QUARTERLY REPORT

HFS 2270 Physician Certification Statement for Non-Emergency Transports

PLAN	CATEGORY OF SERVICE	APPROVED	DENIED	APPEALED
	51 - Non Emergency Ambulance	11,284	1,346	1034
	52 - Medicar	1,319	1,506	0
	54 - Service Car	161	97	0
Fee-for-Service	TOTALS	12,764	2,949	1,034
	51 - Non Emergency Ambulance	0	0	0
	52 - Medicar	169	1	0
	54 - Service Car	299	2	0
Molina	TOTALS	468	3	0
	51 - Non Emergency Ambulance	0	1	0
	52 - Medicar	8	0	0
	54 - Service Car	1	0	0
IL-Aetna	TOTALS	9	1	0
	51 - Non Emergency Ambulance	607	0	0
	52 - Medicar	2,151	0	0
	54 - Service Car	112	0	0
Meridian	TOTALS	2,870	0	0
	51 - Non Emergency Ambulance	6	0	0
	52 - Medicar	79	0	0
	54 - Service Car	4	0	0
Blue Cross Blue Shield	TOTALS	89	0	0
	51 - Non Emergency Ambulance	0	0	0
	52 - Medicar	2,663	0	0
	54 - Service Car	1,728	0	0
	Unassigned	1,571	0	0
CountyCare	TOTALS	5,962	0	0

3rd Quarter: July 1, 2023 through September 30, 2023

TOTAL FOR 3rd QUARTER

22,162

1,034

2,953