STATUS: IN PROCESSING

#2*nd* PROJECT: One Movement For Win-Win-Win Project (Healthcare System).

We intend to submit the Petition with the necessary corrections regarding the point of confusion within the system and to persuade the MEDCAC Committees to incorporate Non-Emergency Medical Transportation (NEMT) into the National Coverage Determination (NCD). This project aims to articulate to the CMS (MEDCAC Committee) the imperative need to integrate NEMT into the NCD. This integration is posited as a practical method to mitigate the financial burden on hospitals nationwide by reallocating NEMT fees to insurance providers. When business expenses are offset by the hospital's costs and subsequently covered by insurance providers, this translates into a favorable Return on Investment through enhanced profitability. We propose to rectify existing points of confusion and introduce an innovative approach to patient transportation for individuals with mental disorders, transitioning from EMT Ambulance services to NEMT Medical Vans, which offer increased convenience and significantly reduced costs.

The project was initiated in late August. The projected phase involves educating the public about the forthcoming changes subsequent to the enactment of the new law, and garnering voting support. It is presumed that the presentation must be tailored to resonate effectively with the Senator. I recognize that this project will yield benefits for all stakeholders, both presently and in the future. As a representative of the patients, I have not yet secured funding from any individuals or organizations. I am awaiting the Senator's official letter before proceeding with further action. I have diligently compiled relevant information and adhered to all applicable legal directives pertinent to requesting primary Sponsorship from the Senator. The objective is to empower the Taya Foundation to succeed in its petition to the committee, thereby encouraging the opposing party to accept the approval. According to The Uber Health Professional Report, six million patients annually miss their medical appointments due to inadequate convenient transportation, leading to an escalation in healthcare costs, with an estimated $150 billion in missed opportunities per year. By integrating NEMT into the National Coverage Determination (NCD), we anticipate that these six million patients will not miss their appointments, resulting in an estimated savings of $150 billion for the healthcare system. If the NEMT cost is 30% of $150 billion, the Insurance Providers' additional Profitability formula would be: Regular Annual Profits + ($150 billion - ($150 billion x 30%)) = Increasing Annual Profitability in the private sector and for the great number of saving cost for the trust fund.

#Strategy for Petition Success.

This petition employs a distinct strategy, divergent from previous attempts that resulted in failure. It leverages the widespread impact on hospitals and healthcare providers, who have long borne the financial burden of Non-Emergency Medical Transportation (NEMT) fees due to systemic flaws. Furthermore, the impending budget cuts faced by hospitals, potentially leading to closures in certain areas, serve as critical leverage. The petition utilizes these affected entities as collateral to exert pressure on the MEDCAC committees during the initial stage of prioritization.

The second stage is dedicated to addressing the concerns of private business beneficiaries. The system is designed to streamline and clarify issues, ensuring precise reflection and resolution of confusion. This approach aims to enhance the petition's negotiation power by addressing all identified concerns.

In the third stage, any potential reasons for denial are meticulously listed and aggressively counteracted with clear and detailed breakdowns, systematically resolving each potential issue. After thoroughly outlining all benefits and addressing all potential obstacles to approval, the petition concludes with "The Winning Page." This final section aims to appeal to the committees' emotions, offering apologies for any perceived persistence and seeking their empathy to elevate the entire healthcare system to its rightful position.
In my opinion we were already positive that the political establishment had established for this feasible petition to go through. “**Political Will vs. Evidence:** While the evidence is growing, it takes sustained political will and advocacy to translate that evidence into concrete legislative or regulatory change for a program as large and entrenched as Original Medicare. However, our Healthcare System leader showed decisiveness as a great leader to move half of the capacity of complexity, therefore we only needed the other half.”

My experience with complex legal documents, specifically with the U.S. Supreme Court and the Supreme Court of Thailand, has provided valuable insights. In both previous instances, I found success in influencing the courts through a conciliatory tone, aiming to evoke a sense of culpability if the case were denied. Both courts accepted my cases; in Thailand, the judge overturned the judgment in my favor, while the U.S. Supreme Court's decision was unexpected.

#Introducing a New Legal Strategy “ THE EMPTY BASKETS”. And “ The Smart Transitioning LMT”

A thorough analysis of the proposed strategy indicates that the petition is politically

feasible and aligns with existing political will. The arguments presented effectively address potential grounds for denial. However, the most significant hurdle for approval by the Centers for Medicare & Medicaid Services (CMS) and associated committees lies in the classification of Non-Emergency Medical Transportation (NEMT) as a non-essential medical product under the National Coverage Determination (NCD) definition. Should CMS approve this petition, it would signify a tactical agreement among all involved parties, recognizing NEMT's efficacy as a "Win-Win-Win" solution.

