

ProviderAlert

To: Select Health of South Carolina Participating Providers
From: Select Health Provider Network Operations
Date: June 30, 2023
Subject: Upgrade of the EDI claims compliance to Strategic National Implementation Process (SNIP) Level 4, effective August 1, 2023

Summary: Select Health is upgrading its claims editing process to SNIP Level 4 to meet industry compliance standards. This will increase auto adjudication and reduce pending claims. Please ensure your 837 transactions are compliant with SNIP Level 4. Any claims not in compliance with SNIP Level 4 will be rejected and will not make it through the claim adjudication process.

Background:

Incorporating SNIP validation into EDI processing allows for a clear assessment of the degree to which an EDI claim conforms to a schema outline in the EDI standards. Furthermore, employing more advanced levels of SNIP validation serves to validate the data within the EDI document, particularly in X12 Health Insurance Portability and Accountability Act (HIPAA) compliant EDI solutions. Below are the high-level constraints established by SNIP Validation Type:

- SNIP 1: validates the basic syntactical integrity of the EDI data.
- SNIP 2: validates the number of times EDI segments, elements, and qualifiers appear in the document.
- SNIP 3: validates that the sum of each claim line item is equal to the total claim amount.
- SNIP 4: validates inter-segment value relationships: if element A has the value "X," then element B must have the value "Y."

Impact:

We are Implementing the SNIP level 4 validation and edits to enhance our capability in supporting the front-end electronic claims intake process. These improvements will subsequently enhance the accuracy, security, and efficiency of the downstream claims adjudication process. However, we are bypassing one exception to SNIP level 4 edits to allow provider secondary identification numbers (Provider legacy, Commercial, State

ID, UPIN, and Location Numbers). Any claims not in compliance with SNIP level 4 will be rejected upfront and will not make it through the claim adjudication process.

Action Needed:

All 837 transactions/claims should be compliant with SNIP level 4 standards, with the exception of provider secondary identification numbers (provider legacy, commercial, state ID, UPIN, and location numbers).

Questions:

You can access the updated claims filing instruction at:
www.selecthealthofsc.com/pdf/provider/claim-filing-manual.pdf.

If you have questions about this communication, please contact your Provider Account Executive or the Provider Contact Center at **1-800-575-0418**.

Thank you for your cooperation and the valuable services you provide our First Choice members.