

# Change Ahead:

How the Election Could Shape  
Healthcare and Long-Term Care

*The Insiders' View from Washington*

FREE WEBINAR

Duration: 90 minutes

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# YOUR SPEAKERS



## Cynthia Morton

Chief Executive Officer

*ADVION - The next generation of NASL*



## Michaela Sims

Founder of Sims Strategies

*Member of ADVION Policy Counsel*





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TEFCA Update the ONC's Approach to Interoperability for Health Care Providers

HIPAA, Artificial Intelligence and Some Legal Tips in Post-Acute Care

The Future of the Physician Fee Schedule Payment and 2025 Updates

Patient Engagement, Info Sharing & Interoperability: The HTI-2 Proposed Rule

CMS' New Transforming Episode Accountability (TEAM) Model for Hospitals

Artificial Intelligence in Long Term Care

# ADVION

## 2025 LEGISLATIVE & REGULATORY CONFERENCE

March 17-19, 2025

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# Overview

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- Election Results
  - Takeaways and Questions
- Timeline for Congress and Transition
- End of Year 2024
- Organizing for the 119th Congress
- Trump 47 Administration
- 2025 Landscape
- Guidance for Health Care Leaders in 2025
- Regulatory Updates

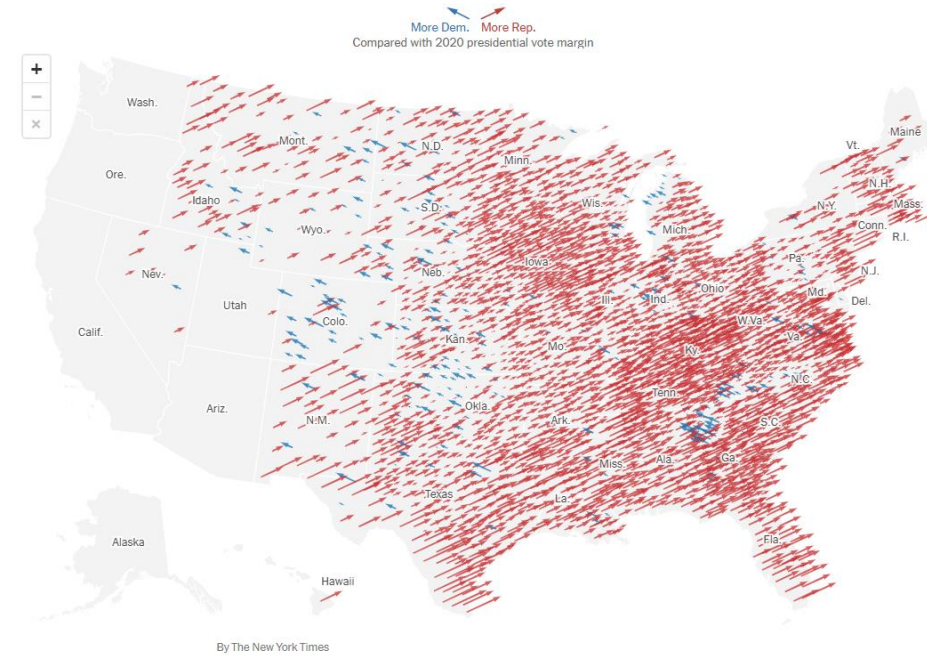
# Election Results

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- President: former President Trump (312-226)
- Senate: Republican Control, 53-47
  - D Losses/R Gain: Casey\*, Tester, Brown
  - D Retain: Rosen, Gallego
  - R Gain: West Virginia
- House: TBD; Currently 214-206 (need 218), likely Republican Control
- Likely Republican Trifecta
  - Unlocks Budget Reconciliation – three opportunities to pass single party legislation
  - Note that in last 15 years, no party has kept a trifecta for more than one cycle

# Election Results

- Polls before election showed a tight race
- Trump gained votes nationwide
  - Will likely win the popular vote
- Senate Democrats run ahead of Harris
- Larger margin of victory than last two elections
  - 2016 – Trump won Electoral College by 77,000 votes in 3 states (MI, PA, WI)
  - 2020 – Biden won Electoral College by 40,000 votes in 3 states (GA, AZ, WI)
  - 2024 (Preliminary Results) – Trump won Electoral College by 243,000 votes in 3 states: PA: +134k; MI: + 80k; WI: + 29k



# Election Takeaways and Questions (So Far)

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## Takeaways

- Trump expanded his coalition, will likely win popular vote.
- Many factors contributed to the election results; no single factor decisive.
- News sources matter and new outlets reach new/different voters.

## Top Questions

- What does the Democratic post-election assessment look like?
- Will Democrats use a SHORT TERM or LONG TERM lens when making decisions on how to proceed in Congress?
- Who will be the emerging leaders in the Democratic Party?
- How will Trump govern this time around?



# Timeline for Congress and Transition

Date	Congress and Presidential Transition
Post-Election Day	<ul style="list-style-type: none"><li>Transition Begins (Pending Trump Transition Acceptance of Terms for Government Funds)</li><li>Throughout November, December, and January, the incoming Administration will announce nominees for Cabinet positions and other key roles.</li></ul>
Nov 12	<ul style="list-style-type: none"><li>Congress Returns from Recess for “Lame Duck” Session</li></ul>
Nov 13	<ul style="list-style-type: none"><li>Republican Leadership Elections in House and Senate</li><li>(Not yet scheduled - Democratic Leadership Elections for House and Senate)</li></ul>
Dec 20	<ul style="list-style-type: none"><li>Government Funding Deadline; Expected Deadline for End of Year Package in “Lame Duck” Session</li></ul>
Jan 2, 2025	<ul style="list-style-type: none"><li>Federal Debt Limit is Reinstated; Extraordinary Measures Resume (Will Run Through Spring/Summer)</li></ul>
Jan 3	<ul style="list-style-type: none"><li>119<sup>th</sup> Congress Sworn In</li><li>Speaker Election; Senator Pro Tempore Elected</li></ul>
Throughout January	<ul style="list-style-type: none"><li>Senate may hold hearings and votes on cabinet nominees; some hearings may occur before January 20<sup>th</sup>.</li></ul>
Jan 6	<ul style="list-style-type: none"><li>Congress sits in joint session for the counting of the Electoral College Votes</li></ul>
Jan 20	<ul style="list-style-type: none"><li>Inauguration Day at Noon ET</li></ul>

