

Bridging the Payer- Provider Divide

A 2026 Roadmap for Collaborative AI

Session Overview

In the next 60-minutes, we'll cover:

- PA transformation and technology enablement
- The Why and What of the CMS WISeR model?
- Technology and Partnership Enablement
- Outcomes and Lessons Learned
- Q&A and Discussion

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Humata Health



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Who is Humata Health?

Physician Founded

Solving prior authorization on both sides for the good of patients.

“As a ‘recovering radiologist’ I’ve lived the ridiculous frustration of prior auth delays. The right technology can address the problem.”

Jeremy Friese, MD
Founder & CEO of Humata Health



Solving Prior Authorization

We have a proven track record alongside industry leading partners.

Strategic Investors



Strategic Customers



10M+
Authorizations



200,000
Physicians



30
Health Systems + Payers

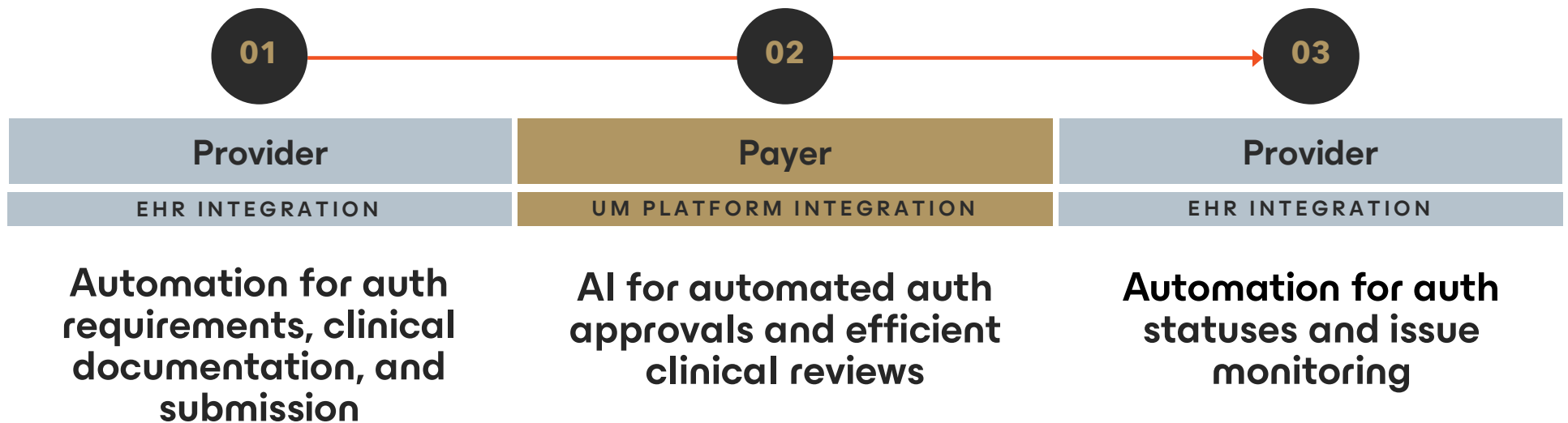
The Humata Vision: Point of Care Enablement

Transparent, AI enabled medical policy and interoperability drives PA transformation to promote evidence-based care at the right time and place for patients and members.



