests to obtain entitlement and enrollment information for those individuals they have identified as Medicare beneficiaries. RREs may use this method to obtain the HICN for their Active Covered Individuals, who are Medicare beneficiaries, for use in reporting coverage information on the MSP Input File.

Note: RREs should not send a query record for every Active Covered Individual under age 45 to determine Medicare entitlement if they have no reason to believe these individuals are entitled to Medicare. Effective January 1, 2011, GHPs may only query once a quarter.

Using the Query Only File Individuals under age 45



Subscriber

- Age 44
- Actively working, covered by plan
- **Not** an Active Covered Individual



Son

- Age 10
- Covered by plan
- Known to have ESRD and is entitled to Medicare
- Active Covered Individual

- Information for the son should be submitted on the MSP Input File
- RRE may submit a query for the son using the Query Only File

For example, suppose a subscriber age 44 is actively working. The subscriber and his son, age 10, are covered by the Group Health Plan (GHP). His son is known to have ESRD and is entitled to Medicare. In this case, the son is an Active Covered Individual but the subscriber is not. GHP coverage information for the son should be submitted on the MSP Input File. Since the son is under age 45, his Medicare HICN must be included. The RRE does not have the son's HICN on file so they may submit a query for the son using the Query Only File.

Query Only Response File

- Query Only Response File includes determinations as to whether the queried individual has been identified as a Medicare beneficiary
 - Should be used to determine which Active Covered Individuals are Medicare beneficiaries and must be reported
- Disposition Code '01' indicates the individual was matched to a Medicare beneficiary and should be reported
 - Use the HICN returned on the response file when submitting the MSP Input File record
- Disposition Code '51' indicates the individual could not be matched to a Medicare beneficiary
 - Check to ensure that information was accurately entered
 - If not entered accurately, correct and re-submit the query record
 - HICN not sent for records that receive a '51' Disposition Code
 - MSP Input File records should not be submitted without a HICN

Once the COBC has processed the Query Only Input File it will return the Query Only Response File with a determination as to whether the queried individual has been identified as a Medicare beneficiary based upon the information submitted. This information should be used to determine which Active Covered Individuals are Medicare beneficiaries and must be reported on the MSP Input File.

A Disposition Code of '01' indicates that the individual submitted on the input record was matched to a Medicare beneficiary and the individual should be submitted on the MSP Input File. The HICN returned on records that receive an '01' Disposition Code should be used when submitting the MSP Input File record.

A Disposition Code of '51' indicates that the information supplied on the query record could not be matched to a Medicare beneficiary. When you receive this Disposition Code, check to ensure that the submitted information was accurately entered. If the information was not entered accurately, correct and re-submit the query record. You will not receive a HICN for records that receive a '51' Disposition Code. MSP Input File records should not be submitted without a HICN.

Query Only Files

Must be transmitted in the HIPAA-compliant ANSI X12 270/271 transaction set

May use your own translator software or the HIPAA Eligibility Wrapper (HEW) software provided by the COBC

HEW software is available at no cost

Please see the GHP User Guide or contact your EDI Representative for more information

Query Only Files must be transmitted in the HIPAA-compliant ANSI X12 270/271 transaction set. You may use your own translator software, or the HIPAA Eligibility Wrapper (HEW) software (provided by the COBC) to submit a Query Only Input File and process the Query Only Response File. The HEW software is available at no cost to RREs.

Please see the GHP User Guide or contact your EDI Representative for more information on the Query process or how to obtain the HEW software.

How to Prevent SP99 Errors

- RREs must include the HICN on records for individuals under age 45
- Failure to do so will result in the receipt of an SP99 Error

When reporting an individual under age 45, RREs must submit their Medicare Health Insurance Claim Number (HICN) on the MSP Input File. Failure to do so will result in the receipt of an SP99 processing error.

Additional Information

- If you would like to view information on any of the following errors please click on one of the buttons below

SP99 Error

SP25 Error

SP32 Error

- If you would like to close this course please click on the button below



If you would like to view information on any of the following errors please click on one of the buttons on the screen. If you would like to close this course please click on the 'X' button.

