Zing Health Medicare Advantage Plan

Quick Reference Guide

Illinois (MAPD-HMO, HMO-POS, HMO-CSNP)
Indiana (MAPD-HMO, HMO-POS, HMO-CSNP, HMO-DSNP)
Michigan (MAPD-HMO, HMO-POS, HMO-CSNP, POS-DSNP)

Zing HEALTH™

Important Contact Information

Department	Phone Number	Fax	Email
Customer Service	1-866-946-4458 (TTY: 711) Mon.-Fri., 8 a.m.-5 p.m.	1-866-946-4458	
Pharmacy (Elixir Crafted Rx Solutions)	1-866-946-4458		
Behavioral Health	1-833-946-4458	1-844-946-4458	prior_auth@myzinghealth.com
Eligibility	1-866-946-4458	1-866-946-4458	
Prior Authorization	1-833-946-4458	1-844-946-4458	prior_auth@myzinghealth.com
Appeals	1-866-946-4458	1-844-917-4458	appeals@myzinghealth.com

Visit us on the web at myzinghealth.com.

Vendor Contact Information

Vendor	Phone Number
Liberty Dental (dental benefits)	1-866-946-4458
EyeMed (vision benefits)	1-866-946-4458
NationsHearing (hearing benefits)	1-877-391-8637
American Specialty Health (ASH) Silver&Fit (fitness benefits)	1-877-427-4788
Elixir (pharmacy benefits)	1-855-476-6993
NationsOTC (over-the-counter benefits)	1-866-946-4458
MD Live (telehealth benefits)	1-800-657-6169
24/7 Nurse Advice Line	1-855-494-6877

Sample Medical ID Card (varies by plan)

Claims

Timely filing notice: Timely filing is 365 days from the date of service or the date of discharge unless otherwise specified in the provider agreement.

EDI Trading Partner - Change Health and Availity

Check eligibility, submit claims, and check claims status

Payor: Zing Health **Payor ID:** 83248 1-800-AVAILITY

Clearinghouse Connectivity: Zing Health has partnered with Change Health and Availity as its preferred EDI clearinghouse. You may connect directly with Availity or Change Health. In some cases, your existing clearinghouse, billing service, or trading partner may have existing reciprocal agreements with Change Health or Availity.

Medical and Behavioral Health Claims

Paper Submissions

Zing Health
P.O. Box 981718
El Paso, TX 79998-1718

Electronic Submissions

EDI Trading Partner - Change Health and Availity
changehealthcare.com
availity.com/ediclearinghouse

Submitting Corrected Claims

Paper Submissions

Attn: Claims
Zing Health
P.O. Box 981718
El Paso, TX 79998-1718

Timeframe: Corrected claims should be submitted within 60 days from the date of the Explanation of Payment (EOP).

Claim Payment Disputes

Attn: Claim Payment Dispute
Zing Health
Fax: 1-844-918-4458
Email: provider.services@myzinghealth.com

Timeframe: Provider claim disputes should be submitted within 60 days from the date of the Explanation of Payment (EOP).

Prior Authorization

A list of tests, procedures, and services requiring prior authorization is available on our website: Authorization Request Form Provider Instructions and Form.pdf (myzinghealth.com).