

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)





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)

		Contract: H7330 PBP: 001	
Zing Choice IL (HMO) A Medicare Health Plan with Prescription Drug Coverage			
Member: First & Last Name Member ID#: Z0000000XX Effective Date: 9/19/2022 PCP: Last name, First Name PCP Phone: 1-XXX-XXX-XXXX		RxBIN: 012312 RxPCN: PARTD RxGRP: ELZING001 RxID:	
Copays: PCP: \$0 Spec: \$25 Emergency Room: \$125 If Member has full Medicaid, no balance billing		Customer Service: Members, Providers, Dental, Vision and Hearing 1-866-946-4458 TTY/TDD: 711 Pharmacy Providers Help Desk: 1-855-476-6993 24/7 Nurse Hotline 1-855-494-6877	
		MD Live (TeleHealth) 1-855-494-6877 Payer ID Number: 83248 Medical Paper Claims Zing Health PO Box 981718 El Paso, TX 79998-1718	
   		www.myzinghealth.com	



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



Claim Payment Disputes

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

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

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 \(myzinghealth.com\)](#).