

ATRIO Health Plans

Provider Quick Reference Guide



Prescription Drug Information

Formulary Lookup

Online: atriohp.com – go to “find a Drug”

Call: 1-888-272-6211 Monday – Friday 8 a.m. – 5 p.m.

MedImpact

Call: 1-800-681-9541 Option 4 (for after ATRIO hours)

Part D Drugs

atriohp.com/members/find-a-drug/

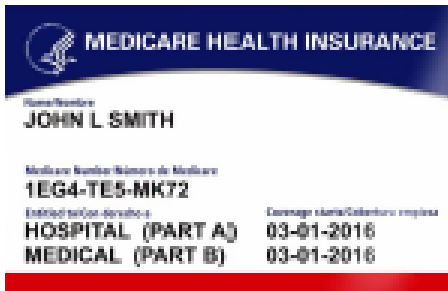
Part B Drugs

Submit via fax

atriohp.com/providers/prior-authorizations

Sample Cards

MEDICARE



ATRIO MEDICARE ADVANTAGE



FLEX CARD



members will not be able to use this card for copays

Provider Information

Provider Directory: Search for network providers

atriohp.providerlenz.com/home

Claims Submission:

Payer IDs can be found at:

atriohp.com/providers/provider-resources

• Electronic Claims

Submit within 180 days of service

• Paper Claims

Mail to ATRIO Health Plans

388 Jericho Turnpike #135

Syosset, NY 11791

Model of Care Training

Can be found under the Provider Education tab at atriohp.com/providers/provider-resources/

Appeals, Reconsiderations, and Payment Disputes

atriohp.com/providers/provider-resources/

The Provider Appeal form:

atriohp.com/provider-appeal-form/

Form can also be printed and mailed to:

PO Box 5600

Scranton, PA 18505

The Provider Claim Dispute form can be found here: atriohp.com/forms-and-documents/

This form can also be filled out electronically at:

atriohp.com/provider-claim-dispute-form/

Provider Tools

Benefits, Eligibility, Claims Status and Remittance Advice

Step 1: Availity

Online: availity.com/providers/

Phone: 1.800.AVAILITY (282.4548)

Step 2: Provider Customer Service

If you are unable to obtain the necessary information through Availity, email Provider Customer Service at:
providercustomerservice@atriohp.com

For questions regarding Benefits and Eligibility you may call Provider Customer Service at 877-672-8620 Monday – Friday 8 a.m. – 5 p.m.

Note: You should no longer use MyATRIO for Benefits & Eligibility, Claim Status and Remittance Advice

EFT/ ERA

Updating Account Information, ePayment Center portal, 835 Configurations and Payment Research Items

PaySpan

Online: payspanhealth.com/nps

Phone: 1-877-331-7154

Email: providersupport@payspanhealth.com

For checks issued prior to 9/22/2025

Zelis

Online: [Allymar.epayment.center](https://allymar.epayment.center)

Phone: 855-774-4392

Email: help@epayment.center

For checks issued after 9/22/2025

Supplemental Benefits

Online: atriohp.com/2026-extra-benefits

Prior Authorizations

Part B Prior Authorizations

For forms and a list of services that require a PA, go to: atriohp.com/providers/prior-authorizations/

Part C Prior Authorizations

Visit the myATRIO Provider Portal

Online: atriohp.com/provider-portals

To be directed to the correct platform

Click: Authorizations → Submit Member ID

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

Part D Prior Authorizations

For CoverMyMeds instructions and a tutorial, go to: atriohp.com/providers/prior-authorizations/#partdpa

Electronic Prior Authorization submission:
covermymeds.com/main/prior-authorization-forms/atrio-health-plans/

Phone Prior Authorization submission:
1-800-788-2949 (Medimpact on behalf of ATRIO)

Fax Prior Authorization submission:
1-858-790-7100 (send completed form)

For provider use only. Do not distribute to members.

Updated 10.1.2025

Y0084_MKG_QRG_2024_C