

blow
amnesia
TBI
dazed
injury
pain
seizures
fatigue
unconsciousness
unsteady
concentration
dizziness
depression
smell changes
personality changes
irritability
balance
brain
headache
nausea
traumatic brain injury

brain injury
concussion
head trauma

North Dakota High School
Activities Association
2019-2020



HeadStrong Concussion Insurance Program

Created for

North Dakota High School Activities Association

BY

Justin Vandewynkle
Account Executive
Dissinger Reed
8700 Indian Creek Parkway
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Overland Park, KS 66210
(913) 491-6385
jvandewynkle@dissingerreed.com

Dissinger Reed

Team Roster



Christian Reed, Owner/CEO

- B.A. in Sports Broadcasting from Arizona State University
- Licensed Life/Health/Accident and Property & Casualty Consultant
- Over 16 years working as a broker/consultant
- Consulted and directed hundreds of programs on how to utilize athletic insurance
- Personally works with insurance coordinators and athletic administrators to ensure program success
- 8 years as a sales manager for a large radio conglomerate in San Francisco, CA.



Mindee Holmes, Chief Operating Officer

- B.B.A. from Baker University
- Licensed Life/Health/Accident and Property & Casualty Consultant
- Mindee joined Dissinger Reed in 2005
- Over 26 years of Insurance Experience and over 10 years as a Broker/Consultant
- Over 7 years as a company representative
- Manages the state high school association business
- Oversees the financials and operations of Dissinger Reed



Justin Vandewynkle, Account Executive

- B.A. in Communications from The University of Kansas
- Licensed Life/Health and Accident and Property & Casualty Consultant
- Justin joined Dissinger Reed in 2014
- Over 10 years sales and customer service experience
- Works with Christian in developing and managing the HeadStrong Program
- Works with NFHS Coaches and Officials in handling claims and general NFHS questions

Program Resources

Program Summary

North Dakota High School Activities Association has secured HeadStrong Concussion Insurance: beginning with the 2019-2020 School Year

Coverage Period:

August 1, 2019 - August 1, 2020

Eligible Person(s):

Covering grades 9-12. Should you have participants in 7-12, coverage is also available for those participating at the Junior High level. Covered Activities at the Varsity, Junior Varsity, B-Squad, Sophomore level or Junior High levels if applicable.

Covered Activities:

Participating in activities, practice or play of interscholastic sports under the jurisdiction of the NDHSAA

Interscholastic Sports Include:

Baseball, Basketball, Cheerleading, Cross Country, Field Hockey, Football, Golf, Lacrosse, Soccer, Softball, Swimming, Tennis, Track & Field, Volleyball, Wrestling. Any sport or activity that your State Association recognizes or sponsors.

Includes traveling directly to and from a scheduled event as a representative of the school while traveling in transportation sponsored by the school.

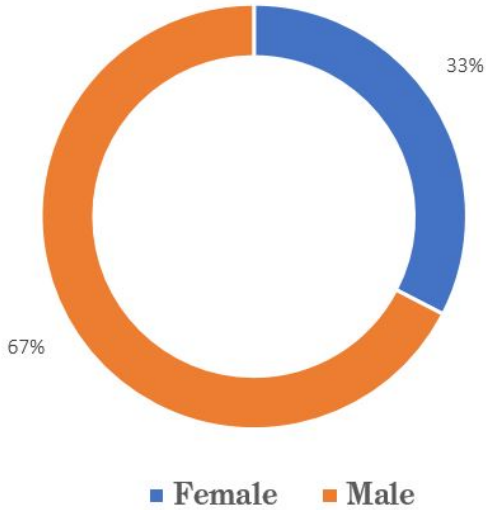
Program Highlights Include:

- \$25,000 Accident Medical Concussion Coverage (includes neurological follow up)
- \$0 Deductible and no Co-pays
- \$5,000 Accidental Death & Dismemberment
- Telemed Services provided, when needed
- No restrictions on specific doctors; no referrals needed for treatment
- No internal limits or specific procedure maximums
- A+ rated carrier with Financial XV backing
- \$1.50 per participant (3,500 minimum participants to initiate coverage)
- Neurological follow up care - When medically necessary and billed at U&C
- Assists with high deductible primary insurance plans

