

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF SARATOGA

PEOPLE OF THE STATE OF NEW YORK,
by LETITIA JAMES, Attorney General of
the State of New York

Plaintiff,

- against -

TEMBOCARE TRANSPORTATION EXPRESS LLC,
AMOURICE NGOWI, and LUSAJO KYOSO,

Defendants.

VERIFIED COMPLAINT

Index No.: _____

The People of the State of New York (the “State”), by its attorney Letitia James, Attorney General of the State of New York, allege the following upon information and belief:

PRELIMINARY STATEMENT

1. Between March 25, 2022 and April 16, 2024 (the “Relevant Period”), TemboCare Transportation Express LLC (“Tembo”), its owner, Amourice Ngowi (“Ngowi”), and Tembo’s high managerial agent, Lusajo Kyoso (“Kyoso”) (collectively, “Defendants”), submitted false claims to the New York State Medical Assistance Program (the “Medicaid Program” or “Medicaid”), 42 U.S.C. § 1396 *et seq.* in the course of seeking payment for purportedly having provided non-emergency transportation services to Medicaid recipients traveling to or from healthcare services paid for by Medicaid. Specifically, Defendants repeatedly and persistently submitted claims for payment to Medicaid with falsified pickup and/or drop off locations to inflate the mileage of the trips for which they billed and submitted other false claims, thereby falsely increasing payments to them by Medicaid.

PARTIES, JURISDICTION, AND VENUE

2. Letitia James is the Attorney General of the State of New York, and as such, is authorized on behalf of Plaintiff, the State, to bring a civil action against those who violate the New York False Claims Act (“FCA”), N.Y. State Fin. Law §§ 187–94; to enjoin and seek restitution for repeated fraudulent or illegal acts or repeated or persistent fraudulent or illegal practices in the conduct of a business pursuant to N.Y. Exec. Law 63(12); and to recover government funds without right obtained pursuant to N.Y. Exec. Law § 63-c and other causes of action under New York State laws.

3. The Medicaid Fraud Control Unit (“MFCU”) in the Office of the Attorney General of the State of New York (“OAG”) is responsible for investigating and prosecuting, through criminal and civil proceedings, *inter alia*, healthcare providers and persons who assist and facilitate providers’ fraudulent schemes and illegal billing of the Medicaid and Medicare programs. Based upon MFCU’s investigation into Defendants’ conduct, the State has filed this action pursuant to the well-established authority vested in OAG by the Executive Law, Medicaid rules and regulations, and that vested in MFCU by its federal grant of authority under the Social Security Act and its Medicaid and Medicare program regulations to investigate and prosecute provider fraud through civil and criminal proceedings. *See* Executive Law § 63(12); 42 U.S.C. § 1396b(q); 42 C.F.R. § 1007.11(a)(2).

4. Defendant Tembo is a New York corporation with its principal place of business at 17 Cinnamon Lane, Halfmoon, New York 12065.

5. Defendant Ngowi last resided in Hudson Falls, New York and, during the Relevant Period, was the owner of Tembo.

6. Defendant Kyoso last resided in Watervliet, New York and, during the Relevant Period, was a high managerial agent of Tembo.

7. Venue is proper in Saratoga County pursuant to CPLR 503(a) and (c) because Tembo's principal office is located in Saratoga County.

THE MEDICAID PROGRAM

8. The Medicaid Program, administered by the New York State Department of Health ("DOH"), is authorized by Title XIX of the Social Security Act and Title 42 of the Code of Federal Regulations. Medicaid is a joint federal-state program that provides health care benefits for certain groups, including the poor and disabled. Medicaid is funded by both federal and state tax dollars.

9. By enrolling as a Medicaid provider, a healthcare provider must agree to abide by all rules and regulations of the Medicaid Program pursuant to Title 18 of the Official Compilation of Codes, Rules, and Regulations of New York State, Section 504.3. *See* 18 NYCRR § 504.3(i); *see also* 18 NYCRR § 515.2(a)(1). Further, 18 NYCRR § 504.6(d) requires that a provider submit Medicaid claims only for services provided in compliance with Title 18 of the Official Compilation of Codes, Rules and Regulations of New York State.