# End of 2024

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- Deadline – December 20th
- Offsets
  - Delay of Nurse Staffing Rule?
- Scale of package TBD
  - Short term extension, or clear the decks in larger package?
- Menu of Options – 3 Buckets
  - Small
    - Appropriations
    - Telehealth
    - Narrow Provider Relief
  - Medium
    - PBMs
    - Transparency
    - Medium Provider Relief and Reforms
  - Large
    - If We Go Big... Make a Wish List
    - Expansive Provider Payment Reform

# Senate – Organizing for the 119th Congress

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- New Republican Leadership
  - Thune, Cornyn, or Scott?
- New Chairs/Ranking Members
  - Finance – Crapo (R-ID), Wyden (D-OR)
  - HELP – Likely Cassidy (R-LA), Sanders (I-VT)
  - Aging – In flux; possibly Rick Scott (R-FL) and Gillibrand (D-NY)
- Open seats on Finance
  - Retirements and election losses among Democrats
- New Senators
  - Republicans
    - JD Vance replacement
    - Jim Banks (R-IN)
    - Tim Sheehy (R-MT)
    - Bernie Moreno (R-OH)
    - David McCormick (R-PA)\*
    - John Curtis (R-UT)
    - Jim Justice (R-WV)
  - Democrats
    - Angela Alsobrooks (D-MD)
    - Lisa Blunt Rochester (D-DE)
    - Elissa Slotkin (D-MI)

# House – Organizing for the 119<sup>th</sup> Congress

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- Republican and Democratic Leadership Largely the Same
  - Replacement for Stefanik TBD
- Committee Leadership
  - Energy and Commerce
    - New Chairman – Possibly Guthrie (R-KY)
    - Frank Pallone (D-NJ)
  - Ways and Means
    - Chair: Rep. Jason Smith (R-MO)
    - Ranking Member: Rep. Richie Neal (D-MA)



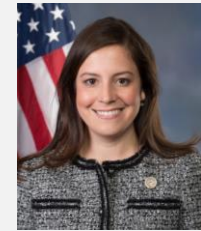
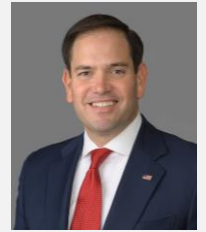
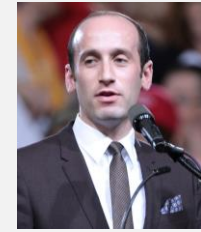
# Presidential Transition

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- Trump is first President since Grover Cleveland to serve a second, non-consecutive term.
  - 2024 transition will be significantly different from 2016 transition.
- Federal law provides for transition effort between Election Day and Inauguration
- During this time...
  - Cabinet Positions Announced
  - Political Appointees Considered
- Intended to Ensure Functioning Government on Day 1
  - But... it will take 6+ months for most lower-lever nominations and appointments to occur.

# Announced Personnel

- White House Chief of Staff – Susie Wiles
  - Deputy Chief of Staff for Policy – Stephen Miller
  - US Ambassador to the UN – Rep. Elisa Stefanik
  - Border Czar – Tom Homan
  - EPA Administrator – Former Rep. Lee Zeldin
  - National Security Advisor – Rep. Michael Waltz
  - Sec. of State – Sen. Marco Rubio
  - Sec. of Homeland Security – Gov. Kristi Noem
  - Sec. of Defense – Pete Hegseth
  - CIA Director – John Ratcliffe
- 
- Trump personally pushing hard for quick Senate confirmation or for Senate to allow **recess appointments**



# Potential Health Personnel

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## HHS Secretary

- People being considered
  - Former Louisiana Governor Bobby Jindal
  - Former HHS Deputy Secretary Eric Hargan

## Other Health Positions

- RFK Jr.
- Joe Grogan
- People from Think Tanks
  - America First Policy Institute
    - Heidi Overton, M.D., Ph.D., Vice Chair
    - Hannah Anderson, Director
    - Charlie Katebi, Deputy Director
  - Heritage Foundation
    - Roger Severino
  - Paragon Health Institute
    - Brian Blase
    - Paul Mango
    - Demetrios Kouzoukas

# Other Names in the Mix – Influencers

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- Elon Musk and Vivek Ramaswamy
  - “Department of Government Efficiency”
- Tucker Carlson
- Donald Trump, Jr.
- Other conservative media figures
  - Megyn Kelly



# Trump Administration 1 vs 2

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- Differences from Trump Administration 1
  - More organized, more prepared
  - Premium on loyalty and experience
  - Trump is a known actor now
    - Shock-and-awe is known; no one surprised
  - 2024 very different from 2016
    - New and different economic and international challenges; different political issues
- Similarities from Trump Administration 1
  - Mercurial decision making
  - Disruption a priority

