



State of Tennessee
 Department of Finance and Administration
 Division of Health Care Finance and Administration

TennCare EDI Request

Select one: New EDI Submitter Existing EDI Submitter (Submitter ID _____)

Trading Partner Name: _____ **Tax ID:** _____

MCC ID or Medicaid Number: _____ **NPI/HPID:** _____

Contact Person: _____ **Contact Telephone:** (____) _____

Contact Email Address _____ **Primary Submission Method:** Web SFTP

Indicate **ALL** transactions to be used between TennCare and this Trading Partner:

Transaction Name	Used (Y/N)	999 Ack (Y/N/NA)	Transaction Frequency	Transaction Source	Trading Partner Access Person(s)
270 Eligibility Verification					
271 Eligibility Response				TennCare	
271 Unsolicited for MCOs				TennCare	
271 Unsolicited for DSNPs				TennCare	
276 Claim Status Request					
277 Claim Status Response				TennCare	
278 PA Request					
278 PA Response				TennCare	
820 Capitation Payment				TennCare	
834 Enrollment & Audit				TennCare	
834 Enrollment to TennCare		Yes		MCC	
835 Claims Remittance Advice				TennCare	
837D Dental Claims		Yes			
837D Dental Encounters		Yes		MCC/DSNP	
837I Institutional Claims		Yes			
837I Institutional Encounters		Yes		MCC	
837P Professional Claims		Yes			
837P Professional Encounters		Yes		MCC	
NCPDP PAS3.0 Encounter Claims		NA		MCC/DSNP	
NCPDP Batch 1.2 Encounters		NA		DSNP	
TPL File		NA		TennCare	
Carrier Master File		NA		TennCare	
Provider		NA			
Claims/Encounter Extracts		NA		TennCare	
Miscellaneous MCC Related Files		NA			

Form Completed by _____ Title _____

Effective Date _____

Return Completed EDI Request forms to TennCare at the above address or email an image to EDI.TennCare@tn.gov.

TennCare area: Form processed by: _____ Date: _____ ID assigned or verified: _____

Comments: _____