

# Quick Reference Guide

ATRIO Health Plans | Oregon



## 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](mailto:agentdesk@atriohp.com)

### COMPLIANCE

Email [compliance@atriohp.com](mailto:compliance@atriohp.com)

## Enrollment Support

### PRODUCT INFORMATION

Online [atriohp.com](http://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](mailto:customerservice@atriohp.com)

### MEMBER PORTAL

Online [atriohp.com/Member-Portal](http://atriohp.com/Member-Portal)

## Prescription Drug Information

### FORMULARY LOOKUP

Online [atriohp.com](http://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](mailto:pharmacy@atriohp.com)

## Supplemental Benefit Contact

More information can be found online at  
[atriohp.com/extra-benefits](http://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](http://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](http://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

 <b>MEDICARE HEALTH INSURANCE</b>	
Name/Nombre <b>JOHN L SMITH</b>	
Medicare Number/Número de Medicare <b>1EG4-TE5-MK72</b>	
Entitled to/Con derecho a <b>HOSPITAL (PART A)</b>	Coverage starts/Cobertura empieza <b>03-01-2016</b>
<b>MEDICAL (PART B)</b>	<b>03-01-2016</b>

## ATRIO MEDICARE ADVANTAGE

 <b>ATRIO Plan Rx (PPO)</b>	
NAME: John L Smith MEMBER ID: 12345	
RxBin: 015574 RxPCN: ASPROD1 RxGrp: ATR01 Issuer: ATRIO Health Plans Administrator: MedImpact	<b>MedicareRx</b> 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/oregon/providers/provider-login](https://atriohp.com/oregon/providers/provider-login)

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

### PROVIDER LOOKUP

Online [atriohp.com](https://atriohp.com)

### CLAIMS SUBMISSION

Payer IDs can be found at [atriohp.com/oregon/providers/provider-resources](https://atriohp.com/oregon/providers/provider-resources)

### Electronic Claims

Submit within 180 days of service

### Paper Claims

Mail: ATRIO Health Plans  
338 Jericho Turnpike #135  
Syosset, NY 11791

## APPEALS

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

Fax 1-866-339-8751

Mail ATRIO Health Plans - Appeals & Grievances  
2965 Ryan Drive SE  
Salem, OR 97301

## PRIOR AUTHORIZATION REQUESTS

Online [atriohp.com/oregon/providers/prior-authorizations](https://atriohp.com/oregon/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/oregon/providers/part-b-pa-st-grid/](https://atriohp.com/oregon/providers/part-b-pa-st-grid/)

For clinical questions email:

ATRIO\_Prior\_Auth@atriohp.com

### Part D Drugs

Submit ePA at [covermy meds.com/main/prior-authorization-forms/atrio-health-plans/](https://covermy meds.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)

## MODEL OF CARE TRAINING

Please complete the required Model of Care training at [atriohp.com/Providers/Provider-Resources](https://atriohp.com/Providers/Provider-Resources).

*For provider use only. Do not distribute to members.*  
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