# Day 1 Executive Orders

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- Expect Many Executive Orders on Day 1
  - But do not expect much focus on health care
- Potential Executive Orders
  - Social Issues
    - Repeal transgender protections
    - Repeal of equity focus across federal government
  - Immigration
    - Deportation Effort
    - End to Birthright Citizenship for Children of Undocumented Immigrants
  - Energy
    - Withdraw from Paris Climate Accord
    - Rollback regulations on vehicle emission standards
  - Justice Dept
    - Firing Special Counsel Jack Smith
    - Pardoning January 6th defendants

# Health Priorities

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- Trump Campaign Platform ([Link](#))
  - “FIGHT FOR AND PROTECT SOCIAL SECURITY AND MEDICARE WITH NO CUTS, INCLUDING NO CHANGES TO THE RETIREMENT AGE”
- Unknown role of RFK Jr
  - Vaccines
- Drug Pricing and Negotiations
- Medicaid Reform

# Sources for Policy Ideas

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- **America First Policy Institute**
  - Center for a Healthy America
    - [Health Care Reform; Public Health](#)
- **Heritage Foundation**
  - Project 2025
    - [HHS Chapter](#)
- **Paragon Health Institute**
  - [Initiatives; Research](#)



# 2025 Landscape – Budget-mageddon

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- 2017 Tax Provisions Expire
  - Individual Tax Rates
  - SALT Tax Limits
  - Enhanced Child Tax Credit
  - Increase in Standard Deduction
- Health Provisions Expiring
  - ACA Enhanced Premium Tax Credits (from 2022, IRA)
- Debt Limit Increase Needed
- Potential Offsets
  - ~~Increase in corporate tax rate~~
  - Medicare Advantage, PBMs, Prescription Drugs; Hospital Site Neutral Payments
  - Delay of Nurse Staffing Rule?
- Cost Reducers
  - Extending narrower slice of individual tax provisions

# 2025 Landscape – Budget-mageddon

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- The Vehicle – “Reconciliation”
  - Allows passage of legislation in Senate with 50 votes instead of 60
    - Bypasses filibuster but has special rules
- Question of how much of package needs to be offset
- Path of Least Resistance:
  - Tax Cut Extension
  - ...but health could be added
- If Republicans insist on offsets, health care policies more likely to be added
  - Nursing Staffing Rule Delay/Repeal
- With so many items on the table, could other sweeteners be added?
  - Physician Fee Schedule Reform?
  - Telehealth, Permanent Extension?

# Guidance for Health Care Leaders in 2025

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- Resist the urge to oversimplify the election results
- Remember that we are in the era where political control changes fast
  - Historically: Had long stretches of one party in power
  - In last 10 years: White House or a Chamber of Congress flips each cycle
- Two questions
  - What are your priority issues?
  - Where do your priority issues fall within the Venn diagram of Republican, Democratic, and Bipartisan opportunities?
    - These answers will likely play a big role in the best strategies.

# Bipartisan Opportunities in 119<sup>th</sup> Congress?

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- **Republican Health Priorities**

- Policies that Reduce Costs and Increase Market-Based Competition
  - Price transparency; Deregulation
- Medicaid Changes
- Modifications to Inflation Reduction Act

- **Bipartisan Opportunity**

- **Physician Fee Schedule Reform**
- **Telehealth Extension**
- **Site Neutral Payments**
- **Medicare Advantage**

- **Democratic Health Priorities**

- ACA Enhanced Tax Credits
- Reproductive Health Issues





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- CMS' new TEAM model
- Solutions to staffing challenges
- The HTI-2 Proposed Rule
- *And much more!*

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Presented LIVE Wednesday, November 13th | 2:00pm Eastern (1 hour)  
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HIPAA, Artificial Intelligence and Some Legal Tips in Post-Acute Care	CMS' New Transforming Episode Accountability (TEAM) Model for Hospitals

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# Skilled Nursing Facility Prospective Payment System

## Part A Final Rule

### FAST FACTS:

- 4.2% payment update finalized
  - Higher than FY24 (4.0%) and highest in recent years
  - \$1.4 billion over FY24
- Does not cover Nurse Staffing Mandate and not meant to
- Does not include the 2% withhold for the Value-Based Purchasing (VBP) Program
  - VBP reduces payments by \$196.5 million
- Effective October 1, 2024

<b>Market Basket Update</b>	<b>+3.0%</b>
Market basket forecast error adjustment	+1.7%
Productivity adjustment (moving averages)	-0.4%
<b>Proposed Net Increase Over FY2024</b>	<b>+4.2%</b>

↑  
**\$1.4 billion**

# SNF Part A Proposed Rule Highlights

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- **Civil monetary penalties (CMPs) to be assessed in a single day through changes to *per instance* CMPs and *per-day* CMPs**
- Quality Reporting Program (QRP) – Will collect four new items – SDOH
  - Items: Living Situation, (2) Food, Utilities, modify Transportation
- Value-Based Purchasing (VBP)– New policies on measure selection, retention and removal policy
- For the future:
  - Received comments on changes to the points for Non-Therapy Ancillary (NTA) components: no changes for now
  - Future QRP Measures: Vaccination Composite, Pain Management, Depression, Patient Experience of Care/Patient Satisfaction

# Quality Reporting Program (QRP)

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Adding four SPADEs to the social determinants of health (SDOH) category.

Collecting and reporting this data would begin with the **FY 2027 SNF QRP (October 1, 2025)**.

New questions are:

- **Living Situation** - “What is your living situation today?”
- **Food** – “Within the past 12 months, you worried that your food would run out before you got money to buy more,”
- **Utilities** – “In the past 12 months, has the electric, gas, oil, or water company threatened to shut off services in your home?”

Modifying this question to align it with the Transportation question in other programs:

- **Transportation** – “In the past 12 months, has a lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?”

