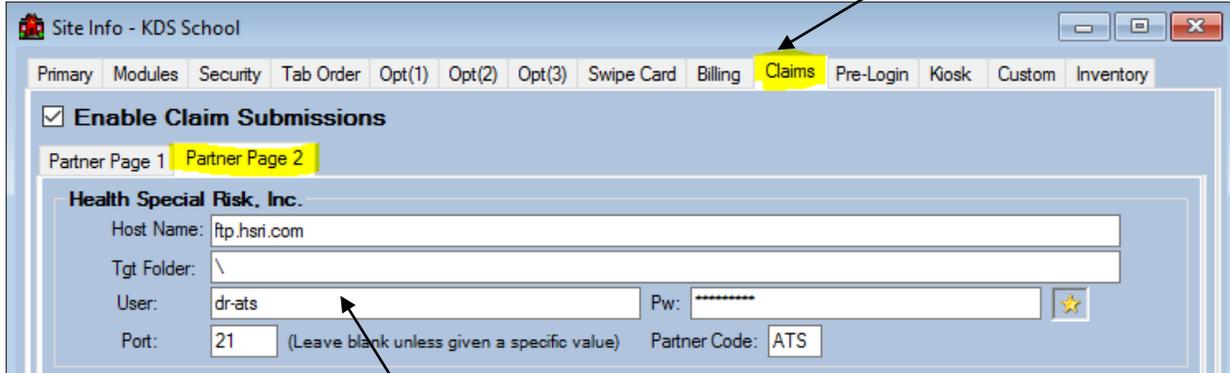


The interface with HSRI was included in ATS so submissions could be streamlined. This document shows you how to configure ATS for this submission.

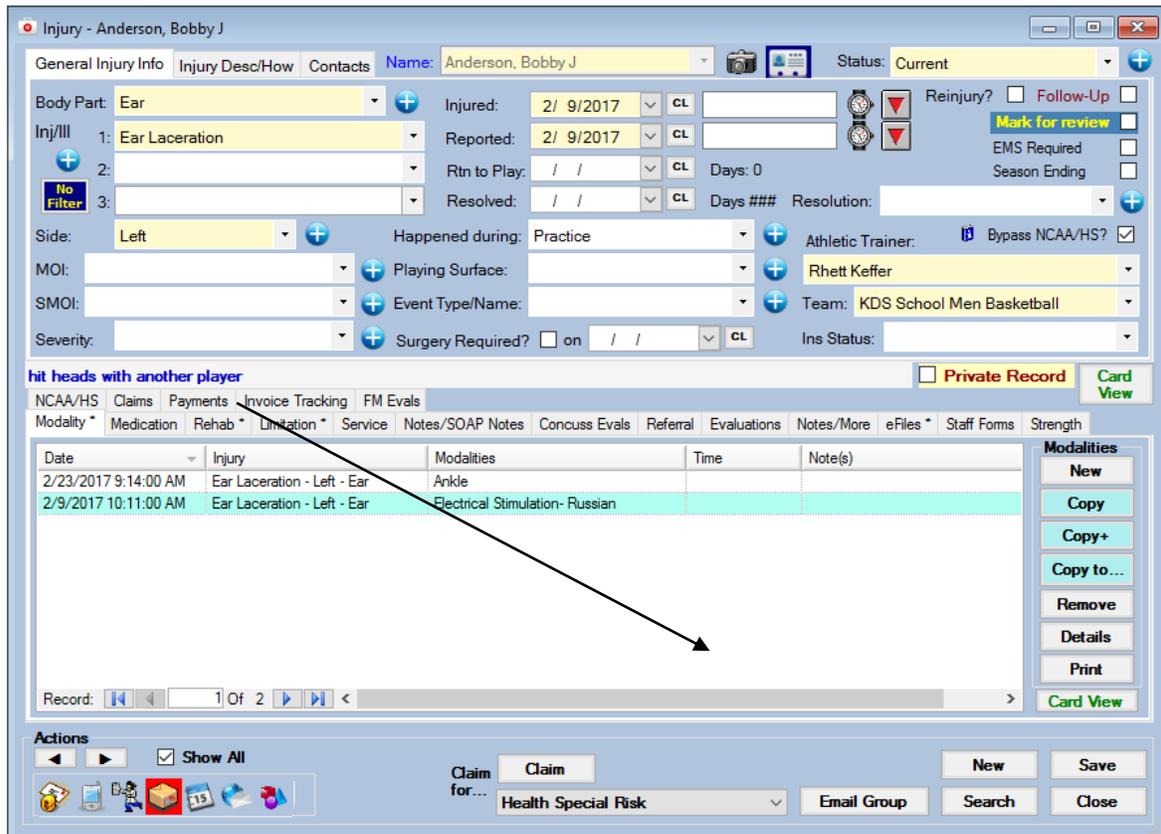
**** Make sure you mark the “primary” insurance company on the athlete info... “Pay #” = 1**
Under the \Admin\Site Info screen; on the “Claims” tab... “Partner Page 2” sub-tab; enter the required information.

