## INDEX

	Chapter	Page
Health Maintenance Organizations — SEE ALSO Managed Care Organizations Administrative service provider contracts, responsibility of HMG for claims or payments for health care services an establishment of segregated fund, provisions added and altered contracting providers, registration and reports to HMOS	d l; s,	
required; annual carrier reports, provisions altered	323 r,	1920
Benefits for specified disease or diagnosis, prohibited from bein subject to different copayment amounts, coinsurance deductibles, or maximum limits than those that apply to a	371 g	1970 2101
other covered diseases	449 er l; n	2460
on provider panel, requirements added	254	$1558 \\ 1560$
Denial of reimbursement to health care provider for preauthorize or approved services to patient, prohibitions added	355	2039
provisions altered	31	375
by Insurance Commissioner, provisions altered and added	465	2502
added	92 n	685
treatment for cancer, coverage for, requirements added		1953
Authority to develop payment system for all State health car practitioners, repealed; information on charges be practitioners and reimbursements from payors, requirement added	y .s 64 h w	585
use, provisions clarified	375 d	2120
limitations, provisions altered	282 283	1656 1660
Internal appeal process for members and providers to disput coverage decisions by carrier, and filing of complaints wit Insurance Commissioner, requirements added	h 371 n y n	2101
expandedexpanded expanded expand		156