

QUARTERLY REPORT

HFS 2270 Physician Certification Statement for Non-Emergency Transports

2nd Quarter: April 1, 2025 through June 30, 2025

PLAN	CATEGORY OF SERVICE	APPROVED	DENIED	APPEALED
Fee-for-Service	51 - Non Emergency Ambulance	15016	1041	489
	52 - Medicar	3341	616	0
	54 - Service Car	365	428	0
	TOTALS	18,722	2,085	489
Molina	51 - Non Emergency Ambulance	0	0	0
	52 - Medicar	299	0	0
	54 - Service Car	17	0	0
	TOTALS	316	0	0
IL-Aetna	51 - Non Emergency Ambulance	1	0	0
	52 - Medicar	8	0	0
	54 - Service Car	3	0	0
	TOTALS	12	0	0
Meridian	51 - Non Emergency Ambulance	0	0	0
	52 - Medicar	1216	0	0
	54 - Service Car	32	0	0
	TOTALS	1,248	0	0
Blue Cross Blue Shield	51 - Non Emergency Ambulance	17	0	0
	52 - Medicar	111	0	0
	54 - Service Car	7	0	0
	TOTALS	135	0	0
CountyCare	51 - Non Emergency Ambulance	0	0	0
	52 - Medicar	30	0	0
	54 - Service Car	34	0	0
	Unassigned			
	TOTALS	64	0	0

TOTAL FOR 2nd QUARTER20,4972,085489