

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

3rd Quarter: July 1, 2024 through September 30, 2024

PLAN	CATEGORY OF SERVICE	APPROVED	DENIED	APPEALED
Fee-for-Service	51 - Non Emergency Ambulance	13103	781	466
	52 - Medicar	2052	503	0
	54 - Service Car	261	87	0
	TOTALS	15,416	1,371	466
Molina	51 - Non Emergency Ambulance	0	0	0
	52 - Medicar	148	22	3
	54 - Service Car	298	61	0
	TOTALS	446	83	3
IL-Aetna	51 - Non Emergency Ambulance	0	0	0
	52 - Medicar	3	0	0
	54 - Service Car	0	0	0
	TOTALS	3	0	0
Meridian	51 - Non Emergency Ambulance	995	0	0
	52 - Medicar	1758	0	0
	54 - Service Car	92	0	0
	TOTALS	2,845	0	0
Blue Cross Blue Shield	51 - Non Emergency Ambulance	5	0	0
	52 - Medicar	107	0	0
	54 - Service Car	0	0	0
	TOTALS	112	0	0
CountyCare	51 - Non Emergency Ambulance	1	0	0
	52 - Medicar	1,040	0	0
	54 - Service Car	1,011	0	0
	Unassigned	861	0	0
	TOTALS	2,913	0	0
TOTAL FOR 3rd QUARTER		21,735	1,454	469