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EVENT AGENDA

SUBJECT TO CHANGE, EASTERN TIMES

October 23, 2026
Privacy, Security, & Trust Pre-Conference
100% Virtual on Zoom

10:00am – 10:30am: Keynote
Cybersecurity Threat Landscape: An FBI Perspective
Cyber threats facing the health care industry continue to evolve in scale, sophistication, and impact. In this session, WEDI welcome Special Agent Jonathan Lund from the FBI will provide an inside look at current threat trends and emerging risks, including the growing impact of artificial intelligence, while sharing lessons learned, practical recommendations and resources to help organizations strengthen their cybersecurity posture. The discussion will also examine what the FBI expects to see in the threat landscape going forward and what health care organizations should be doing now to prepare.

- **Jonathan Lund, Special Agent, Federal Bureau of Investigations**

10:30am – 11:15am
From Assessment to Action: Using OCR's Security Risk Assessment Tool
This session will provide a practical look at how health care organizations can use OCR's Security Risk Assessment Tool to identify and prioritize security risks and strengthen their HIPAA Security Rule compliance efforts. OCR will also share insights from the tool's use across the health care industry, including common risk areas, recent developments, and what organizations should know about the tool's future.

- **Nicholas Heesters, Senior Advisor for Cybersecurity, HHS Office for Civil Rights**

11:15am – 11:30am
Break

11:30am – 12:15pm
From Threats to Trust: An Industry Perspective on Healthcare Security
Following perspectives from the FBI on the evolving health care threat landscape and OCR on practical approaches to security risk assessment, industry leaders will reflect on what these developments mean for health care organizations and the broader ecosystem. The discussion will explore how organizations can translate emerging threats and risk assessment into action while balancing privacy, security, data sharing, and the trust needed to support a connected health care system.

- **Lesley Berkeyheiser, WEDI Privacy & Security Workgroup Co-Chair, Assessor, DirectTrust**
- **Thanh-Thien Nguyen, WEDI Privacy & Security Workgroup Co-Chair**
- **Mari Savickis, Head of Government Relations, CHIME**
- **Bezawit Sumner, Chief Information Security Officer and Senior Director of Security & Compliance for CRISP Shared Services**

12:15pm – 1:00pm
Beyond Connectivity: Building Trust in the Health Data Ecosystem
We have made tremendous progress connecting the healthcare ecosystem, but the ability to exchange data raises a bigger question: can we trust that the data will be shared appropriately and that a patient's choices will be respected? This session brings together HL7 FAST leaders, a patient advocate, and industry stakeholders to explore how computable consent can turn patient preferences into actionable, enforceable requirements—and what it will take to operationalize trusted data exchange across the healthcare ecosystem.

- **Duncan Weatherston, Co-Chair, FHIR at Scale Taskforce, Smile Digital Health**
- **Emma Andelson, WEDI Patient Experience Workgroup Co-Chair, American Medical Association**
- **Craig Behm, CEO, CRISP Shared Services**

1:00pm – 1:45pm
Securing the AI-Enabled Health System: Governance, Privacy, Security & Trust
As AI becomes increasingly embedded in healthcare, organizations need practical approaches for managing the cybersecurity, privacy and trust risks that accompany its adoption. Drawing on the HSCC's AI Cyber Governance Framework Implementation Guide, this session will explore how healthcare organizations can put AI governance into practice—from risk assessment and accountability to vendor and supply-chain risks, emerging AI capabilities, incident response and patient trust.

- **Bill Reid, HSCC AI Governance Task Group Co-Lead, Google**
- **Ed Gaudet, HSCC AI Governance Task Group Co-Lead, Censinet**

October 26, 2026

WEDI Workgroup Meetings
Hybrid, Washington DC and Zoom

10:00am – 11:00am, N101, Warren Building First Floor
Provider Information
Mission: Identify business issues impacting the transmission and receipt of provider Directory data. Commit to understanding the nuances of the data along with industry Successes and best practices for obtaining the information in a timely and accurate fashion

11:00am – 12:00pm, N101, Warren Building, First Floor
Remittance Advice & Payment
Mission: Resolve issues related to the inconsistent use of the ERA/EFT transactions. Find the most effective solutions to the ERA/EFT issues.

