



Education and Leadership for a Lifetime

2100 Freeway Boulevard, Brooklyn Center, Minnesota 55430-1735 | (763) 560-2262, FAX (763) 569-0499 | www.mshsl.org

Date: September 2018

To: Athletic/Activities Directors of MSHSL Member Schools

From: Rich Matter
Assistant Director
MSHSL

Re: HeadStrong Concussion Insurance Program provided by the MSHSL

The MSHSL is pleased to provide member schools the HeadStrong Concussion Insurance Program which is specifically developed to insure student athletes/participants from the high cost of concussion treatment and neurological follow up.

The coverage period is August 1, 2018 - August 1, 2019. All students are eligible for coverage in grades 7-12, participating in activities, practice or play of sports, at the Varsity, Junior Varsity, B-Squad and Sophomore level. Program highlights include:

- Premium is 100% paid by the MSHSL, there is no cost to member schools or student participants
- \$0 deductible and no co-pays
- \$25,000 per injury medical maximum
- Coverage is secondary/excess to any other valid and collectible insurance
- Coverage will become the primary payor, if no other insurance is available
- 1-year benefit period from the injury date
- Accidental Death and Dismemberment \$5,000
- No restrictions on specific doctors
- No referral needed for treatment

A "SAMPLE" Word document schools can use to introduce the program to parents/guardians is available at www.mshsl.org; Resources; Concussion Resource. The following is also available on the Resources page of the website.

- Program Guide - (How to Submit a Claim)
- HeadStrong Concussion - Claim Form
- HeadStrong Concussion – Other Insurance Form

For more details regarding this new insurance program contact Rich Matter at rmatter@mshsl.org.



Introduction to

HeadStrong Concussion Insurance
Program

Minnesota State High School League

August 1, 2018

For Program Year: 2018-2019

Scott Lunsford
Sr Vice President
Sports Division
K&K Insurance Group, Inc.
1712 Magnavox Way
Ft. Wayne, IN 46804

Justin Vandewynkle
Account Executive
Dissinger Reed, LLC.
8700 Indian Creek Parkway
Suite 320
Overland Park, KS 66210



The Minnesota State High School League has secured the HeadStrong Concussion Insurance Program for the 2018-2019 School Year

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

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

Eligible Person(s):

All Students, Grades 7-12, participating in a Covered Activity at the Varsity, Junior Varsity, B-Squad and Sophomore Level.

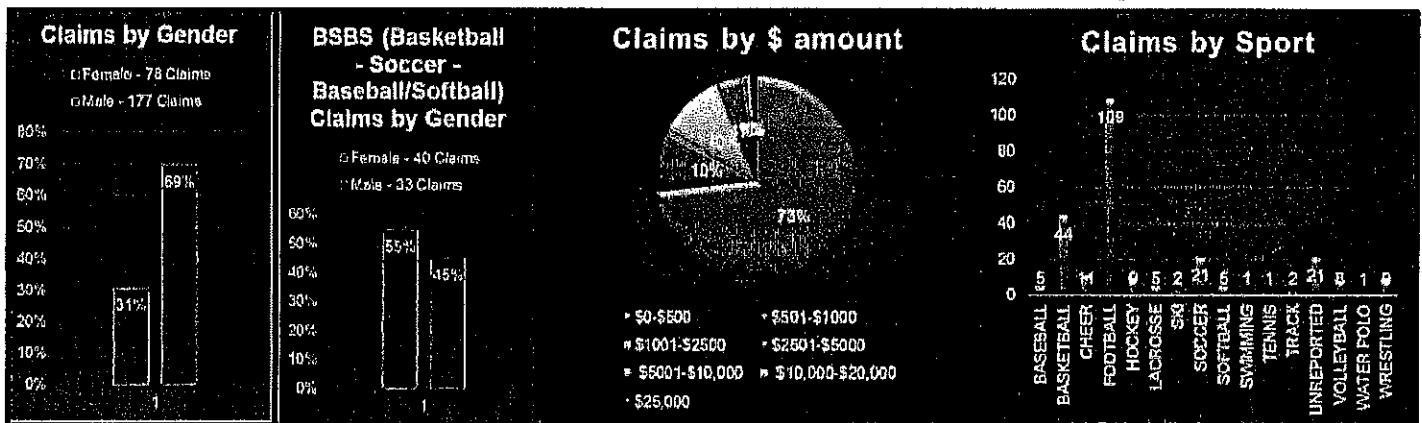
Covered Activities:

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

Interscholastic Sports and Activities Include:

Adapted Athletics (Bowling, Floor Hockey, Soccer, Softball) Alpine Skiing, Boys and Girls, Badminton-Girls, Baseball, Basketball, Cheerleading, Cross Country Running, Dance Team, Debate, Football, Golf, Gymnastics, Ice Hockey, Lacrosse, Music, Nordic Ski Racing, One Act Play, Robotics, Soccer, Softball, Speech, Swimming and Diving, Synchronize Swimming, Tennis, Track & Field, Visual Arts, Volleyball and Wrestling.

