**INFORMATION SYSTEMS (IT) DEMONSTRATION RESULTS TALLY**
**Offeror: MediSun**

LEGEND:

| | |
|---|---|
| # | There are multiple responses possible for this question. For detailed responses refer to the "Correct Summary Responses" document for the exchange. |
| √ | Responses Expected are based upon the individual Offeror's claims exchange submission. |
| C | Response was correct. |
| I | Response was incorrect. |

**INFORMATION SYSTEMS (IT) DEMONSTRATION RESULTS TALLY**
**Offeror: MediSun**

| | Summary of 834 - Enrollment File Processing Summary - Initial Daily (Adds Only) | CORRECT - INCORRECT | EXPECTED | SUBMITTED |
|---|---|---|---|---|
| | *Due - Wednesday, January 30th* | | | |
| 1. | Number of Unique Recipients in File: | I | 42 | 41 |
| | *Number of Recipients Added:* | | | |
| 2. | Number of Prospective Enrollments added: | C | 41 | 41 |
| a. | Recipient ID #'s for Recipients with Prospective enrollment | C | # | |
| 3. | Number of Prior Period Enrollments added: | C | 40 | 40 |
| a. | Recipient ID #'s for Recipients with Prior Period enrollment | C | # | |
| 4. | Number of Medicare records added: | C | 6 | 6 |
| a. | Recipient ID #'s for Recipients with Medicare | C | # | |
| 5. | Number of TPL records added: | C | 0 | 0 |
| a. | Recipient ID #'s for Recipients with TPL | C | # | |
| | *Totals:* | | | |
| | *# of Correct Responses:* | | | *8* |
| | *# of Incorrect Responses:* | | | *1* |

| | Summary of 834 - Enrollment File Processing Summary - Second Daily (Adds, Changes and Terminations) | CORRECT - INCORRECT | EXPECTED | SUBMITTED |
|---|---|---|---|---|
| | *Due - Friday, February 1st* | | | |
| 1. | Number of Unique Recipients in File: | | | |
| | *Number of Recipients Added:* | | | |
| 2. | Number of Prospective Enrollments added: | C | 8 | 8 |
| a. | Recipient ID #'s for Recipients with Prospective enrollment | C | # | |
| 3. | Number of Prior Period Enrollments added: | C | 3 | 3 |
| a. | Recipient ID #'s for Recipients with Prior Period enrollment | C | # | |
| 4. | Number of Medicare records added: | C | 0 | 0 |
| a. | Recipient ID #'s for Recipients with Medicare | C | # | |
| 5. | Number of TPL records added: | C | 2 | 2 |
| a. | Recipient ID #'s for Recipients with TPL | C | # | |
| 6. | Number of Recipients with Address Changes: | C | 1 | 1 |
| a. | Recipient ID #'s for Recipients with Address Changes | C | # | |
| 7. | Number of Recipients with Demographic Changes: | C | 2 | 2 |
| a. | Recipient ID #'s for Recipients with Demographic Changes | C | # | |
| 8. | Number of Recipients with Medicare Changes: | C | 0 | 0 |
| a. | Recipient ID #'s for Recipients with Medicare Changes | C | # | |
| 9. | Number of Recipients with TPL Changes: | C | 0 | 0 |
| a. | Recipient ID #'s for Recipients with TPL Changes | C | # | |
| 10. | Number of Recipients with Behavioral Health Changes: | C | 9 | 9 |
| a. | Recipient ID #'s for Recipients with Behavioral Health Changes | C | # | |
| 11. | Number of Recipients Terminated: | C | 2 | 2 |
| a. | Recipient ID #'s for Recipients who were Terminated | C | # | |
| | *Totals:* | | | |
| | *# of Correct Responses:* | | | *20* |
| | *# of Incorrect Responses:* | | | *0* |