Humata Solving PA Requirements

End-to-End Technology



PA Transformation and Technology Enablement

The PA Challenge: Three Dimensions



Lack of technology

High-volume of staff performing manual tasks



Lack of interoperability

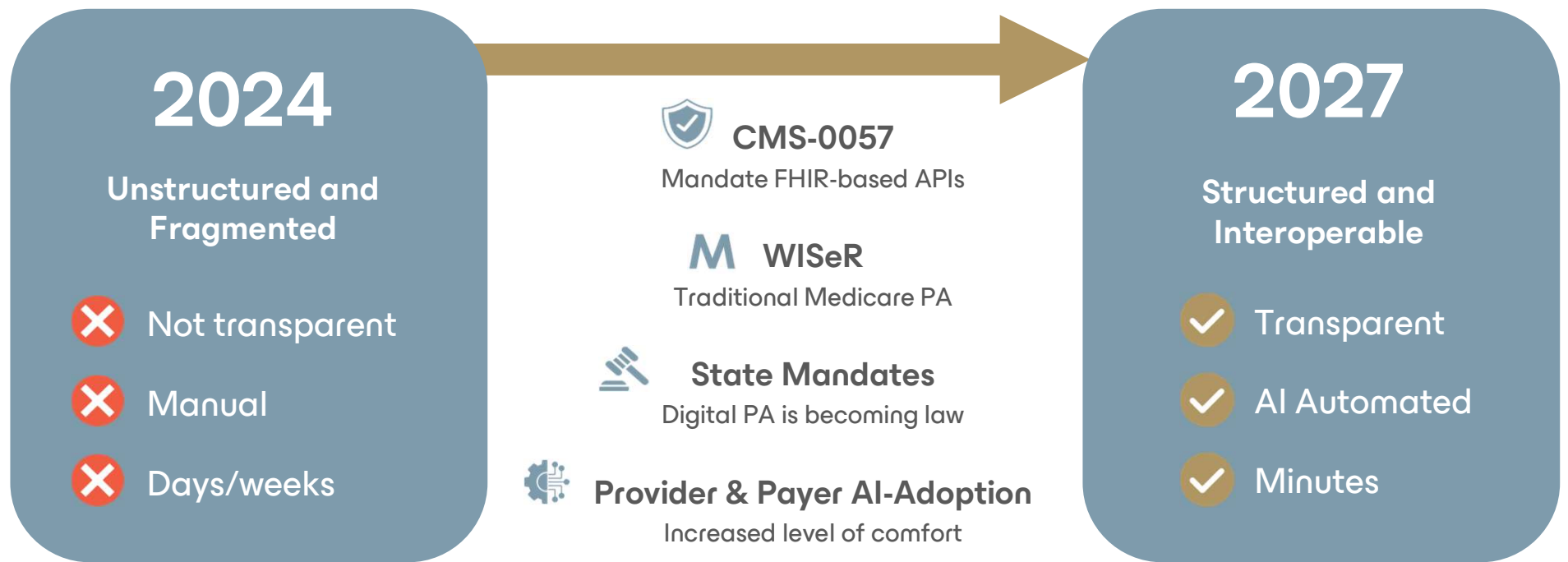
Portalitis
Missing data, lack of transparency, varying connectivity



Lack of clinical intelligence

Non-clinical staff submitting PAs, human errors, manual provider attestations, documentation gaps

From Slow and Manual Data to Fast Actionable Decisions



CMS WISeR Model Overview

Why the CMS WISeR Model?

Wasteful and Inappropriate Service Reduction Model



- ✓ WISeR is a CMS Innovation Center model that aims to improve care quality and reduce unnecessary services in Medicare Fee-for-Service through AI-enabled PA and pre-payment medical review
- ✓ Each year up to 40% of Medicare beneficiaries receive a low-value service
- ✓ WISeR service example:
Medicare spending on skin substitutes has significantly increased to \$10 billion in 2024, a 640% increase from just two years earlier

WISeR Model

Overview, Scope & Timeline



What is WISER?

WISeR is a Centers for Medicare & Medicaid Services (CMS) Innovation Center model that aims to improve care quality and reduce unnecessary or unsupported services in Medicare Fee-for-Service (FFS) through AI-enabled prior authorization and pre-payment medical review.



Who Is Included?

