

WEDI | Spring Conference

MAY 2026, VIRTUAL



CONFERENCE AGENDA

All times are Eastern- Content Subject to Change
All sessions will be available on WEDI's Whova site
(information will be sent to all registrants)

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ITILITI HEALTH



Monday, May 11, 2026

WEDI Workgroup Meetings (open to all registrants)

10:00am – 11:00am	Provider Information
11:00am – 12:00pm	Remittance Advice & Payment
12:00pm – 1:00pm	Attachments
1:00pm – 2:00pm	Patient Experience
2:00pm – 3:00pm	Privacy & Security
3:00pm – 4:00pm	Value-Based Care
4:00pm – 5:00pm	Claims

Tuesday, May 12, 2026


8:45am – 9:00am WEDI Welcome

9:00am – 9:30am WEDI Workgroup Kickoff: Privacy & Security/ Patient Experience Joint Session

9:30am – 10:00am Conference Keynote: Beyond the Specification: Turning HL7 Standards into Scalable Interoperability

Rachel Dunscombe, CEO, HL7

As the health care industry moves from standards development toward scalable, real-world implementation, hear how HL7 CEO Rachel Dunscombe is approaching CMS-0057-F. In this keynote she'll address the variability that blocks adoption, explain alignment with CMS and ASTP priorities, and show how HL7 standards can be leveraged to enable AI and automation. Most importantly, Rachel will demonstrate a practical approach to reduce the implementation burden for providers and vendors, turning standards into usable tools that accelerate deployment and improve outcomes.

- 10:00am – 10:30am The CMS Health Tech Ecosystem: Vision, Value, and How the Industry Can Engage
Amy Gleason, Acting Administrator of U.S. DOGE Service and Special Advisor to CMS
Ryan Howells, CARIN Alliance, Principal, Leavitt Partners
 This fireside chat will explore the vision behind the CMS Health Tech Ecosystem and its potential to transform how health data is accessed and used across the healthcare system. The conversation will examine the value this approach can deliver for patients, providers, and innovators, and discuss how industry stakeholders can participate in building a more connected and consumer-centered digital health landscape.
- 10:30am – 10:45am Conference Break
- 10:45am – 11:15am Advancing Value-Based Care: State Strategies for Rural Health Transformation
Aisha Pittman, SVP, Government Affairs, NAACOS
Zil Joyce Dixon Romero, State Government Affairs Manager, National Rural Health Association
Julie Brown-Georgi, Director of Interoperability - Policy and Standards, AMA (WEDI Value Based Care WG Co-Chair)
Michael Pattwell, Principal Business Advisor, Edifecs (WEDI Value Based Care WG Co-Chair)
 States are increasingly investing in value-based care as a pathway to strengthen rural health systems and improve outcomes—but turning policy into practice remains complex. This panel brings together national leaders and industry experts to explore how states are advancing value-based models, the role of interoperability and data exchange, and what it will take to scale these efforts across diverse communities. Attendees will gain practical insights into emerging strategies, ongoing challenges, and the future of value-based care in rural America.
- 11:15am – 12:00pm Interpreting Public Prior Auth Metrics- *Sponsored by Edifecs, a Cotiviti Business*
Jason Van Der Jagt, Solutions Consultant, Edifecs, a Cotiviti Business

 In this presentation, our speakers will offer learnings and insights from publicly available PA metrics while also examining the current state of FHIR adoption based on transactions flowing through Edifecs' systems. Part two of the presentation will shift from compliance to driving value and outcomes. We'll outline the next generation of PA performance metrics health plans should begin tracking now to quantify ROI, identify automation opportunities, and systematically reduce administrative burden.
- 12:00pm – 12:45pm Conference Break
- 12:45pm – 1:15pm *Making Prior Authorization Actionable: SNOMED CT® to CPT® Maps for 2027 Readiness*

Julie Brown- Georgi, Director of Interoperability - Policy and Standards, AM

As the industry prepares for the January 1, 2027 prior authorization API compliance date, terminology alignment will be critical to making electronic prior authorization work in real-world clinical and administrative workflows. This session will explore how SNOMED CT® to CPT® maps can help bridge clinical documentation and administrative coding needs, support standards-based prior authorization workflows, and reduce burden across payers, providers, EHRs, intermediaries, and vendors. The discussion will highlight the AMA's mapping initiative, priority testing needs, and opportunities for WEDI stakeholders to collaborate on implementation readiness across the Health Tech Ecosystem