12:00pm- - 1:00pm, N101, Warren Building, First Floor
Claims Status
Mission: Outline the exchange of claim status request and response, the business issues that prevents its adoption and potential ROI savings for both providers and health plans

1:00pm – 2:00pm, YT14, Yuma Building, Terrace Level
Dental
Mission: To focus on the unique requirements for dental providers, payers, clearinghouses, and practice management systems as they relate to HIPAA, HITECH, ARRA, and other rules and regulations impacting the dental industry.

1:00pm – 2:00pm, N101, Warren Building, First Floor
Patient Experience
Mission: Focus primarily on bringing the patient perspective and experience into health care business processes and workflow, and include the patient viewpoint across WEDI

workgroups and initiatives

2:00pm – 3:00pm, N101, Warren Building, First Floor
Claims
Mission: To facilitate implementation of the 837s, provide a forum to address business issues related to the implementation and use of the 837s and create white papers and provide educational guidance on issues related to the implementation and use of the 837s

3:00pm – 4:00pm, N101, Warren Building, First Floor
Eligibility & Benefits
Mission: To address identified business issues from various stakeholder perspectives moving to the 5010 X12 270/271 transactions. Facilitate implementation of the 5010 270/271 transactions. Provide a forum to address business issues related to the implementation of the 5010 270/271 transactions.

4:00pm – 5:00pm, N101, Warren Building, First Floor
Privacy & Security
Mission: To identify and work towards resolution on all implementation issues related to securing, and protecting health information across the industry. Facilitate the review of privacy and security beyond HIPAA/HITECH in the growing areas of EHR, HIEs, HIX's and interoperability.

4:00pm – 5:00pm, YT14, Warren Building, First Floor
Value-Based Care
Mission: To foster the adoption and implementation of new and existing value-based payment models by identifying technology attributes of these models, such as connectivity, eligibility/enrollment reconciliation, payment reconciliation, quality reporting, care coordination, data exchange, as well as usage challenges and barriers to the implementation of new payment models.

Additional workgroup meeting times coming soon!

October 27, 2026

Conference Day 1
Hybrid, Washington DC (all sessions in Grossman Hall) and Zoom

8:00am – 8:45am
Conference Breakfast (Washington DC)

8:45am – 9:00am
WEDI Welcome
Robert Tennant, Executive Director, WEDI

9:00am – 9:30am, Keynote Speaker
From Regulation to Reality: What's Next for Healthcare Interoperability?
Healthcare has spent the past two decades building policies, technology, standards, and infrastructure needed to make health information more accessible and interoperable. As the industry moves forward with new requirements such as CMS-0057 and CMS-0053, along with continued advances in EHRs, APIs, and interoperability standards, WEDI welcomes Arcadia Institute's Chair Aneesh Chopra, who will take us on a journey through what we've learned, where the biggest gaps remain, and what it will take to turn this investment into meaningful, real-world change.

- **Aneesh Chopra, Chair, Arcadia Institute, first US Chief Technology Officer (2009-2012)**

9:30am – 10:15am
Beyond Compliance: Lessons Learned Implementing Electronic Prior Authorization Through a Community-Based Model
Implementing CMS-0057-F requires more than APIs and implementation guides. Successful implementation requires coordination among operational, clinical and technology teams within organizations, as well as collaboration across health plans, providers, EHR vendors, and other interoperability partners to address readiness, testing, workflow changes, and adoption.
In this session, the Massachusetts Health Data Consortium (MHDC) and participants in the New England Healthcare Exchange Network (NEHEN) will share lessons learned from implementing electronic prior authorization through a regional interoperability collaborative. Attendees will hear practical strategies for coordinating multi-stakeholder implementation efforts, managing dependencies, accelerating learning, and scaling adoption beyond initial pilots. The session will highlight how collaborative implementation models can reduce duplication and support more efficient, sustainable deployment across the healthcare ecosystem.

