

- New Net Exchange Account Request
- Modify Existing Net Exchange Account

What is the change? _____

Vendor Information – ALL FIELDS REQUIRED

Legal Entity Name: _____

Contact First Name: _____ Contact Last Name: _____

Address: _____

E-mail Address: _____

Phone Number: _____ Fax Number: _____

Type of Organization: Clearinghouse Hospital Practice Billing Company Other: _____

Questions:

1. Check all payer organizations and transactions you are interested in connecting to and have legal affiliations with. Add the total estimated volume for those transactions in the last row. Note: the greyed areas indicate transactions not available by payer.

| Payer | Eligibility Inquiry (270/271) | Claims Status Inquiry (276/277) | Referral Request (278) | Referral / Authorization Status Inquiry (278) |
|--|-------------------------------|---------------------------------|------------------------|---|
| Medicaid (EMEDNYREL) | | | | |
| Fidelis | | | | |
| Independent Health | | | | |
| Nova Healthcare Administrators | | | | |
| Univera | | | | |
| Total combined volume per month | | | | |

2. Are you interested in sending real-time, batch transactions or both? Real-time Batch Both
3. HEALTHeNET offers 3 methods of transport via HTTPS, please specify which is supported by your system:
 - Standard HTTPS
 - CORE-compliant MIME Multipart
 - CORE-compliant SOAP+WSDL
4. What geographic areas do you serve? _____
5. What revenue do you expect to gain as a result of this connection? _____
6. Can you meet the current HEALTHeNET x12 format? Yes No
7. Who is your vendor? _____
8. If vendor is national, will this only be available to providers in New York State? Yes No
9. If vendor is regional, what region? _____



10. Are all of the clients you serve within the same region? Yes No

11. Do you check compliance prior to sending transactions? Yes No

If Yes, what tool do you use? _____

12. Do you check compliance of the 271 responses received? Yes No

13. Are you currently exchanging data with Health Plans in this area via some other method (ie. Direct)?

Yes No

14. Please attach the list of organizations and their Tax IDs and NPIs for whom you will be conducting transactions on behalf of.

Please Note:

- **Access is subject to approval by the HEALTHeNET stakeholder organizations.**
