

1 Insurer Name:	American National Insurance Company		6 Coverage type? (HMO, PPO, EPO, POS, etc)
2 Insurer ID:	74-0484030		
3 Plan Name:	KHCS-16		
4 Plan Year:	2023		

		Select Option From Drop Down Boxes Below
7 Are outpatient services sub-classified into "office visit" and "other"?		Yes
8 Is this a tiered network?		No
9 If "yes", please select the number of tiers:		Select (if Applicable)

Please provide the page numbers and sections where each covered service may be found within both of these documents.

Do the following Medical Management processes apply to these services?

10 Covered Services	11 Medical/Surgical or MH/SUD	12 List the Expected Claim Dollar Amount for Each Medical/Surgical Benefit	13 Classification	14 COC Cites:	15 SOB Cites:	16 Prior Authorization	17 Concurrent Review	18 Retrospective Review
Hospital room and board	Med/Surg	\$ -	InPt, IN	Page 8, Benefits	Page 8, Benefits	No	No	Yes
Hospital room and board	MH/SUD		InPt, IN	Page 8, Benefits	Page 8, Benefits	No	No	Yes
Hospital Miscellaneous	Med/Surg	\$ -	InPt, IN	Page 8, Benefits	Page 8, Benefits	No	No	Yes
Hospital Miscellaneous	MH/SUD		InPt, IN	Page 8, Benefits	Page 8, Benefits	No	No	Yes
Convalescent Care	Med/Surg	\$ -	InPt, IN	Page 8, Benefits	Page 8, Benefits	No	No	Yes
Surgery	Med/Surg	\$ -	InPt, IN	Pages 10-13, Benefits	Pages 10-13, Benefits	No	No	Yes
Surgery	Med/Surg	\$ -	OutPt, IN-Other	Pages 10-13, Benefits	Pages 10-13, Benefits	No	No	Yes
Anesthesia	Med/Surg	\$ -	InPt, IN	Pages 10-13, Benefits	Pages 10-13, Benefits	No	No	Yes
Anesthesia	Med/Surg	\$ -	OutPt, IN-Other	Pages 10-13, Benefits	Pages 10-13, Benefits	No	No	Yes
Ambulance	Med/Surg	\$ -	Emergency	Pages 10, Benefits	Pages 10, Benefits	No	No	Yes
Ambulance	MH/SUD		Emergency	Pages 10, Benefits	Pages 10, Benefits	No	No	Yes
Radiation Therapy	Med/Surg	\$ -	OutPt, IN-Other	Pages 10, 13, Benefits	Pages 10, 13, Benefits	No	No	Yes
Normal Pregnancy	Med/Surg	\$ -	OutPt, IN-Other	Page 14, Benefits	Page 14, Benefits	No	No	Yes
Home Health Care	Med/Surg	\$ -	OutPt, IN-Other	Page 14, Benefits	Page 14, Benefits	No	No	Yes

