



2024 NATIONAL CONFERENCE AGENDA AT A GLANCE

Subject to change, Times Eastern. More Sessions TBA

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**NOTE: **OCTOBER 17, 1:30PM- 2:30PM,
CLOSING CONFERENCE NETWORKING EVENT****

**Stay with us following the final session as we celebrate the end of the conference with
great raffle prizes**

Friday, October 11, 2024

WEDI Workgroup Meetings, 10:00am – 3:00pm (VIRTUAL)

We invite all attendees (WEDI Members & Non-Members) to participate in our workgroup meetings during the national conference, as workgroup members provide thoughtful leadership and common-sense approaches that enhance the exchange of clinical and administrative healthcare information.

- *Provider Information, 10:00am – 11:00am*

- *Payment Models, 10:00am – 11:00am*
- *Genomics, 11:00am – 12:00pm*
- *Remittance Advice & Payment, 11:00am – 12:00pm*
- *Health Equity, 12:00pm – 1:00pm*
- *No Surprises Act Task group, 1:00pm – 2:00pm*
- *Dental, 1:00pm – 2:00pm*
- *Claims, 2:00pm – 2:30pm*
- *Privacy & Security, 2:00pm – 3:00pm*

Tuesday, October 15, 2024

12:00pm – 1:00pm, Conference Welcome Lunch

1:15pm – 1:45pm, Karen Ignagni, Chief Executive Officer, Emblem Health

Karen Ignagni serves as President and CEO of EmblemHealth, one of the nation's largest non-profit health insurers. EmblemHealth provides quality, affordable health care coverage and administrative services to more than 3.1 million people in the New York tristate area. Since joining EmblemHealth in 2015, Ms. Ignagni has led an enterprise transformation to improve the consumer health care experience and expand the company's presence and reach across the greater tristate area. EmblemHealth's family of companies includes ConnectiCare, a leading Connecticut-based health plan, and AdvantageCare Physicians, a multispecialty medical group with more than 36 locations across New York City.

1:45pm – 2:15pm, Jon Blum, Principal Deputy Director and Chief Operating Officer, Centers for Medicare & Medicaid Services (CMS)

Jonathan (Jon) Blum currently serves as the Principal Deputy Administrator and Chief Operating Officer at the Centers for Medicare & Medicaid Services (CMS). In this dual role, Jon oversees CMS's program policy planning and implementation and day-to-day operations of the entire agency. CMS's programs provide health coverage to more than 150 million individuals, spending more than \$1.7 trillion in annual benefits with an annual operating budget of more than \$7 billion.

2:15pm – 2:30pm, Afternoon Stretch Break

2:30pm – 3:15pm, Updates from NCVHS Standards Subcommittee

- *Tammy Banks, Co-Chair, NCVHS Subcommittee on Standards*
- *Steven Wagner, Co-Chair, NCVHS Subcommittee on Standards*

The Subcommittee on Standards monitors and makes recommendations to the Full Committee on health data standards, including implementation of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Medicare Modernization and Improvement Act of 2006 (MMA), the Affordable Care Act and associated areas of focus such as interoperability.

3:15pm – 3:45pm, A Unified Gateway for FHIR and EDI for CMS-0057-F and Beyond.

Presented by



The Interoperability and Prior Authorization mandate (CMS-0057-F) has further established a need for interoperability standards to be...well...interoperable. See first-hand how Edifecs

Unified Gateway creates interoperability between interoperability standards, FHIR and EDI, to comply with CMS-0057-F and beyond.

3:45pm – 4:30pm, Enhancing the Patient Experience through Technology; The Voice of the Patient,

- *Anna Hyde, Vice President of Advocacy and Access, Arthritis Foundation*
- *Brooke McSwain, Senior National Policy Research Analyst, Digital Health, Public Health Infrastructure, American Heart Association*
- *Michael Phillips, Director of Technology Strategy and Partnerships, AARP*

Join us for an insightful panel discussion featuring patient representatives from the American Heart Association, Arthritis Foundation, and other leading health organizations as they explore how emerging technology is transforming the patient experience. Discover firsthand accounts of how telemedicine, wearable devices, mobile health apps, and advanced data analytics are making healthcare more accessible, personalized, and efficient. Engage with our panelists as they share success stories and challenges and discuss the future of technology-driven patient care.

4:30pm – 5:15pm, WEDI Workgroup Presentation

Every day, WEDI members volunteer their time and talent to WEDI workgroups to provide thoughtful leadership and common-sense approaches that enhance the exchange of clinical and administrative healthcare information. They collect input, exchange ideas, and make recommendations that inspire impactful and far-reaching change in our industry. We welcome WEDI workgroup leadership as they offer the audience information about their workgroups, their products and how you can get involved.

5:15pm – 6:15pm, WEDI Welcome Reception

Grossman Hall, American University Washington College of Law

Wednesday, October 16, 2024

8:30am – 9:15am, Fireside Chat; Bridging Policy and Technology to Reshape the Healthcare IT Ecosystem.

- *Ashley Thompson, Senior Vice President for Public Policy & Development, American Hospital Association*
- *Lori Prestesater, Senior Vice President of Health Solutions, American Medical Association*

Ashley Thompson is senior vice president, public policy analysis & development for the American Hospital Association (AHA), a position she has held since 2015. In this role, Ashley provides leadership, strategic direction and management in the development, articulation and advocacy of the association's policy positions. Additionally, she leads AHA's formal policy development process, which solicits input from key hospital leaders on issues related to advocacy, public policy and field leadership. Ashley has held various policy roles in the association over her 20-year tenure.

As Senior Vice President of the American Medical Association's (AMA's) Health Solutions (HS) business unit, Lori Prestesater leads the AMA division responsible for delivering customer-

centric, authoritative, dynamic, and indispensable data and solutions that drive transformation in the health care ecosystem by providing the foundation for many critical areas in health care, including interoperability, research, innovation, and equitable care.

9:15am – 10:00am, Policy Updates from the HHS Office for Civil Rights

- Timothy Noonan, Deputy Director for Health Information Privacy, Data, and Cybersecurity, Office for Civil Rights (OCR), United States Department of Health & Human Services.

The Department of Health and Human Services law enforcement agency, the Office for Civil Rights (OCR) ensures compliance with our nation's health information privacy and security, civil rights, and conscience and religious freedom laws. OCR investigates complaints and conducts compliance reviews, promulgates policy and regulations, and provides technical assistance and public education.

- *The potential of HIPAA Security Rule updates incorporating HHS Cyber Goals, impacting CMS reimbursement, and integrating HHS 405(d) practices*
- *How OCR addresses cybersecurity threats, supports the industry, and aligns with federal agencies under the National Cybersecurity Strategy to streamline security requirements, impacting HIPAA/HITECH rules and OCR audits*
- *How OCR is addressing the issue of the patient's right to access their health information*
- *How can OCR better educate the industry on privacy/security requirements and how OCR can communicate lessons learned from the OCR audit program*

10:00am – 10:15am, Morning Stretch Break

10:15am – 10:45am, Navigating the ASTP/ONC HTI-2 Proposed Rule

Gain exclusive insights directly from the experts at ASTP/ONC as they lead a comprehensive session on the HTI-2 Proposed Rule. This session will cover the key provisions, expected impacts on the healthcare IT landscape, and practical guidance on compliance and implementation strategies. Engage with the policymakers behind the rule, ask your questions, and learn how to effectively prepare your organization for these upcoming regulatory changes.

10:45am – 11:30am, HIPAA/Cybersecurity Security Panel

A panel of cybersecurity professionals weigh in on the latest policies regarding health care data cybersecurity and offer insight on the road ahead with emerging technology.

- Lesley Berkeyheiser, Co-Chair, WEDI Privacy & Security Workgroup, Senior Assessor, DirectTrust
- Greg Garcia, Executive Director, Cyber Security, Health Sector Coordinating Council
- Lee Barrett, Commission Executive Director, DirectTrust
- Bezawit Sumner, Chief Information Security Officer and Senior Director of Security & Compliance, CRISP Shared Services

10:45am – 11:30am, Strategic Interoperability: How did we get here and where are we going?

Presented by



- Matthew Spielman, Senior Director, Product Management, Edifecs

As an interoperability leader in healthcare for more than 25 years, we know that there is more to interoperability than simply meeting the mandates set forward by CMS and ONC. Requirements from programs such as 9115-F, 0057-F, and 21st Century Cures establish a baseline for interoperability but that isn't the whole story. We believe in Strategic Interoperability as the means to pivot the regulatory burden of compliance into a strategic driver of improvement within healthcare. This means taking a holistic and realistic approach to interoperability as it exists today but also positions organizations for success in the evolving world of value-based care. We review how interoperability has evolved to get us to where we are now and then talk about where we think things are headed in the future as rules and use cases evolve.

11:30am – 12:00pm, Mark Bertolini, CEO of Oscar Health

Mark T. Bertolini is the Chief Executive Officer of Oscar Health, a leading healthcare technology company dedicated to making a healthier life accessible and affordable for all.

Mark is also a national health care thought leader, and the former Chairman and CEO of Aetna Inc. At Aetna, Mark assumed the role of CEO in November 2010, and of Chairman in April 2011. In November 2018, he stepped down as Chairman and CEO and served as a Director of CVS Health Corporation upon completion of CVS Health's acquisition of Aetna, valued at \$69 billion. Throughout Mark's tenure at Aetna, he led the company's transition from a traditional health insurance company to a consumer-oriented health care company focused on delivering holistic, integrated care in local communities.

12:00pm – 12:45pm, Conference Luncheon

Special Address on Cybersecurity Guidance and the Path Ahead (recorded)

LaMonte Yarborough, Chief Information Security Officer (CISO), Department of Health and Human Services

12:45pm – 1:30pm, Harmonizing State Claims Collection and Reducing Burden: Understanding the All-Payer Claims Data Common Data Layout (APCD-CDL)

The National Association of Health Data Organizations oversees and manages a common data layout for the submission of All-Payer Claims Data, the APCD-CDL™. During this presentation, we will introduce the layout, and two NAHDO leaders will discuss their experience implementing it.

- *Norm Thurston, PhD, Executive Director, National Association of Health Data Organizations*
- *Kyle Russell, CEO, Virginia Health Information*
- *Janice Bourgault, Senior Consultant, Freedman HealthCare*

12:45pm – 1:30pm, TBA Sponsored Sessions Presented by



1:30pm – 2:15pm, Health Care Vendor Compliance with Federal Rules

- *Hans Buitendijk, Senior Director, Interoperability Strategy, Oracle Health*
- *Mark Scrimshire, Chief Interoperability Officer, Onyx Health*
- *More Panelists TBA*

2:15pm – 2:30pm, Afternoon Stretch Break

2:30pm – 3:15pm, Maximizing Provider Directory Data to Improve Care Access and Quality

- Sean Kilpatrick, Vice President, Gateway & Clearinghouse Products, Availity
- Tammy Weaver, Vice President, Masterfile Products, American Medical Association
- Anne Buff, Senior Director, Innovation, CAQH

2:30pm – 3:15pm, Understanding the FDA Unique Device Identifier: Compliance and Implementation Strategies

Indira Konduri, Deputy Director and UDI Program Lead, Center for Device & Radiological Health, US Food & Drug Administration

Deborah Fellhauer, RN, BSN, Policy Analyst, US Food & Drug Administration

The Unique Device Identifier is required for all devices regulated by the FDA and provides a means to track device performance by type, manufacturer, and specific lot. This session will explain how the UDI can be used by providers, patients, health plans, and researchers along with how the agency is identifying high risk implantable devices for use in the proposed update to the HIPAA claims standard.

3:15pm – 4:00pm, Payer Prior Authorization Updates

Payer organizations address their current state (including the digitization of their PA policies) and anticipated challenges/considerations as they begin the process of addressing the final rule.

- Mark Winters, Executive Director Enterprise Architecture, Health Care Service Corporation
- More panelists to be announced!

4:00pm – 5:30pm, No Surprises Act Panel (GFE, AEOB) and Small Group Exercise

- WEDI No Surprises Act Task Group Co-Chairs
- Vanessa Candelora, HL7 Da Vinci Project Patient Cost Transparency Co-Lead and Senior Consultant, Point-of-Care Partners
- Cathy Sheppard, Chief Executive Officer, X12
- Elissa Dines, Director, Division of Consumer Protection Policy Consumer Support Group, Centers for Medicare & Medicaid Services
- Emily Ames, Health Insurance Specialist, Center for Consumer Information and Insurance Oversight, Centers for Medicare & Medicaid Services

Thursday, October 17, 2024

8:00am – 8:30am, WEDI Workgroup Welcome: Remittance Advice & Payment

The Remittance Advice & Payment workgroup resolves issues related to the inconsistent use of the ERA/EFT transactions. Find the most effective solutions to the ERA/EFT issues.

- Pam Grosze, Workgroup Co-Chair, Vice President, Senior Product Manager, PNC Bank
- Pat Wijtyk, Workgroup Co-Chair, Senior Associate, BPO, EDI Team, Cognizant

8:30am – 9:00am, NEHEN 3.0: The Next Phase of Data Innovation

Denny Brennan, Executive Director, Massachusetts Health Data Consortium

NEHEN 3.0 will be a cost-effective, collaborative, open standards-based exchange of clinical and administrative data, implementing priority use cases to move the community forward toward automation for prior authorization and quality measurements. It will meet customers where they are currently and provide a pathway to the future by supporting both X12 and FHIR-based clinical and administrative exchange.

9:00am – 10:00am, Standards Development Organization (SDO) and Operating Rules Updates

- *Charles Jaffe, MD, Chief Executive Officer, HL7*
- *Cathy Sheppard, Chief Executive Officer, X12*
- *Robert Bowman, Principal, Interoperability and Standards, CAQH CORE*
- *Margaret Weiker, Vice President of Standards Development, National Council for Prescription Drug Program*

SDOs are member-supported organizations, often accredited by the American National Standards Institute (ANSI), who develop and maintain standards to meet industry needs. Members include health care providers, insurers, health IT software developers, patients, care givers, and others.

10:00am – 10:15am, AM Break

10:15am – 11:00am, The New Chapter in Health IT: Updates from the Assistant Secretary for Technology Policy and ONC

Micky Tripathi, PhD, Assistant Secretary for Technology Policy, National Coordinator for Health IT

ONC has become ASTP/ONC. Hear from Assistant Secretary Dr. Micky Tripathi about the reorganization, recent regulatory activity, and future opportunities for a unified public-private partnership for health IT collaboration. Dr. Tripathi leads the formulation of the federal health IT strategy and coordinates federal health IT policies, standards, programs, and investments. Dr. Tripathi has over 20 years of experience across the health IT landscape.

11:00am – 11:45am, Advancing Healthcare Connectivity: A TEFCA QHIN Panel

- *Dave Cassel, Chief Customer Officer, Health Gorilla*
- *Jay Nakashima, President, eHealth Exchange*
- *Matthew Doyle, R&D Team Lead, Epic*
- *Laura McCrary, President and CEO, Konza*

The Trusted Exchange Framework and Common Agreement (TEFCA) is a framework that establishes a set of principles, terms, and conditions to support the exchange of electronic health information (EHI) across health information networks (HINs).

11:45am – 12:45pm, Mission 2030: A Discussion on Value-Based Care, the Present and the Future

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- *Anna Taylor, Associate Vice President of Population Health and Value Based Care, Multi Care Connected Care*
- *Semira Singh, Director, Population Health Informatics, Providence*
- *Mark Friedberg, MD, Senior Vice President, Performance Measurement and Improvement, BCBS Massachusetts*
- *Steve Berkow, Senior Advisor, Value-Based Markets, InterSystems*
- *(Moderator) Michael Pattwell, Co-Chair, WEDI Payment Models Workgroup, Principal Business Advisor, Edifecs*

12:45pm – 1:15pm, Closing Session: Building Healthy Communities Through Community Investment and Being “More than a Plastic Card”

John Baackes, CEO, LA Care Health Plan

John Baackes, of LA Care was recently awarded the Excellence in Health Care Award for his outstanding leadership of the largest health plan in Los Angeles County. WEDI welcomes John

to offer his insight on how health care can evolve to be a fixture in the community by investing in organizations and projects that address the non-medical factors that can significantly impact health outcomes.

****1:15PM- 2:00PM, CLOSING CONFERENCE NETWORKING EVENT****

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