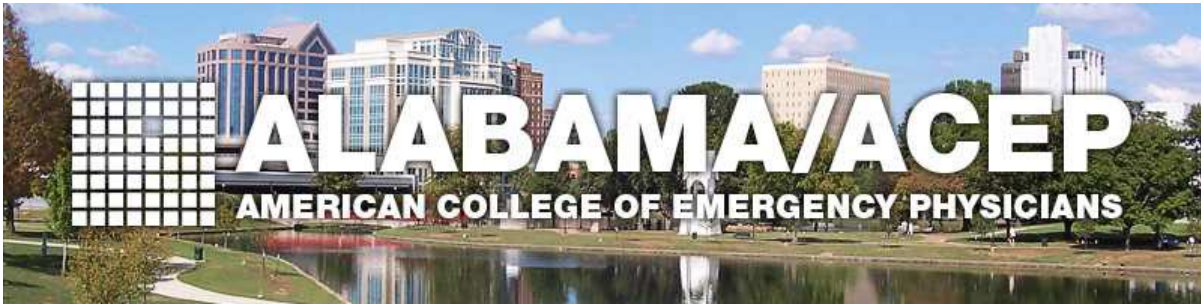


A Newsletter for the Members of the Alabama Chapter - Fall 2024

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A Letter from AL-ACEP President

Dear Colleagues,

I am both honored and excited to begin my term as president of the Alabama chapter of the American College of Emergency Physicians. I believe that emergency medicine physicians in our communities are among the most dedicated, skilled, and compassionate clinicians in the country. You play a crucial role in our healthcare system, providing care to “any patient, any time, for any reason.”

As we navigate today's challenges—such as ED boarding, reimbursement issues, staffing shortages, and concerns about physician autonomy—I want to express my optimism. I am inspired by the efforts of our local chapter and the national ACEP in supporting our emergency medicine colleagues.

Recently, I had the privilege of serving as a councilor from Alabama at the National ACEP councilors meeting. Over two days, we engaged with colleagues from across the nation to address some of the most pressing issues facing our profession. We debated resolutions with passion and purpose, and elected a new president and board members for the National ACEP. I left the session feeling proud of our collective work and energized by the commitment of my peers to ensure the success and sustainability of our field.

In the coming year, we aim to build on this momentum at the state level. I encourage each of you to get involved. We welcome your participation in our board

meetings, committees, or even leadership roles. Please feel free to reach out to me anytime if you're interested in contributing more.

I look forward to collaborating with all of you as we work together to advance our chapter and the practice of emergency medicine in Alabama.

Warm regards,

Sean Vanlandingham, MD, MBA, FACEP
President, Alabama Chapter, American College of Emergency Physicians

2024 ACEP Conference



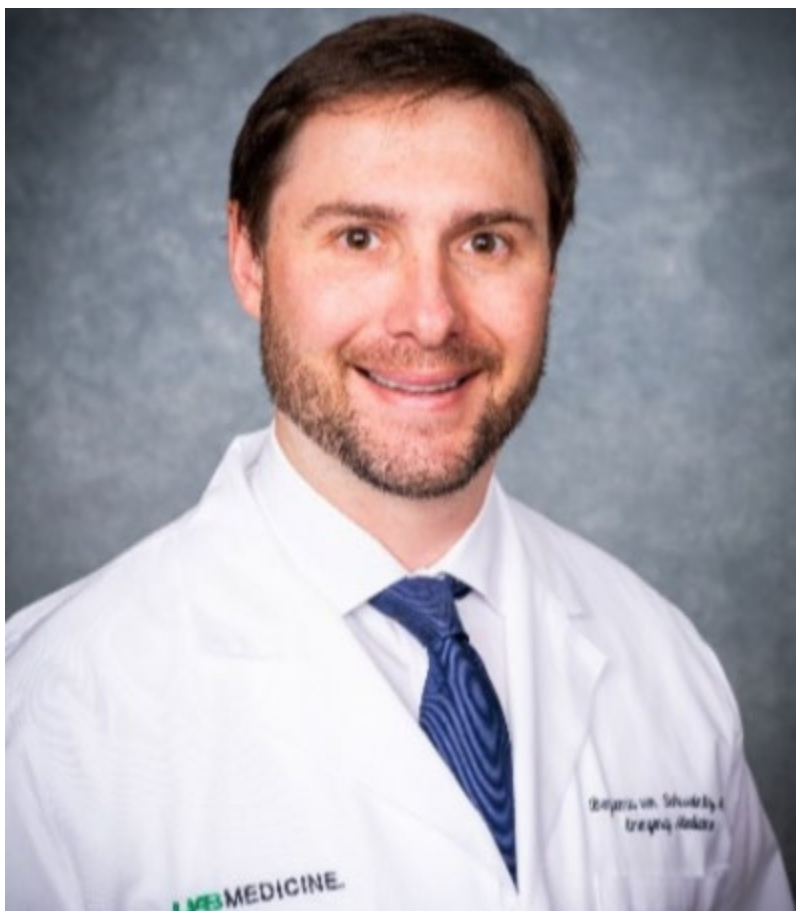
The Alabama Chapter of the American College of Emergency Physicians was represented by our councilors, Jaron Raper, MD, Annalise Sorrentino, MD, FACEP, Sean Vanlandingham, MD, MBA, FACEP, and Paul Kivela, MD, FACEP.



