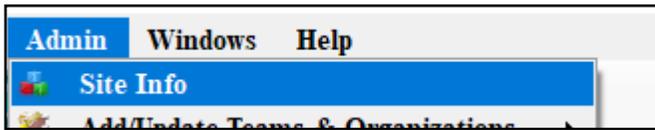


ATS— NAHGA Insurance Interface

The interface with NAHGA was included in ATS so submissions could be streamlined. This document shows you how to configure ATS for these submissions; how to send a submission and what is stored in ATS after the submission is complete.

**** Make sure you mark the “primary” insurance company on the athlete info; “Payor #” = 1. This can be done manually or when the athlete is doing their registration in the portal.**

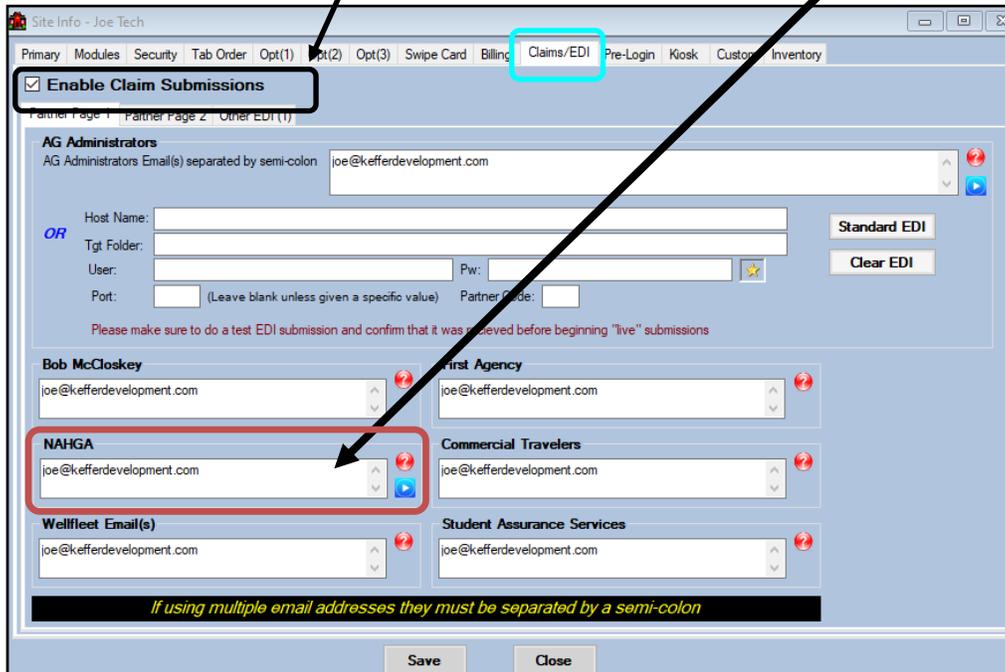
We also recommend setting require fields to ensure that the necessary information is entered both by athlete and staff for the injury claims. For more info check out the [Required Fields](#) doc.



Under the Admin—>Site Info screen; on the “Claims/EDI” tab enter the required info in the NAHGA box. Unless otherwise noted the email should be **claims@nahga.com**

We do recommend verifying with NAHGA where they would like the claims sent.

Be sure that claims are enabled for your database.