10. As part of the Medicaid Program, providers are required to submit an annual certification affirming their compliance with all program rules and regulations. *See* 18 NYCRR §§ 504.1(b)(1), 504.9; *see generally* New York State Medicaid Program, *Information for all Providers General Billing*, Aug. 16, 2021, https://www.emedny.org/ProviderManuals/AllProviders/PDFS/Information_for_All_Providers-General_Billing.pdf. The certification states:

I (or the entity) have furnished or caused to be furnished the care, services, and supplies itemized and done so in accordance with applicable federal and state laws and regulations . . . In submitting claims under this agreement, I understand and agree that I (or the entity) shall be subject to and bound by all

rules, regulations, policies, standards, fee codes and procedures of the New York State Department of Health and the Office of the Medicaid Inspector General as set forth in statute or Title 18 of the Official Compilation of Codes, Rules and Regulations of New York State and other publications of the Department, including eMedNY Provider Manuals and other official bulletins of the Department.

eMedNY, *Certification Statement for Provider Billing Medicaid*, https://www.emedny.org/info/providerenrollment/ProviderMaintForms/490501_ETIN_CERT_Certification_Statement_Cert_Instructions_for_Existing_ETINs.pdf. Annual certifications executed by Ngowi on Super Auto's behalf are attached as Exhibit 1.

11. Medicaid providers are prohibited from engaging in certain "unacceptable practices," set forth at 18 NYCRR § 515.2 and which all providers are required to know and certify annually that they have not engaged in. As relevant here, these practices include violating DOH rules and regulations and participating in conduct that constitutes fraud and abuse, such as including making or causing to be made a false claim for an improper amount or unfurnished services; ordering or furnishing improper, unnecessary, or excessive services; making false statements or failing to disclose events that affect the right to payment; failing to maintain or make available for audit or investigation records necessary to fully disclose the extent of the services provided; and soliciting, receiving, offering, or agreeing to make a bribe or kickback, including making any payment for the purpose of influencing a Medicaid recipient to use or refrain from using any particular source of services. *See* 18 NYCRR § 515.2(b).

12. The Medicaid Program will not knowingly pay claims or will require repayment of claims when a Medicaid provider fails to comply with the rules and regulations of the Medicaid program, including unacceptable practices. *See* 18 NYCRR §§ 504.3, 518.1. All claims for payment submitted to Medicaid resulting from unacceptable practices are in violation of a material condition of payment of the Medicaid Program.

Non-Emergency Transportation for Medical Care and Services

13. To ensure access to health care for Medicaid enrollees, the Medicaid Program provides recipients with necessary modes of transportation to appointments with qualified medical professionals. The Medicaid Program covers transportation by ambulance, ambulette, taxi, livery, public transit, and personal vehicle. This action involves Tembo acting under the rules for “Non-Emergency Transportation”—the lowest level of transportation service provided in ordinary taxi vehicles licensed under the rules of the county or city of operation.

14. To operate as a medical taxi or livery service under the Medicaid Program, a company must: enroll as a provider in the Medicaid Program; provide an ownership disclosure; execute annual notarized certifications; agree to follow Medicaid rules and regulations; and, in fact, comply with those Medicaid rules and regulations, as well as with local regulations governing taxi or livery vehicles in its county of operation and the New York State Department of Motor Vehicles regulations. *See* 18 NYCRR § 505.10(e)(6)(iii).

15. Among the Medicaid rules and regulations with which a provider must comply is the requirement that a transportation provider may only bill for mileage actually driven and tolls actually incurred and must take the most direct route possible for the accepted trip. When the transportation provider simultaneously carries more than one recipient in the same vehicle, the provider may only claim the mileage once, based on the recipient who was transported the furthest distance. Medicaid will only pay a transportation provider for mileage while a recipient “is actually being transported in the vehicle.” 18 NYCRR § 505.10(e)(5).

16. Upon completing a trip, a transportation provider must attest in a computerized system operated by DOH’s third-party transportation manager that the trip took place. The transportation manager then issues a “prior approval,” which dictates the procedure codes (*e.g.*, mileage; tolls),

modifiers, units/quantities (*e.g.*, how many legs of a trip, mileage), and monetary amounts for which the provider is authorized to bill. The provider uses the information on the prior approval to bill Medicaid directly.

FACTUAL BACKGROUND

17. Tembo and Ngowi are currently enrolled in the Medicaid program under Provider ID # 06095376 and were enrolled during the Relevant Period. Indeed, in 2020, 2021, 2022, and 2023, Ngowi signed Medicaid annual certifications certifying Tembo's compliance with New York law and the rules and regulations of the Medicaid program, including the obligations set forth in Pars. 14-16 above.

