



# Navigating 2026 CMS Mandates with Intelligent Technology and Smarter Utilization Management

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In the [healthcare sector](#), [Utilization Management \(UM\)](#) is entering a pivotal period of change as federal oversight, regulatory expectations and public scrutiny converge. Recent Centers for Medicare & Medicaid Services (CMS) mandates reflect a broader shift in intent, moving beyond administrative control to a model that prioritizes timely access to care, transparency in clinical decision-making and continuity across the patient journey.

This evolution presents both operational challenges and an opportunity to re-assess how UM programs are structured, governed and executed.

This article provides an executive-level review of the CMS mandates shaping UM in 2026 and outlines key considerations health plans should evaluate as they prepare for the next phase of regulatory oversight. It is intended to offer clarity on what is changing, why it matters and how UM programs can evolve to remain compliant, clinically credible and operationally sustainable in an increasingly complex healthcare environment.



## A New Operating Reality for Utilization Management

The modern UM operational landscape is under mounting strain, from growing volumes of administrative functions and heightened regulatory scrutiny. As health plans navigate the 2026 CMS mandates, they are solving for compliance while also addressing a systemic crisis that has impacted both providers and patients.

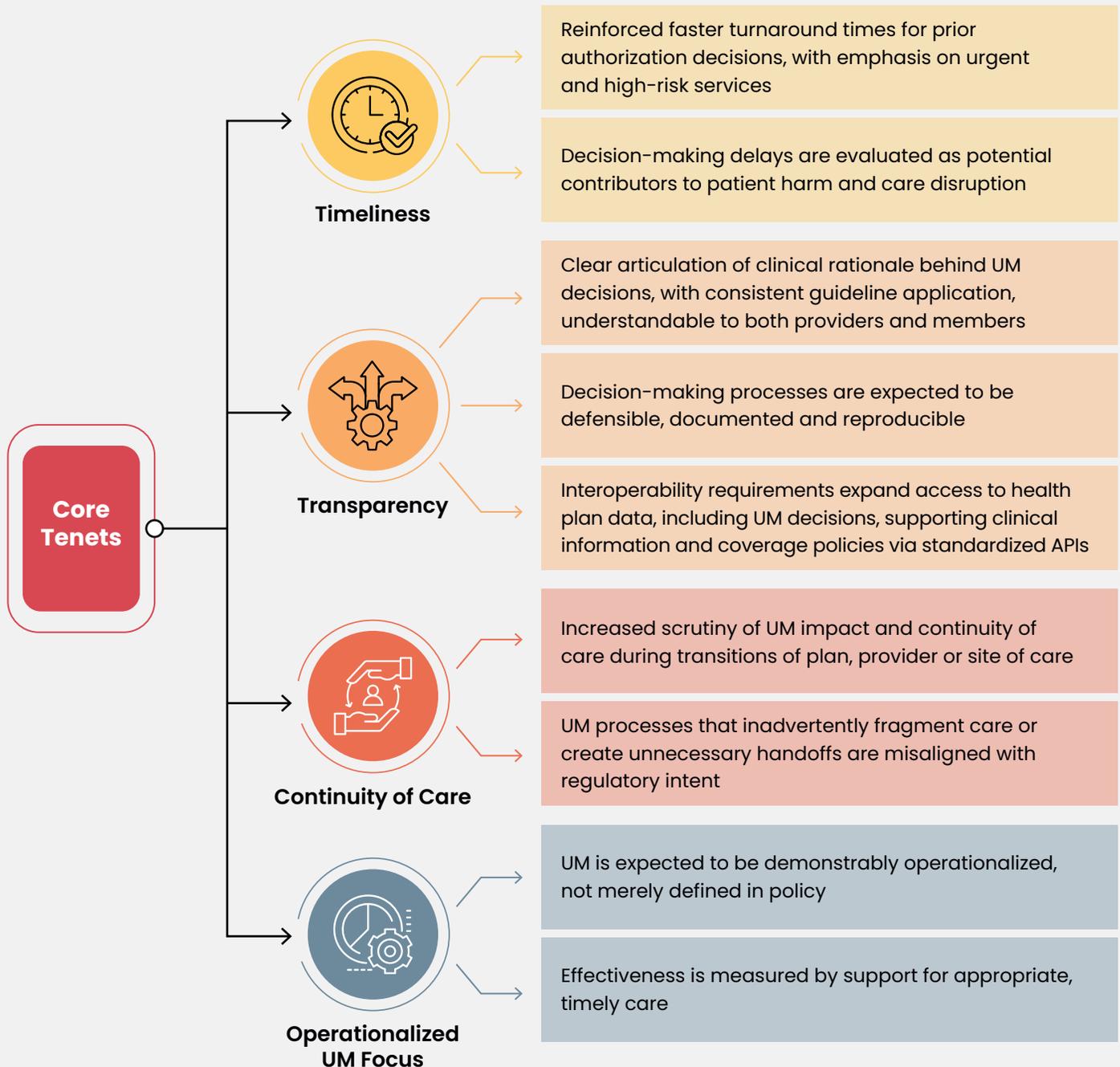
The 2024 American Medical Association (AMA) Physician Survey reports that 93 percent of physicians believe prior authorization delays access to necessary care, with 29 percent confirming these delays have resulted in adverse clinical events.<sup>1</sup> Supporting this is the 2026 KFF Health Tracking Poll, in which 34 percent of insured adults identified prior authorization as the “single biggest burden” in navigating healthcare, outranking concerns around medical bills, appointment availability and in-network access.<sup>2</sup>

