

QUARTERLY REPORT

HFS 2270 Physician Certification Statement for Non-Emergency Transports

1st Quarter: January 1, 2025 through March 31, 2025

PLAN	CATEGORY OF SERVICE	APPROVED	DENIED	APPEALED
Fee-for-Service	51 - Non Emergency Ambulance	15151	1105	397
	52 - Medicar	2750	1471	0
	54 - Service Car	261	108	0
	TOTALS	18,162	2,684	397
Molina	51 - Non Emergency Ambulance	0	0	0
	52 - Medicar	30	0	0
	54 - Service Car	308	0	0
	TOTALS	338	0	0
IL-Aetna	51 - Non Emergency Ambulance	1	0	0
	52 - Medicar	9	0	0
	54 - Service Car	1	0	0
	TOTALS	11	0	0
Meridian	51 - Non Emergency Ambulance	903	0	0
	52 - Medicar	918	0	0
	54 - Service Car	64	0	0
	TOTALS	1,885	0	0
Blue Cross Blue Shield	51 - Non Emergency Ambulance	10	0	0
	52 - Medicar	113	0	0
	54 - Service Car	8	0	0
	TOTALS	131	0	0
CountyCare	51 - Non Emergency Ambulance	6	0	0
	52 - Medicar	26	0	0
	54 - Service Car	20	0	0
	TOTALS	52	0	0
TOTAL FOR 1st QUARTER		20,579	2,684	397