

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

brain injury
concussion
head trauma

Iowa High School
Athletic Association
2021-2022

HeadStrong Concussion Insurance Program

Created for



Iowa High School Athletic Association Program Guide

BY

Justin Vandewynkle
Account Executive
Dissinger Reed
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Suite 320
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 19 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

IHSAA has secured HeadStrong Concussion Insurance: beginning with the 2021-2022 School Year.

Coverage Period:

August 1, 2021- August 1, 2022

Eligible Person(s):

Boys, covering grades 9-12 participating in a Covered Activity.

Covered Activities:

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

Interscholastic Sports Include:

Baseball, Basketball, Bowling, Cheerleading (Non-Competition), Cross Country, Golf, Football, Soccer, Tennis, Track & Field, Swimming and 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.

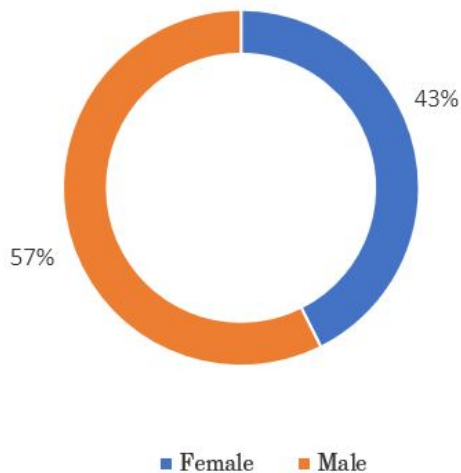
Program Highlights Include:

- \$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
- \$1.35 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: 6

States with Partial Participation: 5

Total Participants: 643,000

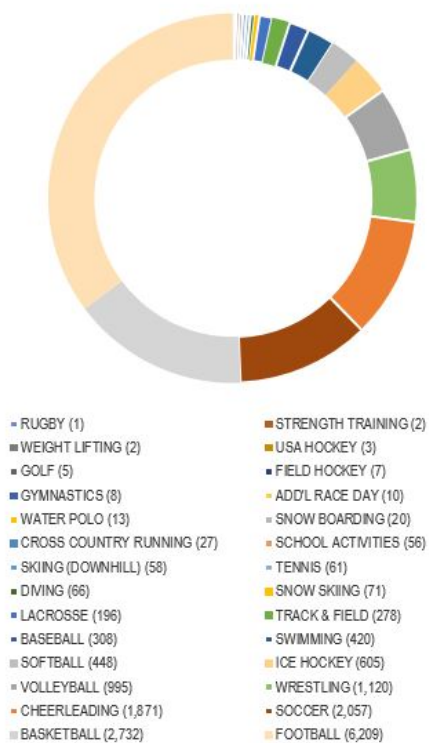
Male Student Athlete Claims: 10,131

Female Student Athlete Claims: 7,519

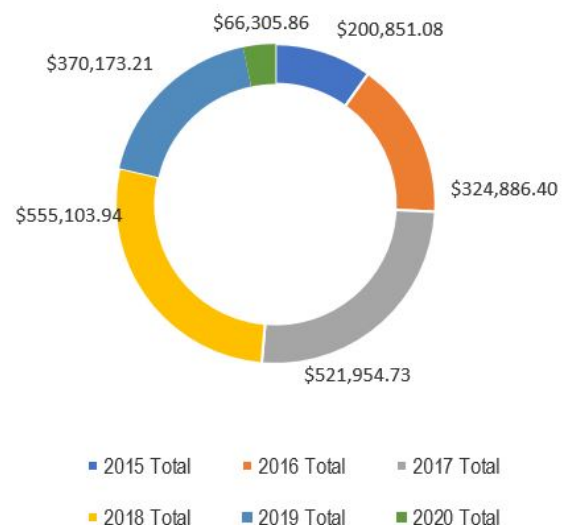
Total Claims Since 2015: 17,650

Total Claims Paid Since 2015: \$2,039,275

Historical Claims by Sport



Historical Total Claims Paid
(\$2,039,275)



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:

*Mutual of Omaha
3300 Mutual of Omaha Plaza Omaha, NE 68175
Phone: 1-800-524-2324
Fax: 402-351-4732
Email: specialrisk.claims@mutualofomaha.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 Mutual of Omaha information for the concussion program. The provider should then work directly with Mutual of Omaha 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 Mutual of Omaha. It is recommended to contact Mutual of Omaha 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 State High School Association

Program Resources

Accompanying Information

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

HeadStrong Frequently Asked Questions

Headstrong is an excess accident plan. What does that mean?
1. The insurance will not pay for covered charges after the primary insurance has been exhausted.

