

Amiyah Fisher

☎ (602) 555-1847 ✉ amiyah.fisher@example.com 💼 linkedin.com/example/amiyahfisher 📍 Phoenix, AZ 85016

SUMMARY

Senior healthcare auditor with six years of progressive experience across **health plan**, claims, **provider data**, revenue cycle, financial, operational, compliance, and technology reviews. Leads risk focused audit planning, fieldwork, evidence analysis, work paper development, reporting, and corrective action validation under **professional auditing standards**. Uses SQL and ACL style analytics to test populations, isolate exceptions, and support clear conclusions. Applies **root cause analysis** to distinguish process design gaps from execution issues, then helps control owners build practical remediation plans. Familiar with QNXT workflows, claims administration, provider configuration, cost reporting, and clinical operations. Reviews peer work for quality and logical support while communicating findings with business, healthcare, finance, and technology stakeholders. CIA certified with an Accounting degree, ready to contribute sound judgment and useful insight in a health plan audit environment.

EXPERIENCE

Senior Internal Auditor

July 2024 - Present

Sonoran Peak Health Partners

Phoenix, AZ

Leads financial, operational, and **technology audits** across health plan functions, with ownership of risk assessment, **audit programs**, fieldwork, reporting, peer review, and remediation validation.

- Led risk based audits for claims, provider data, finance, and administrative controls.
- Directed SQL population testing for claims payments, isolating exceptions for management correction.
- Evaluated QNXT workflows, linking system evidence with **operational controls** and documented findings.
- Applied **root cause analysis**, separating process design gaps from execution failures during reviews.
- Reviewed peer **work papers** and reports, strengthening evidence quality and professional standards.
- Validated corrective action **evidence** and escalated unresolved risks to control owners.

Internal Auditor

June 2022 - June 2024

Copper State Care Network

Tempe, AZ

Executed end to end health plan audits across claims, provider data, revenue cycle interfaces, and financial controls, while developing analytics, work papers, findings, and remediation recommendations.

- Executed health plan audits covering claims, provider data, **revenue cycle**, and **financial controls**.
- Built SQL queries and **ACL** analyses, identifying unusual records within large transaction populations.
- Prepared indexed work papers that supported efficient supervisory review and report development.
- Interviewed operations, finance, clinical, and information systems owners during control walkthroughs.
- Applied **root cause analysis**, converting repeat exceptions into practical **remediation** recommendations.
- Drafted management ready findings that connected control risk with feasible **corrective actions**.

Audit and Compliance Analyst

October 2020 - May 2022

Desert Valley Medical Group

Mesa, AZ

Supported healthcare audit and compliance reviews across billing, revenue cycle, clinical documentation, access controls, and **financial reconciliation**, building practical experience in evidence evaluation and issue follow up.

- Supported reviews of billing, revenue cycle, **clinical documentation**, and **access controls**.
- Tested samples against policies and source records, documenting evidence for senior auditors.
- Reconciled billing datasets with spreadsheet analysis and introductory **SQL** before final conclusions.
- Maintained evidence requests and work paper indexes, reducing unnecessary review rework.
- Conducted process walkthroughs with billing and clinical operations personnel during **fieldwork**.
- Monitored **corrective actions** and gathered implementation evidence for remediation validation.

Audit Associate

June 2019 - September 2020

North Ridge Advisory Services

Scottsdale, AZ

Performed healthcare and service sector audit testing, preparing work papers, analyzing transactions, documenting walkthroughs, researching exceptions, and applying reviewer feedback across client engagements.

- Performed audit testing across healthcare and service sector **financial controls** and operations.
- Prepared **work papers** from invoices, reconciliations, system reports, and policy records.
- Used spreadsheet analytics to organize populations, identify anomalies, and support sample selection.
- Documented walkthroughs and control narratives from stakeholder interviews for engagement teams.
- Researched exceptions, distinguishing documentation gaps from issues requiring broader follow up.
- Incorporated reviewer feedback into revised work papers and report support.

PROJECTS

Claims Population Analytics Review 2024

Created a risk focused claims review using SQL and ACL style analytics to test transaction populations, isolate exceptions, and support traceable conclusions for configuration and documentation improvements.

QNXT Provider Workflow Assessment 2023

Mapped QNXT supported provider workflows against business controls, connecting system evidence with operational practices and clarifying findings for technology and health plan leaders.

LEADERSHIP & AWARDS

- CIA certification earned in 2023, recognizing advanced capability in internal auditing and risk based assurance.
- Selected to review peer work papers and draft reports, reflecting trusted judgment on evidence quality and conclusions.
- Recognized by audit leaders for practical remediation tracking and clear communication with control owners.

EDUCATION

Bachelor's Degree in Accounting

2019

Arizona State University GPA: 4.0

Tempe, AZ

Coursework: Auditing, Financial Accounting, Business Law, Information Systems

CERTIFICATIONS

- CIA, Certified Internal Auditor 2023
- Certified Healthcare Internal Audit Professional, CHIAP 2026

TECHNICAL SKILLS

- **Audit Methodology:** Risk assessment, Audit programs, Professional auditing standards
- **Healthcare Operations:** Health plans, Claims administration, Clinical processes
- **Financial Auditing:** Financial controls, Cost reporting, Reconciliations
- **Data Analytics:** SQL, ACL, Spreadsheet analysis
- **Payer Systems:** QNXT, Claims workflows, Provider configuration
- **Control Evaluation:** Internal controls, Control testing, Evidence evaluation
- **Audit Documentation:** Work papers, Audit reports, Supporting documentation
- **Issue Management:** Root cause analysis, Corrective actions, Remediation validation
- **Fieldwork Practices:** Population testing, Exception analysis, Sample selection
- **Stakeholder Tools:** Management reporting, Process walkthroughs, Interview techniques

SKILLS

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|------------------------|---------------------|-----------------------|-----------------|
| • Health plan auditing | • Internal controls | • Audit reporting | • Revenue cycle |
| • Financial audits | • Audit programs | • Root cause analysis | • QNXT |
| • Operational audits | • Fieldwork | • Claims auditing | • SQL |
| • Technology audits | • Work papers | • Provider data | |

PROFESSIONAL AFFILIATIONS

- Institute of Internal Auditors, professional member supporting continuing audit education.
- Healthcare compliance and audit learning community participant focused on payer operations and risk analysis.

LANGUAGES

- English (Native)
- Spanish (Intermediate)

ADDITIONAL INFORMATION

Work Status : Authorized to work in United States. No sponsorship required.

REFERENCES

AVAILABLE ON REQUEST