Shawna J. Brown

Public health professional with over five years of experience in accounting and financial management; including sub-recipient financial monitoring, development of financial tools; including budget and reporting templates, creation of a fully functional relational database for requesting, tracking, recording, and forecasting 340B rebates, creation of budgets for complex grants, including Ryan White and HIV Prevention, and conducting complex financial analysis. I am experienced in using many types of information technology to improve effectiveness and efficiency in fiscal processes. I possess over three years of experience working on several different quality improvement initiatives. I am dedicated to ensuring adequate processes are in place to facilitate complex tasks within the workplace and coordinate office systems. Strong initiative in completing projects, exercising independent judgement, and maintaining professionalism through periods of transition and change.

Key Skills

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| --- | --- |
| * Continuous Quality Improvement (CQI) * Fiscal Management and Monitoring * Budget Development and Amendments * EGrAMS Proficient * SharePoint Development and Management * Business Plan Development * Creation of Work Plans and Measurable Objectives * Knowledge of State Budgeting Processes * Online Course Development and Facilitation * Extensive Knowledge of GAAP * Grant Writing, Reporting, and Management * Request for Proposals (RFP) Development * Knowledge of Local Public Health Delivery Systems | * Development of Standardized Reporting Templates * Records Organization & Management * Health Information Systems * Proficient in 340B Regulations and Compliance * Case Auditing and Development of Recommendations * Policy Development, Revision, and Compliance * Savvy in Word, Excel, ACCESS, Project, and PPT * Manage Coordination of Office Systems * Manage and Analyze Data * Conduct Site Visits and Provide Technical Assistance * Grants and Contracts Management * Internal and External Report Development * Risk Assessments |

Education

DAVENPORT UNIVERSITY – Online Campus

Master of Business-Finance Concentration, 2018 (expected completion)

University of phoenix – Online Campus

Master of Public Administration, December 2012

University of phoenix – Online Campus

Bachelor of Science: Health Administration/Health Information Systems, February 2011

University of phoenix – Online Campus

Associate of Arts: Health Administration, 2008

Certifications

american society for quality

Certified Quality Improvement Associate (CQIA), December 2014

Professional Experience

**MICHIGAN PUBLIC HEALTH INSTITUTE**

**Finance and contracts**

Senior Financial Analyst

July 2017-Present

Responsible for providing financial oversight and monitoring to the Center for Child and Family Health and the Center for Health Equity Practice. Provide analytic and strategic recommendations to the programs to ensure program expenditures remain on track. Complete budgets and provide forecasting tools to each program to ensure operational excellence.

Key Results:

* Prepare budgets and budget narratives; and process related documents for subcontractor agreements, federal and state grants, and other related contracts. Initiate, monitor, and amend contractual agreements through the EGrAMS system.
  + Review and prepare budgets and expenditure reports for contractual agreements and subcontracts. Troubleshoot inaccuracies in reporting and projected spending estimates.
  + Provide oversight of staff assigned to processing accounts payable activities.
  + Incorporate CQI activities into the financial process across both centers and refine financial practices. Provide CQI expertise as needed to assist in program development and improvement.
  + Assist project leads in the development of detailed statements of work and planning practices to reduce lapsed funds.
  + Attend potential and existing client project development meetings and assist with budgetary and external contract negotiations of terms and conditions.
  + Execute letters of agreement for professional services.
  + Develop financial monitoring tools to assist management in the decision-making process.
  + Provide forecasting activities based on historical trends, as well as future planned activities related to the program.

**ARNOLD ANALYTICS CONSULTING GROUP, LLC**

Co-Founder, Executive Consultant

May 2017-Present

Arnold Analytics Consulting Group has expertise across many different sectors and industries. We help for-profit businesses drive change, make sensible decisions, and manage change in the market. Understanding the operations of your business, at the core, will help foster growth and innovative possibilities. We also bring a unique perspective to the government and non-profit sector by implementing processes to manage complex grants and reporting requirements and stretch scarce federal resources.

