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Work Experience

04/01/2015 - Current Cigna HealthCare Implementation Manager

- Job Duties:
- Successfully own the client experience across the end-to-end onboarding process for new and renewing clients.
 - Partner with Sales on up-front process to understand client intent with respect to benefit plans and administrative capabilities.
 - Present implementation plans to clients and brokers and lead implementation meetings with client.
 - Manage ongoing communication of implementation status to client and sales and resolve all issues relative to implementation and timing of deliverables.
 - Meet established metrics to ensure timely and accurate implementations for clients:
 - Oversee timing and deliverables of the process (Call Ready, Claim Ready, Structure, Eligibility, ID Cards, etc.).
 - ID Card management to ensure distribution is accurate and timely.
 - Meet all Implementation PGs.
- Support Sales in achieving 100% client persistency.
- Facets and Non - Facets Platforms

11/15/2013 - 04/01/2015 Cigna HealthCare Compliance and Legislation Analyst

Job Duties: Provide Legislation review of benefit summaries (2 business days) for compliance of Federal, EHB/PPACA guidelines on National, Regional, and Select Segment accounts as well as Small Business and Individual Family Plan accounts. This position requires me to produce Legislation reports for Medical and Dental accounts. On a daily basis I am also required to answer all legislation/compliance questions and provide feedback to my internal partners.

**05/29/2012 - 11/15/2013 Cigna HealthCare Credentialing Network Review
Project Specialist**

Job Duties: Identify and implement workflow processes to maximize efficiencies in the CNR processes, ensuring continuous quality improvement. Complete assigned projects within agreed upon timeframes. Assist with special projects that support national credentialing. Ensure all projects meet all regulatory, NCQA, and quality requirements. Train new and existing staff members as needed and maintain updated training materials on shared drives. Ensure timely download, contract matching and assignment of CAQH Sanctions reports. Review and assign emailed sanction report. Log and assign all appeals and record corrections. Act as a resource for my supervisor, ensuring success of the team in meeting established goals. I lead by example,

model ownership, accountability, trust, openness, team-orientation in all interactions. I work effectively with Market Medical Executives and Committee chairs. I serve as a backup for my supervisor and lead the National Credentialing Committee calls every 2 weeks for the East and West regions. Create and update queries in the Access Database.

04/04/2011 - 05/25/2012 Cigna HealthCare Credentialing Specialist

Job To ensure 90% of clean fast pass initial credentialing files are
Duties: presented to committee within 20 days from receipt in Credentialing. Consistently process and distribute files according to department production standards. Maintain strong inventory control, as measured by the % of Initial Cred apps distributed in 10 days. Work Recred files in appropriate priority order to maintain compliance results. Ensure daily correction of elements listed on the Expired Elements and Adequate Training reports as well as any other identifiable reports. Respond to inquiries from matrix partners on credentialing status within one business day. Support initiatives to leverage Credentialing staff in order to create operational efficiencies (ie. HEDIS, Transparency)

02/01/2010 - 04/01/2011 Cigna HealthCare Proclaim Prepay Correction Analyst

Job I returned to Cigna in February 2010. I made the decision to come
Duties: back to Cigna due to the expansion and growth in the Hooksett office. I was hired as a Proclaim Prepay Correction Analyst. In this role I endured 3 months of extensive training in a classroom setting. I learned the Proclaim system and refamiliarized myself with many of the Cigna systems that I utilized when I was a previous active employee at Cigna for example: Power MHS, and CPF. My role as a Prepay Analyst consisted of auditing claims on the Proclaim system which fell to certain edits that Cigna put into place to save our company millions of dollars a year. Cigna maintains a high standard of cost effective analysis in the Prepay auditor role. I was chosen 1 of 10 individuals on my team of 20 peers to be up trained on Tier 3 claim analysis where I reviewed high dollar claims in a timely manner within the production and Quality standards outlined in my APO'S. I would provide managerial coverage for my supervisor at the time when she was out of the office by providing some of the following coverage: Assign various edits to staff to be worked in the day, served as an out of office contact for any urgent Prepay Claims Processing Issues and also served as a come to person if any of my fellow teammates had issues which required emergent attention when my supervisor was out.

10/01/1997 - 05/01/2005 Healthsource/Cigna HealthCare Claims Processor, Customer Service

Associate, Correspondence and

Appeals Processor, Trainer

Job The following is a list of duties in summary for each position held:
Duties: Claims Processor - Process claims for many states in accordance to state laws as well as federal laws on the MHC, Power MHS, MHS single site platforms. Coordinated benefits claim processing. Customer Service Associate- Customer service responsibilities as part of a call center. Correspondence/Appeals Processor- Process member and provider appeals. Trainer- Perform training classes for

newly hired Claims Processors. Serve as a SME on hand for assistance to newly hired associates. The decision was made in 2005 to leave Cigna to accept a position at Concord Hospital due the elimination of my current job function at the time.

Previous Job Experience

05/02/2005 - 01/27/2010 Concord Hospital Human Resources

Job My position entailed working in the Human Resource Department
Duties: specializing in Recruitment for new hires for various positions throughout the hospital. My position was to ensure accuracy in determining the qualifications of internal and external applicants. I would recruit the individual and be their first point of contact for an internal screening process. After I had determined if the individual met all qualifications for the position, than I would prepare the applicant to then go on and meet the hiring manager. Background checks and drug and alcohol screening was also one of my responsibilities to schedule after the hiring manager proposed the employment offer to the candidate. Salary determinations prior to the offer for Employment was also my responsibility.

Education

High School Graduate

Current Location: NH Two College Park Dr United
States

Competencies

Action Oriented
Approachability
Boss Relationships
Building Effective Teams
Career Ambition
Comfort Around Higher Mgmt
Compassion
Composure
Conflict Management
Customer Focus
Decision Quality
Delegation
Directing Others
Drive for Results
Influential Leadership
Learning on the Fly
Listening
Patience
Priority Setting
Problem Solving
Technical Learning
Timely Decision Making
Time Management
Understanding Others
Work / Life Balance

Skills

Proficiency in Access
Accuracy/Attention to Detail
Analytical Thinking
Data Gathering and Analysis
Data Gathering and Reporting
Knowledge of Claims
Proficient in MS Office
Knowledge of Customers
Managing Multiple Priorities
Membership and Billing Policies, Standards and Procedures

Planning and Organizing
Training and Development
Over 5 years experience in various Leadership Roles

Areas of Interest

Compliance
General Management