

Provider Relations	(888) 550-8800 Option 2
Provider Relations Fax	(305) 620-5973
Authorization	(888) 550-8800 Option 1
Authorization Fax	(855) 410-0121
Claims	(877) 372-1273 Option 6
Electronic Claims Submission (EDI)	<p>Direct Data Entry (DDE) through the HS1 Web Portal, or through the Clearinghouse, Change Healthcare, using:</p> <p>Professional Payer ID: 65062 Institutional Payer ID: 12k89</p>
Electronic Remittance Advice (ERA)	ERA provided via Change Healthcare. Provider must complete Change Healthcare ERA Provider Setup
Paper Claims Submission	P.O. Box 350590 Fort Lauderdale, FL 33335-0590
Electronic Funds Transfer (EFT)	Initial payment sent via VPay with options for EFT or check available by calling: (855) 388-8374 (Vpay EOB's will be sent via Fax to Providers)
Web Portal Access Requests	Administered by Health System One (HS1). Please complete the HS1 Web Portal Access Form online at: mytnfl.com/pwp
Provider Web Portal Link	mytnfl.com/HS1webportal/