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



Under the Admin—>Site Info screen; on the "Claims/EDI" tab—> Partner page 2 tab enter the required info for the EDI submission. This information will come from your SIS rep, so please speak to them prior to attempting to set this area up.

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

Primary Marke Security Tab Order Opt(1) Opt(2) Opt(3) Swipe Card Bling Caims/EDI Parkern Rock Custom Inventor         Image: Primary Marker Security Tab Order Opt(1) Opt(2) Opt(3) Swipe Card Bling Caims/EDI Parkern Rock Custom Inventor         Image: Primary Marker Solutions         Host Name: Integrates Solutions         Top Folder:         User:         Image: Integration of the submission method no eFile is created for American Specialties in the athlete/injury record         Specialty Insurance Solutions         Top Folder:         User:         Image: Integration of the submission method no eFile is created for American Specialties in the athlete/injury record         Image: Integration of the submission method no eFile is created for American Specialties in the athlete/injury record         Image: Integration of the submission method no eFile is created for American Specialties in the athlete/injury record         Image: Integration of the submission method no eFile is created for American Specialties in the athlete/injury record         Image: Integration of the submission method no eFile is created for American Specialties in the athlete/injury record         Image: Integration of the submission method no eFile is created for American Specialties in the athlete/injury record         Image: Integration of the submission method no eFile is created for American Specialties in the athlete/injury record         Image: Integration of the submission method no eFile is created for American Specing is the submission athlete is the submission method	🖄 Site Info - Joe Tr	
<b>Enable Claim Submissions Pather Page 1</b> Pather Page 2 Other EDI (1) <b>Medican Specialities</b> Hott Name: https://appsrv4.amerspec.com/dbweb/asmi/enter_incident          School Key: ATSTEST45T                 Note: Based on the submission method no eFile is created for American Specialties in the athlete/injury record                 Hott Name: framefers is is-libix                 Tgt Folder /             User atstesting                  Port: 21             (Leave blank unless given a specific value)                 Port: 21             (Leave blank unless given a specific value)                             Target Folder                 User	Primary Marcles Security Tab Order Opt(1) Opt(2) Opt(3) Swipe Card Billing Claims/EDI Petrogin Kiosk Custom Inventory	
American Specialties         Hots Name: [https://apparv4.amerspec.com/dbweb/asm/enter_incident         School Key: ATSTEST45T         Note: Based on the submission method no eFile is created for American Specialties in the athlete/injury record         Specialty Insurance Solutions         Host Name: [ransfers.sis-in.bix         Tgt Folder /         User: atsteating         Port: 21       (Leave blank unless given a specific value)         Enter the applicable EDI         Information provided by your         SIS rep:         User: atsteating         Port: 21       (Leave blank unless given a specific value)         Enter the applicable EDI         Information provided by your         SIS rep:         User: atsteating         Port: 21       (Leave blank unless given a specific value)	Enable Claim Submissions      Pather Pane 2 Other EDI (1)	
Host Name:       https://appsrv4.amerspec.com/dbweb/asm/enter_incident         School Key:       ATSTEST4ST         Note:       Based on the submission method no efile is created for American Specialties in the athlete/injury record         Specialty Insurance Solutions       Information provided by your SIS rep:         User:       dsteating         Port:       21         (Leave blank unless given a specific value)       Information provided by your SIS rep:         Image:       Information provided by your SIS rep:         Image:       Image:         Image:<	American Specialties	
School Key: [ATSTEST45]         Note: Based on the submission method no efile is created for American Specialties in the athlete/injury record         Specialty insurance Solutions         Host Name: transfers sis-in bix         Tgt Folder: /         User: distesting         Port: 21         (Leave blank unless given a specific value)         Information provided by your SIS rep:         Information provided b	Host Name: https://appsrv4.amerspec.com/dbweb/asm/enter_incident	Enter the applicable EDI
Specially Insurance Solutions         Host Name: transfers.sis-in.bix         Tgt Folder /         User atsteating         Port: 21         (Leave blank unless given a specific value)         Information provided by your SIS rep:         • Host Name         • Target Folder         • User	School Key: ATSTEST451 Note: Based on the submission method no eFile is created for American Specialties in the athlete/injury record	Enter the applicable EDI
Host Name: Iransfers sis-in bix         Tgt Folder: /         User ats testing         Port: 21         (Leave blank unless given a specific value)         SIS rep:         • Host Name         • Target Folder         • User	Specialty Insurance Solutions	Information provided by your
Uger:       dst-testing         Port:       21         (Leave blank unless given a specific value)         •         Host Name         •         Target Folder         •         User:	Host Name: transfers.sis-in.bix	SIS rep:
Port: 21 (Leave blank unless given a specific value)  • Host Name • Target Folder • User	User: atstesting Pw:	
Target Folder     User	Port: 21 (Leave blank unless given a specific value)	Host Name
• User		Target Folder
• User		
		• User
Password		Password
Port		Port
Save Close	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.