SP25 Error

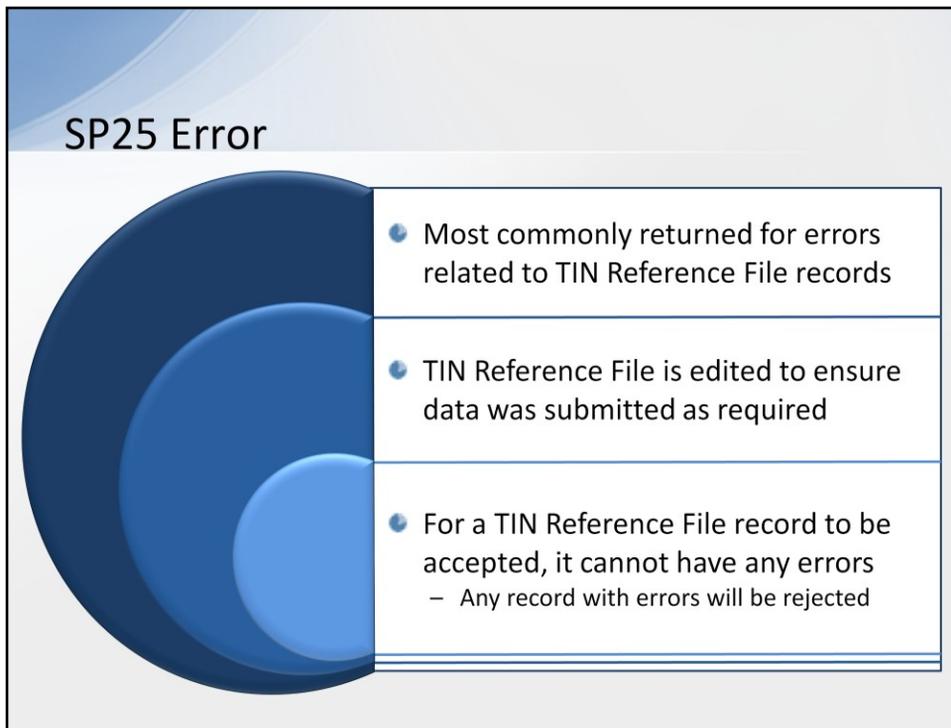
May be received when the Insurer Name on the Non-MSP Input record or associated MSP TIN Reference File record for the insurer TIN is invalid

A valid Insurer Name

1. May contain alpha and/or numeric characters, commas, & - ' . @ # / ; ;
2. Cannot be blank
3. Must contain at least 2 characters
4. Cannot equal any of the following: SUPPLEMENT, SUPPLEMENTAL, INSURER, MISCELLANEOUS, CMS, ATTORNEY, UNKNOWN, NONE, N/A, UN, MISC, NA, NO, BC, BX, BS, BCBX, BLUE CROSS, BLUE SHIELD, or MEDICARE.
5. Cannot contain characters that cause errors, for example: * + \$ \ _ ! % ?

The SP25 Error is one of the most common errors received by RREs. Several problems will cause this error to be returned. One such problem is when the Insurer Name on the Non-MSP Input record or associated MSP TIN Reference File record for the insurer TIN is invalid. To be considered a valid Insurer Name, this field:

1. May contain alpha and/or numeric characters, commas, ampersands, dashes, apostrophes, periods, at symbols, number signs, forward slashes, colons, and semi-colons;
2. Cannot be blank;
3. Must contain at least 2 characters;
4. Cannot equal any of the following: SUPPLEMENT, SUPPLEMENTAL, INSURER, MISCELLANEOUS, CMS, ATTORNEY, UNKNOWN, NONE, N/A, UN, MISC, NA, NO, BC, BX, BS, BCBX, BLUE CROSS, BLUE SHIELD, or MEDICARE; and
5. Cannot contain characters that cause errors, for example: Asterisk, Plus Sign, Dollar Sign, Back Slash, Underscore, Exclamation Point, Percentage Sign, or Question Mark.



