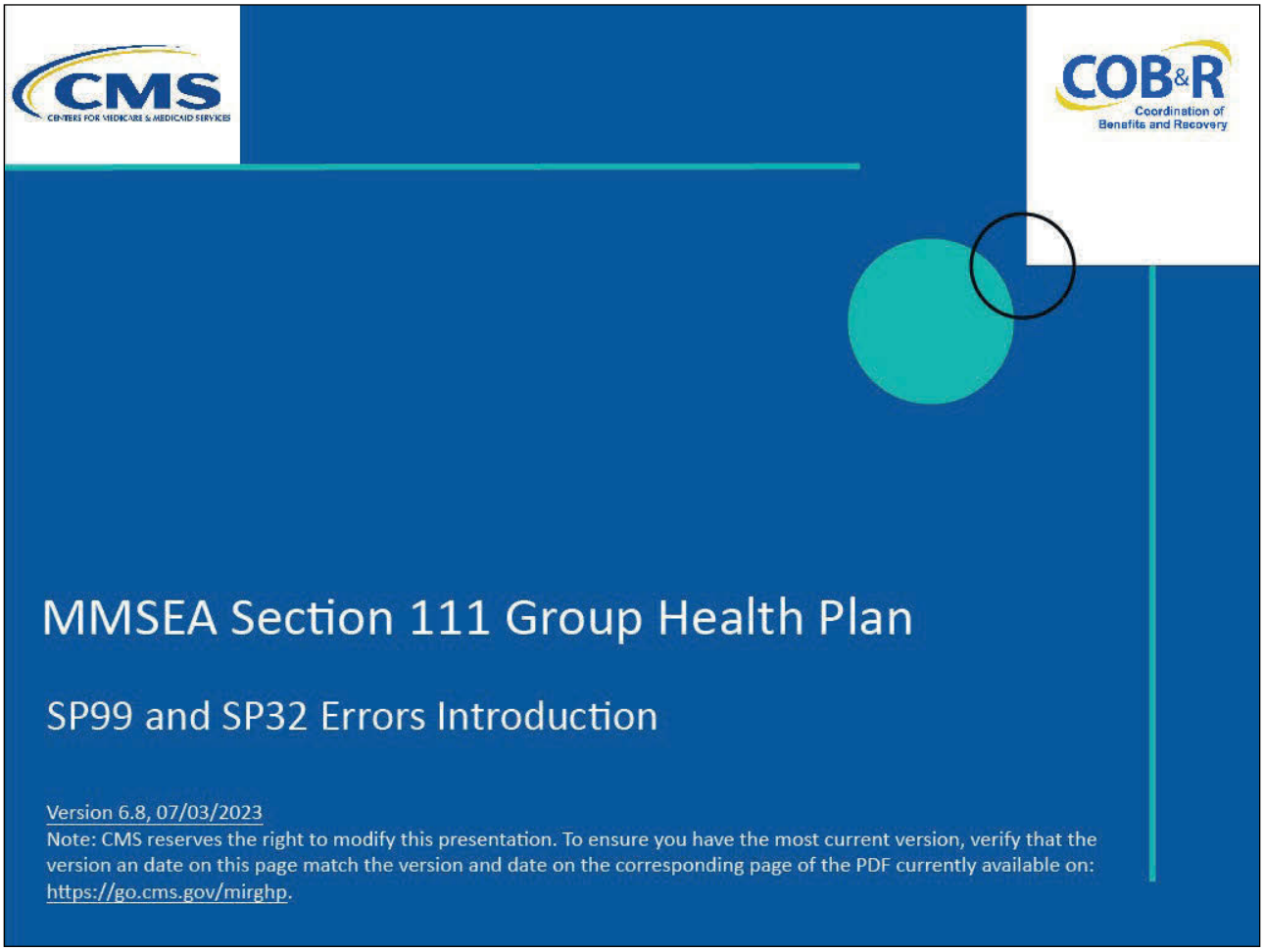
SP99 and SP32 Errors Introduction

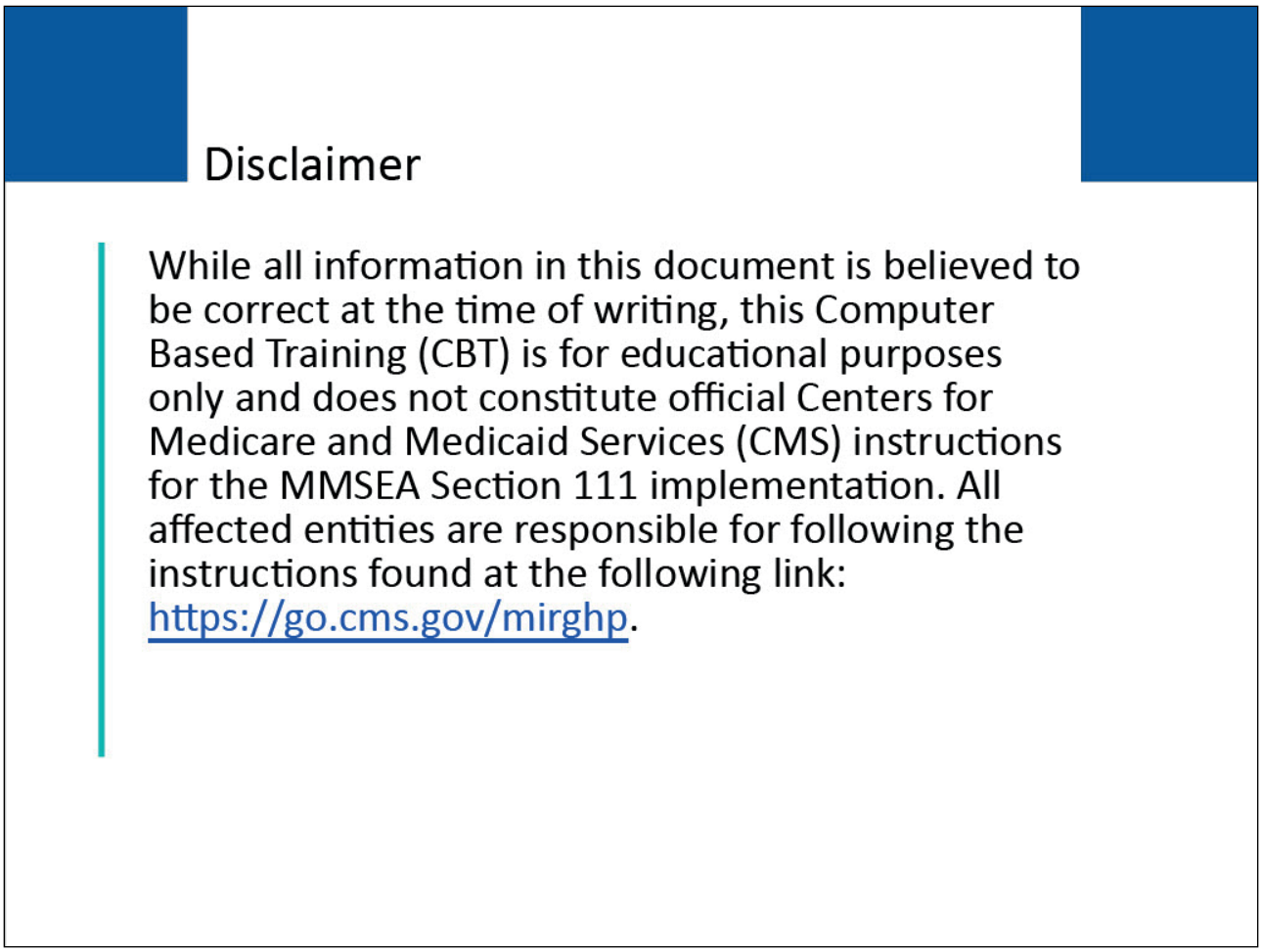
Slide 1 of 27 - SP99 and SP32 Errors Introduction



Slide notes

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

Slide 2 of 27 - Disclaimer

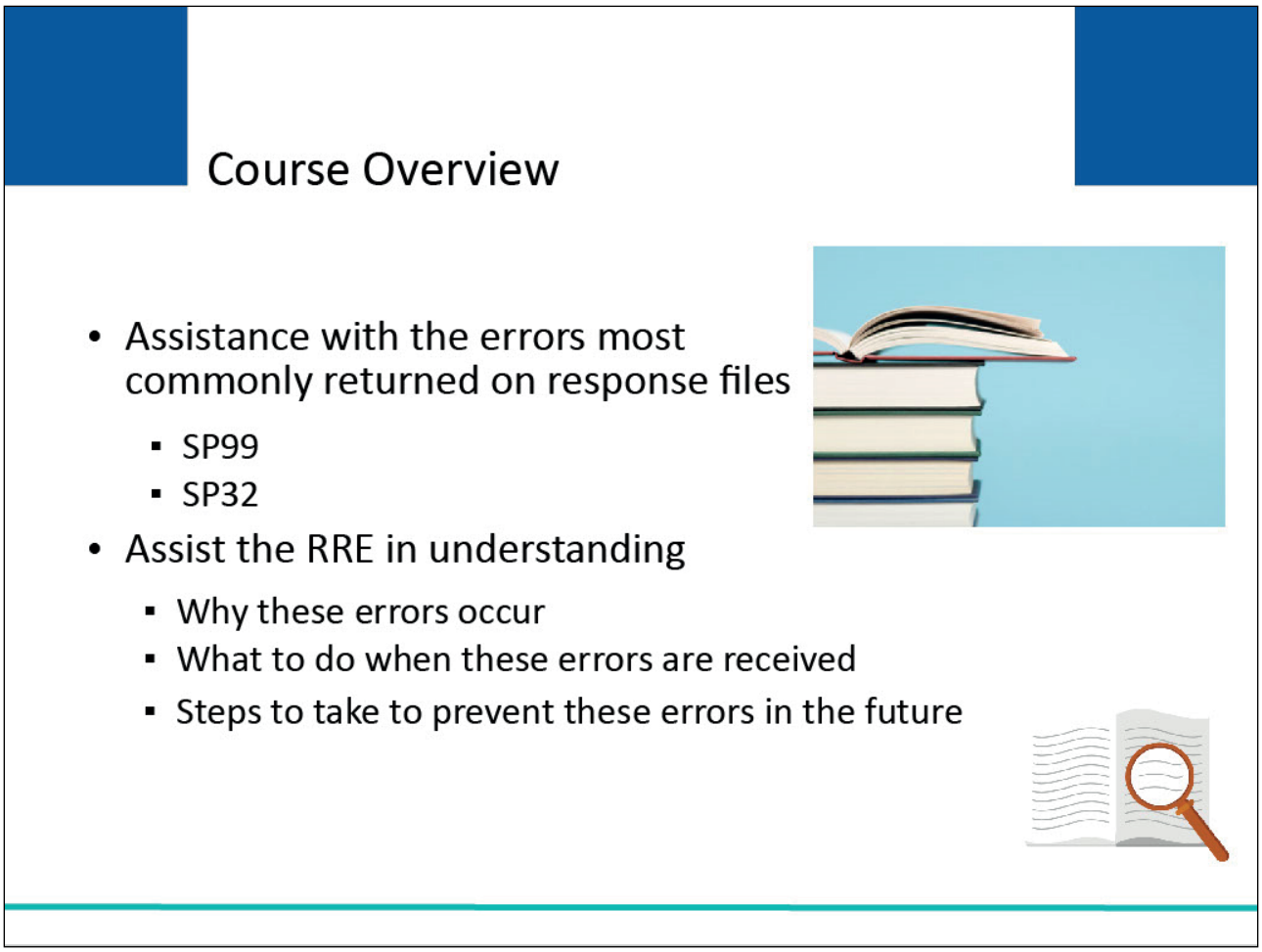


Slide notes

While all information in this document is believed to be correct at the time of writing, this Computer Based Training (CBT) is for educational purposes only and does not constitute official Centers for Medicare and Medicaid Services (CMS) instructions for the MMSEA Section 111 implementation.

All affected entities are responsible for following the instructions found at the following site: CMS GHP Website.

