

QUARTERLY REPORT

HFS 2270 Physician Certification Statement for Non-Emergency Transports

4th Quarter: October 1, 2024 through December 31, 2024

PLAN	CATEGORY OF SERVICE	APPROVED	DENIED	APPEALED
Fee-for-Service	51 - Non Emergency Ambulance	13360	1003	382
	52 - Medigar	1656	1403	0
	54 - Service Car	254	87	0
	TOTALS	15,270	2,493	382
Molina	51 - Non Emergency Ambulance	0	0	0
	52 - Medigar	326	0	0
	54 - Service Car	114	3	1
	TOTALS	440	3	1
IL-Aetna	51 - Non Emergency Ambulance	0	0	0
	52 - Medigar	4	0	0
	54 - Service Car	0	0	0
	TOTALS	4	0	0
Meridian	51 - Non Emergency Ambulance	925	0	0
	52 - Medigar	1790	0	0
	54 - Service Car	82	0	0
	TOTALS	2,797	0	0
Blue Cross Blue Shield	51 - Non Emergency Ambulance	7	0	0
	52 - Medigar	64	0	0
	54 - Service Car	1	0	0
	TOTALS	72	0	0
CountyCare	51 - Non Emergency Ambulance	4	0	0
	52 - Medigar	16	0	0
	54 - Service Car	4	0	0
	Unassigned	0	0	0
	TOTALS	24	0	0

TOTAL FOR 4th QUARTER 18,607 2,496 383