# ATS— Bob McCloskey Insurance Interface

The interface with Bob McCloskey 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. Unless otherwise noted the email should be ATS@bobmccloskey.com or the address provided by Bob McCloskey
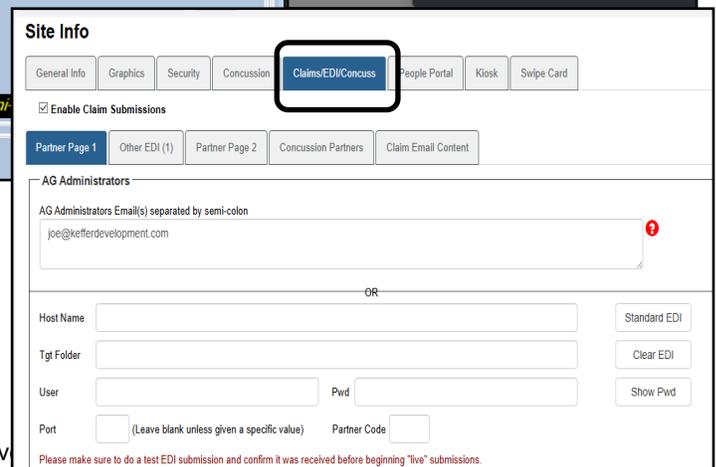
You can set the claims in both the ATS Desktop or Staff Portal
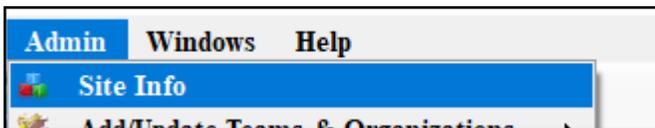