- **Chris Glenn, Sr. Product Manager - Health and Medical Management Technology, Blue Cross Blue Shield of Massachusetts**
- **Dana Marcelonis, NEHEN Program Director, Massachusetts Health Data Consortium and Sr. Consultant, Point-of-Care Partners**
- **Carol Siedsma, VP of Revenue Cycle, Berkshire Health Systems**

10:15am – 10:30am
Networking Break

10:30am – 11:00am
Before and After: Digitizing Medical Policies for Prior Authorization.
Moving medical policies from Word documents and PDFs into digital prior authorization workflows requires keeping policy requirements and FHIR questionnaires aligned. This session will explore a practical approach to policy digitization, including how policy metadata helps deliver the right questionnaires to providers. Before-and-after examples

will show how default questionnaires and more detailed questionnaires for high-volume services can support the transition from fax-based requests to digital workflows, while allowing health plans to expand their capabilities over time.

- **Michael Lunzer, Founder & President, Itiliti Health**

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11:00am – 11:45am
SNOMED CT to CPT: Bridging Clinical and Administrative Language for Prior Authorization
As electronic prior authorization moves forward under CMS-0057, the ability to translate clinical concepts into the administrative language used for coverage and authorization decisions is becoming increasingly important. This session will provide an update on the SNOMED CT-to-CPT® maps and explore their role in supporting Da Vinci CRD, DTR, and PAS workflows, the industry's collaborative approach to developing and testing the maps, and opportunities for stakeholders to participate and provide feedback as this work evolves.

- **Julie Brown-Georgi, Director of Digital Health-Policy and Standards, American Medical Association**

11:45am – 12:30pm
Conference Lunch + Results from the WEDI CMS-0057F Survey

12:30pm – 1:15pm
An Industry Discussion on Interoperability Testing. Sponsored by DRUMMOND

- **Tim Bennett, Director of Strategic Healthcare Initiatives, Drummond Group**
- **Michael Lunzer, Founder and President, Itiliti Health**
- **Rana Chaudhuri, InterOp Lead Syndesi Health**

1:15pm – 2:00pm
The Business Case for Better Interoperability: Quantifying the Impact on CMS Star Ratings
The link between better data interoperability and better care quality is well documented. But what is the return on additional investment? This is a critical question for individual organizations being prompted by regulations and other industry-wide initiatives to make substantial investments in IT infrastructure to further advance interoperability. Healthcare executives today face challenging capital constraints and must make difficult trade-offs among many proven strategies for improving care. To help answer this question, InterSystems worked with actuaries at Optum Advisory to conduct a national study quantifying the impact of better interoperability on CMS Star ratings, including how to measure past performance on interoperability, the correlation with Star ratings, and the

financial impact of losing or gaining a half star. In this session, study leaders will discuss methodology, principal findings, and ramifications for individual organizations and solicit guidance on how best to build on this unique research.

- **Steven Berkow, Head of Value-Based Care Market Strategy, InterSystems**
- **Alex Balmes, Vice President, Actuarial Consulting, Optum Advisory**

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2:00pm – 2:45pm, Featured Speaker
Building Trust in a Digital Ecosystem: OCR's Vision for Privacy & Security
The rapidly evolving digital health ecosystem is creating new challenges for protecting health information while supporting innovation and data exchange. OCR Director Stannard will discuss the agency's regulatory priorities and emerging policy considerations, along with practical guidance for organizations seeking to build secure, trusted, and resilient digital health systems.

- **Paula Stannard, Director, HHS Office for Civil Rights**

2:45pm – 3:15pm
Beyond the Deadline: Why CMS-9115 and CMS-0057 Are Mile Markers, Not Finish Lines
CMS's interoperability and prior authorization rules are often treated as compliance checkboxes, but they're really early waypoints in a decade-long shift toward real-time, automated connectivity between payers and providers. In this presentation, Nolan Kelly and Don Rucker will explain why health plans that view these mandates as stepping stones, not endpoints, will be best positioned to compete as payment reform, new quality measures, rising consumer expectations, and new market entrants reshape the industry. You'll leave with a practical view of why investing now in data standards and a modern lakehouse architecture separates plans that merely comply from plans that win.