Ad	min Windows Help		
*	Site Info		
	Add/Update leams & Organizations	•	L
-	Users	- <b>F</b>	Add a User
ø	Maintenance	•	Search UsersActive Only
	Dashboard Statistics		Search All Users (Active & Inactive)
() ()	Athlete Security Drug Testing	+ +	Multi User Update My User
•	Athlete Utilities Injury Utilities	+	Search Users by Organization Search Users by Region

8	User												X
_ h	formatio	n			Securi	1							
N	ame:	Greg AT			Teams	Modules	En ail Gro	oups Email/Opt	Administrator	Secure Msg	Notes	MSC Forms	• •
(	First Last)	Administrator	🗸 Athletic Trainer	🗌 PRN Staff 🚺		o Report Ac	cess	Allowed	to Submit/Print	Claims	Group E	Emails Allowed	
	ß	Coach [	Doctor/Physician	Other		Iow Report	Printing	✓ Allow Re	port Exporting		· ·		
		Student	Strength/Condition		U []	ser can See	e All Injuri	es on the Athlete	Details Screen	0			
		O N AT								-			

In addition to the insurance information; on the emergency contact information; the employed check box & employer name should be indicated so they show correctly on the

#### claim. V CL TP Status: Cleared Cleared to Play Da Position/Dis As Of Team/Sport/Event Status 12345678 orefer not to disclose 🕓 DOB: 1/14/1998 Record: 🚺 🔌 Mark for review Cog Concuss Co olete 👖 Card View Medical History Concuss Evals Emergency eFiles/D Additional Info Medication Str Emergency Name # Relation Text Number Employed Employer Nar Work Phone Employer Employer Remove Employer State Employer Zipcode Login Сору Empl Force PW Print 8 1 girl friend 📩 🕂 joe@keffe 123456789 crash Copy From Add Existing Add Fro Beg 1 Of 1 🕨 🔰 🕨 Record: 14 4 Kiosk: 9/22/2021 2:08 PM Portal: 9/21/2021 2:35 PM M: nope dent ID 🚱 🧾 📋 🐕 😒 🕲 🛸 🐌 📵 Close 🧕 Injury - Davis, Crash Status: Current General Injury Info Injury Desc/How Athlete n 🖬 💵 Name: Davis, Crash Reinjury? Follow-Up Body Part: Knee - 😜 3/17/2022 Injured: 10:58 AM Mark for review Inj/III ▼ 1: Anterior Cruciate Ligament (ACL) TearF Reported: 3/17/2022 10:58 AM ۲ EMS Required Ð 2 11 CL Days: 0 Season Ending Rtn to Play: No Filter CL Days ### Resolution: -Resolved: • - 🖯 🚺 Bypass NCAA/HS? 🖂 Side Right Happened during: Practice Athletic Trainer: -MOI: -Playing Surface: Dirt Joe Streckfus Ð SMOI: Event Type/Name: Practice 🝷 <table-cell-rows> Team: Joe Tech Men Baseball . Surgery Required? on ▼ CL Ins Status: Severity: 1 Be sure to enter a brief injury note to describe what happened, this goes on the Do NOT bill f or this injury 🗌 Private Record 🛛 Card View Payments Invoice Tracking FM Evals Cost Log Covid-19 Modality Medication Rehab Limitation Service Concuss Evals Referral Notes/Staff/Msg Notes/More Evaluations eFiles Strength NCAA/HS Claims Modalities - Injury Modalities Note(s) Date Time New 12/29/2021 9:03:00 AM Anterior Cruciate Ligament (ACL... Ace Wrap Сору 11/10/2021 12:19:00 ... Anterior Cruciate Ligament (ACL. Ankle Copy+ Anterior Cruciate Liga nent (/ 11/1/2021 12:00:00 AM Anterior Cruciate Ligament (ACL... Electrical Stimulation-Interferrential, G. Copy to ... ate Lio Remove 10/29/2021 9:19:00 AM Anterior Cruciate Ligament (ACL... Electrical Stimulation- Interferrential, G. Details Print Record: 14 1 Of 7 🕨 🔰 < Card View Action ▶ 🗹 Show All Claim 3/18/2022 Email Group New Save Clain 😚 🧾 🔩 🔂 🔂 🏷 🕖 🧊 for... Close Specialty Insurance Solutions Search

