

Akil Health

Intelligence That Opens Doors to Care

WEEK OF SEPTEMBER 29, 2025

Akil Intelligence Brief

Critical Regulatory Shifts & Prior Authorization Revolution

Executive Summary

Healthcare organizations face an unprecedented convergence of regulatory changes and operational challenges this week. CMS finalized marketplace integrity rules affecting 24 million consumers, requiring 75% eligibility verification for Special Enrollment Periods by 2026. Major insurers' voluntary commitment to reform prior authorization—covering 257 million Americans—promises 80% real-time approvals by 2027, yet Medicare simultaneously launches an AI-powered prior authorization pilot in six states. With HRSA projecting a 187,000 physician shortage by 2037 and immediate October 1 compliance deadlines, organizations must act swiftly on multiple fronts.

Critical Actions This Week

- **September 30 Deadline:** Medicare telehealth flexibility expires. Prepare contingency plans for service delivery disruptions, particularly for rural and homebound patients. Congressional extension remains uncertain.
- **October 1 Implementation:** FY 2025 IPPS final rule rates take effect. Update chargemasters immediately. Review Hospital Value-Based Purchasing payment adjustments and verify MS-DRG assignments.
- **Prior Authorization Audit Required:** Review all workflows for January 1, 2026 continuity requirements. New rules mandate honoring authorizations for 90 days when patients change insurers.
- **Marketplace Compliance Review:** CMS requiring pre-enrollment verification for 75% of SEP enrollments beginning 2026. Update enrollment systems and staff training protocols.



Regulatory Updates

- **Marketplace Integrity Final Rule:** 24 million ACA enrollees affected. Automatic re-enrollment with \$0 premium will require \$5 monthly payment until eligibility confirmed. Preponderance of evidence standard for broker terminations.
- **Prior Authorization Transformation:** Major insurers (UnitedHealth, Cigna, Aetna, Humana) commit to reducing prior auth scope by January 1, 2026. FHIR API standardization required. 90-day continuity during plan transitions.
- **Medicare WISeR Model Launch:** AI-powered prior authorization pilot begins January 1, 2026 in NJ, OH, OK, TX, AZ, WA. Targets 17 services vulnerable to fraud. Model participants paid based on reducing unnecessary services.
- **Medicare Advantage CY 2026:** CMS proposing \$21 billion payment increase (3.70%). D-SNP look-alike threshold dropping to 60%. Final rate announcement expected April 7, 2025.
- **Interoperability Mandates:** FHIR APIs for real-time data exchange enforceable by January 2027. Payers must implement prior authorization APIs with 72-hour expedited and 7-day standard response times.

Key Metrics This Week

257M

Americans affected by prior auth

187K

Physician shortage by 2037

73K

Nursing assistant deficit by 2028

\$13.5B

Prior auth savings potential

Operational Intelligence

- **Workforce Crisis Deepening:** HRSA projects 187,130 FTE physician shortage by 2037. Primary care adequacy at 104% when including NPs/PAs. Critical shortages in NY (-2,706), TX (-2,830), CA (-2,580).
- **Legislative Relief Proposed:** Healthcare Workforce Resilience Act (H.R. 5283/S. 2759) would recapture 25,000 unused nurse visas and 15,000 physician visas. Bipartisan support growing.
- **AI Adoption Accelerating:** 66% of physicians using AI tools, nearly doubling from 2023. Documentation time reduced 26%. Virtual reality training increasing nursing licensure pass rates by 10%.
- **Telehealth Cliff Approaching:** Medicare beneficiaries lose home telehealth access after September 30 without Congressional action. Rural providers facing significant revenue disruption.
- **Burnout Driving Exodus:** Over 50% of physicians report burnout. 40% of physicians expected to be 65+ within decade. Nursing assistant turnover approaching 100% annually.

Cost Impact Analysis

- **Prior Authorization ROI:** Real-time approvals save \$450 per transaction. With 80% automation by 2027, industry-wide savings potential reaches \$13.5B annually.
- **Medicare Part D Crisis:** OIG reports 364% spending increase on 10 diabetes drugs (2019-2023). GLP-1 medications driving unsustainable cost growth.
- **Workforce Investment Payback:** On-site employer health clinics showing positive ROI through reduced absenteeism. Accelerated nursing programs adding 8,000 graduates annually.
- **Fraud Prevention Savings:** WISeR Model preventing \$4.41B in fraudulent Medicare claims. AI detection blocking 91% of suspicious billing before payment.
- **Compliance Cost Rising:** FHIR API implementation requiring significant IT investment. Smaller plans may exit markets due to technology requirements.

IMMEDIATE ACTION REQUIRED

The October 1 IPPS implementation coincides with Medicare telehealth expiration and MA enrollment preparation. Organizations must update systems, train staff on prior authorization changes, and address workforce shortages simultaneously. Failure to act risks compliance violations, revenue disruption, and care delivery gaps.

30-Day Horizon

- **October 1, 2025:** FY 2025 IPPS rates effective. Hospital Readmissions Reduction Program adjustments apply. Review all DRG assignments.
- **October 15, 2025:** Medicare Advantage Annual Enrollment Period begins. All marketing materials must have CMS approval. Prepare member communications.
- **November 1, 2025:** 2026 Qualified Health Plan certification deadline. Actuarial value calculator updates required for plan year 2026.
- **November 15, 2025:** CMS quality reporting deadlines for multiple programs including Hospital VBP and IQR. Data submission critical for payment adjustments.
- **December 7, 2025:** Medicare Advantage/Part D enrollment deadline for January 1 coverage. Last day for beneficiary plan selection.

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