Provide consulting expertise in the following service areas:

* Financial management and accounting services
* Non-profit and governmental accounting
* Assurance and audit preparation services
* Grant writing and management
* Subcontractor and subrecipient monitoring services
* 340B Drug Discount Program compliance
* Creating a culture of quality and business transformation
* Health care data management
* Simple, but trendy, small business website design
* Development of custom financial templates and tools

**MICHIGAN PUBLIC HEALTH INSTITUTE**

**mDHHS, division of ENVIRONMENTAL HEALTH, HEALTHY HOMES SECTION**

Contracts and Grants Accountant/Auditor (Contractual)

April 2017-Present

Responsible for preparing budgets, grants, and contract agreements for all functions of the Healthy Homes Section. Assist in preparing budgets and applications for federal grants, program income, and state general fund revenues. Prepare contracts, sub-contracts, and purchase orders for expenditure of funds; including, but not limited to, elevated blood lead environmental inspections, lead inspections and risk assessments, and lead hazard control projects. Prepare and review budget and related forms for grant agreements; monitoring expenditures; analyzing accounts, and auditing sub-recipient costs; preparing reports; and performing other financial-related tasks as requested.

Key Results:

* Prepare budgets and budget narratives; and process related documents for sub-recipient contractual agreements, purchase orders, federal grants, general fund revenues, program income, and other Section related contracts. Initiate, monitor, and amend contractual agreements through the EGrAMS system. Approve monthly FSRs and amend budgets as appropriate.
  + Review and prepare budgets and expenditure reports for contractual agreements and subcontracts. Troubleshoot inaccuracies in reporting and projected spending estimates.
* Conduct audits of sub-recipient financial and operational records and data to determine effectiveness of internal controls and compliance with applicable procedures and policies.
  + - Review annual financial audits and single audits, as available
    - Determine additional audit strategies, programs and procedures for specific assignments
    - Review audit results and exceptions with management staff and audited party; explain findings and basis for exceptions
    - Recommend improvements and alternatives to section/division manager and sub-recipients
  + Respond to federal and state auditors for requests for documents and clarifications of audit requests
  + Assist in preparation of monthly expenditure report for Medicaid CHIP State Plan Amendment
  + Review current purchasing practices of lead hazard control projects and collaborate with MDHHS Accounting, Contracts, Purchasing and Grants to improve efficiencies.

**MICHIGAN PUBLIC HEALTH INSTITUTE**

**mDHHS, division of HIV and std programs**

Fiscal Analyst (Affiliate)

December 2013-Present

Provide fiscal support in the areas of budget development, specialized financial reporting, expenditure and revenue tracking, sub-recipient monitoring, risk assessments, and the development and implementation of standardized financial management tools and templates for grantee and sub-recipient use. Serve as the main point of contact for the 340B Drug Discount Program; working closely with pharmaceutical manufacturers and internal budget and accounting staff in the submission and reconciliation of AIDS Drug Assistance Program rebates.

Key Results:

