



**State of Tennessee
Department of Finance and Administration
Division of TennCare**

TennCare EDI Request

Trading Partner Name: _____ Submitter ID: _____

Tax ID: _____ MCC/Medicaid ID: _____ NPI/HPID: _____

Contact Info: _____ EDI Submitter Type (Select One): _____ Submission Method (Select One): _____

- Name: _____
- Phone: (____) _____
- Email: _____
- New _____
- Existing _____
- Web _____
- SFTP _____

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

Transaction Name	Used (Y/N)	999 Ack (Y/N/NA)	Frequency	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 PAS45 Encounter Claims		NA		MCC/DSNP	
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: Processed by: _____ Date: _____ ID assigned/verified: _____
 Comments: _____