



Introduction to
HeadStrong Concussion Insurance
Program

**Wyoming High School Activities
Association**

August 16, 2018

For Program Year: 2018-2019

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The WHSAA has secured the HeadStrong Concussion Insurance Program for the 2018-2019 School Year

Premium: \$1.50 per Participant (**PAID IN FULL BY THE WHSAA**)

Coverage Period: August 1, 2018—August 1, 2019

Eligible Person(s):

All athletes, grades 5-12, participating in a Covered Activity.

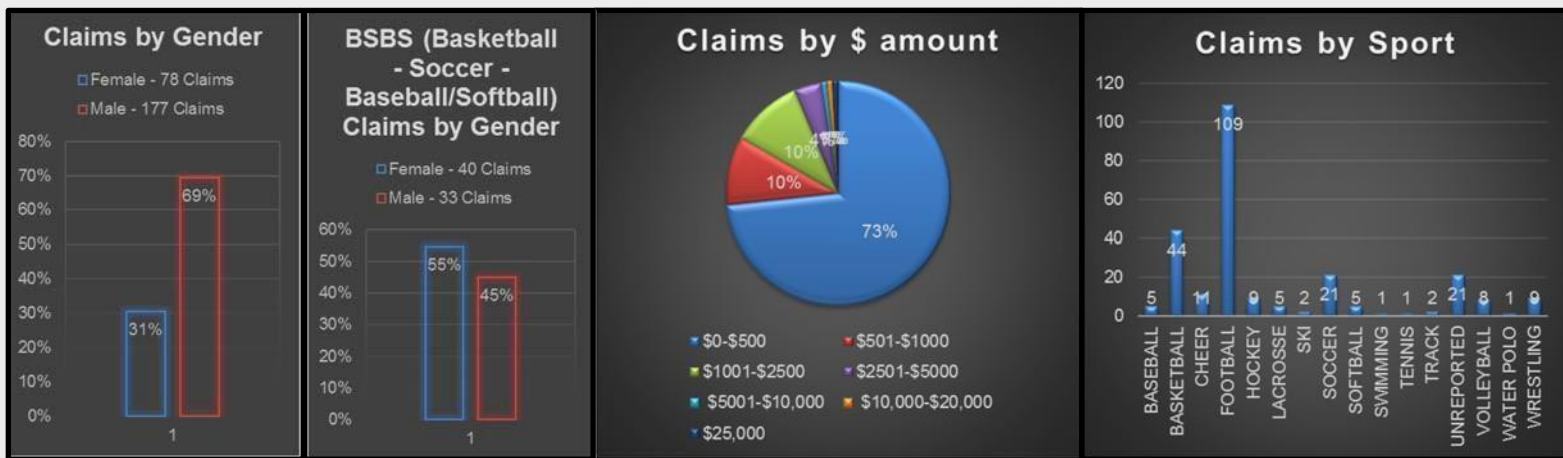
Covered Activities:

Participating in practice or play of interscholastic sports under the jurisdiction of the WHSAA.

Interscholastic Sports and Activities Include:

All Student Athletes, Student Managers, Student Trainers, Student Cheerleaders and Students participating in Interscholastic competition (Grades 5-12).

Summary of HeadStrong Program 2015-2016: 242,000 participants



HeadStrong Program 2017-2018 (current year): 590,000 participants

6 States with 100% participation: Arizona, Michigan, Minnesota, Montana, Wisconsin and Wyoming

3 States with partial participation: California, Missouri, Illinois

HeadStrong 2018-2019: Projecting 650,000 participants:

7 States with 100% participation: Arizona, Michigan, Minnesota, Montana, Iowa, Wisconsin and Wyoming

3 States with partial participation: California, Missouri, Illinois

Growth in HeadStrong participation increases long-term stability and participant cost.

HeadStrong Program Resources: Important Documents

To file a claim:

1. Incident Report

- Must be signed by school administrator
 - Ideally a person present at time of accident
- When possible, submit prior to treatment from provider/specialist

2. Other Insurance Questionnaire

- Submit along with Incident Report
- Ensures prompt claims payment
- Minimizes paperwork for student/family
 - Submit **even if**:
 - No existing primary insurance
 - primary insurance denies or does not cover provider

K&K INSURANCE 1712 Magraves Way P.O. Box 2338 Fort Wayne, Indiana 46807 PH: (317) 351-9077 FAX: (317) 351-9077 <http://www.kandkinsurance.com>

K&K INCIDENT REPORT
Wyoming High School Activities Association
Concussion Coverage

(PLEASE PRINT)

