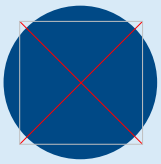
Wasteful and Inappropriate Service Reduction (WISeR) Model Exemption Program Fact Sheet

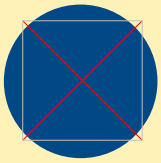
Fact Sheet Overview



As part of the WISeR Model and consistent with other existing CMS prior authorization programs, all WISeR Participants will implement an exemption ("gold carding") program. This program will automatically exempt individuals who are WISeR Providers or Suppliers from the prior authorization process and pre-payment medical review who demonstrate historical compliance with Medicare coverage, coding, and payment rules. The program will help alleviate provider burden and allow WISeR Participants to dedicate more resources to working with non-compliant WISeR Providers or Suppliers.

This fact sheet provides **an overview of the WISeR exemption program**.

Exemption Program Baseline Parameters

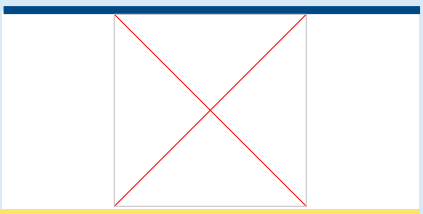


WISeR Participants have flexibility with designing their exemption programs, but all must apply the following minimal baseline parameters when determining exemption status:

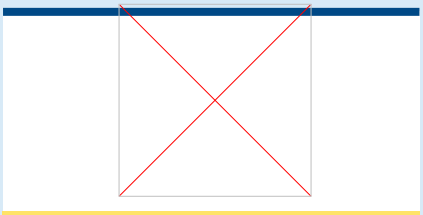
- Participants will grant exemption status **at the individual provider National Provider Identifier (NPI) level** (not facility or organizational level).
- WISeR Providers or Suppliers must **submit at least 10 prior authorization requests** across all WISeR Select Items or Services to achieve exemption status.
- WISeR Providers or Suppliers must **achieve an affirmation threshold of no greater than 90%** during an assessment period.
  - WISeR Participants may lower the threshold below 90% but cannot raise it above 90%.
  - WISeR Participants determine the length of the assessment period, but the period may not exceed a year.

WISeR Select Items or Services are subject to prior authorization or pre-payment medical review under WISeR and are defined in Appendix A of the WISeR Provider and Supplier Operational Guide.

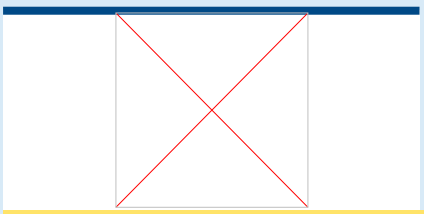
Exemption Program Re-evaluation Parameters



Exempt WISeR Providers and Suppliers maintain exemption status for at least a year (or longer per WISeR Participant discretion).



WISeR Participants re-evaluate exemption status by issuing no more than 10 Additional Documentation Requests (ADRs) per year.



Existing appeals pathways continue to be preserved for WISeR Providers, Suppliers, and beneficiaries.

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Exemption Program Key Points for Providers and Suppliers

The WISeR Exemption Program begins July 2026. Exempt WISeR Providers and Suppliers will receive notification of their exemption status in June 2026.

- WISeR Participants will evaluate WISeR Providers and Suppliers for exemption on a quarterly basis. WISeR Participants will inform exempted providers and suppliers prior to the start of each quarter when they have been added to the exemption status list.
- WISeR Participants will notify WISeR Providers and Suppliers of the effective date of exemption status, the exemption status duration, and the process and timeline for re-evaluation.
- If WISeR Providers or Suppliers lose exemption status after re-evaluation, WISeR Participants will notify them prior to the start of the next quarter and specify the effective date of removal and process for re-earning exemption status.
- **WISeR Participants must publicly post exemption program criteria and deliver provider education.**

Frequently Asked Questions about the Exemption Program

Question	Answer
Are WISeR Providers and Suppliers who achieve exemption status exempt for all lines of business (that is, both Part A and Part B)?	Yes, WISeR Providers and Suppliers who achieve exemption status are exempt for all lines of business (that is, Part A and Part B) for all WISeR Select Items and Services, across all sites of care.
How will WISeR Participants communicate with an attending or rendering provider about their exemption status in cases where individual contact information is not available (i.e., only facility-level contact information is provided)?	WISeR Participants will use the best available contact information, which may include facility-level contact information, when individual provider contact details are not available. In these cases, participants will clearly indicate in all communications that the exemption applies to the individual provider, not the facility or provider group.
Where should the exempted NPI be included on a submitted claim?	The field in which the exempted provider's NPI must be submitted differs depending on the site of service. In the office and home settings, the exempted NPI should be included in the rendering provider field. In the ambulatory surgery center setting, the exempted NPI should be in the referring/ordering provider field. In the outpatient department setting, the exempted provider should be in the operating provider field.
Once a WISeR Provider is deemed exempt, how long does the exemption last?	Once a provider becomes exempt, they retain that status for at least one (1) full calendar year. Participants have discretion to extend the exemption status beyond one year for qualified providers.

Questions regarding specific exemption program criteria should be directed to WISeR Participants. See the WISeR Provider and Supplier Operational Guide for the WISeR Participant contact information.