

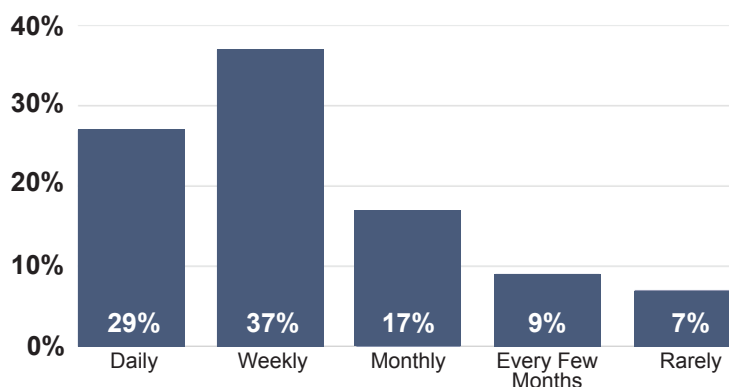
PROVIDER INSIGHTS REPORT: MEDICARE ADVANTAGE

A survey of 363 nursing home providers conducted in May 2025 reflects concerning trends by Medicare Advantage plans to frequently deny or delay skilled nursing care for seniors.

Daily Denials

Denials or delays of medically necessary post-acute care by Medicare Advantage occur **daily and/or weekly** for two-thirds of skilled nursing providers.

How often do Medicare Advantage plans deny or delay post-acute care services in your facility(ies) for your Medicare Advantage patients?



“This happens all the time.”

Provider-submitted response, AHCA Provider Survey

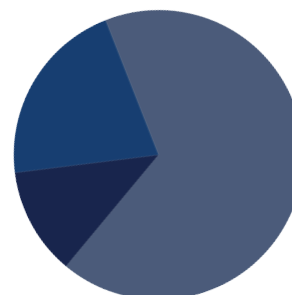
Against Medical Advice

More than two-thirds of providers have encountered situations in which a Medicare Advantage plan pulled coverage for a resident against medical advice.

Have you encountered a situation where a Medicare Advantage plan pulled coverage for a skilled nursing facility resident prematurely against the advice of resident’s healthcare provider?

Don’t Know
21%

No
12%



Yes
67%

“We had a resident who was given 8 days of SNF from their MA, they went home after they were denied any further coverage and ended up back in the hospital within a week with a fracture from a fall at home.”

Provider-submitted response, AHCA Provider Survey

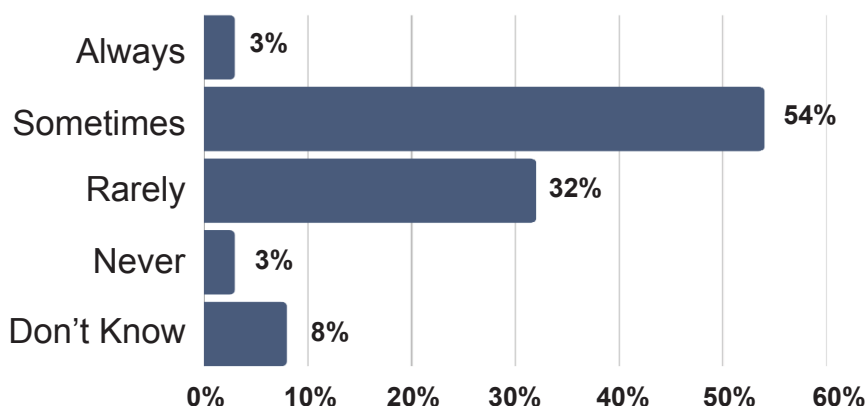
“Often, we see a resident's stay cut short prematurely, leaving them with a tough decision to make. Pay out of pocket, or discharge home with the risk of ending up back in the hospital. It makes our job extremely challenging to give a resident the care they deserve knowing they can be cut by insurance at any time.”

Provider-submitted response, AHCA Provider Survey

Creating Unnecessary Red Tape

More than half of SNF providers report that **denials for care are frequently overturned** once appealed, indicating a flawed or unfounded initial denial.

When MA patients are denied post-acute care services by your facility, how frequently are those denials reversed once appealed?



“This just recently happened. A resident was getting ready to discharge home and two weeks before the discharge date, the MA plan pulled coverage. We had to challenge and the decision was reversed, but it created unneeded angst for the resident and their family.”

Provider-submitted response, AHCA Provider Survey

A Better Way: Reaffirm The Promise of Medicare Advantage

Seniors deserve access to timely and medically-necessary post-acute care services. AHCA is calling on insurers and policymakers to put the power of care decisions into the hands of medical professionals and patients. Congress and the Centers for Medicare and Medicaid Services should continue to evaluate and reform Medicare Advantage plans to ensure that Medicare Advantage enrollees receive timely, uninterrupted, and clinically appropriate care.