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.

Ś	🕻 Site Ir	nfo - KDS S	chool										[	-	×
	Primary	Modules	Security	Tab Order	Opt(1)	Opt(2)	Opt(3)	Swipe Card	Billing	Claims	Pre-Login	Kiosk	Custom	Inventory	
	C Enable Claim Submissions														
I	Partner Page 1 Partner Page 2														
1	Hea	alth Speci	Ith Special Risk, Inc.												
		Host Name: ftp.hsri.com													
		Tgt Folder	: N												
		User:	dr-ats	R				Pw:		•				2	
		Port:	21	(Leave bla	nk unles:	s given a	specific v	value) Partr	ner Code	: ATS					

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.

General Inj	jury Info 🛛	njury Desc/H	How Contac	ts Name	e: Anderson, E	lobby J		· 6		Status:	Currer	nt	-
Body Part:	Ear			- 🖯	Injured:	2/ 9/2017	V CL				R R	einjury? 🗌	Follow-Up
nj/III <sub>1:</sub>	Ear Lace	ration		-	Reported:	2/ 9/2017	√ CL				▼	Man	k for review
<b>•</b> 2:				•	Rtn to Play:	1.1	~ CL	Days:	D			Seas	on Ending
No Filter 3:				•	Resolved:	1.1	~ CL	Days #	## F	Resolution:			-
Side:	Left		- 🕀	Hap	pened during:	Practice		-	•	Athletic Tra	iner:	🚺 Bypas	s NCAA/HS?
MOI:			•	😑 Play	ing Surface:			-	•	Rhett Keffe	er		
SMOI:			•	Ever	nt Type/Name:			-	•	Team: KD	S Schoo	l Men Baske	etball
Severity:			-	Sur	nerv Required?		1	V CL		Ins Status:			
ICAA/HS Iodality *	Claims Pa Medication	yments Invo Rehab *	pice Tracking	FM Evals ervice Not	es/SOAP Notes	Concuss Evals	Referra	I Evaluat	ions	Notes/More	eFiles *	Staff Forms	Strength
Date		- Injury		<hr/>	Modalities			Time		Note(s)			Modalities
2/23/2017	9:14:00 AM	Ear Lace	ration - Left - E	ar	Ankle								INCH
2/9/2017/1	10·11·00 ΔΜ				Electrical Stimul	ation, Russian							Сору
2/9/201/1	10:11:00 AM				Electrical Stimul	ation- Russian							Сору
2/9/2017 1	10:11:00 AM				Electrical Stimul	ation- Russian							Copy Copy+
2/9/20171	10:11:00 AM				Electrical Stimul	ation- Russian							Copy Copy+ Copy to
2/9/2017 1	10:11:00 AM				Electrical Stimul	ation- Russian							Copy Copy+ Copy to Remove
2/9/20171	IU:11:UU AM				electrical Stimul	ation- Russian							Copy Copy+ Copy to Remove Details
Record:	IU:11:00 AM				electrical Stimul	ation- Russian		*				>	Copy Copy+ Copy to Remove Details Print
Record:	IU:11:00 AM	1 Of 2	•••		electrical stimul	ation- Russian		*				>	Copy Copy+ Copy to Remove Details Print Card View
Record:		1 Of 2	• • • • • • • • • • • • • • • • • • •		Claim	ation- Russian		*				>	Copy Copy+ Copy to Remove Details Print Card View

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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.

1

C Jaiway Anderson Dahlay												
• Injury - Anderson, Bobby -								-				
General Injury Info Injury Desc/How (	eral Injury Into Injury Desc/How Contacts Name: Anderson, Bobby J						nt		- 0			
Body Part: Ear	- 😜	Injured:	2/ 9/2017	V CL				R	einjury? 🗌	Follow-U	Jp 🗌	
Inj/III 1: Ear Laceration	Reported:	2/ 9/2017	V CL					Mar	k for revie			
<b>1</b> 2.	Rtn to Play	1.1	V CL	Davs: (	ו	En			Required			
No. 2		Resolved:		V CL	Days. 0		Perclution:	lution:			-	
					Days #	<u> </u>	tesolution.			1004441		
Side: Left •	🕑 Нарр	ened during:	Practice		•	•	Athletic Tra	iner:	D Bypas	s NCAA/HS	>? ⊠	
MOI:	🔹 🔁 Playir	ng Surface:			•	Ð	Rhett Keff	er			•	
SMOI:	🔹 <table-cell-rows> Event</table-cell-rows>	Type/Name:			•	Ð	Team: KD	S Schoo	l Men Baske	etball	•	
Severity:	🔹 🔁 Surge	ery Required?	on /	1	V CL		Ins Status:				-	
hit heads with another player												
NCAA/HS Claims Payments Invoice Tra	cking FM Evals										View	
Modality * Medication Rehab * Limitation	n* Service Note	s/SOAP Notes	Concuss Evals	Referral	Evaluati	ions	Notes/More	eFiles *	Staff Forms	Strength		
Date - Doc Type	Description									Nev	New	
- Yr: 2017										Remove		
	hsri Submission S	ent								Details		
	HSRI CSV Sent									Details		
3/17/2017 0	hsri Submission S	ent								viev	~	
	General Claim Sul	omission Sent								Print		
Email	This is not an ema	311										
											Ň	
Record: 14 4 Of 6										**		
Actions												
		Claim (	Claim						New	Sa	ive	
🐼 💭 🖾 💦 🕅		Hea	Ith Special Ri	sk		$\sim$	Email Gr	oup	Search	a	ose	

<u>Note</u> Full-size example of the report created is on next page

Your Logo Here	KDS School 24 Village Park Driv	e			General Print Dat	Injury Claim Form e: 03/19/2017
Please file any clai relating to the clain	ms with your insuran a along with your info	ce company be rmation.	efore sending	them to us. Plea	se include any documen	tation
lf you have any que	estions please call us	at 1-888-328-	2577.			
INJURY INFORM	ATION					
Athlete's Name:	Anderson, Bobby J		Sport:	KDS School Me	en Basketball	
)ate of Birth:	05/10/1994		SSN:	123-45-6789	Year: Junior	
Type of Injury:	Ear Laceration				Injury Date: 02/09/2	2017
Body Part:	Left Ear Practice				Injury Time:	
ircumstance.	hit heads with anoth	ner player				
Parent or Guardia	n Phone	Cell	Work	Email		Relationship
John Gilson				rkeffer	sr@gmail.com	Father
Judy Gilson				rhett@	kefferdev.com kefferdevelopment.com	Brother Mother
					·····	
Primary Address			Secon	dary Address		
16 Robin Hood Ro	ad		1 hom	e way today		
onerwood Forest w	IA 21400		Home	City PA 12345		
INSURANCE INF	ORMATION					
Primary	Blue Cross	Blue Shield				
C	ontact			Email		
	Phone			Fax		
Group/Policy N	umber			ID#		
Policy Holder	Frek Merkle			DOB 08/0	01/1975 SS# 111- 7244595290	111-111
	24 Village Park Dr Grove City, Penn	18127		Fione /	244060268	
Employer	Grove only 1 entr	10121				
Concendary.	CIGNA Has	litheore				
secondary	CIONA HE	auricare				
				Eil		
6	Phone			Email		
Group/Policy N	umber 33333	3		ID# al	bbccdd	
Policy Holder		-		DOB	SS#	
r only riolaci				Phone		
Employer						
Employer						
eneral_Injury_Submit.	rpt Per HIPAA (t	he Federal Health	Information Priva	ecy and Accountability	Act) Regulations, this Information to the student of the student o	tion is to be