# QRP – Future Measure Concepts

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*Considering four areas for future measure concepts in Table 29*

**Vaccination Composite** – could represent overall immunization status of residents such as the Adult Immunization Status measure

**Depression** – may be similar to Clinical Screening for Depression and Follow-Up measure

**Pain Management**

**Patient Experience of Care/Patient Satisfaction**

# QRP – Data Validation Process

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Adopting a data validation process that is similar to the SNF VBP Program.  
Effective for the FY 2027 SNF QRP, **beginning October 1, 2025.**

Validation contractor would select up to 1,500 SNFs annually that would submit up to 10 medical records. SNFs would only be required to submit records once in a fiscal year.

- SNFs selected to participate would be the same SNFs that are randomly selected to participate in the SNF VBP and would submit the same medical records.
- For SNFs that do not submit records within 45 days of the request, CMS would reduce the annual market basket percentage update by 2%.
- CMS will propose in the future the process by which they would evaluate the submitted medical records against the MDS to determine accuracy. CMS is also proposing to apply the Medicare Administrative Contractors' existing validation process (software, claim review, quality assurance process, audits, targeted reviews) for the SNF QRP claims-based measures beginning with the FY 2027 SNF QRP.



# Value-Based Purchasing Program (VBP)

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## Measure options under consideration for future years include:

- Resident experience measures, **interoperability**, and health equity/social determinants of health.
- Assessing the feasibility of a staffing composite measure that would combine the two previously adopted staffing measures.

# Recent History on the CMS Nurse Staffing Requirement

Mar  
20  
22

SOTU-President Biden pledged that he would “protect seniors’ lives and life savings by cracking down on nursing homes that commit fraud, endanger patient safety, or prescribe drugs they don’t need.” President orders CMS to conduct a staffing study

Jun  
20  
23

[CMS Staffing study is released on website](#)

Apr  
20  
22

SNF Part A Payment rule asks the public for comment on “Revising the Requirements for Long-Term Care (LTC) Facilities to Establish Mandatory Minimum Staffing Levels” 3,000 comments submitted

# Recent History on the CMS Nurse Staffing Requirement

Sep  
20  
23

[Minimum Staffing Standards for Long-Term Care Facilities and Medicaid Institutional Payment Transparency Reporting](#) released.  
46,000 comments submitted

Aug  
20  
24

Facility Assessment is required.  
CMS Guidance provided at  
<https://www.cms.gov/files/document/qso-24-13-nh.pdf>

Apr  
20  
22

[Final Rule released!](#) Medicare and Medicaid Programs: Minimum Staffing Standards for Long-Term Care Facilities and Medicaid Institutional Payment Transparency Reporting Final Rule

# Congressional Activity on Minimum Staffing Rule

103 Democratic Members Urge Administration to Strengthen and Finalize Nursing Home Safe Staffing Standards – phased-in minimum staffing requirement of 4.2 hours of nursing services provided to each resident per day

Congress of the United States  
Washington, DC 20515

November 6, 2023

Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 1244

Dear Administrator Brooks-LaSure,

We write offering our comments in strong support of strengthening and finalizing the Minimum Staffing Standards for Long-Term Care (LTC) Facilities and Medicaid Institutional Payment Transparency Reporting proposed rule. Strong staffing standards are not only critical to ensuring resident safety and the delivery of quality care, but they are also vital to supporting an often overworked and under-resourced workforce seeking to care for their patients with dignity.

A recent poll found the majority of U.S. adults are reluctant to admit a relative to a nursing home, giving nursing homes an overall quality grade of D+.<sup>1</sup> Families' top concern is nursing quality (70%), demonstrating strong public desire for strong safe staffing standards.<sup>ii</sup> Yet, nursing homes remain a vital component of our health care system for families seeking long-term care for their loved ones.

To ensure resident health and safety, it is incumbent on CMS to strengthen the final rule by: 1) implementing phased in minimum staffing requirements that include a total minimum staffing level of at least 4.2 hours per resident per day (HPRD), 2.8 HPRD of certified nurse aide and assistant (CNA) care, and 1.4 HPRD of licensed nursing care, a minimum of which must be fulfilled by 0.75 HPRD of registered nurse (RN) care; 2) adopting timestamped staffing data reporting requirements to ensure oversight of a 24/7 onsite RN staffing requirement; and 3) expanding reporting requirements to provide taxpayer accountability and transparency on all spending on compensation for nursing staff.

- 1. We strongly urge CMS to strengthen the proposed minimum staffing requirements to at least 1.4 hours per resident per day (HPRD) of licensed nurse care, which must include at least a minimum of 0.75 HPRD from registered nurses (RNs), as well as 2.8 HPRD of certified nurse aides and assistants (CNAs) care. Furthermore, we urge CMS to establish a total minimum staffing level of at least 4.2 HPRD. Finally, we urge CMS to phase in minimum staffing requirements rather than an abrupt, distant implementation date.**

For decades, researchers have clearly established a link between higher staffing levels and improvements in the safety and quality of care delivered to nursing home residents. Higher staffing levels result in lower mortality rates, fewer rehospitalizations and emergency room

# Congressional Activity on Minimum Staffing Rule

24 Republicans & 1 Democrat Introduce – *The Protecting America’s Seniors’ Access to Care Act*  
HR 7513 – prohibits HHS from moving forward with the staffing rule; establishes an advisory panel on the SNF workforce; passed out of Ways and Means Committee, 26 –17, with one Democrat voting with Republicans

118TH CONGRESS  
2D SESSION

**H. R. 7513**

prohibit the Secretary of Health and Human Services from finalizing a proposed rule regarding minimum staffing for nursing facilities, and to establish an advisory panel on the skilled nursing facility workforce.