Jaron Raper, MD also presented at the conference on Pulmonary Embolism.



The Alabama Chapter of the American College of Emergency Physicians would like to congratulate our board member, Dr. Chris White on obtaining his FACEP certification in the month of August.



Through AL-ACEP's relationship with The Medical Association of the State of Alabama AL-ACEP was able to assist in appointing Benjamin Von Schweinitz, MD, FACEP as a member of The Alabama Trauma and Health System Advisory Council. The ATHS is a statewide trauma and health system which is helping to help save lives and reduce the burden of trauma. The system improves the chances of survival, regardless of proximity to an urban trauma center. Alabama is the only state in the United States with the capability to constantly monitor the status of every trauma hospital and route the trauma patient to the right hospital every time. This system is the model for the rest of the nation.



AL-ACEP would like to thank Bruce Burns, MD for his many years of service on the Birmingham Regional Emergency Medical Services System board as the AL-ACEP representative. His years of service have improved emergency care in the counties that they serve and provided valuable resources for emergency medical providers.



With Dr. Burns stepping down from his position, AL-ACEP is excited to announce that Julie Brown, MD will be stepping in to serve as the AL-ACEP board member.

Medical Association of Alabama Advancing Prior Authorization Reforms – Launches Website ALFixPriorAuth.com

Prior authorization (PA) processes have become a significant challenge for physicians, leading to delays in necessary treatments and increased administrative burdens which negatively affect patient care. Recognizing these challenges, the Medical Association of Alabama is committed to supporting comprehensive and meaningful PA reforms, both in Alabama and Washington, D.C., which build on the success seen in other states as well as with some federally-regulated plans.

For context, 35 states have established laws regarding response times for PA requests, with 11 states mandating a 24-hour response for urgent care and 15 states requiring 48 hours. Additionally, for non-urgent care, 11 states require a 48-hour response and 10 states require responses in less than 72 hours.

Regarding patients with chronic conditions and prior approval for a medicine or treatment, Medicare Advantage plans now must maintain coverage for the entire course of treatment once one is approved. As well, 90-day grace periods for patients switching health plans or products have also begun being implemented in various states. In neighboring Tennessee for example, in 2025 carriers must begin honoring an existing PA for the first three months of an enrollee's coverage under a new health benefit plan. Similar requirements are in place in other states as well and Medicare Advantage now requires (effective January 2024) a 90-day grace period for patients changing plans.

As hard as PAs are on patients and their physicians, once approved, they should be honored to prevent disruptions in treatment plans and additional administrative burdens. Medicare Advantage plans as of January 2024 cannot retroactively deny coverage and currently, 24 states, including Louisiana, North Carolina, and Tennessee, mostly prohibit retroactive denials once approved except in extreme instances.