Slide 3 of 27 - Course Overview



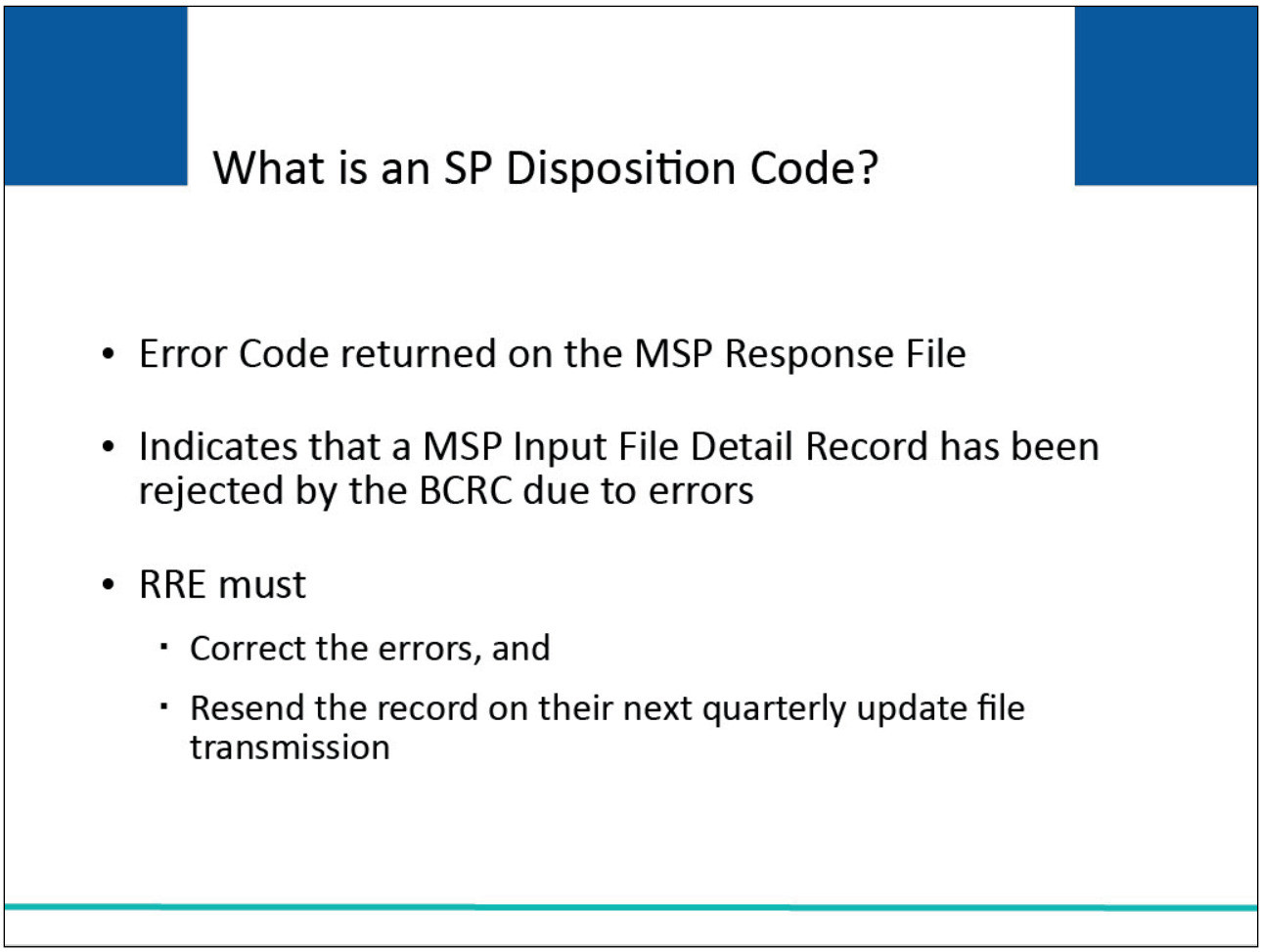
Slide notes

This CBT was created to assist Responsible Reporting Entities (RREs) with the errors most commonly returned on response files:

- SP99 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.

Slide 4 of 27 - What is an SP Disposition Code?

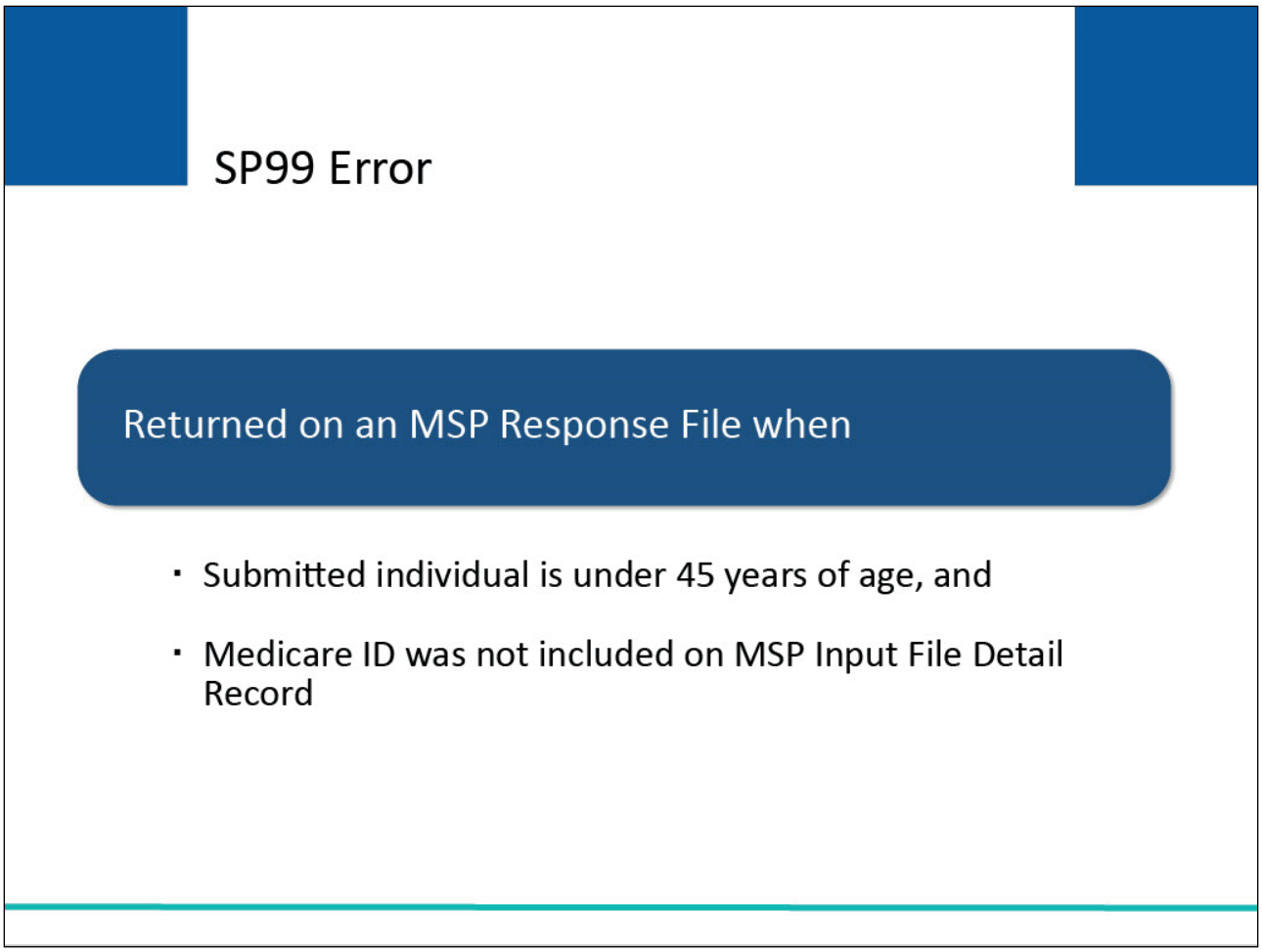


Slide notes

An SP disposition code is an error code that is returned on the Medicare Secondary Payer (MSP) Response File. It indicates that an MSP Input File Detail Record has been rejected by the Benefits Coordination & Recovery Center (BCRC) 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.

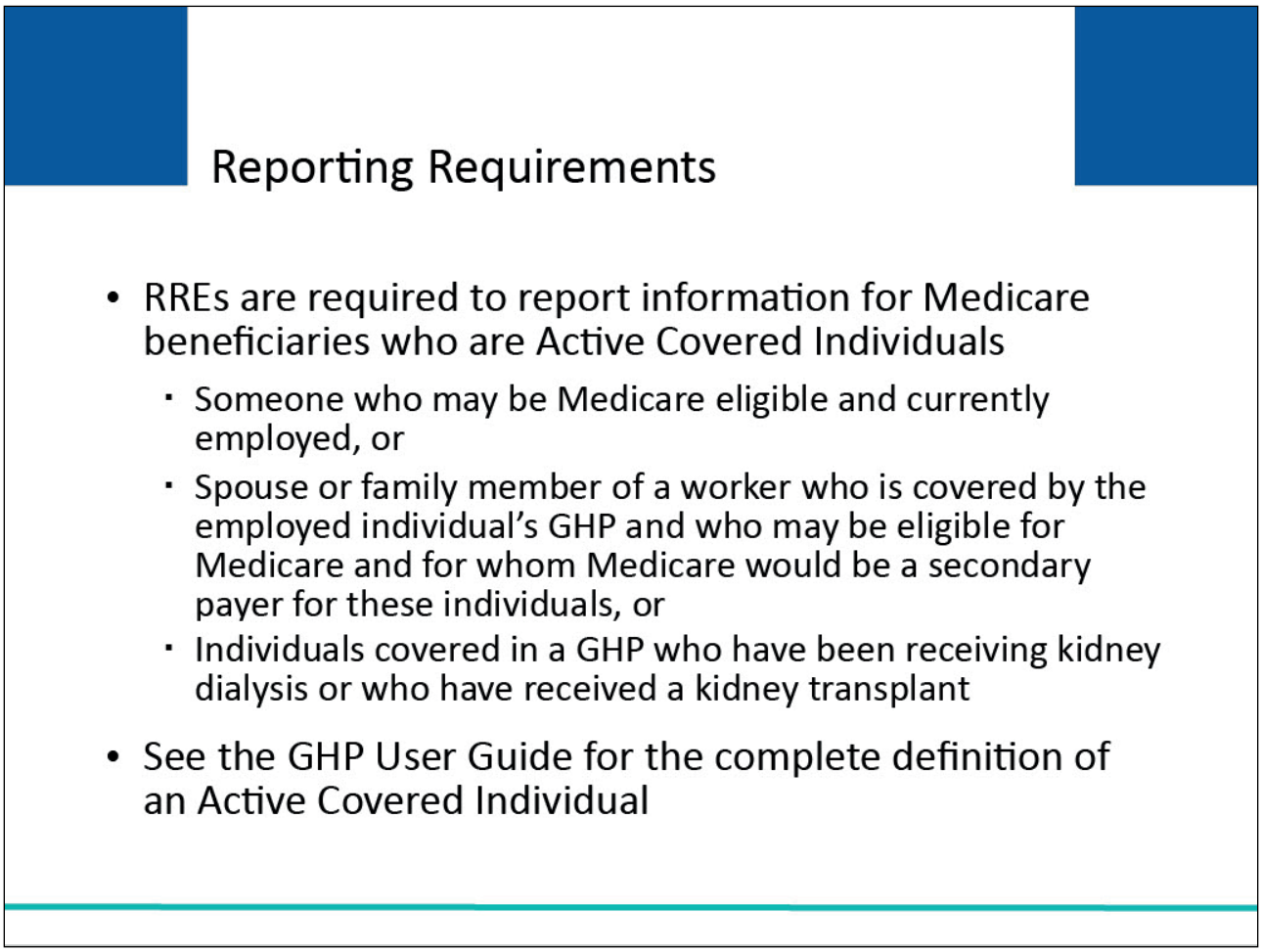
Slide 5 of 27 - SP99 Error



Slide notes

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 Medicare ID was not included on the MSP Input File Detail Record.

Slide 6 of 27 - Reporting Requirements



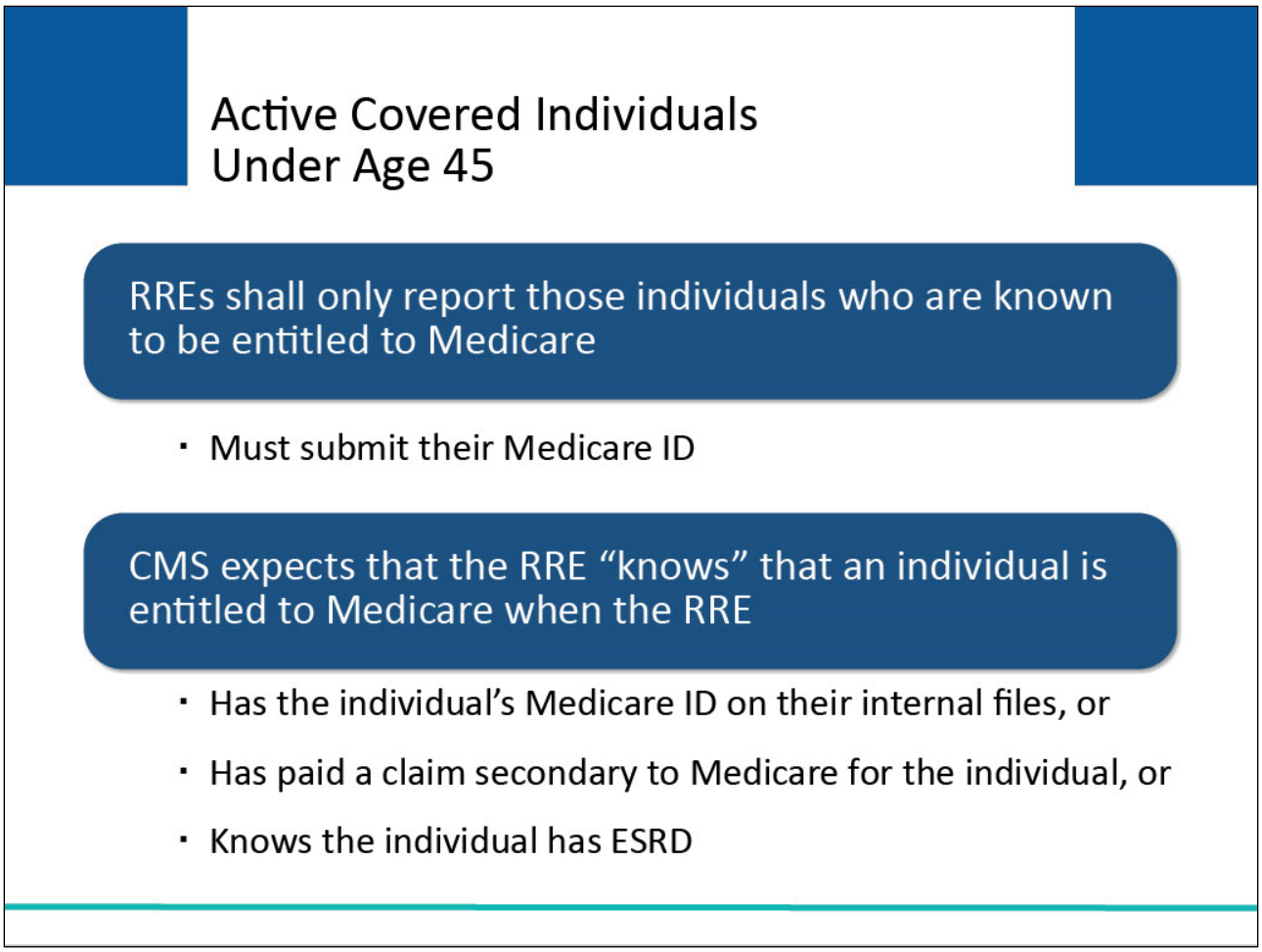
Slide notes

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.