18. During the Relevant Period, Tembo submitted, and both Ngowi and Kyoso submitted or caused Tembo to submit, false and fraudulent claims to Medicaid for which they received payment from Medicaid for allegedly providing Medicaid recipients with transportation services. Tembo's claims were false and fraudulent because 1) they contained inflated mileage—in other words, Tembo claimed to have transported recipients for longer distances that it actually did, thereby increasing its payment from Medicaid; and 2) it is impossible that certain trips occurred as described in Tembo's Medicaid claims, for the reason described below.

DEFENDANTS CLAIMED INFLATED MILEAGE

19. Medicaid payments for transports are comprised of reimbursement for both a "trip" component (flat rate per one-way trip) and a "mileage" component (rate per mile driven). Both rates are based on the county where the trip originated. Generally, the mileage component has the greater impact on the payment calculation. Defendants repeatedly and persistently submitted claims with a pickup and/or drop-off address that was not actually where the recipient was picked up and/or dropped off.

20. Specifically, Defendants submitted 1,206 payment claims during the Relevant Period that totaled \$109,316.89 in which Tembo claimed a false pickup and/or drop off addresses for a recipient to inflate the mileage of these trips to over 50,000 miles to and from the pickup and drop-off address reported by Tembo, thereby increasing the payments it received from Medicaid.¹

21. In fact, Tembo repeatedly and persistently submitted false claims alleging that it picked up and/or dropped off Medicaid recipients at 278 and 279 Hall Hill Road, Lake Luzerne 12846, New York (“Lake Luzerne Addresses”), but these trips did not occur as claimed. First, the property owner of 278 Hall Hill Road, Lake Luzerne, New York 12846, did not receive transportation services from Tembo, nor did anyone else who lives there, so it is not possible that Tembo conducted the trips involving this address, as it claimed. Further, there is no residence located at 279 Hall Hill Road, Lake Luzerne, New York 12846, so it is not possible that Tembo conducted the trips involving this address, as claimed.

22. In a written statement to the New York State Office of the Medicaid Inspector General on March 16, 2023, Ngowi also admitted that Tembo did not transport Medicaid recipients from either Lake Luzerne Address. Ngowi specifically admitted that Tembo “has been knowingly billing Medicaid for transportation services that were not rendered” and that Tembo “falsely billed for these trips to increase the rate at which New York State Medicaid would pay [Tembo].” Notably, Ngowi also implicated Kyoso as a knowing participant in the scheme, and further admitted that “[w]e were able to benefit from the increased Medicaid payout for the fraudulent trips.”

23. The following chart shows the approximate mileage Tembo billed for transporting the recipients to and from the Lake Luzerne Addresses and the mileage it could have instead legitimately have billed had it used the address the recipients used to register with Medicaid. For

¹ See Exhibit 2 for a summarized chart of the claims at issue in this case.

recipients P.S., E.C, R.R., B.F., and B.P, by not using Medicaid registration address, Tembo was able to substantially inflate the mileage it was able to bill by using the Lake Luzerne addresses as the pickup and drop-off address.

Mileage for eMedNY Residential Address vs. Lake Luzerne Addresses					
Recipient	eMedNY Residential Address	Treatment Provider	False Mileage (Round Trip)	Real Mileage (Round Trip)	Mileage Difference
E.C.	133 S Brandywine Ave, Apt 1, Schenectady, NY 12307	Promesa	128.9	31	97.9
B.F.	44 Washington Ave, Schenectady, NY 12305 (09/10/2022 - 11/04/2022)	Whitney Young	130.5	41.2	89.3
B.F.	1151 Eastern Ave, Schenectady, NY 12308 (11/05/2022 - 02/10/2023)	Whitney Young	130.5	39.1	91.4
B.P.	543 N. Pearl St, Menands, NY 12204	Whitney Young	130.5	2.4	128.1
R.R.	8 Benker School Way, Cropseyville, NY 12052	Promesa	128.9	52	76.9
P.S.	45 S. Ferry St, Apt 3, Albany, NY 12202	Whitney Young	130.5	2.9	127.6

23. As shown in the chart below, Tembo's trips to and from 278 and 279 Hall Hill Road, Lake Luzerne, New York amounted to, respectively, \$89,985.43 and \$19,331.46.