19 Analysis Universe:

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		In addition to Forms, what documents provide instruction on how to apply this limitation?				What factors are used to support the limitation(s) applied to this service	What sources support application of this factor?	Provide the file name of the document containing the full comparative analysis of each limitation as applied to each service	Provide the file name of the document containing the specific findings and conclusions reached by the plan or issuer that indicate compliance or non-compliance with MHPAEA	Examiner Comments/ Work Performed	In Compliance
Example	Define the NQTL	Policies & Training	Vendor contracts	Provider contracts	Other	Press Alt+Enter to insert additional factors that apply to the covered services in Column A	Press Alt+Enter to insert additional sources that apply to the factors in Column G				
Retroactive Review	Provider/member initiated reviews (if permitted) under company policies AND company-initiated review of claims (e.g., for fraud, waste, abuse analyses).										
ASD-Office visit	All treatment of ASD is subject to comprehensive chart review every 6 months	ABA Treatment Policy 45 FWA Annual Staff Training	FWACo Review	FWA Review provision		Excessive Utilization Provider Discretion Potential for FWA	Internal claims analysis Internal quality standard studies NIH Annual Fraud report	ASD-Office visit comparison-Retro.doc			
		In addition to Forms, what documents provide instruction on how to apply this limitation?				7 What factors are used to support the limitation(s) applied to this service	8 What sources support application of this factor?	9 Provide the file name of the document containing the full comparative analysis of each limitation as applied to each service	10 Provide the file name of the document containing the specific findings and conclusions reached by the plan or issuer that indicate compliance or non-compliance with MHPAEA	11 Examiner Comments/ Work Performed	12 In Compliance (for examiner use)
1	2	3 Policies & Training	4 Vendor contracts	5 Provider contracts	6 Other	Press Alt+Enter to insert additional factors that apply to the covered services in Column A	Press Alt+Enter to insert additional sources that apply to the factors in Column G				
Retroactive Review	Provider/member initiated reviews (if permitted) under company policies AND company-initiated review of claims (e.g., for fraud, waste, abuse analyses).										
Hospital room and board	All treatment is subject to review of usual & customary, fraud and abuse.	Internal P&P: Medical Necessity	MRioA, Dane Street	Dane Street: Please see Physician Agreement template Disclosure		Excessive utilization Fraud/abuse	Medical Necessity Reviews, Surgical procedure	Quality Assurance Committee Report - 2023.pdf	Quality Assurance Committee Report - 2023.pdf		
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Convalescent Care	All treatment is subject to review of usual & customary, fraud and abuse.	Internal P&P: Medical Necessity	MRioA, Dane Street	Dane Street: Please see Physician Agreement template Disclosure		Excessive utilization Fraud/abuse	Medical Necessity Reviews, Surgical procedure	Quality Assurance Committee Report - 2023.pdf	Quality Assurance Committee Report - 2023.pdf		
Surgery	All treatment is subject to review of usual & customary, fraud and abuse.	Internal P&P: Medical Necessity	MRioA, Dane Street	Dane Street: Please see Physician Agreement template Disclosure		Excessive utilization Fraud/abuse	Medical Necessity Reviews, Surgical procedure	Quality Assurance Committee Report - 2023.pdf	Quality Assurance Committee Report - 2023.pdf		
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Anesthesia	All treatment is subject to review of usual & customary, fraud and abuse.	Internal P&P: Medical Necessity	MRioA, Dane Street	Dane Street: Please see Physician Agreement template Disclosure		Excessive utilization Fraud/abuse	Medical Necessity Reviews, Surgical procedure	Quality Assurance Committee Report - 2023.pdf	Quality Assurance Committee Report - 2023.pdf		
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Radiation Therapy	All treatment is subject to review of usual & customary, fraud and abuse.	Internal P&P: Medical Necessity	MRioA, Dane Street	Dane Street: Please see Physician Agreement template Disclosure		Excessive utilization Fraud/abuse	Medical Necessity Reviews, Surgical procedure	Quality Assurance Committee Report - 2023.pdf	Quality Assurance Committee Report - 2023.pdf		
Normal Pregnancy	All treatment is subject to review of usual & customary, fraud and abuse.	Internal P&P: Medical Necessity	MRioA, Dane Street	Dane Street: Please see Physician Agreement template Disclosure		Excessive utilization Fraud/abuse	Medical Necessity Reviews, Surgical procedure	Quality Assurance Committee Report - 2023.pdf	Quality Assurance Committee Report - 2023.pdf		
Home Health Care	All treatment is subject to review of usual & customary, fraud and abuse.	Internal P&P: Medical Necessity	MRioA, Dane Street	Dane Street: Please see Physician Agreement template Disclosure		Excessive utilization Fraud/abuse	Medical Necessity Reviews, Surgical procedure	Quality Assurance Committee Report - 2023.pdf	Quality Assurance Committee Report - 2023.pdf		

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