Applies to Medicare FFS beneficiaries who:

- Eligible for Part A + Part B at PA request/date of service
- Are 18+ years of age
- Not enrolled in Medicare Advantage



Places of Service:

Applies to:

- **Part B claims** with POS 11 (office), 12 (home), 24 (ASC)
- **Part A outpatient claims** with TOB 13X (Hospital Outpatient)

Excludes:

- Inpatient-only services
- Emergency services
- Urgent/emergent



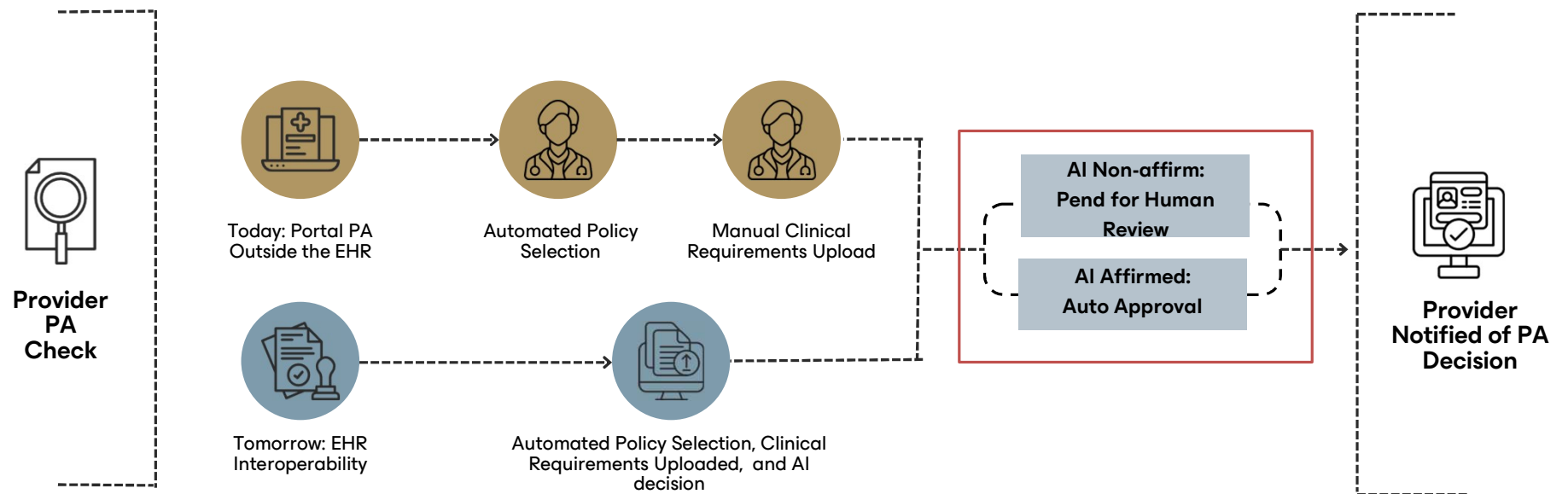
Timelines

- PA submissions started: **January 5, 2026**
 - **Affirmed/non-affirmed**
- **Gold carding** starting July 1st for eligible providers with 90% historical approval across all WISeR services

WISeR Scope: Select Items & Services

| Selected Item / Service | NCD/LCD Basis | CPT/HCPCS Codes |
|---|-----------------------------|--|
| Arthroscopic Lavage / Debridement for Osteoarthritic Knee | NCD 150.9 | 29877 |
| Induced Lesions of Nerve Tracts | NCD 160.1 | 64605, 64610 |
| Vagus Nerve Stimulation (VNS) | NCD 160.18 | 64568 (Select Diagnoses Require Prior Auth) |
| Phrenic Nerve Stimulators | NCD 160.19 | 33276, 33277 |
| Electrical Nerve Stimulators | NCD 160.7 | 63655 |
| Incontinence Control Devices | NCD 230.10 | 53440, 53445, 53451, 53452, 57288 |
| Sacral Nerve Stimulation (SNS) for Urinary Incontinence | NCD 230.18 | 64561, 64581 (Select Diagnoses Require Prior Auth) |
| Diagnosis & Treatment of Impotence (Penile Prosthesis) | NCD 230.4 | 54400, 54401, 54405 |
| Percutaneous Vertebral Augmentation (Vertebroplasty/Kyphoplasty) for VCF | LCDs L34228, L38201, L35130 | 22510-22515 |
| Epidural Steroid Injections for Pain Management | LCDs L39015, L39240, L36920 | 62321, 62323, 64479, 64480, 64483, 64484 |
| Cervical Spine Arthrodesis / Fusion | LCDs L39741, L39758, L39793 | 22554 |
| Hypoglossal Nerve Stimulation (HGNS) for OSA | LCDs L38307, L38310, L38385 | 64582, C8007, C8001 |
| Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds | LCD L35041 and LCD L36690 | 15271 – 15278 (Select Diagnoses Require Prior Auth) |