Slide 7 of 27 - Active Covered Individuals Under Age 45



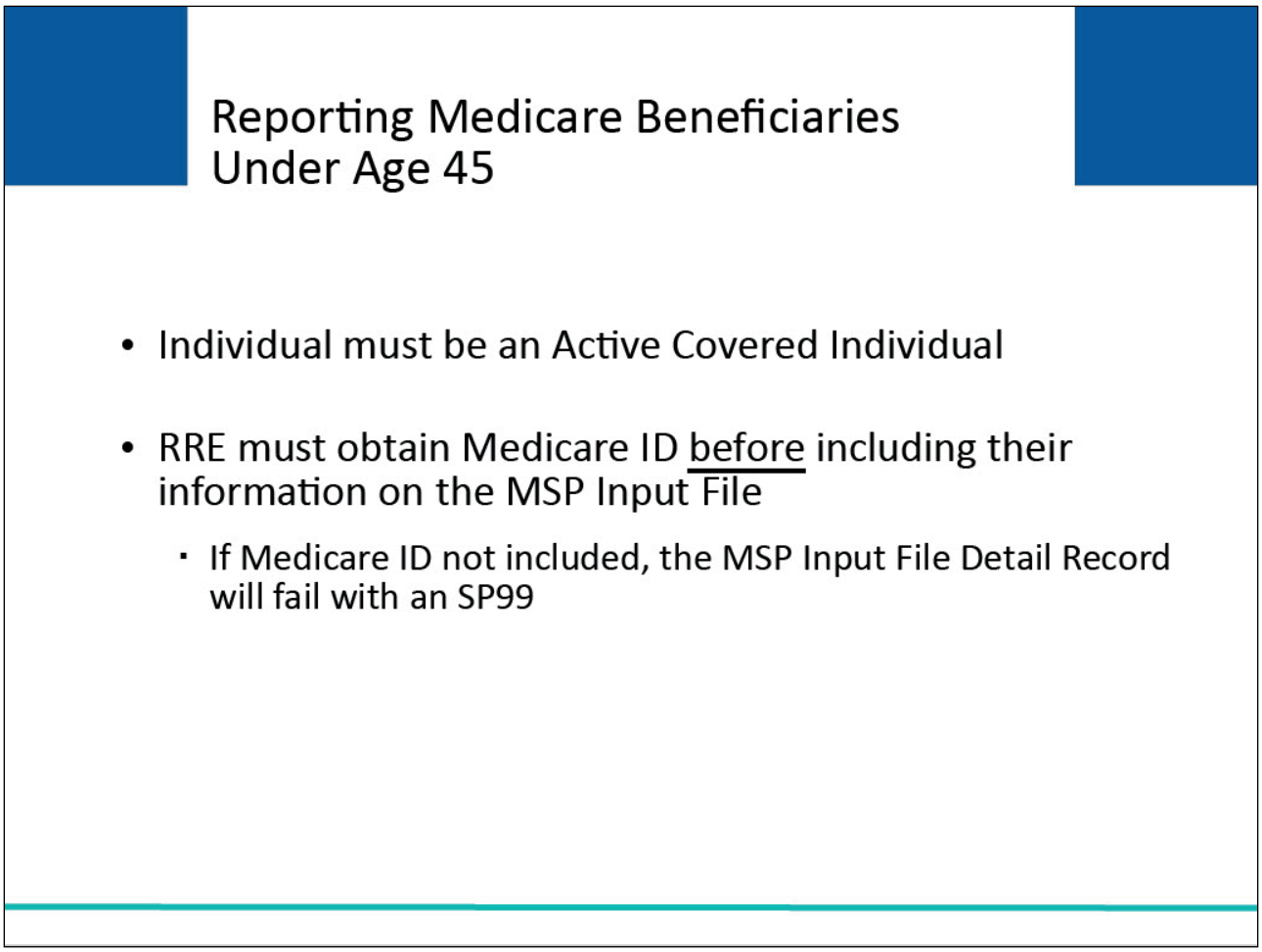
Slide notes

Part of the Active Covered Individual definition discusses the reporting of individuals under age 45. In regard 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 ID.

Note: CMS expects that the RRE "knows" that an individual is entitled to Medicare when they have a Medicare ID 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).

Slide 8 of 27 - Reporting Medicare Beneficiaries Under Age 45

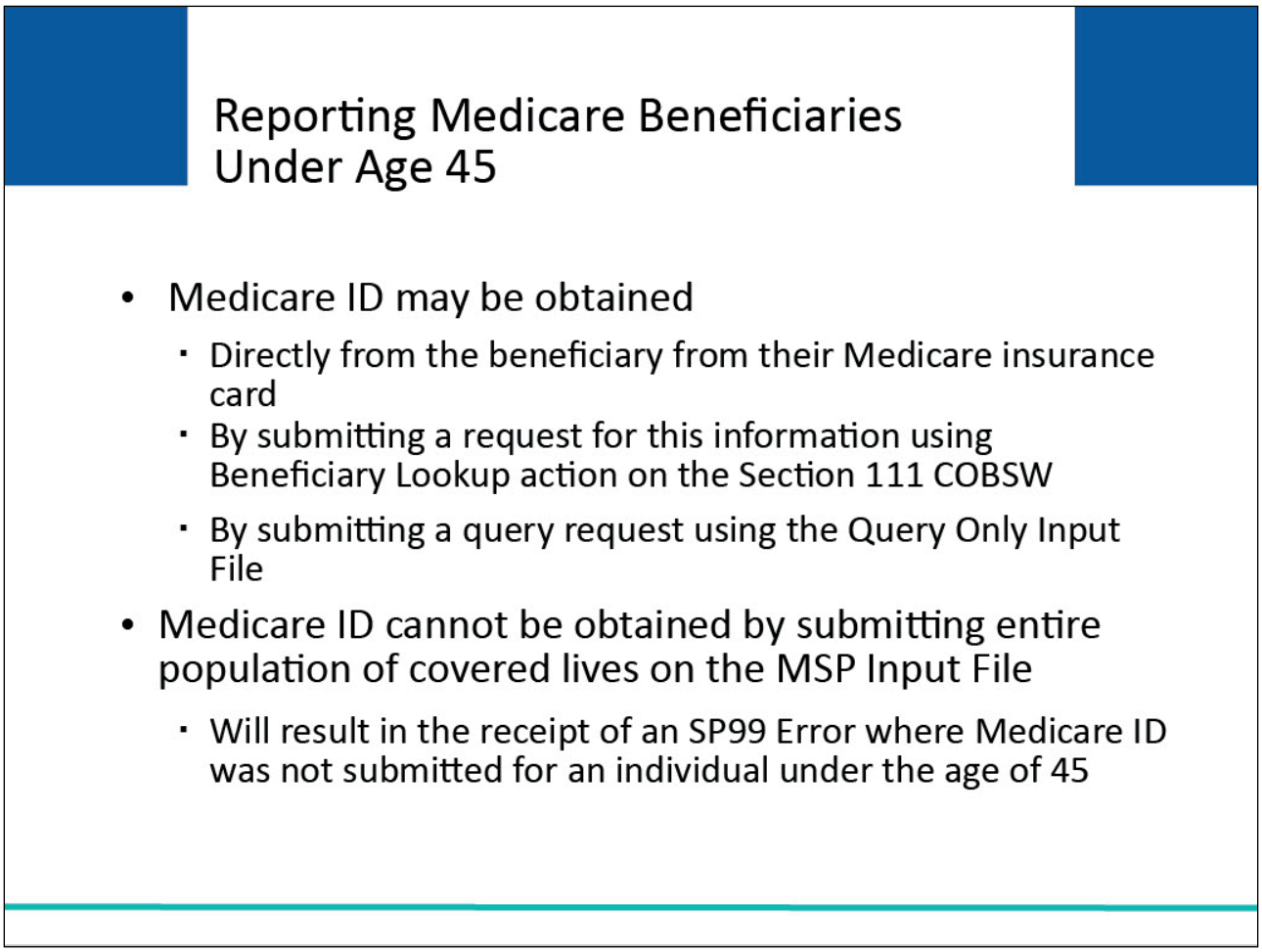


Slide notes

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 Medicare ID 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 Medicare ID is not included on the MSP Input File Detail Record, the record will fail with an SP99 error.

Slide 9 of 27 - Reporting Medicare Beneficiaries Under Age 45



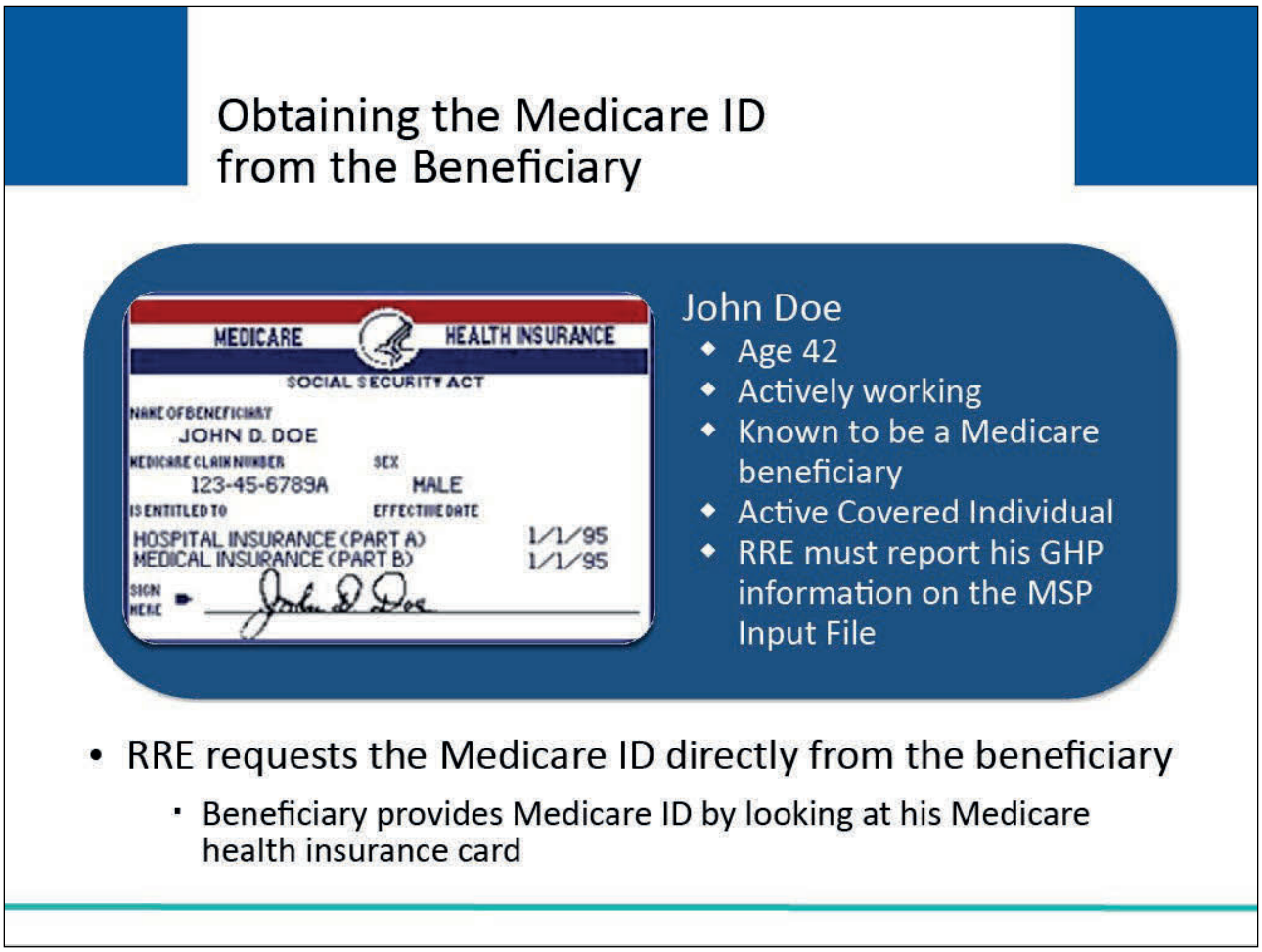
Slide notes

An RRE can obtain the beneficiary's Medicare ID by asking the beneficiary to supply the Medicare ID 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 Website (COBSW), or by submitting a query request using the Query Only Input File.