| | Summary of 834 - Enrollment File Processing Summary - Third Daily (Adds, Changes and Terminations) | CORRECT - INCORRECT | EXPECTED | SUBMITTED |
|---|---|---|---|---|
| | *Due - Monday, February 4th* | | | |
| 1. | Number of Unique Recipients in File: | | | |
| | *Number of Recipients Added:* | | | |
| 2. | Number of Prospective Enrollments added: | C | 3 | 3 |
| a. | Recipient ID #'s for Recipients with Prospective enrollment | C | # | |
| 3. | Number of Prior Period Enrollments added: | C | 2 | 2 |
| a. | Recipient ID #'s for Recipients with Prior Period enrollment | C | # | |
| 4. | Number of Medicare records added: | C | 2 | 2 |
| a. | Recipient ID #'s for Recipients with Medicare | C | # | |
| 5. | Number of TPL records added: | C | 6 | 6 |
| a. | Recipient ID #'s for Recipients with TPL | C | # | |
| 6. | Number of Recipients with Address Changes: | C | 0 | 0 |
| a. | Recipient ID #'s for Recipients with Address Changes | C | # | |
| 7. | Number of Recipients with Demographic Changes: | C | 0 | 0 |
| a. | Recipient ID #'s for Recipients with Demographic Changes | C | # | |
| 8. | Number of Recipients with Medicare Changes: | C | 0 | 0 |
| a. | Recipient ID #'s for Recipients with Medicare Changes | C | # | |
| 9. | Number of Recipients with TPL Changes: | C | 0 | 0 |
| a. | Recipient ID #'s for Recipients with TPL Changes | C | # | |
| 10. | Number of Recipients with Behavioral Health Changes: | C | 3 | 3 |
| a. | Recipient ID #'s for Recipients with Behavioral Health Changes | C | # | |
| 11. | Number of Recipients Terminated: | C | 0 | 0 |
| a. | Recipient ID #'s for Recipients who were Terminated | C | # | |
| | *Totals:* | | | |
| | *# of Correct Responses:* | | | *20* |
| | *# of Incorrect Responses:* | | | *0* |

**INFORMATION SYSTEMS (IT) DEMONSTRATION RESULTS TALLY**
**Offeror: MediSun**

| | Summary of 834 - Enrollment File Processing Summary - Last Daily | CORRECT - INCORRECT | EXPECTED | SUBMITTED |
|---|---|---|---|---|
| | *Due - Friday, February 8th* | | | |
| 1. | Number of Unique Recipients in File: | | | |
| | *Number of Recipients Added:* | | | |
| 2. | Number of Prospective Enrollments added: | C | 7 | 7 |
| a. | Recipient ID #'s for Recipients with Prospective enrollment | C | # | |
| 3. | Number of Prior Period Enrollments added: | C | 0 | 0 |
| a. | Recipient ID #'s for Recipients with Prior Period enrollment | C | # | |
| 4. | Number of Medicare records added: | C | 0 | 0 |
| a. | Recipient ID #'s for Recipients with Medicare | C | # | |
| 5. | Number of TPL records added: | C | 0 | 0 |
| a. | Recipient ID #'s for Recipients with TPL | C | # | |
| 6. | Number of Recipients with Address Changes: | C | 0 | 0 |
| a. | Recipient ID #'s for Recipients with Address Changes | C | # | |
| 7. | Number of Recipients with Demographic Changes: | C | 0 | 0 |
| a. | Recipient ID #'s for Recipients with Demographic Changes | C | # | |
| 8. | Number of Recipients with Medicare Changes: | C | 0 | 0 |
| a. | Recipient ID #'s for Recipients with Medicare Changes | C | # | |
| 9. | Number of Recipients with TPL Changes: | C | 0 | 0 |
| a. | Recipient ID #'s for Recipients with TPL Changes | C | # | |
| 10. | Number of Recipients with Behavioral Health Changes: | C | 0 | 0 |
| a. | Recipient ID #'s for Recipients with Behavioral Health Changes | C | # | |
| 11. | Number of Recipients Terminated: | C | 7 | 7 |
| a. | Recipient ID #'s for Recipients who were Terminated | C | # | |
| | *Totals:* | | | |
| | *# of Correct Responses:* | | | *20* |
| | *# of Incorrect Responses:* | | | *0* |

| | Summary of 834 - Enrollment File Processing Summary - Monthly Recon | CORRECT - INCORRECT | EXPECTED | SUBMITTED |
|---|---|---|---|---|
| | *Due - Monday, February 11th* | | | |
| 1. | Number of Unique Recipients in File: | C | 46 | 46 |
| | *Totals:* | | | |
| | *# of Correct Responses:* | | | *1* |
| | *# of Incorrect Responses:* | | | *0* |

