

QUARTERLY REPORT

HFS 2270 Physician Certification Statement for Non-Emergency Transports

4th Quarter: October 1, 2025 through December 31, 2025

PLAN	CATEGORY OF SERVICE	APPROVED	DENIED	APPEALED
Fee-for-Service	51 - Non Emergency Ambulance	16115	1172	525
	52 - Medicar	3132	986	0
	54 - Service Car	319	128	0
	TOTALS	19,566	2,286	525
Molina	51 - Non Emergency Ambulance	0	0	0
	52 - Medicar	33	0	0
	54 - Service Car	328	0	0
	TOTALS	361	0	0
IL-Aetna	51 - Non Emergency Ambulance	0	0	0
	52 - Medicar	1	0	0
	54 - Service Car	1	0	0
	TOTALS	2	0	0
Meridian	51 - Non Emergency Ambulance	0	0	0
	52 - Medicar	826	6	0
	54 - Service Car	192	0	0
	TOTALS	1,018	6	0
Blue Cross Blue Shield	51 - Non Emergency Ambulance	14	0	0
	52 - Medicar	55	0	0
	54 - Service Car	5	0	0
	TOTALS	74	0	0
CountyCare	51 - Non Emergency Ambulance	3	0	0
	52 - Medicar	10	0	0
	54 - Service Car	1	0	0
	TOTALS	14	0	0

TOTAL FOR 4th QUARTER21,0352,292525