With CMS enforcing stricter turnaround times and transparency requirements for denial rationales, the legacy UM model (reliant on manual, retrospective reviews) is becoming obsolete. While prior authorization remains a central focus, the regulatory lens has widened to encompass the full UM lifecycle from intake and clinical review to communication, documentation and post-decision accountability.

<sup>1</sup><https://www.ama-assn.org/practice-management/prior-authorization/fixing-prior-auth-these-critical-changes-must-be-made>

<sup>2</sup><https://www.kff.org/public-opinion/kff-health-tracking-poll-prior-authorizations-rank-as-publics-biggest-burden-when-getting-health-care/>

# Key Aspects of the CMS Mandates Taking Effect in 2026



Under this expanded scrutiny, structural constraints within legacy models become evident. Designed primarily for cost containment or retrospective control, existing models may struggle to prioritize speed, clarity and clinical expertise. The constraints intensify when UM programs operate in silos across inpatient, outpatient, specialty and ancillary services without a cohesive governance framework. In such environments, maintaining consistency and coordinated execution becomes increasingly difficult.

As a result, health plans may need to re-assess not only individual processes, but also the overall design and governance of their UM programs.

# Designing an Enterprise-grade UM Operating Model: A 5-Layer Framework

UM transformation requires structural re-design at the enterprise level. Sustainable modernization must overcome isolated initiatives and connect multiple levels to function as a unified system.

To operationalize this alignment, major health plans are increasingly organizing modernization efforts around what can be described as:

