

Philip Nieri, MPA, CHC
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CORE COMPETENCIES

◆ Risk management and remediation	◆ Monitoring and auditing for compliance
◆ Contract administration and oversight	◆ Development and deployment of training and education programs
◆ Assessment of new/changes to existing legal, regulatory and contractual requirements	◆ Capable of presenting complex ideas to mixed audiences.
◆ Strategic planning and awareness	◆ Reporting and process improvement
◆ Experience working in a matrix organisation across diverse teams	◆ Flexible and adaptable to change

EXPERIENCE

- ✓ **SEP 2018:** Relocation to UK from US for spouse’s new position at the University of Oxford. Seeking position in Oxford that applies my healthcare administration skills and experience.

- ✓ **NOV 2017 – AUG 2018:** Steward Health Care Network (“SHCN”). Promoted to new role on the Steward Health Care Office of Corporate Compliance & Privacy Team serving as the SHCN Vice President, Compliance & Privacy Officer. This new position stemmed from the acquisition of my former employer (IASIS – which owned the division in which I worked - Health Choice) in October 2017 by SHCN. Enhanced existing SHCN compliance program and integrated former IASIS/Health Choice compliance team into SHCN operations.

- ✓ **APR 2013 – OCT 2017:** IASIS/Health Choice. Started as Vice President of Compliance and then was promoted to Chief Compliance Officer (Jan 2016 – October 2017). This regional health care organization served Medicare and Medicaid eligible beneficiaries. Directed the reorganization and implementation of the organization's corporate compliance program and associated policies and procedures in order to promote and reinforce a culture of ethical business conduct, principles and practices, including periodic risk assessments and internal audits. Administered enhanced auditing program to help identify, escalate and remediate compliance issues/concerns, such timely and accurate processing of prior authorization requests. Orchestrated self-reporting of several compliance issues and their remediation to regulators, including mishandling of complaints received.

- ✓ **APR 2007 - FEB 2013:** Cenpatico Behavioral Health – Austin, TX. Served as the Vice President of Compliance and Government Affairs. Relocation and promotion to Vice President with oversight of enterprise wide compliance and risk management activities for national managed behavioral health organization, which served primarily Medicaid eligible beneficiaries. Oversaw all compliance program activities, including the processing of suspected waste, abuse and fraud cases. Helped lead implementation of compliance program infrastructure as company grew from serving individuals in six to almost 20 states. Partnered with “sister” health plans to support corrective action and remediation efforts in response to identified issues and concerns. Developed and implemented computer based

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training and education program on compliance program requirements and available resources. Successfully filed and maintained licensure required by states to operate as third party administrator and utilization review agent. Participated on Senior Management team, which directed the organization's budget, strategic planning, business development and operations activities. Managed Compliance department budget and personnel.

- ✓ **Jan 2006 – Feb 2007:** Abrazo Health Care – Phoenix, AZ. Served as the Director of Government Program Compliance. Oversaw Compliance activities at this smaller organization, which served Medicare and Medicaid eligible beneficiaries in these public health programs. Conducted new reviews to confirm compliance with evolving, more stringent program requirements. Managed Compliance and Appeal department budgets and personnel for all lines of business.

- ✓ **JAN 2002 – DEC 2005:** Schaller Anderson, Inc. – Phoenix, AZ. Served as the Director, Corporate Compliance. Developed and implemented new compliance programs for state Medicaid, commercial and behavioral health lines of business in seven states. Implemented roll out of national guidance on reporting compliance issues and concerns and options for doing so. Developed routine/recurring reporting to senior management and governing body with legal counsel. Managed implementation of privacy and security requirement (HIPAA). Oversaw compliance department budget and personnel evaluations.

- ✓ **NOV 1997 – DEC 2001:** Health Choice Arizona – Phoenix, AZ. Served as Manager, Compliance and Grievance/Appeals at this organization which contracted with the State of Arizona Medicaid agency to administer health care services to eligible beneficiaries. Responsibilities included development of compliance auditing and monitoring program. Reorganized oversight of team that processed complaints, grievances and appeals as submitted by eligible beneficiaries or their representatives, providers auditing administering a compliance program.

- ✓ **MAY 1994 thru NOV 1997:** Arizona Health Care Cost Containment System (AHCCCS) – Phoenix, AZ. Worked in the Office of the Medical Director as a Health Program Analyst conducting audits of organizations contracted with AHCCCS to administer health care services to eligible beneficiaries. AHCCCS administers the state Medicaid (public health) program in Arizona. Developed new Committee on Technology Assessment and Medical Necessity with contractor Medical Directors to review new and changes to existing technologies.

EDUCATION

1994 - Masters of Public Administration / Arizona State University School of Public Affairs (USA)
1992 - Bachelor of Arts Degree in History / Arizona State University School of Liberal Arts & Sciences

AFFILIATIONS

- Certified Health Care Compliance Professional
- Member, Health Care Compliance Association and Society of Corporate Compliance/Ethics