

The interface with First Agency 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.

Site Info - Ashley U

Primary | Modules | Security | Tab Order | Opt(1) | Opt(2) | Opt(3) | Swipe Card | Billing | Claims/EDI | Pre-Login | Kiosk | Custom | Inventory

Enable Claim Submissions

Partner Page 1 | Partner Page 2 | Other EDI

AG Administrators
AG Administrators Email(s) separated by semi-colon: rhett@kefferdevelopment.com

Host Name: _____

OR

Tgt Folder: _____

User: _____ Pw: _____

Port: _____ (Leave blank unless given a specific value) Partner Code: ATS Standard EDI Clear EDI

Please make sure to do a test EDI submission and confirm that it was received before beginning "live" submissions

Bob McCloskey Email(s) separated by semi-colon
ashley@kefferdevelopment.com

First Agency Email(s) separated by semi-colon
ashley@kefferdevelopment.com

NAHGA Email(s) separated by semi-colon
ashley@kefferdevelopment.com

Save Close

Under the \Admin\Site Info screen; on the "Claims/EDI" tab...enter the required info.

Unless otherwise noted the email should be

1stagency@1stagency.com

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

NoteTemplates

Note Type: First Agency + Current Number of Note Templates: 14

Time of Injury:

Name of College Authority Supervising:

Was supervisor witness to accident (Yes/No):

If "NO" when was it reported:

Where did injury occur:

Actions

Previous Next Remove Save Clear Template Close

ATS - First Agency Insurance Interface

Injury - Anderson, Bobby

General Injury Info | Injury Description | Emer Contacts | Name: Anderson, Bobby

Body Part: Chest/Ribs | Injured: 4/17/2012 | Status: Current | Follow-Up | Reinjury?

Injury 1: Rib Fracture | Reported: 4/17/2012 | Days: 0 | Athletic Trainer: Rhett Keffer

Side: Left | Happened during: Practice | Team: Men Basketball

Date	Injury	Modalities	Time	Note(s)
5/30/2012 1:23:00 PM	Rib Fracture - Left - Chest/Ribs	Heat Pack		
5/22/2012 3:36:00 PM	Rib Fracture - Left - Chest/Ribs	Heat Pack		
4/25/2012 12:00:00 AM	Rib Fracture - Left - Chest/Ribs	Intermittent Compression, Hot-Ice, Ice...	Early Morning	
4/24/2012 1:32:00 PM	Rib Fracture - Left - Chest/Ribs	Ice	Early Morning	
4/20/2012 12:00:00 AM	Rib Fracture - Left - Chest/Ribs	Ice	Late Afternoon	
4/19/2012 12:00:00 AM	Rib Fracture - Left - Chest/Ribs	Ice		
4/18/2012 12:00:00 AM	Rib Fracture - Left - Chest/Ribs	Ice, Electrical Stimulation-PreMod, H...		

Record: 1 Of 9

Actions: Show All | Claim for... First Agency | Claim | New

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

Yes No

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

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

Was the submission successful?

Yes No

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

General Injury Info | Injury Description | Emer Contacts | Name: Anderson, Bobby

Body Part: Ankle | Injured: 3/22/2012 | Status: Current | Follow-Up | Reinjury?

Injury 1: Laceration | Reported: 3/22/2012 | Days: 0 | Athletic Trainer: Rhett Keffer

Side: Left | Happened during: Practice | Team: Men Basketball

Date	Injury	Modalities	Time	Note(s)
4/17/2012 1:57:00 PM	Laceration - Left - Ankle	Heat Pack		
4/6/2012 12:00:00 AM	Laceration - Left - Ankle	Electrical Stimulation-PreMod, Ice, Pa...	Late Afternoon	
4/5/2012 12:00:00 AM	Laceration - Left - Ankle	Electrical Stimulation-PreMod, Ice, Pa...	Late Afternoon	
4/4/2012 12:00:00 AM	Laceration - Left - Ankle	Electrical Stimulation-PreMod, Ice, Pa...	Late Afternoon	
4/4/2012 12:00:00 AM	Laceration - Left - Ankle	BioCryo Compression, Electrical Stimul...	Early Morning	
4/3/2012 1:28:00 PM	Laceration - Left - Ankle	BioCryo Compression, Electrical Stimul...	Early Morning	
4/3/2012 9:31:00 AM	Laceration - Left - Ankle	Electrical Stimulation-PreMod, Ice, Pa...	Late Afternoon	

Record: 1 Of 7

Actions: Show All | Claim for... First Agency | Claim | New | Save | 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.

Injury - Anderson, Bobby

General Injury Info | Injury Description | Emer Contacts | Name: Anderson, Bobby

Body Part: Ankle | Injured: 3/22/2012 | Status: Current | Follow-Up | Reinjury?

Injury 1: Laceration | Reported: 3/22/2012 | Days: 0 | Athletic Trainer: Rhett Keffer

Side: Left | Happened during: Practice | Team: Men Basketball

Date	Description
7/26/2012	First Agency Submission Sent

Record: 1 Of 1

Actions: Show All | Claim for... First Agency | Claim | New | Save | Search | Close

Note
Full-size example on next page

ATS - First Agency Insurance Interface

Be sure to check off allowed to submit/print claims for each user that will be doing so.

The screenshot shows the 'User Security' configuration window. Under the 'Email/Print' tab, the 'Allowed to Submit/Print Claims' checkbox is checked. Other checked options include 'Allow Report Printing' and 'Allow Report Exporting'. The 'Information' tab shows the user name as 'Greg AT' and the supervisor as 'Ashley Sham'. A table below lists modules and their access levels:

Module	Access
Injury	Read-Write
Insurance	Read-Write
Invoice Tracking	Read-Write
Limitation	Read-Write

Claim Serial #: <input style="width: 100%;" type="text"/> First Agency, Inc. 5071 West H Avenue Kalamazoo, MI 49009 (269) 381-6630 Telephone (269) 381-3055 Fax	College Claim No: _____ KDS Sports 24 Village Park Drive Grove City, PA
CLAIM SHEET FOR INTERCOLLEGIATE CLAIMS	
Student's Full Name: Anderson, Bobby	
Home Address: 24 Village Park Grove City PA 33333	
College Address: 1 home way Home City, PA 12345	
Student's SS#: 555-55-5555	
Date of Birth: 05/10/1995 Gender: Male Year: Junior Marital: Single	
Date of Injury: 03/22/2012 Reported: 03/22/2012	
Detailed description, how did injury occur:	
Body Part Injured: Ankle Left/Right: Left Type of Injury: Laceration	
Sport: Men Basketball	
Name of college authority supervising activity: Rhett Keffer	
Observed: Ankle	
Time of day: Morning - 2nd period	
Results: swelling less than yesterday...	
Part 1:	
part 2:	
Part 3:	
Date 07/26/2012	
Signature of College Official _____	
Title: _____	
Any person who knowingly presents a fraudulent claim containing any false or misleading information is guilty of insurane fraud and may be subject to fines and confinement in prison.	