

Xingyi Qin

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- Thirteen years of experience in healthcare insurance at consulting, payer and provider entities
- Strong leadership to build, train and run actuarial teams
- Extensive knowledge and understanding of the healthcare industry
- Extraordinary problem-solving and presentation skills to audiences at every level

Work Experience

Consulting Actuary

Edrington Health Consulting – An HMA Company - Pheonix, AZ

April 2022 to Present

- Client lead and primary contact of all the California Medi-Cal clients to strategize their brand new Medicare LOB; provide expert opinions on benefits and risk adjustment optimization; perform feasibility study and set up both short and long term business plans.
- Lead a joint team of HMA companies (HMA, Edrington, Wakely, etc.) to provide actuarial judgments and recommendations on various proposals and contracting projects, and lead the emerging value-based care (VBC) projects, researches and discussions on financial feasibility and impact.
- Lead risk score insight programs to help clients monitor performance, investigate issues that may result in unrecorded diagnoses, assess the disparity between revenue and claims of high-risk population and develop metrics for long-term tracking
- Support clients with capitation and value-based contract review and negotiation, reconcile revenue, claims and quality performance for each experience year and forecast for the future

Actuary Director

Banner Health - Pheonix, AZ

April 2020 to April 2022

- Build the Medicare Advantage and medical economics team from scratch, take ownership of Medicare Advantage and VBC pricing and analytics, propose and execute a 3-year strategic plan to take over related projects from consultants:
 - o Create the actuarial and medical economics teams' budget for the senior executives. Hire and train new team members to bring in the expertise the department needs.
 - o Oversee Medicare Advantage pricing and filing process, provide consultation and in-depth forecasting analysis to facilitate decision-making for senior executives, develop the business plan and pro forma for the future.
 - o Propose visions and projections of the Medicare market, develop expansion strategy and lead feasibility analysis. Design and market a new product line with membership doubled in two years. Lead competitor and benefit analyses to distinguish Banner's products in the highly competitive healthcare market.
 - o Lead the development of Medicare Value-Based Insurance Model (VBID), evaluate the financial impact of the implementation of VBID and prove the feasibility to the board
 - o Identified and resolved a long-standing issue that passed the financial audit and set up the reconciliation process for the future.
 - o Build the Medicare Advantage model for bid pricing and claims trending, manage external consultants, provide actuarial expertise to support desk review and audit.

- Oversee monthly IBNR reporting and quarterly budgeting for all lines of business (Medicare, Medicaid and commercial); successfully take over the reserving process from external consultants. Refine the IBNR estimate and reporting process to significantly shorten the turnaround time.
- Create innovative specialty scorecards and provider incentive models, and partner with the Chief Medical Officer to monitor and incentivize providers based on their performances. Initiate and lead the entire incentive program (data collection, processing, model run, presenting to the executive leadership for incentive approval, etc.).
- Lead business model conversion and contract negotiations from the actuarial and financial perspectives; help implement value-based contracting on both payer's and provider's sides, assess the upside profitability and downside risk, and estimate the financial impact for the future.
- Lead the team to build innovative tools for different projects and regular reports, including executive dashboard, management reports, PDR, financial forecast, etc.
- Run the actuarial team to efficiently handle both regular and unexpected workloads with prompt and outstanding deliverables.

Director, Actuarial Services

Medical Mutual - Cleveland, OH

September 2018 to April 2020

- Build and implement the Medicare Advantage team for Medical Mutual from scratch: support professional growth of team members to become potential leaders; establish strong connections within the team and among various departments to significantly improve work efficiency.
- Claim a significant portion of consultants' responsibilities to considerably shorten the turnaround time and reduce the consulting fee by half a million dollars for Medical Mutual.
- Reduce dependency from relying entirely on external consultants to 70% independent for Medicare bid pricing and certifying in 6 months.
- Drive the corporate-level strategic planning process and provide actuarial expertise in the projection and feasibility of strategic initiatives. Redirect business focus from fee-for-service to capitation arrangement. Initiate and lead the comprehensive re-evaluation of service areas.
- Lead in-depth forecasts and analyses based on MMO's specific scenarios and provide timely proposals to the executives to reconsider the Medicare growth strategy and targeted population. Perform competitive analysis and design product and benefit for marketing strategy.
- Bring in narrow network plans and VBC to cooperate executives: Analyzed and presented MMO's opportunities in the area and received agreement from the executives. Start feasibility analysis and provider MLR initiatives.
- Create claims data repository to combine enrollment, claim and revenue data with attributed provider information in a single database for both routine and ad hoc actuarial analysis, improving both the analysis efficiency and flexibility of adjusting routine reports with effective visualization.

Actuarial Manager

Cigna-Healthspring - Nashville, TN

March 2017 to September 2018

- Manage pricing and development of the Medicare Advantage bid process for multiple states. Collaborate with other stakeholders to examine product strategy and develop bid pricing. Manage the work of actuarial analysts to ensure the submission of accurate documentation packages along with bid submission.
- Present results to market contacts and leadership; facilitate decision-making; manage timelines and deliverables; analyze competitors in the market to guide benefit and marketing decisions.

- Develop, review and monitor medical cost trends and estimate reserves for bid development; coordinate the development of assumptions supported by actual data to be able to present to CMS.
- Support financial planning and budgeting; develop data-driven analytics to monitor performance metrics vs. forecasts; reconcile bid data to financials.

Associate Actuary

Wakely Consulting Group - Denver, CO
December 2010 to March 2017

- Project manager responsible for developing Medicare Advantage bids for multiple clients, assisting clients during desk review and audit process, and adjusting benefits after the national average is released.
- Build innovative tools and models for the entire bid process: claim bucketing, trending, risk score and benchmark projection and automation of supporting documentation.
- Manage project timelines, supervise other analysts and provide clients timely analyses and recommendations to assist their decision-making.
- Perform rate reviews in various states of on- and off-exchange commercial plans and create reports and objection letters.
- Manage multiple cost-sharing reduction (CSR) reconciliation projects; estimate CSR subsidies using simplified and standard methods; and prepare the reports submitted to CMS.
- Consult the Department of Insurance of a few states; analyze the financial impact on consumers due to changes of enrollment availability, FPL, rating area, etc.

Education

Bachelor of Science in highest distinction

Purdue University - West Lafayette, IN
May 2010

Skills

- Thirteen years of experience in healthcare insurance at consulting, payer and provider entities
- Strong leadership to build, train and run actuarial teams
- Extensive knowledge and understanding of the healthcare industry
- Extraordinary problem-solving and presentation skills to audiences at every level