Although several issues may cause the SP25 Error, it is most commonly returned for errors related to TIN Reference File records. When the COBC receives your TIN Reference File, editing will be done to ensure data was submitted as required (i.e., properly formatted and all required elements are present). In order for a TIN Reference File record to be accepted, it cannot have any errors. Any TIN Reference File record that has errors will be rejected.

TIN Reference File Errors

- Rejected TIN Reference File record will not be stored
 - COBC will be unable to find the matching TIN Reference File record for the corresponding TIN submitted on the MSP Input File
 - All MSP Input File records submitted with that TIN will be rejected with an SP25
- SP25 errors will be listed on the MSP Response File records that are associated with that TIN
- Remember, the SP25 error does not necessarily mean there was a problem with the actual insurer name
 - TIN record was unacceptable for any number of reasons
- A new TIN Reference Response File will be implemented on October 1, 2011
 - New CBT is being developed to address this

When a TIN Reference File record rejects, the record will not be stored on the COBC's files. When the COBC attempts to find the matching TIN Reference File record for the corresponding TIN submitted on the MSP Input File, it will not exist. As a result, all records on your MSP Input File, that were submitted with that TIN, will reject with an SP25.

Since there currently is no TIN Reference Response File, the SP25 error will be listed on the MSP Response File records that are associated with that TIN. Remember, the SP25 error does not necessarily mean there was a problem with the actual insurer name. It means the TIN record was unacceptable for any number of reasons and was rejected.

Note: A new TIN Reference Response File will be implemented on October 1, 2011. A new CBT is being developed to address this. You will be notified when this CBT is available.

TIN Reference File Errors

Once the TIN error has been corrected

- Resubmit corrected TIN Reference File record and all MSP Input File records previously submitted with that TIN

Once the TIN error has been corrected, the RRE must resubmit the corrected TIN Reference File record and all MSP Input File records previously submitted with that TIN.

TIN Reference File Editing

- Changes are being implemented by CMS to improve this process
- Previously, if a TIN Reference File Detail Record had errors, it was rejected along with all associated MSP Input File Detail Records with the same TIN

Changes are being implemented by CMS to improve this process. Previously, if a TIN Reference File Detail Record had errors, it was rejected and resulted in rejection of all associated MSP Input File Detail Records with the same TIN.

TIN Reference File Editing

- The COBC replaced specific error codes related to TIN address fields with compliance flags
- MSP Input File Detail Records will ***not be rejected*** due to certain address issues found in Fields 3-7 and 15-18 on associated TIN Reference File records
 - MSP record will be returned with specific Compliance Flag Codes related to each TIN address field
 - Example: Invalid value such as spaces in the State Field on an Insurer/TPA TIN Reference File Detail Record with a TIN Indicator of I, will cause compliance flag 07 to be returned on the MSP Response File

The COBC has replaced specific error codes related to TIN address fields with compliance flags. MSP Input File Detail Records will ***not be rejected*** due to specific address issues found in Fields 3-7 and 15-18 on associated TIN Reference File records. Instead, if errors are found with address fields on the associated TIN Reference File records, the MSP record will be returned on the MSP Response File with specific Compliance Flag Codes related to each TIN address field. For example, if an invalid value such as spaces is supplied in the State Field 9 on an Insurer/TPA TIN Reference File Detail Record with a TIN Indicator of I, any MSP Input File Detail Records associated with the Insurer/TPA TIN on that record, will be returned with a compliance flag value of 07 rather than an error code on the MSP Response File.

Please note: The SP25 error will continue to be returned for insurer/TPA TIN name errors and may also be returned if an MSP record cannot be matched to an insurer/TPA TIN Reference File Detail Record. This error will be disabled as of October 1, 2011 and replaced with error codes returned on the TIN Reference Response File.