To submit a claim, select "Specialty Insurance Solutions" from the "Claim For" list, then click the "Claim" button. Clicking this button will process the claim through the EDI process and adds an electronic document to the injury information. No other screens will open during the process.

	o Injury - Davis, Crash	
ATS	General Injury Info Injury Desc/How Athlete Name: Davis, Crash 🔹 📦 🚛 Status: Current	- 🖯
	Body Part: Knee 🔹 🕂 Injured: 3/17/2022 💌 10:58 AM 🚳 👿 Reinjury? 🗌	Follow-Up
Was the submission successful?	Inj/III 1: Anterior Cruciate Ligament (ACL) TearF 🔻 Reported: 3/17/2022 🔻 10:58 AM	s Required
	2: Rtn to Play: / / V CL Sea	son Ending
	Filter 3: • Resolved: / / • CL Days: 0 Resolution:	- 🕀
Yes No	Side: Right • 🔁 Happened during: Practice • 🐨 Athletic Trainer: 🕅 Bypa	ss NCAA/HS? 🗹
	MOI: 🔹 🗣 Playing Surface: Dirt 🔹 🔂 Joe Streckfus	•
	SMOI: 🔹 🐨 Event Type/Name: Practice 🔹 🐨 Team: Joe Tech Men Baseba	<b>III</b>
	Severity: 🔹 Surgery Required? 🗌 on 🖉 / 👘 💶 Ins Status:	•
	Be sure to enter a brief injury note to describe what happened, this goes on the Do NOT bill for this injury Private Record	d Card View
After the submission the	Payments Invoice Tracking FM Evals Cost Log Covid-19 Modality Medication Rehab Limitation Service Concuss Evals Referral Notes/Staff/Msg Notes/More Evaluations eFiles Strength NCAA/H	IS Claims
processes you will see	Date V Doc Type Description	New
the screen shown to the	- Yr. 2022	Remove
	□ 3/22/2022 0 SIS Submission Sent	Details
left. Answering "Yes"		View
updates the submitted		Print List
date for the injury. The		

7 🕨 🕨

••

New

Search

3/18/2022

Clai

nail Group

Save

Close

results are shown here.

To see the claim that was sent:

1. Navigate to the documents tab on either the injury or athlete screens

ons ▶ ☑ Show All

😚 🧾 🐕 😒 🔂 🛸 🐌 🛈 🧊

- 2. Select the file
- 3. Click the "View" button.
- 4. The document will be displayed in the PDF viewer.

