The American Medical Association (AMA) Health Insurer Code of Conduct Principles. The AMA is calling on all U.S. health insurance companies to adopt consistent corporate practices that will bring transparency and accountability to the multibillion-dollar health insurance industry. The AMA has sent letters to the nation’s eight largest health insurers seeking their pledge to comply with the National Health Insurer Code of Conduct Principles.

The code sets forth 10 principles that govern both the business and clinical aspects of health plans. By following these principles, health insurers can help create a more efficient, patient-centered health system. The code advocates for:

- **Prohibition of cancellation or rescissions of policies because of mistakes on an application, or because a policyholder got sick or injured, or because insurer employees or contractors get bonuses for rescissions;**
- **Clear and transparent access to medical care, meaning benefits that are available to enrollees on a timely and geographically accessible basis at the preferred, in-network rate, and easily accessible physician directories that mark those doctors who are out-of-network or only available on a tiered plan;**
- **Fair and transparent pricing and accounting of health insurance premiums, with most of the money spent on care;**
- **Respectful relations by plans with their enrollees, physicians and other partners, including fair contracting, protection of patients’ medical information and “appropriate deference” to the physician’s skill and judgment;**
- **Clear information on benefit restrictions to the patient and the physician, with benefits based on clinically appropriate medical guidelines;**
- **Medically necessary care defined by what a prudent physician would provide in a certain situation, rather than a definition for the economic benefit of the health plan;**
- **Elimination of complexity and confusion from health plan processes and communications;**
- **Physician profiling systems that use relevant data to focus on quality of care, not on reducing the cost of care;**
- **Health insurers to conduct their business with the highest levels of corporate citizenship, including complying with the letter of all laws affecting clinical and business operations;**
- **Health insurers to pay claims accurately and on time, and to provide explanations of how each claim was handled, as well as providing fee schedules, claim edits and pay policies that are disclosed and easily available.**

At their June meeting the AMCNO approved the AMCNO endorsement of the AMA Health Insurer Code of Conduct Principles and agreed to list the AMCNO as a supporter of these principles on the AMA web site. The AMCNO plans to utilize this Code in future discussions with health insurers and the Ohio Department of Insurance.