1:15pm – 2:15pm

The State of Interoperability Today: How EHRs are Enabling CMS 0057F
Hans Buitendijk, Senior Director, Interoperability Strategy, Oracle Health
Jason Vogt, Manager Development, APIs and Structured Documents, Meditech
Sean Cotter, Software Developer, Epic
Mohammad Chebli, VP of Interoperability, NextGen
Gillian McCabe, Director of Product Management, Authorization Management, athenahealth

Leaders from major EHR platforms will share what's live at scale versus still in pilots, where interoperability is breaking down in real clinical workflows, and the biggest blockers to moving from point integrations to broad payer coverage without increasing burden. The discussion will also examine ecosystem readiness—how providers should assess payer and vendor performance, what governance models actually drive outcomes, and where WEDI can help establish practical standards, metrics, and playbooks to move the market forward.

2:15pm – 2:30pm

Conference Break

2:30pm – 3:15pm

CMS 0062P: Interoperability Standards and Prior Authorization for Drugs
Proposed Rule: Key Provisions and What They Mean for the Industry
David Koppel, Director, Division of Policy and Operations, Health Informatics and Interoperability Group, CMS
Scott Weinberg, Advisor, Division of Policy and Operations, Health Informatics and Interoperability Group, CMS

This session, hosted by CMS, will provide an overview of the CMS-0062 proposed rule, highlighting its key provisions and intended impact on the healthcare ecosystem. Attendees will gain a foundational understanding of the rule's requirements, timelines, and areas of focus, along with insight into how it may affect stakeholders across payers, providers, and health IT organizations. This session is designed to equip participants with the knowledge needed to begin preparing for potential implementation.

3:15pm – 4:00pm

CMS-0062 Proposed Rule: Industry Perspectives and Early Insights

Mike Wang, MD. Chief Medical Officer, Central California Alliance for Health

Dave Brown, Chief Information Officer, Alliance Health

Mike Marchant, Director, Digital Applications, Sutter Community Connect

Moderated by Mike Gould Associate Vice President of Interoperability Strategy, ZeOmega

Following CMS' overview of the CMS-0062 proposed rule, this panel brings together healthcare IT leaders to offer early reactions and practical perspectives on its potential impact. Panelists will explore key opportunities, anticipated challenges, and what the rule may mean for implementation across payers, providers, and technology partners. Attendees will gain insight into how organizations are beginning to assess readiness and prepare for what comes next

4:00pm – 4:45pm

The 2025 CAQH Index: Key Findings and Industry Perspectives

Erin Richter Weber, Chief Policy & Research Officer, CAQH

(Panelist) Stanley Nachimson, Principal, Nachimson Advisors

(Panelist) Heather McComas, Director, Administrative Simplification, American Medical Association

(Panelist) Cat Douglas, Senior Manager, EDI & Health Technology Operations, Florida Blue

This session will highlight key findings from the 2025 CAQH Index Report, offering insights into national trends in healthcare administrative efficiency, cost savings, and adoption of electronic transactions. Following the presentation, a panel of healthcare IT stakeholders will share real-world reactions, discussing what the results mean for the industry and where opportunities and challenges remain. Attendees will gain a practical understanding of how these findings translate into implementation priorities and future progress.

Wednesday, May 13, 2026

8:55am – 9:00am

WEDI Welcome

9:00am – 9:45am

Advancing Provider Directory Interoperability: FAST National Directory of Healthcare Provider & Services (NDH) and CMS Priorities in Action

David Pyke, Technical Director, FHIR AT Scale Taskforce (FAST)

David Marotz, Director, Product Innovation, Surescripts

With growing momentum around CMS provider directory initiatives and references to NDH in the CMS-0062 Prior Authorization rule, the industry is at a key inflection point. This session will explore how the FAST NDH Directory framework supports scalable, standards-based provider and payer data exchange. Panelists will highlight alignment with CMS priorities and real-world use cases across payers, providers, and networks.

9:45am – 10:30am

CMS 0053 (Adoption of Standards for Health Care Claims Attachments Transactions and Electronic Signatures) in Action: Translating Electronic Attachments into Efficient Workflows

Mary Lynn Bushman, Agile Product Manager, Wellpoint Federal, an Elevance Health Company

Becky Fortek, Systems Analyst III, Mayo Clinic

Jamie Mosteller, Director of Regulatory Affairs, Jopari

As the industry advances administrative simplification, the CMS 0053 Attachments Final Rule marks a key step toward standardized electronic exchange of clinical information. This session brings together industry leaders across payers, providers, and health IT to examine how attachment requirements will translate into real-world implementation.