NATURE: BODILY INJURY OTHER

TIME & PLACE OF INCIDENT: DATE: _____ TIME: _____ AM PM
EVENT NAME: _____ COORDINATED BY: _____
EVENT TYPE: _____ LOCATION: _____

HAPPENED TO: NAME: _____ SEX: Male Female PHONE: (____) _____
DATE OF BIRTH: _____ ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

FUNCTION: AS: ATHLETE OTHER

APPARENT INJURY OR DAMAGE: BODY PART: _____
CONDITION: _____
CAUSE OF INJURY (PHYSICIAN, TRAINER, OTHER): _____
 AMBULANCE TAKEN TO: _____ CITY: _____
 FACILITY

OCCASION: WHAT WAS THE SITUATION AND EXACT LOCATION AT THE TIME OF THE INCIDENT? _____

INCIDENT DESCRIPTION: DESCRIBE WHAT HAPPENED: _____

OTHER SCHOOL INSURANCE: DOES THIS SCHOOL PROVIDE ANY OTHER ACCEPTED MEDICAL COVERAGE FOR THE STUDENTS? Yes No
IF YES, PLEASE PROVIDE THE NAME OF THE COMPANY: _____

INSURED: NAME OF INSURED: _____ POLICY #: _____
WHSAA MEMBER SCHOOL NAME: _____ STATE: _____ PHONE: (____) _____
CITY: _____

INSURED REPRESENTATIVE: WHSAA Member School Administrator OTHER: _____
NAME: _____ PHONE: (____) _____
TITLE: _____ ORGANIZATION: _____
SIGNATURE: _____ DATE: _____

**COMPLETE ALL SECTIONS AND FAX OR MAIL IMMEDIATELY TO:
K&K INSURANCE GROUP, INC., P.O. BOX 2338, FORT WAYNE, IN 46801-2338**
THIS FORM MUST INCLUDE THE INSURED NAME, POLICY NUMBER, AND SIGNATURE OF THE INSURED REPRESENTATIVE
BEFORE RETURNING OR PROCESSING MAY BE DELAYED.

I/WE AGREE THAT ALL UNDERSTAND THAT I/WE ARE RESPONSIBLE FOR THE RESPONSIBILITY OF BEING REASONABLE UNDER THE CIRCUMSTANCES OF THE ACCIDENT AND THAT I/WE AGREE TO HOLD K&K INSURANCE GROUP, INC. HARMLESS FROM ANY AND ALL CLAIMS, DAMAGES, LOSSES, AND EXPENSES, INCLUDING REASONABLE ATTORNEY'S FEES, THAT MAY BE ASSERTED AGAINST OR INCURRED BY K&K INSURANCE GROUP, INC. OR ITS AGENTS, BROKERS, OR SERVICE PROVIDERS.

INSURED SIGNATURE: _____ DATE: _____
INSURED REPRESENTATIVE SIGNATURE: _____ DATE: _____

Accompanying information:

1. Concussion Insurance Program Guide

- Single-page
- Customized to WHSAA

2. Dear Provider Letter

- Printed/signed on School/District/WHSAA letterhead
- Advises provider's billing department
- Simplify process for all parties to ensure proper billing and payment.

3. Frequently Asked Questions

- Assist student/family with using the insurance
- Will update and customize to be WHSAA-specific
- Minimize school administrator disruptions

Headstrong Concussion Insurance: Frequently Asked Questions:

Headstrong is an excess accident plan. What does that mean?
1. The insurance will pay for covered charges after the primary insurance has been exhausted.
2. This refers to an "excess policy," so that it will pay secondary to any primary insurance to a plan.
3. The insurance will also pay for any covered charges the primary insurance will not cover (in being deductible, co-pay, any other out-of-pocket charges).

How do I submit a claim?
More details are provided in the Program Guide. You will need to fill out and submit a claim form (see next report), and Other Insurance Questionnaire to:
K&K Insurance Specialty Benefit
1712 Magraves Way - Ft. Wayne, IN 46804
Fax: (317) 351-9077
Phone: (866) 237-2917
Email: kk_insurance@kandkinsurance.com

I have primary insurance, what policy should I give to the provider?
If it is best to give the provider: (1) your primary insurance information and the K&K information for the concussion program. The provider should then work directly with K&K to bill primary insurance first, and the Headstrong Concussion Insurance second.

On the claim form: Insured Representative. Who is a Member School Administrator?
This can be a school administrator, athletic trainer, coach or another school representative. It is best to have the school representative be a person who was present at the time of the accident.

Do I need a referral to see a concussion specialist?
There are no restrictions on specific doctors, and no referral is needed.