WISeR Current and Future State Workflows



Humata's Clinical Validation Team

Humata clinicians review and validate AI-generated criteria and outputs before it is leveraged in production

AI-Powered

Input, Extraction, Criteria Generation

- Extract key metadata
- Filter out non-essential content (background, citations, etc.)

Clinician Validation

Validating the Criteria

- Clinician defines policy intent
- Humata clinician validation
 - Define ambiguous terms

AI-Powered

AI training with Clinical Cases

- AI training with cases (approvals and denials)
- Compare to human review determinations

Clinician + Customer Validation

Clinician Validation and Production

- Humata clinician validate AI outputs
- Additional calibration, as applicable

AI-assisted Clinical review

Goal: reduce clinician
review time > 50% per PA

Focus on the criteria not met

Digitized Medicare
Guidance

Patient Information:

Name: Roger Smith
Date of Birth: 10/10/1959
Patient ID: 123456789

Requested Service:

Service Type: Diagnostic Imaging
Urgency: Standard
Place of Service: Outpatient

Requesting Provider:

Provider Name: Dr. John Doe
NPI: 1234567890
Facility Name: Orange Valley Medical Center

Guideline Compliance Summary

CPT Code: 71250 (CT Thorax with Contrast)
Diagnosis Code: R911 (Solitary Pulmonary Nodule)
Plan Name: HumanWell SilverCare Plus (Medicare Advantage)
Plan ID: HW-876123-MA
Guideline Source(s): [ACR and Fleischner Society Guidelines](#)

HumanWell Health Plan follows national guidelines, including those from ACR and the Fleischner Society for the evaluation and management of solitary pulmonary nodules.

The plan's guidelines endorse the use of CPT 71250 for cases involving high-risk patients with nodules of 6-8mm in size.

Clinical Documentation Summary

- Patient is a 65 year old male with a 30-pack-year history and family history of lung cancer.
- A recent chest X-ray identified a solitary pulmonary nodule (SPN) measuring 8mm.
- Patient is asymptomatic, but given his high-risk profile (age, smoking history, family history), there is significant concern for potential malignancy.

