

Quick Reference Guide

Saint Mary's ATRIO Health Plans | Nevada



Agent Tools/Marketing Support

TOOLS/MARKETING SUPPORT

Phone 1-541-492-2166 (TTY 711)
8 a.m. – 5p.m., Monday - Friday

Email agentdesk@atriohp.com

COMPLIANCE

Email compliance@atriohp.com

Enrollment Support

PRODUCT INFORMATION

Online atriohp.com

ATRIO ENROLLMENT

Phone 1-877-672-8620 (TTY 711)
8 a.m. – 8 p.m. Daily

APPLICATION CANCELLATION AND WITHDRAWS

Phone 1-877-672-8620 (TTY 711)

Member Support

CUSTOMER SERVICE

Phone 1-877-672-8620 (TTY 711)
8 a.m. to 8 p.m. local time,
seven days a week from October 1 to
March 31. From April 1 to September 30
hours are 8 a.m. to 8 p.m. local time,
Monday through Friday.

Email customerservice@atriohp.com

MEMBER PORTAL

Online atriohp.com/Member-Portal

Prescription Drug Information

FORMULARY LOOKUP

Online atriohp.com - go to "Find a Drug"
Call ATRIO 1-888-272-6211,
Monday - Friday, 8a.m. to 5p.m.

MEDIMPACT

Phone (for after hours) 1-800-681-9571; Option 4

Any pharmacy questions, email:
pharmacy@atriohp.com

Supplemental Benefit Contact

More information can be found online at
atriohp.com/extra-benefits

DENTAL

Phone 1-877-672-8620 (TTY 711)
8 a.m. – 8 p.m. Daily

MEAL PROGRAM - Partnered with Mom's Meals

Phone 1-877-672-8620 (TTY 711)
8 a.m. – 8 p.m. Daily

TELEHEALTH - Partnered with Teladoc

Phone 1-800-835-2362
24 hours 7 days a week

Online teladoc.com

Mobile App: Teladoc

VISION - Partnered with VSP

Phone 1-844-344-0572 (TTY 1-800-428-4833)
Mon. – Fri. 8a.m. to 5 p.m., PST

ROUTINE HEARING - Partnered with Amplifon

Phone 1-866-375-0563 (TTY 711)
8 a.m. to 8 p.m. Daily

**OVER-THE-COUNTER (OTC) - Catalogs and
retail network store listings can be found only at
atriohp.com/extra-benefits**

Phone 1-855-253-5768 (TTY 711)
Monday - Friday, 8 a.m. to 11 p.m., EST

TRANSPORTATION - Partnered with SafeRide Health

Phone 1-888-617-0467 (TTY 711)
6 a.m. to 6 p.m. local time, Monday - Friday

FLEX CARD - Includes dental, fitness, and OTC

Phone 1-800-371-2119 (TTY 711)
Monday - Friday, 8a.m. to 11p.m., EST

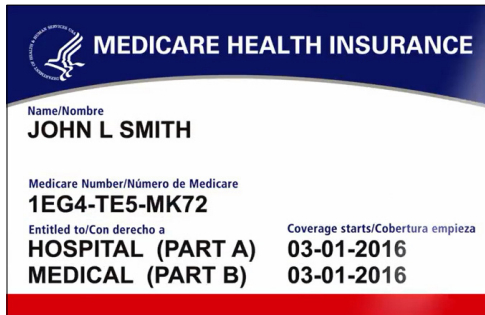
CHIROPRACTIC/ACUPUNCTURE/NATUROPATHY -

Partnered with American Specialty Health (ASH)

Phone 1-800-678-9133 (TTY 711)
October 1st – March 31st:
5 a.m. to 10 p.m. (PDT), 7 days a week
April 1st – September 30th: 5 a.m. to 8 p.m.
(PDT), Monday – Friday.

SAMPLE CARDS

MEDICARE



MEDICARE HEALTH INSURANCE

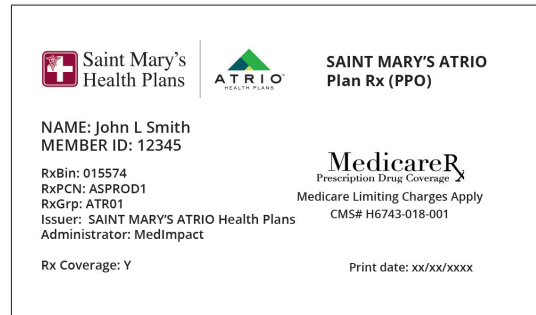
Name/Nombre
JOHN L SMITH

Medicare Number/Número de Medicare
1EG4-TE5-MK72

Entitled to/Con derecho a
HOSPITAL (PART A) Coverage starts/Coertura empieza
03-01-2016

MEDICAL (PART B) **03-01-2016**

SAINT MARY'S ATRIO MEDICARE ADVANTAGE



Saint Mary's Health Plans **ATRIO** **SAINT MARY'S ATRIO Plan Rx (PPO)**

NAME: John L Smith
MEMBER ID: 12345

RxBin: 015574
RxPCN: ASPROD1
RxGrp: ATR01
Issuer: SAINT MARY'S ATRIO Health Plans
Administrator: MedImpact

MedicareRx
Prescription Drug Coverage
Medicare Limiting Charges Apply
CMS# H6743-018-001

Rx Coverage: Y
Print date: xx/xx/xxxx

Provider Information

PROVIDER CUSTOMER SERVICE

Phone 1-877-672-8620

8 a.m. - 5 p.m. (except major holidays)

PROVIDER PORTAL

Online atriohp.com/nevada/providers/provider-login

- Check member eligibility and benefits
- Submit electronic claims
- Request prior authorization

PROVIDER LOOKUP

Online atriohp.com

CLAIMS SUBMISSION

Payer IDs can be found at atriohp.com/nevada/providers/provider-resources/

Mail

Saint Mary's ATRIO Health Plans
338 Jericho Turnpike #135
Syssoset, NY 11791

Appeals

We are no longer accepting paper claims via mail. Only by the downloadable submission print and fax and electronic submission which is located on our website under the provider resources tab.

PDF Fillable Form Submission

Fax 1-866-339-8751

Electronic Submission

Provider Claim Dispute Form

*Provider Payment Dispute

*Par Provider Reconsideration

APPEALS

Phone 1-877-672-8620 (TTY 711)

Fax 1-866-339-8751

PRIOR AUTHORIZATION REQUESTS

Online atriohp.com/nevada/providers/prior-authorizations

Medical

Phone 1-877-672-8620 (TTY 711)

8 a.m. – 8 p.m. Daily

Part B Drugs

Submit request via fax (posted on-line)

atriohp.com/nevada/providers/part-b-pa-st-grid/

For clinical questions email:

atrio_prior_auth@atriohp.com

Part D Drugs

Submit ePA at covermymeds.com/main/prior-authorization-forms/atrio-health-plans/

Submit the completed form via fax at

1-858-790-7100

Phone 1-800-788-2949 (Medimpact)

For provider use only. Do not distribute to members.

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