Panelists will explore alignment with existing standards and what's needed to enable consistent, scalable attachment workflows—from clinical documentation capture to exchange, adjudication, and audit readiness. The discussion will also highlight key considerations for industry stakeholders, including interoperability dependencies, workflow redesign, and opportunities for industry collaboration.

10:30am – 10:45am Conference Break

10:45am – 11:30am Driving Interoperability Forward: Strategic Updates from X12, NCPDP & HL7
Cathy Sheppard, CEO, X12
Margaret Weiker, Vice President of Standards Development, NCPDP
Dan Vreeman, Chief Standards Development Officer, and Chief Artificial Intelligence Officer, HL7

This session features updates from X12, NCPDP, and HL7, highlighting the latest developments in healthcare standards and interoperability. Speakers will cover organizational priorities, recent industry news, and new tools and resources designed to support more efficient and connected data exchange across the healthcare system.

11:30am – 12:00pm Quick Wins for Prior Auth Efficiency- *Sponsored by Edifecs, a Cotiviti Business*



Ankur Nagpal, Senior Director, Product Management, Edifecs, a Cotiviti Business

In this presentation, Edifecs product leaders will focus on practical yet valuable process improvements that payers can make in short order to automate routine PA decisions and reduce unnecessary back and forth.

12:00pm – 12:30pm Conference Break

12:30pm – 1:15pm Modernizing Pharmacy ePA: A Massachusetts Blue Print for Standards, Workflow, and Action
Denny Brennan, Executive Director, Massachusetts Health Data Consortium
Pooja Babbrah, Executive Vice President, Strategy & Industry Alignment, NCPDP

Ross Martin, MD, Senior Consultant, Point-of-Care Partners

Pharmacy electronic prior authorization (ePA) has supporting NCPDP standards and implementing vendors, yet many providers still experience

significant friction when prescribing drugs. In Massachusetts, MHDC asked one of the leading national consulting firms, POCP, to examine why that gap persists and what practical actions could increase automation in this critical area of health care. This session will look at what the research found, where national standards fit, and what a realistic modernization roadmap looks like for stakeholders who want progress now.

1:15pm – 1:45pm



The Data Foundation Prior Authorization AI Requires- Sponsored by Itility Health

Michael Lunzer, Founder & CEO, Itility Health

Chad Frank, Chief Operating Officer, Itility Health

AI is reshaping conversations about prior authorization modernization, but the payers making the most progress are not starting with AI. They are starting with data. Without a structured, machine-readable rules and policy foundation, AI-driven decisioning introduces variability, compliance risk, and gaps that APIs alone cannot close. This session will examine why policy data infrastructure is the prerequisite for scalable prior authorization automation, what it takes to build it, and how health plans can evaluate whether their current foundation is ready to support the interoperability and automation demands of CMS-0057.

1:45pm – 2:00pm

Conference Break

2:00pm – 2:45pm

CMS-0057: From Compliance to Transformation—A Payer Perspective

Cara Wahmann, Executive Director, Clinical Oversight and Operational Support, Health Care Services Corporation (HCSC)

Nancy Beavin, Director, Provider Connectivity, Medica

This panel will bring together payer leaders to share the latest progress on CMS-0057 implementation, highlighting what is in planning, testing, and production across their organizations. Panelists will offer real-world perspectives on lessons learned, emerging best practices, and how workflows are evolving beyond compliance toward meaningful operational improvement. Attendees will gain insight into how payers are navigating the implementation journey and where they are beginning to see value across the ecosystem.

2:45pm – 3:30pm



Beyond Compliance: Real-World Lessons from Implementing CMS-0057-F Prior Authorization Automation

Sponsored by MCG Health

Daniel Cawood, Senior Manager, Product Management, MCG Health

With CMS-0057-F taking effect in 2027, payers must move beyond compliance to operationalizing API-driven prior authorization in real workflows. This session focuses on what it actually takes to get there.

Daniel Cawood, HL7 Da Vinci Community Champion and MCG Health's Sr. Manager of Product Management, will cover change management across clinical, operational, and technical teams; considerations when applying HL7® Da Vinci guides in real-world implementations, including scenarios

that may require additional data; and architectural patterns for enriching provider-submitted data with payer-side context (e.g., benefits, prior auth history, UM rules).

The session will also address provider workflow integration, scalable interoperability beyond “API-only” approaches, and strategies for evolving legacy systems while improving decision quality, provider experience, and patient access to care.

