

One transition, multiple measures: Protecting quality revenue in an outcomes-first era

PRESENTERS: Kari Clements, Staff Vice President, HEDIS Improvement, Elevance Health
Brendan Generelli, Director, Medicare Stars and Quality, Johns Hopkins Health Plans
Ashley Hooper, BSN, RN-BC, Senior Solutions Design Lead, PointClickCare

MODERATOR: Kelly Hogan, Conference Producer, Fierce Life Sciences and Healthcare

Overview

With the CY2027 final rule, CMS removed nearly a dozen Star Ratings measures tied to administrative processes, such as call center performance and appeals handling timeliness, and continued its steady shift toward weighting clinical outcomes and member experience.

Performing well in this environment demands a different operational posture. It means knowing which members are most at risk right now, not in last quarter's claims. It means seeing the moment a member enters a time-critical measure window, because the clock starts immediately whether the plan is watching or not. And it means visibility into the settings where risk concentrates and data has been hardest to reach, including the skilled nursing facility (SNF) stay itself. In this discussion, quality leaders from Elevance Health and Johns Hopkins Health Plans joined PointClickCare to explore why transitions of care have become the highest-leverage workflow in quality operations.

Key Takeaways

Quality has become a daily operational discipline, not a retrospective exercise

"You can't chase these outcome measures at year-end or six weeks later when a claim comes through—they're really earned at the moment of care," Ashley Hooper, senior solutions design lead at PointClickCare, said.

"Time is of the essence and from a payer perspective, time isn't always on our side. We have a lot of claims delay," Kari Clements, staff vice president for HEDIS improvement at Elevance Health, said.

“This is not an era in HEDIS where we can any longer just focus on gap closure.”

- Kari Clements, Staff Vice President, HEDIS Improvement, Elevance Health

One metric that can help insurers proactively close care gaps is having access to a dynamic readmission risk score that changes based on a member's evolving clinical picture. This can allow plans to track and trend members' health status and do check-ins at optimal engagement points.

Post-acute care is the most overlooked setting in the quality equation, and SNF data is its most untapped opportunity

Historically, the SNF stay has been a black box for health plans: members are discharged from the hospital and effectively disappear from view until claims arrive weeks later. Yet this is where risk concentrates. Roughly 1 in 4 SNF residents is readmitted to the hospital within 30 days, and about two-thirds of those readmissions are potentially preventable with timely intervention.¹

The opportunity extends beyond readmissions. SNF documentation holds supplemental data that plans rarely see, and Clements noted that while plans more vertically integrated with skilled nursing facilities probably do well, “from a large payer perspective, it’s a big opportunity.”

“I think there are oodles of opportunities with utilizing SNF data. It’s one that’s globally untouched by a lot of health plans. There’s probably data sitting out there—colonoscopies we don’t otherwise get, breast cancer screenings, vaccinations. Skilled nursing facilities have a lot of information that the health plan doesn’t necessarily see.”

- Kari Clements, Staff Vice President, HEDIS Improvement, Elevance Health

Care transitions are high-leverage opportunities for improving multiple quality metrics at once

Well-executed care transitions, such as discharging patients from the hospital to their home or to a SNF and proactively following up with them, can simultaneously minimize the chance of readmission and associated costs, help reconcile medications, reinforce medication adherence, and improve patient experience and outcomes.

“We need to move away from the concept of ‘I have 15 gaps to close’ to ‘I have one person who needs help with 15 things.’ Moving away from a series of gaps to a conversation with the person behind the ID number.”

- Brendan Generelli, Director, Medicare Stars and Quality, Johns Hopkins Health Plans

“It really comes down to looking at the member from a whole health perspective... getting to know the member, understanding what their barriers to care are, and helping enable them to remove those barriers.”

- Kari Clements, Staff Vice President, HEDIS Improvement, Elevance Health

Getting the right information to the right team, in time to act

“It comes down to having access to the data in order to understand when your member is admitted to and discharged from the hospital. That gives the health plan the opportunity to act with the member,” Clements explained.

Payers must also ensure that their UM systems are connected to their quality and care management systems, and that all those systems interact dynamically.

The business case for transitions visibility is concrete

“Take that \$18,000 average readmission cost times all of your members who got readmitted – you have a couple million dollars you can bring to your CFO and say, with a more effective transition of care program, we can reduce this.”

- Brendan Generelli, Director, Medicare Stars and Quality, Johns Hopkins Health Plans

“There's five weighted Stars between transitions of care, readmissions, and FMC. But a person who goes to the hospital and is readmitted is probably not going to rate well on rating of health care quality—that's another 2x. Probably not going to rate well on coordination—another 2x. This starts adding up.”