Summary of Lake Luzerne Address Claims		
Address	Claim Count	Claim Amount
278 Hall Hill Road, Lake Luzerne, NY 12846	330	\$89,985.43
279 Hall Hill Road, Lake Luzerne, NY 12846	72	\$19,331.46
TOTAL	402	\$109,316.89

**TRIPS USING FALSE DRIVER IDENTIFICATION
OR THAT DID NOT OCCUR AS CLAIMED**

24. Moreover, Tembo submitted false claims to, and received payment from, Medicaid for trips it allegedly provided during the Relevant Period that did not occur as described in the claims. Ngowi and Kyoso caused Tembo to submit over 768 claims in which Tembo reported Ngowi's driver's license number as that of the driver who drove Medicaid recipients for Tembo in violation of Medicaid requirements that mandate every claim accurately report the driver's license number of the driver who drove the Medicaid recipient. 18 NYCRR § 504.3(h); (New York State Medicaid Transportation Manual Policy Guidelines, https://www.emedny.org/ProviderManuals/Transportation/PDFS/Archive/Transportation_Manual_Policy_Section_-_2019-1.pdf, p. 7.

25. Ngowi admitted to MFCU detectives on July 2, 2024 that she drove Medicaid recipients "less than 20" times since January 2022. Additionally, during the Relevant Period, Ngowi was employed full time by the New York State Office for People with Developmental Disabilities ("OPWDD"). Payroll records from OPWDD show that Ngowi submitted timesheets and was paid for working on the dates and the times that 386 of the 768 trips were allegedly conducted. Ngowi could not have conducted the 768 trips, and thus, Tembo submitted false and fraudulent claims for such trips since Ngowi admitted to MFCU detectives that she did not leave her employment at OPWDD to drive for Tembo. The dollar value of the falsely claimed trips amounted to \$185,665.29.²

² On January 7, 2025, Defendants were served with a cease-and-desist notice advising them in detail of the false claims and overpayments described herein. Since that date, over 60 days prior to the date of this action, Defendants have failed to return or repay the Medicaid funds obtained as a result of those false claims. Under both federal and New York law, a person who has received an overpayment has an obligation to report the amount of and reason for such overpayment and to return the overpayment within 60 days of identification. *See* 42 USC § 1320a-7k(d); Soc. Serv. § 363-d(6).

**FIRST CAUSE OF ACTION
PURSUANT TO N.Y. STATE FIN. LAW § 189(1)(a-b)
VIOLATION OF THE FCA**

As Against All Defendants

26. The State repeats and realleges the foregoing paragraphs of this Complaint as if fully set forth herein.

27. The New York State False Claims Act, Fin. Law § 189(1) prohibits any person from knowingly: (a) presenting or causing to be presented a false or fraudulent claim for payment or approval; (b) making, using, or causing to make or used, a false record or statement material to a false or fraudulent claims; and (c) conspiring to commit a violation of subsections (a) and (b). Defendants, acting with actual knowledge or with deliberate ignorance or reckless disregard of the truth, presented and/or caused the presentation of false claims to Medicaid, including those for inflated mileage resulting from misrepresenting the pickup and/or drop off addresses of recipients and claims that falsely reported the driver's license number of the driver who drove the recipient.

28. Defendants, acting with actual knowledge or with deliberate ignorance or reckless disregard of the truth, presented and/or caused the presentation of false claims to Medicaid, including those for inflated mileage resulting from misrepresenting the pickup and/or drop off addresses of recipients and claims that falsely reported the driver's license number of the driver who drove the recipient.

29. Defendants, acting with actual knowledge or with deliberate ignorance or reckless disregard of the truth, made or used false records or statements material to a false or fraudulent claim, including by misrepresenting the pickup and/or drop off addresses of recipients and the transportation provided and claims that falsely reported the driver's license number of the driver who drove the recipient.

30. Defendants acting with actual knowledge or with deliberate ignorance or reckless disregard of the truth engaged in a conspiracy to commit acts under subsections 189(1)(a) and 189(1)(b).

31. Because of Defendants' conduct, the State has sustained damages in a substantial amount to be determined at trial and is entitled to treble damages plus a civil penalty for each violation, pursuant to the FCA.

**SECOND CAUSE OF ACTION
PURSUANT TO N.Y. EXEC. LAW § 63(12):
VIOLATIONS OF THE FCA
REPEATED AND PERSISTENT ILLEGALITY**

As Against All Defendants

32. The State repeats and realleges the foregoing paragraphs of this Complaint as if fully set forth herein.

33. Defendants have engaged in repeated and persistent illegal acts and/or illegality in the carrying on, conducting, or transaction of business, in violation of N.Y. Exec. Law § 63(12) by:

- a. Repeatedly and persistently presenting false claims to Medicaid for payment approval including those for inflated mileage resulting from misrepresenting the pickup and/or drop off addresses of recipients and the driver's license number of the driver who drove the recipient, in violation of Fin. Law § 189(1)(a); and
- b. Repeatedly and persistently making or using false records or statements material to a false or fraudulent claim, by misrepresenting the pickup and/or drop off addresses of recipients and the transportation provided and the driver's license number of the driver who drove the recipient, violation of Fin. Law § 189(1)(b).