An RRE cannot obtain the Medicare ID 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 Medicare ID was not submitted for an individual under the age of 45.

Slide 10 of 27 - Obtaining the Medicare ID from the Beneficiary



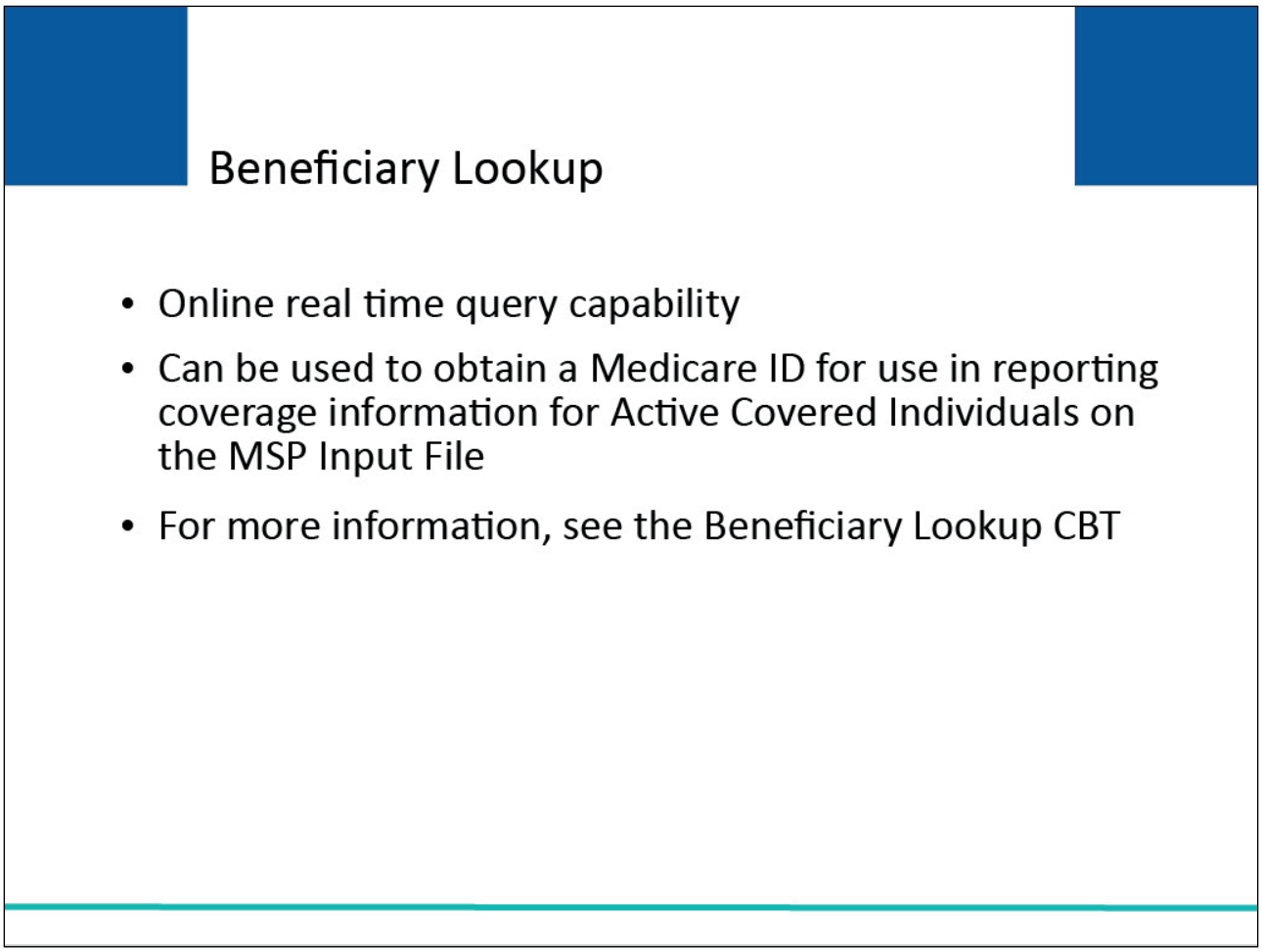
Slide notes

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 Medicare ID on their internal records. The RRE requests the Medicare ID directly from John who provides it by looking at his Medicare health insurance card.

Slide 11 of 27 - Beneficiary Lookup



Slide notes

As discussed earlier, the RRE may also obtain the Medicare ID by using the Beneficiary Lookup action on the Section 111 COBSW.

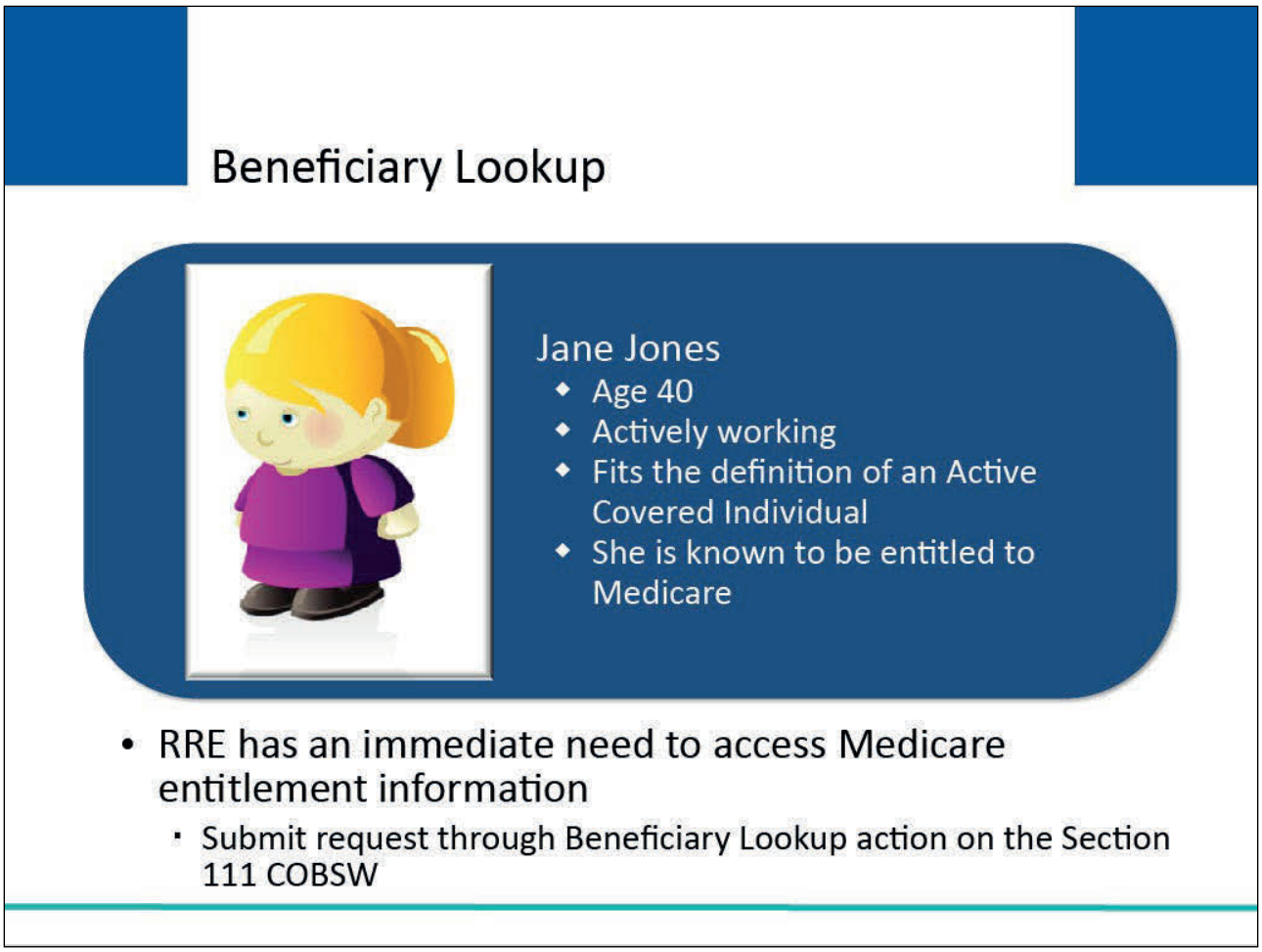
The Beneficiary Lookup is an online, real-time query capability that will provide a response as to whether information supplied for a covered individual can be matched to a Medicare beneficiary.

It can be used to obtain a Medicare ID for use in reporting coverage information for Active Covered Individuals on the MSP Input File.

RREs are limited to 500 query requests per RRE ID per calendar month using the Beneficiary Lookup on the Section 111 COBSW. For more information, see the Beneficiary Lookup CBT.

Note: The Beneficiary Lookup Response page will now list the effective and termination date(s) for applied GHP MSP coverage. In addition, GHP RREs will no longer be limited to performing 500 beneficiary lookups per month.

Slide 12 of 27 - Beneficiary Lookup



Slide notes

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).

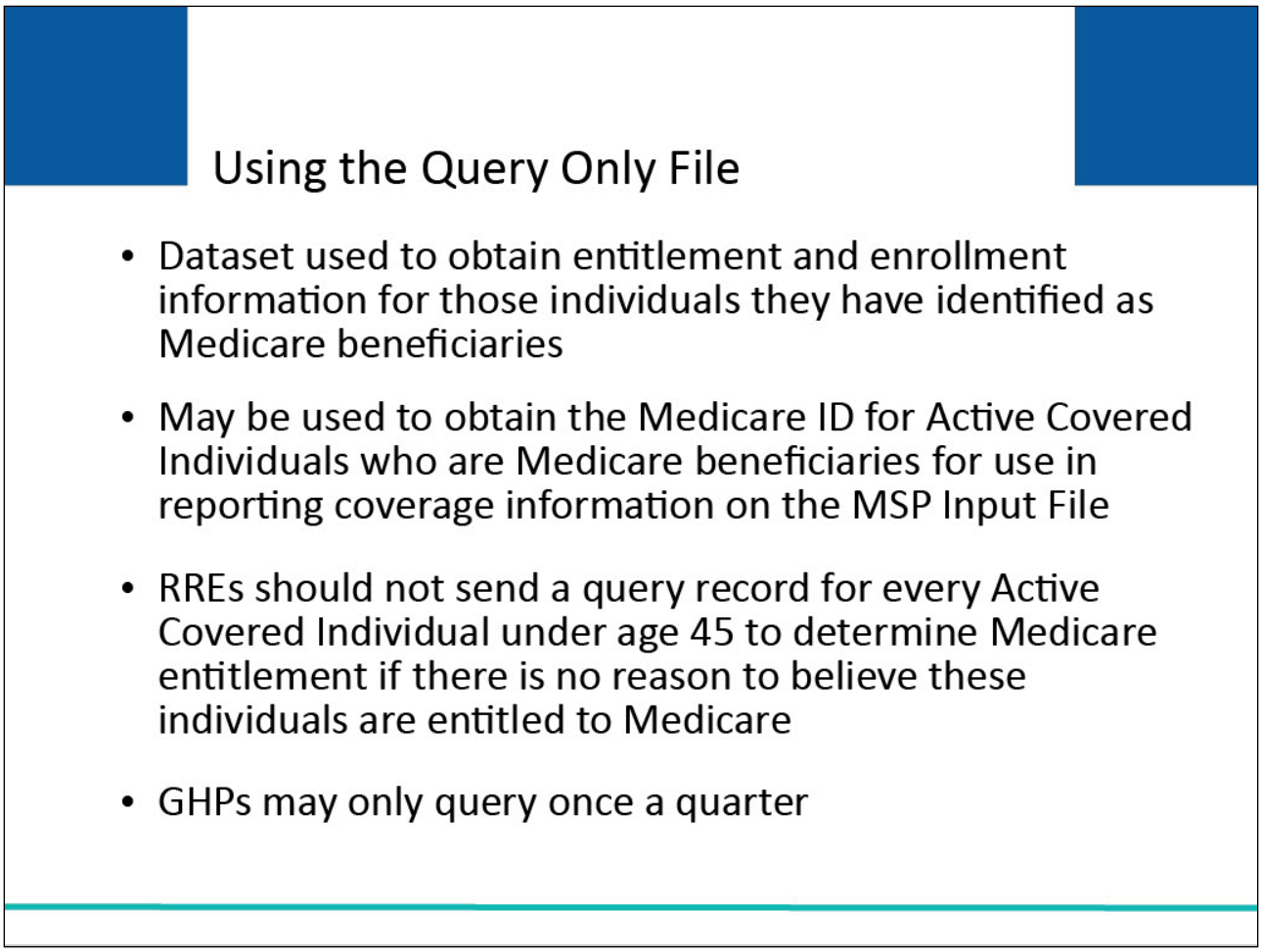
The RRE is aware that they must submit GHP information for her but they do not have her Medicare ID. Since the RRE has an immediate need to access her entitlement information, they will use the Beneficiary lookup action on the Section 111 COBSW to submit a request for this information.

