

**HeadStrong Concussion Insurance  
for the  
Iowa High School Athletic Association**



**Coverage period: August 1, 2018 to August 1, 2019**

**Proudly presented by the IHSAA's title sponsor**

**The Iowa Farm Bureau**





# IOWA HIGH SCHOOL ATHLETIC ASSOCIATION

P.O. BOX 10 • BOONE, IA 50036-0010 • (515) 432-2011 • FAX (515) 432-2961 • [www.iahxaa.org](http://www.iahxaa.org)

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ALAN BESTE, Executive Director • BRETT NANNINGA, Associate Director  
TODD THARP, Assistant Director • CHAD ELSBERRY, Assistant Director • JARED CHIZEK, Assistant Director

## **IHSAA, Iowa Farm Bureau add HeadStrong Concussion Insurance for 2018-19**

Dear School Administrator:

The Iowa High School Athletic Association is proud to announce that through the sponsorship of the Iowa Farm Bureau all students (males and females) in grades 9-12 who participate in sports sanctioned by the Iowa High School Athletic Association will be provided concussion insurance at no cost to their parents or our member schools. This includes graduated 8<sup>th</sup> graders and seniors playing baseball, and those students involved in sideline cheerleading at IHSAA sanctioned events.

This concussion insurance is first dollar coverage (zero deductible) for concussion assessment and treatment by a licensed health care provider, who are defined as per Iowa Code as physicians, physician's assistants, chiropractors, advanced registered nurse practitioners, nurses, physical therapists, or licensed athletic trainers. Coverage is secondary to any other valid and collectable insurance but will become the primary payor, if no other insurance is available.

The Athletic Association and Iowa Farm Bureau believe providing this insurance puts Iowa in the forefront of providing quality care for student-athletes who sustain a concussion while participating (practice or competition) in an IHSAA sanctioned sport. We hope this insurance removes the financial barrier some students and parents/guardians may have regarding receiving care for a concussion.

All material relative to this concussion insurance is provided in the enclosed booklet. We believe you will find it very helpful. Questions regarding this insurance should be directed to a claims administrator at K&K Insurance. The contact information is (800) 237-2917 or [kk.newpaclaims@kandkinsurance.com](mailto:kk.newpaclaims@kandkinsurance.com).

Neither you nor your school's participants need to sign up or submit any forms before an incident occurs. The necessary reporting forms will also be available through our website, and can be downloaded or printed off at your convenience: <http://www.iahxaa.org/information/sports-medicine-wellness-info/>

Sincerely,

Alan Beste  
Executive Director

# Concussion Insurance Program Guide



IOWA HIGH SCHOOL  
ATHLETIC ASSOCIATION

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 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 (JXS0000030094200), 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 below 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.

## HeadStrong Concussion Insurance Policy Information

### Iowa High School Athletic Association

Broker: Dissinger Reed

Third Party Administrator (TPA): K&K Insurance

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

- **Policy #:** JXS0000030094200
- **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 IHSAA
- \$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.newpaclaims@kandkinsurance.com](mailto:kk.newpaclaims@kandkinsurance.com)

Fax: (312) 381-9077

Phone: (800) 237-2917



K&K Insurance/Specialty Benefits

1712 Magnavox Way

Ft. Wayne, IN 46804

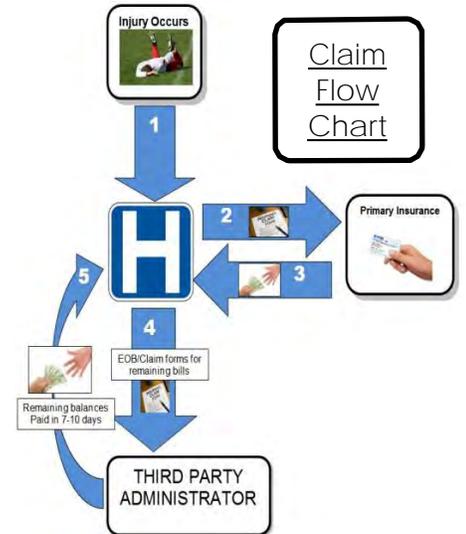


Please submit the completed and signed claim form along with itemized bills and EOB's from the primary insurance carrier. The more information you can provide upfront, the better. Claims payments are expedited with CLEAN submissions allowing us to pay your providers quickly.