TIN Reference File Editing

- RREs must
 - Examine compliance flags and make necessary corrections to their TIN Reference File Detail Records
 - Submit corrections in next quarterly file
- For more information
 - Click the paper clip button in the lower right corner for a partial list of the new Compliance Flag Codes
 - Refer to TIN Reference File Address Alert dated November 18, 2010 for the complete list

RREs are required to examine these compliance flags and make the necessary corrections to their TIN Reference File records and submit those corrections in the next quarterly file submission. Remember that in addition to resubmitting corrected TIN Reference File records, all the MSP Input File Detail Records, previously accepted with a '01' Disposition Code, associated to the corrected TIN record must be resubmitted as update transactions in your MSP Input File. This will ensure that the corrected address is posted to the MSP occurrence and passed to other Medicare contractors. For a list of the some of the new Compliance Flag Codes that have been added please select the paper clip (attachment) button in the lower right hand corner of the window. You may also refer to the TIN Reference File Address Validation Alert dated November 18, 2010 for the complete list.

TIN Validation

- TIN Reference File Records that pass the editing process will be accepted but marked as not validated
- Validation process ensures that the submitted TIN is a valid IRS-assigned TIN
- TINs are validated during the processing of the MSP Input File Detail record

TIN Reference File Records that pass the editing process will be accepted but marked as not validated. The validation process will ensure that the submitted TIN is a valid IRS-assigned TIN. TINs are validated during the processing of the MSP Input File Detail record.

Insurer TIN Validation

COBC attempts to find a match for the submitted Insurer TIN (Field 22) on the MSP Input File Detail record to a TIN (Field 1) on an accepted TIN Reference File record that has a TIN Indicator = 'I'

- If a match is found, but the TIN Indicator = 'E', 'F', 'S' or 'Z', or
- If no matching TIN is found
 - MSP Input record will be rejected with an 'SP' Disposition Code and errors associated with invalid insurer information

During the Insurer TIN validation, the COBC attempts to find a match for the submitted Insurer TIN (Field 22) on the MSP Input File Detail record to a TIN (Field 1) on an accepted TIN Reference File record that has a TIN Indicator = 'I'.

If the COBC finds a match for the submitted MSP Input File TIN to a TIN on an accepted TIN Reference File record, but the TIN indicator = 'E', 'F', 'S' or 'Z', or if the COBC is unable to find a matching TIN, the MSP Input record will be rejected with an 'SP' Disposition Code and errors associated with invalid insurer information.

Insurer TIN Validation

- If the COBC finds a match for the submitted MSP Input File Insurer TIN to a TIN on a previously accepted TIN Reference File record, but the TIN Indicator = 'Y' (pseudo-TIN)
 - MSP Input record will be rejected

If the COBC finds a match for the submitted MSP Input File Insurer TIN to a TIN on a previously accepted TIN Reference File record but the TIN Indicator = 'Y', meaning a pseudo-TIN, then the MSP Input record will be rejected. Remember, an Insurer TIN must have a matching TIN on the TIN Reference File with a TIN Indicator = 'I'.

Insurer TIN Validation

If the COBC finds a match, they will attempt to validate the TIN

If TIN is valid

- TIN record marked as validated

If COBC cannot validate submitted TIN

- MSP Input File Detail Record will be rejected
- RRE must obtain valid TIN and resubmit update records for the MSP Input File and TIN Reference File

If the COBC matches the submitted MSP Input File Insurer TIN to a TIN on an accepted TIN Reference File record and the TIN Indicator = 'I', then the COBC will attempt to validate the submitted TIN to ensure it is a valid IRS-assigned tax ID. The TIN itself will be used in the validation process. The name and address do not have to match the name and address associated with the TIN by the IRS. If the TIN is valid, the TIN record will be marked as validated.

If the TIN cannot be validated, then the MSP Input Detail Record will be rejected. You must obtain the valid TIN and resubmit the record as an update transaction on your next quarterly file submission. At the same time, the valid TIN and TIN Indicator must also be submitted on an updated TIN Reference File record.

TIN Reference File Errors

RRE must submit a TIN Reference File record for each TIN submitted on the MSP Input File

Each TIN submitted on the MSP Input File in Field 21 and/or Field 22 must have an accepted, matching TIN Reference File record

Note: A matching TIN Reference File record has the same TIN entered in Field 1 that exactly matches the TIN submitted on the MSP Input File in Field 21 or Field 22

Another problem that will cause the SP25 error is when the RRE fails to submit a TIN Reference File record for each TIN submitted on the MSP Input File. Each TIN submitted on the MSP Input File in Field 21 and/or Field 22 must have an accepted, matching TIN Reference File record in order for the MSP Input File record to process.

