



ATRIOTM
HEALTH PLANS

PRESCRIPTION DRUG PORTAL

User Guide

December 2019



Table of Contents

INTRODUCTION	2
REGISTRATION.....	2
HOME PAGE.....	4
MY PRESCRIPTIONS	5
BENEFIT HIGHLIGHTS.....	6
DOCUMENTS.....	7
SEARCH.....	7



Introduction

The Prescription Drug Portal is an online resource to a member's pharmacy benefits. Members can easily access tools and info needed for healthier, more informed choices.

This user guide will members an overview of:

- Pharmacy benefit information
- Find drug costs
- Obtain drug information
- Locate in-network pharmacies
- Print tax documents
- See claim history details

Registration

Registration can be navigated to by visiting <https://www.atriohp.com/portal/> and clicking the Prescription Drug Portal link.

Once at the Prescription Drug Portal link, click "Create Your Account".



The registration process requires several pieces of information:

- MEMBER ID NUMBER
 - This is the member ID number. This is not case sensitive.
- NAME
 - First and last name are required. This is not case sensitive.
- DATE OF BIRTH
 - This is the member's date of birth.



Member Information [?](#)

Please provide the following information to help us find you in our system.

Need help? Contact Customer Support at (877) 403-6032 between 8am and 8pm Eastern Time.

Member Number

First Name

Last Name

Date of Birth

Month: Dec / Day: 9 / Year: 1968

[Continue](#) [Cancel](#)

Members will need to enter an email address, select a username and password. The password must have:

- At least 8 characters
- A lowercase letter
- An uppercase letter
- A number
- A symbol (example: # \$! ? %)

Sign In Information [?](#)

Please provide the following information to register and sign in to your account.

Email Address

Username

Your username must have:

- User Name must be between 8 and 20 alphanumeric characters and must start with a letter.
- User Names are not case sensitive.
- User Names cannot include special characters.

Password

 [Show Password](#)

Strong

Re-enter your password

Your password cannot include your username, your first name, or your last name, and cannot be any of your last 5 passwords.

Your password must have:

- At least 8 characters
- A lowercase letter
- An uppercase letter
- A number
- A symbol (example: # \$! ? %)



The member will need to read and confirm the Notice of Privacy Practices and Terms of Service and click Finish.

Legal Statements

Please read our Notice of Privacy Practices and Terms of Service to finish registering your account.

- Check to confirm you have read our [Notice of Privacy Practices](#).
 - Check to confirm you have read our [Terms of Service](#)
-

The member will then receive an email from no-reply@medimpact.com. The subject will be MedImpact – Confirm Your Email Address. The body of the email will look like the below. The member will need to click the Confirm Email button and the registration process will be complete.



Confirm Your Email Address

Please confirm your email address to finish activating your account.

Click this [link](#) or the button below to confirm account activation for username, mervmedicare:

[Confirm Email](#)

To complete your registration, please click the link. In order to complete the registration process, you may need to log in with your user name and password if prompted.

If you are having problems with your registration, please contact Customer Support at (877) 391-1099 between the hours of 8am and 8pm Eastern Time.

For issues with the registration process, please call MedImpact IT Support at 877-403-6032 between 8am and 8pm Eastern Time.

Home Page

This page will display an overview of:

- My Prescriptions
- Benefit Overview
- Prior Authorization

MY PRESCRIPTIONS [View All](#)



ALLOPURINOL
TABLET
1 REFILL LEFT

PHARMACY NAME: POSTAL PRESCRIPTION SERVICES



ALLOPURINOL
TABLET
3 REFILLS LEFT

PHARMACY NAME: POSTAL PRESCRIPTION SERVICES



CEPHALEXIN
CAPSULE

PHARMACY NAME: RITE AID PHARMACY 05368



DEXCOM
EACH
3 REFILLS LEFT

PHARMACY NAME: POSTAL PRESCRIPTION SERVICES

BENEFIT OVERVIEW [More Details](#)

Total Drug Spend (TDS)



\$0 \$3820
LIMIT

True Out of Pocket (TROOP)



\$0 \$5100
LIMIT

Prior Authorization

DRUG NAME	PRIOR AUTHORIZATION #	PRESCRIBER	STATUS
ALL DAY ALLERGY-D (CETIRIZINE HCL/PSEUDOEPHEDRINE)	1	NA	✔ <i>Approved</i>

NA

✔ **Approved 12/11/2018**
Your prior authorization has been approved
Effective Date: 01/01/2019
Expiration Date: 12/31/2019

● **Requested 12/11/2018**

[View Price](#)

My Prescriptions

This page will allow members to view:

- Prescriptions List – A list of retail, mail order, and specialty prescriptions can be found here. Each prescription will show if it is active or expired. It will also show the number of available refills as well as cost and recommended refill date.
- Claims History – A list of all pharmacy claim transaction including fill date, pharmacy and both member and ATRIO Health Plan cost share.
- Prior Authorization – A list of all prior authorization requests including request date, approved or denied date, prior authorization number, prescriber and current status.



- Tax Report – A printable tax report by calendar year. The prescription fill date, amount paid, prescription number and pharmacy are included. The report also totals member cost share.
- Drug Information – Members can search current prescriptions and review drug interactions.

MY PRESCRIPTIONS ✓

- Prescription List
- Claims History
- Prior Authorization
- Tax Report
- Drug Information

Benefit Highlights

This page will display these benefit details:

- Total Drug Spend accumulated
- Deductible accumulated
- Out of pocket maximums accumulated

Benefit Accumulation Amount

BENEFIT OVERVIEW			
Total Drug Spend (TDS)		True Out of Pocket (TROOP)	
Amount Spent	Limit	Amount Spent	Limit
\$16763.18	\$3820	\$5100	\$5100
Deductible			
Amount Spent	Limit		
\$200	\$200		



Documents

This page provides downloadable documents:

- Direct Member Reimbursement Forms

Search

This section allows members to search for:

- Pharmacy – Results will include pharmacy name, address, phone number, hours of operation and a Google map including directions.
- Drug Price
 - View formulary and non-formulary drugs
 - View brand and generic drugs
 - Compare drug prices

HOME MY PRESCRIPTIONS▼ BENEFIT HIGHLIGHTS DOCUMENTS▼

SEARCH FOR Pharmacy Search OR Use My Location

HOME MY PRESCRIPTIONS▼ BENEFIT HIGHLIGHTS DOCUMENTS▼

SEARCH FOR Drug Price Search