If not already enabled, do make sure you activate the Enable Claim Submission box for your database.
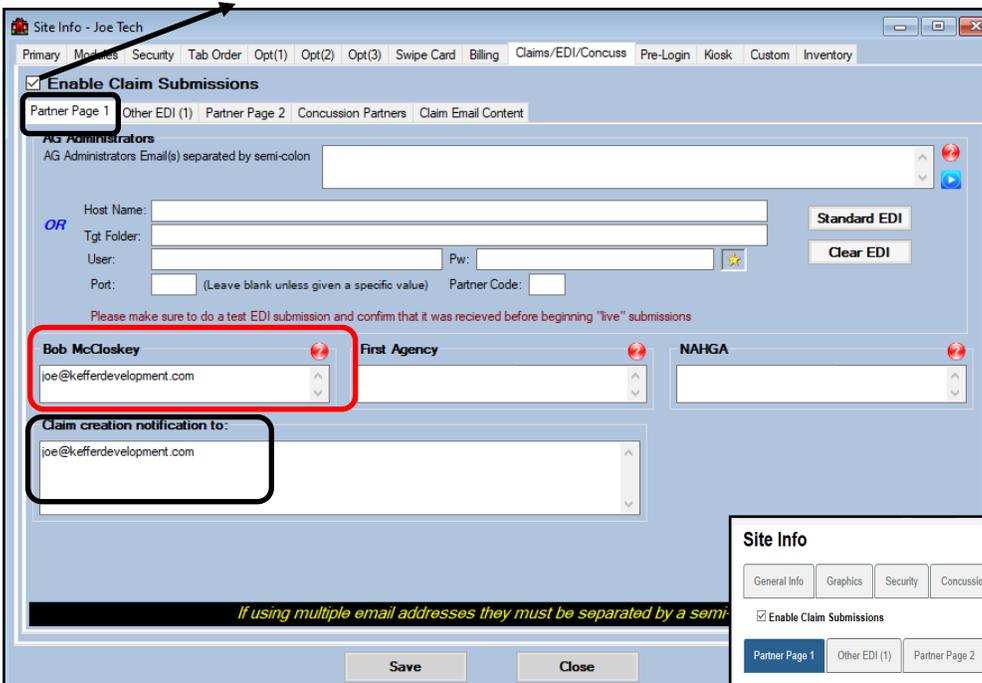
This area gives you the opportunity to notify your insurance coordinator, Head AT, or anyone else that needs to know a claim was submitted. *It does not include a copy of the claim.*
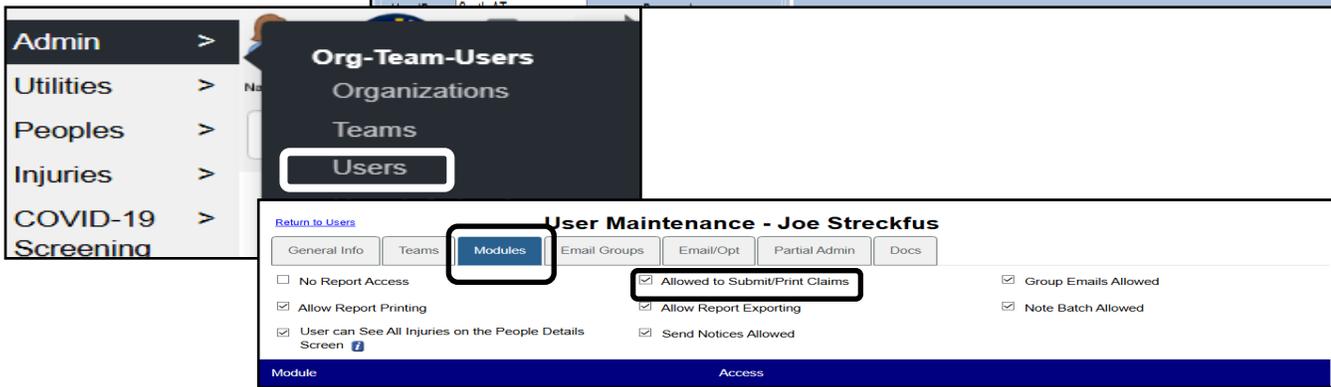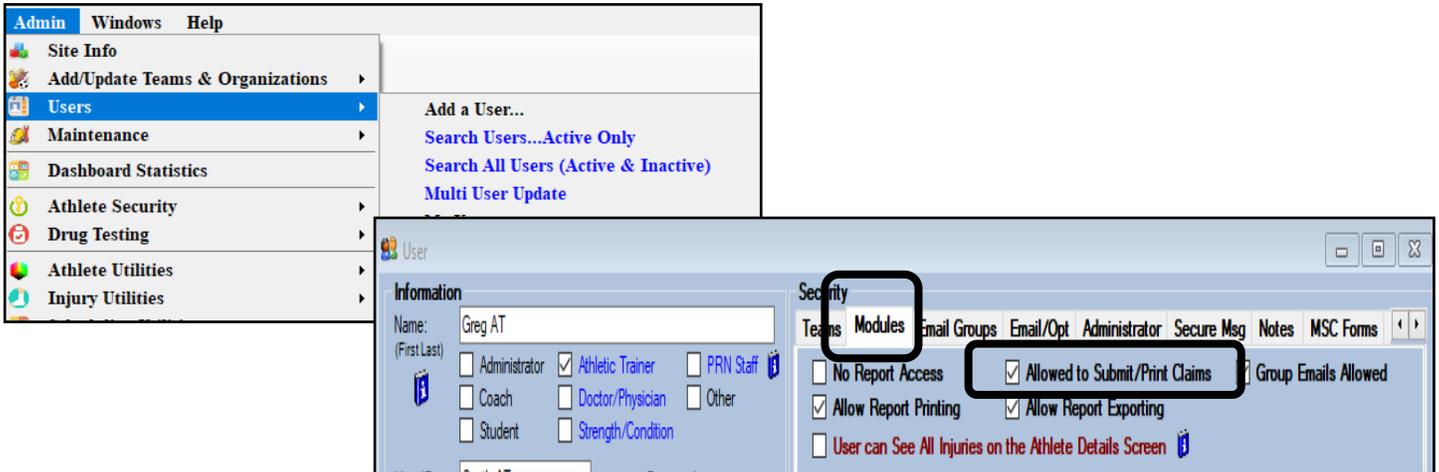
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<u>User Profile:</u>