Actual review of a physician's submitted PA is another area of contention where significant progress can be made. The sooner a physician licensed in the same state in the same or similar specialty with experience treating the condition in question is involved in the PA, the better for patients. But why wait until an adverse determination is made? If a physician requests a peer-to-peer review for his or her patient's needs, the physician should timely receive one. Utilization of non-physicians and even artificial intelligence to vet medical necessity are areas of significant concern the Association believes needs significant safeguards to protect patients against inappropriate denials of care and ensure that clinical decisions are made by qualified physicians who fully understand the complexities of patient care.

Transparency in understanding what is required by payers for PA processes is also essential. Things like the clinical criteria and other standards utilized in review, not to mention a list of the medical services and drugs requiring prior authorization, should be clearly posted on payers' websites. Best practices and current trends dictate what new criteria or requirements regarding PAs should be announced at least 90 days before implementation in order for practice workflows to be adjusted to meet patients' needs. Currently, 24 states require 90 days' notice of new requirements, including Georgia, Tennessee, and Louisiana. Additionally, multiple states prohibit inquiries for unrelated medical information from being included in PA processes.

Annual public reporting of PA denials is becoming widely available, specifically related to the percentage of approvals versus denials for all codes or groups of codes requiring prior authorization. Currently, 19 states require public reporting, including Georgia, Louisiana, and Tennessee, with nine requiring posting to insurers' websites and 10 requiring reporting to a

state agency or public official. A few states go so far as to require an agency or public official to issue a report to the public or state legislature. Furthermore, Medicare Advantage, Medicare, Medicaid, Medicaid MCOs and many QHPs will soon be required to report PA metrics on their websites under the CMS interoperability/PA rule.

As PA processes progress toward all-electronic methodologies, varying standards are being implemented. The “gold standard” for drug electronic PAs - the NCPDP - has been adopted in 14 states, including Georgia and Tennessee.

Speaking of the “gold standard”, developing programs that reduce the frequency of prior authorization requirements for providers with high approval rates - known as gold-carding - would highly improve patient satisfaction, practice workflow and could help reduce health plan administration costs. Best practices and current trends indicate programs are granting "gold card" status for 12 months with semi-annual redeterminations. Currently, 21 states, including Georgia, Tennessee, and Louisiana, have implemented some type of gold-carding or similar programs, with varying eligibility requirements.

The Medical Association is committed to seeing PA reforms like the aforementioned ones implemented in both Washington, D.C., and here in Alabama. The Association is currently working collaboratively with multiple large payers in Alabama to implement these changes for patients and their physicians.

What can physicians do?

Physicians can play a crucial role in advancing our efforts by visiting the Association’s Prior Authorization Reform website at ALFixPriorAuth.com. Here, you can learn more about the campaign and share your experiences. Providing a testimonial about how prior authorizations impact your ability to practice medicine and delay patient care will significantly strengthen our advocacy. Your voice is vital in driving change.

We invite you to share your story on how prior authorizations affect your practice and delay patient care. Your testimonial will help us illustrate the administrative burdens and patient care delays caused by current prior authorization processes, reinforcing the urgent need for reform.

Please visit ALFixPriorAuth.com to submit your testimonial. Your participation is essential in our efforts to advocate for a more efficient and patient-centered healthcare system.

Evans Brown, Manager of Government Relations & Public Affairs at the Medical Association of the State of Alabama.

Save the Date!



SAVE THE DATE

June 2-5, 2025

Sandestin Golf and Beach Resort
Linkside Conference Center
9300 Emerald Coast Pkwy W
Miramar Beach, FL 32550

For room reservations call
(800) 320-8115

Room rates begin at \$204 per night.
The deadline to reserve a room
at the discounted rate is **April 30, 2025.**

If you have a recent case study that you would like to submit to our quarterly newsletter for publication email Meghan Martin at mmartin@alamedical.org.