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 Medicare ID.

However, if the information entered cannot be matched to a Medicare beneficiary, a message will indicate that no match was found.

Slide 13 of 27 - Using the Query Only File



Slide notes

Another way the RRE can obtain the Medicare IDs for their Active Covered Individuals who are Medicare beneficiaries is through the use of the Query Only File.

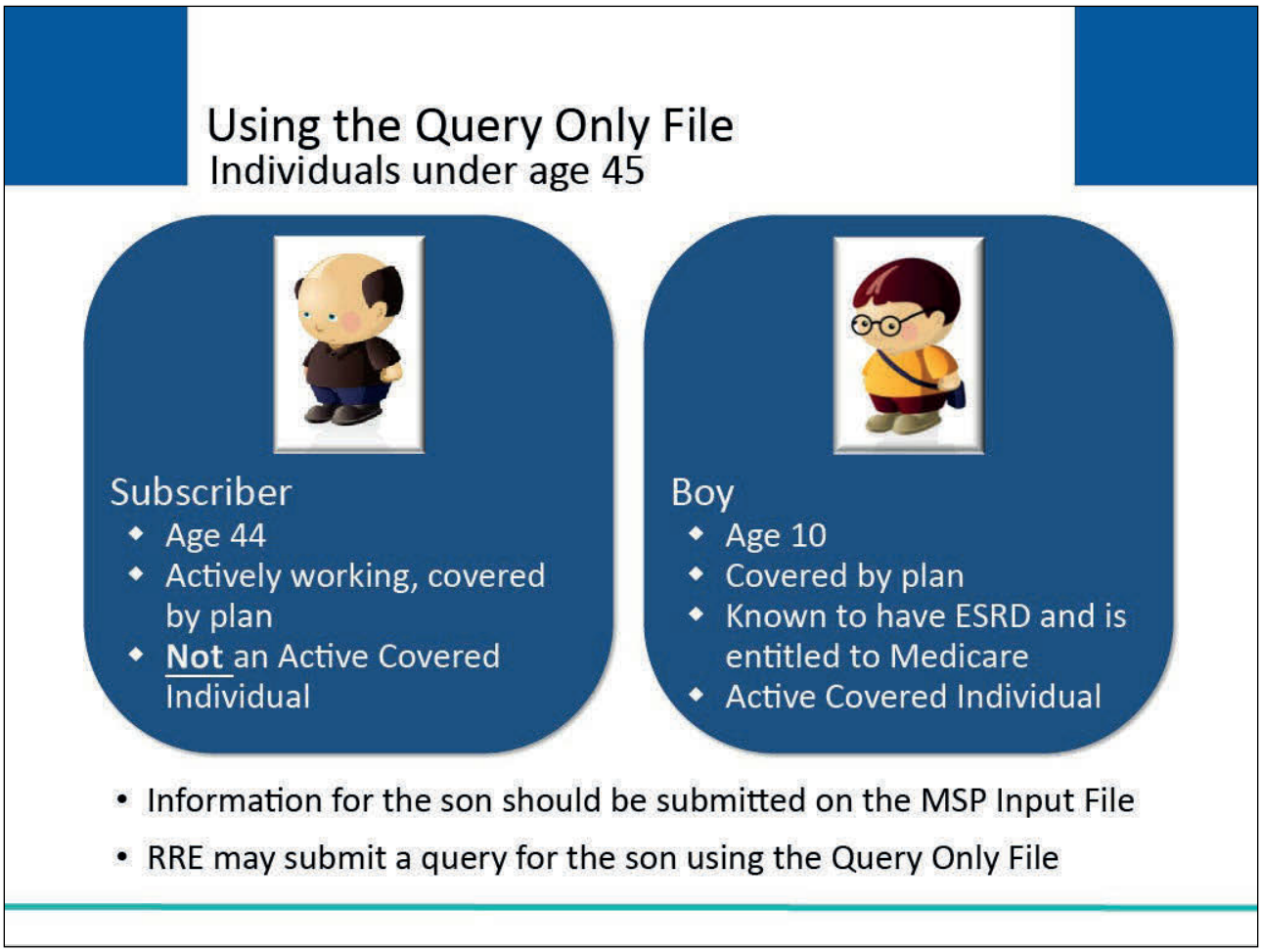
This dataset is used by RREs to submit query requests to obtain entitlement and enrollment information for those individuals they have identified as Medicare beneficiaries.

RREs may use this method to obtain the Medicare ID 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.

GHPs may only query once a quarter.

Slide 14 of 27 - Using the Query Only File



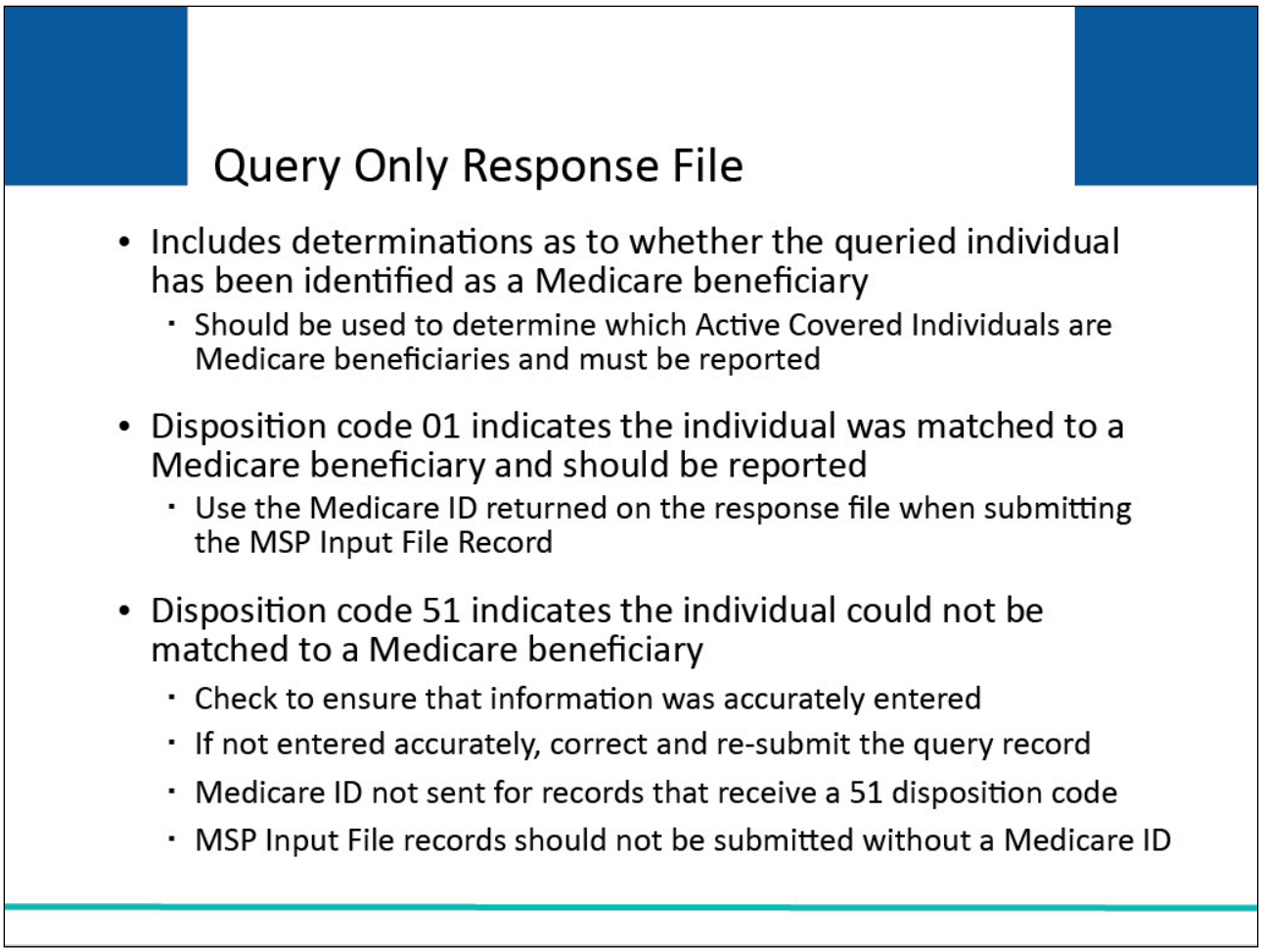
Slide notes

For example, suppose a subscriber, age 44, is actively working. The subscriber and his son, age 10, are covered by the 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 ID must be included. The RRE does not have the son's Medicare ID on file so they may submit a query for the son using the Query Only File.

Slide 15 of 27 - Query Only Response File



Slide notes

Once the BCRC 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.

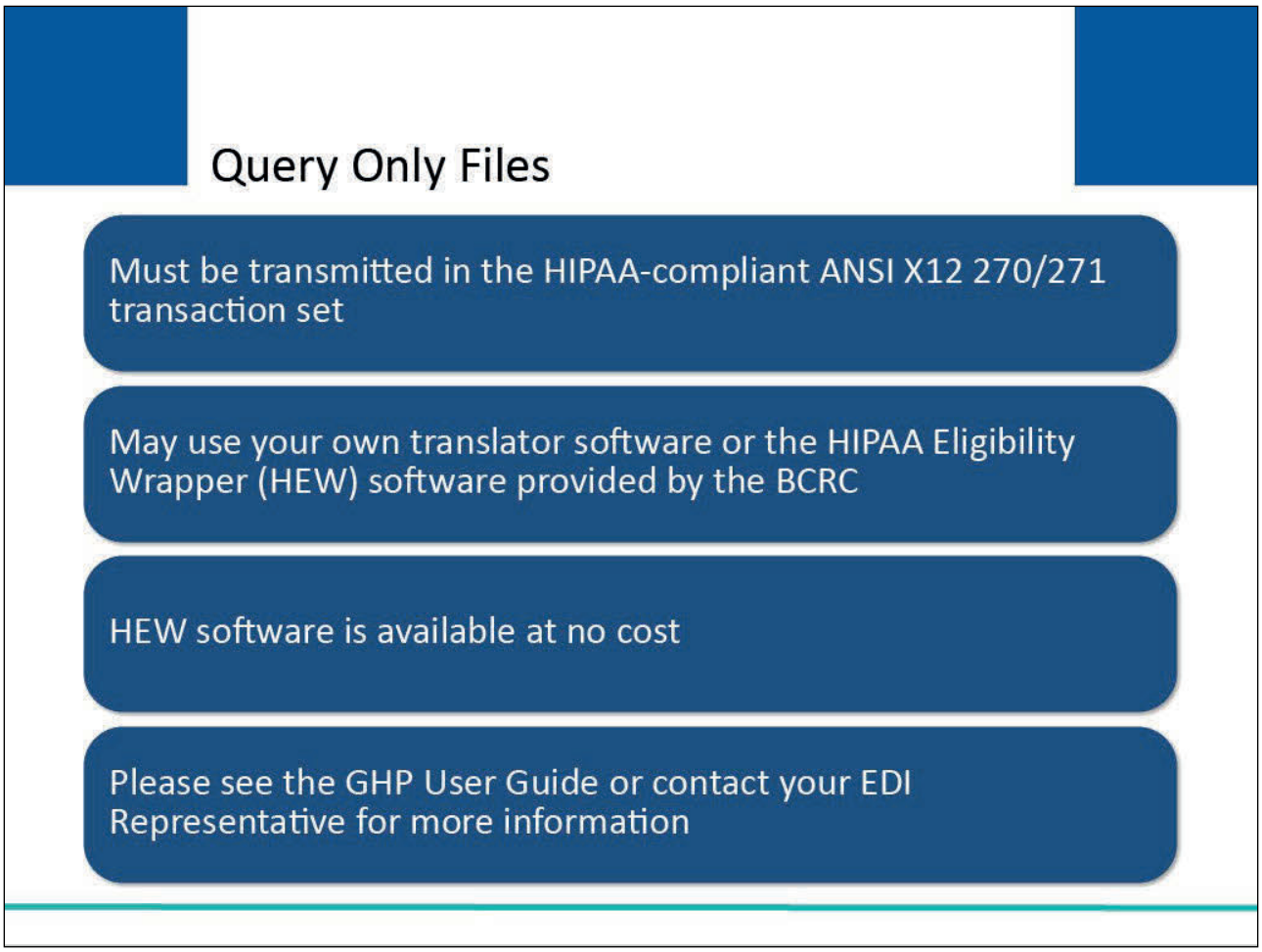
The Medicare ID returned on records that receive a 01 disposition code should be used when submitting the MSP Input File record.

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 Medicare ID for records that receive a 51 disposition code. MSP Input File records should not be submitted without a Medicare ID.