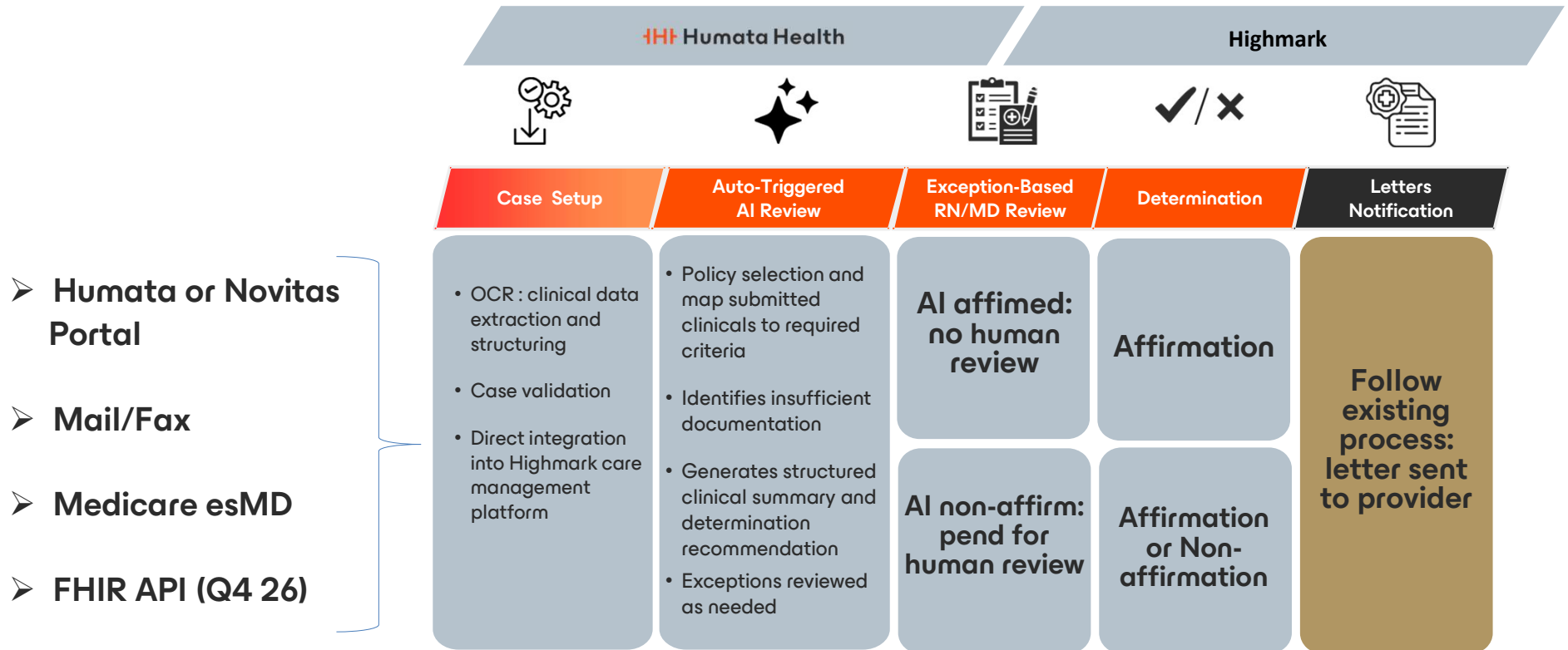
Clinical Submission Summary

| Guidelines | Documentation Summary | Link |
|--|---|------------------------|
| Has the patient had a chest x-ray within the last 30 days that showed an abnormality? | ✓ Yes, the patient had a chest x-ray within the last 30 days that showed an abnormality | Page 2 |
| What specific abnormality was seen on the chest x-ray? (Nodule, mass, infiltrate, or other significant finding) | ✓ A subtle/faint nodule was seen in the right lower lung on the frontal projection of the chest x-ray. | Page 2 |
| Has the patient undergone at least 4 weeks of appropriate medical treatment without improvement in their symptoms? | ✗ There is not enough information to definitively answer whether patient has undergone 4 weeks of appropriate medical treatment. | Page 4 |
| Does the patient have any risk factors for lung cancer? | ✓ Yes, the patient has risk factors for lung cancer. The document mentions a family history of lung cancer in the patient's father. | Page 4 |
| Is there clinical suspicion for a complication of pneumonia or acute process that requires further evaluation? | ✓ Yes, there is clinical suspicion for a process requiring further evaluation. The CT scan revealed a cluster of focal interstitial and irregular nodular opacifications in the right lower pulmonary lobe. | Page 2 |

Affirm/non-affirm

Clickable,
summarized
clinicals

Workflow Overview





Humata WISeR Provider Portal

Humata WISeR Portal

Functionality

- Submit a new PA request
- Monitor the status of an existing request with outcome and determination letter
- Manage providers
- View dashboard of submissions
- Resubmit PA
- Additional documentation request completion for post service reviews

Submit and monitor authorization requests in **one place**

Oklahoma providers serving Original Medicare beneficiaries can submit and track authorization requests through this portal.