- **Don Rucker, MD, Chief Strategy Officer, 1upHealth**
- **Nolan Kelly, Chief Commercial Officer, 1upHealth**
- **Rana Chaudhari, InterOp Lead, Syndesi Health**

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3:15pm – 3:30pm
Networking Break

3:30pm – 4:15pm
What's Next with all These APIs? Experiences from California
As CMS-0057 electronic prior authorization priorities move from compliance into adoption, California stakeholders are working to deliver meaningful change for plans, providers, and patients. Panelists will discuss efforts to convene stakeholders, drive

health plan and provider collaboration, and fund shared infrastructure for testing at scale in supporting use of electronic prior authorization APIs at scale

- **Paul Norton, MBA, MPH, Senior Director, BluePath Health (moderator)**
- **Kristof Stremikis, MPP, MPH, Director of Market Analysis and Insight, California Health Care Foundation**
- **Tara Nelson, Senior Director of Utilization Management, L.A. Care Health Plan**
- **Richard Kwong, Head of Product, Connecting for Better Health**

4:15pm – 5:00pm
From Compliance to Capability: The EHR Perspective on the Future of Prior Authorization
As electronic prior authorization moves from policy and development into implementation, EHRs will play a critical role in translating new requirements into workflows that work for providers and patients. EHR leaders from the Electronic Health Record Association (EHRA) will discuss lessons learned, payer and provider readiness, and how APIs and emerging standards can translate into meaningful workflow improvements as the industry prepares for key expectations in 2027 and 2028. The conversation will also explore opportunities for greater automation and AI while addressing the practical challenges of certification, testing, implementation timelines, and moving beyond compliance toward a more efficient prior authorization experience.
Electronic Health Record Association (EHRA) Members:

- **Hans Buitendijk, Senior Director Interoperability Strategy, Oracle**
- **Cecilia Wong, Senior Product Manager, Altera Digital Health**
- **Pam Chapman, Director of Regulatory and Clinical Affairs, Office Practicum**
- **Jason Vogt, Development Manager, APIs, and Structured Documents, MEDITECH**
- **Sean Cotter, Software Developer, Epic**

5:00pm – 6:00pm **WEDI Welcome Reception**

October 28, 2026

Conference Day 2
Hybrid, Washington DC (all sessions in Grossman Hall) and Zoom

8:00am – 8:45am
Conference Breakfast (Washington DC)

8:30am – 9:00am
WEDI Welcome: Remittance Advice & Payment Workgroup Paper Presentation
Barriers to Adoption of the ERA and EFT Transactions (refreshed from 2017)
The paper covers reason behind barriers to implementation of the HIPAA standard EFT and 835, along with best practices to eliminate the barriers and implement the

transactions.

Usage of CARCs and RARCs in the 835 Transaction
When the adjustment codes on the 835 are imprecise or generic, the provider does not have enough information to determine next steps, which can result in phone calls to the payer. This paper reviews code usage requirements in the 835, mapping to the most precise codes, and examples where codes are not being reported correctly.

- **Pam Grosze, Remittance Advice & Payment Subworkgorup Co-Chair, PNC Bank**
- **Pat Wijtyk, Remittance Advice & Payment Subworkgroup Co-Chair, Cogniazant**

9:00am – 9:45am, Keynote Speaker
Interoperability at a Turning Point: What Comes Next for Healthcare Data Exchange
Interoperability is reaching a critical point as standards, policy, and technology move from building the infrastructure for data exchange toward making that exchange more usable, connected, and impactful across the health care ecosystem. John Rancourt of ONC will explore what comes next—including the evolving role of interoperability in clinical and administrative data exchange, TEFCA, emerging technologies, and the steps needed to turn greater connectivity into meaningful value for patients, providers, payers, and the broader health care community.

- **John Rancourt, Deputy Director of the Office of Standards, Certification, and Analysis ,Office of the National Coordinator for Health IT (ONC)**

9:45am – 10:30am
Lessons Learned from HIPAA's Last Major Overhaul and What's Next
The healthcare industry has navigated only one major HIPAA X12 overhaul in its history nearly 15 years ago, when version 5010 replaced 4010. With the Administration signaling an updated version is on the horizon, this panel brings together industry veterans who guided their organizations through that transition to share firsthand lessons on what happened when compliance deadlines arrived, which migration strategies worked (and which didn't), and what the industry should do differently this time.

Moderated by Cotiviti's Kevin Day, who guided payer organizations through the 4010–5010 transition, the session offers a candid look at the cost, timeline, and technical realities of enterprise interoperability modernization—including how the transition could reduce the cost of downstream FHIR API integration work already underway across the industry.

