

Akil Health

Intelligence That Opens Doors to Care

WEEK OF SEPTEMBER 15, 2025

Akil Intelligence Brief

Executive Summary

This week brings critical regulatory changes requiring immediate attention: the largest healthcare fraud enforcement in history (\$14.6B), revolutionary prior authorization reforms beginning January 2026, and a projected 100,000 healthcare worker shortage by 2028. Healthcare operations executives must act now on compliance reviews, prior auth system updates, and workforce retention strategies.

Critical Actions This Week

- **September 16 Deadline:** Submit comments on 2026 Medicare Advantage payment methodology to CMS. This affects payment rates and quality bonus programs for all MA plans.
- **Immediate Compliance Review:** Following DOJ's \$14.6B fraud enforcement action against 324 defendants, audit your billing practices, documentation, and compliance programs.
- **Prior Auth System Preparation:** Begin vendor discussions for January 1, 2026 changes requiring plans to honor prior authorizations during insurance transitions.

ACTION REQUIRED

Organizations must review and update prior authorization workflows by Q4 2025 to comply with new continuity requirements taking effect January 1, 2026.



Regulatory Updates

- **CMS Final Rule - Physician Fee Schedule:** 2025 conversion factor set at 32.3465, reflecting 0.02% positive budget neutrality adjustment. Impact: Minimal change to physician reimbursements, but practices should update fee schedules.
- **Prior Authorization Revolution:** Major insurers (UnitedHealth, CVS, Cigna) commit to 80% real-time approvals by 2027. FHIR API implementation required. Plans must honor existing authorizations for 90 days during insurance transitions starting 2026.
- **Traditional Medicare Prior Auth Pilot:** WISeR Model launching in NJ, OH, OK, TX, AZ, WA on January 1, 2026. Covers 17 services vulnerable to fraud. Providers can choose prior auth or pre-payment review.
- **Medicare Advantage Updates:** 3.70% average payment increase (\$16B total) for 2025. D-SNP look-alike threshold dropping to 60% by 2026. New agent compensation rules limiting steering.

Key Metrics This Week

\$14.6B

Fraud Enforcement

100,000

Worker Shortage by 2028

80%

Real-time Prior Auth by 2027

\$2,000

Part D Cap 2025

Operational Intelligence

- **Workforce Crisis Deepening:** 100,000 healthcare worker shortage projected by 2028. Acute shortages in NY/NJ. 73,000 nursing assistant deficit expected. 20,286 doctors left NHS organizations in past year citing preventable reasons.
- **AI Adoption Accelerating:** 66% of physicians now using AI (doubled from 2023). Clinical documentation time reduced by 26%. ROI opportunity: \$7B in operations, \$30B in commercial life sciences.
- **Public Health Alerts:** 222 measles cases with first US death in decade. Flu cases at 15-year high per CDC. Hospitals should review vaccination protocols and surge capacity.
- **Cybersecurity Priorities:** Top 5 concerns for 2025: ransomware, third-party breaches, data breaches, supply chain attacks, zero-day exploits. M&A activity increasing vulnerabilities.

Cost Impact Analysis

- **Revenue Opportunities:** Medicare Advantage payments increasing 3.70% (\$16B total) for 2025. Organizations should optimize MA enrollment and star ratings for maximum bonus payments.
- **Compliance Investment Required:** \$245M in assets seized in fraud enforcement. Organizations must invest in compliance programs, documentation improvement, and audit preparation to avoid penalties.
- **Patient Financial Relief:** Part D out-of-pocket cap at \$2,000 starting 2025. Expect increased utilization of high-cost medications. Update financial counseling protocols.
- **Operational Savings:** Prior auth automation could save \$450 per transaction. With 80% real-time approvals by 2027, potential savings of \$13.5B industry-wide.



30-Day Horizon

- **October 1, 2025:** FY 2025 IPPS final rule rates take effect. Update chargemasters and review DRG assignments.
- **October 15, 2025:** Medicare Advantage annual enrollment period preparation deadline. Marketing materials must be CMS-approved.
- **November 1, 2025:** 2026 Qualified Health Plan certification requirements deadline for marketplace participation.
- **November 15, 2025:** CMS quality reporting deadlines for multiple programs. Ensure data submission for Hospital VBP, Readmissions Reduction Program.

Akil Intelligence Brief | Weekly Healthcare Operations Intelligence

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