

MARY WICKENS, JD, CFE

Professional History

M.K. Wickens, PLLC

2001 - Present

Independent, attorney compliance specialist. Advise and counsel health care providers, insurers, government contractors, and others in compliance, ethics, fraud and abuse, Medicare, Medicaid and Federal Employees Plan, managed care and other matters. Assist legal counsel and their clients with federal, state and insurer fraud and abuse matters, including internal investigations, Office of Inspector General audits, self-disclosures, and federal False Claims Act and Anti-Kickback compliance. Assist providers in responding to and appeals from commercial and public payer audits, including Medicare audits and pre-pay suspensions. Advise and assist clients in Medicare appeals, including ALJ level hearings. Develop and deliver educational programs for health providers that focus on compliance. Consulting attorney compliance specialist for Medicare Program Safeguard Contractor for Medicare Part C and Part D. Provide compliance tools and programs to the home health, durable medical equipment, and hospice industry.

Provide litigation support, including skilled expert services, reports and testimony in federal False Claims Act cases, arbitrations and provider-payer disputes.

LECG, LLC

Director

2001 - 2005

Expert consultant with international firm that provides sophisticated compliance and ethics consulting services, expert testimony and litigation support to law firms, Fortune 500 companies, private and public sector industries, and government agencies. Member of the health care practice, experienced in a wide variety of health care matters including, provider payer disputes, class actions, commercial health coverage, Medicare, Medicaid and Federal Employees Programs, PBMs, HIPAA compliance, Medicare Secondary Payer issues and managed care contracting. Practice included expert consulting services in complex provider payer disputes, PBM disputes, and Prescription Drug Plan development fraud and abuse provisions under the Medicare Modernization Act. Served as consultant to counsel in complex litigation and arbitration matters. Provided review and consultation on compliance programs for health care payers. Provided in-house and external training programs on compliance with Medicare and other program rules. Served as expert consultant to CMS contractor for development of Medicare Part D compliance policy.

Blue Cross and Blue Shield of Michigan
Blue Care Network of Michigan

Assistant General Counsel and
Deputy Chief Compliance Officer
1990 - 2000

Director, Government Programs
2000 - 2001

Attorney compliance officer providing advice and support to large corporate health insurer and its subsidiaries. Special emphasis on compliance, fraud and abuse issues, Medicare, Medicaid, government contracting and managed care. Responsible for successful development of corporate code of conduct, policies and procedures, training materials, program development and compliance documentation. Successfully managed several complex internal and government investigations, including, False Claims Act and Anti-Kickback issues, OIG investigations and audits. Responsible for oversight of outside counsel, as well as internal and external auditors for health care fraud and abuse matters. Responsible for providing compliance information and reporting results of investigations to Audit Committee of Board of Directors.

Responsible for legal matters and compliance for BCBSM and BCN's Federal Employee's Plan. Responsible for program compliance in government contracting and all operations of Blue Care Network's Medicare+Choice and Medicaid programs. Provided extensive in house training for compliance and corrective action purposes.

Executive, responsible for all operations of Blue Care Network Government Programs. Successfully developed and implemented extensive corrective actions in Medicare Part C program.

Benefits Management, Inc.
Lansing, Michigan
Executive Vice-President 1986 - 1988*

Attorney and consultant providing legal and business development services in the employee benefits field. Advised clients on benefit development, carrier rates, cafeteria plans, COBRA, collective bargaining, plan administration and employee communications.

* Sailing sabbatical in 1989 - 1990 included New Zealand, Europe, Africa and Caribbean.

Bay State HMO Management, Inc.
Cambridge, Massachusetts
Director, Planning and Development 1985 - 1986

Director in charge of development of new health maintenance organizations and other physician sponsored health care programs.

Massachusetts Group Insurance Commission
Boston, Massachusetts
General Counsel 1983 - 1985

Appointed by Governor to serve as General Counsel to Commission responsible for the purchase and administration of benefits for a wide range of public employees. Responsible for all legal affairs of agency including oversight of in house and outside counsel, administrative hearings, appeals, litigation and contract drafting and negotiations. Oversight responsibility for Special Investigations Unit (SIU).

Valley Health Plan, Inc.
Amherst, Massachusetts
Director, Legal Affairs & Planning 1980 - 1983

Counsel to health maintenance organization and director of planning and development. Responsible for all legal and development activities in group-model HMO.