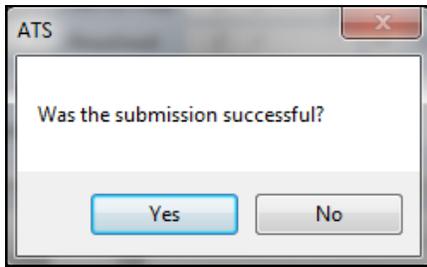


Enter the applicable EDI Information provided by HSRI Administrators:

- Host Name
- Password
- Target Folder
- Port
- User
- Partner code will always be “ATS”

To submit a claim, select “Health Special Risk” from the “Claim For” list, then click the “Claim” button. Clicking this button sends an EDI claim to HSRI and adds a electronic document to the injury information.





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

To see the claim that was sent:

1. Navigate to the documents tab on either the injury or athlete screens
2. You will see 2 entries
 - * 1 for the EDI file that was sent
 - * 1 for the “general claim” info that was sent
3. To view either file, click on the application line, then click the “View” button.
4. The document or file will be displayed.

The screenshot shows the 'Injury - Anderson, Bobby' screen. The 'General Injury Info' tab is active. The injury details include: Body Part: Ear; Injured: 2/ 9/2017; Reported: 2/ 9/2017; Side: Left; MOI: ; SMOI: ; Severity: ; Happened during: Practice; Athletic Trainer: Rhett Keffer; Team: KDS School Men Basketball. Below the injury details is a table of documents sent:

Date	Doc Type	Description
3/19/2017	0	HSRI CSV Sent
3/19/2017	0	hsri Submission Sent
3/17/2017	0	HSRI CSV Sent
3/17/2017	0	hsri Submission Sent
3/2/2017	0	General Claim Submission Sent
2/17/2017	Email	This is not an email

The interface also includes various tabs like 'NCAA/HS', 'Claims', 'Payments', 'Invoice Tracking', 'FM Evals', and 'Actions' at the bottom.

Note Full-size example of the report created is on next page



KDS School
24 Village Park Drive

General Injury Claim Form

Print Date: 03/19/2017

Please file any claims with your insurance company before sending them to us. Please include any documentation relating to the claim along with your information.

If you have any questions please call us at 1-888-328-2577.

INJURY INFORMATION

Athlete's Name: Anderson, Bobby J **Sport:** KDS School Men Basketball
Date of Birth: 05/10/1994 **SSN:** 123-45-6789 **Year:** Junior
Type of Injury: Ear Laceration **Injury Date:** 02/09/2017
Body Part: Left Ear **Injury Time:**
Circumstance: Practice - hit heads with another player

Parent or Guardian	Phone	Cell	Work	Email	Relationship
John Gilson				rkeffersr@gmail.com	Father
Sam Gilson				rhett@kefferdev.com	Brother
Judy Gilson				rhett@kefferdevelopment.com	Mother

Primary Address
716 Robin Hood Road
Sherwood Forest MA 21405

Secondary Address
1 home way today
Home City PA 12345

INSURANCE INFORMATION

Primary Blue Cross Blue Shield

Contact **Phone** **Email**
Fax
Group/Policy Number **ID#**
Policy Holder Frek Merkle **DOB** 08/01/1975 **SS#** 111-111-111
 24 Village Park Drive **Phone** 7244585289
 Grove City Penn 16127

Employer

Secondary CIGNA Healthcare

Contact **Phone** **Email**
Fax
Group/Policy Number 333333 **ID#** abbcodd
Policy Holder **DOB** **SS#**
Phone

Employer

General_Injury_Submit.rpt
03/19/2017

Per HIPAA (the Federal Health Information Privacy and Accountability Act) 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.