

Transmittal Instructions

1. In order to begin the transmittal process, the team roster needs to be already built under “Manage Roster” in Rank One. For tutorial on how to build a roster, click [here](#).
2. Please use Google Chrome for best results with the transmittal process.
3. To begin, log in to Rank One and go to “Manage Rosters”

The screenshot shows the Rank One Sport dashboard. The 'Athlete Management' menu is open, and 'Manage Rosters' is highlighted with a red circle. The dashboard includes sections for Quick Links, Messages, Update My Profile, Change My Password, Tutorials, Manage Schedules, Report Center, Coaches Compliance, Coaches Toolkit, Daily Treatment Log, Your Compliance, and a list of events.

4. Select your School, Sport, Level and Team and then click “View Roster”

The screenshot shows the 'Manage Roster' page for Spring Branch ISD. The 'View Roster' button is highlighted with a red circle. The page includes dropdown menus for School(s), Sport(s), Level(s), and Team, as well as fields for Athlete Name, SID, and Sex. A table of athletes is displayed at the bottom.

Athlete Name	Student ID	Gender	Grade	School	Eligible	Move	Add to Roster	PHY	CFI	SMI	SMI	UL	POI	STPT
		F	12	Northbrook High School	NO	Move	<input checked="" type="checkbox"/>	-	Y	Y	Y	Y	Y	-
		F	10	Northbrook High School	NO	Move	<input checked="" type="checkbox"/>	-	-	-	Y	Y	Y	-
		F	11	Northbrook High School	NO	Move	<input checked="" type="checkbox"/>	Y	Y	Y	Y	Y	Y	-
		F	10	Northbrook High School	NO	Move	<input checked="" type="checkbox"/>	-	Y	Y	Y	Y	Y	-
		F	11	Northbrook High School	NO	Move	<input checked="" type="checkbox"/>	-	Y	Y	Y	Y	Y	-
		F	10	Northbrook High School	NO	Move	<input checked="" type="checkbox"/>	-	Y	Y	Y	Y	Y	-
		F	11	Northbrook High School	NO	Move	<input checked="" type="checkbox"/>	-	Y	Y	Y	Y	Y	-

- Look at the top right corner, click the “Athletic Transmittal Report” button and a file should download.

Rank One Sport Athlete Manager

rankonesport.com/Athlete/Roster_Builder.aspx

Dashboard | Athlete Management | Schedules | Equipment | Camps | Reports | Admin

Manage Roster | Spring Branch ISD | Building Rosters Tutorial | Building Rosters w/Multiple Schools Tutorial

School(s): Academy of Choice, Northbrook High School, Westchester Academy for International Studies, Landrum Middle School, Northbrook Middle School, Spring Woods Middle School

Grade: 12, 11, 10, 9

Eligibility: All, Eligible, Non-Eligible

Sport(s): Softball(F), Swimming & Diving(F), Swimming(F), Track & Field(F), Volleyball(F), Athletic Trainer(C)

Level(s): Varsity, First Team, Junior Varsity, Sophomore, 9th grade, General

Team: Student Athletic Trainers

Athlete Name: SID: Performance Tracker | Send Message | Equipment Checkout | Program Builder

Records per Page: 50

Athlete Name	Student ID	Gender	Grade	School	Eligible	Move	Add to Roster	PHY	CFI	SMI	SML	UIL	POI	STPT
Almodov		F	12	Northbrook High School	NO	Move	<input checked="" type="checkbox"/>	-	Y	Y	Y	Y	Y	-
Randa S		F	10	Northbrook High School	NO	Move	<input checked="" type="checkbox"/>	-	-	-	Y	-	-	-
Belloso C		F	11	Northbrook High School	NO	Move	<input checked="" type="checkbox"/>	Y	Y	Y	Y	Y	Y	-
Callisto J		F	10	Northbrook High School	NO	Move	<input checked="" type="checkbox"/>	-	Y	Y	Y	Y	Y	-
Cameoa		F	11	Northbrook High School	NO	Move	<input checked="" type="checkbox"/>	-	Y	Y	Y	Y	Y	-
Carballo		F	10	Northbrook High School	NO	Move	<input checked="" type="checkbox"/>	-	Y	Y	Y	Y	Y	-
Carrion U		F	11	Northbrook High School	NO	Move	<input checked="" type="checkbox"/>	-	Y	Y	Y	Y	Y	-
Galeana		F	10	Northbrook High School	NO	Move	<input checked="" type="checkbox"/>	-	Y	Y	Y	Y	Y	-

Athletic Transmittal...xls

- Click on the file to open the document and click the “Enable Editing” button.

