

## RESOLUTION 17 - 2010

Subject: Accessibility to Proprietary Guidelines

Introduced by: Council on Health Care Access

Referred to: Quality and Clinical Outcomes

1 Whereas, Health care entities such as insurance companies make use of proprietary guidelines in  
2 determining coverage of medical services; and

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4 Whereas, These guidelines may at times conflict with established guidelines in national guideline  
5 repositories, leading to delays and confusion in care for patients; and

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7 Whereas, Patients have the right to consider multiple guideline resources in making decisions  
8 about their care; therefore be it

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10 RESOLVED, That the Wisconsin Medical Society will direct its representatives to the American  
11 Medical Association to create a central repository of proprietary guidelines accessible to  
12 clinicians and patients.

Fiscal note: Within current budget.

### Relevant Policies

#### Society:

##### INS-020

**Health Insurance Policy Information:** The Wisconsin Medical Society supports

- Defining several levels of health insurance coverage in order that the consumer could be certain that the policy could be inclusive enough for his/her needs and would allow cost comparisons of similar policies.
- Ensuring that health insurance policies explicitly and specifically list exclusions from coverage in order that these omissions are apparent and comparable. (HOD, 0405)

##### INS-023

**Understandable Third Party Payer Printed Materials for Enrollees:** The Wisconsin Medical Society endorses and promotes a legal requirement that each third party payer provide a brief summary of its benefits, exclusions and limitations on access to physicians and enrollee financial obligations in language that is understandable by those at a 6th grade reading level. (HOD, 0405)

##### INS-050

**Importance of Fair, Reasonable and Transparent Charges:** The Wisconsin Medical Society believes in the importance of fair, reasonable, and transparent health care pricing including making fee schedules available to the public. (HOD, 0406)

**AMA:**

**H-185.971 Health Insurance Policy Information**

The AMA urges that health insurance policies explicitly and specifically list exclusions from coverage in order that these are apparent and comparable. (Sub. Res. 106, I-96; Reaffirmed: CMS Rep. 8, A-06)

**H-165.846 Adequacy of Health Insurance Coverage Options**

Our AMA supports the following principles to guide in the evaluation of the adequacy of health insurance coverage options:

1. Any insurance pool or similar structure designed to enable access to age-appropriate health insurance coverage must include a wide variety of coverage options from which to choose.
2. Existing federal guidelines regarding types of health insurance coverage (e.g., Title 26 of the US Tax Code and Federal Employees Health Benefits Program [FEHBP] regulations) should be used as a reference when considering if a given plan would provide meaningful coverage.
3. Provisions must be made to assist individuals with low-incomes or unusually high medical costs in obtaining health insurance coverage and meeting cost-sharing obligations.
4. Mechanisms must be in place to educate patients and assist them in making informed choices, including ensuring transparency among all health plans regarding covered services, cost-sharing obligations, out-of-pocket limits and lifetime benefit caps, and excluded services. (CMS Rep. 7, A-07; Reaffirmation I-07; Reaffirmation A-09; Reaffirmed: Res. 103, A-09; Reaffirmation I-09; Reaffirmed: CMS Rep. 3, I-09)