

QUARTERLY REPORT

HFS 2270 Physician Certification Statement for Non-Emergency Transports

1st Quarter: January 1, 2022 through March 31, 2022

PLAN	CATEGORY OF SERVICE	APPROVED	DENIED	APPEALED
Fee-for-Service	51 - Non Emergency Ambulance	4065	85	4
	52 - Medigar	20	1	
	54 - Service Car	6		
	TOTALS	4091	86	4
Molina	51 - Non Emergency Ambulance	0	0	0
	52 - Medigar	0	0	0
	54 - Service Car	0	0	0
	TOTALS	0	0	0
IL-Aetna	51 - Non Emergency Ambulance	2	0	0
	52 - Medigar	22	0	0
	54 - Service Car	0	0	0
	TOTALS	24	0	0
Meridian	51 - Non Emergency Ambulance	2601	0	0
	52 - Medigar	3064	0	0
	54 - Service Car	70	0	0
	TOTALS	5,735	0	0
Blue Cross Blue Shield	51 - Non Emergency Ambulance	103	0	0
	52 - Medigar	23	0	0
	54 - Service Car	5	0	0
	TOTALS	131	0	0
CountyCare	51 - Non Emergency Ambulance	4	0	0
	52 - Medigar	1506	0	0
	54 - Service Car	4289	0	0
	Unassigned	2128	0	0
	TOTALS	7,927	0	0

TOTAL FOR 1st QUARTER 17,908 86 4