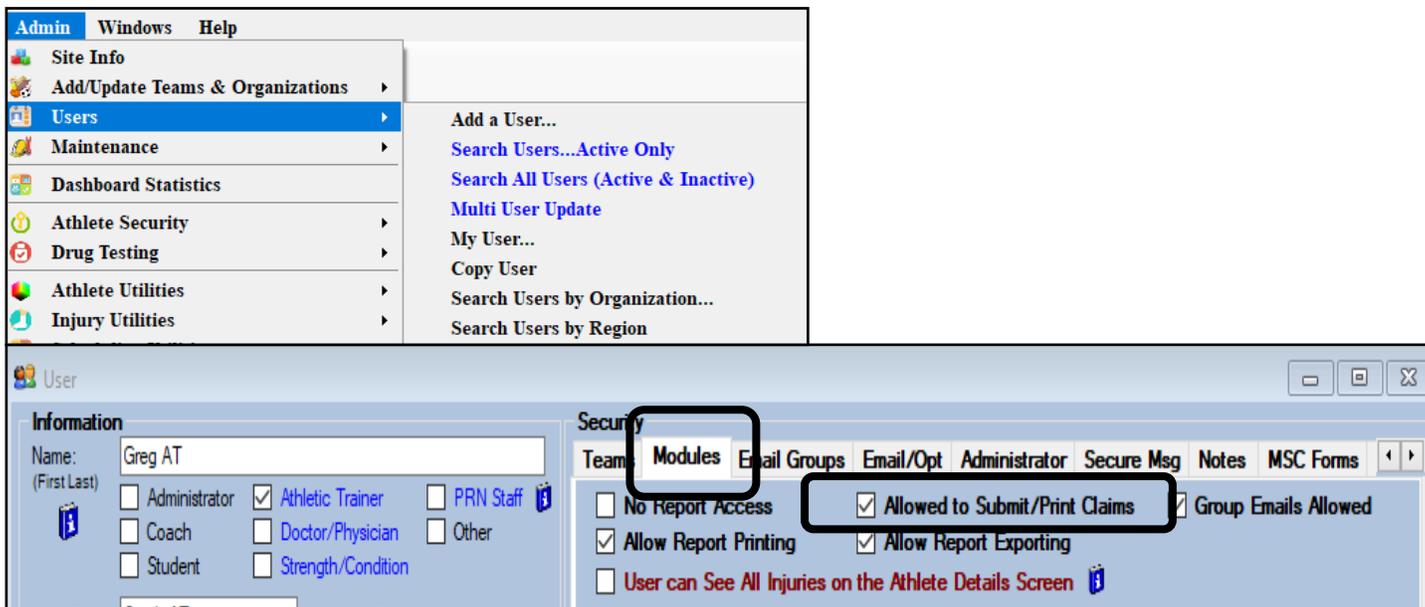


ATS— NAHGA Insurance Interface

User Profile:

Be sure to allow access to submit/print claims for those staff members that will need to submit claims.

This can be found on the Modules tab of the User Profile.



Insurance Specific Information:

In addition to the insurance information; you **MUST** have a note/soap note type called "NAHGA". This should be formatted as shown below, and **added for each injury with the applicable information.**

The image shows a 'Note - Anderson, Bobby J' form. The 'Athlete' is 'Anderson, Bobby J', 'Entered by' is 'Rhett Keffer', and 'Time Spent' is 'Min'. The 'Injury' is '08/01/2016 - Abrasion - Bilateral - Arm (Upper)', 'Note Date' is '1/13/2017 4:23:54 PM', and 'Note Type' is 'NAHGA'. The 'Note' field contains the following text:
Policy Number:
Mailing Address where Insurance Info/Requests should be mailed:
How did the injury occur:
Was a Pre-Participation Physical performed clearing athlete for participation? (Yes/No):
Where did injury occur?:
Date of first medical treatment (mm/dd/yyyy):
Is this condition an Acute Injury? (Yes/No):
Is this condition a Chronic/Overuse Condition? (Yes/No):
Has health history been recently reviewed by sports medicine staff? (Yes/No):
Has the athlete injured the same body part in the past? (Yes/No):
(if yes, please attach a copy of the pre-participation physical showing clearance)
Designation (X applicable): Intramurals: Practice: Game: Other (specify):
Was the student involved in an activity sponsored and supervised by the school at the time of injury? (Yes/No):
Under whose supervision:
Was He/She a witness? (Yes/No):
The 'Actions' bar at the bottom includes 'Next', 'Prev', 'New', 'Save', 'Remove', 'Email Group', 'Print Note', 'Print w/ Injury', and 'Close'.

You can create the note template on your own, by using the information here (must be exact), see the note template help doc for more info on creating templates. Or you can contact ATS and we can copy the template to your database.

