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

4th Quarter: October 1, 2019 through December 31, 2019

PLAN	CATEGORY OF SERVICE	APPROVED	DENIED	APPEALED
	51 - Non Emergency Ambulance	1,675	631	0
	52 - Medicar	2,314	2,500	1
	54 - Service Car	551	434	0
Fee-for-Service	TOTALS	4,540	3,565	1
	51 - Non Emergency Ambulance	1,070	236	0
	52 - Medicar	616	25	0
	54 - Service Car	10	0	0
Molina	TOTALS	1,696	261	0
	51 - Non Emergency Ambulance	75	0	0
	52 - Medicar	162	0	0
	54 - Service Car	10	0	0
IlliniCare	TOTALS	247	0	0
	51 - Non Emergency Ambulance	19	0	0
	52 - Medicar	136	69	2
	54 - Service Car	0	0	0
Next Level	TOTALS	155	69	2
	51 - Non Emergency Ambulance	5,613	0	0
	52 - Medicar	4,305	0	0
	54 - Service Car	312	0	0
Meridian	TOTALS	10,230	0	0
	51 - Non Emergency Ambulance	75	0	0
	52 - Medicar	162	0	0
	54 - Service Car	10	0	0
Blue Cross Blue Shield	TOTALS	247	0	0
	51 - Non Emergency Ambulance	189	0	0
	52 - Medicar	580	0	0
	54 - Service Car	760	0	0
CountyCare	TOTALS	1,529	0	0

**TOTAL FOR 4th QUARTER** 

<u>18,644</u>

<u>3,895</u>

<u>3</u>