

CURRICULUM VITAE
FOR
M. JAN SPEARS, CPCO

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SUMMARY OF EXPERIENCE AND CREDENTIALS

With more than forty years of experience in the health care industry, much of which has been in home health care in various administrative positions, Ms. Spears has gained a wealth of on-the-job experience in process development and system analysis. She has worked for other companies, set-up new home care agencies as a consultant, owned and operated a multi-location home health agency for more than ten years with more than 350 employees. Most recently Spears has owned and operated a full-service health care consulting company providing services annually to more than three hundred and fifty health care providers in twenty-three states.

During her consulting tenure, Ms. Spears has owned and operated a broad-based medical consulting company providing revenue cycle management, clinical record compliance audits, financial due diligence for acquisitions and medical consultation to more than seventy-five clients under investigation by federal and state fraud control units. Ms. Spears' firm consults with more than ten law firms providing services ranging from compliance and billing audits to process analysis and review for the development of corporate compliance programs consistent with the Office of Inspector General (OIG) guidelines. MJS & Associates has billed more than \$3,000,000,000 to Medicare, Medicaid, and private insurance payers for health care providers across the spectrum of provider types. Spears employs a team of more than twenty professional staff including registered nurses, accountants, business managers, clinical auditors, certified ICD-10 and CPT coders, information technology network managers and software development staff. The team works in a coordinated fashion to develop business solutions using a multi-faceted approach to achieve solutions for its clients.

Spears is credentialed by the American Association of Professional Coders as a Certified Professional Compliance Officer (CPCO) under member ID 01901071. As such Spears has demonstrated knowledge of the following areas of healthcare practice:

- The Office of Inspector General's (OIG) compliance guidance healthcare providers
- Compliance program effectiveness
- Key healthcare fraud and abuse laws — including the False Claims Act, Stark Laws, and Anti-kickback Statute, including the associated penalties
- HIPAA, Emergency Medical Treatment and Labor Act (EMTALA), Occupational Safety and Health Administration (OSHA), and Clinical Laboratory Improvement Amendment (CLIA)
- Handling investigations, including self-disclosure protocols
- Requirements under Corporate Integrity Agreements (CIAs) and Certificate of Compliance Agreements (CCAs)

- Current investigative activities, such as Recovery Audit Contractors (RACs), Unified Program Integrity Contractors (UPICs), Medicaid fraud control units (MFCUs)
- Various other risk including items such as gifts/gratuities, conflicts of interest, use of advance beneficiary notices, teaching physicians' guidelines. incident-to services, and the Whistleblower Protection Act.

In the past fifteen years, Spear has testified as a regulatory, reimbursement and compliance expert in more than fifty (50) administrative law judge hearings (ALJ) at both federal and state levels. In addition, Spears served as a summary witness for the defense in the largest federal fraud case involving a physician in U.S. history (United States vs Jacques Roy, (Case Number 3:12 cr 00054-L). She also testified as an expert reimbursement witness in the Unites States vs Viju (3:15-CR-0240-B, 01/11/2016). Spears has also provided expert consultation in several federal fraud cases (post indictment) that have reached settlement prior to trial. The most recent settled case involved health care fraud indictment in United States vs Mark Kuper (4:20-CR-00156). Spears is currently consulting with the defense on two additional cases which, as of yet, have expert witness notifications pending.

Spears also served as an expert witness in two case that reached the U.S. Supreme Court. In *Abet Life, Inc. v. Azar*, No. 20A42 (U.S. Sept. 24, 2020) (Denied, J. Alito), Spears was an expert witness in a Declaration filed to support the provider's motion for summary judgment in a case concerning the impact of a Medicare payment suspension on the delivery of home health services during the COVID-19 pandemic. The case reached the U.S. Supreme Court in an emergency filing seeking injunctive relief.

In *Palm Valley Health Care, Inc. v. Azar*, No. 19-1425 (U.S. Jan. 15, 2020) (Cert. denied), a case involving an overpayment liability exceeding \$10,000,000 that reached the U.S. Supreme Court where certiorari was denied. Spears was an expert witness at the ALJ hearing in the administrative appeal under judicial review.

As a health care owner/operator, Spears has personal experience in defending one of her companies in a wide-scale *qui tam* accusation in the mid-90s that has prepared her for working specifically with defendants who face *qui tam* complaints..

Spears is a certified educator in the state of Texas and is the author of several publications on business process and medical policies. Spears and team most recently published a comprehensive manual on the new home infusion benefit for health care providers.