### Third Party Administrator



[www.kandkinsurance.com](http://www.kandkinsurance.com)



## PRIMARY CONTACT



**Justin Vandewynkle**

8700 Indian Creek Pkwy  
Ste 320

Overland Park, KS 66210

Phone: (913) 491-6385

[jvandewynkle@dissingerreed.com](mailto:jvandewynkle@dissingerreed.com)





## 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](mailto: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 Iowa High School Athletic Association (IHSAA).*





Iowa High School Athletic Association  
1605 South Story Street  
Boone, IA 50036

Dear Provider:

The athlete that you are treating today is a member of the \_\_\_\_\_ High School team, which is a member of the Iowa High School Athletic Association (IHSAA).

The IHSAA 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: 260-459-5915**

Should you have any questions or need any additional information, please feel free to call K & K Insurance Group/Specialty Benefits claims department at: (800)237-2917.

Thank You



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

Iowa High School Athletic Association  
 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: _____ POLICY#: _____ IHSAA MEMBER SCHOOL NAME: _____ PHONE: (    ) _____ CITY: _____ STATE: _____
INSURED REPRESENTATIVE	<input type="checkbox"/> IHSAA 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: \_\_\_\_\_  
 DATE: \_\_\_\_\_

PARENT/GUARDIAN/MOTHER SIGNATURE: \_\_\_\_\_  
 DATE: \_\_\_\_\_

# HEADS UP: Concussion in High School Sports

**The Iowa Legislature passed a new law, effective July 1, 2011, regarding students in grades 7 – 12 who participate in extracurricular interscholastic activities. Please note this important information from Iowa Code Section 280.13C, Brain Injury Policies:**

- (1) A child must be immediately removed from participation (practice or competition) if his/her coach or a contest official observes signs, symptoms, or behaviors consistent with a concussion or brain injury in an extracurricular interscholastic activity.
- (2) A child may not participate again until a licensed health care provider trained in the evaluation and management of concussions and other brain injuries has evaluated him/her and the student has received written clearance from that person to return to participation.
- (3) Key definitions:
  - “**Licensed health care provider**” means a physician, physician assistant, chiropractor, advanced registered nurse practitioner, nurse, physical therapist, or athletic trainer licensed by a board.
  - “**Extracurricular interscholastic activity**” means any extracurricular interscholastic activity, contest, or practice, including sports, dance, or cheerleading.

## What is a concussion?

A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head or body. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

## What parents/guardians should do if they think their child has a concussion?

1. **OBEY THE NEW LAW.**
  - a. Keep your child out of participation until s/he is cleared to return by a licensed healthcare provider.
  - b. Seek medical attention right away.
2. Teach your child that it’s not smart to play with a concussion.
3. Tell all of your child’s coaches and the student’s school nurse about ANY concussion.

## What are the signs and symptoms of a concussion?

You cannot see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days after the injury. If your teen reports one or more symptoms of concussion listed below, or if you notice the symptoms yourself, keep your teen out of play and seek medical attention right away.

## STUDENTS:

If you think you have a concussion:

- **Tell your coaches & parents** – Never ignore a bump or blow to the head, even if you feel fine. Also, tell your coach if you think one of your teammates might have a concussion.
- **Get a medical check-up** – A physician or other licensed health care provider can tell you if you have a concussion, and when it is OK to return to play.
- **Give yourself time to heal** – If you have a concussion, your brain needs time to heal. While your brain is healing, you are much more likely to have another concussion. It is important to rest and not return to play until you get the OK from your health care professional.

**IT’S BETTER TO MISS ONE CONTEST THAN THE WHOLE SEASON.**

## Signs Reported by Students:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

## PARENTS:

### How can you help your child prevent a concussion?

Every sport is different, but there are steps your children can take to protect themselves from concussion and other injuries.

- Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.
- Ensure that they follow their coaches’ rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.

## Signs Observed by Parents or Guardians:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can’t recall events prior to hit or fall
- Can’t recall events after hit or fall

Information on concussions provided by the Centers for Disease Control and Prevention.

For more information visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion)

Student’s Signature

Date

Student’s Printed Name

Parent’s/Guardian’s Signature

Date

Student’s Grade

Student’s School