

# ANDREW TISSER

DO · MBA · CPE · CHCQM-PHYADV

*Physician Executive | Payment Integrity · Clinical Strategy · Payer & Hospital Operations*

Board-certified emergency physician with 8+ years of continuous UM and physician advisory leadership across hospital and payer environments. Dual-sided expertise: hospital physician advisory on the provider side, then Medical Director adjudicating post-pay appeals through ALJ on the payer side. Now bringing that inside-out perspective to Alignment Health — one of the nation's fastest-growing Medicare Advantage plans.

## CONTACT

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andrewtisserdo.com  
Clarence, NY  
Fully Remote

## LICENSURE

### 12 Active State Licenses

FL IL IN KY LA NH  
NY OK SC TX VA WI

## EXPERTISE

Prior Authorization  
Inpatient Concurrent Review  
Retrospective UM Review  
Post-Pay Appeals & ALJ  
Payment Integrity  
DRG Validation & FWA Auditing  
Clinical Necessity Review  
Peer-to-Peer Discussions  
Physician Advisory  
ED & Hospital Operations  
Expert Testimony

## EDUCATION

### Doctor of Osteopathic Medicine

NYIT College of Osteopathic Medicine  
2014 · Board Certified EM 2018

### Master of Business Administration

Healthcare Management  
Western Governors University · 2023

## CREDENTIALS

### Certified Physician Executive

AAPL · 2025

### CHCQM-PHYADV

Physician Advisor · 2022

## AFFILIATIONS

ACPA · ACHE  
AAPL · ABQAURP

## EXECUTIVE EXPERIENCE

### Alignment Health Jun 2026 – Present

*Medical Director, Utilization Management · Fully Remote*  
Orange, CA (Remote — Clarence, NY)

- Medical Director within the Health Plan Operations UM division; 285,000+ members with 100% enrolled in CMS 4-star or higher rated plans across 45 markets in 5 states.
- Conduct prior authorization review, inpatient concurrent review, and retrospective review across a complex MA population using CMS coverage policy, LCD and NCD criteria, and MCG 30th Edition guidelines.
- Apply two-midnight rule, shared/full/direct risk contracting frameworks, IPA delegation structures, hospice election analysis, and SNF level-of-care determinations across CA, NC, NV, AZ, and TX.
- Clinical decision-making augmented by the proprietary AVA® AI platform integrating 200+ data sources and 13,000+ member attributes for proactive risk stratification and care coordination.
- Engage in quality improvement initiatives and operational excellence within a value-based care model targeting a long-term goal of 1 million members.

### Humana Dec 2023 – May 2026

*Medical Director, Claims Administration & Payment Integrity · Nationwide, Remote*  
Remote

- Issued 30–35 clinical determinations daily (8,000+ annually) across Medicare post-pay appeals at all levels including Administrative Law Judge, with written clinical rationales on every case.
- Adjudicated inpatient DRG validation, outpatient claims review, FWA audits, special investigations, precision medicine reviews, and lab compliance across a 12-state active license caseload.
- Member, Physician Collaborative Committee and company-wide Growth & Advancement Committee; mentored new Reviewing Medical Directors through the Hippocrates Medical Mentor Program.

### Catholic Health System Nov 2021 – Dec 2023

*Physician Advisor & Associate Chair, Emergency Medicine*  
Buffalo, NY

- Led physician advisory and utilization alignment across a multi-site health system; primary clinical liaison between physicians, care management, and payers.
- Developed cannabinoid hyperemesis protocol reducing admissions by 23% and eliminating ~57 avoidable bed-days within 90 days of implementation.
- Directed enterprise-wide MCG clinical criteria transition; led physician education and adoption across multiple facilities.
- PEPPER-based readmission audits targeting day 1–7 outliers; implemented interventions driving measurable early readmission reduction.
- Redesigned ED split-flow: LWBS from 6–7% to 3%; door-to-provider time from 70 to 45 minutes.
- Conducted 4–5 daily telephonic peer-to-peer discussions with payer medical directors to defend inpatient admissions, negotiate level-of-care determinations, and overturn escalated clinical denials.

### Rochester Regional Health Jan 2020 – Jul 2021

*Medical Director, Urgent Care*  
Batavia, NY

- Doubled daily patient volume from 13.5 to 27.3 visits per day (102% increase); reduced average LOS from 51 to 38.7 minutes.
- Transitioned staffing from per-diem to two dedicated full-time APPs, improving continuity and reliability.

## CLINICAL PRACTICE

10+ years of active emergency medicine practice across 15+ emergency departments, from critical-access hospitals to large academic medical centers throughout New York and the Northeast.

## ENTREPRENEURSHIP & INNOVATION

### Talk2MeDoc LLC 2019 – Present

*Founder & Managing Director · Expert Witness & Legal-Medical Consulting*  
National

- National emergency medicine expert witness practice retained in 75+ cases across plaintiff and defense; case analysis, testimony, and clinical decision-making education for legal teams.
- Co-founded Case Veritas LLC, a flat-fee pre-litigation medical case screening service for plaintiff attorneys applying payer-side clinical review expertise to the legal-medical space.