

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.

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 * Add new Consumer

Basic Information **Address** **Insurance Details**

First Name ✓ **Last Name** ✓

Patient # **Date Of Birth** ✓

Primary Phone **Client MR #**

Gender **Language**

Next Finish

Basic Information **Address** **Insurance Details**

Insurance Name ✓

Policy Number **Group #**

Member ID ✓ **Eligibility**

Effective Date ✓ **Expiration Date**

Prev Finish

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

Consumer

John Doe 01/01/2022 × + Consumer

✓ Insurance Check Passed