IN THE HOUSE OF REPRESENTATIVES  
MARCH 1, 2024

Mrs. FISCHBACH (for herself and Mr. PENCE) introduced the following bill, which was referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

**A BILL**

prohibit the Secretary of Health and Human Services from finalizing a proposed rule regarding minimum staffing for nursing facilities, and to establish an advisory panel on the skilled nursing facility workforce.

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

**SECTION 1. SHORT TITLE.**

This Act may be cited as the “Protecting America’s Seniors’ Access to Care Act”.

**C. 2. PROHIBITION ON FINALIZING PROPOSED STAFFING RULE.**

The Secretary of Health and Human Services may not implement, enforce, or otherwise give effect to the proposed rule entitled “Medicare and Medicaid Programs; Minimum Staffing Standards for Long-Term Care Facilities and Medicaid Institutional Payment Transparency Reporting” published by the Department of Health and Human Services on September 6, 2023 (88 Fed. Reg. 61352–61429), and may not promulgate any substantially similar rule.

# State of Play for Minimum Staffing Rule

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- Senators James Lankford (R-OK) and Joe Manchin (I-WV) introduced Congressional Review Act (CRA) resolution
  - Recently said they will not pursue because of Presidential veto
- Savings if rule is stopped: \$22 billion (according to CBO)
- 271 National & state organizations send letter to Congress opposing efforts to prevent implementation of the Minimum Staffing Rule (Consumer Voice, unions)
  - AARP supports the rule
- Hospital association supports the CRA efforts
- House version of the CRA (HJ Res. 139) passes out of Energy & Commerce 9/9/24.

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# Increasing Transparency of Nursing Home Ownership

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- Requires disclosure of ownership and management information of nursing homes
- Intent is to disclose direct and indirect ownership by private equity and real estate investment trust and other parties
- Vendors and consultants who work with nursing homes have to provide disclosures. These are called **Additional Disclosable Parties**:
  - ***“Exercises operational, financial, or managerial control over the facility or a part thereof or provides policies or procedures for any of the operations of the facility or provides financial or cash management services to the facility.”***
  - ***“Provides management or administrative services, management or clinical consulting services or accounting or financial services to the facility.”***
  - ADVION released summaries of new requirements
- MACs are sending letters to nursing homes. Disclosures are now due in May, 2025.

# CY 2025 Physician Fee Schedule



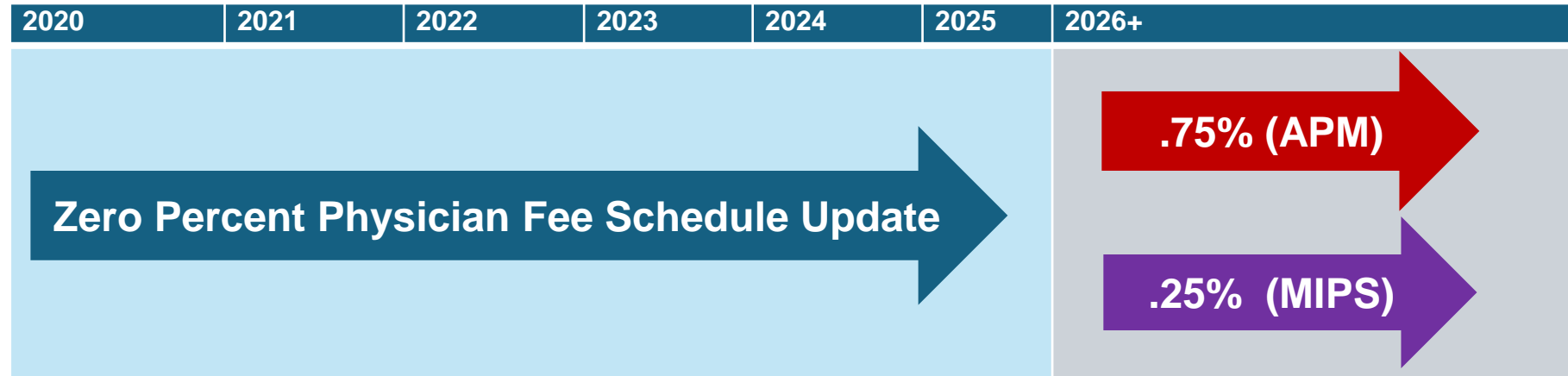
# Physician Fee Schedule (PFS) – Part B

## *A little history...*

- 2021 – CMS “reforms” the PFS by **significantly increasing primary care CPT codes** (those billed with E&M codes).
- This E&M code set represents approximately \$23 billion in PFS allowed charges.
- Total spend of the PFS is more than \$93 billion, so these “reformed” codes make up nearly a quarter of all PFS spending.
- This CMS action forces cuts to codes for 2021, 2022, 2023, 2024, 2025

**Bottom line:** all other CPT codes are reduced to offset this increased spending on primary care codes

# Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) Impact



- ▶ Statutory freeze on PFS CF updates until 2026
- ▶ Beginning in 2026, two separate CF tracks
  - ▶ Advanced Alternative Payment Model (APM) Qualified Practitioners (QPs) receive annual 0.75% CF update
  - ▶ **All other practitioners will receive an annual 0.25% CF update**

# CY 2025 Physician Fee Schedule Final Rule

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## *Key Provisions*

- 2.83% decrease of the Conversion Factor
- Wins—
  - No signature for initial Plan of Care required
    - Signed and dated order/referral and documentation that it's in the medical record and shared with the ordering physician
  - General supervision of therapy assistants now allowed in the private practice setting
  - Revised direct Practice Expense (PE) cost recommendations and PE RVUs for Misvalued Therapy Codes results in 16 of 19 therapy codes receiving increase in Practice Expense values
- Threshold for targeted medical review for outpatient therapy remains at \$3,000
- 3.6 % increase to KX modifier threshold