Get Started

Sign In

Secure access for registered healthcare providers



Everything you need to manage authorizations



Submit Requests

Submit authorization requests for services and treatments



Monitor Status

Track the status of pending submissions and receive updates



Manage Providers

Manage provider information and maintain accurate records for future requests

WISeR Portal Technology: Error Prevention

- Errors and dismissals significantly reduced
- PA case direct integration into Highmark MMS

| VALIDATION | |
|------------|--|
| ✓ | Verify items/services/codes need review including POS and number of units |
| ✓ | Beneficiary and provider network check APIs |
| ✓ | No past or same date procedure requests |
| ✓ | Auto populate provider demographic information |
| ✓ | Procedure code maps to relevant NCD/LCD with list of required clinicals needed |
| ✓ | Duplicate PA check |

Policy & Clinical Documentation Requirements

HUMATA HEALTH
human+data

Dashboard

PRIOR AUTHORIZATION SUBMISSION

Submit a New Request

Resubmit Request

Track Status

CLAIMS FOLLOW-UP

File Upload

MANAGE PROVIDERS/FACILITIES

Manage Providers

Manage Facilities

Clinical Documentation

Review NCD/LCD requirements and upload clinical documentation for your prior authorization request.

1 Request Details 2 Clinical Documentation 3 Review & Submit

Coverage Information

Automatically determined from CPT/HCPCS codes. CPT 64605

NCD 160.1 – Induced Lesions of Nerve Tracts

Induced Lesions of Nerve Tracts View Policy

Category: Neurosurgery
Service Category: Induced Lesions of Nerve Tracts
Determination Reference: NCD 160.1 – Induced Lesions of Nerve Tracts

Coverage Criteria

- Chronic pain localized to nerve
- Failed conservative therapies
- Diagnostic block demonstrating nerve as pain generator

Back to Request Details

Upload Clinical Documents

Upload supporting clinical documentation for your prior authorization request.

Upload Requirements

Preferred file type: pdf
Additional accepted: jpeg, png, tiff, .webp
Upload limits: Max 15 files, Max 25MB per file, Total 150MB, Min 1 file
Recommended: Organize files by document type for easier review

+ Choose Clinical Documents
or drag and drop files here

Required Documentation

Upload the following documents to support your prior authorization request

- Clinical examination
- Imaging studies
- Conservative treatment records
- Diagnostic block results

Continue to Review >

Validation and Error Prevention Prior to Submission

The screenshot displays the Humata Provider Portal Medicare PA interface. A modal dialog titled "Request Checks Failed" is open, indicating that pre-submission checks found a problem with the submission. The dialog lists the following checks:

- Beneficiary is valid
- Request is not a duplicate or is a valid resubmission
- Rendering provider is invalid
No enrollments found for the provided NPI.
- Ordering provider is invalid
No enrollments found for the provided NPI.

The background interface shows a sidebar with navigation options: Dashboard, Submit a PA, Resubmit Request, Track Status, Upload Files, and Manage Providers. The main content area displays a procedure code (CPT 62323) and a diagnosis code (No diagnosis codes provided). A file upload section at the bottom shows a file named "Humata 5.jpg" (987.63 KB - JPG).

PA Case Dashboard

Track Status, Determination Letter & Resubmission

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Dashboard

PRIOR AUTHORIZATION SUBMISSION

Submit a New Request

Resubmit Request

Track Status

MANAGE PROVIDERS/FACILITIES

Manage Providers

Manage Facilities

My Prior Authorization Requests

View and manage all your submitted prior authorization requests.

| TRANSACTION ID | BENEFICIARY | STATUS | SUBMITTED | ACTIONS |
|----------------|----------------|--------------|--------------|---|
| HUM-2024-001 | John Doe | Affirmed | Jan 10, 2024 | View Download Letter |
| HUM-2024-002 | Jane Smith | In Review | Jan 18, 2024 | View |
| HUM-2024-003 | Robert Johnson | Non-Affirmed | Jan 22, 2024 | View Download Letter Resubmit |

