Quick Reference Guide

ATRIO Health Plans | Nevada



Prescription Drug Information

FORMULARY LOOKUP Online **atriohp.com/nevada-nw** - 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

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

ame/Nombre	
JOHN L SMITH	
ledicare Number/Número de Medicare	
EG4-TE5-MK72	
ntitled to/Con derecho a	Coverage starts/Cobertura empieza
HOSPITAL (PART A)	03-01-2016
MEDICAL (PART B)	03-01-2016



FLEX CARD



*members will not be able to use this card for copays

Provider Information

PROVIDER CUSTOMER SERVICE

Phone 1-877-672-8620 8 a.m. - 5 p.m. (except major holidays)

PROVIDER PORTAL

Visit the Provider Portal by clicking on the MyATRIO button on the homepage. atriohp.com/provider-portals

- 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-nw/providers/provider-resources

Electronic Claims Submit within 180 days of service

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

For provider use only. Do not distribute to members. Y0084_MKG_QRG_2024_C

Value. Expertise. Service.

APPEALS/ RECONSIDERATIONS/ PAYMENT DISPUTES

Phone **1-877-672-8620 (TTY 711)** Fax 1-866-339-8751

The Provider Appeal form can be found here: atriohp.com/provider-appeal-form

PRIOR AUTHORIZATION REQUESTS

Online atriohp.com/nevada-nw/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 online) atriohp.com/provider-part-b-pa-st-grid

For clinical questions email: ATRIO_Prior_Auth@atriohp.com

Part D Drugs

Submit ePA at covermymeds.com/main/priorauthorization-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.

atriohp.com