Program Resources

Program Summary

Claims by Gender



HeadStrong Summary Since 2015

States with 100% Participation: 7

States with Partial Participation: 4

Total Participants: 666,575

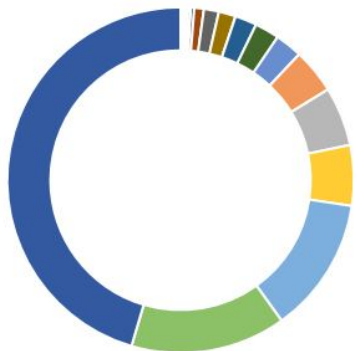
Male Student Athlete Claims: 1,061

Female Student Athlete Claims: 513

Total Claims Since 2015: 1,574

Total Claims Paid Since 2015: \$1,006,489.91

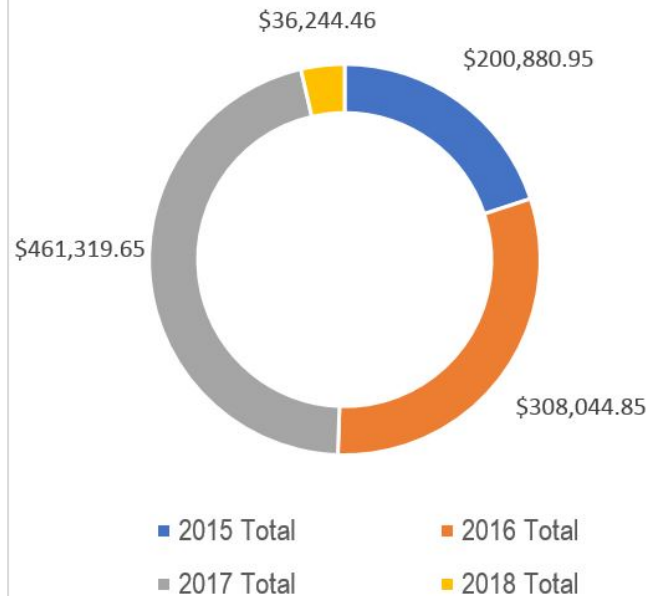
Historical Claims by Sport



- | | |
|----------------------|-----------------------------|
| ■ WEIGHT LIFTING (1) | ■ FIELD HOCKEY (2) |
| ■ SNOW SKIING (2) | ■ GOLF (3) |
| ■ WATER POLO (3) | ■ CROSS COUNTRY RUNNING (4) |
| ■ TENNIS (5) | ■ TRACK & FIELD (14) |
| ■ SWIMMING (22) | ■ LACROSSE (25) |
| ■ BASEBALL (32) | ■ ICE HOCKEY (36) |
| ■ SOFTBALL (40) | ■ VOLLEYBALL (66) |
| ■ WRESTLING (87) | ■ CHEERLEADING (89) |
| ■ SOCCER (200) | ■ BASKETBALL (228) |
| ■ FOOTBALL (715) | |

Historical Total Claims Paid

(\$1,006,489.91)



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?

Full 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 NDHSAA.

Program Resources

Accompanying Information

- 1) Concussion Insurance Program Guide
 - Single-page
 - Customized for ***
- 2) Dear Provider Letter
 - Printed on *** 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 ***
 - Minimize school administrator disruptions

HeadStrong

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.

What it will pay secondary to any primary insurance in place. It charges the primary insurance will not cover (including out of pocket charges).

You will need to fill out and submit a claim form on the same day as the incident. You will need to fill out and submit a claim form on the same day as the incident.

How do I give to the provider?
Submit the insurance information and the K&K information for the provider to work directly with K&K to bill primary insurance first, then submit itemized explanation of benefits to the provider.

Who is a Member School Administrator?
Parent, coach or another school representative. It is best to have someone who was present at the time of the accident.

Do I need a specialist?
Yes, and no referral is needed.

Submit the first dollar coverage for concussion assessment and pocket costs remaining from the student's primary insurance or will become the primary payor, if no other insurance is available.

