



**ATRIO**<sup>TM</sup>  
HEALTH PLANS

# MEMBER PORTAL

User Guide

December 2019



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## Registration

Registration is located at the URL <https://atrioprod.ramtechinc.net/>. This can be navigated to by visiting <https://www.atriohp.com/portal/> and clicking the Member Portal link.

Once at the Member Portal link, click “Members”.

**MEMBER & PROVIDER PORTAL**

**Members**

**Providers**

**Employers**

**Brokers**

**Information**

**Customer Service At Your Fingertips**

Quickly access the information you need by clicking on a selection to the right after logging in.

**To Continue, Please Log In.**

Send us an [email](#) or call 877-672-8620

**User ID**

**Password**

**Log In**

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Then click, “New User? Click Here for New Member Registration”.

**MEMBER PORTAL**

Be aware that your password is private information that allows access to your account. It should not be easy to guess.

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**New User? Click here for New Member Registration**

(\*) indicates required fields.

\*User ID

\*Password

[Change password?](#)  
[Forgot password?](#)

**Log In** **Clear**



The registration process requires several pieces of information:

- NAME
  - First and last name are required. Please use all capital letters. Middle name is not required.
- MEMBER ID NUMBER
  - This is the member ID number. If the member ID number includes MAA, please capitalize these letters.
- DATE OF BIRTH
  - This is the member's date of birth.
- ZIP CODE
  - This is the member's **mailing** zip code.
- EMAIL
  - This is the email to use for the member's account.



## MEMBER PORTAL

To register for access to the Online Member Portal, please complete and submit the information below.

Customer Service  
At Your Fingertips

Quickly access the information you need by clicking on a selection to the right after logging in.

To Continue, Please Log In.

Send us an **email** or call 877-672-8620

User ID

Password

[Log In](#)

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(\*) indicates required fields.

*Last Name	Merv
*First Name	Medicare
Middle Name	
*Member ID Number	MAA123456
*DOB	Jan / 01 / 1954
*Mailing Zip Code	97301
*E-Mail Address	merv.medicare@gmail.com
*Confirm E-Mail Address	merv.medicare@gmail.com

[Continue](#) [Clear](#)

The member will need to agree to the terms and conditions before continuing.

TERMS AND CONDITIONS OF ACCESS

eHealthsuite ("eHS") provides you with access to its Member Portal (the "Portal"), subject to the following Terms and Conditions ("Terms and Conditions"). We may update the Terms and Conditions at any time and without notice. Unless stated otherwise, changes will be effective when they are posted on our web site at [www.ramtechnologiesinc.com](http://www.ramtechnologiesinc.com).

The Terms and Conditions are in addition to those that are posted on our web site at [www.ramtechnologiesinc.com](http://www.ramtechnologiesinc.com) under the Legal Information section, which is incorporated herein by reference. By logging on to the Portal, activating your password and creating user identification, you agree to be bound by these Terms and Conditions.

\* eHS reserves the right to terminate access to the Portal at any time and for any reason. Your access will be terminated automatically when your benefits are no longer provided by eHS and its subsidiaries or affiliates. eHS reserves the right at

I Do Not Agree  I Agree to the Terms and Conditions

[Continue](#)



The next screen will ask the member to create the below:

- USER ID
  - This can contain letters and numbers. The length must be between 3 and 15 characters.
- PASSWORD
  - This can contain letters and numbers. The length must be between 3 and 15 characters.
- SECURITY QUESTION
  - This can be one word or a sentence. The security question is a question you will be asked if you forget your password or need to change it.
- SECURITY ANSWER
  - This can be one word or a sentence. This answer will need to be given in order to reset your password.

*User ID	mervmedicare
*Password	*****
*Re-enter your password	*****
*Security Question	Favorite Insurance
*Security Answer	ATRIO Health Plans
<input type="button" value="Submit"/> <input type="button" value="Clear"/>	

The member will need to select a mailing preference. This is for Medical EOBs only. The selection can be changed later.

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**Remember to click the Update button to save your changes**

**Mailing Preferences**  
Would you like to stop receiving paper explanation of Benefits statements? Note - This is for Medical claims ONLY and does not include Pharmacy claims.  
Users who choose to discontinue the mailing of their EOBs will receive an e-mail informing them when the EOB is available. You can change your mailing preference at any time by selecting the Account Maintenance option from the main menu.  
☐ I do not want paper Explanation of Benefits (EOB) statements mailed to me. I will be contacted by e-mail whenever a new EOB statement is available and will view it online.

\* I want paper Explanation of Benefits (EOB) statements mailed to me.

Once the registration is complete, the member will see this screen. They will also receive an email from [ehsuser@ramtechinc.com](mailto:ehsuser@ramtechinc.com). The subject will be Welcome to eHealthSuite and the email will provide the User ID.

You have successfully set up your membership account. A confirmation letter and the health plan terms and conditions will be emailed to you.

Welcome! Click the Continue button to go to the main menu.



## View Member Details

This page will display the member's name, address, DOC, eligibility and sex.

Members can click their name to view:

- Coverage effective dates
- Primary Care Provider
- Other insurance information
- Emergency contacts

## View Claim Status

This page will display medical claim information.

Members can enter a date span and click their name to view the below claim information:

- Claim number
- Date of service
- Provider name
- Claim amount
- Claim status
- Paid amount
- Paid date

Members can click their name within any claim and view further claim details:

- Procedure code
- Procedure description
- Copay, Coinsurance and Deductible amounts

## View A Prior Authorization

This page will display medical prior authorization.

Members can enter a date span and click Show Authorizations to view the below details:

- Authorization number
- Authorized provider
- Dates of service
- Authorization decision

Members can click the Authorization Number to view further authorization details:



- Procedure
- Diagnosis
- Units Requested
- Units Approved

## View an EOB

This page will display medical Explanation of Benefits.

Members can select the statement year and then click on the month of their choice. A PDF image will download a copy of their EOB.

## Account Maintenance

This page will display:

- Mailing preferences – The member can chose paperless medical EOBs or paper medical EOBs. If paperless is chosen, the member will receive an email notification when a new EOB statement is available to view.
- Change password – The member can change their password.
- Change email – The member can change the email address for this account.

## Forgot Password?

If a member has forgotten their password, they can use “Forgot Password?” To reset it.

Be aware that your password is private information that allows access to your account. It should not be easy to guess.

**Customer Service At Your Fingertips** [New User? Click here for New Member Registration](#)

Quickly access the information you need by clicking on a selection to the right after logging in.

To Continue, Please Log In.  
Send us an [email](#) or call 877-672-8620

**User ID**

**Password**

[Log In](#)

(\* ) indicates required fields.

\*User ID

\*Password

[Change password?](#)  
[Forgot password?](#)

[Log In](#) [Clear](#)

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Click "Forgot Password?" The member can then enter their User ID.

In order to reset your password, please provide us with your User ID.

User ID	<input type="text" value="mervmedicare"/>
<input type="button" value="Continue"/>	<input type="button" value="Clear"/>

The member can then enter the answer to their security question and enter a new password.

Reset Password for:	MERVMEDICARE
Your Security Question:	FAVORITE INSURANCE
Your Security Answer:	<input type="text"/>
New Password:	<input type="text"/>
Confirm New Password:	<input type="text"/>
<input type="button" value="Submit"/>	<input type="button" value="Clear"/>