FROM NATIONAL ACEP



ACEP Resources & Latest News

ACEP Continues to Lead the Call for Accountability, Solutions to the Boarding Crisis

When it comes to boarding, ACEP leaders are keeping the pressure on. Last week, ACEP met with the Biden Administration to discuss our proposal to require hospitals to have plans in place when they reach capacity. [READ MORE](#)

ACEP Calls for Action to Address Drug Shortage, Protect Patients

In the aftermath of two recent hurricanes, ACEP wrote the Department of Health and Human Services, Food and Drug Administration, and Federal Trade Commission to address concerns about the medical supply chain disruption, drug shortages and patient safety. Read ACEP's list of demands. [READ MORE](#)

ACEP Releases Migraine POC

ACEP's new Migraine in the ED point of care tool is now available. This tool aims to help emergency physicians better diagnose and treat patients who present with this common complaint. [READ MORE](#)

Open Enrollment for Health Insurance Exchanges

The Federal Marketplace open enrollment period for the health insurance exchanges starts this Friday. ACEP has professional liability coverage options, a new program for emergency physicians looking for 1099 coverage and much more. See what's available. [READ MORE](#)

ACEP-Supported Bill Introduced to Stop Medicare Payment Cuts, Provide Inflationary Update

On October 29, the ACEP-supported bipartisan "Medicare Patient Access and Practice Stabilization Act" (H.R. 10073) was introduced in the House of Representatives by congressional physician champions and physician allies. Now, it needs emergency physician support to help enact it into law.

This bill fully addresses the impending 2.8% Medicare Physician Fee Schedule (PFS) cuts scheduled to go into effect on January 1, 2025, and goes further to provide a temporary update to the PFS via a one-year inflationary update of half the

2025 Medicare Economic Index (MEI), a proposal similar to recommendations that the Medicare Payment Advisory Commission (MedPAC) recently shared with Congress.

[Click here to urge your elected official to stop these cuts and support this bill.](#)

ACEP continues to prioritize long-term, sustainable physician payment reform as a key pillar of our federal advocacy efforts.

This bill is a vital stopgap to fully prevent the imminent cuts facing emergency physicians at year-end, establish an important precedent of reflecting inflationary pressures in the Medicare physician payment system, and to provide the physician community and Congress additional time to collaborate on long-term physician payment reform.

ACEP and 130 organizations representing physicians, health care providers, hospitals, and other organizations support passing this bill into law. Read the press release from the bill sponsors [here](#).

Upcoming ACEP Events and Deadlines

- **Nov. 12:** Learn how to manage your student loans and navigate repayment or forgiveness options in the live webinar, "Find Freedom From the Stress of Student Loan Debt." Hosted by Laurel Road, this one-hour live event is set for Noon. [**Register**](#).
- **Nov. 12:** Prepare for the 2025 Medicare Physician Fee Schedule impacting your pay starting Jan. 1, 2025. Hot Off the Presses: Reimbursement Updates for 2025, a live one-hour webinar, begins at 1 p.m. (Central). [**Register**](#).
- **Dec. 4:** Explore tax strategies for health care leaders in both nonprofit and for-profit organizations: maximize retirement contributions, leverage donor-advised funds, charitable strategies, Roth conversions, HSAs, and more in this webinar, Tax Plan Your Way to Wealth for Physicians and Medical Professionals. This one-hour live event starts at Noon. [**Register**](#).
- **Jan. 13, 2025:** Get the most out of your Reimbursement & Coding Conference experience with Nuts and Bolts of Physician Reimbursement 2025. This one-hour live webinar begins at 1 p.m. (Central). [**Register**](#).
- **Jan. 18-23, 2025:** With multiple meetings in one place, ACEP Accelerate in Orlando offers something for everybody. [**Register**](#).
 - AAWE Power Up: Women in Leadership - Jan. 18, 2025
 - Observation Medicine Science and Solutions - Jan. 18-19, 2025
 - Teaching Fellowship Phase 1 - Jan. 18-22, 2025
 - ED Directors Academy Phase I - Jan. 19-23, 2025
 - Pediatric Emergency Medicine Assembly - Jan. 20-22, 2025
 - Reimbursement & Coding - Jan. 20-22, 2025
 - And more! See the full [**ACEP Accelerate**](#) schedule online.

- **Feb. 10-13, 2025:** Chart your own course with the Independent EMGroup Master Class. [Register](#).
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Contact Alabama ACEP

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Alabama ACEP

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