What is the policy deductible?
The policy deductible is \$0. The insurance offers first dollar coverage for concussion assessment and treatment. The insurance will pay for out-of-pocket costs remaining from the student's primary insurance (co-pay, deductible, insurance not covered), or will become the primary payer, if no other insurance is available.

I already paid the provider out-of-pocket, will the insurance reimburse me directly?
Yes. Please submit claim form, other insurance questionnaire, along with Bills and Explanation of Benefits to K&K Insurance. It is recommended to contact K&K Insurance prior to paying for services out of pocket.

What events are "covered events?"
Participating in practice or play of sports governed and/or sponsored by the Wyoming High School Activities Association (WHSA).

HeadStrong Concussion Insurance



Concussion Insurance Program Guide

Headstrong Concussion Insurance Policy Information Wyoming High School Activities Association

Broker: Dissinger Reed

Third Party Administrator (TPA): K&K Insurance

Insurance Carrier: Nationwide Life Insurance Company – AM Best Rated A+XV

- **Policy #:** JXS0000030130900
- **Coverage Period:** August 1, 2018 – August 1, 2019
- **Deductible:** \$0 per claim
- **Eligible Person:** All students participating in a Covered Activity
- **Covered Activities:** Participating in practice or play of sports or activities governed or sponsored by the WHSAA
- \$25,000 per injury medical maximum
- 1-year benefit period (Benefits will be payable for 1 year from the injury date)
- Usual and Customary 100%
- Accidental Death & Dismemberment \$5,000
- Accidental Death and Dismemberment Aggregate \$250,000

The HeadStrong Concussion Insurance Program was specifically developed to insure student-participants from the high cost of concussion treatment and neurological follow up.

The student-participant has 'first dollar' coverage (zero deductible) for concussion assessment and treatment.

Coverage is secondary/excess to any other valid and collectable insurance but will become the primary payor, if no other insurance is available.

Program Highlights Include:

- \$0 deductible and no Co-pays
- Tele-med Services, when needed
- No restrictions on specific doctors
- No referrals needed for treatment
- No internal limits
- No specific procedure maximums
- Neurological follow up care
When medically necessary and billed at U&C.

Contact for Claims:



kk.newpaclaims@kandkinsurance.com

Fax: (312) 381-9077



Phone: (800) 237-2917



K&K Insurance/Specialty Benefits
1712 Magnavox Way
Ft. Wayne, IN 46804

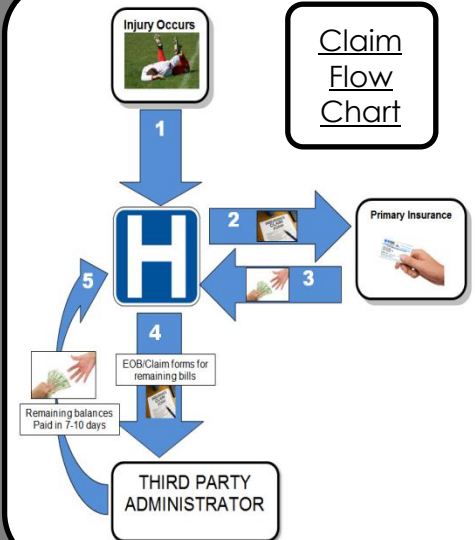
Please submit the completed and signed claim form along with itemized bills and EOB's from the primary insurance carrier. The more information you can provide upfront, the better. Claims payments are expedited with CLEAN submissions allowing us to pay you providers quickly.

Third Party Administrator



www.kandkinsurance.com

Claim Flow Chart



HOW TO SUBMIT A CLAIM UNDER THE CONCUSSION PROGRAM

- 1) Submit the incident report within 365 days of the injury.
- 2) Make certain that the incident report is completed in its entirety, including the policy number (JXS0000030130900), with accurate and detailed injury information and how the accident happened.
- 3) The incident report **MUST BE SIGNED** by a representative of the school. **INCIDENT REPORTS WHICH ARE NOT SIGNED, WILL DELAY THE CLAIM.**
- 4) Physician billings on CMS1500 forms and hospital/facility billings on UB04 forms would be preferred as these forms contain all the necessary coding required to process a claim. See bullets #5 & 6 for additional instruction regarding billings.
- 5) If the injured participant has primary insurance, each bill should be submitted with the primary insurance Explanation of Benefits or denial.
- 6) If the injured participant has primary insurance, all providers should be informed of the primary insurance information so they are billed first, and the K&K information for the concussion program insurance billed second.
- 7) When the injured participant does not have primary insurance, we have agreements through PPO networks that allow many bills to be reduced with contractual discounts. We encourage injured participants **NOT** to pay claims in advance of submitting them to us, so these discounts can be used.

PRIMARY CONTACT



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