* Developed monitoring tools for administrative cost reporting and program income reporting for sub-recipients that were implemented during the FY15 state fiscal year to ensure compliance with federal requirements. Development of quarterly and yearly reports for management and program staff to reflect administrative spending levels and program income generation by agency.
* Serve as main point of contact for pharmaceutical manufacturers and hold primary responsibility for requesting, tracking, and recording, and reconciling 340B rebate revenue generated from the Michigan AIDS Drug Assistance Program. Helped design and implement a Microsoft Access relational database used to create drug utilization summaries, request rebates from pharmaceutical manufacturers, as well as reconcile rebate payments received under the 340B Drug Discount Program. The database is also used to forecast expected rebate revenue that has been earned, but not yet received, using the last Unit Rebate Amount (URA) received for each drug purchased by the program. I am also responsible for monthly and yearly reconciliation of rebate revenue received and the development of new report queries as needed.
* Developed a new budget tool for the HIV Care Coordination Request for Proposals with the ability to capture the proposed services to be performed under each service category for a three-year funding period. The same tool was adapted for the Ryan White Part B RFP issued by the Division in Summer of 2015.
* Developed a SharePoint intranet site for the Division of HIV and STD Programs, with sub-sites for sections, units within that section, and teams within the unit. SharePoint assists in solving the problem of isolation between teams in the unit and helps to promote collaboration. The site was built as a result of a Continuous Quality Improvement Project that was fully supported by Division leadership. Have also built in capability for electronic serial workflows that are used bi-weekly for PBM invoices, report approvals, and grant submissions.
* Participated on a Continuous Quality Improvement team composed of individuals across the Division for Chronic Disease and Injury Control. We were tasked with improving communication within the Division. We analyzed existing information, as well as conducted focus groups to nail down the root cause of the problem. The result was a publication called News You Can Use, which is distributed to all division staff within one week of the closure of the monthly management meeting. Staff now receives information more timely, with a focus on the topics they care about. 100% of survey respondents reported at least some level of increased satisfaction with division-wide communication, while over 85% of respondents reported that their satisfaction with division-wide communication had increased by at least 50%.
* Worked with contracted staffing agency to develop an effective time and effort reporting system for affiliate staff.
* Participation on the Quality Management Committee for Ryan White Part B, Ryan White Part D, and the AIDS Drug Assistance Program.
* Currently working as a project lead for a cross-collaborative project between Fiscal and ADAP; aiming to improve compliance, tracking, facilitation and collaboration between Fiscal and ADAP for premium assistance payments made on behalf of clients enrolled in ADAP. We will also work with insurance providers to streamline the process of communicating insurance premium increases and decreases.
* Perform sub-recipient monitoring by conducting yearly site visits on local health departments, community based organizations, hospitals, and universities. Responsible for writing final site visit reports and as necessary, Corrective Action Plans (CAPs) to ensure compliance with federal and state requirements, and monitoring of sub-recipients for completion of the CAP as necessary. Provide technical assistance to agencies as needed.
* Monitor Financial Status Reports (FSRs) submitted by sub-recipients to track spending patterns and reallocate funding when needed to ensure lapse funding possibilities are eliminated. Work closely with the program team to ensure collaboration and knowledge concerning all sub-recipients is shared in a timely manner. Track, analyze, and develop quarterly and yearly reports for internal use related to sub-recipient program income generation and administrative cost spending.
* Develop complex, categorical budgets for FOA opportunities and reporting requirements for Ryan White Parts B and D, as well as HIV Prevention.

**ULTIMATE MEDICAL ACADEMY**

**MAA-MOBS Program**

Online Adjunct Instructor

February 2015-Present

Deliver quality instruction of core content for the online course ME1600: Accounting and Medical Practice Management Systems for the Medical Administrative Assistant program. I also periodically teach the course CS1100: Customer Service and Communications in Health Care Settings. Responsible for creating a learning environment that is engaging and students feel valued. Proactively monitor student achievement to help ensure program retention and completion. Provide students with an understanding of how the concepts they are learning apply to their future career.

Key Results:

* Continually have earned the “Gold” designation for discussion rating feedback, meaning that my contributions were within the top 5% of all online instructors at Ultimate Medical Academy.
* Applied Adult Learning Theories to course development practices.
* Average Student Success Rate is currently an 87%; the organizational goal is to be 80% or above.
* Received 100% on all surveys completed by students at the end of the course.
* Developed several learning scaffolds to help guide students through the accounting assignments.
* Diligence in conducting student outreach to keep them motivated and assist them in areas they may be struggling.

**MICHIGAN PUBLIC HEALTH INSTITUTE**

**INNOVATIVE SOLUTIONS TEAM**

Online Course Developer

March 2013-December 2013

Design, develop, and maintain instructional material for web-based courses. Work with clients to create and maintain training courses and materials. Develop web-based training courses for health care professionals that include hands-on exercises, scenarios, and assessments. Use the Learning Management System to track and manage services and generate reports for clients.

Key Results:

* Proficiency gained in the use of Lectora, SnagIt, Flypaper, and Camtasia Studio software programs.
* Studied Adult Learning Theories and applied information to course development practices.
* Collaboration with a diverse team of trainers for optimal outcomes in course development and training strategies.
* Assisted in the quarterly report period to work on creating a system of consistency for future reporting periods. Assisted in preparation of webcasting and meeting room invoices for internal and external clients.
* Accepted responsibility of working in the Interactive Learning Center in the interim of hiring new personnel.
* Developed a business plan to improve the revenue stream for the Interactive Learning Center through use of social media, technological advances, and other marketing opportunities that was accepted and implemented by the Institute.