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.

Also, each AT that will be submitting claims; needs to have a signature as part of their account. There are options to upload a signature or create one through ATS.

Use the Generate button to have ATS create you a signature, or if you have one as an image you can use the upload button to the area.
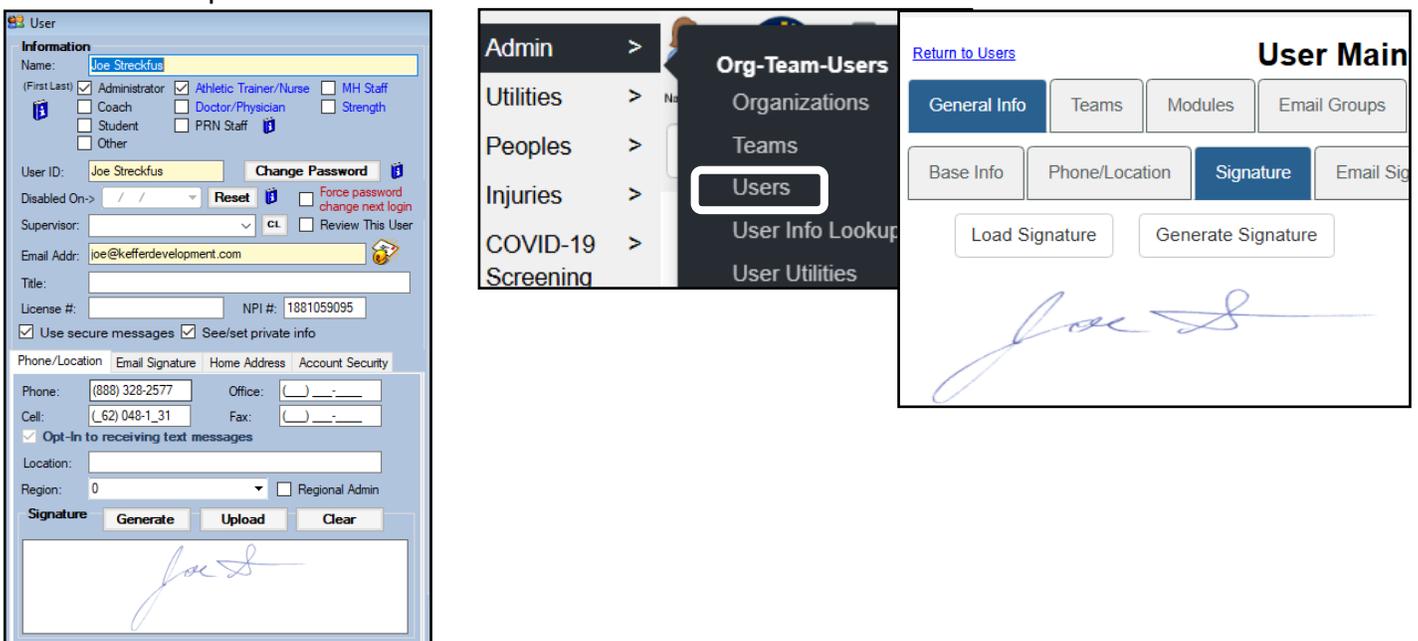
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BMI Specific Information:

In addition to the insurance information; on the Policy Holder are of the insurance details, the employed & employer name should be indicated so they show correctly on the claim. The remainder of the information should also be filled out again to show correctly on the claim form. Ref Pg 2, and Set Required fields like to make this mandatory during athlete registration.

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If you are sending an email to BMI, you are required to encrypt the document prior to it being sent.

** Establish a password as a staff/department you will use for ALL of the claims going to AG. Enter that password each time you send an email. You also will need to provide it to AG so they can open.

DO NOT INCLUDE PASSWORDS IN THE EMAIL BODY

ATS WILL NOT and DOES NOT STORE THE PASSWORD USED TO ENCRYPT

Desktop Submissions:

To submit a claim, select "Bob McCloskey" from the "Claim For" list, then click the "Claim" button. Clicking this button sends an email to Bob McCloskey and adds a electronic document to the injury information.
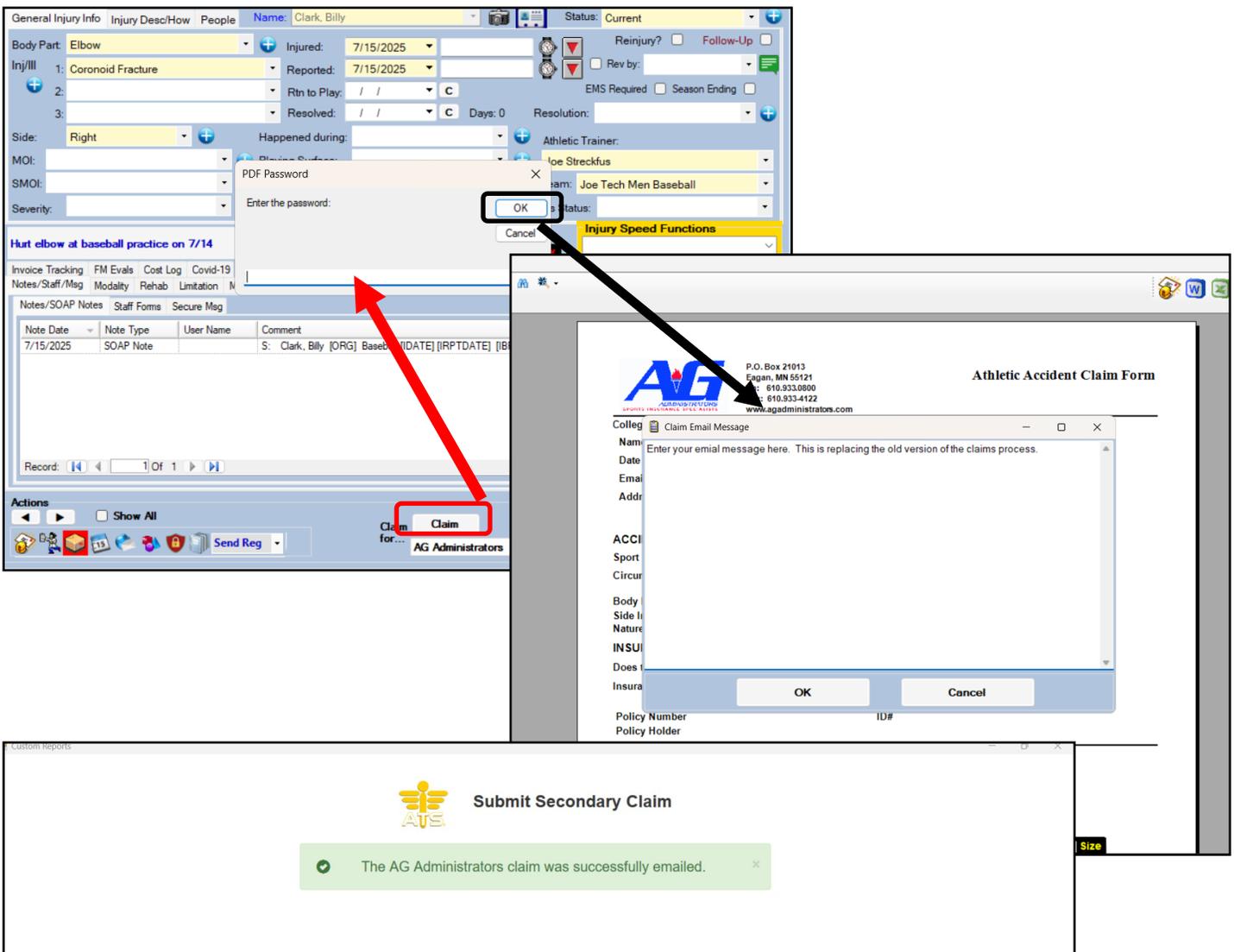
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After the submission the processes you will see the screen shown. Answering "Yes" updates the submitted date to when the claim was processed in ATS.
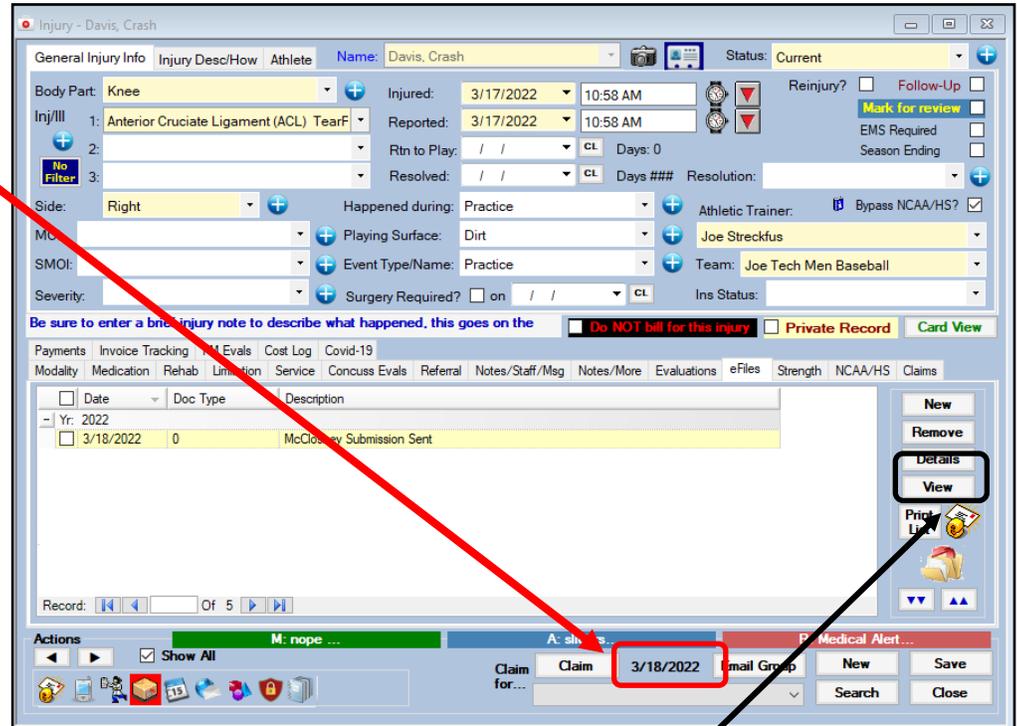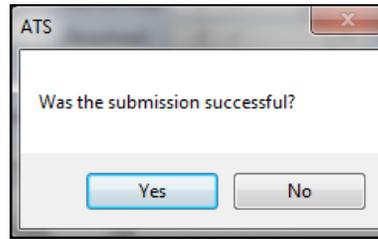
To see the claim that was sent:
1. Navigate to the documents tab on either the injury or athlete screens
2. Select the file
3. Click the "View" button.
4. The document will be displayed in the PDF viewer.