- **Kevin Day, Principal Business Advisor, Cotiviti**

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10:30am – 10:45am
Networking Break

10:45am – 11:30am
CQL & FHIR: Putting Knowledge to Work
Explore how FHIR and CQL standards are revolutionizing healthcare workflows by turning narrative medical policies into computable logic with KALM AI. In this technical presentation, experts from Smile will showcase the efficiency of "encode once, reuse everywhere." See how a single policy implementation produces versatile, standardized outputs that simultaneously automate Prior Authorization, streamline Care Management, simplify Digital Quality reporting, and accelerate value-based care initiatives without duplicating effort.

- **David Chisholm, VP, Payer Solutions, Smile Digital Health**
- **Rob Reynolds, VP & Chief Engineer, Clinical Intelligence, Smile Digital Health**

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11:30am – 12:15pm
Digital Signatures in Action: Understanding the Technology Behind CMS-0053-F
As CMS-0053-F introduces new electronic signature requirements for health care claims attachments, understanding the underlying technology will be critical for organizations preparing for implementation. Robert Dieterle will provide a practical, technical look at digital signatures and the HL7 Digital Signatures and Delegation of Rights standard, including how signatures establish identity, integrity, and delegation and what organizations should consider when implementing the standard

- **Robert Dieterle, CEO EnableCare Group**

12:15pm – 1:00pm
Conference Lunch

12:30pm – 1:00pm
Lunch Session: From API to Outcome: Lessons Learned Building and Testing CMS-0057 Prior Authorization Workflows
The success of CMS-0057 depends on more than building standards-based APIs.
This session brings together payer, provider, EHR, and network perspectives to explore what it takes to move electronic prior authorization (ePA) from technical compliance to operational reality.
Panelists will share lessons learned from real-world implementation and industry testing of CRD, DTR, and PAS, highlighting the challenges of workflow integration, onboarding, and organizational readiness.
Attendees will gain practical insights into how key stakeholders are collaborating to scale ePA workflows and learn why a trusted network is essential to delivering fast, accurate authorization experiences.
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1:00pm – 1:30pm
How AI is Quietly Transforming EDI Operations
While much of the industry's attention has shifted to FHIR, APIs and digital modernization, EDI remains the backbone of healthcare data exchange and isn't going anywhere. Through a live, interactive product demonstration, see how advanced AI capabilities are transforming Cotiviti's Smart Trading platform.

This session explores how Smart Trading's AI Search Assistant and AI Correction Suggestions help teams find transactions faster and accelerate issue resolution. We'll also spend time with Eva, and an embedded AI advisor for business operations, and the latest AI-assisted data mapping capabilities designed to simplify standards adoption and operational modernization.

- **Rupali Gupta, Senior Product Manager, Cotiviti**

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1:30pm – 2:15pm
Payer Lessons from the CMS-0057-F Journey
January 1, 2027, will mark a major milestone for the CMS Interoperability and Prior Authorization final rule (CMS-0057-F), but reaching the compliance deadline will only be part of the journey. What is it taking for payers to move from regulatory requirements and implementation plans to operational reality, and what strategies, decisions, technical and operational challenges, and lessons learned are shaping that journey? With implementation underway, the conversation will soon shift from "Are we ready?" to "Is it working?" as industry experts explore what early success should look like, where opportunities for improvement may remain, and how payer organizations are building on their compliance investments to streamline prior authorization, improve interoperability, and create a better experience for providers and members. Attendees will leave with practical insights from peers who are making progress on the journey and a clearer view of what comes next beyond compliance.

- **Daniel Cawood, Senior Manager of Product Management, MCG**
- **Cara Wahmann, Executive Director of Clinical Oversight & Operational Support, HCSC**

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2:15pm – 2:45pm
Figuring It All Out Together: Implementing CMS-0057-F
Implementing electronic prior authorization requires health plans and technology partners to work through challenges together. Drawing on Itiliti Health's experience supporting payer implementations, this session will explore gaps between system capabilities, vendor responsibilities, and interpretations of standards, and how collaboration can help resolve

them. Attendees will gain practical insights into working through implementation barriers together, grounded in a simple premise: we either all win together or all lose together.

