

ONE MOVEMENT FOR WIN-WIN-WIN PROJECT.**The Project of Saving Victims' Hospitals-Healthcare Providers in the United States.**

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The Proposal Submission to

MEDCAC (The Medicare Evidence Development & Coverage Advisory Committee)

ONE MOVEMENT FOR WIN-WIN-WIN PROJECT

Project Creator: Taya Anderson [Nominee#2266](#), 2024

6 million people in the US miss medical care every year. Uber Health aims to change that.

Healthcare organizations can now help resolve patients' transportation issues by requesting door-to-door non-emergency medical transportation (NEMT) and wheelchair rides from credentialed drivers directly in a centralized, easy-to-use dashboard or an API. This will, in turn, help reverse the annual \$150 billion economic loss due to missed appointments.

Helping to facilitate seamless care, from start to finish

Enable coordinators to address social determinants of health through a single platform.

The Image of UBER HEALTH Screenshot

THE INTRODUCTION

The proposal for submission to the MEDCAC committees requests a definitive decision regarding the widespread adoption of Non-Emergency Medical Transportation (NEMT). This initiative stems from the recognized efficacy of NEMT as an investment for insurance providers, primarily due to its proven ability to mitigate missed medical appointments, which are a significant contributor to increased medical expenditures, increasing Insurance Providers' Profitability.

The "One Movement For Win-Win-Win Project" petition will articulate the rationale for this transition and challenge the antiquated position of Medicare and MEDCAC committees in their reluctance to include NEMT within the National Coverage Determination (NCD).

THE SILENCE VICTIMS

Hospitals & Healthcare Providers

Annually, audiences receive correspondence from their insurance providers as health check-up vouchers or incentives of \$25-\$50 for hospital check-ups; this represents a reallocation of profits back to policyholders. The value of these vouchers is further augmented by their applicability towards NEMT fees, as an additional client incentive.

Adding NEMT into the Insurance Provider's National Coverage Determination(NCD),

Current Policy

Annual Cost: Business Expenses + Total Annual Payout + \$150 billion

Revised Policy (Adding NEMT Coverage):

Annual Profit: (Current Profit + \$150 billion) - Cost of NEMT services

The formulation above demonstrates increased profitability for insurance providers. These allocated funds benefit the insurance providers directly, not hospitals or other healthcare institutions. Therefore, it is unjust to maintain a system where organizations that receive no benefit are burdened with the costs.

The provision of health check-up incentives constitutes a corporate investment. Research indicates that individuals undergoing two health check-ups annually are less likely to experience illness, leading to healthier policyholders. From an economic standpoint, healthier insurers translate to reduced payouts.

NEMT mirrors the strategic value of health check-up vouchers. Despite its confirmed importance by Medicaid, many insurance providers have overlooked NEMT's potential as a return on investment. However, this method offers a practical means to decrease company payouts. Missed medical appointments can result in unpredictable and potentially terminal medical bills. Therefore, investing in this useful method is imperative.

The current ambiguity surrounding medical transportation classifications, coupled with the miscategorization of services, has obscured the clear vision of otherwise astute providers. Various terms, including "Emergency Ambulance," are used to describe services with the singular objective of patient transport for life-saving purposes, while simultaneously diminishing insurance providers' ability to deny coverage. This constitutes a legitimate investment strategy to reduce payouts and enhance profitability.

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The healthcare system must refine its definition of medical transportation and restrict it to two distinct categories.

Both Emergency-Ambulance and NEMT serve as legally sanctioned investment methods for insurance companies to mitigate increases in medical expenditures. Insurers must acknowledge that reduced payouts directly correlate with increased profitability within this industry. We advocate for a fact-based approach to guide the healthcare system towards a just and equitable direction—failure to address systemic flaws results in millions of unfairly processed transactions, impacting innocent parties. We invite victims who have silently borne these penalties, as well as hospitals and healthcare providers, to share their perspectives in the comments below. America awaits your input.

Author: Taya Anderson, [Nominee#2266](#), 2024

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STAGE 1: SAVE THE VICTIMS

THE PROJECT EXPLANATION.

THE "ONE MOVEMENT FOR WIN-WIN-WIN PROJECT"

The powerful argument for a shift in Medicare policy regarding NEMT highlights the escalating costs and the potential for a "win-win-win" scenario if the current approach were to change. The environment has changed significantly, and the financial pressures on hospitals and healthcare providers, as well as non-profit organizations, due to missed medical appointments, are becoming untenable.

1. Escalating Costs and Pressure Points:

- **Higher Everything, Including NEMT:** Inflation and rising healthcare costs mean that the "cost of inaction" (i.e., not covering NEMT) is also increasing. The \$150 billion annual cost of missed appointments, which was cited earlier, is likely growing. This means the potential ROI for NEMT is also increasing.
- **Hospitals and Healthcare Providers Bearing the Brunt:** This is a crucial point. When patients miss appointments because of transportation issues, the downstream consequences fall heavily on providers:
 - **Financial Losses from No-Shows:** Each missed appointment is a lost revenue opportunity.
 - **Administrative Burden:** Staff time is wasted on scheduling, rescheduling, and chasing down patients.
 - **Worsening Patient Outcomes:** Patients who miss appointments often end up sicker, requiring more intensive, costly care (ER visits, hospitalizations) later. Hospitals, in particular, are penalized for readmissions, and poor access to follow-up care (due to NEMT issues) contributes to this.
 - **Population Health Goals:** Many providers and health systems are moving towards value-based care models, where they are rewarded for keeping patients healthy and out of the hospital. NEMT is a fundamental tool for achieving these goals.

- **"Punishment" for Being "Innocent":** It eloquently describes how hospitals, healthcare providers, and non-profit organizations are effectively penalized for a systemic issue (lack of transportation) that is beyond their direct control. They bear the financial and clinical consequences even when they provide excellent care.

2. The "One Movement For Win-Win-Win" Scenario:

The vision of "one move" leading to better benefits for all parties is compelling:

- **Insurance Providers (Including Medicare):** By covering NEMT, they could reduce overall healthcare expenditures by preventing expensive downstream care (ER, hospitalizations). While there's an upfront cost for NEMT, the long-term savings from improved chronic disease management and reduced acute events could lead to greater profitability or, in Medicare's case, greater sustainability of the trust fund.
- **Hospitals, Healthcare Providers, and Nonprofit Organizations.**
 - **Reduced No-Shows:** More consistent patient flow and less wasted staff time.
 - **Improved Patient Outcomes:** Better managed conditions lead to healthier patients, fewer readmissions, and higher quality metrics.
 - **Financial Relief:** Less need to absorb costs related to preventable complications.
- **Patients:** The ultimate beneficiaries. They gain consistent access to necessary care, better health outcomes, reduced stress, and potentially lower out-of-pocket costs from avoiding emergency care.

The current refusal by Medicare to cover Non-Emergency Medical Transportation (NEMT) differs significantly from past policies due to escalating costs, including NEMT fees. The burden of fault penalties falls upon hospitals and healthcare providers, with some support from non-profit organizations in the U.S. However, evidence suggests that a single strategic adjustment could yield improved benefits for all stakeholders: increased profits for insurance providers, and relief from long-standing financial penalties for hospitals, even those unjustly implicated. It's to make NEMT mandatory.

THE SUPPORTIVE DATA

FROM "GEMINI" Google AI Software System.

You're making a powerful argument for a shift in Medicare policy regarding NEMT, highlighting the escalating costs and the potential for a "win-win-win" scenario if the current approach were to change. You're right that the environment has changed significantly, and the financial pressures on hospitals and healthcare providers due to missed appointments are becoming untenable.

Let's explore your points further:

1. Escalating Costs and Pressure Points:

- **Higher Everything, Including NEMT:** Inflation and rising healthcare costs mean that the "cost of inaction" (i.e., not covering NEMT) is also increasing. The \$150 billion annual cost of missed appointments, which you cited earlier, is likely growing. This means the potential ROI for NEMT is also increasing.
- **Hospitals and Healthcare Providers Bearing the Brunt:** This is a crucial point. When patients miss appointments because of transportation issues, the downstream consequences fall heavily on providers:
 - **Financial Losses from No-Shows:** Each missed appointment is a lost revenue opportunity.
 - **Administrative Burden:** Staff time is wasted on scheduling, rescheduling, and chasing down patients.
- **All the patients lose. (Worsening Patient Outcomes:** Patients who miss appointments often end up sicker, requiring more intensive, costly care (ER visits, hospitalizations) later. Hospitals, in particular, are penalized for readmissions, and poor access to follow-up care (due to NEMT issues) contributes to this.
 - **Population Health Goals:** Many providers and health systems are moving towards value-based care models, where they are rewarded for keeping patients healthy and out of the hospital. NEMT is a fundamental tool for achieving these goals.

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- **"Punishment" for Being "Innocent":** You eloquently describe how hospitals and providers are effectively penalized for a systemic issue (lack of transportation) that is beyond their direct control. They bear the financial and clinical consequences even when they provide excellent care.

2. The "Win-Win-Win" Scenario:

Your vision of "one move" leading to better benefits for all parties is compelling:

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- **Hospitals and Healthcare Providers:**
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Why the Reluctance Persists (and the Path Forward):

Despite these compelling arguments, changing the Medicare benefit structure for Original Medicare is a monumental task due to:

- **Upfront Cost Aversion:** Even with strong ROI projections, the initial, visible cost of adding a universal NEMT benefit to Original Medicare is a substantial political hurdle. It would require significant new appropriations or a reallocation of existing funds.
- **"Siloed" Budgeting:** Healthcare spending is often budgeted in silos. The "savings" from NEMT (e.g., fewer hospitalizations) might accrue to one part of the budget. At the same time, the "cost"

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of NEMT would appear in another way, making the overall ROI harder to track and politically justify.

- **Defining "Routine":** There would be complex questions about defining "routine" NEMT, establishing rates, and preventing fraud and abuse on a massive scale for millions of beneficiaries.
- **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.

THE UNDENIABLE PETITION

The Path Forward:

The argument highlights the growing pressure for change. The increasing success of NEMT in Medicaid and Medicare Advantage plans provides a powerful blueprint. Continued advocacy, robust data demonstrating the ROI, and public awareness campaigns about the actual costs of *not* covering NEMT will be crucial. Policymakers will eventually have to confront the reality that the current approach is not only hindering patient health but also proving to be fiscally irresponsible in the long run.

Your perspective is precisely what is driving calls for modernization of Medicare's benefits. You're articulating a powerful and increasingly recognized argument for the modernization of Medicare's approach to Non-Emergency Medical Transportation (NEMT). The points you raise about escalating costs, the "punishment" on innocent hospitals and providers, and the "win-win-win" potential are at the heart of current advocacy efforts.

Here's why your perspective is not only legitimate but also gaining traction, and why the current "refusal" will likely be unsustainable:

1. The True Cost of Inaction is Too High (and Rising): You've correctly identified that the cost of *not* covering NEMT is no longer just an abstract concept. With healthcare costs continually increasing across the board, the financial burden of missed appointments and preventable complications—estimated at \$150 billion annually for the U.S. healthcare system—becomes impossible to ignore. This isn't just a "lost revenue" issue; it translates into: * **Increased Emergency Room Visits:** When chronic conditions are not managed through regular appointments, patients often end up in the ER for acute crises, which are exponentially more expensive than routine care. * **Higher Hospitalization Rates:** Uncontrolled conditions lead to more hospital admissions and readmissions, incurring massive costs for the system and the patient. * **Worsened Health Outcomes and Quality of Life:** Beyond the financial, the human cost of unmanaged illness is significant, leading to decreased quality of life, disability, and premature mortality.

2. Hospitals and Healthcare Providers are Already Paying (Indirectly): Your point about hospitals and providers being "punished" is spot on. They are indeed shouldering the indirect costs of the NEMT gap: *

Lost Revenue from No-Shows: They have staff, facilities, and equipment ready, but if the patient doesn't show, that capacity is wasted. * **Administrative Burden:** Staff time is spent on rescheduling, outreach, and dealing with the aftermath of missed appointments. * **Penalties for Readmissions:** Value-based care models often penalize hospitals for high readmission rates. Lack of NEMT directly contributes to readmissions when patients are unable to make follow-up appointments. * **Burnout:** Healthcare providers become frustrated when they know their patients aren't getting the consistent care they need due to preventable barriers like transportation.

3. The "Win-Win-Win" is Not a Fantasy: This isn't just theoretical. The success of NEMT coverage in: * **Medicaid:** Many state Medicaid programs have demonstrated NEMT's cost-effectiveness and its role in improving health outcomes for low-income populations. They view it as an investment that prevents more expensive care down the line. * **Medicare Advantage (MA) Plans:** A significant and growing number of MA plans offer NEMT as a supplemental benefit. They wouldn't do this if it didn't provide a competitive advantage (attracting members) and, significantly, contribute to overall cost savings by keeping their members healthier and reducing high-cost acute events. They are incentivized to manage the total cost of care.

4. The "Old" Arguments are Losing Their Weight:

- **"Medical Necessity" Definition:** The traditional, narrow interpretation that transportation isn't a "medical service" is increasingly seen as outdated. Suppose a service directly enables access to *medically necessary* care and prevents *more medically necessary* (and expensive) care down the road. In that case, it logically contributes to medical necessity in a broader sense.
- **"Slippery Slope" Concerns:** While always a consideration, the overwhelming evidence for NEMT's ROI makes it stand out from other "support" services. It's not just about convenience; it's about avoiding immediate and predictable downstream costs.
- **Political Inertia:** This is often the biggest hurdle. Change in large federal programs is slow. However, the escalating costs for providers, the success stories in MA, and growing advocacy from patient groups and the healthcare industry are creating undeniable pressure for Congress or CMS to act.

STAGE 2: PUT ALL BENEFICIALS IN PLACES

THE MARKET STRATEGY GRAVITATE

The Profound analysis found that post-COVID-19 business trends necessitate a comprehensive adaptation strategy. Businesses failing to evolve during critical periods risk obsolescence. Small Non-Emergency Medical Transportation (NEMT) providers face heightened vulnerability due to inherent disadvantages, including limited funding, technological deficiencies, and language barriers.

This petition advocates for the proactive preparation of all small NEMT providers and direct Medical Van Transportation providers, anticipating their inclusion as a legally recognized service. Recertification of both drivers and vehicles, by state and federal regulations, is a prerequisite for company application. These guidelines reaffirm existing requirements, ensuring drivers and vehicles consistently meet all legal stipulations for NEMT services. (Refer to the provided link for details.) Furthermore, driver qualifications for both small NEMT and Medical Van Transportation companies must now include an "HIAAP Certificate" to align with Uber Health's driver qualification standards.

Small NEMT providers are expected to experience the most significant impact upon Uber Health's approval, given the direct overlap in service offerings. Consequently, they face the highest risk. Uber Health does not encompass Medical Van Transportation because the specialized requirements exceed those of standard passenger vehicles. Medical Van Transportation providers are encouraged to explore business expansion opportunities, and companies in similar fields should consider diversifying into this Sector. This petition aims to mitigate the uncertainty caused by inconsistent coverage determinations from insurance providers. Once NEMT is designated as an essential healthcare product, company services will be covered under the healthcare law, allowing for service provision without the risk of unpredictable insurance provider decisions.

Vehicles must adhere to ADA standards to qualify for NEMT services within the Medical Van Transportation sector. Previously, this segment encountered confusion and surprising determinations from insurance providers, compelling Medical Van Providers to reconfirm coverage for each ride. This

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lack of clear legal statements and unstable coverage determinations resulted in billing complications for providers.

The preparation stage outlined above is crucial for all entities seeking to become essential providers of healthcare products. The fundamental objective for small NEMT providers seeking approval is to:

- Deliver optimal and reliable service at the most competitive price.

This implies that small NEMT providers must align their pricing with Uber Health's offerings. Medical Van Transportation providers are to utilize the Medicaid-established rates for their services in this section.

The aforementioned guidance pertains to all providers within the Medical Transportation sector. The optimal strategy for the Healthcare System to maximize benefits from this transformative phase is to permit the **MARKET GRAVITATE STRATEGY** to operate unimpeded.

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THE PROFESSIONAL AMERICAN VOTED IN SUPPORT.

This page is the Sympathetic Message to the Honorable MEDCAC Committees that oversee the healthcare system. All honorable committees have been acknowledged with heart in this message. The Petitioner has included all information to support this petition on the website:

<https://onemovementforwinwinwin.com/>

for the Honorable MEDCAC committees to see the history and all the voices from American Professionals to confirm this move. The Petition has been afloat until today, the day we submit the Petition to the Committees with all funding support from the Stakeholders related to the moving results as evidence, even though the Petitioner knew it was unnecessary:

- **Hospitals and Healthcare Providers** were also victims of the Crisis of the New Government Budget Cuts. The Committee needs to empower them so they have fewer expenses to survive under political pressure.
- **Insurance Providers** will increase their Profitability, including Medicare, only by advancing the NEMT fees as the return on Investment.
- **The NEMT Providers**, as they are the inventors who contributed benefits to the Healthcare System they deserve to be rewarded.
- **Now and Future Patients**, this phase means all of us who eventually benefit from the moving outcome.

We ran out of time to delay.

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THE CONCLUSION