

# Net Exchange Account Form

- New Net Exchange Account Request
- Modify Existing Net Exchange Account  
What is the change? \_\_\_\_\_
- Deactivate existing Net Exchange User

*For Internal Use Only*

Date of Request: \_\_\_\_\_

Ticket Number: \_\_\_\_\_

**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:**

- 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)
BlueCross BlueShield of Western New York				
BlueShield of Northeastern New York				
Medicaid (EMEDNYREL)				
Fidelis				
Independent Health				
Lifetime Benefit Solutions				
Nova Healthcare Administrators				
Univera				
YourCare				
<b>Total combined volume per month</b>				

- Are you interested in sending real-time, batch transactions or both?  Real-time  Batch  Both
- 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
- What geographic areas do you serve? \_\_\_\_\_
- What revenue do you expect to gain as a result of this connection? \_\_\_\_\_



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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 NPIs for whom you will be conducting transactions on behalf of.
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**Please Note:**

- **Access is subject to approval by the HEALTHeNET stakeholder organizations**
  - **Vendors should be aware that the Blues Association has very specific rules regarding transactions. Providers should submit transactions to their Local Blues Plan to obtain this information**
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**For Internal Use: Open a HEALTHeNET ticket; attach this form with list of NPIs**

Approved by:

- BlueCross BlueShield of Western New York
- BlueShield of Northeastern New York
- Fidelis Care
- Independent Health
- Lifetime Benefit Solutions
- Nova Healthcare Administrators
- Univera
- YourCare