



Alabama Society of
Allergy, Asthma and
Immunology

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ASAAI News & Notes

October 2024

JOIN US

**Alabama Society of Allergy, Asthma
and Immunology
Winter Meeting
January 11, 2025**

**Bruno Conference Center
Birmingham**



Alabama Society of
Allergy, Asthma and
Immunology

INSIDE THIS ISSUE

- ASAAI Winter Meeting
- Medical Association Advancing Prior Authorization Reforms
- Alabama Medicaid Updates PDL
- PAC Q&A

SAVE THE DATE

**Alabama Society of Allergy, Asthma and Immunology
Winter Membership Meeting**

Saturday, January 11, 2025

Bruno Conference Center

**806 Saint Vincents Drive Birmingham,
AL 35205**

Make plans to join your colleagues at AASAI's 2025 Winter Conference, Jan. 11, 2025, at St. Vincent's Bruno Conference Center in Birmingham. We welcome physicians specializing in allergy asthma and immunology from all over the state to discuss current events affecting their practice of medicine and the health of the society.

Registration and meeting details will be available on our website and sent out via email soon.

www.allergysociety.org

What's Happening Around the State

Alabama Medicaid Adds Asthma and Allergy Monoclonal Antibodies to the PDL

The Alabama Medicaid Agency's pharmacy quarterly update added several asthma and allergy monoclonal antibodies to the preferred drug list taking effect October 1, 2024.

The Alabama Society of Allergy, Asthma and Immunology has advocated along with The Medical Association of the State of Alabama to include these medications in the PDL and are happy to report that our efforts have paid off.

To view the full Medicaid alert and included medications click [here](#).

Another Rural Alabama Hospital Closes

Yet another rural Alabama community faces losing a hospital as leaders in Clarke County worry Thomasville Regional Medical Center may have closed its doors forever.

Thomasville Mayor Sheldon Day and the hospital both posted on Friday that a meeting was scheduled for Monday with "stakeholders" on the 29-bed medical center's future.

Day said that he was given the impression that Curtis James, the CEO of Thomasville Regional Medical Center and leader of the hospital's ownership group, was currently preparing a plan to handle the situation after the closing announcement.

Rural hospitals, as well as maternity services, have been closing across Alabama. In south Alabama, that includes the closure of Georgiana Medical Center in Butler County and Monroe County Hospital stopping its labor and delivery services last year.

Read more from ADN [here](#).

Dr. Karen Barker, MD Elected as President of ASAAI for 2024-2025



Karen Barker, MD earned a bachelor of arts in public policy from The College of William and Mary and then received her medical degree from The University of Virginia School of Medicine. She completed her pediatrics residency at Wright State University and Dayton Children's Hospital followed by serving in the United States Air Force, Medical Corps. She is certified by the American Board of Pediatrics and the American Board of Allergy and Immunology. Dr. Barker currently serves patients at Pulmonary Associates of Mobile.

MEDICAL ASSOCIATION ADVANCING PRIOR AUTHORIZATION REFORMS

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.

Cont on page 4.

MEDICAL ASSOCIATION ADVANCING PRIOR AUTHORIZATION REFORMS CONTINUED

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 Associa

The Medical Association of the State of Alabama ALAPAC Q&A with Allen Meadows



Dr. J. Allen Meadows, MD is an Allergist-Immunologist, who primarily practiced in Montgomery, AL. He is board certified by the American Board of Allergy and Immunology. Dr. Meadows is the Past-President of the American College of Allergy, Asthma and Immunology (ACAAI) and is currently the Executive Director of Advocacy and Governmental Affairs for the American College of Allergy, Asthma and Immunology.

Dr. Meadows is active in his community and believes that by taking a proactive stand on medical issues he will better serve his patients' needs. He has been strongly involved in advocacy, especially in-person, throughout his career.

What prompted you to become a physician, specifically within your specialty?

"My family historically always had a great respect for physicians, particularly my maternal grandfather who passed away when my mother was young. None of his 5 children could afford to go to medical school, but half of his grandchildren, none of whom ever knew him, became physicians. So, I was pretty much "raised" to be a doctor from the time I was young. I admired my allergist greatly and spent several days shadowing him. I clearly recall one day when he put his arm around me and told me one day I could become his partner (he left practice before I finished fellowship, but he remained a mentor)."

What are the most pressing issues facing medicine over the next decade?

Cont. on page 5.

ALABAMA SOCIETY OF ALLERGY ASTHMA AND IMMUNOLOGY

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ABOUT ALSAM

The Alabama Society of Addiction Medicine is a non-profit corporation whose purpose is to protect and enhance the public health. One of the ways that ALSAM achieves its purpose is by providing educational opportunities for the healthcare professionals and the general public, in order to relate the latest advancements in the field of addiction medicine.

THE MEDICAL ASSOCIATION OF THE STATE OF ALABAMA ALAPAC Q&A WITH ALLEN MEADOWS

"A. The changing face of the doctor. Historically, baby boomer physicians have been individualist Caucasian male entrepreneurs. The Millennial doctor is female, ethnically diverse, and a salaried employee who values carved-out time for the family. Too often employed doctors don't see the value of organized medicine.

The consolidation of healthcare – single organizations now control the entire process: they own the medical practices, the insurance company, the pharmacy benefit manager, and even the pharmacy. This places doctors and patients at significant risk of being swallowed by the corporate medicine machine.

C. Pharmacy Benefit Managers PBM's – This is the loud sucking noise that is driving the price of drugs. PBM's make nothing and add no value but take a 30% cut off the top. Everyone blames big pharma for the high price of drugs, but the biggest pharmaceutical company in the world is dwarfed by most PBM's."

How does the advocacy work of the Medical Association - and your involvement through the Regional PAC Board - help address those concerns?

"If you are not at the table, you are usually on the menu! As individuals, we are unlikely to be heard. Who do we want to represent us: our employers, the insurance company, or the hospital? All at some point claim to represent us. The physician's voice needs to be heard now more than ever."

What do you think physicians understand the least about advocacy?

"Advocacy is about relationships! You need to have a relationship with someone before you need something. Regular interactions with elected officials for no particular reason are essential. Never underestimate the importance of meeting with staff in Washington; even though they all look like children, they often have a huge impact on decisions. I go to Washington several times a year."

What do you do for fun/what are your hobbies and interests?

"Family, I love to spend time with my three children and three grandchildren. I am a huge baseball fan. With my adult son, I have seen a game in 17 stadiums on a quest to see them all. We play daily fantasy baseball together and have won several league championships. I have a large collection and allergy and asthma antiques and old books, including the original American language book on asthma from 1886, and the first book to identify pollen as a cause of hay fever."

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Coming Attractions

2025 ASAAI 46th Annual Post Graduate Review Course
August 1 - 3, 2025 | Perdido Beach Resort, Orange Beach, AL