

# MARY WICKENS, JD, CFE, CHC

## Professional History

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M.K. Wickens, PLLC

2001 - Present

Independent compliance specialist. Certified Fraud Examiner and Certified in Healthcare Compliance. Advise and counsel health care providers, insurers, government contractors, and others in health care payment policy, program compliance, ethics, fraud and abuse, Medicare, Medicaid and Federal Employees Plan, managed care and other matters. Support legal counsel and their clients with federal, state and commercial 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 ethics and compliance. Served as subject matter expert and attorney compliance specialist for CMS Medicare Program Safeguard Contractor for Medicare Part C and D. Counsel and compliance specialist to trade association serving the home health, durable medical equipment, and hospice industry.

Experienced subject matter and testifying expert in healthcare litigation and arbitrations, including federal False Claims Act, commercial healthcare fraud, mergers and acquisitions, and provider-payer disputes.

LECG, LLC  
Director

2001 - 2005

Expert consultant with international firm providing 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, handling 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 (MSP) 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 C and D compliance policy and manuals.

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

Assistant General Counsel and  
Deputy Chief Compliance Officer  
1990 - 2000

Executive Director, Government Programs  
2000 - 2001

Attorney and 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 compliance program, including code of conduct, policies and procedures, training materials, risk assessments 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.

From 2000 – 2001: Executive in charge of 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 ERISA, 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 as General Counsel to Commission. Responsible for the purchase and administration of benefits for a wide range of public employees. In charge of 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

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- 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

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- 1999 Handling Government Audits and Investigations  
Blue Cross and Blue Shield Association  
Compliance Conference, with John D. Bates
- 2000 Keynote: New Compliance Guidance  
Michigan Association of Health Plans, with John D. Bates
- 2000 Medicare+Choice: Implications for Private Business  
34<sup>th</sup> Annual Lawyers Conference  
Blue Cross and Blue Shield Association
- 2000 Handling Government Investigations and Audits  
American Health Lawyers Association  
Health Care Fraud and Abuse Conference  
Published: AHLA Fraud and Abuse Issues, with John D. Bates
- 2001 Best Practices in Health Care Fraud and Abuse Prevention  
Blue Cross and Blue Shield Association  
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  
Blue Cross and Blue Shield Association  
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  
Blue Cross and Blue Shield Association  
Compliance Conference
- 2005                    The Nuts & Bolts of Arbitration. Is this the dispute  
resolution vehicle for you?  
Blue Cross and Blue Shield Association  
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  
Blue Cross and Blue Shield Association  
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
- 2018 Guide to Responding to Government Investigations with Ronald W. Chapman II  
Health Care Law Section, Michigan Bar Association

- 2018 Best Practices for Lawyers and Experts in Health Care Fraud Investigations, Self-Reporting, and Lawsuits, with Michael Leonard, Kevin O'Brien, and Michael E. Paulhus
- 2018 Private Equity and Health Care Fraud – A New Frontier? Published on Experts.com June 2018
- 2020 Coronavirus (COVID-19) Who's in Charge and What are They Doing About It? Published on Experts.com March 2020

### **Testimony Provided January 2017 through 2021**

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*United Healthcare Insurance Company et al v. Lincare, Inc.* (2016 – 2017)  
Provided deposition testimony and hearing testimony before a 3-person AAA arbitration panel.

*United States ex rel. Lacey v. Visiting Nurse Service of New York* (2018 – 2019)  
Provided deposition testimony. (US District Court, Southern District of New York).

*EEOC v Hamilton Pointe and Tender Loving Care Management* (2019)  
Provided deposition testimony. (US District Court, Southern District of Indiana).

*KKMD, LLC and James Kigar v. Beighley, Myrick, Udell & Lynne and Jeffrey Lynne, Esq.* (2021) Provided deposition testimony. (15<sup>th</sup> Circuit Court, Palm Beach County, Florida).

## **Professional Memberships and Affiliations**

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

Member, Michigan Bar Association, Health Law Committee

Member, Association of Certified Fraud Examiners (Certified Fraud Examiner)

Member, Health Care Compliance Association (Certified in Healthcare Compliance)

Founding Board Member - Bennie C. Wickens Foundation

Board of Trustees Girl Scouts Heart of Michigan – Board Development Chair, 2017-2018