QUARTERLY REPORT

HFS 2270 Physician Certification Statement for Non-Emergency Transports

3rd Quarter: July 1, 2025 through September 30, 2025

PLAN	CATEGORY OF SERVICE	APPROVED	DENIED	APPEALED
	51 - Non Emergency Ambulance	14166	982	403
	52 - Medicar	2723	638	0
	54 - Service Car	309	87	0
Fee-for-Service	**TOTALS**	**17,198**	**1,707**	**403**
	51 - Non Emergency Ambulance	0	0	0
	52 - Medicar	532	0	0
	54 - Service Car	286	0	0
Molina	**TOTALS**	**818**	**0**	**0**
	51 - Non Emergency Ambulance	1	0	0
	52 - Medicar	3	0	0
	54 - Service Car	0	0	0
IL-Aetna	**TOTALS**	**4**	**0**	**0**
	51 - Non Emergency Ambulance	76	0	0
	52 - Medicar	906	3	0
	54 - Service Car	154	0	0
Meridian	**TOTALS**	**1,136**	**3**	**0**
	51 - Non Emergency Ambulance	12	0	0
	52 - Medicar	73	0	0
	54 - Service Car	1	0	0
Blue Cross Blue Shield	**TOTALS**	**86**	**0**	**0**
	51 - Non Emergency Ambulance	4	0	0
	52 - Medicar	18	0	0
	54 - Service Car	3	0	0
CountyCare	**TOTALS**	**25**	**0**	**0**
	TOTAL FOR 3rd QUARTER	**19,267**	**1,710**	**403**