Injury - Denty, Brian											
General Injury Info	Injury Desc/How	Athlete	Name	Denty, Brian	ı		1 6		Status: Curr	rent	- (
Body Part: Ankle			- 🕀	Injuist	11/05/19	~			) 🔽 🛛 🤻	einjury?	Follow-Up
Inj/III 1: Anterior	Tibiofibular Synde	esmosis (	High 🔻	Reported:	11/05/19	~			) 🔽	EMS I	Required
2:			•	Rtn to Play:		~	CL			Seaso	n Ending
Filter 3:			-	Resolved:	11		CL Days:	0 Reso	olution:		- (
Side: Left	•	0	Happ	ened during:			-	🔁 Ath	letic Trainer:	🚺 Bypass	NCAA/HS? 🔽
4OI:		-	🔁 Playi	ng Surface:			·	🕀 As	hley Sham		-
MOI:		-	🔒 Even	t Type/Name:				🖯 Tea	am: Ashley U	- South Men B	aseball -
Severity:		-	🖯 Surg	ery Required?	on /	1	V CL	Ins	Status:		-
							Do NOT bi	ill for this .	Sury 🗌 Pr	rivate Record	Card View
CAA/HS Claims P	ayments Invoice T	racking	FM Evals	Cost Log					7		
lodality * Medication	Rehab Limitation	n * Servi	ce Notes	S/SOAP Notes *	Concuss Eva	ls Refe	rral Evaluat	ions Note	s/More eFile	s * Staff Forms	Strength
Date -	Doc Type	Descri	ption						Ab	te See	New
01/21/20	0	SIS C	SV Sent								Remove
01/21/20	0	SIS Su	Ibmission S	Sent							Details
- Yr: 2019	0	Welfle	et Submis	sion							View
											Print
Record: 14	1 Of 3 🕨									_	
									1		
	Show All	M: .				A:		21 (20	E	New	Save
🚳 📄 👒 🏫	📾 🕐 🍋 I	A Sen	i Reg -		Claim for		- 01/2	21/20	Email Group	Coord	Clare
or 🖻 🖌 🖍		U Jein				Special	ty insurance	e Solution	is V	Search	Close
						٨	loto				