## The 5-Layer Framework

### Clinical Governance Layer

- Specialty physician access
- Evidence-based guidelines
- Escalation pathways

### Technology & Analytics Layer

- AI-enabled decision support
- Intake automation
- Structured data

### Operational Execution Layer

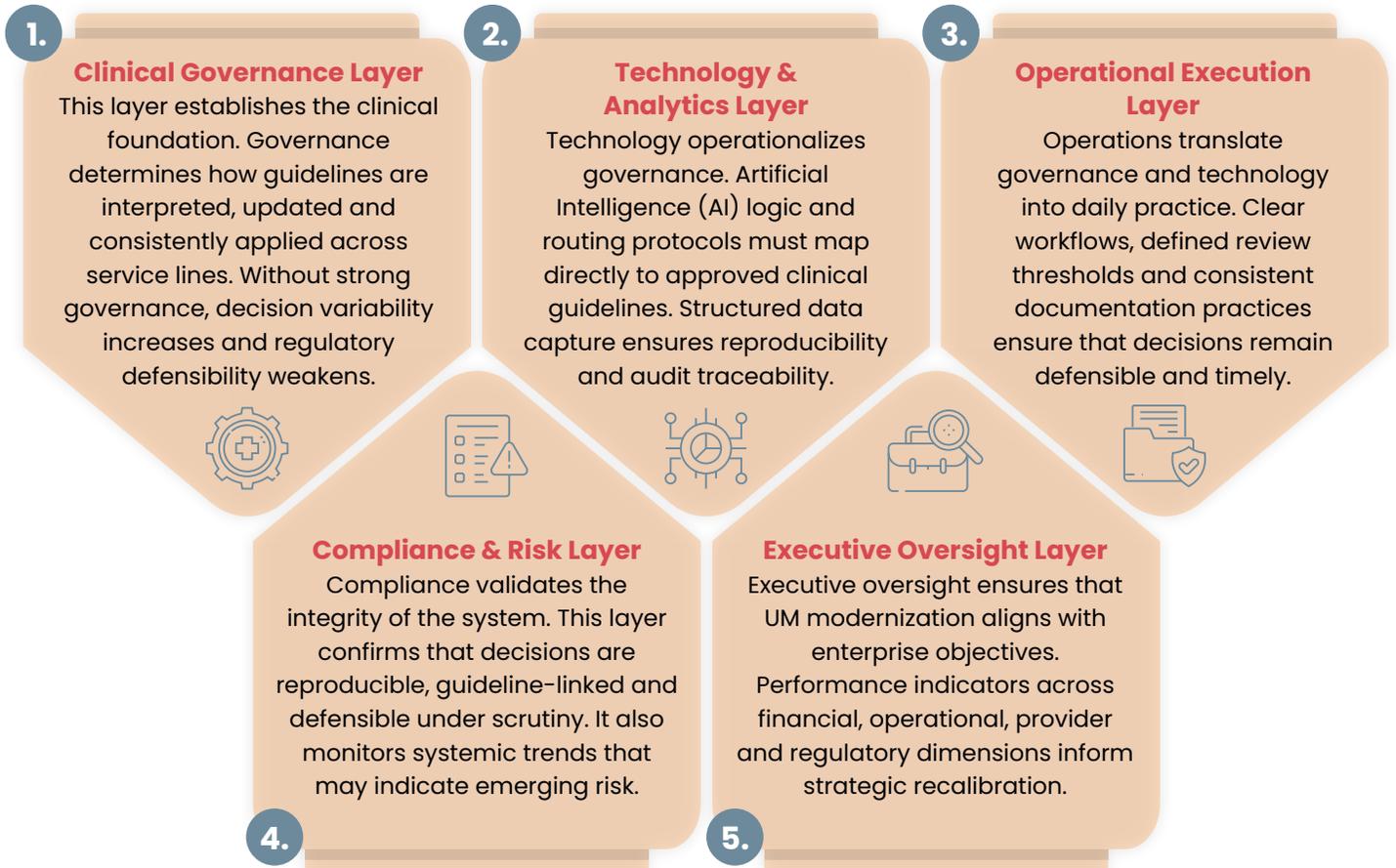
- Peer-to-peer coordination
- Provider outreach
- Case documentation integrity

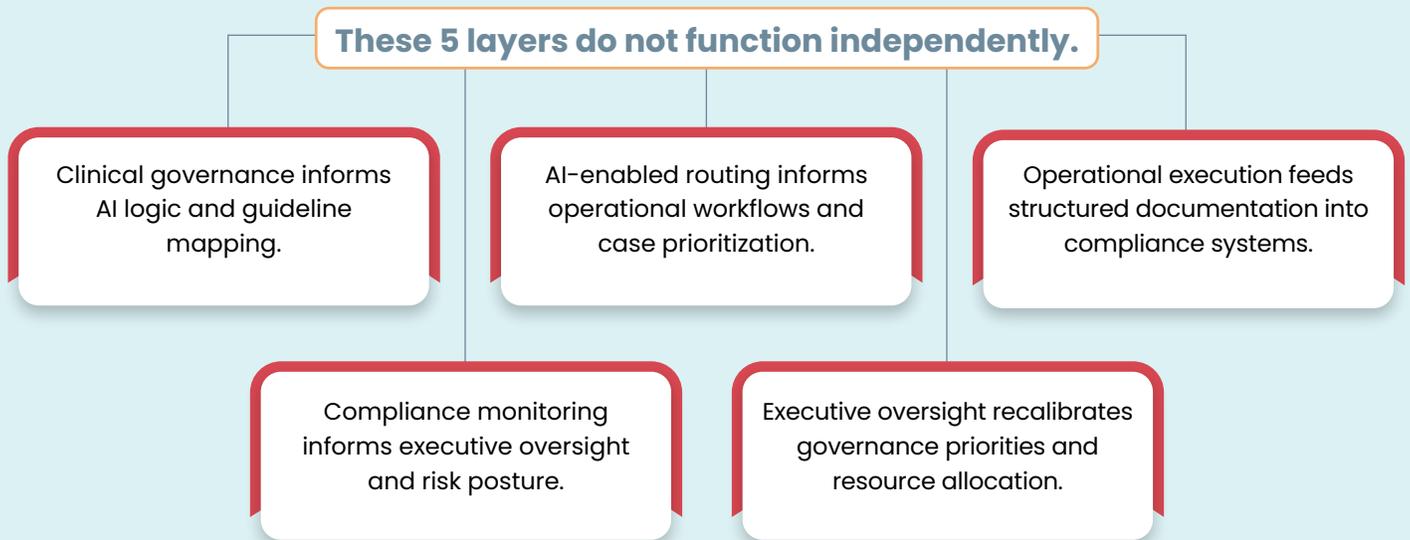
### Compliance & Risk Layer

- Audit preparedness
- Regulatory monitoring
- CMS mandate alignment

### Executive Oversight Layer

- ROI tracking
- Denial trend analysis
- Provider experience monitoring





# Real-world Operationalizing of the UM Framework

Regulatory alignment alone is not enough to modernize UM. Success in 2026 is about re-designing operating models to deliver measurable business performance alongside compliance.