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Bob McCloskey Claim Form

1,020

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POLICYHOLDER

School/Organization: Joe Tech
Mailing Address: 24 Village Park Drive   Grove City PA 16127
Injured Person's Name: Davis, Crash   **Birth Date:** 01/14/1998   **Gender:** PND
Date if Injury: 03/17/2022   **Sport:** Joe Tech Men Baseball   **Body Part Injured:** Knee
Time of Injury: 10:58 AM   **Type of Injury:** Anterior Cruciate Ligament (ACL) TearPartial Or Complete
                                                                 Side: Right

How did injury occur:
Be sure to enter a brief injury note to describe what happened, this goes on the injury claim.

INJURED PERSON'S INFORMATION

Injured Person's SS#: 112345678
Additional Address: 62 Hartwell Circle   Sometown PA 16227
Is the injured Person Employed: Employed
Is the injured Person Married: Single

PARENT/GUARDIAN INFORMATION

Name	Phone	Relationship	Employed?	Notes
annie		girl friend	Yes	

INSURED INFORMATION

Policy Holder: Jimmy Davis   **Employer:** Keffer Development
Relationship: Child
Address: 62 Hartwell Circle   Gove City   PA   16127
Insurance Company Name: Blue Cross Blue Shield
Policy Number: **ID#** 852369741

Policy Holder: Joe Streckfus   **Employer:**
Relationship: Self
Address:
Insurance Company Name: abc insurance
Policy Number: 123456   **ID#** abcdefg

MEDICAL INFORMATION AUTHORIZATION ASSIGNMENT OF BENEFITS

Claimant or Authorized Person's Signature   **Date** 03/18/2022

McCloskey_Submit.rpt
03/18/2022