CPT/ HCPCS	Description	2025 Non- Facility Total RVUs	2024 Non- Facility Total RVUs	Percent Change	2025 Non- Facility National Payment Amt	2024 Non- Facility National Payment Amt	Percent Change
G0329	Electromagntic tx for ulcers	0.32	0.32	0.0%	\$10.35	\$10.65	-2.8%
G0283	Elec stim other than wound	0.38	0.35	8.6%	\$12.29	\$11.65	5.5%
97033	Electric current therapy	0.58	0.58	0.0%	\$18.76	\$19.31	-2.8%
97530	Therapeutic activities	1.07	1.1	-2.7%	\$34.61	\$36.62	-5.5%
97012	Mechanical traction therapy	0.44	0.42	4.8%	\$14.23	\$13.98	1.8%
97022	Whirlpool therapy	0.48	0.51	-5.9%	\$15.53	\$16.98	-8.5%
97032	Electrical stimulation	0.44	0.43	2.3%	\$14.23	\$14.31	-0.6%
97110	Therapeutic exercises	0.89	0.88	1.1%	\$28.79	\$29.29	-1.7%
97112	Neuromuscular reeducation	0.99	1.01	-2.0%	\$32.02	\$33.62	-4.8%
97116	Gait training therapy	0.89	0.88	1.1%	\$28.79	\$29.29	-1.7%
97140	Manual therapy 1/> regions	0.84	0.81	3.7%	\$27.17	\$26.96	0.8%
97535	Self care mngmt training	0.99	0.98	1.0%	\$32.02	\$32.62	-1.8%
97542	Wheelchair mngmt training	0.95	0.95	0.0%	\$30.73	\$31.62	-2.8%
97161	Pt eval low complex 20 min	3.03	3.01	0.7%	\$98.01	\$100.20	-2.2%
97162	Pt eval mod complex 30 min	3.03	3.01	0.7%	\$98.01	\$100.20	-2.2%
97163	Pt eval high complex 45 min	3.03	3.01	0.7%	\$98.01	\$100.20	-2.2%
92526	Oral function therapy	2.56	2.54	0.8%	\$82.81	\$84.55	-2.1%

CPT/ HCPCS	Description	2025 Non- Facility Total RVUs	2024 Non- Facility Total RVUs	Percent Change	2025 Non- Facility National Payment Amt	2024 Non- Facility National Payment Amt	Percent Change
92507	Speech/hearing therapy	2.32	2.29	1.3%	\$75.07	\$76.23	-1.5%
97164	Pt re-eval est plan care	2.09	2.09	0.0%	\$67.62	\$69.57	-2.8%
92522	Evaluate speech production	3.36	3.34	0.6%	\$108.72	\$111.18	-2.2%
92524	Behavral qualit analys voice	3.3	3.29	0.3%	\$106.78	\$109.52	-2.5%
92609	Use of speech device service	3.12	3.1	0.6%	\$100.95	\$103.19	-2.2%
96125	Cognitive test by hc pro	3.08	3.07	0.3%	\$99.66	\$102.19	-2.5%
92608	Ex for speech device rx addl	1.47	1.46	0.7%	\$47.56	\$48.60	-2.1%
92523	Speech sound lang comprehen	6.91	6.84	1.0%	\$223.58	\$227.69	-1.8%
92521	Evaluation of speech fluency	4.04	3.99	1.3%	\$130.72	\$132.82	-1.6%
92607	Ex for speech device rx 1hr	3.74	3.72	0.5%	\$121.01	\$123.83	-2.3%
97124	Massage therapy	0.92	0.91	1.1%	\$29.77	\$30.29	-1.7%
97165	Ot eval low complex 30 min	3.11	3.04	2.3%	\$100.63	\$101.19	-0.6%
97166	Ot eval mod complex 45 min	3.11	3.04	2.3%	\$100.63	\$101.19	-0.6%
97167	Ot eval high complex 60 min	3.11	3.04	2.3%	\$100.63	\$101.19	-0.6%
92597	Oral speech device eval	2.2	2.17	1.4%	\$71.18	\$72.23	-1.5%
97168	Ot re-eval est plan care	2.15	2.1	2.4%	\$69.57	\$69.90	-0.5%
97150	Group therapeutic procedures	0.54	0.54	0.0%	\$17.47	\$17.98	-2.8%
92508	Speech/hearing therapy	0.73	0.73	0.0%	\$23.62	\$24.30	-2.8%



# Congress Has Patched PFS Reductions From 2021-24

*Will they act again?*

YEAR	FINAL CONVERSION FACTOR	% CHANGE FROM PRIOR YEAR	MACRA UPDATE	BUDGET NEUTRALITY ADJUSTMENT	Congress STATUTORY ADJUSTMENT	ADJUSTED CONVERSION FACTOR	% CHANGE FROM PRIOR YEAR
2021	\$32.41	-10.20%	0%	0.898	3.75%	\$34.89	-3.32%
2022	\$33.60	3.67%	0%	0.999	3.00%	\$34.61	-0.82%
2023	\$33.06	-1.60%	0%	0.984	2.50%	\$33.89	-2.08%
<b>2024</b>	\$32.34	-2.18%	0%	0.978	<b>1.25%</b>	\$32.74	-3.37%
<b>2024</b>	\$33.29		0%		<b>1.68%</b>		
<b>2025</b>			<b>0%</b>	<b>.05</b>	<b>?</b>	<b>32.36</b>	<b>2.8%</b>