## 1. Shift from Denial-driven Models to Collaborative Engagement

Legacy UM programs often generate savings through high denial rates, a model that now conflicts with CMS scrutiny and provider sentiment. Modern programs shift toward proactive clinical collaboration.

[One large national plan](#), working with WNS-HealthHelp as their strategic UM solutions provider, moved from a friction-heavy model to a collaborative outreach approach:

Metric	Before Transformation	After Implementation
Denial Strategy	High rates / friction-based	<b>50%</b> reduction in denials
Savings Source	Primarily driven by denials	Clinical pathway correction
Financial Impact	High appeals / administrative costs	<b>USD 8 Million</b> annualized savings
ROI	Inconsistent	<b>4.9:1</b> Net Direct Savings
Provider Sentiment	Higher dissatisfaction	Provider Net Promoter Score (NPS) of <b>60</b>

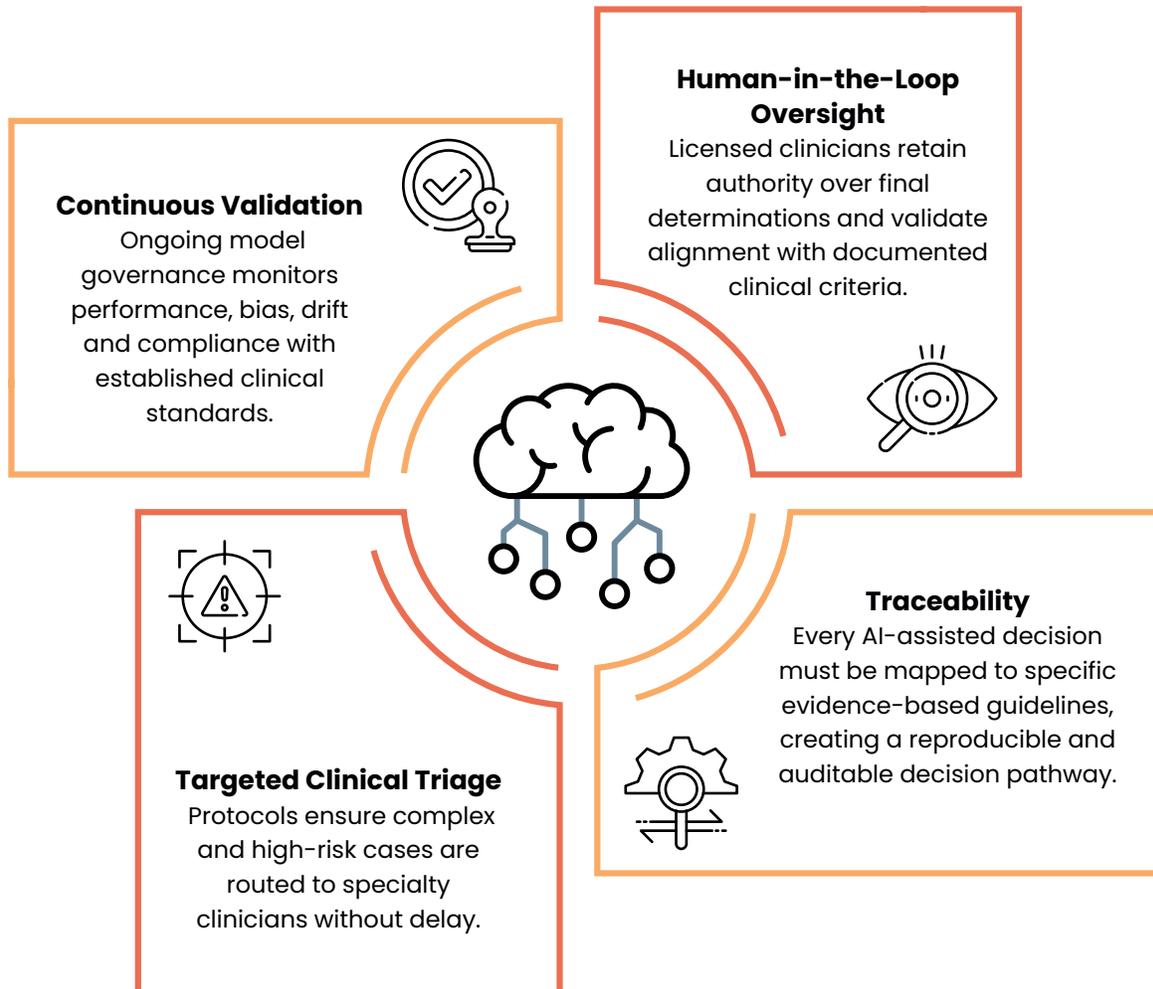
In this re-designed model, specialty clinical reviewers engage providers early, discuss evidence-based guidelines and support appropriate modifications or withdrawals reducing unnecessary services without relying on friction-based denials. This approach aligns with CMS priorities around transparency, continuity and defensible decision-making, while strengthening payer-provider relationships.