- 3:30pm – 4:15pm **Maximizing Your Resources by Using HL7® FHIR® Application Programming Interfaces: Provider Perspectives**
Mike Marchant, Director, Digital Applications, Sutter Community Connect
Michael Westover, Vice President, Payer Partnerships & Informatics, Providence
Provider representatives offer firsthand accounts regarding how clinicians and their teams are helping to lead the way with real-world production implementations of Health Level 7 (HL7®) Da Vinci Project standards referenced in CMS-0057-F to advance value-based care and maximize revenue. Discover how payers’ and providers’ interactions evolve as they collaborate to tackle problems and address current pain points with the health care system. Learn the considerations, challenges and benefits of working together to establish infrastructure to streamline and automate prior authorization workflows, remove latency and enable real-time data sharing, ultimately creating win-wins for patients, clinicians, administrators, payers and technologists.
- 4:15pm – 5:00pm **Advancing Prior Authorization: A Clearinghouse-to-Clearinghouse Pilot**
Crystal Ewing, Product Management Leader, Waystar
Genevieve Morris, Vice President, Interoperability and Regulatory Strategy, Network, and Data, Optum
The Cooperative Exchange will present its latest initiative, the Clearinghouse-to-Clearinghouse Prior Authorization Pilot Cohort, developed in collaboration with the Da Vinci Project’s Trebuchet team. This session will provide an overview of the project’s objectives, scope, and implementation strategy, led by the initiative’s co-chairs.
Attendees will gain valuable insight into efforts to streamline prior authorization processes across clearinghouse networks, addressing a critical challenge in the healthcare industry. The discussion will highlight how this pilot aims to improve efficiency, enhance interoperability, and reduce administrative burden through more coordinated, standards-based approaches.

Thursday, May 14, 2026

This day will focus on two critical areas shaping the future of health care administrative simplification: updates to the 008060 transactions and the recently released Claims Attachments

Final Rule. Sessions will explore the potential benefits, anticipated challenges, and key next steps for implementation, providing attendees with early insight into how these significant regulatory developments may impact workflows, standards adoption, and industry collaboration

- 9:00am – 9:30am X12 Introduction/ 8060 Overview
Cathy Sheppard, CEO, X12
- 9:30am – 10:00am WEDI Sub Workgroup 8060 Presentation; Eligibility
Donna Campbell, Provider Portal & Provider Connectivity IT Product Manager, Health Care Service Corporation
- 10:00am – 10:30am WEDI Sub Workgroup 8060 Presentation; Claims
Stanley Nachimson, Principal, Nachimson Advisors
- 10:30am – 11:00am WEDI Sub Workgroup 8060 Presentation; Remittance Advice & Payment
Pam Grosze, Vice President, Senior Product Manager, PNC Bank
- 11:00am – 11:30am Recap: WEDI Federal Policy Consultation on 8060
Nancy Spector, Senior Director of Federal Affairs
This session will recap key findings from WEDI’s inaugural Federal Policy Consultation (FPC), focused on the transition to X12 Version 008060 HIPAA transactions. Through surveys and stakeholder engagement, the FPC gathered industry perspectives on the potential benefits, costs, and implementation challenges of this next generation of administrative standards. Panelists will highlight key insights and what they mean for organizations preparing for adoption.
- 11:30am – 12:00pm Industry Discussion on CMS 0053F; WEDI Claims and Attachment Sub Workgroup Co-Chairs
Mary Lynn Bushman, Agile Product Manager, Wellpoint Federal, an Elevance Health Company, Co-Chair, Attachments SWG
Jamie Mosteller, Director of Regulatory Affairs, Jopari, Co-Chair, Attachments SWG
Chuck Veverka, Senior QA Manager, Lunz, Leigh & Associates, Co-Chair, Claims SWG
Stanley Nachimson, Principal, Nachimson Advisors, Co-Chair, Claims SWG
Join WEDI’s Claims and Attachments Sub Workgroup Co-Chairs for an interactive industry discussion on the CMS 0053F Claims Attachments Final Rule. This session will explore the anticipated benefits and challenges of implementation, with a focus on how the rule may impact workflows, operational processes, and data exchange across payers, providers, and technology partners.
Drawing on ongoing industry collaboration and insights from WEDI workgroups, speakers will share perspectives on readiness, key dependencies such as standards and interoperability, and areas where stakeholders may face friction. Attendees will gain practical insights into what organizations should be considering now to prepare for

implementation and how the industry can work together to drive more efficient, streamlined attachment processes moving forward.