Note: A matching TIN Reference File record is a record that has the same TIN entered in Field 1 that exactly matches the TIN submitted on the MSP Input File in Field 21 or Field 22.

TIN Reference File – TIN Indicator

- Each accepted TIN Reference File record must have the correct TIN Indicator assigned to it
- When reporting an Insurer/TPA TIN, the TIN is entered in Field 22 on the MSP Input File record
- In order for the MSP Input File record to process, the RRE must have a matching, accepted TIN Reference File record for the same TIN
 - Matching TIN entered in Field 1
 - Value of 'I' entered in Field 8

Note: An accepted TIN Reference File record is a record with no errors

Additionally, each accepted TIN Reference File record must have the correct TIN Indicator assigned to it. When an RRE is reporting an Insurer/TPA TIN, the TIN is to be entered in Field 22 on the MSP Input File record. In order for the MSP Input File record to process, the RRE must have a matching, accepted TIN Reference File record for that same TIN. The TIN Reference File record must have the matching TIN entered in Field 1 and a value of 'I' entered in Field 8.

Note: An accepted TIN Reference File record is a record with no errors.

TIN Reference File – TIN Indicator

- If an employer sponsors its own self-insured/self-administered GHP
 - It must report itself as both the insurer and the employer
 - RRE may submit the same TIN in Fields 21 and 22, but must also submit two matching TIN Reference File records
 - One with a TIN Indicator of 'I'
 - One with a TIN indicator of 'E'

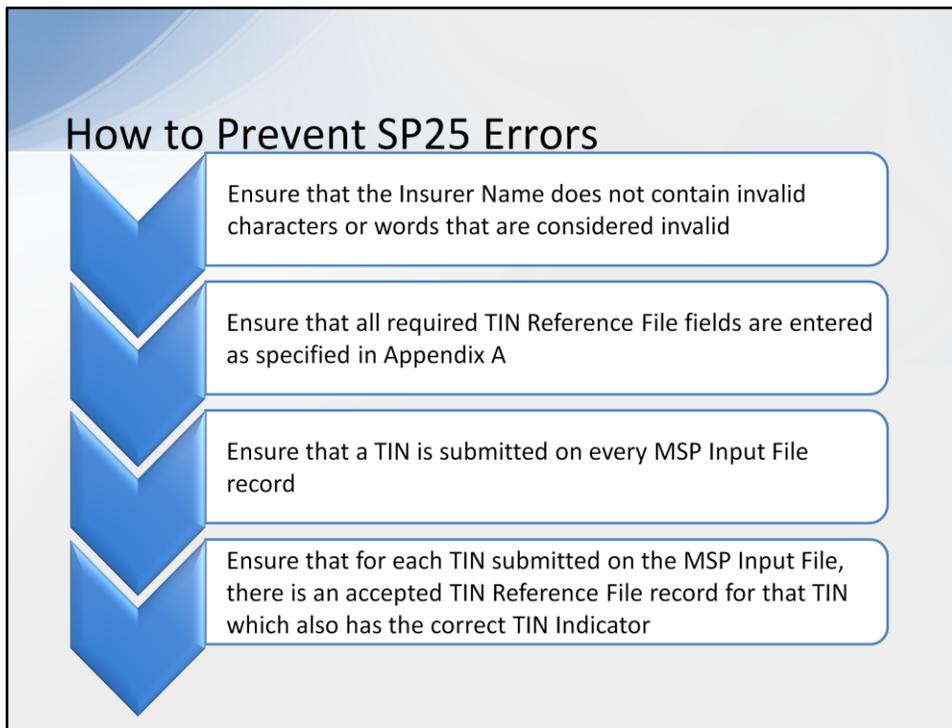
In some cases, if an employer sponsors its own self-insured/self-administered GHP, then it must report itself as both the insurer and the employer because it is the RRE. In this case, the RRE may submit the same TIN in Fields 21 and 22 but they must also submit two matching TIN Reference File records, one with a TIN Indicator of 'I' and the other with a TIN Indicator of 'E'.

