

EXHIBIT H

START DATE OF SECTION 7 COMMITMENTS

<u>Section</u>	<u>Description of Commitment</u>	<u>Start Date</u>
7.1	Auto-adjudication enhancements	1/1/03
7.2	Connectivity enhancements	I.D.**
7.3	Fee schedule disclosure (website)	12/31/04
	Fee schedule disclosure (up to 50 copies, on written request)	ED.. + 3 mos.
7.4	Investments for 7.2/7.3	1/1/03
7.5	Pre-certification list	ED ††
	Disclosure of customized pre-certification lists	I.D. + 6 mos.
7.6	90-day M.A.C. notice	E.D.
7.7	Initiatives re claims resubmissions	E.D.
7.8	Claims payment practice	
(a)	Consistent rules	12/31/04
(b)	Claim Check "look through"	12/31/03, or as soon thereafter as practicable
(c)	Other payment rules disclosure	12/31/03, or as soon thereafter as practicable
(c)(i)	Claim Check "customization" disclosure	I.D. + 6 mos.
(c)(ii)	Not routinely requiring records	E.D.
	Disclosure of modifier 25/59 "inappropriate" rules	I.D. + 6 mos.
(d)	Update 7.8 (c) disclosures	N/A
7.9 (a)	Physician Advisory Committee(first meeting)	Later of 1/31/04 and selection of Committee Members
7.10	Billing Dispute external review	I.D.
7.11	Medical Necessity external review (physician access)	I.D. + 9 mos., or as soon thereafter as practicable
7.12	ERA/EFT subsidy	I.D. + 6 mos., or as soon thereafter as practicable
7.13 (a)	Expedited credentialing	I.D. + 6 mos., or as soon thereafter as practicable .
(b)	No all products clause	E.D.
(c)	Bilateral termination without cause	E.D.

**Implementation Date

††Execution Date

7.14	(a)	Fee schedules	I.D.
	(b)	Payment for vaccine administration	I.D.
	(b)	Payment for injectibles	I.D.
	(b)	Payment for pediatric vaccines outside of capitation	I.D.
	(b)	Issue coverage policy bulletin within 120 days of specialty society recommendation	I.D.
7.15		Accept benefit assignments	I.D.
7.16	(a)(i)	Medical necessity definition	E.D.
	(a)(ii)	Medical necessity denial rate	After calendar year following Implementation Date
	(b)	Coverage policy bulletin standards	E.D.
7.17	(a)	Time period for accepting claims	E.D.
	(b)	Accept claims on standard forms	E.D.
	(c)	COB rules	E.D.
7.18		Claim processing timelines	I.D. + 6 mos.
7.19		No automatic downcoding	E.D.
7.20	(a)	Joint effort regarding claims-editing software reform	I.D.
	(b)	Interim commitments regarding claims edits	E.D., or as soon thereafter as practicable
7.21		Explanation of benefit forms	12/31/04, or as soon thereafter as practicable
7.22		Overpayment recovery procedures	I.D.
7.23		Accuracy of eligibility information	I.D.
7.24		Provider service centers	12/31/04, or as soon thereafter as practicable
7.25		Confirmation of medical necessity	E.D.
7.26		Provider website availability	E.D.
7.27		Public website information about doctors	I.D.
1.28	(a)	Capitation reporting .	1.D.
	(b)	Assignment of primary care physician for certain plan members	1/1 after I.D.
7.29	(a)	No "gag" clauses	E.D.
	(b)	Medical records ownership	E.D.
	(c)	Arbitration fee limits	E.D.
	(d)	Coordination with existing physician contracts	E.D.
	(e)	No impact on scope of covered services	E.D.
	(f)	Privacy of records	E.D.
	(g)	Pharmacy risk pools	E.D.

(h)	"Stop loss"	E.D.
(i)	Pharmacy provisions	E.D.
(j)	Mail order discount card	I. D. + 6 months
(k)	Physician specialty society guidelines	E.D.
(l)	Scope of Company's responsibilities	E.D.
(m)	Copies of contracts	ID
(n)	Compliance with law	E.D.
(o)	Modification of means of disclosure	E.D.