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 <u>Required Fields</u> doc.

Admin	Windows	Help
💰 Site	Info	
🐲 Add	/Undate Tear	ng & Organizations

Under the Admin—>Site Info screen; on the "Claims/EDI" tab enter the required info in the BMI box.

<u>The address will be supplied from the claims</u> <u>examiner at Bob McCloskey.</u>



Be sure that claims are enabled for your database.

#### **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.

Admin Windows Help	-	]
🚜 Site Info		
🧱 🛛 Add/Update Teams & Organizations 🔹 🕨		
🔃 Users 🔸	Add a User	
🗯 Maintenance 🔹 🕨	Search UsersActive Only	
Dashboard Statistics	Search All Users (Active & Inactive)	
Athlata Sagurity	Multi User Update	
Annete Security	My User	
U Drug lesting	Copy User	
Athlete Utilities	Search Users by Organization	
Injury Utilities	Search Users by Region	
😫 User		
Information	Securi y	
Name: Greg AT	Team: Modules Enail G	roups Email/Opt Administrator Secure Msg Notes MSC Forms
(First Last) Administrator 🗸 Athletic Trainer	PRN Staff	Allowed to Submit/Print Claims
Coach Doctor/Physician	Other Allow Porest Dristing	
Student Strength/Conditio		
	User can See All Injur	ies on the Athlete Details Screen 🔋

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.

Phone/Locati	ion Email Signature	Home Address	Reset Login Info						
Phone:	(888) 328-2577	Office:	_) <u> </u>						
Cell:	<u> </u>	Fax:							
Location:									
Region:	0		Regional Admin						
Signature	Generate	Upload	Clear						
	for S								

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.

#### **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. You can also make this required info when they are registering on the athlete portal.

Athlete - Davis, Crash							
	Archive	ed	Cleared to P	ay ///	CL CTP Sta	us: Cleared	
ame: Crash	Davis	~	Team/Sport/Ever	nt	Status	▲ Position/Dis	As Of
(First) (I	MI) (Last) Propouns	(Suffix)					
Prefername	-		Joe Tech Mari Ba	seball ehavioral Health	Active		10/4/2021
Phone:	Year: Senior	~ 🕀				1	
Gender: prefer not to disclose $\!$	DOB: 1/14/1998	- CL	Record:	1 OF 2 🕨 🚺	<b>▶</b> ₩ <		
mail: joe@kefferdevelopment.c	com	Mye 24	Mark for revi	ew 🗹 Pwk Comp	Concu	ss Complete 👔	Card Vie
jury Medication Concuss Eva	ls Medical History Gine	eral Insurance	e Emergency eFiles	s/Docs/Dates Additi	onal Info Notes/Sta	aff/Msg Strength	
No Primary Insurance	L	сору гю				or this athlete	Insurance
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olicy Holder First Name P	Policy Holder Last Name Medical - HMO 1	8523	Policy Holder DOB	Policy Holder SSN	Policy Holder Relat	ionship Policy St	а Сору
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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.

												_
General In	ijury Info	Injury Desc/How	/ Athlete	Name:	Davis, Crasl	h		- 👼	Statu	is: Current		-
Body Part: Ini/III 1	Knee	Cruciato Ligamo	ant (ACL)	• 😜	Injured:	3/17/2022	▼ 10: ▼ 10:	58 AM		Reinjury?	Follow- Mark for revi	Up ew
	Anterior	Cruciale Ligame	Int (AGE)		Reported:	3/1//2022	<ul> <li>IU:</li> <li>▼ CL</li> </ul>	Dave: 0			EMS Required	
No Filter 3				•	Resolved:	1.1	<b>→</b> CL	Days ###	Resolution	:	Jeason Linuing	•
Side:	Right	•	•	Happ	ened during:	Practice		• 🕀	Athletic T	rainer: 🚺	Bypass NCAA/H	S?
MOI:			•	🖶 Playir	ng Surface:	Dirt		- 6	Joe Stree	ckfus		
SMOI:			-	Event	Type/Name:	Practice			Team: Jo	pe Tech Men Ba	aseball	
Severity:			-	G Surge	ery Required?	? 🗌 on 🔢	1	- CL	Ins Status	c		
Be sure to	enter a br	rief injury note t	o descrit	e what ha	ppened, this	goes on the			r this iniury	Private B	Pecord Can	ł Vie
Da	ste -	Doc Type	Desc McCl	ription oskey Submi	ssion Sent						Ne	w
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Record:		Of 5		<u> </u>							Deta Vie Print List	iils w ô

Note: After clicking the "Claim" button you will see the prompt asking you about encrypting the PDF. We recommend you do this; and remember the password used. ATS does not store the password.