**INFORMATION SYSTEMS (IT) DEMONSTRATION RESULTS TALLY**

**Offeror: MediSun**

| **Summary of 820 - Capitation File Processing - Initial** | **CORRECT - INCORRECT** | **EXPECTED** | **SUBMITTED** |
|---|---|---|---|
| ***Due - Monday, February 4th*** | | | |
| 1. Number of Unique Recipients in File: | C | 50 | 50 |
| 2. Total $'s: | C | # | |
| *Totals:* | | | |
| *# of Correct Responses:* | | | *2* |
| *# of Incorrect Responses:* | | | *0* |

| **Summary of 820 - Capitation File Processing - Monthly** | **CORRECT - INCORRECT** | **EXPECTED** | **SUBMITTED** |
|---|---|---|---|
| ***Due - Monday, February 11th*** | | | |
| 1. Number of Unique Recipients in File: | C | 48 | 48 |
| 2. Total $'s: | C | # | |
| *Totals:* | | | |
| *# of Correct Responses:* | | | *2* |
| *# of Incorrect Responses:* | | | *0* |

**INFORMATION SYSTEMS (IT) DEMONSTRATION RESULTS TALLY**

**Offeror: MediSun**

| | Eligibility Status Response - One | CORRECT - INCORRECT | EXPECTED | SUBMITTED |
|---|---|---|---|---|
| | ***Due - Tuesday, February 5th*** | | | |
| 1. | Number of Inquiries Received: | C | 4 | 4 |
| a. | Number for Which Eligibility was Found: | C | 3 | 3 |
| a1. | Recipient ID #'s for Recipients found with Eligibility | C | # | |
| b. | Number for Which Eligibility was not Found: | C | 1 | 1 |
| b1. | Recipient ID #'s for Recipients for whom Eligibility was not found | C | # | |
| c. | Number for Which Member has Medicare Coverage: | C | 1 | 1 |
| c1. | Recipient ID #'s for Recipients with Medicare | C | # | |
| | *Totals:* | | | |
| | *# of Correct Responses:* | | | *7* |
| | *# of Incorrect Responses:* | | | *0* |

| | Eligibility Status Response - Two | CORRECT - INCORRECT | EXPECTED | SUBMITTED |
|---|---|---|---|---|
| | ***Due - Monday, February 11th*** | | | |
| 1. | Number of Inquiries Received: | C | 5 | 5 |
| a. | Number for Which Eligibility was Found: | C | 5 | 5 |
| a1. | Recipient ID #'s for Recipients found with Eligibility | C | # | |
| b. | Number for Which Eligibility was not Found: | C | 0 | 0 |
| b1. | Recipient ID #'s for Recipients for whom Eligibility was not found | C | # | |
| c. | Number for Which Member has Medicare Coverage: | C | 1 | 1 |
| c1. | Recipient ID #'s for Recipients with Medicare | C | # | |
| | *Totals:* | | | |
| | *# of Correct Responses:* | | | *7* |
| | *# of Incorrect Responses:* | | | *0* |

**INFORMATION SYSTEMS (IT) DEMONSTRATION RESULTS TALLY**

**Offeror: MediSun**

| | Claims Status Response - One | CORRECT - INCORRECT | EXPECTED | SUBMITTED |
|---|---|---|---|---|
| | ***Due - Wednesday, February 6th*** | | | |
| 1. | Number of Inquiries Received: | C | 5 | 5 |
| a. | Number of Claims Status Inquiries for Which Status was Found: | C | 3 | 3 |
| a1. | Inquiry #'s for which status was found | C | # | |
| a2. | Number for Which Claims Status was Approved: ***(As documented in Offerors Claims Submission)*** | C | √ | |
| a2.1 | Inquiry #'s for which found status was Approved | C | √ | |
| a3. | Number for Which Claims Status was Not Paid: ***(As documented in Offerors Claims Submission)*** | C | √ | |
| a3.1 | Inquiry #'s for which found status was Not Paid | C | √ | |
| b. | Number of Claims Status Inquiries for Which Status was Not Found: | C | 2 | 2 |
| | *Totals:* | | | |
| | *# of Correct Responses:* | | | *8* |
| | *# of Incorrect Responses:* | | | *0* |