**MICHIGAN PUBLIC HEALTH INSTITUTE**

**CENTER FOR CHILD AND FAMILY HEALTH**

Financial Analyst

November 2010-March 2013

Handle daily A/P processes; supervise program assistant and work closely with administrative staff; manage vendor/supplier relations; and handled the timely, accurate processing of invoices, purchase orders, expense reports, credit memos, and payment transactions. Maintained adherence to corporate, accounting and GAAP standards; addressed escalated issues from employees and vendors regarding accounts payable, budget, and contract concerns; and ensured accurate and compliant A/P files and records in accordance with company policies and government regulations. Complete budgets and budget amendments for several different state and federal funding streams. Performed regular work in EGrAMS for budget and workplan updates.

Key Results:

* Redevelopment of budgets using incremental and zero-based budgeting methods to ensure optimum performance within specified guidelines.
* Quickly learned functions of complex accounting software to efficiently manage multiple programs at the federal, state, and local level.
* Facilitated internal departmental audits as a result of sound recordkeeping and thorough documentation in preparation for annual audits.
* Promoted multiple times with progressively more responsibility.
* Weekly meetings with Controller to discuss and mitigate issues and develop knowledge in specific accounting areas.
* Work with program staff on the development of work plans and execution of responsibilities to ensure contract compliance within budgetary guidelines.
* Developed a training manual and worked with the new Financial Analyst to minimize lapse in personnel abilities before assuming a new position within the company.

**MICHIGAN PUBLIC HEALTH INSTITUTE**

**CENTER FOR CHILD AND FAMILY HEALTH**

Case Auditor

June 2010-October 2011

Conduct case reviews for policy compliance within the Health Insurance Cost Avoidance and Recovery Section (HICARS) and the Home Help Program. Conducting policy review for the HICARS project included the review of Third Party Liability paper files for policy compliance. Findings were recorded on a tool and entered into a database spreadsheet to track. Weekly and bi-weekly reports were developed and forwarded to the Department of Community Health.

Policy review for the Home Help Program consisted of working within the Adult Services Comprehensive Assessment Program (ASCAP) database and manually recording the findings on a monitoring tool developed by MPHI, as well as on-site visits to the Department of Human Services for review of hard copy forms required by policy. Responsibilities included data entry of missing forms, interviews with adult service workers and supervisors when necessary, and corresponding with DHS staff for a chance to locate missing forms to update client information.

Key Results:

* Identified inconsistencies throughout the audit cycle to make justified recommendations at year end.
* Demonstrated the ability to master new systems, processes, and workflows.
* Went above the scope of work on the HICARS project, by acquiring the amount of revenue lost to cases that were closed improperly, and made recommendations to improve future third party liability collection efforts.
* Reorganization of the HICARS filing system at MDCH to improve efficiency when locating a case.

**MICHIGAN PUBLIC HEALTH INSTITUTE**

**INNOVATIVE SOLUTIONS TEAM & MDHHS, Medicaid division**

Medicaid Customer Support Representative

Navigational Support, Provider Enrollment (Affiliate), and Provider Inquiry (Affiliate)

August 2009-June 2010

Provided navigational help to Medicaid providers for a new Medicaid processing system. Helped providers through the enrollment questionnaire and provided eligibility verification of Medicaid beneficiaries. Extensive training in the different subsystems of CHAMPS. Constant contact with Medicaid providers through the use of telephone and e-mail, and reporting of possible defects in the system.

Departmental Tech in the Provider Enrollment division of Medicaid. Worked within the CHAMPS database to update provider licenses, information, and correct taxonomy codes. Fixed enrollments and followed policy regarding provider applications. Handled correspondence related to expired licenses and other enrollment issues.

Provided analysis of Medicaid claims on the Provider Inquiry hotline. Responded to e-mails and telephone calls with a main focus on why claims were denied. Researched problems and defects within CHAMPS system, as well as recording updates on the defect log. Continual contact with Medicaid providers regarding claim status and policy. Responsibilities also included detailed call and e-mail logging within a CRM database and corresponding with the accounting department regarding lost warrant requests.

Key Results:

* Promoted quickly; after working in navigational support for 6 months, was moved to MDCH as an MPHI affiliate to work in provider enrollment. After 2 months in provider enrollment, I was moved to provider inquiry to work as an affiliate in a Departmental Analyst capacity for the CHAMPS system.
* Formally recognized by departmental managers for ability to learn quickly, and was often given additional responsibilities with little guidance to expand my knowledge of the Medicaid system.
* Provide exemplary customer service to providers and ensured finding a solution for any and all problems that arose.