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



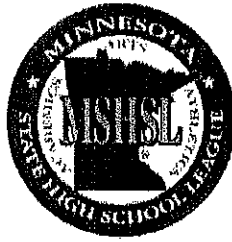
HeadStrong Program 2017-2018 (Current Year): 590,000 participants:

6 States with 100% participation: Arizona, Michigan, Minnesota, Montana, Wisconsin and Wyoming
 2 States with partial participation: California, Missouri

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 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. Also referred to as "secondary policy"- in that it will pay secondary to any primary insurance in place.
3. The insurance will also pay for any covered charges the primary insurance will not cover (including deductibles, co-pays, 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 (incident report), and Other Insurance Questionnaire to:

K&K Insurance/Specialty Benefits

1712 Magnavox Way - Ft. Wayne, IN 46804

Fax: (312) 381-9077

Phone: (800) 237-2917

Email: kk.newpaclaims@kandkinsurance.com

I have primary insurance, what policy should I give to the provider?

It is best to give the provider BOTH: 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, treatment not covered), or will become the primary payor, 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 Minnesota State High School League (MSHSL).





Concussion Insurance Program Guide

Headstrong Concussion Insurance Policy Information

Minnesota State High School League

Broker: Dissinger Reed

Third Party Administrator (TPA): K&K Insurance

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

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.

- **Policy #:** JXS0000030149000
- **Coverage Period:** August 1, 2018 – August 1, 2019
- **Deductible:** \$0 per claim
- **Eligible Person:** All students, grades 7-12, participating in a Covered Activity at the Varsity, Junior Varsity, B-Squad and Sophomore level.
- **Covered Activities:** Participating in activities, practice or play of sports governed and/or sponsored by the MSHSL
- \$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

Contact for Claims:



kk.newpacclaims@kandkinsurance.com



Fax: (260) 459-5915

Phone: (800) 237-2917



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

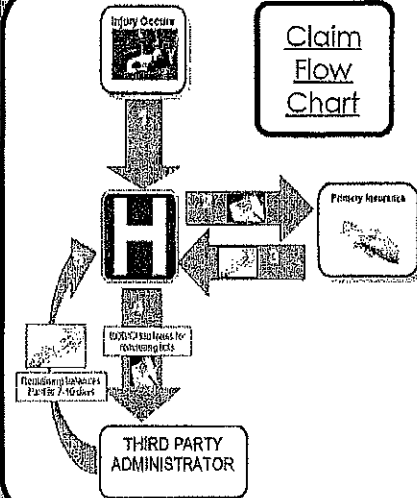
Please submit the completed and signed claim form along with itemized bills and EOB's from the primary insurance carrier. The more information you can provide upfront, the better. Claims payments are expedited with CLEAN submissions allowing us to pay you providers quickly.

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 (JXS0000030149000), 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