| | Claims Status Response - Two | CORRECT - INCORRECT | EXPECTED | SUBMITTED |
|---|---|---|---|---|
| | ***Due - Monday, February 11th*** | | | |
| 1. | Number of Inquiries Received: | C | 4 | |
| a. | Number of Claims Status Inquiries for Which Status was Found: | I | 3 | |
| a1. | Inquiry #'s for which status was found | I | # | |
| a2. | Number for Which Claims Status was Approved: ***(As documented in Offerors Claims Submission)*** | C | √ | |
| a2.1 | Inquiry #'s for which found status was Approved | C | √ | |
| a3. | Number for Which Claims Status was Not Paid: ***(As documented in Offerors Claims Submission)*** | I | √ | |
| a3.1 | Inquiry #'s for which found status was Not Paid | I | √ | |
| b. | Number of Claims Status Inquiries for Which Status was Not Found: | I | 1 | 3 |
| | *Totals:* | | | |
| | *# of Correct Responses:* | | | *3* |
| | *# of Incorrect Responses:* | | | *5* |

## INFORMATION SYSTEMS (IT) DEMONSTRATION RESULTS TALLY

**Offeror: MediSun**

| | Summary of Claims Processing - Group 1 | CORRECT - INCORRECT | EXPECTED | SUBMITTED |
|---|---|---|---|---|
| | ***Due - Thursday, January 31st*** | | | |
| 1. | Total Number of Claims Received: | C | 43 | 43 |
| a. | Number Paper | C | 17 | 17 |
| a1. | Number Professional | C | 5 | 5 |
| a2. | Number Institutional | C | 6 | 6 |
| a3. | Number Dental | C | 6 | 6 |
| a4. | Number of Replacements: | | | |
| a4.1 | Scenario #'s: | | | |
| a5. | Number of Voids: | | | |
| a5.1 | Scenario #'s: | | | |
| b. | Number 837 | C | 26 | 26 |
| b1. | Number Professional | C | 18 | 18 |
| b2. | Number Institutional | C | 4 | 4 |
| b3. | Number Dental | C | 4 | 4 |
| b4. | Number of Replacements: | | | |
| b4.1 | Scenario #'s: | | | |
| b5. | Number of Voids: | | | |
| b5.1 | Scenario #'s: | | | |
| 2. | Number of Claims Paid (***Based on Offeror Submission***) | C | √ | |
| a. | Scenario #'s and Paid Amount: | C | √ | |
| 3. | Number of Claims Not Paid (***Based on Offeror Submission***) | C | √ | |
| a. | Scenario #'s and Reason Not Paid: | C | √ | |
| | *Totals:* | | | |
| | *# of Correct Responses:* | | | *13* |
| | *# of Incorrect Responses:* | | | *0* |

| | Summary of Claims Processing - Group 2 | CORRECT - INCORRECT | EXPECTED | SUBMITTED |
|---|---|---|---|---|
| | ***Due - Tuesday, February 5th*** | | | |
| 1. | Total Number of Claims Received: | C | 39 | 39 |
| a. | Number Paper | C | 18 | 18 |
| a1. | Number Professional | C | 2 | 2 |
| a2. | Number Institutional | C | 12 | 12 |
| a3. | Number Dental | C | 4 | 4 |
| a4. | Number of Replacements: | I | 3 | 2 |
| a4.1 | Scenario #'s: | I | # | |
| a5. | Number of Voids: | C | 1 | 1 |
| a5.1 | Scenario #'s: | C | # | |
| b. | Number 837 | C | 21 | 21 |
| b1. | Number Professional | C | 14 | 14 |
| b2. | Number Institutional | C | 6 | 6 |
| b3. | Number Dental | C | 1 | 1 |
| b4. | Number of Replacements: | I | 4 | 5 |
| b4.1 | Scenario #'s: | I | # | |
| b5. | Number of Voids: | C | 4 | 4 |
| b5.1 | Scenario #'s: | C | # | |
| 2. | Number of Claims Paid (***Based on Offeror Submission***) | C | √ | |
| a. | Scenario #'s and Paid Amount: | C | √ | |
| 3. | Number of Claims Not Paid (***Based on Offeror Submission***) | C | √ | |
| a. | Scenario #'s and Reason Not Paid: | C | √ | |
| | *Totals:* | | | |
| | *# of Correct Responses:* | | | *17* |
| | *# of Incorrect Responses:* | | | *4* |