**THIRD CAUSE OF ACTION
PURSUANT TO N.Y. EXEC. LAW § 63-c:
OVERPAYMENT OF PUBLIC FUNDS**

As Against All Defendants

33. The State repeats and realleges the foregoing paragraphs of this Complaint as if fully set forth herein.

34. Defendants directly and/or indirectly obtained, received, converted, or disposed of Medicaid funds to which they were not entitled, as alleged in the foregoing paragraphs of this Complaint.

35. The acts and practices of Defendants complained of herein constitute a misappropriation of public property, in violation of the Tweed Law, N.Y. Exec. Law § 63-c.

**FOURTH CAUSE OF ACTION
PURSUANT TO N.Y. EXEC. LAW § 63(12):
VIOLATIONS OF N.Y. EXEC. LAW § 63-c
REPEATED AND PERSISTENT ILLEGALITY**

As Against All Defendants

36. The State repeats and realleges the foregoing paragraphs of this Complaint as if fully set forth herein.

37. Defendants have also engaged in repeated and persistent illegal acts and/or illegality in the carrying on, conducting, or transaction of business, in violation of N.Y. Exec. Law § 63(12) by:

- a. Repeatedly and persistently obtaining, receiving, converting, or disposing of Medicaid funds, directly and/or indirectly, to which they were not entitled, in violation of the Tweed Law, N.Y. Exec. Law § 63-c, as alleged in the foregoing paragraphs of this Complaint.

**FIFTH CAUSE OF ACTION
PURSUANT TO N.Y. EXEC. LAW § 63(12):
REPEATED AND PERSISTENT FRAUD**

As Against All Defendants

38. The State repeats and realleges the foregoing paragraphs of this Complaint as if fully set forth herein.

39. N.Y. Exec. Law § 63(12) authorizes the New York Attorney General to seek injunctive and other equitable relief whenever an individual or entity engages in repeated or persistent fraudulent conduct.

40. N.Y. Exec. Law § 63(12) defines fraud and fraudulent conduct broadly to include “any device, scheme or artifice to defraud and any deception, misrepresentation, concealment, suppression, false pretense, false promise or unconscionable contractual provisions.” Defendants, repeatedly and persistently committed fraud by, to wit:

- a. Repeatedly and persistently presenting false claims to Medicaid for payment approval including those for inflated mileage resulting from misrepresenting the pickup and/or drop off addresses of recipients and the driver’s license number of the driver who drove the recipient; and
- b. Repeatedly and persistently making or using false records or statements material to a false or fraudulent claim, including by misrepresenting the pickup and/or drop off addresses of recipients and the transportation provided and the driver’s license number of the driver who drove the recipient.

41. By reason of the acts and practices alleged herein, Defendants have engaged in repeated and persistent fraud in violation of N.Y. Exec. Law § 63(12).

**SIXTH CAUSE OF ACTION
PURSUANT TO SOCIAL SERVICES LAW § 145-b:
FALSE STATEMENTS**

As Against All Defendants

42. The State repeats and realleges the foregoing paragraphs of this Complaint as if fully set forth herein.

43. Defendants knowingly by means of false statements or representations, or by deliberate concealment of material facts or by other fraudulent schemes or devices, obtained payment for themselves and others for services purportedly furnished pursuant to the laws of the State of New York, including the rules and regulations of the Medicaid Program.

44. By reason of the foregoing, Defendants are liable to the State pursuant to Social Services Law § 145-b for actual damages and three times the amounts falsely submitted, plus interest at the highest legal rate.

**SEVENTH CAUSE OF ACTION
PURSUANT TO N.Y. EXEC. LAW § 63(12):
VIOLATIONS OF SOCIAL SERVICES LAW § 145-b
REPEATED AND PERSISTENT ILLEGALITY**

As Against All Defendants

45. The State repeats and realleges the foregoing paragraphs of this Complaint as if fully set forth herein.

46. Defendants have also engaged in repeated and persistent illegal acts and/or illegality in the carrying on, conducting, or transaction of business in violation of N.Y. Exec. Law § 63(12) by:

- a. Repeatedly and persistently, by means of false statements or representations, or by deliberate concealment of material facts or by other fraudulent schemes or devices, obtaining payment for themselves and others for services purportedly furnished

pursuant to the laws of the State of New York, including the rules and regulations of the Medicaid Program, in violation of Social Services Law § 145-b, as alleged in the foregoing paragraphs of this Complaint.

