ATS — Wellfleet Insurance Interface

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



If not already enabled, do make sure you activate the Enable Claim Submission box for your database.

Under the Admin—>Site Info screen; on the "Claims/EDI" tab. We always recommend communicating with your Wellfleet claims handler where the claim should be sent. Unless differently told, it should be sports@wellfleetinsurance.com

🕵 Site Info - Joe Tech					
Primary Modules Recurity Tab Order Opt(1) Opt(2) Opt(3) Swipe Card Billing Claims/EDI Pre-Login Kiosk Custom Inventory	1				
Enable Claim Submissions					
Partner Page 1 Partner Page 2 Other EDI (1)					
AG Administrators					
AG Administrators Email(s) separated by semi-colori					
Host Name:					
OR Tgt Folder:					
User: Pw: Clear EDI					
Port: (Leave blank unless given a specific value) Partner Code:					
Please make sure to do a test EDI submission and confirm that it was recieved before beginning "live" submissions					
Bob McCloskey First Agency					
joe@kefferdevelopment.com					
Ince@kefferdevelopment.com					
Wellfleet Email(s) Student Assurance Services					
joe@kefferdevelopment.com					
It using multiple email addresses they must be separated by a semi-colon					
Save Close					

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)	
(1) Athlete Security	Multi User Update	
Drug Testing	My User	
	Copy User	
😫 User		
Information	Securiy	
Name: Greg AT	Team Modules Enail	Groups Email/Opt Administrator Secure Msg Notes MSC Forms
(First Last) Administrator Athletic Tra	ner 🗌 PRN Staff 📋 📃 No Report Access	✓ Allowed to Submit/Print Claims ✓ Group Emails Allowed
Coach Doctor/Phy	sician Other Allow Report Printin	ng V Allow Report Exporting
Student Strength/Co	ndition User can See All In	juries on the Athlete Details Screen

Also while in the user profile, ensure that there is a signature assigned for the user. The users signature will be automatically placed on the claim form. You can generate an automated signature or upload your own from an image file.



Insurance Specific Information:

In addition to the insurance information, as well as the policy holder information being completed, please indicate on the emergency contact screen the employed status and employer.

	# Relation	Text Number	Employed	Employer Name	Emergency
Email		Work Phone		Employer Address	Remove
Phone	Cell	Login		Employer City Employer State Employer Zipc	ode
Notes				Employer Phone Force PW	Сору
					Drive
			/		
innie	1 girl triend			Keffer Development	📩 📩
oe@kefferdevelopn	nent.com			24 Village Partk Drive	
	123436789	crasn		Grove City OH 44087	Copy
				000-320-2377	
	Athlete: Davis, Crash		*	Policy Holder Information Copy Athlete Info Self Insure	
	Company: Blue Cross B Insure Type: Medical - HI Plan: SEcondary of Plan Type: 852369741 ID #: 852369741 Group #: Image: Company #:	ue Shield (Philadelphia pa) O Phone: Copay: Copay: Phone:	Ins Ins Ins	Name: Jimmy Davis (MI) (Last) DOB: 1/ 1/1960 Gender: Male SS#: 145-67- Street: 62 Hartwell Orde C/S/Z: Sometown PA 16227 Phone:	8941 8941
	Company: Blue Cross B Insure Type: Medical - HM Plan: SEcondary of ID #: 852369741 Group #: Payor #: Policy Start: 27 / 1/2021	ue Shield (Philadelphia pa) 0 Phone: verage Copay: R Phone: Phone: Copay: Phone: Copay: Copay: Phone: P	Ins Ins Ins Ins Ins	Name: Jimmy Davis (First) (MI) (Last) DOB: 1/ 1/1960 Gender: Male SS#: 145-67- Street: 62 Hatwell Circle C/S/Z: Sometown PA 16227 Phone:	8941 e on file
	Company: Blue Cross B Insure Type: Medical - HN Plan: SEcondary of Plan Type: 852369741 ID #: 852369741 Group #: Payor #: Policy Start: 2/ 1/2021 Policy Start: 2/ 1/2021	ue Shield (Philadelphia pa) 0 Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone	Ins Ins Ins Ins	Name: Jimmy Davis (Fest) (MI) (Last) DOB: 1/ 1/1960 Gender: Male SS#: 145-67- Street: 62 Hatwell Circle SS#: 145-67- C/S/Z: Sometown PA 16227 Phone:	8941 8941

