AMA Releases Health Insurer Code of Conduct

BY ALICIA AULT

The American Medical Association has called on health insurance companies to adopt its just-issued code of conduct.

The Health Insurer Code of Conduct Principles evolved out of a resolution put forward and unanimously adopted by the AMA House of Delegates in 2008. The New York Delegation called on the AMA to develop such a code, get insurers to sign on, and come up with a way to monitor compliance. The code has already been endorsed by nearly every state medical society as well as 19 specialty societies, according to the AMA.

'It's time for insurers to recommit to patients' best interests.'

DR. ROHACK

The last time the insurance industry issued any kind of internal standards was 15 years ago, according to the AMA, which added in a statement that the industry has had a "questionable" record of compliance with those standards, known as the Philosophy of Care.

"The health insurance industry has a crisis of credibility," Dr. J. James Rohack, AMA president, said in the statement. "With the enactment of federal health reform legislation, it's time for insurers to recommit to patients' best interests and the fair business practices necessary to reestablish trust with the patient and physician communities."

Americas Health Insurance Plans, the industry trade organization, did not directly address the AMA code. But AHIP spokesperson Robert Zirkelbach said that many of the principles are covered under the Affordable Care Act.

"Health plans have pioneered innovative programs to reward quality, promote prevention and wellness, coordinate care for patients with chronic conditions, streamline administrative processes, and provide policyholders with greater peace of mind," Mr. Zirkelbach said. "We will continue to work with policymakers and other health care stakeholders to improve the quality, safety, and efficiency of our health care system."

The code's principles address topics including cancelations and recissions; open access to care; fairness in contract negotiations with physicians; and a call for more administrative simplification, fewer restrictions on benefits, and better risk adjustment mechanisms for "physician profiling" systems. Physicians should also have more opportunity to review and challenge their ratings, which are used to select doctors for preferential networks.

The AMA said that it has written to the eight largest health insurers seeking their pledge to comply with the code. ■

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