# Will Congress Undertake Major PFS Reform?

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- Law requires budget neutrality above \$20 million– this means any increase above \$20 million has to be offset by reductions to the rest of the codes.
- Possible reform:
  - Increase the \$20 million budget neutrality threshold to \$53 million in 2025.
  - Include an inflationary update to the PFS (called the Medicare economic index) - has 133 co-sponsors
    - HR 2474 Strengthening Medicare for Patients and Providers Act
    - MedPAC supports inflationary update of MEI – 1%
- Medicare Payment Reform Working Group – Sens. Cortez Masto, Blackburn, Thune, Barrasso, Stabenow, Warner
- Senate Finance Chair Wyden released a “white paper” on PFS reform
- *ADVION [signed with 120 organizations](#) asking Congress to add an inflationary update to PFS.*

# Telehealth



# State of Play on Telehealth

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- CMS does not have the authority to list rehabilitation therapists as telehealth providers under Medicare; **current authorities expire at the end of 2024.**
- Bills endorsed by ADVION, would permanently add OTs, PTs, SLPs, rehabilitation therapy assistants, and audiologists as Medicare telehealth providers.
- Bills that would make OTPs, PTs, SLPs permanent telehealth providers under Medicare:
  - ***Expands Clinicians Eligible to Utilize telehealth H.R. 8151***
  - ***Expanded Telehealth Access Act (H.R. 3875/S. 2880)***
  - ***Telehealth Modernization Act of 2024 (H.R. 7623/S. 3967)***
    - Ends Medicare telehealth restrictions on both the “geographic and originating site,” permanently expanding access to telehealth for Medicare beneficiaries.
- House Ways and Means Committee passed a two-year extension of current authority.
- House Energy and Commerce passed a two-year extension of current authority.
- Senate has not acted.
- Significant bi-partisan support to extend authorities for 2 years. Cost is \$4 billion.

# Congress - Reaction to CrowdStrike, CHANGE Healthcare

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- *The Health Care Cybersecurity Improvement Act of 2024 (S. 4054)* - Senator Warner (D-VA)
  - Medicare accelerated payments can only be made to hospital provider when a cybersecurity incident that led to the disruptions of the hospital, *if hospital meets minimum cybersecurity standards*
- Chairman Wyden, Senate Finance Committee
  - Urges HHS to mandate that large healthcare companies install cybersecurity measures as a condition for participating in Medicare
    - Mandate would be enforced by audits and fines
  - Department's current self-regulation does not do enough to protect patient info
- *Health Infrastructure Security and Accountability Act (S. 5218)* - Chairman Ron Wyden (D-OR) and Senator Mark Warner (D-VA) - sets cybersecurity standards for healthcare organizations
  - Would require HHS to develop minimum cybersecurity standards for covered entities and business associates

# Previously ONC...Now:

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## Assistant Secretary for Technology Policy and Office of the National Coordinator for Health Information Technology

- “Super office”
- Oversees Artificial Intelligence, cyber, HIT efforts
- Micky Tripathi becomes Chief AI Officer
- Leads strategy for technology, data and AI for HHS

# HHS and Industry Launch Task Force on AI & Cybersecurity

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- ONC staff are engaged
- Will discuss threats that AI poses to cybersecurity
- Discussions across various subsectors of healthcare over 6-12 months



# **SAMHSA/ONC Behavioral Health Information Technology (BHIT) Initiative**

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## **Develop USCDI+ for Behavioral Health**

- ONC will identify and pilot a set of behavioral health-specific data elements with SAMHSA grantees that will:
  - Be coordinated via a new United States Core Data for Interoperability+ (USCDI+) domain for behavioral health
  - Improve effectiveness and reduce costs of data capture, use, and exchange for behavioral health providers.

## **Publish a Behavioral Health Informational Resource**

- Initiative will support those who wish to use USCDI+BH by:
  - Providing specific details helpful for implementation, such as information on the use of health IT to address behavioral health priorities
  - Supporting improved workflows
  - Providing technical information regarding integration across behavioral health care settings.

# CMS' MA Prior Auth Final Rule - January

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- Requires all payers (MA, Medicaid, Exchange Plans) to establish an electronic prior authorization system
- Cut in half their decision-making system timeframe for PA
- Set up API interface to share clinical and claims data as patient change from one plan to another

# The “Cures” Act 2.0?

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- Reps. Diana DeGette and Larry Bucshon requested input for new Cures 2.0 legislation
- ADVION submitted request that legislation include:
  - Resources that will put post-acute care and behavioral health providers on par with incentivized hospitals and professionals.
  - Requirement of a longer glide path to interoperability for sectors that have not received federal support.
  - Allow patient matching and unique patient identifiers

# Medicare Advantage Prior Auth Legislation

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## Improving Seniors Timely Access to Care Act

- Senate version stalled in Finance Committee
- House version has 218 co-sponsors
  - Cements CMS' PA changes into statute
  - Requires more comprehensive transparency requirements
  - Determine best process for requiring “real-time decisions for routinely approved services”
  - Institutes oversight provisions over how plans use artificial intelligence in denials
- ADVION endorsed! Has significant stakeholder support
  - \$16 billion cost is now \$0

# OIG Report on Medicare Advantage Prior Auth in PAC in 2026

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- Will examine selected Medicare Advantage plan's processes for reviewing prior authorization requests for post-acute care in long-term acute care hospitals, inpatient rehabilitation facilities and skilled nursing facilities.
- Will review the extent to which the selected MA plans denied requests for post-acute care and examine the care settings to which patients were discharged from the hospital.
- Expects to issue findings in 2026.

# AUDIENCE POLL

**Did you know that CMS' new mandatory TEAM model includes long-term care spending for Medicare patients for 30 days after a hospital stay?**

- Yes
- No
- What is the new CMS TEAM model?