ATS— NAHGA Insurance Interface

Prior to submitting a claim, you will need to create the injury, complete the Injury Desc/How box on the injury screen, as well as complete the NAHGA specific note.

Complete the injury screen, and add your notes as well as the NAHGA note. The NAHGA note does need to be completed thoroughly.

Injury - Davis, Crash

General Injury Info | Injury Desc/How | Athlete | Name: Davis, Crash | Status: Current

Body Part: Knee | Injured: 3/17/2022 10:58 AM | Reported: 3/17/2022 10:58 AM | Rtn to Play: / / | Resolved: / / | Days: 0 | Resolution: | Re-injury? | Follow-Up | Mark for review | EMS Required | Season Ending

Inj/Ill 1: Anterior Cruciate Ligament (ACL) TearF | 2: | 3: |

Side: Right | Happened during: Practice | Playing Surface: Dirt | Event Type/Name: Practice | Team: Joe Tech Men Baseball

MOI: | SMOI: | Severity: | Surgery Required? | Ins Status: |

Be sure to enter a brief injury note to describe what happened, this goes on the injury report. Do NOT bill for this injury Private Record

Payments | Invoice Tracking | FM Evals | Cost Log | Covid-19 | Modality | Medication | Rehab | Limitation | Service | Concuss Evals | Referral | Notes/Staff/Msg | Notes/More | Evaluations | eFiles | Strength | NCAA/HS | Claims

Notes/SOAP Notes | Staff Forms | Secure Msg

Note Date	Note Type	Comment
3/17/2022	NAHGA	Policy Number: Mailing Address where Insurance Info/Requests should be m

Record: 1 Of 1

Actions | Show All | M: nope... | A: sliders... | R: Medical Alert...

Claim for... | Claim | 3/17/2022 | Email Group | New | Save | NAHGA | Search | Close

Add the Injury Description/how note.

Injury - Davis, Crash

General Injury Info | Injury Desc/How | Athlete | Name: Davis, Crash | Status: Current

Be sure to enter a brief injury note to describe what happened, this goes on the injury report.

Be sure to enter a brief injury note to describe what happened, this goes on the injury report. Do NOT bill for this injury Private Record

To submit a claim, select "NAHGA" from the "Claim For" list, then click the "Claim" button. Clicking this button sends an email to NAHGA and adds a electronic document to the injury information.

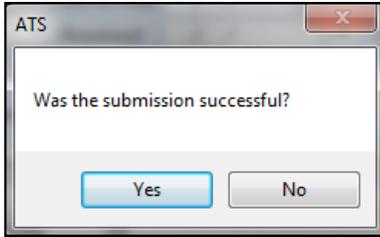
A: sliders... | R: Medical Alert...

Claim for... | Claim | 3/17/2022 | Email Group | New | Save | NAHGA | Search | Close

Encrypt the PDF document for submission? Note: This file will not be encrypted in the athlete's file.

As part of the submission process you will be asked if you want to encrypt the submission with a password. We STRONGLY recommend using a password and coordinating this with your contact.

ATS— NAHGA Insurance Interface



After the submission the processes you will see the screen shown to the left. Answering “Yes” updates the submitted date for the injury. The results are shown here...

Injury - Anderson, Bobby J

General Injury Info Injury Desc/How Contacts Name: Anderson, Bobby J Status: Current

Body Part: Arm (Upper) Injured: 8/ 1/2016 CL Reported: 8/ 1/2016 CL Rtn to Play: / / CL Resolved: / / CL Days: 0 Resolution: Treatment Completed

Inj/Ill 1: Abrasion 2: 3: No Filter

Side: Bilateral Happened during: Athletic Trainer: Rhett Keffer

MOI: Playing Surface: Team: GC Outreach Men CC Basketball

SMOI: Event Type/Name: Ina Status:

Severity: Surgery Required? on / / CL

Invoice Tracking FM Evals

Date	Injury	Modalities	Time	Notes
11/3/2016 12:38:00 PM	Abrasion - Bilateral - Arm (Upper)	Cold Whitpool		

Record: 1 Of 1

Actions Show All Claim for... Claim 11/10/2016 NAHGA New Save Email Group Search Close

- To see the claim that was sent:
1. Navigate to the documents tab on either the injury or athlete screens
 2. Select the file
 3. Click the “View” button.
 4. The document will be displayed in the PDF viewer.

