

NEBRASKA MEDICAID PROGRAM ELECTRONIC CLAIM ACTIVITY (ECA) REPORT – Deleted Claims

The Electronic Claim Activity (ECA) report for **Deleted Claims** is generated when claims are deleted from claim adjudication processing. Claims are deleted when an edit prevents a claim from processing to final adjudication status. The full adjudication cycle runs every weekend. The **deleted claim** ECA reports are available in Trading Partner folders for pick-up by Monday morning. They are available on Tuesday morning when a State or Federal Holiday falls on Monday. A sample report with descriptions is provided below.

Nebraska Medicaid uses national Claim Status Category Codes (Code Set 507) and Claim Status Codes (Code Set 508) for reporting on the ECA Report. These codes and descriptions can be found at the following web site: <http://www.wpc-edi.com/codes>. Claim status category codes indicate general status (rejected for invalid information, rejected for missing information etc.); claim status codes identify the specific error.

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1 MCPWK5K MCP524 STATE OF NEBRASKA REPORT PAGE 8
2 MCP524 DEPARTMENT OF HEALTH AND HUMAN SERVICES 6
3 07 44PM 01/03/2004 ELECTRONIC CLAIM ACTIVITY REPORT 01/03/2004
4 4445 ECA-I
5 RECEIVER NAME: MEDICAL CLAIM SUBMITTERS EDI900000001 RCVR PAGE 1
6
7 PAYER NAME: NEBRASKA MEDICAID
8 CONTACT INFO: MEDICAID INQUIRY
9 (877)255-3092
10 (402)471-9128
11
12 PROVIDER NAME: NATIONAL MEDICAL CLINIC 111111111112
  
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*****DELETED*****
 ***** THE FOLLOWING CLAIMS WERE DELETED DURING PROCESSING: *****

10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
LN#	SVC FROM	SVC TO	PROCEDURE	MOD	RECIPIENT #	FT	507	508	ENTITY	CLAIM #	REV	UNITS	SUB AMT			
JONES	BECKY M				50000055500	333	F0	21	XXX	300000001			1,680.00			
	10/19/2003	10/24/2003	PACCT#:	1000000000												
001	10/19/2003		000S9124	TG					552	00010			350.00			
002	10/20/2003		000S9124	TG					552	00008			280.00			
003	10/21/2003		000S9124	TG					552	00008			280.00			
004	10/22/2003		000S9124	TG					552	00008			280.00			
005	10/23/2003		000S9124	TG					552	00008			280.00			
006	10/24/2003		000S9124	TG					552	00006			210.00			

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 *** END OF PROVIDER CLAIMS ***

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| 1. Nebraska Medicaid internal processing job names | 14. Procedure code |
| 2. ECA generation date and time | 15. Patient Medicaid ID number |
| 3. Submitter ID and claim type submitted (I = Institutional, P = Professional, D = Dental) | 16. Procedure code modifier |
| 4. Trading partner name receiving the ECA report | 17. Frequency type code |
| 5. Trading partner ID | 18. Patient account number as assigned by the medical provider. |
| 6. Nebraska Medicaid internal report page | 19. Revenue code |
| 7. Page number received by trading partner | 20. Claim status category code (507) indicating general status - accepted, rejected, additional information requested, etc. |
| 8. Medicaid provider name | 21. Claim status code (508) indicating reason for rejection or deletion of each claim. |
| 9. Provider's NPI Number or Provider's Nebraska Medicaid number | 22. Entity Code |
| 10. Patient name | 23. Units of service |
| 11. Claim dates of service | 24. Claim number assigned by Nebraska Medicaid |
| 12. Claim line number | 25. Claim line charges |
| 13. Line dates of service | 26. Claim total charge |