Department of Health Education and Welfare
Office of Health Maintenance Organizations
Rockville, Maryland
Compliance Specialist 1979

Attorney compliance specialist responsible for drafting and analysis of federal regulations concerning health maintenance organizations, and compliance assessments.

Education

- 1979 Western Michigan University
 Thomas M. Cooley Law School
 Juris Doctor
- 1977 University of Michigan Law School
 Child Advocacy Clinical Law Program
- 1975 James Madison College at
 Michigan State University, BA
 Justice, Morality, and Constitutional Democracy

Publications and Presentations

- 1999 Handling Government Audits and Investigations
 with John D. Bates
 BCBSA Compliance Conference
- 2000 Keynote: New Compliance Guidance
 with John D. Bates
 Michigan Association of Health Plans
- 2000 Medicare+Choice: Implications for Private Business
 34th Annual Lawyers Conference
 Blue Cross and Blue Shield Association (BCBSA)
- 2000 Handling Government Investigations and Audits
 with John D. Bates
 American Health Lawyers Association
 Health Care Fraud and Abuse Conference
 Published: AHLA Fraud and Abuse Issues
- 2001 Best Practices in Health Care Fraud and
 Abuse Prevention
 BCBSA Compliance Conference

- 2001 Update on federal fraud and abuse activities and implications for the pharmaceutical industry
National Assoc. of Insurance Commissioners (NAIC)
- 2002 Ethics at Work
BCBSA Compliance Conference
- 2004 HIPAA's Privacy Rule and its Impact on Fraud and Abuse Investigations and Audits
Published: Health Lawyer's Weekly, January 2004
- 2005 An Economic Analysis of Two Prescription Drug Discount Programs for California
with Wm. G. Hamm, PhD., Elizabeth Wang, PhD.
- 2005 HIPAA's Privacy Rule and its Impact on Fraud and Abuse Investigations and Audits
BCBSA Compliance Conference
- 2005 The Nuts & Bolts of Arbitration. Is this the dispute resolution vehicle for you?
BCBSA Lawyers Conference
- 2006 Compliance and Fraud Prevention Requirements for Medicare Advantage and Medicare Drug Plans
Published: American Health Lawyers Association
HMOs and Health Plans Summer Newsletter
- 2006 Compliance and Fraud Prevention Requirements for Medicare Advantage and Medicare Drug Plans
BCBSA Compliance Conference
- 2006 Medicare Part C Regulations
Medicare Part D Regulations
In house training program for IntegriGuard, a CMS Program Safeguard Contractor
- 2007 Health Care Fraud and Abuse Issues
Michigan Orthotics and Prosthetics Association
Annual Conference

- 2008 MICs, RACs, MACs and ZPICs: The Federal Government's Approach to Medicare and Medicaid Audits and Investigations
Michigan Home Health Association
Annual Conference
- 2008 Managing Commercial Payer Audits and Investigations, including BCBS Provider Audits
Michigan Home Health Association
Annual Conference
- 2009 RAC Audits – How to Prepare, How to Respond
Michigan Home Health Association – Special Program.
- 2010 RAC Audits – Special Risks and Mitigation Strategies for Home Health Providers
Michigan Home Health Association
Annual Conference
- 2010 RAC Audits – Special Risks and Mitigation Strategies for DME Providers
Michigan Home Health Association
Annual Conference
- 2012 Home Medical Equipment Compliance Workshop
Michigan Home Health Association
Educational Programs
- 2012 Home Health Compliance Workshop
Michigan Home Health Association
Educational Programs
- 2012 Making Lemonade with Health Care Reform
Michigan Home Health Association
Annual Conference
- 2013 Subcontracting Arrangements for Home Medical Equipment
Michigan Association for Home Care
- 2016 Getting the Most from Health Care Fraud Expert Witness: Lawyer and Expert Best Practices
Fraud and Abuse Newsletter, American Health Lawyers, Vol. 5, Issue 1, February 2016

Professional memberships and affiliations

Former council member, Industry Council for Medicare+Choice
American Association of Health Plans

Member, American Health Lawyers Association
Substantive Law Committee on Fraud and Abuse, Self-Referrals and False Claims

Member, Michigan Bar Association, Health Law Committee

Member, Association of Certified Fraud Examiners

Member, Women Business Leaders of the U.S. Health Care Industry Foundation

Founding Board Member - Bennie C. Wickens Foundation

Contact Information

Mary Wickens

248-770-4906

mwickens@wickens-law.com