| | Summary of Claims Processing - Group 3 | CORRECT - INCORRECT | EXPECTED | SUBMITTED |
|---|---|---|---|---|
| | ***Due - Friday, February 8th*** | | | |
| 1. | Total Number of Claims Received: | C | 29 | 29 |
| a. | Number Paper | C | 6 | 6 |
| a1. | Number Professional | C | 0 | 0 |
| a2. | Number Institutional | C | 6 | 6 |
| a3. | Number Dental | C | 0 | 0 |
| a4. | Number of Replacements: | C | 2 | 2 |
| a4.1 | Scenario #'s: | C | # | |
| a5. | Number of Voids: | C | 0 | 0 |
| a5.1 | Scenario #'s: | C | # | |
| b. | Number 837 | C | 23 | 23 |
| b1. | Number Professional | C | 15 | 15 |
| b2. | Number Institutional | C | 8 | 8 |
| b3. | Number Dental | C | 0 | 0 |
| b4. | Number of Replacements: | C | 3 | 3 |
| b4.1 | Scenario #'s: | C | # | |
| b5. | Number of Voids: | C | 0 | 0 |
| b5.1 | Scenario #'s: | C | # | |
| 2. | Number of Claims Paid (***Based on Offeror Submission***) | C | √ | |
| a. | Scenario #'s and Paid Amount: | C | √ | |
| 3. | Number of Claims Not Paid (***Based on Offeror Submission***) | C | √ | |
| a. | Scenario #'s and Reason Not Paid: | C | √ | |
| | *Totals:* | | | |
| | *# of Correct Responses:* | | | *21* |
| | *# of Incorrect Responses:* | | | *0* |

## INFORMATION SYSTEMS (IT) DEMONSTRATION RESULTS TALLY

**Offeror: MediSun**

| | **837 Encounters - Initial Submission** | **CORRECT - INCORRECT** | **EXPECTED** | **SUBMITTED** |
|---|---|---|---|---|
| | ***Due - Friday, February 1st*** | | | |
| 1. | Total Number of Encounters Submitted (*Paid Claims Only* ): **(All *Based on Offeror Claims Submissions - Group 1* )** | C | √ | 27 |
| a. | Number Professional: | C | √ | 15 |
| a1. | Corresponding Claim Scenario #'s: | C | √ | |
| b. | Number Institutional: | C | √ | 7 |
| b1. | Corresponding Claim Scenario #'s: | C | √ | |
| c. | Number Dental: | C | √ | 5 |
| c1. | Corresponding Claim Scenario #'s: | C | √ | |
| d. | Number of Replacements: | | | |
| d1. | Corresponding Claim Scenario #'s: | | | |
| e. | Number of Voids: | | | |
| e1. | Corresponding Claim Scenario #'s: | | | |
| 2. | Number Reported with Correct Information: (*Based on Offeror Encounter 837 Template Submission - 1* ) | | | |
| a. | Recipient ID | C | √ | |
| b. | Provider ID | C | √ | |
| c. | Paid Amount | I | √ | |
| | *Totals:* | | | |
| | *# of Correct Responses:* | | | *9* |
| | *# of Incorrect Responses:* | | | *1* |

| | **837 Encounters - Second Submission** | **CORRECT - INCORRECT** | **EXPECTED** | **SUBMITTED** |
|---|---|---|---|---|
| | ***Due - Thursday, February 7th*** | | | |
| 1. | Total Number of Encounters Submitted (*Paid Claims Only* ): **(All *Based on Offeror Claims Submissions - Group 2* )** | C | √ | 25 |
| a. | Number Professional: | C | √ | 10 |
| a1. | Corresponding Claim Scenario #'s: | C | √ | |
| b. | Number Institutional: | C | √ | 13 |
| b1. | Corresponding Claim Scenario #'s: | C | √ | |
| c. | Number Dental: | C | √ | 2 |
| c1. | Corresponding Claim Scenario #'s: | C | √ | |
| d. | Number of Replacements: | C | √ | 5 |
| d1. | Corresponding Claim Scenario #'s: | C | √ | |
| e. | Number of Voids: | C | √ | 5 |
| e1. | Corresponding Claim Scenario #'s: | C | √ | |
| 2. | Number Reported with Correct Information: (*Based on Offeror Encounter 837 Template Submission - 2* ) | | | |
| a. | Recipient ID | I | √ | |
| b. | Provider ID | C | √ | |
| c. | Paid Amount | I | √ | |
| | *Totals:* | | | |
| | *# of Correct Responses:* | | | *12* |
| | *# of Incorrect Responses:* | | | *2* |