

TennCare EDI Request Form

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

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

MCC ID or Medicaid Number: _____ **Sender Code:** _____

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

Contact Email Address _____

Primary Submission Method: SFTP NDM Web CD Cartridge Diskette

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

Transaction Name	Used (Y/N)	997 Ack (Y/N/NA)	Transaction Frequency	Transaction Source	Trading Partner Access Person(s)
270 Eligibility Verification		NA			
271 Eligibility Response					
271 Unsolicited		Yes		TennCare	
276 Claim Status Request		NA			
277 Claim Status Response				TennCare	
278 PA Request		NA			
278 PA Response				TennCare	
820 Capitation Payment				TennCare	
834 Enrollment & Audit		Yes		TennCare	
834 Enrollment to TennCare		NA		MCC	
835 Claims Remittance Advice				TennCare	
837D Dental Claims		NA			
837D Dental Encounters		NA		MCC	
837I Institutional Claims		NA			
837I Institutional Encounters		NA		MCC	
837P Professional Claims		NA			
837P Professional Encounters		NA		MCC	
NCPDP Batch 1.1 Crossover Claims		NA			
NCPDP Batch 1.1 Encounters		NA		MCC	
TPL File				TennCare	
Carrier Master File				TennCare	
Provider					
Claims/Encounter Extracts				TennCare	
SPMI/SED Assessments					
Miscellaneous MCC Related Files					

Form Completed by _____ Title _____

Effective Date _____

Return Completed EDI Request forms to TennCare at the above address or fax to (615) 253-5995.

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

Comments: _____