Athletic Transmittal Report8132020141138481 [Protected View] - Excel

FILE HOME INSERT PAGE LAYOUT FORMULAS DATA REVIEW VIEW

PROTECTED VIEW Be careful—files from the Internet can contain viruses. Unless you need to edit, it's safer to stay in Protected View. Enable Editing

SPRING BRANCH INDEPENDENT SCHOOL DISTRICT ATHLETIC TRANSMITTAL

SCHOOL Northbrook High School YEAR 2020/2021

COACH Johnny Gomez SPORT Volleyball

SQUAD: VARSITY X J.V. SOPH. FR. 8th 7th

LIST ALL TEAM MEMBERS. IF TEAM MEMBERS PARTICIPATED IN A PREVIOUS SPORT, LIST SPORT AS SHOWN ON SAMPLE BELOW:

Last Name	First Name	Student ID	Grade	Insurance Company	School Insurance	Payment	Physical	Consent FERPA Insurance	Steroid Video Safety PPT	Special Medical Information	Special Medical Info Issue	UIL Forms Signature Page	Proof of Insurance
		12		Texas Children's Health	Acceptance	CNA	Yes	Yes	No	Yes	Yes	Yes	
		12		School Ins.	Acceptance	IOU	Yes	Yes	No	Yes	Yes	Yes	
		12		Blue Cross Blue Shield	Refusal	Private	Yes	Yes	Yes	Yes	Yes	Yes	
		12		Community Health Choice	Acceptance	CNA	Yes	Yes	Yes	Yes	Yes	Yes	No
		12		Texas Children's Health Plan	Acceptance	CNA	Yes	Yes	No	Yes	Yes	Yes	No
		12		School Ins.	Acceptance	IOU	Yes	Yes	No	Yes	Yes	Yes	

rpt_AthleticTransmittal

7. The document should be editable and look like the picture below. **ALL NEW FOR 20-21 SCHOOL YEAR!** The payment for your athletes is automatically populated for your athletes. This is the key for payments.

- a. CNA – Is Can Not Afford, and is for those with Gov’t Insurance: TX Children, CHIPS, Your Texas Benefits, Medicaid, Community Health Choice, Harris Health System, some United Healthcare, and some Amerigroup. All of these examples should show “Accept” for the School Insurance. If “Refusal” is listed under “School Insurance” for these insurances, then contact your Head Athletic Trainer.
- b. IOU – is for athletes that are not on Government Insurance and wish to purchase the school insurance plan. You will edit the document after you receive payment with one of the payment options below.
 - i. \$25 Cash – For those athletes that pay \$25 cash for school insurance.
 - ii. Check # ???? – For those that pay the school insurance by check. ???? = the number on the check turned in.
 - iii. CNA – if you have an athlete that cannot afford the \$25.
 - iv. School Bucks – If you have an athlete that paid via the district School Bucks system.
- c. Private – Is for those that have private insurance, and sign the refusal for the school insurance.

***Please note, that if an athlete has private insurance and wants the school insurance, they MUST pay the \$25. If they change their mind, they will need to refill out the form online.**

Athletic Transmittal Report813202014955502 [Compatibility Mode] - Excel

FILE HOME INSERT PAGE LAYOUT FORMULAS DATA REVIEW VIEW

Clipboard Font Alignment Number Styles Cells Editing

Spring Branch Independent School District

LIST ALL TEAM MEMBERS. IF TEAM MEMBERS PARTICIPATED IN A PREVIOUS SPORT, LIST SPORT AS SHOWN ON SAMPLE BELOW:

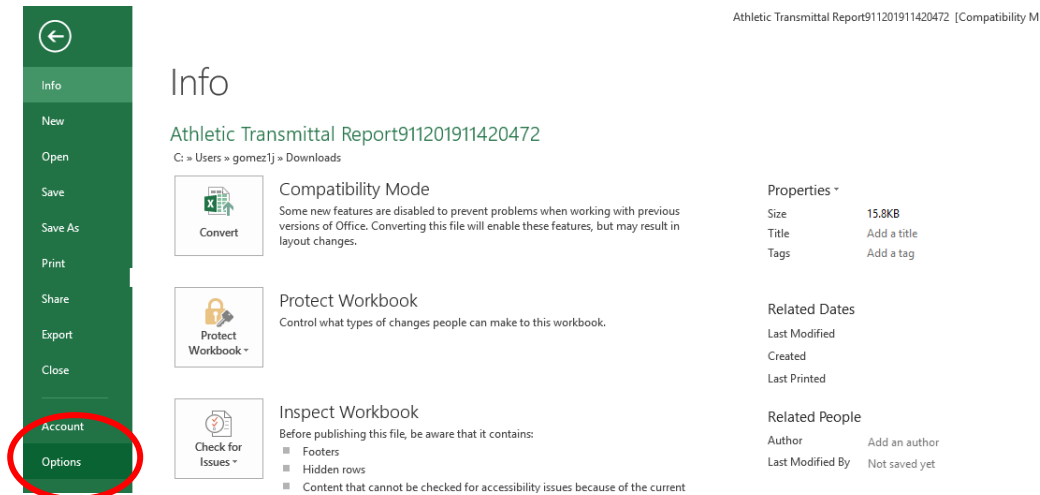
Last Name	First Name	Student ID	Grade	Insurance Company	School Insurance	Payment	Physical	Consent FERPA Insurance	Steroid Video Safety PPT	Special Medical Information	Special Medical Info Issue	UIL Forms Signature Page	Proof of Insurance
				Texas Children Health	Acceptance	CNA	Yes	Yes	No	Yes	Yes	Yes	No
				School Ins.	Acceptance	IOU	Yes	Yes	No	Yes	Yes	Yes	No
				Blue Cross Blue Shield	Refusal	Private	Yes	Yes	Yes	Yes	Yes	Yes	No
				Community Health Choice	Acceptance	CNA	Yes	Yes	Yes	Yes	Yes	Yes	No
				Texas Children's Health Plan	Acceptance	CNA	Yes	Yes	No	Yes	Yes	Yes	No
				School Ins.	Acceptance	IOU	Yes	Yes	No	Yes	Yes	Yes	No
				School Ins.	Acceptance	IOU	Yes	Yes	No	Yes	Yes	Yes	No
				UnitedHealthcare	Acceptance	CNA	Yes	Yes	No	Yes	Yes	Yes	No
				School Ins.	Acceptance	IOU	Yes	Yes	No	Yes	Yes	Yes	No
				Blue cross	Refusal	Private	Yes	Yes	No	Yes	Yes	Yes	No
				School Ins.	Acceptance	IOU	Yes	Yes	Yes	Yes	Yes	Yes	No

rp AthleticTransmittal

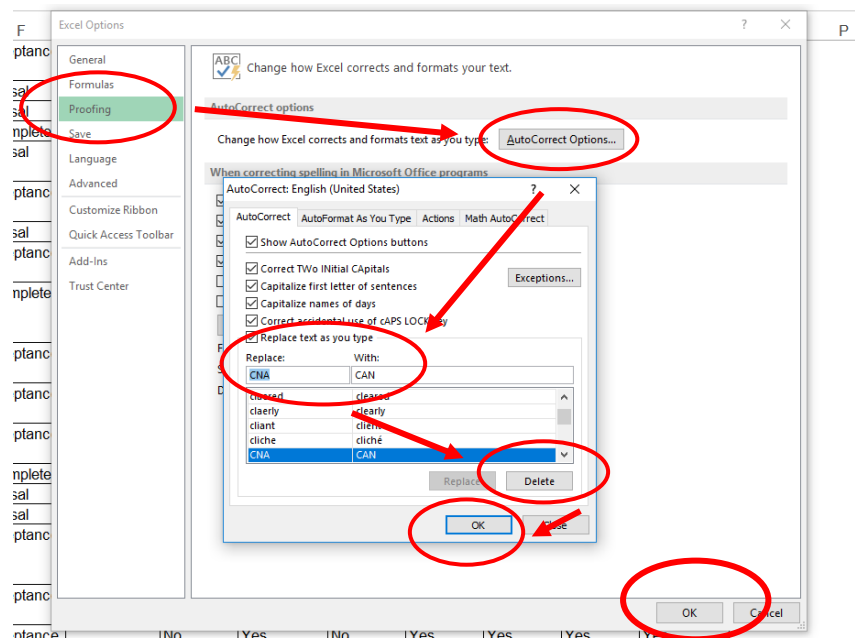
READY Type here to search 2:19 PM 8/13/2020

8. If typing CNA keeps autocorrecting to CAN, here is the way to fix it.

a. Click File, then go to Options.

