



# Department of Justice

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NORTHERN DISTRICT OF ALABAMA

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## MARIE KING SENTENCED FOR MEDICARE FRAUD

**BIRMINGHAM, AL** - MARIE WELLER KING, 62, was sentenced today in federal court for making false statements in connection with a health care fraud matter. United States District Judge Inge Johnson sentenced MARIE WELLER KING to serve 18 months in prison, 2 years supervised release, and ordered KING to pay \$600,000 in restitution to the Medicare Program.

"Health care professionals who illegally defraud health care programs place additional burdens and costs on the health care system" stated U.S. Attorney Martin. "King's sentence reflects that persons who create false documents knowing that those documents will be used in a health care fraud scheme will be pursued and prosecuted for their crimes"

Medicare guidelines state that only payments made to physicians for their services on utilization review ("UR") committees are allowable as costs on a cost report for a skilled nursing facility. Non-physician compensation associated with UR services are allowable only as part of the administrative costs of the skilled nursing facility and must be allocated as such.

MARIE WELLER KING, a registered nurse, managed, directed, and operated King & Associates, Inc. which was in the business of providing consulting services to skilled nursing facilities in Alabama and other states. From approximately January 2002 until approximately December 2006, KING intentionally created documents which she knew were false and would mislead Medicare's fiscal intermediaries into believing that physicians working with King & Associates were performing a larger portion of the UR services despite her knowledge that the physicians did not do so. KING knew that the skilled nursing facilities would use these false statements to submit cost reports to Medicare fiscal intermediaries containing false information regarding the UR services.

This matter was brought to the attention of the United States through the filing of a *qui tam* complaint. In April 2008, the United States intervened in that civil action which is currently pending in the United States District Court for Northern District of Alabama and designated as Case Number CV 06-P-4645-S.

"The FBI will continue to work closely with our law enforcement partners to identify any individuals who manipulate the system to illegally obtain crucial Medicare or Medicaid dollars," stated Carmen S. Adams, Special Agent in Charge, Federal Bureau of Investigation.

The investigation of this matter was conducted by investigators from the Department of Health and Human Services' Office of the Inspector General and the Federal Bureau of Investigation. Assistant United States Attorney

Lloyd Peoples prosecuted the matter on behalf of the United States.

The public is encouraged to contact law enforcement if they have information regarding health care fraud.

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