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Prior to submitting a claim, you will need to create the injury, complete the Injury Desc/How box on the injury screen, as well as complete the SAS specific note.

Complete the injury screen, and add your notes as normal. Be sure to also keep track of all modalities, rehab activity and enter your notes, the Wellfleet claim will generate totals on the claim.

njury - Davis, Crash											[-
eneral Injury Info	Injury Desc/How	Athlete	Name	Davis, Cras	h		· 6		Status:	Curren	nt	-
ody Part: Hip/Groi	n		• 🕀	Injured:	3/28/2022	•			(Rein	njury?	Follow-Up
j/III 1: Hip Impi	ngement		-	Reported:	3/28/2022	•			💿 🔽		EMS F	Required
2:			-	Rtn to Play:	1.1	🗕 CI	Days:	0			Seaso	n Ending
No Filter 3:			•	Resolved:	1.1	- CI	Days #	###	Resolution:			•
de: Right		e	Happ	ened during:			•	0	Athletic Trai	ner	🚺 Bypass	NCAA/HS?
OI:		-	😑 Plavi	ng Surface:			-		loe Streck	ilei.		
		_							T	us 		
VIOI:		-	Even	t Type/Name:				•	Team: Joe	I ech M	en Baseball	
everity:		•	😌 Surg	ery Required?	? 🗌 on 🔤 /	1	▼ CL		Ins Status:			
							Do NOT b	ill for	this injury	Priva	ate Record	Card Vie
yments Invoice Tra odality Medication	cking FM Evals Rehab Limitatio	Cost Log n Service	Covid-19 Concuss	Evals Referra	l Notes/Staff	/Msg Not	tes/More	Evalu	ations eFiles	Strengt	h NCAA/HS	Claims
)ate	✓ Injury			Modalities			Time		Note(s)		^	New
/13/2022 12:00:00 A	M Hip Impingen	nent - Right	- Hip/G	lce								Com
/11/2022 12:00:00 /	M Hip Impingen	nent - Right	- Hip/G	lce								Сору
/10/2022 12:00:00 /	M Hip Impingen	nent - Right	- Hip/G	lce								Copy+
/9/2022 12:00:00 Al	Hip Impingen	nent - Right	- Hip/G	lce								Copy to
/7/2022 12:00:00 AI	Hip Impingen Hip Impingen	nent - Right nent - Right	- Hip/G	lce								Remove
/6/2022 12:00:00 AI	1 Hip Impinger	nent - Right	- Hip/G	lce								Details
/5/2022 12:00:00 AI	1 Hip Impingem	nent - Right	- Hip/G	lce								Print
/4/2022 12:00:00 Af	1 Hip Impingen 1 Of 17	hent-Right ▶ ▶ <	- Hip/G	lce							>	Card View
tione		M: pop	0	_		A: elide	TP:			R.	Medical Aler	
< >	Show All	int. http			a .	Claim			Email G		New	Save
🅉 📄 🔩 🏊	ri ѐ 🛝	1 1			for	Ciuiii				Toup	Search	Close
y 🖂 🐂 🔽										~	Jean	Ciose
- Davis, Crash												
Corts, Ordan		_					-					
il Injury Inip Inju	y Desc/How	thlete	Name:	Davis, Crash					Status:	Curren	nt	•

Add the Injury Description/how note.

Injury - Davis, Crash

General Injury Inp
Injury Desc/How

Athlete
Name:

Davis, Crash
Image: Current

Be sure to enter a brief injury note to describe what happened, this goes on the injury report.