- **Michael Lunzer, Founder and President, Itiliti Health**

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2:45pm – 3:30pm
Payer-to-Payer APIs: Making Patient Data Follow the Patient
As payer-to-payer interoperability moves toward implementation, the focus is shifting from whether data can be exchanged to whether that information is timely, useful, and meaningful to patients and their new health plans. This session brings together patient and payer perspectives to examine what information should follow patients when coverage changes, the practical challenges of making the exchange work, and how the industry can move beyond technical connectivity toward greater continuity of information and care.

- **Alex Kontur, Interoperability Solutions, Blue Cross Blue Shield Association**
- **Anna Hyde, Vice President of Advocacy and Access, Arthritis Foundation**
- **Michael Taylor, Senior Product Manager, Availity**

3:30pm – 3:45pm
Networking Break

3:45pm – 4:30pm
Turning Requirements to Strategy: The Planning, People and Partnerships to Consider with CMS 0053F
As organizations prepare for CMS-0053-F, what can they learn from those already working with electronic claims attachments? This cross-industry panel of payers, providers, clearinghouses, and EHR vendors will share practical lessons from their experience, including how to approach planning, workforce considerations, unique challenges, and potential challenges and areas of complexity in the regulation. The discussion is designed to provide guidance for organizations that are still working through questions—or haven't yet started preparing for implementation.

- **Beth Davis, Senior Manager, Veradigm Payerpath (Moderator)**
- **Mary Lynn Bushman, Agile Product Manager, Wellpoint Federal**
- **Jamie Mosteller, Director of Compliance and Regulatory Affairs, Jopari Solutions**
- **Natalie Farrell, Senior Manager, Mayo Clinic**
- **Becky Fortek, Senior Operations Analyst, Mayo Clinic**

4:30pm – 5:15pm
The Standards Shaping Health Care: What's New from NCPDP, HL7 & X12
NCPDP, HL7, and X12 play critical roles in enabling the exchange of health care information across the industry. Hear directly from these standards development

organizations about their latest work, emerging standards and initiatives, and what their current and future work means for organizations navigating interoperability, administrative transactions, clinical data exchange, and the evolving digital health ecosystem

- **Viet Nguyen, MD, Chief Standards Implementation Officer, HL7**
- **Margaret Weiker, Vice President, Standards Development, NCPDP**
- **Cathy Sheppard, CEO, X12**

October 29, 2026
Conference Day 3
Hybrid, Washington DC (all sessions in Grossman Hall) and Zoom

8:00am – 8:45am
Conference Breakfast (Washington DC)

8:45am – 9:00am
WEDI Welcome

9:00am – 9:45am
From Vision to Implementation: CMMI's Strategy for the Future of Value-Based Care
Join CMMI Director Abe Sutton for a discussion on the Innovation Center's strategy for advancing value-based care through innovative payment models, evidence-based prevention, and patient choice. The conversation will explore how interoperability, AI, and digital quality measurement can reduce administrative burden, expand provider participation, and translate CMMI's priorities into scalable, real-world solutions.
Abe Sutton, Director, CMS Innovation Center (CMMI)

9:45am – 10:30am
CMS-0053-F: What You Need to Know About Digital Signatures
What exactly does CMS-0053-F require when it comes to digital signatures, and when will those requirements apply? CMS will provide a practical overview of the rule's digital signature provisions, helping payers, providers, clearinghouses, and technology vendors understand the requirements and what they should be considering as they prepare for implementation

- **Shaheen Halim, PhD, JD, Director, Division of Policy, Standards & Interoperability Group, Office of Health Technology & Products Centers for Medicare & Medicaid Services (CMS)**

10:30am – 11:15am
What We Learned About Provider Directories: Insights from WEDI's QHP Directory MPA
This session will recap key findings from WEDI's recent Member Position Advisory (MPA) event on the CMS Qualified Health Plan (QHP) Directory Pilot underway in Oklahoma. The

MPA was convened at the request of CMS to gather broad, industry-wide input on the functionality of provider directories, specifically data accuracy, data exchange, consumer value, user experience, provider burden, and scalability. Participants in the MPA shared their experiences with provider directories for consideration by CMS for future national initiatives. The MPA report is available to the public on the WEDI website.

- **Nancy Spector, WEDI**