

WellLink Health Alliance Expresses Caution About New WISeR Model

The Centers for Medicare & Medicaid Services (CMS) plans to launch the Wasteful and Inappropriate Services Reduction (WISeR) model on January 1, 2026, in six states, including Ohio. The program, which applies to people enrolled in traditional Medicare, aims to use technology-enabled prior authorization to reduce services considered to have little or no clinical benefit and to lower Medicare spending.

WISeR will apply to treatments such as skin and tissue substitutes, electrical nerve stimulator implants, and arthroscopy for knee osteoarthritis.

On Nov. 6, 2025, CMS posted the WISeR model participating companies, which have expertise using AI to offer payers recommendations on medical necessity of coverage. They will be required to have expert clinicians validate determinations.

The companies and their assigned states are:

- Cohere Health, Texas
- Genzeon Corporation, New Jersey
- Humata Health, Oklahoma
- Innovaccer, Ohio
- Virtix Health, Washington
- Zyter, Arizona

Unchecked Use of Artificial Intelligence (AI)

The model relies heavily on AI and machine learning to decide medical coverage. Without strong guardrails, these tools may override individual patient circumstances or favor cost savings over clinical appropriateness. WellLink supports requiring vendors to document physician involvement in all AI-supported denials and track overturned AI recommendations.

Lack of Patient Appeal Rights

Patients under original Medicare would not have the same right to appeal prior authorization denials as Medicare Advantage beneficiaries. This could leave patients without recourse to challenge inappropriate denials, especially those based on AI-driven decisions. WellLink urges CMS to establish a timely and transparent appeals process allowing review by qualified physicians.

Vendor Incentives to Deny Care

Under WISeR, vendors would earn 10–20% of savings from denied claims, creating a profit motive to deny medically necessary care. This payment model risks replacing physician judgment with financial bias. WellLink supports the use of a flat-fee payment structure to ensure fair and objective decision-making.

Weak Vendor Oversight and Transparency

CMS plans to use vendors that already manage prior authorization for Medicare Advantage plans, despite a history of inappropriate denials identified by federal oversight agencies. WellLink urges CMS to strengthen oversight, require public transparency of algorithms, and disclose the clinical rationale for all denials.

Increased Administrative Burden

The WISeR model does not require vendors to use modern, interoperable technology like fast healthcare interoperability resources (FHIR)-based application programming interfaces (API). Hospitals would have to rely on outdated systems such as fax or vendor-specific portals, increasing manual work and disrupting workflows. WellLink recommends mandating the use of FHIR-enabled, electronic health record-integrated systems consistent with CMS's Interoperability and Prior Authorization Final Rule.

Unrealistic Implementation Timeline

Launching by Jan. 1, 2026, leaves insufficient time for hospitals to integrate systems, train staff, and test workflows. WellLink would like to see implementation delayed by at least six months and include a testing period without penalties to ensure safe rollout.

Without changes, the WISeR model could:

- Delay care for Medicare patients, especially those with chronic or complex conditions.
- Increase administrative costs for hospitals already facing workforce shortages.
- Undermine clinical decision-making through profit-driven or automated denials.

WellLink supports CMS's commitment to reducing waste and fraud but urges strong guardrails, transparency, and accountability to protect patients and preserve provider-led medical decision-making. The WISeR model must not sacrifice patient access or care quality in pursuit of cost savings.

On Nov. 7, 2025, the Seniors Deserve SMARTER (Streamlined Medical Approvals for Timely, Efficient Recovery) Care Act, was introduced by Reps. Greg Landsman (D-OH), Rick Larsen (D-WA), Suzan DelBene, (D-WA), Kim Schrier, (D-WA), Ami Bera (D-CA), and Mark Pocan (D-WI) to repeal a CMS innovation center payment model that will add artificial intelligence-backed prior authorization for some services in Medicare. The policymakers say WISeR will add red tape and limit access to care for Medicare seniors.