- Brendan Generelli, Director, Medicare Stars and Quality, Johns Hopkins Health Plans

Looking ahead: real-time reaction becomes the core competency

The panel's forward-looking advice circled back to the session's two central themes. First, the transition of care remains the highest-leverage moment in quality operations: one well-executed transition carries a multiplier effect across readmissions, medication reconciliation, adherence, member experience, and the revenue tied to each. Second, capturing that multiplier depends on extending real-time visibility into post-acute settings, treating the SNF stay not as a blind spot but as a primary intervention point, and building the connectivity and workflows now to act on it.

“Plans' ability to react quickly to an event in a member's life is going to be more important than our ability to send out test kits to a thousand members... CMS wants to move away from checking the box to 'how did you help the person at the end of the day?'”

- Brendan Generelli, Director, Medicare Stars and Quality, Johns Hopkins Health Plans

“The skilled nursing facility angle, from a health plan perspective, is pretty blank space. I don't think health plans have done a lot of engagement with their skilled nursing facilities to improve the transition from the SNF to home... it's one that healthcare may have overlooked or taken for granted. We really need to focus in on that as an industry.”

- Kari Clements, Staff Vice President, HEDIS Improvement, Elevance Health

“Knowing who's most at risk today—not in last quarter's claim lookback—is going to enable [your health plan] to put forth a workflow that is proactive and able to be implemented while those windows of opportunity are still open.”

- Ashley Hooper, BSN, RN-BC, Senior Solutions Design Lead, PointClickCare

Reference

1. Implementation of a skilled nursing facility readmission review process. BMJ Open Quality 2018;7:e000245.
<https://bmjopenquality.bmj.com/content/7/3/e000245>

Biographies



Kari Clements

Staff Vice President, HEDIS Improvement
Elevance Health

Kari Clements is Staff Vice President of HEDIS Improvement at Elevance Health, where she leads enterprise HEDIS strategy and governance to improve healthcare quality performance across Medicare, Medicaid, Commercial, and Exchange populations.

With a professional foundation in nursing, and over a decade of experience in care management, and quality management, Kari brings a clinical and member-centered perspective to enterprise quality strategy. Her experience across the continuum of care informs her approach to translating complex healthcare challenges into practical strategies that improve quality, outcomes, and the member experience.

At Elevance Health, Kari brings together strategy, analytics, clinical and operational capabilities, technology, provider and member engagement, and external partnerships to advance a more digitally enabled, data-driven approach to HEDIS performance. Her work spans HEDIS strategy and governance, provider performance, post-acute and transitions of care, quality interventions, data connectivity, and emerging AI-enabled capabilities.

A hallmark of Kari's leadership is her ability to connect clinical insight and enterprise strategy with practical execution, aligning cross-functional teams around clear priorities, measurable outcomes, and scalable solutions. She is also helping advance the thoughtful use of analytics, automation, and artificial intelligence to improve decision-making, reduce operational friction, and ultimately improve healthcare quality and outcomes.

**Brendan Generelli**

Director of Medicare Stars and Quality
Johns Hopkins Health Plans

Brendan Generelli is the Director of Medicare Stars & Quality. Brendan has 15 years of experience in the Payer space in a variety of roles – ranging from customer service to operations to strategy before landing in the Medicare Stars space. Brendan has a keen interest in delivering a meaningful and positive experience to every beneficiary served by his Plan and views this work through a focus on health equity.

**Ashley Hooper, BSN, RN-BC**

Sr. Solution Design Lead
PointClickCare

Ashley is a seasoned healthcare leader with more than 20 years of nursing experience and a Bachelor of Science in Nursing. ANCC-certified and grounded in intensive care practice, she brings a strong clinical foundation that informs her leadership across both clinical and operational domains. Her depth of clinical expertise, combined with payer insight and operational leadership, enables her to translate complex clinical needs into actionable, scalable solutions.

Known for her strategic thinking and cross-functional collaboration, Ashley consistently bridges clinical, operational, and organizational boundaries to drive high-performing teams and deliver system-level improvements. Throughout her career, she has designed strategic workflows and product solutions that enhance quality, strengthen care coordination, and elevate overall organizational performance.

**Kelly Hogan (Moderator)**

Conference Producer
Fierce Life Sciences and Healthcare

Kelly Hogan is a Conference Producer at Fierce, where she develops executive-level content and programming across the pharmaceutical and biotechnology industries. Her portfolio includes the Commercialization community at Fierce Pharma Week and the Clinical community at Fierce Biotech Week, while also producing digital programs covering emerging trends across the healthcare and life sciences landscape.

Working closely with industry leaders, Kelly designs content that addresses the most pressing challenges facing biopharma—from clinical development and commercialization strategy to market access, AI, and the evolving healthcare ecosystem. She is passionate about creating forums that foster meaningful conversations, practical insights, and lasting industry connections.