# New Mandatory Model: Transforming Episode Accountability Model (TEAM)

- CMS finalized TEAM in the FY 2025 IPPS final rule.
- Mandatory for hospitals in 183 CBAs
- Mandatory model to see if it increases outcomes and care coordination for beneficiaries under certain surgical procedures.
- Episode lasts for 30 days following discharge or procedure; includes Part A & B spend
- Covers five major procedures

Mandatory, Episode-Based Model	Participants Owe or Receive Payment Based off Target Price	Subject to Stop-Gain & Stop-Losses	One Year of no Downside Risk for all Providers, 3 for Safety-Net Hospitals
Quality Adjusted	Begins January 1, 2026, and Runs for 5 Years	CBAs Selected for Participation	Lower Risk Track for Select Hospitals

# CMS Finalized the TEAM Model Yet Again, Long-Term Care Not in Driver's Seat

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- Post acute care is a driver of Medicare spending
  - Medicare spend on post acute care-- \$57 billion 15% of total spending
- 40% of inpatient hospital discharges are followed by LTPAC services
- Fewer than 2,000 SNFs participate in ACOs; less than 10%
- Nearly 70% of ACOs have no SNF participation
- ADVION participated in a roundtable that was the basis of a report from National Assoc of ACOs (NAACOS) and AHCA
- Released [Considerations for Long-Term Care Providers Participating in Value Based Care Model](#)



# Chevron Framework Overturned

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- Supreme Court decision: *Loper Bright Enterprises v. Raimondo*
- Court ruled Chevron violated the separation of powers by stripping judges of statutory interpretation role because Chevron gave deference to federal agency's interpretation rather than Congress.
- Instead courts much use every tool to determine the best possible reading of an ambiguous statute.
- **IMPACT?** Yet to be seen; Congress will have to be more thoughtful/precise in how they write legislation
- Will open up CMS to more lawsuits as parties challenge regulations, regulatory guidance written by agencies.
- Rules could include severability provisions.

# Call to Action!

- Congress won't know we need help unless we tell them!
- Key Messages on
  - Physician Fee Schedule provider relief
  - Extension of the telehealth authority
- Watch for calls to action later this week and next week!
- Register for alerts here: <https://www.advionadvocates.org/advocacy-center>



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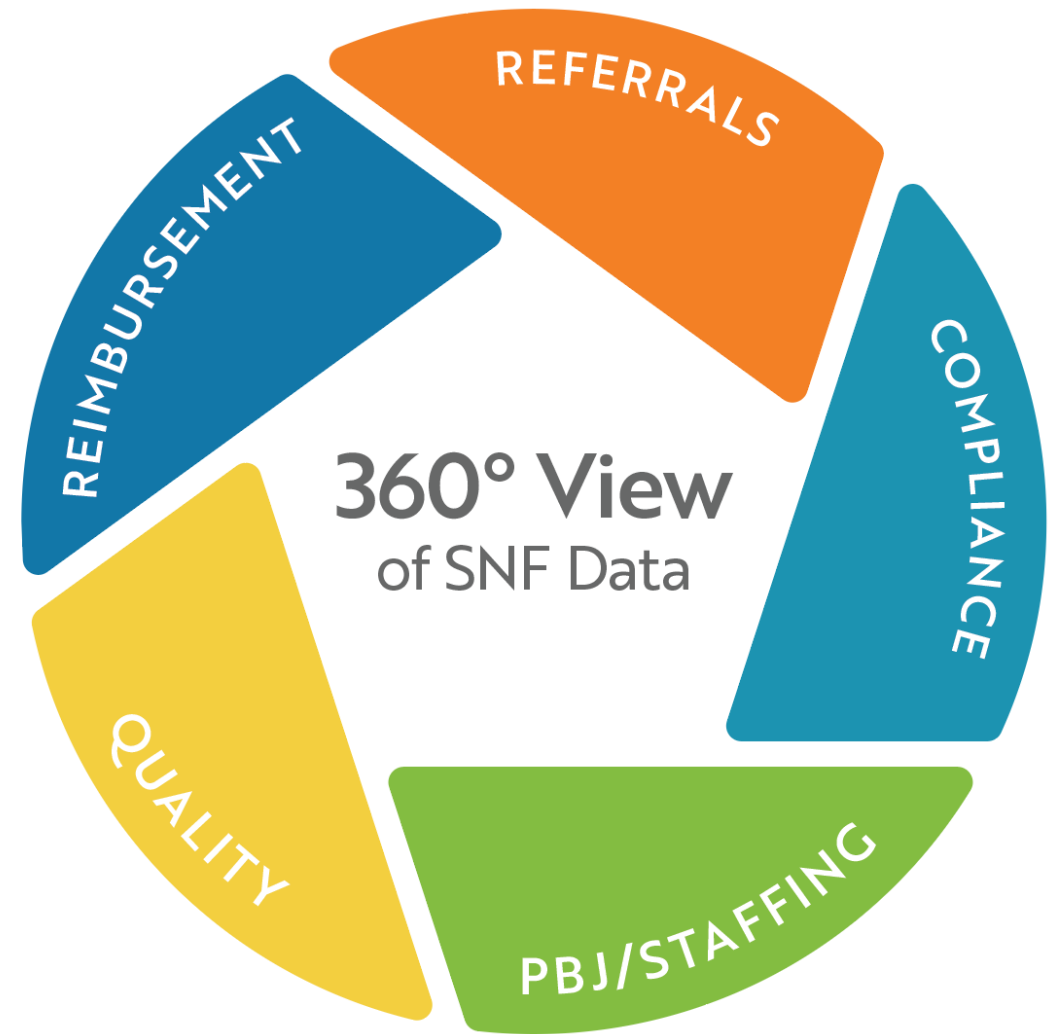
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