**EIGHTH CAUSE OF ACTION
UNJUST ENRICHMENT**

As Against All Defendants

47. The State repeats and realleges the foregoing paragraphs of this Complaint as if fully set forth herein.

48. Defendants have been unjustly enriched to the detriment of Medicaid by diverting Medicaid payments intended to provide Medicaid recipients transportation to essential services to themselves, and it is against equity and good conscience to permit them to retain those payments.

PRAYER FOR RELIEF

WHEREFORE, as a result of the conduct described herein, The State respectfully requests that this Court grant the relief set forth below against each of the Defendants, pursuant to the FCA, N.Y. Exec. Law § 63(12), N.Y. Exec. Law § 63-c, Social Services Law § 145-b, and the theory of common law Unjust Enrichment, by issuing an order and judgment:

1. Declaring that:

- a. Defendants have engaged in repeated and persistent fraud in the carrying on, conducting, and transaction of business, in violation of Executive Law § 63(12); and
- b. Defendants have repeatedly and persistently engaged in illegal acts in the carrying on, conducting, and transaction of business, in violation of Executive Law § 63(12) by engaging in fraud when operating Tembo by submitting claims for inflated mileage resulting from misrepresenting the pickup and/or drop off addresses of

recipients, as well as by making or using false records or statements material to a false or fraudulent claim, including using fictitious documentation representing recipient residences and the transportation provided;

- c. Defendants have by means of a false statement or representation obtained payment from Medicaid funds for services or supplies purportedly furnished; and
- d. Defendants have obtained, received, converted, and/or disposed of Medicaid funds, directly or indirectly, to which they were not entitled.

2. Permanently enjoining Defendants from:

- a. Further violating healthcare regulations and Medicaid guidelines relating to transportation services in New York State; and
- b. Further engaging in fraudulent and illegal acts and practices relating to reimbursement by the Medicaid Program.

3. Awarding, under Executive Law §§ 63(12) and 63-c, a money judgment in favor of the State against Defendants, jointly and severally, in an amount to be determined at trial but at least \$294,982.18, said sum being the total amount of restitution owed to the Medicaid Program known at the time of the service of the Complaint, set forth in Exhibit 1;

4. Awarding, under the False Claims Act and Social Services Law § 145-b, a money judgment in favor of the State against Defendants, jointly and severally, in an amount to be determined at trial but at least \$884,946.54, said sum representing treble damages, less the amount of any money judgment ordered pursuant to Paragraph 4, above.

5. Awarding interest from the date of each payment to Defendants at the maximum legal rate in effect on the date each payment was made.


6. Directing Defendants to pay civil penalties in the amount of \$12,000.00 per violation pursuant to the FCA and Social Services Law § 145-b.
7. Awarding the State reasonable attorneys' fees.
8. Awarding Plaintiff statutory costs against each Defendant in the amount of \$2,000.00 pursuant to CPLR § 8303(a)(6); and
9. Granting the State such other and further relief as this Court deems just and proper.

Dated: Albany, New York
June 27, 2025

LETITIA JAMES

Attorney General of the State of New York

BY:



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SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF SARATOGA

PEOPLE OF THE STATE OF NEW YORK,
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Plaintiff,

- against -

TEMBOCARE TRANSPORTATION EXPRESS LLC,
AMOURICE NGOWI, and LUSAJO KYOSO,

Defendants.

VERIFIED COMPLAINT

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Patrick F. Scully, an attorney duly admitted to practice before the Courts of the State of New York, affirms the following under penalty of perjury:

I am a Special Assistant Attorney General in the New York State Attorney General's Medicaid Fraud Control Unit, of Counsel to Attorney General of the State of New York Letitia James, attorney for Plaintiff in this action. I am acquainted with the facts set forth in the foregoing Complaint, based on my review of the files of the Medicaid Fraud Control Unit and information provided by Special Assistant Attorneys General and auditors and investigators participating in the investigation of this matter, and said Complaint is true to my knowledge, except as to matters which were therein stated to be upon information and belief, as to those matters I believe them to be true. The reason I make this verification is that Plaintiff the People of the State of New York is a body politic.

Dated: Albany, New York
June 27, 2025

LETITIA JAMES

Attorney General of the State of New York

BY:



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