Slide 16 of 27 - Query Only Files

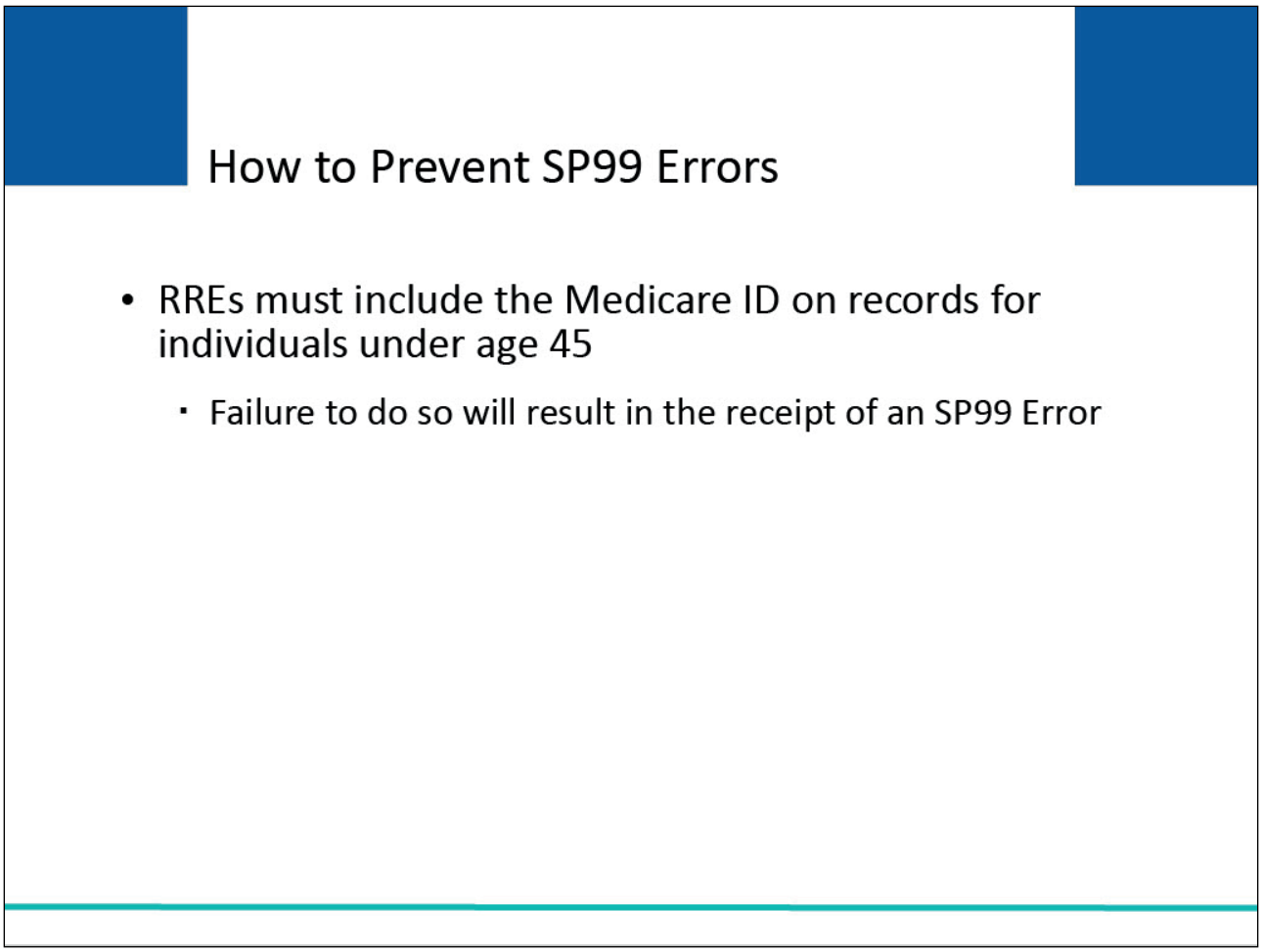


Slide notes

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 BCRC) 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 Electronic Data Interchange (EDI) Representative for more information on the Query process or how to obtain the HEW software.

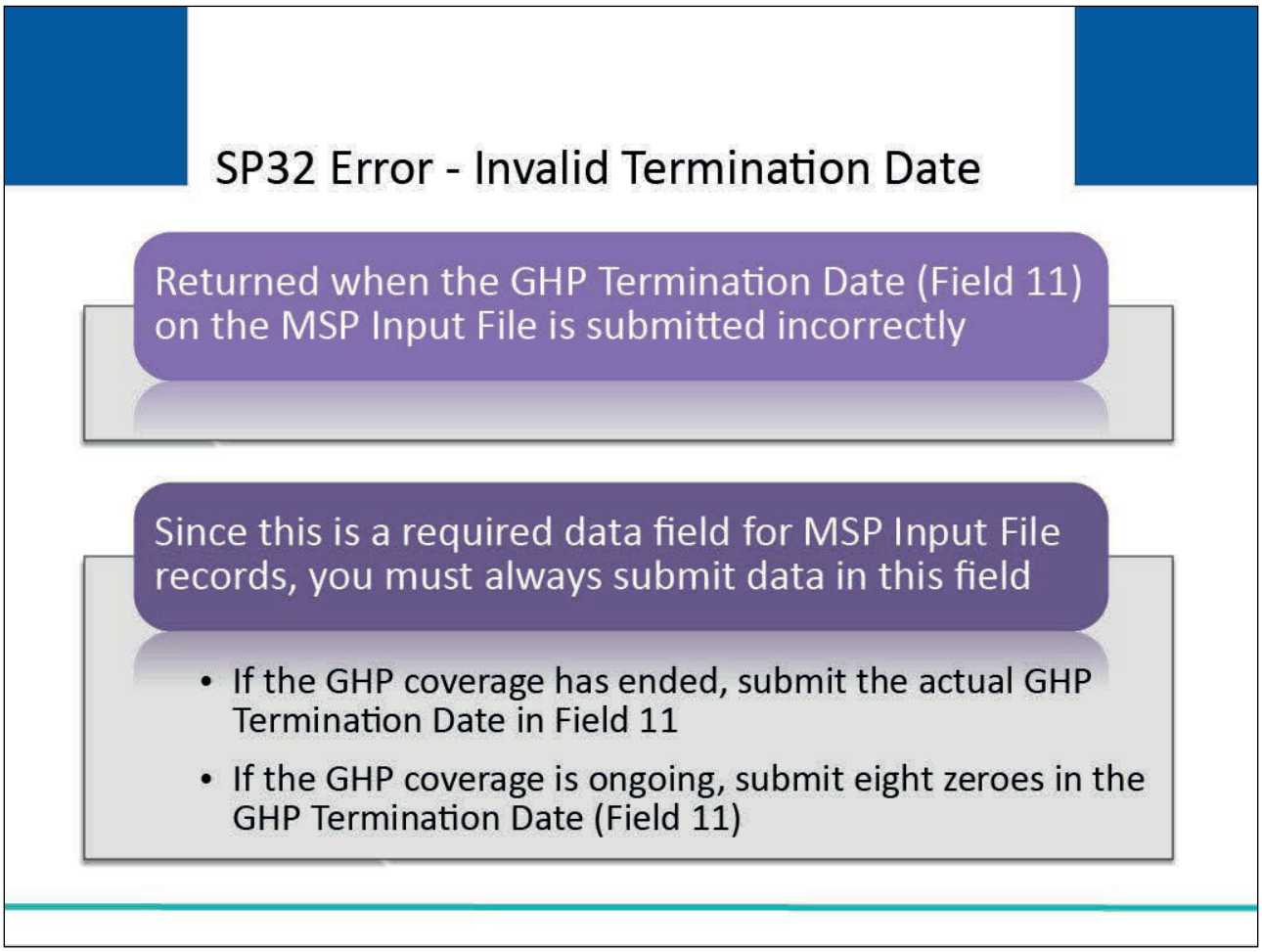
Slide 17 of 27 - How to Prevent SP99 Errors



Slide notes

When reporting an individual under age 45, RREs must submit their Medicare ID on the MSP Input File. Failure to do so will result in the receipt of an SP99 processing error.

Slide 18 of 27 - SP32 Error - Invalid Termination Date



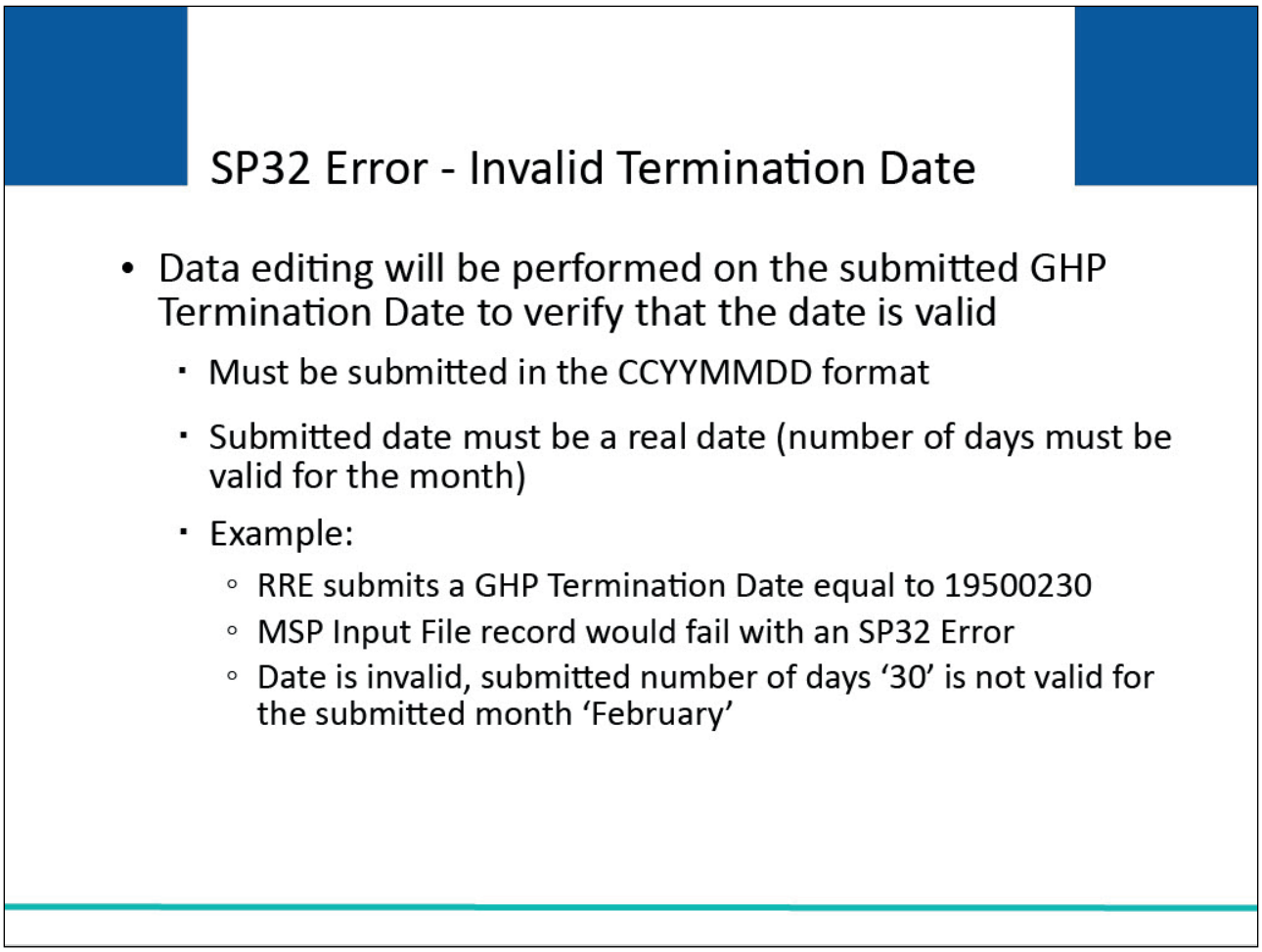
Slide notes

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.