Justin Vandewynkle

8700 Indian Creek Parkway
Suite 320

Overland Park, KS 66210

Phone: (913) 491-6385

jvandewynkle@dissingerreed.com



HeadStrong Program Resources: Important Documents

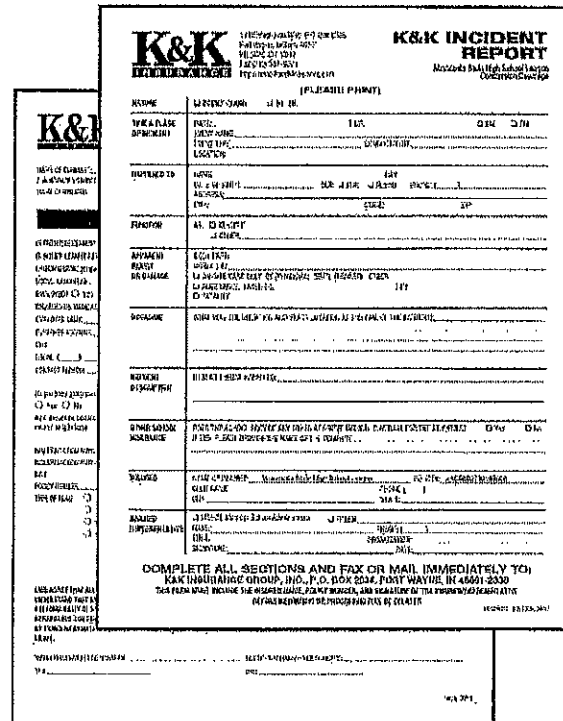
To file a claim:

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



The image shows a form titled "K&K INCIDENT REPORT" from K&K Insurance Group. It includes fields for NAME, ADDRESS, PHONE, and other personal information. There are sections for "SYMPTOMS" and "DIAGNOSIS". At the bottom, it states "COMPLETE ALL SECTIONS AND FAX OR MAIL IMMEDIATELY TO: K&K INSURANCE GROUP, INC., P.O. BOX 2004, POST WAYNE, IN 46991-2000".

Accompanying information:

1. Concussion Insurance Program Guide

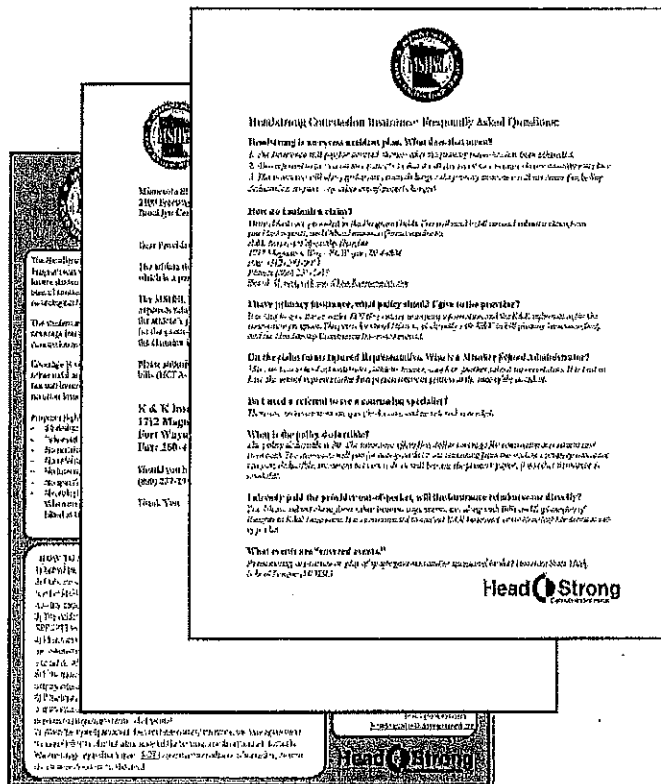
- Single-page
- Customized for MSHSL

2. Dear Provider Letter

- Printed on MSHSL 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
- Customized for MSHSL
- Minimize school administrator disruptions



This block contains two documents. The top document is titled "HeadStrong Concussion Insurance Frequently Asked Questions" and lists various questions and answers regarding the insurance program, such as "What is the program?", "How do I make a claim?", and "What events are 'covered events?'". The bottom document is a "Dear Provider" letter on MSHSL letterhead, addressed to the provider's billing department, explaining the insurance process and providing contact information for HeadStrong.



1712 Magnavox Way P.O. Box 2338
 Fort Wayne, Indiana 46801
 PH (800) 237-2917
 Fax (312) 381-9077
 http://www.kandkinsurance.com

K&K INCIDENT REPORT

Minnesota State High School League
 Concussion Coverage

(PLEASE PRINT)

