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# **Aetna Better Health® of New Jersey**

## **Enhancing claims intake editing for SNIP Types 1 – 4 through a software change**

### **What does SNIP Type Validation and Edits Mean?**

Aetna Medicaid is implementing the Edifecs Smart Trading platform to serve as the Medicaid Gateway for all incoming claim transactions allowing us to administer robust, flexible, and advanced industry standard SNIP Type edits and generate EDI acknowledgement files for the submitters.

Currently, Aetna Better Health of New Jersey (Aetna) routinely applies HIPAA edits for professional (837P) and institutional (837I) to all claims submitted electronically. EDI Gateway administers a limited set of SNIP Types 1 – 4 edits on all inbound Medicaid claim transactions. With this change, Aetna will be able to administer the full set of SNIP Types 1 – 4, along with Types 5 and 6 edits as informational.

Through the implementation of Edifecs Smart Trading, Aetna will be able to alleviate provider abrasion resulting from downstream encounter rejections, which have caused prior rework and unpredictable cash flows. Additionally, Smart Trading allows for earlier notification of claims requiring rework, which will aid in claims recoveries thus minimizing delays and compliance risks.

SNIP Type Validation and Edits refers to the Strategic National Implementation Process (SNIP), specific to Electronic Data Interchange (EDI). SNIP includes seven guidelines for industry-standard types of verification when it comes to electronic data compliance. SNIP validation ensures healthcare EDI files, such as the X12 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 **February 10, 2025**.

**Provider claim submission processes will NOT be affected by this change.**

## **Benefits of Enhanced SNIP Type Validation and Edits**

The benefits of enhanced SNIP type validation and edits are that they support the review of provider claims submission with the initial electronic intake, reduce intake errors, lessen the need for manual tasks, and streamline workflows. They also help eliminate human errors with data input, and speed-up the time in which a claim is then adjudicated, and payment is made to a provider.

At a high-level, SNIP Types 1 through 6 edits include 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.
- **Informational Edit:** Type 5 External code set testing, which validates and ensures proper usage of external code sets such as ICD-10-CM diagnosis code, CPT/HCPCS code, NDC Code Sets, and others.
- **Informational Edit:** Type 6 Product types or line of services testing, which includes healthcare specialized services (ambulance, chiropractic, etc.). This ensures that the segments (records) of data that differ based on certain healthcare services are properly created and processed into claims data formats.

For more specific information on SNIP level editing, you can visit [www.wedi.org](http://www.wedi.org) or request information from your specific EDI vendor. If you have questions or concerns about this change or the claim submission process, please contact:

Provider Relations

**1-855-232-3596 (TTY: 711)**