

§ 1399.56. Compensation of person retained to review claims for health care services

Compensation of a person retained by a health care service plan to review claims for health care services shall not be based on either of the following:

- (a) A percentage of the amount by which a claim is reduced for payment.
- (b) The number of claims or the cost of services for which the person has denied authorization or payment.

HISTORY:

Added Stats 1992 ch 544 § 1 (AB 2083). Amended Stats 1995 ch 787 § 2 (AB 73), effective January 1, 1996.

§ 1399.57. Application of article to Medi-Cal services or benefits

This article does not apply to services or benefits provided pursuant to Medi-Cal, including services or benefits provided under Chapters 7 (commencing with Section 14000) and 8 (commencing with Section 14200) of Part 3 of Division 9 of the Welfare and Institutions Code.

HISTORY:

Added Stats 1992 ch 544 § 1 (AB 2083), effective January 1, 1993.

ARTICLE 10

Discontinuance and Replacement of Group Health Care Service Plan Contracts

Section

1399.60. Application.

1399.61. Definitions.

1399.62. Extension of benefits.

1399.63. Required coverage following discontinuance of prior contract or policy.

1399.64. Compliance requirement.

HISTORY: Added Stats 1977 ch 64 § 2, effective May 18, 1977.