How do I get my money back?
Submit the questionnaire, along with Bills and Explanation of Benefits to contact K&K Insurance prior to paying for services out of pocket, will the insurance reimburse me directly? Submit the questionnaire, along with Bills and Explanation of Benefits to contact K&K Insurance prior to paying for services out of pocket.

*For more information, please feel free to call the number of the _____ team, (***). Additional information, please feel free to call _____.*

*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.*



Program Resources

Accompanying Information

The HeadStrong Concussion Insurance Program was developed by Dissinger Reed to specifically 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-pay
- Tele-med Services, when needed
- No restrictions on specific doctors
- No referrals needed for treatment
- No specific procedure maximums

Contact for Claims:
k&knewclaims@k&kinsurance.com
 Fax: (312) 281-0077
 Phone: (800) 277-2917
 K&K Insurance/Specialty Benefits 1712 Magnolia 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.

High School Association
 Broker: Dissinger Reed

Third Party Administrator (TPA): K&K Insurance
 Insurance Carrier: Nationwide Life Insurance Company - AM Best Rated A++V

Policy #: XXXXXXXXXXXXXXXXXXXXXXXX
 Coverage Period: August 1, 2018 - August 1, 2019
 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 **** \$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 and Dismemberment \$5,000
 Aggregate \$250,000

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 (XXXXXXXXXXXXXXXXXX), 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 bullet's #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 an 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 participant's NOT to pay claims in advance of submitting them to us, so these discounts can be used.



Program Resources

Accompanying Information

The HeadStrong Concussion Insurance Program was developed by Dissinger Reed to specifically 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 specific procedure maximums

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



HeadStrong Concussion Insurance Policy Information

High School Association

Broker: Dissinger Reed

Third Party Administrator (TPA): K&K Insurance

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

Policy #: XXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Coverage Period: August 1, 2019 – August 1, 2020

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 **** \$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

AD&D Aggregate \$250,000



HOW TO SUBMIT A CLAIM UNDER THE CONCUSSION PROGRAM

- 1) Submit the incident report within 30 days of the injury, or as quickly as possible.
- 2) Make certain that the incident report is completed in its entirety, including the policy number (XXXXXXXXXXXXXXXXXX), 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 UBO4 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 an 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.

Program Resources

Claims

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



1712 Magnavox Way P.O. Box 2338
Fort Wayne, Indiana 46801
PH: (317) 237-2517
Fax: (317) 381-9079
http://www.k&kinsurance.com

K&K INCIDENT REPORT

(PLEASE PRINT)

NATURE	<input type="checkbox"/> BODILY INJURY <input type="checkbox"/> PROPERTY DAMAGE <input type="checkbox"/> OTHER:		
TIME & PLACE OF INCIDENT	DATE:	EVENT NAME:	
	EVENT TYPE:	LOCATION:	
HAPPENED TO	NAME:	SDK: <input type="checkbox"/> N	
	DATE OF BIRTH:	ADDRESS:	
	CITY:		
FUNCTION	AS:	<input type="checkbox"/> ATHLETE <input type="checkbox"/> PARTICIPANT <input type="checkbox"/> VOLUNTEER	
		<input type="checkbox"/> OTHER:	
APPARENT INJURY OR DAMAGE	BODY PART: CONDITION: (Laceration, Concussion, Sprain, Fracture, <input type="checkbox"/> ON-SITE CARE ONLY, BY (PHYSICIAN) (EMT) (TRAI <input type="checkbox"/> AMBULANCE, TAKEN TO: <input type="checkbox"/> FATALITY		
OCCASION	WHAT WAS THE SITUATION AND EXACT LOCATION AT		
INCIDENT DESCRIPTION	DESCRIBE WHAT HAPPENED:		
WITNESSES (if known)	NAME:	ADDRESS:	
	PHONE: ()		
INSURED	NAME OF INSURED:	CLUB NAME:	
	CITY:		
INSURED REPRESENTATIVE	<input type="checkbox"/> COACH <input type="checkbox"/> OFFICIAL <input type="checkbox"/> TRAINER <input type="checkbox"/> PROMOTE	NAME:	
		TITLE:	
		SIGNATURE:	

