

Payer Plan Build Tracker - Epic Resolute

PB + HB | HIPAA | TechFitFlow.com

Track every payer plan from build through clearinghouse test submission and sign-off. Every payer plan must reach Validated status with a confirmed test claim submission before go-live approval. NPI and trading partner ID must be verified against provider enrollment records - not assumed from prior system.

Status: NOT STARTED | IN BUILD | PENDING TEST | TEST SUBMITTED | VALIDATED | LIVE

SECTION 1 - PAYER PLAN CONFIGURATION TRACKER

Payer Name	Plan Type	Claim Form	Billing NPI Type	Trading Partner ID	Timely Filing	COB Order	Fee Sched Loaded	Test Claim	RC Sign-off	Status
Medicare Part B	Federal	837P	Individual	01192	12 mo	Primary	MPFS 2026	Passed	Signed	VALIDATED
Medicare Inpatient	Federal	837I	Group	01192	12 mo	Primary	DRG/APC	Passed	Signed	VALIDATED
Medicaid - IL	State	837P	Individual	77036	12 mo	Secondary	State FS	Passed	Pending	TEST SUBMITTED
Medicaid - IL HB	State	837I	Group	77036	12 mo	Secondary	State FS	Pending	Pending	PENDING TEST
Blue Cross PPO	Commercial	837P	Individual	BCBSIL	18 mo	Primary	Contract	Passed	Signed	VALIDATED
Blue Cross HMO	Commercial	837P	Individual	BCBSIL	18 mo	Primary	Contract	Pending	Pending	IN BUILD
Blue Cross Facility	Commercial	837I	Group	BCBSIL	18 mo	Primary	Contract	Pending	Pending	IN BUILD
Aetna PPO	Commercial	837P	Individual	60054	18 mo	Primary	Contract	Passed	Signed	VALIDATED
United Healthcare	Commercial	837P	Individual	87726	90 days	Primary	Contract	Passed	Pending	TEST SUBMITTED
Cigna Commercial	Commercial	837P	Individual	62308	18 mo	Primary	Contract	Pending	Pending	PENDING TEST
Humana Medicare Adv	MA Plan	837P	Individual	61101	12 mo	Primary	Contract	Pending	Pending	IN BUILD
Workers Comp - IL	WC	837P	Individual	Manual	Varies	Primary	Fee Sched	N/A	Pending	IN BUILD
Tricare	Federal	837P	Individual	98001	12 mo	Primary	Contract	Pending	Pending	NOT STARTED
Self Pay	Self Pay	N/A	N/A	N/A	N/A	N/A	Chargemaster	N/A	Signed	VALIDATED

SECTION 2 - CARC / RARC CODE MAPPING TRACKER

Every CARC and RARC code used by each payer must be mapped to Resolute's denial reason catalog before go-live. Unmapped codes allow payment to post without recording the denial reason, making denial analytics impossible.

Code	Type	Description	Payer(s)	Resolute Denial Reason	Work Queue	Mapped	Tested
1	CARC	Deductible amount	All	Patient Responsibility - Deductible	Patient AR	Yes	Yes
2	CARC	Coinsurance amount	All	Patient Responsibility - Coinsurance	Patient AR	Yes	Yes
4	CARC	The service is not covered	All	Non-Covered Service	Denial - Non-Covered	Yes	Yes
16	CARC	Claim lacks information needed	All	Claim Incomplete - Info Missing	Billing Edit Queue	Yes	Pending
18	CARC	Duplicate claim/service	All	Duplicate Claim	Denial - Duplicate	Yes	Yes
29	CARC	Timely filing	All	Timely Filing Exceeded	Denial - Timely Filing	Yes	Yes
50	CARC	Non-covered service - not in benefit	Commercial	Non-Covered - Benefit	Denial - Non-Covered	Yes	Pending
96	CARC	Non-covered charge(s)	All	Non-Covered Charge	Denial - Non-Covered	Yes	Yes
97	CARC	Payment included in allowance	All	Bundled - Included in Allowance	Denial - Bundled	Yes	Pending
197	CARC	Precertification/auth absent	Commercial	No Authorization on File	Denial - Auth	Yes	Yes
MA01	RARC	Alert: More information needed	Medicare	Medicare - Info Needed	Billing Edit Queue	Yes	Pending
N30	RARC	Patient ineligible on date of svc	All	Eligibility - Inactive	Denial - Eligibility	Yes	Yes
N519	RARC	Invalid combination of HCPCS	Medicare	Medicare - Invalid Code Combo	Coding Queue	Pending	No
M15	RARC	Separately billed services/tests	Medicare	Medicare - Unbundling	Coding Queue	Pending	No

PAYER PLAN BUILD PROGRESS SUMMARY

Category	Total Plans	Not Started	In Build	Pending Test	Test Submitted	Validated	% Done
Professional (PB)	—	—	—	—	—	—	—%
Hospital (HB)	—	—	—	—	—	—	—%
TOTAL	—	—	—	—	—	—	—%

