Executive Summary

Foundation Initiative — Florida & Texas Pilot

February 2026

Mission

The National Healthcare AI Enablement Foundation (NHAIEF) is a proposed federally supported, non-profit infrastructure organization designed to enable cost-efficient, safe AI adoption across U.S. health systems — with the primary objective of reducing long-term Medicare expenditure growth.

NHAIEF operates as public-interest infrastructure: neutral, transparent, and designed to complement existing federal programs including CMMI pilots and value-based care initiatives.

The Problem

U.S. healthcare spending exceeds $4.3 trillion annually. Approximately 30% of total healthcare expenditure is attributable to administrative overhead, billing, and compliance processes. Medicare expenditures are driven by systemic inefficiencies that AI can address, yet adoption remains uneven, vendor-driven, and inaccessible to safety-net and rural providers.

- 46% of physicians report burnout, driving turnover and costly contract labor reliance
- 2.5x variation in per-beneficiary spending across regions for equivalent procedures
- 15 hours per week spent by clinicians on documentation and administrative tasks
- Capital constraints prevent safety-net hospitals from enterprise AI deployment

Core Solution

Domain-specific foundation models trained on comprehensive healthcare data, including de-identified Medicare and Medicaid claims data, hospital operational datasets, clinical documentation, and public health outcomes data. These models are designed not to replace clinical judgment, but to optimize operations and reduce costs at scale.

Priority Focus Areas

- Administrative Cost Reduction — Prior authorization automation, claims accuracy, revenue cycle optimization
- Workforce Optimization — Predictive staffing models, burnout detection, AI-assisted scheduling
- Utilization Management — Avoidable admissions identification, LOS reduction, duplicate testing detection
- Quality & Outcomes — Readmission risk prediction, care pathway optimization, cost-quality balance

Florida & Texas Pilot

A 12–18 month pilot deployment across Florida and Texas, selected for their diverse healthcare landscapes, large Medicare populations, and mix of urban, suburban, and rural providers.

Florida: Second-largest Medicare population in the U.S., high concentration of safety-net hospitals and Medicare Advantage plans, significant utilization variation across urban and rural providers.

Texas: Largest uninsured population creating acute cost-containment pressure, extensive rural health system network, rapid population growth straining existing infrastructure, strong academic medical center ecosystem.

Pilot Phases

- Phase 1 (Months 1-6): Partner identification, EHR integration assessment, baseline metrics, initial deployment
- Phase 2 (Months 6-12): EHR-agnostic integration kits, clinical workflow activation, workforce optimization
- Phase 3 (Months 12-18): Full cost-savings analysis, model retraining, national expansion readiness

Evaluation Metrics

- Cost per Medicare Beneficiary — Primary outcome measure
- Administrative Cost Ratio — Percentage of total operating expense
- Average Length of Stay — Adjusted for acuity and case mix
- 30-Day Readmission Rate — Reduction through predictive discharge planning
- Utilization Variance — Reduction in unexplained geographic variation
- Clinician Administrative Time — Hours per week on non-clinical tasks

Governance

The foundation is structured as a federally chartered non-profit with independent ethics and compliance oversight, open auditability standards, and no exclusive vendor lock-in. Governance includes an HHS/CMS Liaison Council, Health System Advisory Board, Clinician & Patient Representation, and AI Safety & Equity Review Committee.

Funding Model

Primary funding through Congressional appropriation, CMS Innovation Center pilots, and NIH/NSF research grants. Free base access for all Medicare-participating providers, with optional tiered advanced analytics for systems requiring specialized capabilities.