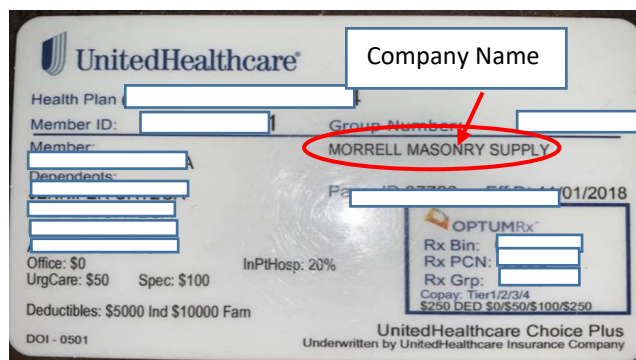


b. Go to Proofing, then Click AutoCorrect Options... Scroll down to Replace CAN With CAN, and click Delete. Click Ok, then Ok again to exit back to spreadsheet.

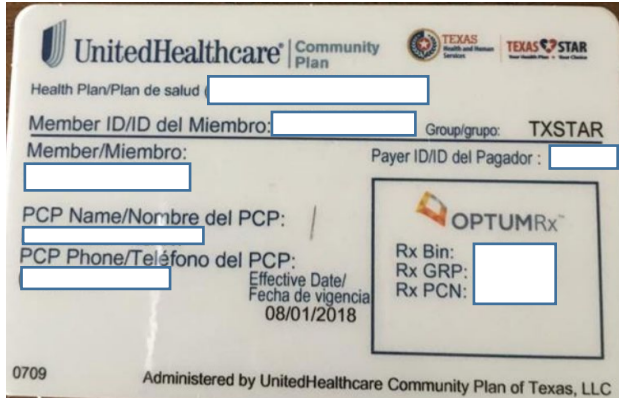


9. Here are some examples of Insurance Cards that can be either Private or Government.

a. United Healthcare Private



b. United Healthcare Government



UnitedHealthcare Community Plan

Health Plan/Plan de salud: [Redacted]

Member ID/ID del Miembro: [Redacted] Group/grupo: TXSTAR

Member/Miembro: [Redacted] Payer ID/ID del Pagador: [Redacted]

PCP Name/Nombre del PCP: [Redacted]

PCP Phone/Teléfono del PCP: [Redacted]

Effective Date/Fecha de vigencia: 08/01/2018

OPTUMRx™

Rx Bin: [Redacted]

Rx GRP: [Redacted]

Rx PCN: [Redacted]

0709 Administered by UnitedHealthcare Community Plan of Texas, LLC

TEXAS STAR PROGRAM
Your Health Plan ■ Your Choice

Government Insurance Program Name

c. Amerigroup Private



Health Plus

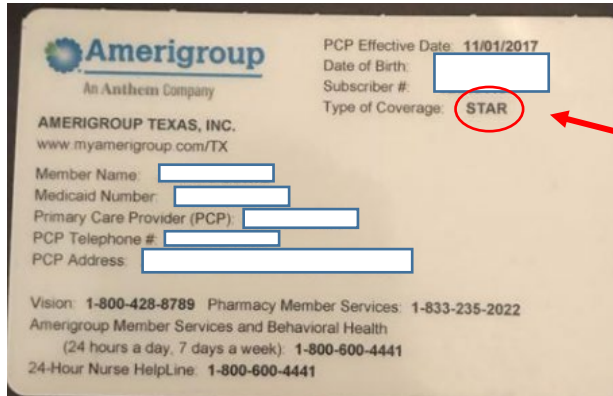
Amerigroup RealSolutions

Effective Date:
Date of Birth:
Subscriber #:
Type of Coverage:

www.footdocnyc.com

Member Name:
Primary Care Provider (PCP):
PCP Telephone #:
Copays: Office Visits: Emergency Room Visits:
Pharmacy:
For Prescription Drug Information:
Para Información sobre Medicamentos Recetados:
Member Services/Nurse HelpLine and Behavioral Health
(24 hours a day, 7 days a week):

d. Amerigroup Government



Amerigroup An Anthem Company

AMERIGROUP TEXAS, INC.
www.myamergroup.com/TX

Member Name: [Redacted]

Medicaid Number: [Redacted]

Primary Care Provider (PCP): [Redacted]

PCP Telephone #: [Redacted]

PCP Address: [Redacted]

PCP Effective Date: 11/01/2017

Date of Birth: [Redacted]

Subscriber #: [Redacted]

Type of Coverage: STAR

Vision: 1-800-428-8789 Pharmacy Member Services: 1-833-235-2022

Amerigroup Member Services and Behavioral Health
(24 hours a day, 7 days a week): 1-800-600-4441

24-Hour Nurse HelpLine: 1-800-600-4441

Government Insurance Program Name

10. If throughout this process you find some discrepancies in an athlete's paperwork that may require them to refill out a form, please have the athlete refill out the form and notify the athletic trainer to help make any corrections in the system.