



Introduction to
HeadStrong Concussion Insurance Program

Wisconsin Interscholastic Athletic Association

April 26, 2017

For program year: 2017-2018

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Sports Division
K&K Insurance Group, Inc.
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Ft. Wayne, IN 46804

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High School & Intercollegiate
Dissinger Reed, LLC.
1660 School Street, Suite 101A
Moraga, CA 94556



WIAA—HeadStrong Concussion Insurance

The WIAA has secured HeadStrong Concussion Insurance beginning with the 2017-2018 School Year

Premium: \$1.50 per Participant (PAID IN FULL BY WIAA)

Eligible Person(s):

All athletes, grades 6-12, participating in a Covered Activity.

Covered Activities:

Participating in practice or play of sports governed and/or sponsored by WIAA.

Definition of Injury

For the Accidental Medical Expense benefits, the following definition of Injury applies:

A bodily injury which is:

1. Directly and independently caused by a specific Accidental contact with another body or object;
2. A source of loss that is sustained while the Insured Person is covered under the Policy and while he or she is taking part in a Covered Activity.
3. Resulting in a concussion.

Definition of Concussion

A Specific brain injury defined as a complex pathophysiological process affecting the brain, induced by trauma to the brain and diagnosed by a Physician practicing within the scope of his or her license.



Concussion Insurance Program Guide

Headstrong Concussion Insurance Policy Information

Wisconsin Interscholastic Athletic Association

Broker: Dissinger Reed

Third Party Administrator (TPA): K&K Insurance

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

- **Policy #:** XXXXXXXXXXXXX
- **Coverage Period:** August 1, 2017 – August 1, 2018
- **Deductible:** \$0 per claim
- **Eligible Person:** All athletes participating in a Covered Activity
- **Covered Activities:** Participating in practice or play of sports governed and/or sponsored by the WIAA
- \$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 athletes from the high cost of concussion treatment and neurological follow up.

The student athlete 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.

How to file a claim:



kk.newpaclaims@kandkinsurance.com



Fax: (260) 459-5915



Phone: (800) 237-2917



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

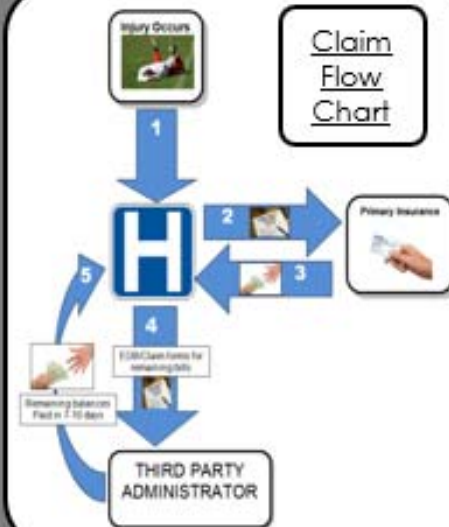
Please submit the completed and signed claim form along with itemized bills and EOB's from the primary insurance carrier. The more information you can provide upfront, the better. Claims payments are expedited with CLEAN submissions allowing us to pay you providers quickly.

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 (), 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 bills.
- 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



James Maxwell

1660 School St.
Ste 101A

Moraga, CA 94556
Phone: (415) 517-4545

jmaxwell@dissingerreed.com



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
OTHER INSURANCE QUESTIONNAIRE

NAME OF CLAIMANT: _____ INTERNATIONAL STUDENT Yes No
 UNEMPLOYED STUDENT Yes No OVER AGE 20 AND NO LONGER DEPENDENT ON PARENT Yes No
 NAME OF INSURED: _____ POLICY NO: _____

FATHER _____ MOTHER _____

K&K INSURANCE
1712 Magnolia Way P.O. Box 2338
Fort Wayne, Indiana 46801
PH (800) 237-2917
Fax (312) 281-9077
http://www.kandkinsurance.com

K&K INCIDENT REPORT
Wisconsin Interscholastic Athletic Association
Concussion Coverage

(PLEASE PRINT)

NATURE BODY INJURY OTHER _____

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

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

FUNCTION AS: ATHLETE OTHER _____

APPARENT INJURY OR DAMAGE BODY PART: _____
 CONDITION: _____
 ON-SITE CARE ONLY BY (PHYSICIAN) (EMT) (TRAINER) OTHER: _____
 AMBULANCE TAKEN TO: _____ CITY: _____
 FATALITY

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

INCIDENT DESCRIPTION DESCRIBE WHAT HAPPENED:

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

INSURED NAME OF INSURED: _____ POLICY # _____
 CLUB NAME: _____ PHONE: (____) _____
 CITY: _____ STATE: _____

INSURED REPRESENTATIVE WIAA 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

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Accompanying information:

1. Concussion Insurance Program Guide

- Single-page
- Customized to WIAA

2. Dear Provider Letter

- Printed/signed on School/District/WIAA 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 WIAA-specific
- Minimize school administrator disruptions

Headstrong Concussion Insurance - Frequently asked questions:

Headstrong is an excess accident plan. What does that mean?
 The insurance will pay for covered losses after the primary insurance has been exhausted. The primary insurance may include the following:

- Health Insurance
- Life Insurance
- Disability Insurance
- Workers Compensation
- Unemployment Insurance
- Hospitalization Coverage
- Knowledge of the Potential Overpayment: The Benefit All Amounts Seemed Due Against or Received Potentially Can Result in a Refund

WIAA 04/103_04/11

WISCONSIN INTERSCHOLASTIC ATHLETIC ASSOCIATION

5350 Voss Hobson Drive • Stevens Point, WI • 54482-8833
 Phone 715-344-8389 • FAX 715-344-4241 • email wiaa@wiaa.org • website www.wiaa.org

Concussion Insurance Program Guide

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- Eligible Person: All athletes participating in a Covered Activity
- Covered Activities: Participating in practice or play of sports governed and/or sponsored by the WIAA.
- \$25,000 per injury medical maximum
- 3-year benefit period (benefits will be payable for 3 year from the injury date)
- Usual and Customary 100%
- Accidental Death & Dismemberment \$5,000
- Accidental Death and Dismemberment Aggregate \$250,000

How to file a claim:
 1. Call (800) 439-8939
 2. Phone (800) 237-2917
 3. K&K Insurance's Specialty Benefits
 4. 1712 Magnolia Way
 5. Ft. Wayne, IN 46801
 Please submit the completed and signed claim form along with itemized bills and CDR from the primary insurance carrier. The more information you can provide upfront, the better. Claims payments are expedited with CDR submissions. Please call us for more details regarding this process.

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THIRD PARTY ADMINISTRATOR
K&K Insurance
 www.kandkinsurance.com

CLAIM TRACKING CHART

PRIMARY CONTACT
JAMES MAXWELL
 1860 School St.
 Ste 222A
 Hayward, CA 94546
 Phone (415) 517-4343
 jmaxwell@kandkinsurance.com

HeadStrong