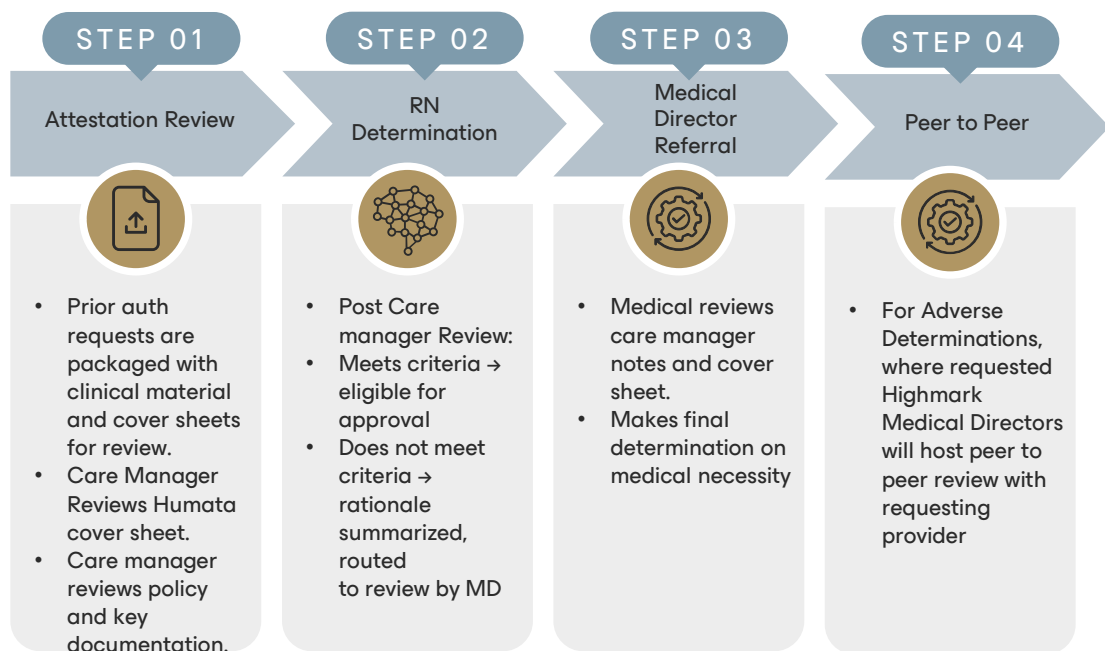
Showing 1 to 3 of 3 results



Highmark Operational Workflow

Clinical Determination Overview

Leveraging AI Tools, Empower Clinical Decision making



Highmark Clinicians operate out of a designated WISER work queue that automatically assigned cases to trained staff

- Work queues are structured with rigorous turnaround times, automatically assigning cases according to WISER turnaround times.
- Highmark portal integrated with NCDs/LCDs for efficient effective reviews

Clinical Feedback

- ✓ **Streamlined Medicare Policy Application:** Medical Specific Medicare policies are directly attached to requests, ensuring clear guidelines.
- ✓ **AI-Powered Clinical Analysis:** An AI cover sheet provides an analysis of clinical information in relation to requested procedures and services.
- ✓ **Transparent AI Tool Explanation:** The AI tool explanation details how algorithms apply to questions, including page references within the attached documentation for easy navigation for requests requiring human review.
- ✓ **Collaborative AI Tool Enhancement:** Highmark and WISer Humata representatives are working together to improve the AI tool's application of Medicare policy to submitted clinical information since the go-live
- ✓ **Efficient Use of Clinical Expertise:** Highmark Care Managers and Medical Directors feel empowered to use Humata's coversheets to make the right determinations for more complex reviews, while easy to review requests are passed through and auto approved.

Outcomes, Lessons Learned, and Discussion

Option 1 — AI-Inside Joke (Best Balance)

- **Title:**
Conclusion
- **Body:**
Error: Token limit exceeded
- Please upgrade to view final insights.
- **Footer:**
(Or just ask me after the session)

Humata-Highmark

WISeR High-level Summary



10,000+

Submissions since going live in January 5 - April 1



95%

Provider portal adoption



88%

(For highest volume cases)

AI affirmed cases that should've affirmed



1-Day

Average PA turnaround time across all case types



4-5 Minute Average

AI approval from submission to decision depending on the size of the clinical bundle.



