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Provider Bulletin No 198

AETNA BETTER HEALTH® OF MICHIGAN

TO: Providers
FROM: Provider Experience Team
DATE: January 14, 2022
SUBJECT: SNIP Level 2 to SNIP Level 4 Process Validation

Dear Provider,

Aetna Better Health® of Michigan is enhancing its editing process from SNIP Level 2 to SNIP Level 4 process validation

What does SNIP Level Validation and Edits Mean

Aetna Better Health® of Michigan routinely applies HIPAA edits for professional (837P) and institutional (837I) to all claims submitted, electronically. Aetna Better Health® of Michigan is enhancing its editing process from SNIP Level 2 to SNIP Level 4 process validation and edits to further improve our ability to support the electronic claims intake process on the front-end and in turn, the downstream claims adjudication process, accuracy, and security.

SNIP Level Validation and Edits refers to the Strategic National Implementation Process (SNIP), specific to Electronic Data Interchange (EDI). SNIP includes seven guidelines for industry-standard levels of verification when it comes to electronic data compliance. SNIP validation ensures healthcare EDI files, such as the X12

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HIPAA 837 file, are correctly formatted to adhere to the rules defined in the X12 Health Insurance Portability and Accountability Act (HIPAA) EDI standards.

We are making you aware that this change will be effective March 14, 2022.

Benefits of Enhanced SNIP Level Validation and Edits

The benefits of enhanced SNIP level validation and edits is that it supports the review of provider claims submission with the initial electronic intake, to reduce intake errors, a reduction in the need for manual tasks, the streamlining of workflows, eliminating human error with data input, and speeding up the time in which a claim is then adjudicated, and payment made to a provider.

At a high level, information on SNIP Level 4 edits includes the following types of testing:

- Type 1 EDI standard integrity testing which validates the basic syntax integrity of the EDI file submission.
- Type 2 HIPAA implementation guide requirement testing which involves testing the file for HIPAA implementation guide-specific syntax requirements.
- Type 3 HIPAA balance testing which involves testing that the claim line amounts equal to the total claim amount.
- Type 4 HIPAA inter-segment situation testing which involves validating situations described in the HIPAA implantation guide specific to “IF, THEN” situations. Example, if the claim submitted is for an accident, then the accident date must be present on the claim.

For more specific information on SNIP level editing, you can visit www.wedi.org or request information from your specific EDI vendor.

If you have any questions about our claim submission process, please contact our Claims Inquiry/Claims Research (CICR) Department by calling **1-866-316-3784**.