To secure the desired outcome, a dual-pathway strategy is proposed: submission of the petition to CMS, and engagement with the legislative process via Senator Tim Kaine, a prominent advocate for healthcare reform. Senator Kaine's influence could be instrumental in determining the most advantageous approach:

1. **Redefinition of NCD:** Propose to Congress a redefinition of the NCD to expand its scope beyond specific medical products and devices. This redefinition would allow for the inclusion of any product that significantly contributes to the healthcare system's benefits in a cost-effective manner.
2. **Inclusion of NEMT in Medicare Part B:** Introduce legislation to Congress that would add NEMT coverage to Medicare Part B. While Medicare Part A generally has fixed conditions, Part B allows for negotiation. The inclusion of NEMT in Medicare Part B would legally compel CMS to incorporate NEMT into the NCD.
3. **Strategic Recommendation:** This strategy is considered the most practical for the Senator. The petition's objective is to integrate NEMT into the NCD or any other mechanism that ensures Medicare Parts A, B, and C cover NEMT. This would effectively reduce missed medical appointments by six million individuals, thereby eliminating the escalating costs associated with these missed appointments.

The "Empty Baskets Strategy"

Given the legal establishment of Medicare Parts A and B, their deletion is not permissible. Medicare Part C offers more advantageous benefit coverage. Currently, upon turning 65, individuals are automatically enrolled in Medicare Parts A and B by the Social Security Administration. The "Empty Basket Strategy" proposes transitioning all existing Medicare Part A and B clients to Medicare Part C, which provides superior benefits. This would be a mutually beneficial process due to enhanced benefits for existing clients. For new Medicare clients, the default enrollment process within the Social Security Administration system would be altered to automatically enroll individuals turning 65 directly into Medicare Part C, rather than Parts A and B. While the "baskets" of Part A and B would remain legally established, Medicare would technically operate solely under Part C. This strategy is theoretically projected to eliminate the $150 billion cost increase associated with 6 million missed medical appointments.

4. **The NEMT Smart Transition Solution to**

"LMT (Light Medical Transportation)"

The United States has long been accustomed to the term EMT, denoting ambulance services. Now, its counterpart, NEMT, is emerging under the new designation LMT (Light Medical Transportation). LMT serves as a parallel to EMT. While EMT is defined by the National Coverage Determination (NCD) as a vehicle designed for medical service, this petition proposes transitioning LMT to meet a comparable minimum standard for vehicles designed for medical service. All legal requirements must establish a minimum standard for qualification as a legal product and for coverage under the National Coverage Determination (NCD).

For LMT and its drivers to be qualified, the following two steps must be observed:

1. As a Light Medical Transportation provider, the driver must not only operate the vehicle safely, as mandated by law, but also pass an online course provided on the website ONEMOVEMENTFORWINWINWIN.COM. This "LMT CPR and First Aid Course" For Driver" is an hour-long online program, consisting of 45 minutes of video training on CPR and First Aid, followed by a 15-minute test. Upon successful completion of the test, the driver will receive a "Certificate of Competence: The LMT Qualified Driver" via email. This certificate is mandatory, and its ID will correspond with the driver's license number.
2. For a vehicle to be designated as a Qualified LMT (Light Medical Transportation) vehicle, it must fulfill minimum legal requirements. Vehicle registration must be in good standing as required by each state, and the vehicle must be equipped with the four medical items listed below:
    - A foldable wheelchair.
    - A foldable walker.
    - A size S oxygen tank for CPR purposes.
    - A first aid kit.

Any vehicle, regardless of brand or model, will be permitted to operate LMT services under legal coverage, provided both the driver and the vehicle meet these requirements, aligning with the operational framework prior to this transition. Failure to meet any of the minimum legal requirements for LMT service will result in penalties commensurate with the rate for unauthorized parking in a disability-designated space in the driver's state of residence. This is a matter of law.

Upon approval of the Petition by Strategy CMS, denial is not an option. The Petition will be submitted with the LMT Proposal(Following the Strategy#4), and any action taken by CMS outside the scope of this determination will necessitate a Dual Track, (Strategies #1 or, 2 or, 3) initiated by the Senator Achieving this strategic objective will enable us to mitigate the escalating costs associated with 6 million missed patient appointments, which amount to $150 billion.