EDUCATION

1971 - 1976	University of Texas SFASU	Austin, TX Nacogdoches, TX
Bachelor of Arts Degree:		
Major: English		
Post Graduate work in Business Administration		
2021 American Association of Professional Coders – Certified Professional Compliance Officer		

SUMMARY OF EXPERIENCE – Health Care Related

1998 – Present

MJS and Associates, LLC

Nacogdoches, TX

Owner and Chief Executive Officer

- Supervisor of staff for medical billing to private insurance, private pay, state Medicaid and federal Medicare programs in home health services, skilled nursing facilities, rehab hospitals, hospice, CORFs/ORFs, pharmacies, DMEPOS and health care practitioners
- Coordinated with staff of Associates for training covering medical practices, scopes of operation and maximizing reimbursement.
- Certified educator in state of Texas – authored and presented numerous training sessions covering all administrative aspects of home care industry.
- Conducts due diligence of home care agencies for prospective buyers, including analysis of findings with recommendations of viability of Seller to Buyer (more than 500 acquisitions to date).
- Works with Buyers and Sellers to complete change of ownership (CHOW) documents for expeditious transfer of ownership interests
- Serves as expert witness for health care litigation cases, including both civil and criminal areas of representation.
- Provides billing and medical record audits under attorney client privilege for multiple provider types under investigation of OIG at both federal and state levels; represents client interests in hearings with investigative groups including ALJ hearings.
- Authored customized home care policies and procedures for new agencies.
- Prepares budgets and financial requirements for new home care agencies.
- Conducts mock surveys of home health agencies in preparation for their state/federal audits.
- Facilitates the transfer of ownerships for facilities with Medicare participation agreements.
- Supervised creation of *The Auditor* software system for home care agencies
- Supervised design and implementation of software billing package for home care industry
- Member and featured presenter/speaker for Texas Association of Home Care and Hospice (TAHHC)
- Featured presenter/speaker for Home Care Association of Louisiana and Southwest Regional Home Care Association – TX, NM, OK, LA, MS

1987 - 1998

Qualicare of East Texas, Inc.

Nacogdoches, TX

Administrator and CEO

- 11 years as Administrator – C corporation; board member, CEO
- Supervises 10 department chiefs and six locations, with total employees of more than 350.
- Superior rating with Texas Department of Health Licensure Division.

- Authored policy and procedure manuals for multi-faceted home care programs.
- Designed and implemented all data collection tools for clinical applications.
- Participated as a site demonstration location for HCFA Prospective Pay Demonstration Project – selected as one of 90 agencies in the nation to study home care optional reimbursement methods under Medicare as a pre-cursor to a prospective pay program.
- Certified as a TQM trainer; implemented model Performance Improvement program using data analysis tools for statistical measurement and process analysis; improved voluntary team participation by 200%
- Thoroughly knowledgeable of current JCAHO standards applicable for home health care
- Developed and implemented clinical paths for home care integrating RN management of care into a comprehensive teaching model.
- Integrated fully networked MIS program with remote site data transfers; experienced with HAMS, DocPlus, Lewis Prompt software programs integrated into multi-office applications.
- Competent in Medicare/Medicaid cost reporting development, record keeping and appropriate general ledger set-up and management.
- Developed comprehensive employee training programs using interactive computer training; scripted and supervised the development of video training for all employees.

1983 - 1987

Americare Professionals, Inc.

Houston, TX

Medicare Administrator

- Provided administrative supervision to Medicare certified home care departments operational in several cities in Texas.
- Authored all policy manuals; three specific policies were used as examples by the Texas Department of Health for regulatory compliance.
- Opened four site locations offices; performed feasibility studies, prepared budgets, hired supervisory level staff and implemented processes to meet federal and state licensure requirements.
- Maintained a “zero deficiency” status with TDH for all licensure surveys for five consecutive years.
- Represented home care interests in lobbying efforts at state and federal levels; served as liaison for state home care organization.
- Developed and supervised a comprehensive consulting division – Americare Professional Consultants – providing feasibility studies for hospitals considering home care departments.
- Consulted directly with several hospital in the development of home care department; provided consultation services for home care departments in trouble with licensure and certification agencies.

1982 - 1983

Home Health – Home Care

Orange, TX

Administrative Coordinator

- Provided direct administrative supervision to a region (7 offices) for a multi-state home care company.
- Marketed services to physicians, hospitals, and the community through personal presentations to individuals and small groups.

- Coordinated clinical and administrative functions within the assigned offices.
- Prepared annual budgets and cost analysis.
- Worked with clinical managers to assure billing and clinical documentation compliance for all services.
- Coordinated the development of Medical Information Summaries (MIS) documents required for Medicare review.
- Reviewed all additional documentation requests (ADRs) for Medicare payer.
- Worked with the state director to resolve any disputes or appeals for payment resolution.