

QUARTERLY REPORT

HFS 2270 Physician Certification Statement for Non-Emergency Transports

1st Quarter: January 1, 2019 through March 31, 2019

PLAN	CATEGORY OF SERVICE	APPROVED	DENIED	APPEALED
Fee-for-Service	51 - Non Emergency Ambulance	5	0	0
	52 - Medicar	41	4	0
	54 - Service Car	20	0	0
	TOTALS	66	4	0
Molina	51 - Non Emergency Ambulance	0	0	0
	52 - Medicar	0	0	0
	54 - Service Car	0	0	0
	TOTALS	0	0	0
IlliniCare	51 - Non Emergency Ambulance	2,239	0	0
	52 - Medicar	1,844	0	0
	54 - Service Car	2,188	0	0
	TOTALS	6,271	0	0
Next Level	51 - Non Emergency Ambulance	5	0	0
	52 - Medicar	197	8	0
	54 - Service Car	0	0	0
	TOTALS	202	8	0
Meridian	51 - Non Emergency Ambulance	6,548	0	0
	52 - Medicar	3,446	0	0
	54 - Service Car	81	0	0
	TOTALS	10,075	0	0
Blue Cross Blue Shield	51 - Non Emergency Ambulance	1,739	0	0
	52 - Medicar	1,366	0	0
	54 - Service Car	1,789	0	0
	TOTALS	4,894	0	0
CountyCare	51 - Non Emergency Ambulance	362	0	0
	52 - Medicar	717	0	0
	54 - Service Car	626	0	0
	TOTALS	1,705	0	0
<u>TOTAL FOR 1st QUARTER</u>		<u>23,213</u>	<u>12</u>	<u>0</u>