

Andrew Smithson

Professional Experience

TRYNYTY health:enablement
Co-Founder
September 2024 - Present

- Developed a comprehensive business plan for a transformative managed care technology platform designed to significantly reduce provider administrative burdens, enhance healthcare data integrity, and drive patient engagement to improve health outcomes.
- Created a strategic roadmap for an initial product that addresses critical gaps in existing solutions, leveraging deep expertise in value-based care (VBC) operations, and designed for rapid scalability to capture a growing market.
- Authored pitch deck materials and led early-stage fundraising outreach to position TRYNYTY as the leader in innovative VBC technology solutions.

COPE Health Solutions
Director, Managed Care & Financial Analytics Consulting
April 2021 - August 2024

- Created integrated financial models for diverse clients, such as Provider Sponsored Health Plans (PSHPs), aligning strategies across diverse geographies and lines of business to support client strategic goals and operational efficiency.
- Led the redesign and implementation of financial modeling tools, transitioning from legacy Excel systems to the ARC platform, enabling scalable and consistent analytics for provider and payor clients.
- Spearheaded thought leadership initiatives, including publishing an early analysis on CMS's proposed changes to risk adjustment models (v24 to v28), which highlighted potential challenges and opportunities for healthcare providers and payers, garnering significant attention and spurring an industrywide discussion.
- Directed multiple simultaneous high-value client engagements, including negotiating a guaranteed \$120M in additional revenue over five years for a VBC contract on behalf of a 30,000 member Independent Physicians Association (IPA), led PSHP expansion strategies, and led provider organizations through VBC transformations, including client (Great Lakes Integrated Network) as their interim finance lead:

Great Lakes Integrated Network
Vice President, Finance (Interim)
February 2022 - March 2023

- *Conducted a comprehensive readiness assessment and restructured the Management Services Organization (MSO) to support VBC arrangements, streamlining processes and enhancing operational efficiency.*
- *Developed a 3-year strategic roadmap for payor contracting, including securing an ACO REACH product in a competitive application process, demonstrating strategic foresight and execution.*
- *Renegotiated key payor contracts and led financial turnaround efforts that converted an annual \$2M loss into an \$8M surplus.*
- *Conducted in-depth due diligence, oversaw a comprehensive reorganization of the operation, and led the Board of Directors Finance Subcommittee while managing multiple strategic initiatives simultaneously.*



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Professional Objective

As a seasoned healthcare leader, passionate about systemic reform prioritizing patient-centric value-based care, I harness my expertise in strategic operations and financial analytics to create innovative solutions that empower providers, engage patients, and enhance outcomes. My mission is to reshape a healthcare system that truly serves its people, impassioned by the urgent need for change and inspired by previous achievements.

Education

Murray State University

Bachelor of Science in Business
Administration Finance, cum laude

Murray, KY | Aug 2006 - May 2010

3 Year Captain of Track and Cross
Country Teams

Student Athlete Advisory Committee

Gamma Beta Phi Honor Society

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Professional Experience (cont.)

Athletico, LTD

Director, Managed Care

August 2020 - April 2021

- Strategized the shift to a concierge and value-based reimbursement model for physical therapy services, leveraging prior experience with bundled payments.
- Conducted market assessments and financial modeling to support M&A and de novo expansion strategies, driving organizational growth.

University of Chicago Medical Center

Value-Based Payments Manager

May 2018 - August 2020

- Achieved incremental successes in implementing value-based arrangements, particularly with the COPD bundled payment program, which delivered measurable cost savings and improved patient outcomes.
- Contributed to performance improvements in other value-based programs, including joint replacement bundles, oncology care, Medicare Shared Savings Program (MSSP), and Medicare Advantage risk contracts.
- Negotiated and managed value-based contracts with payers, aligning terms with the system's strategic objectives for both the University and the hospital.
- Developed KPIs, a predictive risk model, and reporting to enhance transparency and accountability across value-based programs, driving performance improvements.

Humana Inc.

Various Roles

July 2010 - May 2018

Provider Engagement Manager – Chicago, IL (August 2016 - May 2018)

- Championed Humana's 'Provider Simplicity' initiative for the Illinois market, driving a 20% increase in risk adjustment and achieving a 4.5-star rating through strategic collaboration with internal teams and providers.
- Co-managed a \$2 billion P&L with the regional CFO, delivering \$400 million in revenue growth.
- Created a risk adjustment reporting package to optimize clinical documentation for providers, such as Advocate Healthcare, Oak Street Health, and Chen Med.

Network Contracting Finance Manager – Chicago, IL (March 2014 - August 2016)

- Modernized contracting finance processes, cutting monthly workloads by over 50% and enabling deeper insights into provider relations and performance.

Provider Analytics & Transparency Analyst – Louisville, KY (April 2012 - March 2014)

- Leveraged episodic groupers to optimize provider networks, generating cost savings through data-driven performance evaluations.
- Advanced Humana's value-based care capabilities by developing analytics for 'Care Decision Insights', bundled payments, and narrow networks.
- Created a tool to assist in mitigated \$2 billion in potential sequestration payment liabilities across U.S. markets.

Customer Reporting Analyst – Louisville, KY (July 2010 - April 2012)

Additional Skills

Healthcare & Business Expertise

- Value-Based Care Strategy
- Financial Modeling & Operations
- Medicare Risk Adjustment & Stars
- Payor & Provider Contracting

Leadership

- Servant Leadership Purpose: To remain principled and dedicated to learning, growing, and improving myself so that I can be a better servant to others and teach them to become servant leaders in their own lives as well.

- Strategic Collaboration: Unique ability to negotiate and align differing stakeholder goals leveraging a broad breadth of experience.

- Change Management: Successfully guided organizations through value-based care transformations, Mergers & Acquisitions integrations, and strategic organization realignments; exemplifying emotional intelligence and effective communication.

Technical Proficiencies

- Advanced proficiency in SQL, Tableau, and Power BI
- Skilled in SAS and VBA; beginner Python for predictive modeling and workflow automation
- Expert in Excel & Microsoft Office; foundational web development for stakeholder-facing platforms