Slide 19 of 27 - SP32 Error - Invalid Termination Date



Slide notes

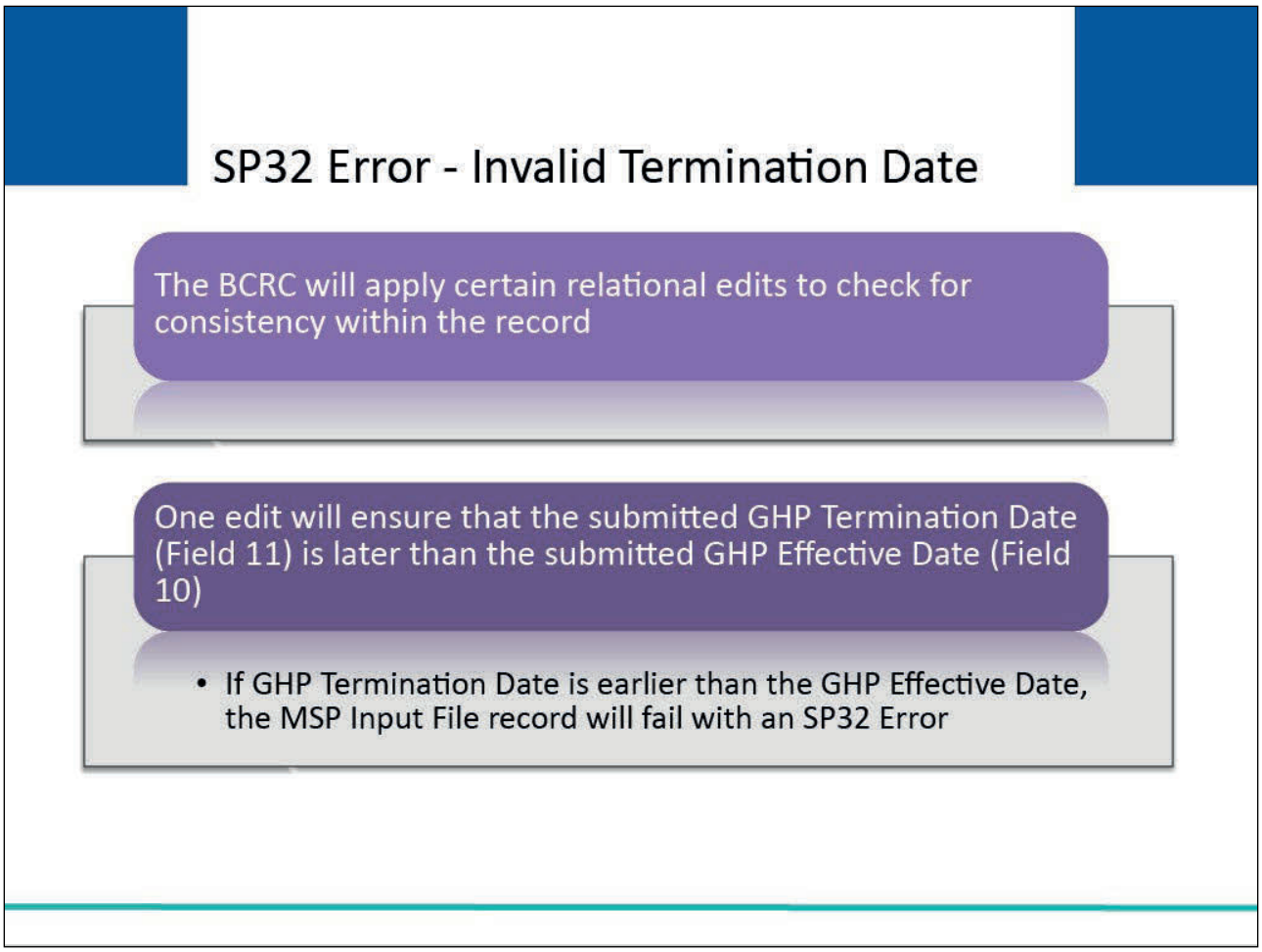
Data editing will be performed on the submitted GHP Termination Date to verify that the date submitted is valid. It must be submitted in the CCYYMMDD format.

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'.

Slide 20 of 27 - SP32 Error - Invalid Termination Date



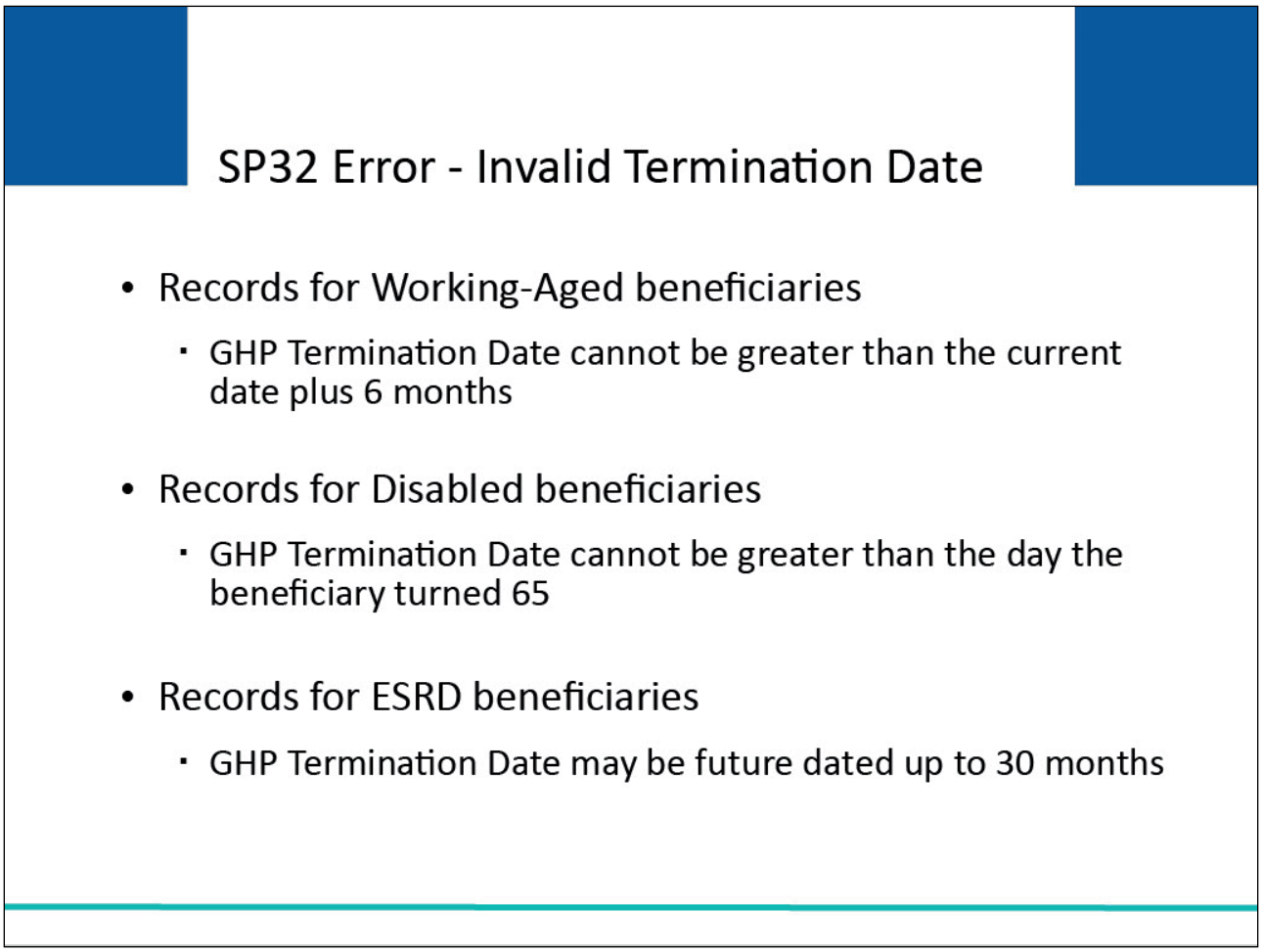
Slide notes

As part of the data editing process, the BCRC 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.

Slide 21 of 27 - SP32 Error - Invalid Termination Date

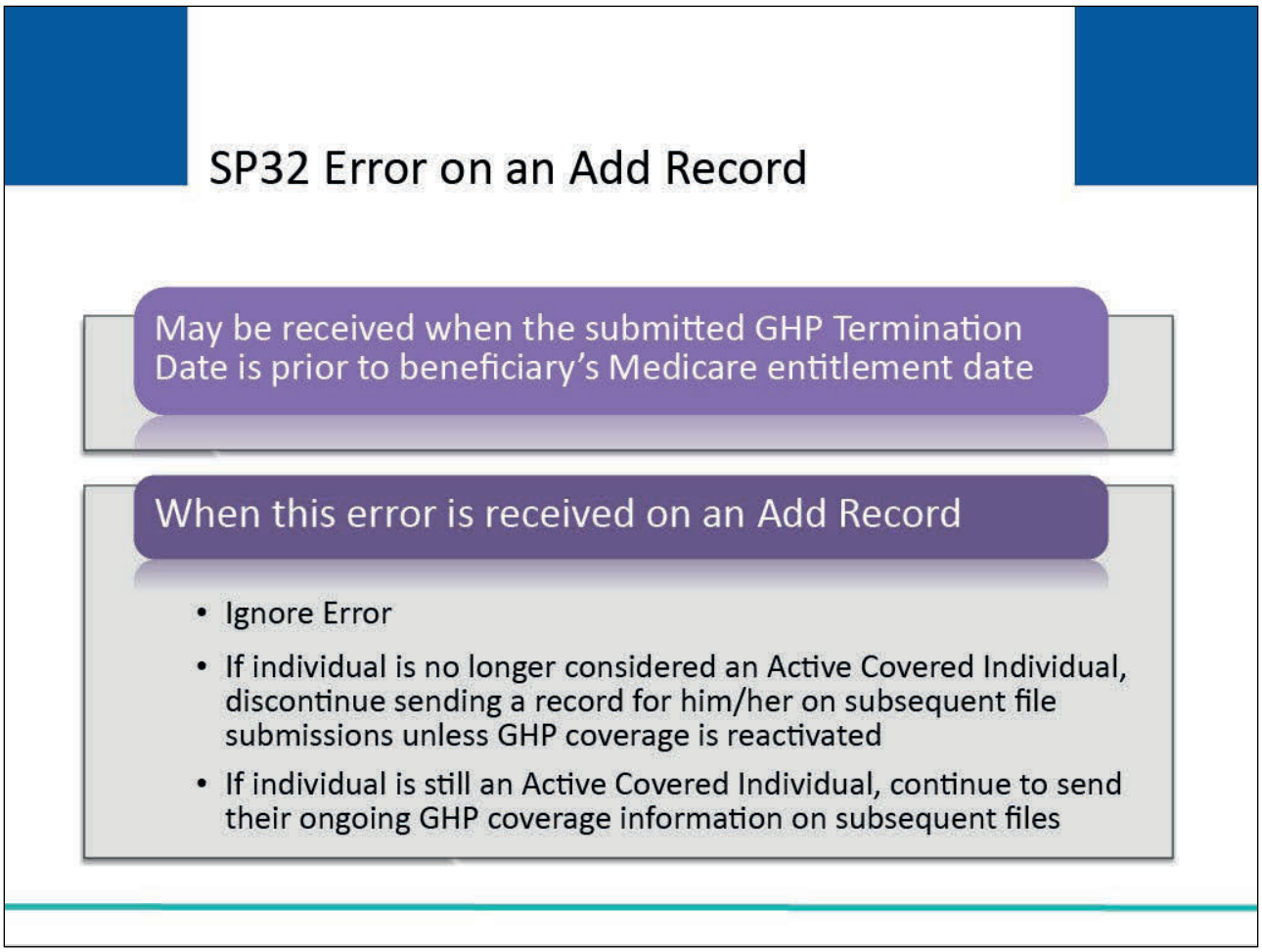


Slide notes

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 six 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.

Slide 22 of 27 - SP32 Error on an Add Record



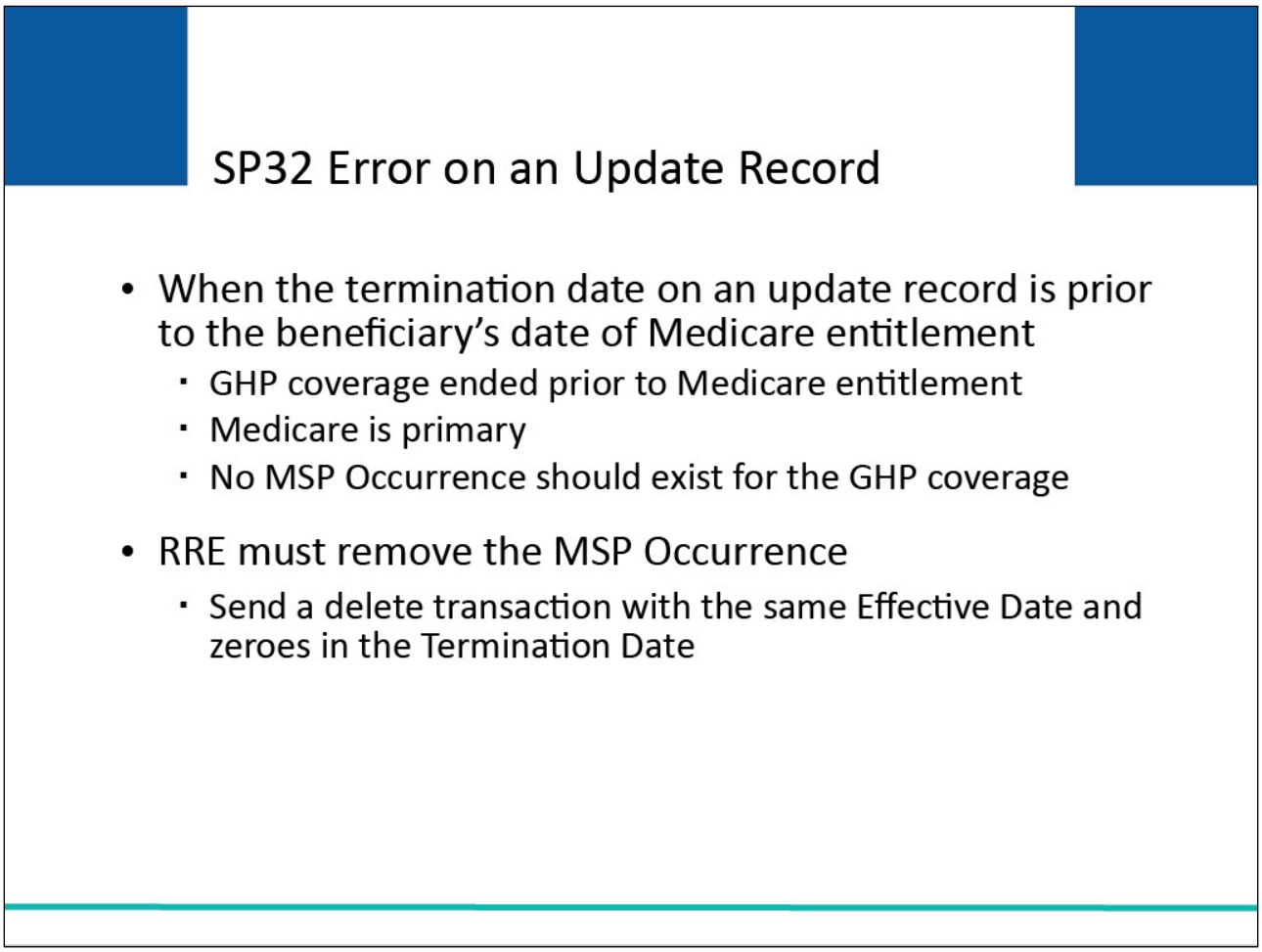
Slide notes

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.