Note
Full-size example on next page

Injury - Anderson, Bobby J

General Injury Info Injury Desc/How Contacts Name: Anderson, Bobby J Status: Current

Body Part: Arm (Upper) Injured: 8/ 1/2016 CL Reported: 8/ 1/2016 CL Rtn to Play: / / CL Resolved: / / CL Days: 0 Resolution: Treatment Completed

Inj/Ill 1: Abrasion 2: 3: No Filter

Side: Bilateral Happened during: Athletic Trainer: Rhett Keffer

MOI: Playing Surface: Team: GC Outreach Men CC Basketball

SMOI: Event Type/Name: Ina Status:

Severity: Surgery Required? on / / CL

Invoice Tracking FM Evals

Date	Doc Type	Description
11/10/2016	0	NAHGA Submission Sent

Record: 1 Of 1

Actions Show All Claim for... Claim 11/10/2016 NAHGA New Save Email Group Search Close

ATS— NAHGA Insurance Interface

NAHGA Claim Services

PO Box 189
Bridgton, Maine 04009-0189
800-952-4320 Phone
207-647-4569 Fax

Print Date: 03/17/2022



The student insurance plan is designed to provide maximum benefits for minimum premium. If you have other medical insurance, you must submit this claim to your other carrier first. When you receive their Explanation of Benefits, send it to us with the corresponding itemized bills.

School/Organization: Joe Tech

INJURY INFORMATION

Athlete's Name: Davis, Crash **Sport:** Joe Tech Men Baseball
Date of Birth: 01/14/1998 **Gender:** PND **SSN:** -- **Year:** Senior
Email: joe@kefferdevelopment.com
Type of Injury: Anterior Cruciate Ligament (ACL) Tear Partial Or Complete **Injury Date:** 03/17/2022
Body Part: Right Knee **Injury Time:** 10:58 AM
Circumstance: Practice - Dirt
Be sure to enter a brief injury note to describe what happened, this goes on the injury report.
Note by: Joe Streckfus

Policy Number:
Mailing Address where Insurance Info/Requests should be mailed:

How did the injury occur: <IDESC>

Was a Pre-Participation Physical performed clearing athlete for participation? (Yes/No):

Where did injury occur.?

Date of first medical treatment (mm/dd/yyyy):

Is this condition an Acute Injury? (Yes/No):

Is this condition a Chronic/Overuse Condition? (Yes/No):

Has health history been recently reviewed by sports medicine staff? (Yes/No):

Has the athlete injured the same body part in the past? (Yes/No):

(if yes, please attach a copy of the pre-participation physical showing clearance)

Designation (X applicable): Intramurals: Practice: Game: Other (specify):

Was the student involved in an activity sponsored and supervised by the school at the time of injury? (Yes/No):

Under whose supervision:

Was He/She a witness? (Yes/No):

PARENT OR GUARDIAN

Parent or Guardian	Phone	Cell	Work	Email	Relationship
annie		123456789		joe@kefferdevelopment.com	girl friend

Primary Address
24 Village Park Drive
Grove City PA 16127

Secondary Address
62 Hartwell Circle
Sometown PA 16227

INSURANCE INFORMATION

Primary Blue Cross Blue Shield

Philadelphia pa 74125

Contact

Phone (987) 654-3211

Email

Fax

Group/Policy Number

ID# 852369741

Policy Holder Secondary Insurance

DOB

SS#

NAHGA_Submit.rpt
03/17/2022

Per HIPAA (the Health Insurance Portability and Accountability Act of 1996) Regulations, this information is to be held in strict CONFIDENCE, to be used only making participation plans for the student-athletes. Information should not be passed to any other individual or group of individuals.