

# CMMI Director Doubles Down On WISeR Model As Democratic Criticism Mounts

Sep 8, 2025, 6:36 PM EDT

Christian Robles ([crobles@iwpnews.com](mailto:crobles@iwpnews.com)) | Inside Washington Publishers

(Inside Health Policy)

Abe Sutton, the director of CMS' Innovation Center, is championing the Wasteful and Inappropriate Service Reduction (WISeR) model guardrails, such as payment adjustments and prior authorization exemptions for some providers, as House Democrats are slamming the anti-fraud demonstration for its potential to use artificial intelligence-driven prior authorization to deny patients care.

"We focus on money, but we also focus on quality. We have this dual mandate at the center and broadly at CMS," said Sutton during a Wednesday (Sept. 3) webinar.

"Because of that, we've built in safeguards in a way that the participants are compensated," he continued.

Sutton explained that technology vendors who see too many prior authorization appeals under the WISeR model - regardless of whether those appeals are ultimately overturned - will see a reduction in payments. This safeguard seeks to address concerns that the model incentivizes technology vendors to build AI algorithms that issue prior authorization denials.

**Sutton added that the WISeR model will exempt providers with a history of appropriately providing care from prior authorizations through a "gold card" program.** Providers can also opt out of prior authorization and instead go through a CMS pre-payment review, Sutton said.

"It's been overwhelming the amount of positive reception we've had," Sutton said about the WISeR model, pointing to support from groups such as America's Physician Groups.

**While CMMI has previously announced the safeguards Sutton touted, Sutton's comments reflect his agency's commitment to rolling out the WISeR model**

**across six states in 2026, despite loud pushback from House Democrats and provider groups.**

“I’m concerned that [the WISeR model] will result in denials of life-saving care and incentivize companies to restrict care,” said House Energy & Commerce Committee ranking Democrat Frank Pallone (NJ) during a hearing on Wednesday (Sept. 3).

The WISeR model has “been referred to as the AI death panel,” said Greg Landsman (D-OH) during the same E&C hearing.

“So instead of improving these prior authorization policies in Medicare Advantage that have been under scrutiny for years for denying critical medical care, the administration is really doubling down, as far as I can tell, and creating the same problems for the traditional Medicare program,” said Rep. Lizzie Fletcher (D-TX) of the WISeR model at the hearing.

**New Jersey, Texas and Ohio, the states the three E&C Democrats represent, are all among the six states set to pilot the WISeR model in 2026.**

Last month, 17 House Democrats wrote to CMS Administrator Mehmet Oz, slamming the WISeR model as hypocritical because HHS leaders have also touted a voluntary payer effort to reduce prior authorizations in Medicare Advantage and other private plans.

The Democrats, led by Reps. Suzan DelBene (WA) and Ami Bera (CA), asked CMS to respond to questions by Sept. 1, but DelBene’s office has yet to receive a response.

“Our office has not received a response from CMS to our letter, which is unacceptable. This is a significant change in Medicare policy, and they are trying to implement it in a short timeline. The harms of prior authorization have long been documented. HHS even highlighted this harm when they touted the voluntary agreement with MA plans only a week prior to rolling out this model. Providers and Medicare beneficiaries deserve answers. The Congresswoman will continue to push for answers,” wrote DelBene spokesperson Nick Martin to *Inside Health Policy* on Wednesday (Sept. 3).

CMS did not return a request to comment on the letter, though HHS spokesperson Emily Hilliard previously said the agency would review the letter and directly respond to the appropriate members of Congress.

During the Wednesday E&C hearing, Michelle Mello, a health policy professor at Stanford University, told lawmakers, “We should have some concern about any effort to expand [prior authorization] while at the same time recognizing that in some areas, including, I will say, the areas that WISeR currently targets, it is a necessary cost control.”

**An HHS Office of Inspector General report posted Monday (Sept. 8) said Medicare Part B payment trends for skin substitutes, one of the items included in the WISeR model, raise fraud, waste and abuse concerns.**

OIG said it is concerned Medicare spending on skin substitutes has skyrocketed over the last two years, surpassing \$10 billion annually by the end of 2024. The rapid growth in spending was driven by both higher skin substitutes utilization and prices, especially in home care settings, OIG found.

“Action is urgently needed to rein in the massive increases in Medicare Part B spending for skin substitutes. OIG’s findings illustrate the critical need for payment reforms that address fraud, waste, and abuse in Medicare skin substitute billing,” OIG wrote.

OIG did not weigh in on the use of AI-assisted prior authorization to root out skin substitute fraud as envisioned by the WISeR model.