TIN Reference File – TIN Indicator

- Example:
- Employer sponsor submits one MSP Input record with TIN 123456789 in both Fields 21 and 22
 - RRE must submit two matching TIN Reference File records
 - Record 1: Field 1 = 123456789, Field 8 = 'I'
 - Record 2: Field 1 = 123456789, Field 8 = 'E'

For example:

An employer sponsor submits one MSP Input record with TIN 123456789 in both Fields 21 and 22, meaning it is both the employer and the insurer. In order for this MSP Input record to process successfully, the RRE must also submit two matching TIN Reference File records. One of the submitted TIN Reference File records must have an “I” in Field 8, the other must have an “E” in Field 8. Field 1 for each of these records will be submitted as 123456789.



RREs must ensure that the Insurer Name does not contain invalid characters or words that are considered invalid.

RREs must ensure that all required TIN Reference File fields are entered as specified in Appendix A.

RREs must ensure that they submit a TIN on every MSP Input File record.

And, RREs must ensure that for each TIN submitted on the MSP Input File, there is an accepted TIN Reference File record for that TIN which also has the correct TIN Indicator (i.e., an 'I' for an Insurer/TPA TIN).

Additional Information

- If you would like to view information on any of the following errors please click a button below

SP99 Error

SP25 Error

SP32 Error

- If you would like to close this course please click on the X button below



If you would like to view information on any of the following errors please click on one of the buttons on the screen. If you would like to close this course please click on the 'X' button.

SP32 Error – Invalid Termination Date

Returned when the GHP Termination Date (Field 11) on the MSP Input File is submitted incorrectly

Since this is a required data field for MSP Input File records, you must always submit data in this field

- If the GHP coverage has ended, submit the actual GHP Termination Date in Field 11
- If the GHP coverage is ongoing, submit eight zeroes in the GHP Termination Date (Field 11)

This error will be returned on your response file when the GHP Termination Date (Field 11) on the MSP Input File is submitted incorrectly. This is the most common error, and one that can easily be avoided. Since this is a required data field for MSP Input File records, you must always submit data in this field.

If the GHP coverage has ended, you must submit the actual GHP Termination Date in Field 11. However, if there is no Termination Date, i.e., GHP coverage is ongoing, you must submit eight zeroes in this field, not spaces or any other non-numeric characters, because this field is defined as numeric.

SP32 Error – Invalid Termination Date

- Data editing will be performed on the submitted GHP Termination Date to verify that the date is valid
 - Must be submitted in the CCYMMDD format
 - Submitted date must be a real date (number of days must be valid for the month)
 - Example:
 - RRE submits a GHP Termination Date equal to 19500230
 - MSP Input File record would fail with an SP32 Error
 - Date is invalid, submitted number of days '30' is not valid for the submitted month 'February'

Data editing will be performed on the submitted GHP Termination Date to verify that the date submitted is valid. It must be submitted in the CCYMMDD format. Additionally, the submitted date must be a real date, i.e., the submitted number of days must be valid for the submitted month. For example, if an RRE submits a GHP Termination Date equal to 19500230, the MSP Input File record would fail with an SP32 Error. This date is invalid because the submitted number of days '30' is not valid for the submitted month 'February'.

SP32 Error – Invalid Termination Date

COBC will apply certain relational edits to check for consistency within the record

One edit will ensure that the submitted GHP Termination Date (Field 11) is later than the submitted GHP Effective Date (Field 10)

- If GHP Termination Date is earlier than the GHP Effective Date, the MSP Input File record will fail with an SP32 Error

As part of the data editing process, the COBC will apply certain relational edits to check for consistency within the record. One such edit is to ensure that the submitted GHP Termination Date (Field 11) is later than the submitted GHP Effective Date (Field 10). If the GHP Termination Date is earlier than the GHP Effective Date, the MSP Input File record will fail with an SP32 Error.

