

July 14, 2025

Submitted electronically via email: [WISeR@cms.hhs.gov](mailto:WISeR@cms.hhs.gov)

The Honorable Mehmet Oz  
Administrator  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244

**Re: Medicare Program; Implementation of Prior Authorization for Select Services under the WISeR Model [CMS–5056–N]**

Dear Administrator Oz,

Vizient, Inc. appreciates the Centers for Medicare & Medicaid Services' (CMS) interest in testing innovative approaches to improve program integrity in Medicare fee-for-service. While we know the recent [notice](#) regarding the Wasteful and Inappropriate Services Reduction (WISeR) Model is not open for formal public comment, we did want to offer our feedback and recommendations to strengthen transparency, reduce administrative burden and ensure provider perspectives inform implementation and oversight.

**Background**

[Vizient, Inc.](#), the nation's largest provider-driven healthcare performance improvement company, serves more than 65% of the nation's acute care providers, including 97% of the nation's academic medical centers, and more than 35% of the non-acute market. The Vizient contract portfolio represents \$140 billion in annual purchasing volume enabling the delivery of cost-effective, high-value care. With its acquisition of Kaufman Hall in 2024, Vizient expanded its advisory services to help providers achieve financial, strategic, clinical and operational excellence. Headquartered in Irving, Texas, Vizient has offices throughout the United States. Learn more at [www.vizientinc.com](http://www.vizientinc.com).

**Innovation Model Development Process**

The WISeR Model will implement technology-enabled prior authorization (PA) for selected high-volume services, including neurostimulation, spinal and joint procedures and skin and tissue substitutes, across several states and Medicare Administrative Contractor (MAC) jurisdictions beginning January 1, 2026.<sup>1</sup> While the model is voluntary for model participants<sup>2</sup>, it imposes new and proscriptive processes on providers in the applicable jurisdictions. As such, Vizient is concerned providers may not be fully informed of the nature of the model, as it is effectively mandatory from the provider perspective.

In addition, CMS states the model is informed by prior demonstrations and market research from Medicare Advantage organizations using advanced technologies, including artificial intelligence, in their PA processes.<sup>3</sup> However, the notice does not discuss structured provider

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<sup>1</sup> 90 Fed. Reg. 28,749, 28,751, 28,752 (July 1, 2025), <https://www.govinfo.gov/content/pkg/FR-2025-07-01/pdf/2025-12195.pdf>

<sup>2</sup> Model participants are companies that have experience implementing technology-enhanced PA with other payers.

<sup>3</sup> 90 Fed. Reg. 28,749, 28,750 (July 1, 2025), <https://www.govinfo.gov/content/pkg/FR-2025-07-01/pdf/2025-12195.pdf>

engagement as part of the development process, which may limit the model's alignment with clinical workflows and increase the risk of delays or documentation issues.

Earlier demonstrations, such as the [Repetitive Scheduled Non-Emergent Ambulance Transport \(RSNAT\)](#) PA model, showcased the importance of tailoring interventions to the service type and care setting. Unlike RSNAT, which focused on a narrow, low-volume category, WISeR introduces PA across a diverse and clinically complex array of services. Further, under the RSNAT Model, claims for the first three round trips were permitted to be billed without PA and without being subject to prepayment medical review – this type of flexibility is not available under the WISeR Model. Without direct provider input in the selection of service categories or review protocols, the WISeR Model may also inadvertently increase administrative burden (e.g., responding to additional evidence requests, tracking determination statuses, billing issues, appeals) or create access challenges. Structured input from providers could improve operational alignment, safeguard access to care and enhance the model's effectiveness. Vizient welcomes the opportunity to support CMS in the development of future models. While CMS indicates provider education is forthcoming, we believe that retrospective outreach cannot substitute for early engagement when designing models with such significant implications for providers. In future models, we encourage CMS to formalize provider engagement early in the development process.

### **Model Design Considerations**

The WISeR Model allows providers to submit PA requests to either the Medicare Administrative Contractor (MAC) or the model participant; however, the notice lacks detail on how consistency across reviewers (i.e., model participants) will be maintained. If model participants use artificial intelligence or algorithmic tools to support PA, CMS should ensure these tools are evidence-based, reviewed by qualified clinicians and subject to appropriate oversight. We recommend that CMS establish validation criteria and implement quality controls to ensure consistent determinations.

While not currently included in the model, Vizient supports CMS's exploration of a performance-based exemption for providers who demonstrate consistent compliance with Medicare coverage criteria, often referred to as "gold-carding". To strengthen this policy and reduce administrative burden, we encourage CMS to advance a gold-carding policy that incorporates additional performance indicators beyond affirmation rates, including peer-to-peer resolution outcomes, appeal overturn rates and resubmission frequency.

To support implementation, CMS has indicated it will provide outreach and education through open-door forums, Frequently Asked Questions (FAQs), website postings and MAC-issued materials. While these efforts are appreciated, we also recommend CMS work more closely with providers to develop guidance for model participants that will help reduce burden, such as information on submission methods, adjudication timelines and further documentation. In addition, we encourage CMS to clarify how providers can elevate issues with model participants should their practices pose care delivery challenges that warrant their removal from the model.

### **Conclusion**

Vizient appreciates your consideration of these concerns and recommendations and encourages the agency to consider gaining additional provider feedback. We support CMS's efforts to improve Medicare program integrity and emphasize the importance of implementing changes that reduce provider burden. Our membership includes independent community

hospitals as well as large integrated health systems that deliver both acute and non-acute care. Many are also specialized, including academic medical centers and pediatric hospitals. Together, they serve as vital anchors in their communities, with many ranked among the nation's leading healthcare providers.

Please feel free to contact me at (202) 354-2607 or Jenna Stern at [jenna.stern@vizientinc.com](mailto:jenna.stern@vizientinc.com), if you have any questions or if Vizient may provide any assistance as you consider these recommendations.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Shoshana Krilow". The signature is fluid and cursive, with a large initial "S" and a long, sweeping underline.

Shoshana Krilow  
Senior Vice President, Public Policy and Government Relations  
Vizient, Inc.