

# Propio Atrium-Insurance Validation

CareSource



## Pre-requisites

1. As a Provider, you must first be approved by CareSource to participate in this program. Information for this program can be found [by clicking this link](#).
2. We encourage all Providers to be contracted directly with Propio to allow interpreting services to be billed directly to your agency should the patient not meet CareSource eligibility. Without a direct contract, services will be otherwise denied.  
To confirm if you have a CareSource or direct Propio account setup, please contact [ClientServices@Propio-LS.com](mailto:ClientServices@Propio-LS.com).

## Once Access Setup is Complete

Congratulations! You now have access to the onsite interpreter scheduling platform - Atrium. Upon your initial login, you will be prompted to update your password.

Username: Your email address

Temporary PW: PROPIO

Overview video: [Click Here](#)

## Obtaining insurance validation

Follow the directions for submitting a pre-scheduled request as indicated in the overview video. To qualify an appointment for the CareSource program, select your CareSource account and follow these additional steps:

1. Enter insured's (consumer) name & confirm date of birth. If insured's profile has not been setup, select + (add) to create the insurance profile
2. Confirm insured's insurance profile:
  - a. BASIC INFORMATION (Required)
    - i. First name (Required)
    - ii. Last name (Required)
    - iii. Date of birth (Required)
  - b. ADDRESS - Optional
  - c. INSURANCE DETAILS
    - i. Insurance name or State of coverage (Required)
    - ii. Member ID (Required)
    - iii. Effective date or date of insurance profile setup (Required)
3. Upon completion, select SAVE to allow the system to automatically validate eligibility. Should additional information need to be reviewed/confirmed, a message will appear. Once confirmed, select REFRESH to re-validate.

**NOTE:** Should the insured not meet CareSource eligibility, you may change the account to your direct account to proceed with the scheduled request.

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**Request Information** Required

Client ✓  ×

Bill To ✓  ×

Language ✓  ×

Interpretation Date ✓   :    Time Zone

Est.Duration (In Minutes) ✓   Appointment Type ✓

Consumer \*

**STEP 1**  
Enter Insured or  
Add Insurance Profile

**STEP 2**  
Confirm Basic Information &  
Insurance Details

**STEP 3**  
System Automatically  
Confirms Eligibility Validation

If revalidation is necessary,  
select REFRESH

Basic Information    Address    Insurance Details

First Name ✓  Last Name ✓

Patient #  Date Of Birth ✓

Primary Phone  Client MR #

Gender  Language

Basic Information    Address    Insurance Details

Insurance Name ✓

Policy Number  Group #

Member ID ✓  Eligibility

Effective Date ✓  Expiration Date

**Consumer** ✓  ×

✓ Insurance Check Passed