

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

The Electronic Claim Activity (ECA) Report for **Rejected Claims** is generated when individual claims are rejected before being loaded into the claims processing system. Claims are rejected if they do not pass certain validity edits. **Rejected claim** ECA reports are generated at approximately 6:30 P.M. Central Time Monday through Friday. 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/codes.asp>. 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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3 MCPDLY1C MCP524 STATE OF NEBRASKA REPORT PAGE 4
4 MCP524 DEPARTMENT OF HEALTH AND HUMAN SERVICES
4 03 14PM 01/15/2004 ELECTRONIC CLAIM ACTIVITY REPORT 01/15/2004
5 5999 ECA-P
5 RECEIVER NAME: FAST CLAIM SERVICES EDI900000001 RCVR PAGE 1

PAYER NAME: NEBRASKA MEDICAID
CONTACT INFO: MEDICAID INQUIRY
(877)255-3092
(402)471-9128

**REJECTED**
* 837 FILE: XXXXXXXXX THE FOLLOWING RECORDS WERE NOT ACCEPTED FOR PROCESSING: *
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9 RECIPIENT NAME RECIPIENT # FT 507 508
10 SVC FROM SVC TO 12 PATIENT ACCT # 13 SUB AMT
CLIENT JOHN 50000000001 A7 448
11 PROVIDER: GENERAL ORDER DELIVERY 14 99999999999
01/02/2004 01/02/2004 111122222333 15 16 70.39
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*** END OF REJECTED CLAIMS ***
18
  
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| <ol style="list-style-type: none"> 1. Nebraska Medicaid internal processing job names 2. Nebraska Medicaid internal report page 3. ECA generation date and time 4. Submitter ID and claim type submitted (I = Institutional, P = Professional, D = Dental) 5. Trading partner name receiving the ECA report 6. Trading partner ID 7. Page number received by trading partner 8. GS06 from submitted 837 claims file 9. Patient name 10. Medicaid provider name | <ol style="list-style-type: none"> 11. Claim dates of service 12. Patient Medicaid ID number 13. Frequency type code 14. Patient account number as assigned by the medical provider. 15. Claim status category code (507) indicating general status - accepted, rejected, additional information requested, etc. 16. Claim status code (508) indicating reason for rejection or deletion of each claim. 17. Provider's Nebraska Medicaid number 18. Claim total charge |
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