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ofomaha.com

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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:
Cheryl Walsh - cheryl.walsh@mutualofomaha.com
(402) 351-5325
Fax: (402) 351-4732
Phone: (800) 524-2324
Mutual of Omaha:
3300 Mutual of Omaha Plaza
Omaha, NE 68175

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

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 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 Mutual of Omaha 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.

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member of the _____ team, which is a

excess accident medical plan that pays for expenses related i will pay for covered charges after the athlete's primary Omaha is the claims administrator for the excess plan and to you in an effort to assist the claimant in obtaining

r primary insurance first, and then submit itemized bills planation of Benefits to:

/ additional information, please feel free to call

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Program Resources

Accompanying Information

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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:

Cheryl Walsh - cheryl.walsh@mutualofomaha.com
(402)-351-5325

Fax: (402) 351-4732

Phone: (800) 524-2324

Mutual of Omaha:

3300 Mutual of Omaha Plaza
Omaha, NE 68175

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

Iowa High School Athletic Association
Broker: Dissinger Reed

Claims Payor: Mutual of Omaha

Insurance Carrier: Mutual of Omaha
Company – AM Best Rated A+XV

Policy #: SR2014IA-P-054180-002

Coverage Period: August 1, 2021 – August 1, 2022

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 AD&D

Aggregate \$250,000



Mutual of Omaha

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 (SR2014IA-P-054180-002), 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.
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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

Claim Form

Complete and return this form to:
Special Risk Services
P.O. Box 31156
Omaha, Nebraska 68131
Claim Inquiries (800) 524-2324



Section I Organization/School and Claimant Information (required)
TO BE COMPLETED BY ORGANIZATION OR AUTHORIZED OFFICIAL

Policy Effective Date _____ Claim being filed is a:
Policy Expiration Date _____ ☐ Noncatastrophic claim
Policy Number _____ ☐ Catastrophic claim

Policyholder Name _____

Policyholder Address _____
(Street) (City) (State) (ZIP Code)

Policyholder Phone Number _____

Injured Party (Claimant) Information

Name _____
(First) (Last)

Address _____
(Street) (City) (State) (ZIP Code)

Phone Number _____

Date of Birth _____ Age _____ ☐ Male ☐ Female

Claimant is a: ☐ Player ☐ Coach ☐ Official ☐ Other _____

Verify that accident occurred during an activity sponsored or sanctioned by the policyholder, and whether claimant was a member at the time of the accident.
☐ Yes – Sponsored/Sanctioned activity
☐ Yes – Claimant was active member on date of accident

Under whose supervision? _____

Was he/she a witness? ☐ Yes ☐ No

Name of team/sport _____

Date of accident _____ Time of accident _____ ☐ a.m. ☐ p.m.

Location of accident _____

Type of activity _____

Accident occurred during: ☐ Game ☐ Practice ☐ Tournament ☐ Camp/Clinic ☐ Interscholastic/Intercollegiate Sport
☐ Intramural Sport ☐ Other _____

I certify that the above information is true and correct.

Authorized Signature _____

Title _____ Date _____

M22985_1120



1605 South Story St.
Boone, IA 50036

Dear Provider:

The athlete that you are treating today is a member of the _____ team, which is a participating 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. Mutual of Omaha 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:

Mutual of Omaha
3300 Mutual of Omaha Plaza
Omaha, NE 68175
Fax: 402-351-4732

Should you have any questions or need any additional information, please feel free to call (800) 524-2324

Thank You



Dissinger Reed

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