# SHANNON KELLY

**PROFESSIONAL SUMMARY:** Strategic healthcare quality leader with 10+ years of experience driving clinical quality improvement, NCQA/CMS audit readiness, and accreditation compliance across Medicare, Medicaid, and commercial programs. Proven success in HEDIS operations, performance improvement, and population health strategy, with deep expertise in developing and implementing quality management programs aligned with NCQA standards and CMS **requirements**. Skilled in leading cross-functional teams, overseeing vendor and delegate performance, and delivering measurable improvements in quality outcomes and compliance.

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## EXPERIENCE

**JANUARY 2026 – PRESENT**

**DIRECTOR, VALUE BASED CARE PERFORMANCE, MEDICARE ADVANTAGE -** MASS GENERAL BRIGHAM, POPULATION HEALTH SERVICES ORGANIZATION

- Oversees implementing and managing value-based care initiatives to improve financial performance and patient outcomes
- Analyzes performance data from value-based contracts, identifying trends, risks, and opportunities for improvement
- Collaborates with clinical and financial teams to develop strategies that meet value-based care objectives
- Leads efforts to optimize revenue through effective management of risk adjusted payments and performance incentives
- Monitors quality and financial metrics, ensuring compliance with contractual obligations and regulatory standards
- Manages relationships with payer partners, negotiating terms and managing expectations to support organizational goals

**AUGUST 2025 – PRESENT**

**TERM LECTURER,** MASS GENERAL HOSPITAL INSTITUTE OF HEALTH PROFESSIONS

- Courses: Healthcare Strategy for MHA program; Quality Improvement for MHA program

**MARCH 2024 – DECEMBER 2025**

**SENIOR MANAGER OF ANALYTICS,** DIGITAL – POPULATION HEALTH, MASS GENERAL BRIGHAM

- Lead and manage a team of 5–10 product managers, analysts, engineers, and BI developers, delivering enterprise-level quality and performance analytics for Medicare, Medicaid, and commercial lines of business
- Lead the Population Health Quality Analytics Team
- Partner with senior leadership to define and implement HEDIS and quality performance strategies, aligning operational and data workflows to NCQA, CMS, and payer requirements
- Oversee integration of EMR, claims, and supplemental data to ensure accuracy in HEDIS submissions and quality reporting.
- Collaborate between Quality Operations partners to develop dashboards and extract reporting, prospective and retrospective review processes, and data integrity
- Partner with Mass General Brigham Health Plan Quality team for data integrity and enhancements

**OCTOBER 2023-FEBRUARY 2024**

**PRODUCT MANAGER,** DIGITAL – POPULATION HEALTH, MASS GENERAL BRIGHAM

- Acted as primary liaison between business stakeholders and digital teams, translating strategic goals into actionable analytic products
- Developed and prioritized data roadmaps to support clinical and operational workflows
- Articulated value propositions for analytics products to ensure adoption and impact on member and provider outcomes
- Led stakeholder alignment and operational readiness for new analytics and reporting capabilities.
- Directed initiatives from ideation through deployment and operationalization
- Directed operational readiness for new reporting capabilities, ensuring alignment with HEDIS specifications and measure methodology updates
- Translated strategic quality goals into analytic products supporting clinical and operational workflows

**MARCH 2022 TO SEPTEMBER 2023**
**MANAGER OF QUALITY AND PERFORMANCE,** POPULATION HEALTH & CONTRACTING (SOUTH SHORE INTEGRATED DELIVERY NETWORK), SOUTH SHORE HEALTH

- Directed all quality abstraction and appeals for commercial and government IDN contracts, including Medicaid ACO, MSSP, and BCBS HEDIS programs.
- Managed prospective and retrospective chart reviews, ensuring compliance with NCQA and CMS guidelines.
- Coordinated annual HEDIS audit preparation, document collection, and stakeholder readiness; maintained continuous auditor communication.
- Led practice performance oversight, resolving data errors and recovering $500K in quality revenue.
- Partnered with provider engagement teams to deliver education on quality measures, coding, and documentation best practice

**SEPTEMBER 2019 TO MARCH 2022**
**POPULATION HEALTH MANAGER,** POPULATION HEATH, SOUTH SHORE HEALTH

- Oversaw quality abstraction for multiple government and commercial programs, aligning workflows with HEDIS and Stars requirements.
- Developed supplemental data strategies to improve measure performance and data completeness.
- Built cross-functional quality initiatives to address SDOH and improve patient outcomes
- Stood up data warehouse in collaboration with Arcadia vendor solution

## EDUCATION

**2026**
**F.A.C.H.E CERTIFICATION**

**MAY 2024**
**CERTIFICATE, DATA SCIENCE,** CORNELL UNIVERSITY

**MAY 2020**
**M.B.A. HEALTHCARE ADMINISTRATION,** SOUTHERN NEW HAMPSHIRE UNIVERSITY

**MAY 2017**
**B.A. BUSINESS ADMINISTRATION, *SUMMA CUM LAUDE,*** CURRY COLLEGE

**CORE COMPETENCIES**

- HEDIS Operations Management & Strategy
- Medicare, Medicaid, & Commercial Quality Programs
- NCQA/CMS Compliance & Audit Readiness
- Prospective & Retrospective Chart Abstraction / Audit Oversight
- Supplemental Data & Primary Source Verification
- Cross-Functional Leadership & Stakeholder Engagement
- Vendor Performance Management & Cost Optimization
- Process Improvement