QUARTERLY REPORT
HFS 2270 Physician Certification Statement for Non-Emergency Transports

2nd Quarter: April 1, 2024 through June 30, 2024

PLAN	CATEGORY OF SERVICE	APPROVED	DENIED	APPEALED
	51 - Non Emergency Ambulance	13191	1077	1129
	52 - Medicar	1985	435	0
	54 - Service Car	286	58	0
Fee-for-Service	**TOTALS**	**15,462**	**1,570**	**1,129**
	51 - Non Emergency Ambulance	0	0	0
	52 - Medicar	159	4	0
	54 - Service Car	318	7	0
Molina	**TOTALS**	**477**	**11**	**0**
	51 - Non Emergency Ambulance	1	0	0
	52 - Medicar	17	0	0
	54 - Service Car	5	0	0
IL-Aetna	**TOTALS**	**23**	**0**	**0**
	51 - Non Emergency Ambulance	589	0	0
	52 - Medicar	1983	0	0
	54 - Service Car	68	0	0
Meridian	**TOTALS**	**2,640**	**0**	**0**
	51 - Non Emergency Ambulance	13	0	0
	52 - Medicar	106	0	0
	54 - Service Car	3	0	0
Blue Cross Blue Shield	**TOTALS**	**122**	**0**	**0**
	51 - Non Emergency Ambulance	0	0	0
	52 - Medicar	3121	0	0
	54 - Service Car	3511	0	0
	Unassigned	2199	0	0
CountyCare	**TOTALS**	**8,831**	**0**	**0**

TOTAL FOR 2nd QUARTER	**27,555**	**1,581**	**1,129**