

## Joann Young-Gales

11550 Crossroads Circle Unit 504  
Middle River Maryland 21220

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### Objective

Obtain a challenging Management position with a company offering career growth and opportunities.

### Summary

Result oriented professional with over 15 years of diversified Accounting experience, as well as over 5 years of management experience. Excellent problem solving capabilities and communication skills and the ability to manage a busy department in an efficient and professional manner.

### Education

Strayer University Baltimore, MD United States  
Master's Degree 06/2007  
GPA: 3.5 of a maximum 4.0  
Credits Earned: 180  
Major: Business Management Minor: Finance

Strayer University Baltimore, MD United States  
Bachelor's Degree 06/2005  
GPA: 3.00 of a maximum 4.00  
Credits Earned: 90  
Major: Accounting Minor: Business Administration

### Employment History

**Center for Medicare and Medicaid Services**  
**Division of Audit Operations**

**November 2010- present**

*Business Analyst*

- Oversees and leads the development and/or implement policy and procedures to carry out the work of the Division of Audit Operations. Perform technical analysis and leads and oversees work assignments related to operational responsibilities of the Division.
- Serves as a program audit lead to ensure audits policy, and audit operations are carried out in support of the division's mission, vision, and goals.
- Communicates, collaborates, and is team oriented with CMS compliance and oversight partners and stakeholders, the Consortium for Health Plans Operations, the Office of Financial Management/Financial Services, in carrying out assigned duties to accomplish the duties in the division.
- Assigns and review work of subordinates based on priorities and requirements of assignments. Develop or revise audit and evaluation methods as it relates to assessing Medicare contractor performance.

- Develop written reports based on analysis and the interpretation of audit findings and proposed recommendations. Identify trends and problem areas and recommend solutions.
- Serves as the contracting officer's representative (**COR III**) to ensure government contracts are overseen in accordance with contracting and budget requirements and they support the work of the group.
- Served as a team member in the Coverage Determinations, Appeals and Grievances (CDAG), and team lead Compliance Program Effectiveness Audit areas.
- Successfully led a team of auditors for various audits of Plan Sponsors in the pre-audit phase, audit phase, and post audit phase by ensuring team collaboration, organization, and attention to detail, and that the audits are in accordance with the overall current year Division's audit strategy and SOP.
- Serves as acting supervisor during times when managers are out of the office.

### **XL Health**

**March 2010-October 2010**

#### *Internal Compliance Auditor*

- Responsible for conducting audits as outlined in the detailed monitoring and audit work plan under the supervision of the Compliance Officer.
- Responsible for collecting audit evidence by executing audit programs, gathering information, examining documentation, re-performing critical activities and observations.
- Interview and work with business personnel in order to document and evaluate their processes. Evaluate the adequacy of the Medicare regulation compliancy in all processes and systems audited. Identify gaps, weaknesses and deficiencies and/or business productivity/efficiency opportunities.
- In addition, also responsible for communicating audit results in both written reports and verbal discussion with the Compliance Officer. Developed recommendations for improvement that can be effectively implemented by management given the existing business compliance risks and other cost/benefit considerations.

### **David-James LLC**

**June 2007 – March 2010**

#### *Audit Manager*

- Responsible for performing Medicare reimbursement and financial consulting services for national health care practices.
- Performed audit procedures for the certification of Medicare HMO/CMP cost reports and preparing regulatory cost reports desk reviews of Medicare Prepaid Health Plan cot reports and budget forecasts.
- Financial and reimbursement responsibilities include preparing Medicare and Medicaid cost reports, evaluating cost reports audits and negotiating settlements, preparing appeals for administrative resolution, performing interim rates studies, evaluating accounting systems and examining systems of internal controls.
- Responsible for auditing standalone Prescription Drug Plan, Medicare Advantage and Section 1876 and 1833 Cost Plan Sponsoring Organizations to ensure these contracted entities are complying with CMS contractual and regulatory requirements.

- Successfully lead and oversees audit team.
- Oversees and lead teams to meet deadlines, produce quality products, and accomplish assigned task. Ensured that work products are analyzed and completed in a timely, accurate, and comprehensive manner and are implemented in accordance with company standards.
- Served as a subject matter expert in core audit program area and/or policy area, with the ability to answer technical questions related to that program/audit policy area which involved being able to answer technical questions related to that program/audit policy area and leading the protocol updates for the next year.

**Abramson, Foster, Noel & Williams**

**November 2004 – June 2007**

*Audit Supervisor*

- Performed audits for both local and federal government programs. Responsible for delegating portions of engagements and taking responsibility for decisions relating to engagements.
- Assumed responsibility for administrative functions including billing and collections, staff evaluations, budget preparation, staff training, recruiting and contributing to the firm's policies.
- Responsible for Schedule G reconciliation's for major programs for the State of Maryland Single audit, preparation and reconciling schedules for Financial Statements, tax review, and accounting engagements.
- Successfully lead a team of auditors for various audits in the pre-audit phase, audit phase, and post-audit phase by ensuring team collaboration, organization, and attention to detail.

**Carefirst Blue Cross Blue Shield of Maryland**

**November 1996- October 2004**

*Medicare Auditor*

- Responsible for local government program audits for hospitals and psychiatric facilities. Conducted local government component unit financial statements in accordance with generally accepted accounting principles. The audits included combining and individual and account group financial statements.
- Performed single audits for local government's compliance with requirements governing types of services allowed or unalloved; eligibility; and claims for advances and reimbursement.