COMPLETE ALL SECTIONS AND F. K&K INSURANCE GROUP, INC., P.O. BO. THIS FORM MUST INCLUDE THE INSURED NAME, POLICY NUMBER BEFORE RETURNING OR PROC



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? <input type="checkbox"/> Yes <input type="checkbox"/> No	IS MOTHER DECEASED? <input type="checkbox"/> Yes <input type="checkbox"/> No
IS FATHER LEGALLY RESPONSIBLE? <input type="checkbox"/> Yes <input type="checkbox"/> No	IS MOTHER LEGALLY RESPONSIBLE? <input type="checkbox"/> Yes <input type="checkbox"/> No
FATHER'S NAME (if injured is a minor)	MOTHER'S NAME (if injured is a minor)
SOCIAL SECURITY #:	SOCIAL SECURITY #:
EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No SELF-EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No	EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No SELF-EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No
DISABLED ON MEDICAD OR OTHER PUBLIC ASSISTANCE? <input type="checkbox"/> Yes <input type="checkbox"/> No	DISABLED ON MEDICAD OR OTHER PUBLIC ASSISTANCE? <input type="checkbox"/> Yes <input type="checkbox"/> No
EMPLOYER NAME:	EMPLOYER NAME:
EMPLOYER ADDRESS:	EMPLOYER ADDRESS:
CITY: _____ STATE: _____ ZIP: _____	CITY: _____ STATE: _____ ZIP: _____
PHONE: () _____	PHONE: () _____
CONTACT PERSON:	CONTACT PERSON:
Do you have group medical insurance coverage through your employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have group medical insurance coverage through your employment? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please be advised K&K may contact your employer to verify no primary insurance is in force.	If no, please be advised K&K may contact your employer to verify no primary insurance is in force.
INSURANCE COMPANY:	INSURANCE COMPANY:
INSURANCE COMPANY ADDRESS:	INSURANCE COMPANY ADDRESS:
CITY: _____ STATE: _____ ZIP: _____	CITY: _____ STATE: _____ ZIP: _____
POLICY NUMBER:	POLICY NUMBER:
TYPE OF PLAN: <input type="checkbox"/> HEALTH MAINTENANCE ORGANIZATION (HMO) <input type="checkbox"/> PREFERRED PROVIDER ORGANIZATION (PPO) <input type="checkbox"/> STANDARD MEDICAL AND HOSPITALIZATION COVERAGE <input type="checkbox"/> OTHER (describe) _____	TYPE OF PLAN: <input type="checkbox"/> HEALTH MAINTENANCE ORGANIZATION (HMO) <input type="checkbox"/> PREFERRED PROVIDER ORGANIZATION (PPO) <input type="checkbox"/> STANDARD MEDICAL AND HOSPITALIZATION COVERAGE <input type="checkbox"/> 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 OR 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 RECOVERABLE. I UNDERSTAND THAT IT IS A CRIME TO INTENTIONALLY ATTEMPT TO DEBAUCH 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.

FOR REINSURER'S SIGNATURE: _____ FOR REINSURER'S SIGNATURE: _____
DATE: _____ DATE: _____

1638 7/11



Michigan High School Athletic Association
1661 Ramblewood Drive
East Lansing, MI 48823

Dear Provider:

The athlete that you are treating today is a member of the _____ team, which is a participating member of the *** (####).

The #### has provided the athlete with an excess accident medical plan that pays for expenses related to the care of a concussion injury. This plan will pay for covered charges after the athlete's primary insurance has been exhausted. K & K Insurance is the claims administrator for the excess plan and the following information is being supplied to you in an effort to assist the claimant in obtaining maximum benefits in a timely manner.

Please submit all charges through any other primary insurance first, and then submit itemized bills (HCFA-1500 or UB-92) and the primary Explanation of Benefits to:

K & K Insurance Group/Specialty Benefits
1712 Magnavox Way
Fort Wayne IN 46804
Fax: 312-381-9077

Should you have any questions or need any additional information, please feel free to call (800) 237-2917.

Thank You



Dissinger Reed

Confidentiality Statement

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