Slide 23 of 27 - SP32 Error on an Update Record



Slide notes

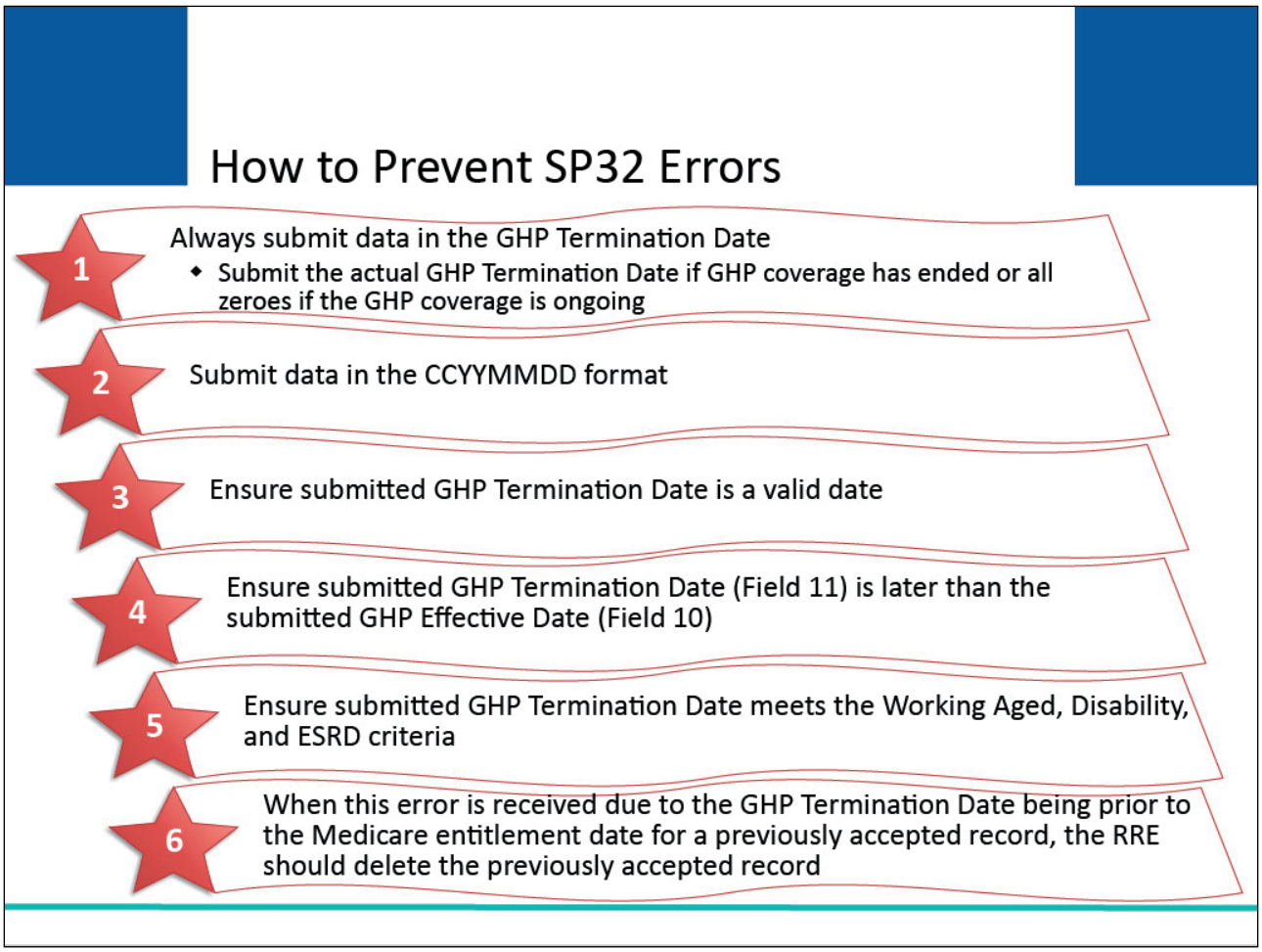
An SP32 error will also be received when an RRE submits an update record to a previously accepted open-ended record if the termination date on the update is prior to the beneficiary's date of Medicare entitlement.

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.

Slide 24 of 27 - How to Prevent SP32 Errors



Slide notes

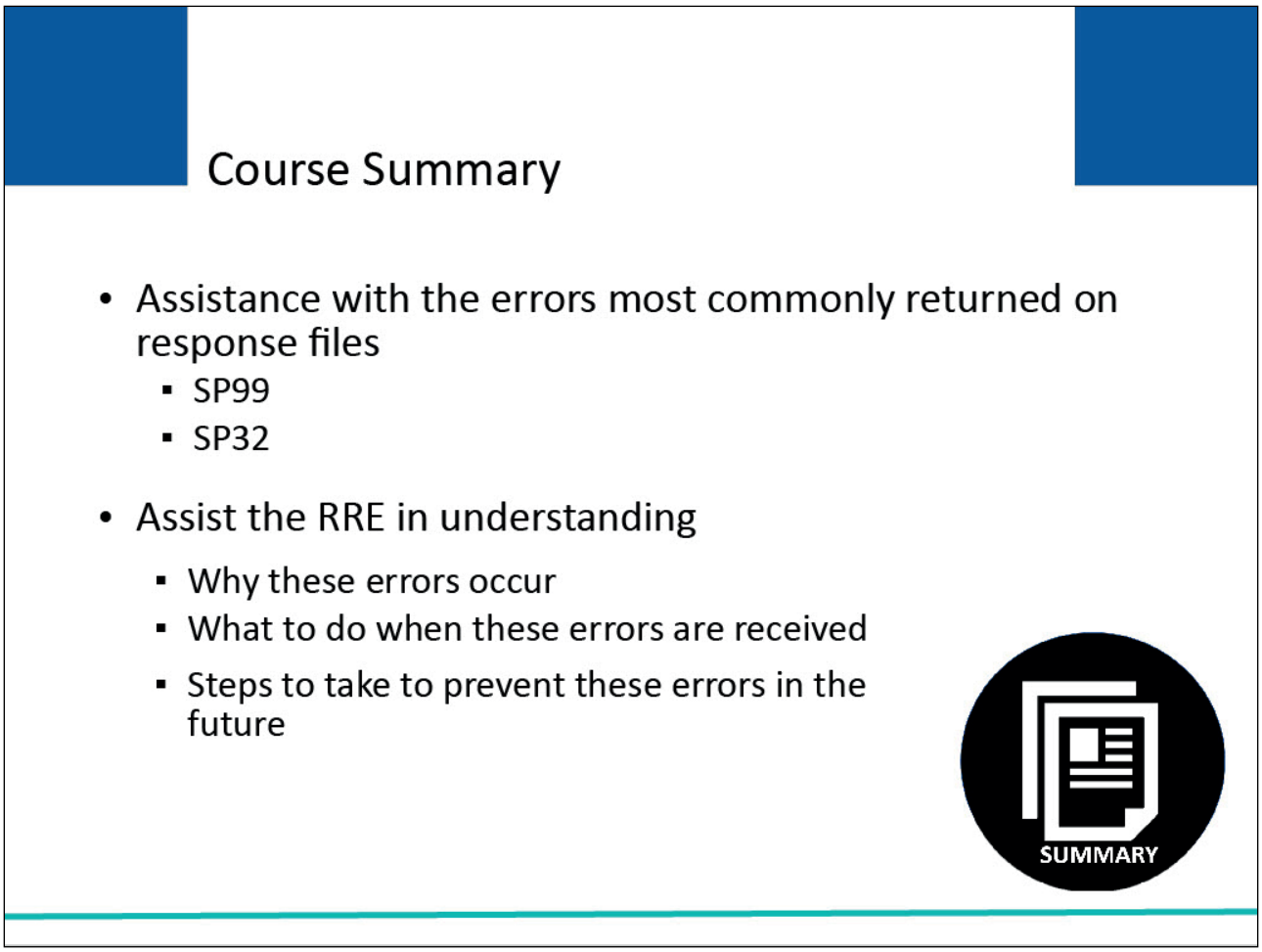
In order to prevent the SP32 Error, RREs must always submit data in the GHP Termination Date field. RREs must submit the actual GHP Termination Date if the GHP coverage has ended or submit all zeroes if the GHP coverage is ongoing.

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.

Slide 25 of 27 - Course Summary



Slide notes

This CBT was created to assist Responsible Reporting Entities (RREs) with the errors most commonly returned on response files:

- SP99 and
- SP32.

This CBT also assisted 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.

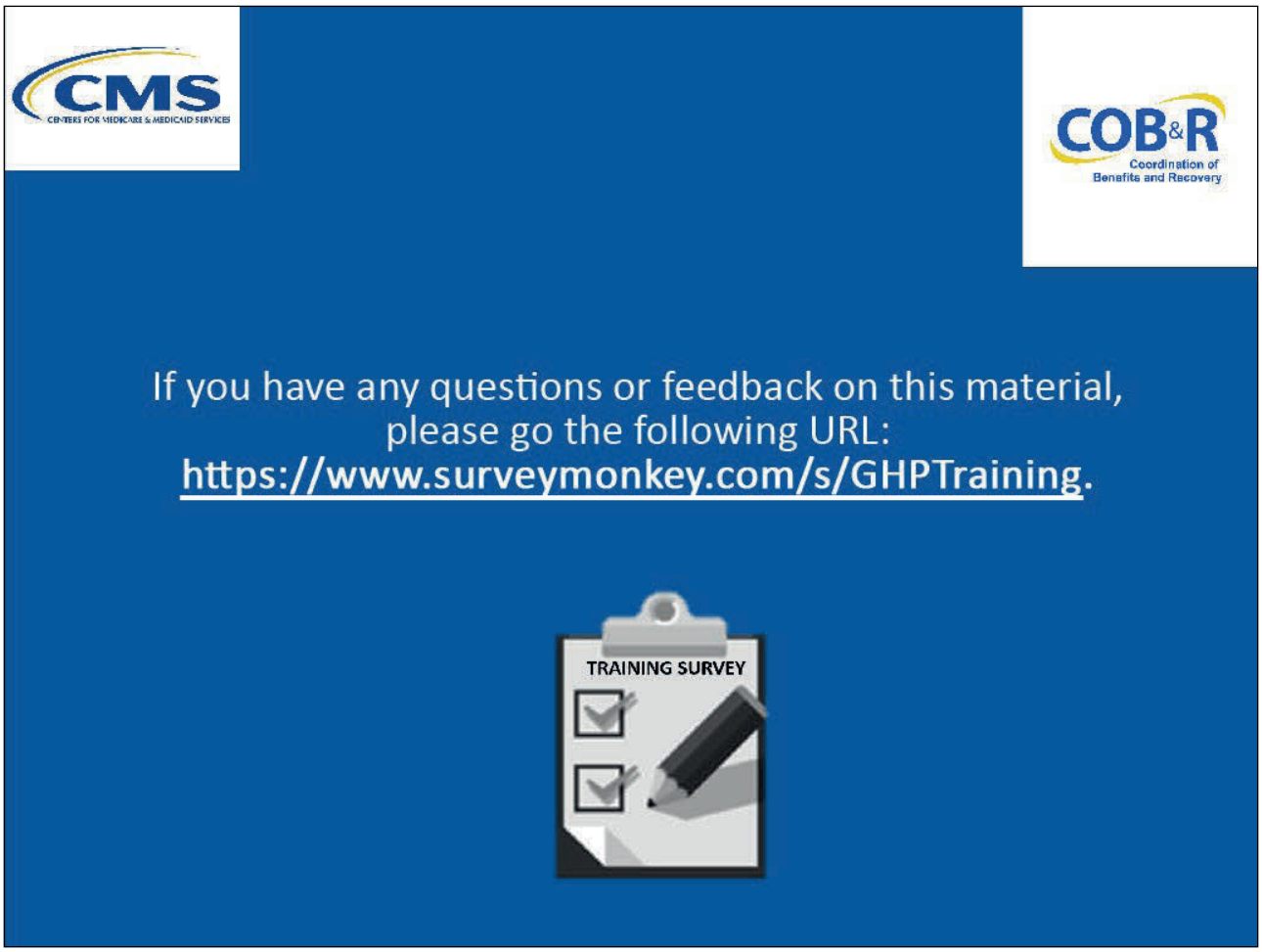
Slide 26 of 27 - Conclusion

Slide notes

You have completed the GHP SP99 and SP32 Errors course. Information in this course can be referenced by using the GHP User Guide's table of contents and any subsequent alerts.

These documents are available for download at the following link: CMS GHP Website.

Slide 27 of 27 – GHP Training Survey



Slide notes

If you have any questions or feedback on this material, please go the following URL: GHP Training Survey.