Full-size example on next page

ATION							
Davis, C	rash		Sport:	Joe Tech Mer	n Baseball		
01/14/1	998		SSN:	112-34-5678	Year: Se	nior	
Anterio Comple	r Cruciate Li te	igament (ACL) T	earPartial C	Dr	Injury Dat	e: 03/17/202	2
Right K Practice	nee e - Dirt				Injury Tin	ie: 10:58 AM	
Be sure	to enter a l	orief injury note to	describe v	vhat happened,	this goes on t	he injury claim.	
n Ph	one	Cell	Work	Ema	il		Relationship
		123456789		joe@	kefferdevelopi	nent.com	girl friend
ve 27			Secon 62 Har Somet	dary Address twell Circle own PA 16227			
FORMAT	TION						
	Blue Cross	Blue Shield					
ontact	Philadelph	ia pa 74125		Email			
	Phone	(987) 654-3211		Fax			
lumber				ID#	852369741	0.04 445 55	
Jimmy 62 Ha Some	y Davis irtwell Circle town PA 1	6227		Phone 0	1/01/1960	<b>55</b> # 145-67-	8941
ener Dev	elopment						
	abc insura 111 Village Grove City	nce e Park Drive PA 16127					
ontact		(704) 450 0001		Email			
lumber	12345	(724) 458-0621 6		Fax	abodefo		
Joe S	Streckfus	-		DOB 0 Phone	8/24/1987	SS#	
	Davis, C 01/14/1 Anterio Comple Right K Practice Be sure Practice Be sure Practice Practice Be sure Practice Practice Be sure Practice Practice Be sure Practice Practice Practice Practice Be sure Practice Practice Practice Practice Practice Practice Practice Practice Practice Practice Practice Be sure Practice	Davis, Crash 01/14/1998 Anterior Cruciate Li Complete Right Knee Practice - Dirt Be sure to enter a li a Phone Ve 27 FORMATION Blue Cross Philadelph Contact Phone lumber Jimmy Davis 62 Hartwell Circle Sometown PA 1 effer Development abc insura 111 Village Grove City Contact Phone lumber 12345 Joe Streckfus	Davis, Crash 01/14/1998 Anterior Cruciate Ligament (ACL) Tr Complete Right Knee Practice - Dirt Be sure to enter a brief injury note to a Phone Cell 123456789 ve 27 FORMATION Blue Cross Blue Shield Philadelphia pa 74125 contact Phone (987) 654-3211 lumber Jimmy Davis 62 Hartwell Circle Sometown PA 16227 effer Development abc insurance 111 Village Park Drive Grove City PA 16127 contact Phone (724) 458-0621 lumber 123456 Joe Streckfus	Davis, Crash Sport: 01/14/1998 SSN: Anterior Cruciate Ligament (ACL) TearPartial C Complete Right Knee Practice - Dirt Be sure to enter a brief injury note to describe v a Phone Cell Work 123456789 Secon ve 62 Har 27 Somet FORMATION Blue Cross Blue Shield Philadelphia pa 74125 ontact Phone (987) 654-3211 lumber Jimmy Davis 62 Hartwell Circle Sometown PA 16227 effer Development abc insurance 111 Village Park Drive Grove City PA 16127 contact Phone (724) 458-0621 lumber 123456 Joe Streckfus	Davis, Crash     Sport:     Joe Tech Mer       01/14/1998     SSN:     112-34-5678       Anterior Cruciate Ligament (ACL)     TearPartial Or       Complete     Right Knee       Practice - Dirt     Be sure to enter a brief injury note to describe what happened,       a     Phone     Cell     Work     Email       a     Phone     Cell     Work     Email       123456789     joe@       ve     3     Secondary Address       ve     62 Hartwell Circle     Sometown PA 18227       FORMATION     Blue Cross Blue Shield     Philadelphia pa 74125       ontact     Email     Pax       Jimmy Davis     DOB 0     0       62 Hartwell Circle     Sometown PA 18227       effer Development     abc insurance     111 Village Park Drive       Grove City PA 16127     Fax       Jumber     123456     ID#       Joe Streckfus     DOB 0	Davis, Crash     Sport:     Joe Tech Men Baseball       01/14/1998     SSN:     112-34-5678     Year:     Se       Anterior Cruciate Ligament (ACL)     TearPartial Or     Injury Dat       Complete     Injury Dat     Injury Dat       Right Knee     Injury Tim       Practice - Dirt     Be sure to enter a brief injury note to describe what happened, this goes on to       a     Phone     Cell     Work     Email       123456789     joe@kefferdevelop       ve     62 Hartwell Circle       27     Sometown PA 16227       FORMATION     Blue Cross Blue Shield       Philadelphia pa 74125     Email       ontact     Email       Phone     (987) 654-3211     Fax       Jimmy Davis     DOB     01/01/1980       62 Hartwell Circle     Phone       Sometown PA 16227     effer Development       abc insurance     111 Village Park Drive       Grove City PA 16127     Fax       Iumber     123456     ID# abcdefg       Joe Streckfus     DOB     08/24/1987	Davis, Crash Sport: Joe Tech Men Baseball 01/14/1998 SSN: 112-34-5678 Year: Senior Anterior Cruciate Ligament (ACL) TearPartial Or Injury Date: 03/17/202 Complete Right Knee Injury Time: 10:58 AM Practice - Dirt Be sure to enter a brief injury note to describe what happened, this goes on the injury claim. a Phone Cell Work Email 123456789 joe@kefferdevelopment.com Secondary Address re 02 Hartwell Circle 27 Sometown PA 16227 FORMATION Blue Cross Blue Shield Philadelphia pa 74125 ontact Email Jimmy Davis DOB 01/01/1980 SS# 145-67- 02 Hartwell Circle Sometown PA 16227 effer Development abc insurance 111 Village Park Drive Grove City PA 16127 ontact Email Phone (724) 458-0621 Fax lumber 123456 ID# abcdefg Joe Streckfus DOB 08/24/1987 SS# Phone