No Human Touch

In the workflow, including letter generation when PA affirmed



Highmark Clinical Productivity

Increased number of PA cases per day

Upcoming WISeR Enhancements



- ✓ Provider requested enhancements
- ✓ AI evaluation of missing clinicals prior to PA submission via Humata portal
- ✓ Provider EHR integration for PA submissions with automated EHR clinical data retrieval and submission
- ✓ Evaluating provider utilization metrics for gold card eligibility (7/1)

Humata Lessons Learned ✨

Provider Experience Drives Adoption

- Simple, fast workflows → high engagement and collaboration (~95% adoption)
- Is PA required?
- Respond to issues and inquiries in < 24 hours

Transparency Builds Trust

- If PA is required and if yes, what are the clinical requirements?
- Clear, policy-aligned rationale when the case is non-affirmed with easy resubmission capability

Auto-Approval Unlocks Value

- AI approvals with no human touch drives speed to care for patients/members

AI + Clinician = Better Decisions

- Clear unambiguous policy criteria provides better AI outputs
- AI accelerates review and assists with letter writing

Highmark Lessons Learned

Change Management:

Participation in WISeR has allowed our clinicians to better understand how to effectively use AI in their clinical review process, improving both efficiency and quality of prior authorization determinations. Nurses and medical directors are increasingly open to feedback on their individual review processes, informed by both Humata's model and collaboration between Highmark and Humata clinicians.

Empowerment:

Through WISeR, clinicians are working at the top of their licensure and focusing on more complex cases that require their expertise. Elimination of easy to approve cases benefits members and providers through real time decisions while reducing administrative burden. This allowed for more time between collaboration between nursing staff and medical directors on complex reviews.

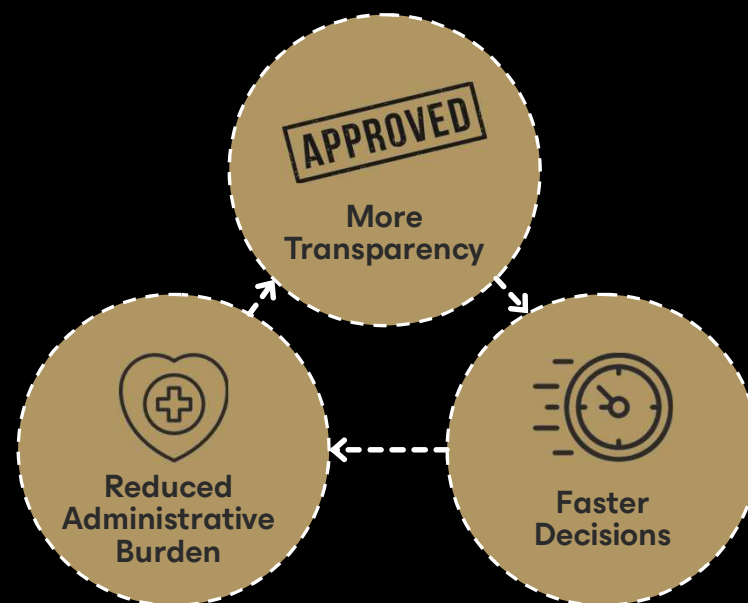
Focus on Quality:

Reduced administrative workload has enabled the team to allocate more resources toward audit and quality focused roles, strengthening evaluation of manual review accuracy.

A Unique Opportunity for Payers and Providers

Showcase the true power of technology and AI for PA

- ✓ Automated confirmation of in-scope WISeR Service
- ✓ Automated curation of the right clinical documentation
- ✓ Full transparency with AI-driven NCD/LCD clinical bundle with criteria match
- ✓ Direct electronic submission from the EHR with automated statusing back



 **Humata Health**