SP32 Error – Invalid Termination Date

- Records for Working-Aged beneficiaries
 - GHP Termination Date cannot be greater than the current date plus 6 months
- Records for Disabled beneficiaries
 - GHP Termination Date cannot be greater than the day the beneficiary turned 65
- Records for ESRD beneficiaries
 - GHP Termination Date may be future dated up to 30 months

Other relational edits will be applied to Working Aged, Disability and ESRD records. If the MSP Input File record is for a Working-Aged beneficiary, the GHP Termination Date cannot be greater than the current date plus 6 months, otherwise the MSP Input record will reject with a SP32 Error. If the MSP Input File record is for a Disabled beneficiary, the GHP Termination Date cannot be greater than the day the beneficiary turned 65, otherwise the MSP Input record will reject with a SP32 Error. If the MSP Input File Record is for a beneficiary with ESRD, the GHP Termination date may be future dated up to 30 months.

SP32 Error on an Add Record

May be received when the submitted GHP Termination Date is prior to beneficiary's Medicare entitlement date

When this error is received on an Add Record

- Ignore Error
- If individual is no longer considered an Active Covered Individual, discontinue sending a record for him/her on subsequent file submissions unless GHP coverage is reactivated
- If individual is still an Active Covered Individual, continue to send their ongoing GHP coverage information on subsequent files

The final, and perhaps most common reason, an MSP Input Record can fail for an SP32 Error is when the submitted GHP Termination Date is prior to the beneficiary's Medicare entitlement date. When you receive an SP32 error for this reason, on an Add Record, you may ignore this error. If the individual is no longer considered to be an Active Covered Individual because he or she is no longer covered by your plan, discontinue sending a record for him or her on subsequent quarterly file submissions unless the GHP coverage is reactivated at a later date. If the individual is still an Active Covered Individual, you must continue to send their ongoing GHP coverage information on subsequent files.

SP32 Error on an Update Record

- When the termination date on an update record is prior to the beneficiary's date of Medicare entitlement
 - GHP coverage ended prior to Medicare entitlement
 - Medicare is primary
 - No MSP Occurrence should exist for the GHP coverage
- RRE must remove the MSP Occurrence
 - Send a delete transaction with the same Effective Date and zeroes in the Termination Date

An SP 32 error will also be received when an RRE submits an update record to a previously accepted open-ended record if the termination date on the update is prior to the beneficiary's date of Medicare entitlement. In this case, since the GHP coverage ended prior to Medicare entitlement, Medicare is primary and no MSP Occurrence should exist for the GHP coverage. The RRE must remove the MSP Occurrence by sending a delete transaction with the same Effective Date and zeroes in the Termination Date. An example of this circumstance may occur if an employer is late in reporting a Termination Date to the insurer RRE.

How to Prevent SP32 Errors

- 1 Always submit data in the GHP Termination Date
 - Submit the actual GHP Termination Date if GHP coverage has ended or all zeroes if the GHP coverage is ongoing
- 2 Submit data in the CCYYMMDD format
- 3 Ensure submitted GHP Termination Date is a valid date
- 4 Ensure submitted GHP Termination Date (Field 11) is later than the submitted GHP Effective Date (Field 10)
- 5 Ensure submitted GHP Termination Date meets the Working Aged, Disability and ESRD criteria
- 6 When this error is received due to the GHP Termination Date being prior to the Medicare entitlement date for a previously accepted record, the RRE should delete the previously accepted record

In order to prevent the SP32 Error, RREs must always submit data in the GHP Termination Date field. RREs must submit the actual GHP Termination Date if the GHP coverage has ended, or submit all zeroes if the GHP coverage is ongoing. Data must be submitted in the CCYYMMDD format. The submitted GHP Termination Date must be a valid date and it must be later than the submitted GHP Effective Date. RREs must ensure that the GHP Termination Date meets the Working Aged, Disability and ESRD criteria. And, finally, RREs should remember that when they receive the SP32 error due to the GHP Termination Date being prior to the Medicare entitlement date on a previously accepted record, the RRE should delete the previously accepted record.



You have completed the GHP SP99, SP25, and SP32 Errors course. Information in this course can be referenced by using the GHP User Guide's table of contents. This document is available for download at the following link:
<http://www.cms.gov/mandatoryinsrep>.