NATURE	<input type="checkbox"/> BODILY INJURY <input type="checkbox"/> OTHER: _____
TIME & PLACE OF INCIDENT	DATE: _____ TIME: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM EVENT NAME: _____ EVENT TYPE: _____ CONDUCTED BY: _____ LOCATION: _____
HAPPENED TO	NAME: _____ SSN: _____ DATE OF BIRTH: _____ SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female PHONE: (____) _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
FUNCTION	AS: <input type="checkbox"/> ATHLETE <input type="checkbox"/> OTHER: _____
APPARENT INJURY OR DAMAGE	BODY PART: _____ CONDITION: _____ <input type="checkbox"/> ON-SITE CARE ONLY, BY (PHYSICIAN) (EMT) (TRAINER) OTHER: _____ <input type="checkbox"/> AMBULANCE, TAKEN TO: _____ CITY: _____ <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, PLEASE PROVIDE THE NAME OF THE COMPANY: _____ _____ _____
INSURED	NAME OF INSURED: <u>Minnesota State High School League</u> POLICY#: <u>JXS0000030149000</u> CLUB NAME: _____ PHONE: (____) _____ CITY: _____ STATE: _____
INSURED REPRESENTATIVE	<input type="checkbox"/> MSHSL Member School Administrator <input type="checkbox"/> 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



OTHER INSURANCE QUESTIONNAIRE

NAME OF CLAIMANT: _____ INTERNATIONAL STUDENT Yes No
 EMANCIPATED STUDENT: Yes No OVER AGE 26 AND NO LONGER DEPENDENT ON PARENT: Yes No
 NAME OF INSURED: _____ POLICY NO: _____

FATHER

MOTHER

IS FATHER DECEASED? Yes No
 IS FATHER LEGALLY RESPONSIBLE? Yes No
 FATHER'S NAME (if injured is a minor) _____
 SOCIAL SECURITY #: _____
 EMPLOYED? Yes No SELF-EMPLOYED? Yes No
 DISABLED ON MEDICAID OR OTHER PUBLIC ASSISTANCE? Yes No
 EMPLOYER NAME: _____
 EMPLOYER ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 PHONE: (____) _____
 CONTACT PERSON: _____

IS MOTHER DECEASED? Yes No
 IS MOTHER LEGALLY RESPONSIBLE? Yes No
 MOTHER'S NAME (if injured is a minor) _____
 SOCIAL SECURITY #: _____
 EMPLOYED? Yes No SELF-EMPLOYED? Yes No
 DISABLED ON MEDICAID OR OTHER PUBLIC ASSISTANCE? Yes No
 EMPLOYER NAME: _____
 EMPLOYER ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 PHONE: (____) _____
 CONTACT PERSON: _____

Do you have group medical insurance coverage through your employment?
 Yes No
 If no, please be advised K&K may contact your employer to verify no primary insurance is in force.

Do you have group medical insurance coverage through your employment?
 Yes No
 If no, please be advised K&K may contact your employer to verify no primary insurance is in force.

INSURANCE COMPANY: _____
 INSURANCE COMPANY ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 POLICY NUMBER: _____
 TYPE OF PLAN: HEALTH MAINTENANCE ORGANIZATION (HMO)
 PREFERRED PROVIDER ORGANIZATION (PPO)
 STANDARD MEDICAL AND HOSPITALIZATION COVERAGE
 OTHER (describe) _____

INSURANCE COMPANY: _____
 INSURANCE COMPANY ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 POLICY NUMBER: _____
 TYPE OF PLAN: HEALTH MAINTENANCE ORGANIZATION (HMO)
 PREFERRED PROVIDER ORGANIZATION (PPO)
 STANDARD MEDICAL AND HOSPITALIZATION COVERAGE
 OTHER (describe) _____

I/WE AGREE THAT ALL INFORMATION PROVIDED IN THIS DOCUMENT IS ACCURATE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE. I/WE UNDERSTAND THAT ANY INCORRECT OR UNDISCLOSED INFORMATION CAN RESULT IN DUPLICATE PAYMENTS CREATING A SUBSTANTIAL OVERPAYMENT. THE RESPONSIBILITY OF SUCH OVERPAYMENT WILL BE THE OBLIGATION OF THE UNDERSIGNED TO REIMBURSE IN FULL, UPON REQUEST, ALL AMOUNTS DEEMED REFUNDABLE. I UNDERSTAND THAT IT IS A CRIME TO INTENTIONALLY ATTEMPT TO DEFRAUD OR KNOWINGLY FACILITATE A FRAUD AGAINST AN INSURER BY FILING INFORMATION CONTAINING FALSE OR DECEPTIVE STATEMENTS. ANY QUESTIONS ON THIS FORM NOT ANSWERED TRUTHFULLY CAN RESULT IN A CRIME.

PARENT/GUARDIAN/FATHER SIGNATURE: _____ PARENT/GUARDIAN/MOTHER SIGNATURE: _____
 DATE: _____ DATE: _____