Image: Current injury note to describe what happened, this goes on the injury report.

Be sure to enter a brief injury note to describe what happened, this goes on the injury report.

Image: Current injury note to describe what happened, this goes on the injury report.

Do NOT bill for this enjury
Private Record
Card View

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

Claim	Claim		Email G	roup	
for	Wellfleet			~	
	Encrypt the PDF docume in the athlete's file.	ent for submission?	Note: This file will not	be encryp	ted
			Yes	No)

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



After sending your email. You will see the submission successful box populate.



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.

	\mathbf{h}				
 Injury - Davis, Crash 					
General Injury Info Injury Desc/How Athlete Name	ne: Davis, Crash 💦 👔 📰 Status: Current	- 🖯			
Body Part: Hip/Groin 🔹 🕀	Injured: 3/28/2022 - Reinjury? Follow	w-Up 🗌			
Inj/III 1: Hip Impingement 🗸	Reported: 3/28/2022 Kesser				
• 2: • •	Rtn to Play: / / CL Season Endir	ig 🗌			
Filter 3:	Resolved: / / CL Days: 0 Resolution:	- 🕀			
Side: Right 🔹 🕤 Hap	ppened during: 😧 🐨 Athletic Trainer: 🕅 Bypass NCAA	(HS? 🔽			
MOI:	ying Surface: Joe Streckfus	•			
SMOI:	ent Type/Name: Team: Job Tech Men Baseball	•			
Severity:	rgery Required? on / / V CL Ins Status:				
Payments Invoice Tracking EM Evals Cost Log Covid-19	Do NOT bill for this injury Private Record Ca	rd View			
Modality Medication Rehab Limitation Service Concus	ss Evals Referral Notes/Staff/Msg Notes/More Evaluations eFiles Strength CAA/HS Claim	s			
Date		lew			
Yr: 2022 3/28/2022 0 Wellfleet Submis	ission	nove			
	De	tails			
		iew			
	Print				
Record: I Of 1 D					
Actions M: nope	A: sliders R: Medical Alert	Same			
🕸 🖬 👫 🛃 🖏 🖎 🛝 📦 🗐	Claim Uaim 3/28/2022 Email Group New for	Close			
		Citrac			

<u>Note</u> Full-size example on next page

ATS — Wellfleet Insurance Interface

	Student Accident Report
PO Box 15369 Springfield, MA 01115-5369 For Toll-free Policyholder Service1-877-657-5039	
School Report: Name of College or University: Joe Tech Name of Student: Davis, Crash	Gender: PND
College Address : 62 Hartwell Circle Home Address : 24 Village Park Drive	Sometown, PA 16227 Grove City PA 16127
Date of Birth:01/14/1998Email Address:Cell Phone No:+34 655978569Student's ID No:Circumstance:Accident Date:Nature of - Details of What Happened:	joe@kefferdevelopment.com 74741 03/28/2022
Date of First Treatment: 03/28/2022 Body Part Injured: Hip/Groin Left/Right: Rig Name of Sport: Joe Tech Men Baseball Name of School Official or Coach Supervising activity: Joe	Previous trouble with this condition (re-injury): No ht Type of Injury: Hip Impingement Streckfus
IN SURANCE INFORMATION	
Does the claimant have primary insurance? Yes Insurance Company Name & Address Blue Cross Blue	e Shield
Philadelphia pa Policy Number: Policy Holder Name: Jimmy Davis	74125 ID# 852369741
I hereby certify that I have read the answers to all parts of information is complete and correct as given herein .	this form and to the best of my knowledge and belief the
Any person who includes any false or misleading informatic policy is subject to criminal and civil penalties.	on on an application or statement of claim for an insurance
Signature of College Official/Title	Date Signed: 03/28/2022
TREATMENTS Modalities: 17 Rehabs: 16	Notes: