

QUARTERLY REPORT
HFS 2270 Physician Certification Statement for Non-Emergency Transports

1st Quarter: January 1, 2024 through March 31, 2024

PLAN	CATEGORY OF SERVICE	APPROVED	DENIED	APPEALED
Fee-for-Service	51 - Non Emergency Ambulance	13195	1350	1028
	52 - Medigar	1922	876	0
	54 - Service Car	175	121	0
	TOTALS	15,292	2,347	1,028
Molina	51 - Non Emergency Ambulance	0	0	0
	52 - Medigar	138	2	0
	54 - Service Car	291	15	0
	TOTALS	429	17	0
IL-Aetna	51 - Non Emergency Ambulance	0	0	0
	52 - Medigar	4	0	0
	54 - Service Car	2	0	0
	TOTALS	6	0	0
Meridian	51 - Non Emergency Ambulance	681	0	0
	52 - Medigar	2134	0	0
	54 - Service Car	88	0	0
	TOTALS	2,903	0	0
Blue Cross Blue Shield	51 - Non Emergency Ambulance	7	0	0
	52 - Medigar	106	0	0
	54 - Service Car	5	0	0
	TOTALS	118	0	0
CountyCare	51 - Non Emergency Ambulance	0	0	0
	52 - Medigar	3289	0	0
	54 - Service Car	3112	0	0
	Unassigned	2002	0	0
	TOTALS	8,403	0	0
<u>TOTAL FOR 1st QUARTER</u>		27,151	2,364	1,028