

QUARTERLY REPORT

HFS 2270 Physician Certification Statement for Non-Emergency Transports

2nd Quarter: April 1, 2019 through June 30, 2019

PLAN	CATEGORY OF SERVICE	APPROVED	DENIED	APPEALED
Fee-for-Service	51 - Non Emergency Ambulance	706	1,432	0
	52 - Medigar	3,566	4,443	0
	54 - Service Car	1,031	897	0
	TOTALS	5,303	6,772	0
Molina	51 - Non Emergency Ambulance	365	4	0
	52 - Medigar	45	4	0
	54 - Service Car	19	0	0
	TOTALS	429	8	0
IlliniCare	51 - Non Emergency Ambulance	727	0	0
	52 - Medigar	592	0	0
	54 - Service Car	1,626	0	0
	TOTALS	2,945	0	0
Next Level	51 - Non Emergency Ambulance	16	0	0
	52 - Medigar	128	37	0
	54 - Service Car	0	0	0
	TOTALS	144	37	0
Meridian	51 - Non Emergency Ambulance	6,179	0	0
	52 - Medigar	3,142	0	0
	54 - Service Car	36	0	0
	TOTALS	9,357	0	0
Blue Cross Blue Shield	51 - Non Emergency Ambulance	895	0	0
	52 - Medigar	882	0	0
	54 - Service Car	2,047	0	0
	TOTALS	3,824	0	0
CountyCare	51 - Non Emergency Ambulance	344	0	0
	52 - Medigar	864	0	0
	54 - Service Car	813	0	0
	TOTALS	2,021	0	0
<u>TOTAL FOR 2nd QUARTER</u>		<u>24,023</u>	<u>6,817</u>	<u>0</u>