

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

3rd Quarter: July 1, 2019 through September 30, 2019

PLAN	CATEGORY OF SERVICE	APPROVED	DENIED	APPEALED
Fee-for-Service	51 - Non Emergency Ambulance	1,261	1,196	0
	52 - Medicar	3,878	2,607	0
	54 - Service Car	1,033	769	0
	TOTALS	6,172	4,572	0
Molina	51 - Non Emergency Ambulance	567	95	12
	52 - Medicar	0	16	0
	54 - Service Car	0	10	0
	TOTALS	567	121	12
IlliniCare	51 - Non Emergency Ambulance	3	0	0
	52 - Medicar	52	0	0
	54 - Service Car	31	0	0
	TOTALS	86	0	0
Next Level	51 - Non Emergency Ambulance	17	0	0
	52 - Medicar	151	61	0
	54 - Service Car	0	0	0
	TOTALS	168	61	0
Meridian	51 - Non Emergency Ambulance	216	0	0
	52 - Medicar	3,975	0	0
	54 - Service Car	6,513	0	0
	TOTALS	10,704	0	0
Blue Cross Blue Shield	51 - Non Emergency Ambulance	3	0	0
	52 - Medicar	52	0	0
	54 - Service Car	31	0	0
	TOTALS	86	0	0
CountyCare	51 - Non Emergency Ambulance	189	0	0
	52 - Medicar	580	0	0
	54 - Service Car	760	0	0
	TOTALS	1,529	0	0

<u>TOTAL FOR 3rd QUARTER</u>	<u>19,312</u>	<u>4,754</u>	<u>12</u>
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