

## 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/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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1 MCPWK5K MCP524 STATE OF NEBRASKA REPORT PAGE 8
2 MCP524 DEPARTMENT OF HEALTH AND HUMAN SERVICES
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 11111111112
13
14 *****DELETED*****
15 ***** THE FOLLOWING CLAIMS WERE DELETED DURING PROCESSING: *****
16 *****
17
18 RECIPIENT NAME RECIPIENT # FT 507 508 CLAIM #
19 LN# SVC FROM SVC TO PROCEDURE MOD REV UNITS SUB AMT
20 JONES BECKY M 50000055500 333 F0 21 300000001
21 10/19/2003 10/24/2003 PACCT#: 10000000000 1,680.00
22 { 001 10/19/2003 } { 000S9124 } { TG } { 552 00010 } { 350.00 }
23 { 002 10/20/2003 } { 000S9124 } { TG } { 552 00008 } { 280.00 }
24 { 003 10/21/2003 } { 000S9124 } { TG } { 552 00008 } { 280.00 }
25 { 004 10/22/2003 } { 000S9124 } { TG } { 552 00008 } { 280.00 }
26 { 005 10/23/2003 } { 000S9124 } { TG } { 552 00008 } { 280.00 }
27 { 006 10/24/2003 } { 000S9124 } { TG } { 552 00006 } { 210.00 }
28
29 =====
30 *** 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 Nebraska Medicaid number   | 22. Units of service  |
| 10. Patient name   | 23. Claim number assigned by Nebraska Medicaid  |
| 11. Claim dates of service   | 24. Claim line charges  |
| 12. Claim line number  | 25. Claim total charge  |
| 13. Line dates of service  |   |