Encrypt the PDF document for submission? in the athlete's file.	Note: This file will not be encryp	ited
	Yes	No

After clicking yes or no; if you are using MS-Outlook your claim will be attached to an email (#1 below). If you are not using MS-Outlook the ATS email screen will be use (#2 below)

#1			
	Submission from ATS - Message (HTML)	7	
FILE MESSAGE INSERT OPTIONS FORMAT TEXT REVIEW gSyncit	ADOBE PDF		
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	Your Message	Request Read Receipt	Request Delivery Receipt
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#2 —			~
	Attach File C:\ProgramData\Keffe	er Development	Send Message Cancel

ATS
Was the submission successful?
Yes No

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.

General Inju	ury Info	Injury Desc/Ho	w Athlete	e Name	Davis, Crasl	h		· 6		Statu	s: Current		•
Body Part:	Knee			• 😜	Injured:	3/17/2022	•	10:58 AM		🖏 🔻	Reinjury?	· 🗆	Follow-Up
Inj/III <sub>1:</sub>	Anterior	Cruciate Ligam	ent (ACL)	TearF -	Reported:	3/17/2022	•	10:58 AM		ī 💩 🔽	1	Mark EMS F	t <b>for review</b> Required
2:				-	Rtn to Play:	1 1	•	CL Days:	0		-	Seaso	n Ending
No Filter 3:				-	Resolved:	1.1	•	CL Days #	### F	Resolution:			-
Side:	Right	·	- 🕀	Happ	ened during:	Practice		•	•	Athletic T	rainer: 🚺	Bypass	NCAA/HS?
мс			-	😜 Playir	ng Surface:	Dirt		•	•	Joe Stree	:kfus		
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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.



Bob McCloskey Clair ANY PERSON WHO KNOWINGLY AND OTHER PERSONS FILES A STATEMEN	THE FORM	JRE, DEFRAUD OR DEC FALSE, INCOMPLETE	EIVE AN INSURAN OR MISLEADING IN DENAITES	1,020 CE COMPANY OR IFORMATION, MAY BE	Bob McGoskey Insurance
		ab sobstrainae civie	PERALITES.		Landarz in Divident and Sports Distances Administration store 1975
POLICYHOLDER School/Organization: Mailing Address: Injured Person's Name: Date if Injury: 03/17/2022 Time of Injury: 10:58 AM	Joe Tech 24 Village Park Driv Davis, Crash 2 <b>Sport</b> : Joe T	re ech Men Baseball	( Birth Dat	Grove City PA 18127 e: 01/14/1998 Body Part Injured Type of Injury:	Gender: PND : Knee Anterior Cruciate Ligament (ACL) TearPartial Or
How did injury occur: Be sure to enter a brief injury	note to describe what	at happened, this g	oes on the inju	Side: ry claim.	Complete Right
INJURED PERSON'S INFO Injured Person's SS#: Additional Address: Is the injured Person Emplo Is the injured Person Marrie PARENT/GUARDIAN INFO	RMATION 112345678 62 Hartwell Circle yed: Employed d: Single			Sometown PA 16227	
Name	Phone	Relationship	Employed?	Notes	
annie		girl friend	Yes		
INSURED INFORMATION					
Policy Holder: Jimmy D Relationship: Child	avis		Employer:	Keffer Development	
Address: 62 Hartwell Cir	cle	Go	ve City	PA	16127
Policy Number:	Blue Cross Blu	e Shield ID#	852369741		
Policy Holder: Joe Stre Relationship: Self Address:	ckfus		Employer:		
Insurance Company Name: Policy Number: 123456	abc insurance	ID#	abcdefg		
You are hereby authorized to fumily may possess, including findings ar and hospital care rendered on my claim communications between us effective and valid as the original, PAID RECEIPT OR STATEMENT ACCO New York: Any person who kno materially faise information, or con act, which is a crime, and shall a	MEDICAL INFORM sh at the request of an nd treatment rendered, y behaif. The foregoin, as privileged are here p. PAYMENT WILL BE DMPANIES THE BILL AT T owingly and woth intent toeals for the purpose also be subject to a cl	IATION AUTHORIZA Id to BMI Benefits, Li X-rays and copies o g authorization is gra by expressily and vol MADE TO THE PRO HE TIME THE CLAIM IS to defraud any insu of misleading, inform vil penalty not to exc	TION ASSIGNM LC or the underw f all hospital ar nted with the ur untarity walved. VVIDERS OF SEI SUBMITTED. urance company valion concerning seed five thousan	ENT OF BENEFITS writing companies with which d medical records, all occ iderstanding that any legal A Photostat of this auth RVICE (HOSPITAL, PHYSIC or other person files a st any fact material thereto, d dollars and the stated va	a It works, Information which you asioned by professional services rights I may ordinarily have to orization shall be considered as IAN AND OTHERS), UNLESS A atement or claim containing any commits a fraudulent insurance alue of the claim for each such
Claimant or Authorized Pe	erson's Signature			Date 03/18/2	022
J	or S				
McCloskey_Submit.rpt 03/18/2022					