## 2. Responsible AI: Decision Support, Not Replacement

[AI is a powerful accelerator for UM modernization](#), but only when implemented within a governed, human-led framework. Heightened regulatory scrutiny and concerns around audit defensibility require that AI and automation must operate responsibly to preserve accountability and clinical integrity.

Responsible AI deployment requires guardrails that embed oversight into the decision-making process.

### Guardrails for Responsible AI Deployment



When deployed with this framework, [empirical data](#) indicates a 50–70 percent reduction in turnaround time for escalated cases, a 76 percent reduction in approvals requiring human review and near real-time approvals for appropriate services.

In transformed models, we have seen cases that previously required 1–2 days of manual review resolved in minutes, with only complex cases continuing to receive physician-level oversight. This approach does not replace clinical judgment; it represents **an AI-powered, human-led approach to UM**.

# The Business Case: Efficiency, Defensibility and Sustainable Performance

Modernized UM must demonstrate enterprise-level value across 4 executive dimensions:

## 1. Clinical Cost Impact



By focusing on clinical pathway correction rather than simple denials, plans avoid high-cost downstream services. In our experience, clinical interventions across collaborative UM frameworks have led to scenarios such as:

- Avoiding an unnecessary surgery, resulting in **USD 60,000** savings
- Reducing multiple radiation fractions in cancer care, resulting in savings of **USD 15,400**
- Oncology intervention care pathway correction, resulting in **USD 66,125** in cost avoidance

These interventions reflect clinically defensible cost containment aligned with standards of care all coordinated with the treating physician.

## 3. Provider Experience



Provider collaboration is increasingly influencing regulatory posture and competitive positioning. Modernized UM programs reduce unnecessary friction by decreasing appeals and peer-to-peer escalations by strengthening communication and reinforcing consistency in guideline application.

## 2. Operational Efficiency



Operational re-designs reduce administrative burden and strengthen clinical focus. In AI-supported workflows and environments, we have witnessed human review volumes decline by **more than 70 percent**, allowing clinical resources to focus on complex cases requiring expertise.

## 4. Regulatory Risk Reduction



Strong governance and documentation practices reduce exposure under CMS scrutiny. Structured documentation aligned to approved clinical guidelines enhances audit defensibility, improved turnaround monitoring and traceable escalation pathways.

**The business case for UM modernization is not theoretical. It is measurable in ROI, operational resilience and reduced regulatory exposure.**

# Advancing Readiness Through Strategic Partnership

The complexity of the CMS 2026 mandates often exceeds internal bandwidth. For many health plans, modernization is not simply a matter of upgrading tools. It requires coordinated change across clinical workflows, governance models, and technology infrastructure.

Strategic partnerships are increasingly becoming the mechanism through which this evolution is executed with greater speed and regulatory confidence. Partnering allows plans to leverage established, compliant AI and clinical infrastructure rather than building from scratch. It provides access to specialty expertise and peer networks that would be costly and time-intensive to replicate internally. Equally important, it introduces shared accountability, embedding traceability, governance and audit readiness into the transformation journey itself.

***Talk to our experts to explore how your enterprise can optimize the end-to-end UM process and drive the best outcomes for your health plans.***



## About WNS-HealthHelp

HealthHelp, a unit within WNS / Capgemini, has been a trusted partner for health plans' clinical programs for over 25 years. Our unified suite of Advanced AI powered technology platform-based solutions simplifies medical complexity and workforce challenges, and enhances provider relations and member journeys (i.e., customer experiences). Our uniquely designed UM and clinical solutions were developed to fit into health plans' existing clinical programs to advance outcomes and success. We work in partnership to understand health plan commercial and Medicare clinical programs, and determine where our solutions can advance outcomes and lower cost. There is no one size fits all, and we know how to expediently deliver the best tailored solution for a specific health plan's needs.

To know more, write to us at [marketing@wns.com](mailto:marketing@wns.com) or visit us at [www.wns.com](http://www.wns.com)

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