ACR to Medicare Conversion Factor Determination-Crossover

Medicaid Payer: **Medicaid Traditional/Shared**

First DOS	Last DOS	First Payment Date	Last Payment Date	Billing Provider Number	Billing Provider Name
10/1/2013	9/30/2014	10/29/2013	10/6/2015	1374059	BOSSIER CITY FIRE DEPT EMS *

Criteria Begin: 10/1/2013 Criteria End: 9/30/2014

Procedure Code	Description	Units of Service	Actual Units	Payor 1	Payor 2	Payor 3	Average Commercial Rate	Total ACR	Medicare Non Facility Schedule	Total Medicare Non Facility	Medicare Commercial Factor
A0425	**Ground mileage**	2928	2928	$15.24	$14.91	$13.98	$14.71	$43,651.93	$7.47	$20,678.79	211.10%
A0427	**ALS1-emergency**	455	455	$950.00	$902.50	$845.50	$899.33	$409,195.15	$376.86	$175,267.55	233.47%
A0429	**BLS-emergency**	152	152	$850.00	$807.50	$756.50	$804.67	$122,309.84	$314.04	$48,805.46	250.61%
A0433	**als 2**	25	25	$1,050.00	$997.50	$934.50	$994.00	$24,850.00	$519.28	$13,788.35	180.22%
		3560	3560					**$600,006.92**		**$258,540.15**	**232.07%**

ACR to Medicare Conversion Factor Determination-Crossover

Medicaid Payer: **Medicaid Traditional/Shared**

First DOS	Last DOS	First Payment Date	Last Payment Date	Billing Provider Number	Billing Provider Name
10/1/2013	9/30/2014	10/29/2013	9/8/2015	1917656	BOSSIER PARISH EMERG MED SERV*

Criteria Begin: 10/1/2013 Criteria End: 9/30/2014

Procedure Code	Description	Units of Service	Actual Units	Payor 1	Payor 2	Payor 3	Average Commercial Rate	Total ACR	Medicare Non Facility Schedule	Total Medicare Non Facility	Medicare Commercial Factor
A0425	**Ground mileage**	4214	4214	$14.40	$12.46	$13.47	$13.45	$56,942.24	$7.33	$29,939.23	190.19%
A0427	**ALS1-emergency**	195	195	$897.67	$789.95	$816.88	$834.84	$163,215.00	$387.61	$77,492.33	210.62%
A0429	**BLS-emergency**	59	59	$800.82	$704.72	$728.75	$744.76	$43,849.50	$313.88	$18,923.28	231.72%
A0433	**als 2**	9	9	$966.67	$850.67	$879.67	$899.00	$8,091.00	$551.71	$4,965.41	162.95%
		4477	4477					**$272,097.74**		**$131,320.25**	**207.20%**

ACR to Medicare Conversion Factor Determination-Crossover

Medicaid Payer: **Medicaid Traditional/Shared**

First DOS	Last DOS	First Payment Date	Last Payment Date	Billing Provider Number	Billing Provider Name
7/1/2014	6/27/2015	7/29/2014	10/13/2015	1474886	EAST JEFFERSON MOBILE EMERGEN*

Criteria Begin: 7/1/2014 Criteria End: 6/30/2015

Procedure Code	Description	Units of Service	Actual Units	Payor 1	Payor 2	Payor 3	Average Commercial Rate	Total ACR	Medicare Non Facility Schedule	Total Medicare Non Facility	Medicare Commercial Factor
A0425	**Ground mileage**	916	916	$10.33	$13.08	$14.37	$12.59	$10,971.95	$10.18	$6,896.19	159.10%
A0427	**ALS1-emergency**	113	113	$462.95	$591.00	$871.27	$641.74	$72,516.62	$413.68	$46,745.62	155.13%
A0429	**BLS-emergency**	61	61	$363.31	$463.80	$733.70	$520.27	$31,736.47	$331.30	$20,209.18	157.04%
A0433	**als 2**	1	1	$629.80	$804.00	$0.00	$477.93	$477.93	$606.98	$606.98	78.74%
		1091	1091					**$115,702.97**		**$74,457.97**	**155.39%**

ACR to Medicare Conversion Factor Determination-Crossover

Medicaid Payer: **Medicaid Traditional/Shared**

First DOS	Last DOS	First Payment Date	Last Payment Date	Billing Provider Number	Billing Provider Name
7/1/2014	6/30/2015	8/5/2014	10/13/2015	1392278	SHREVEPORT FIRE DEPT/EMS *

Criteria Begin: 7/1/2014 Criteria End: 6/30/2015

Procedure Code	Description	Units of Service	Actual Units	Payor 1	Payor 2	Payor 3	Average Commercial Rate	Total ACR	Medicare Non Facility Schedule	Total Medicare Non Facility	Medicare Commercial Factor
A0425	**Ground mileage**	10205	10205	$12.99	$12.38	$11.25	$12.21	$127,851.68	$6.97	$72,115.65	177.29%
A0427	**ALS1-emergency**	1544	1544	$890.94	$809.94	$719.95	$806.94	$1,245,918.33	$388.21	$599,505.63	207.82%
A0429	**BLS-emergency**	674	674	$790.89	$718.99	$639.11	$716.33	$482,803.26	$325.47	$219,316.89	220.14%
A0433	**als 2**	87	87	$990.00	$900.00	$800.00	$896.67	$78,010.29	$563.67	$49,039.58	159.08%
		12510	12510					**$1,934,583.56**		**$939,977.75**	**205.81%**

ACR to Medicare Conversion Factor Determination-Crossover

Medicaid Payer: **Medicaid Traditional/Shared**

First DOS	Last DOS	First Payment Date	Last Payment Date	Billing Provider Number	Billing Provider Name
7/2/2014	6/26/2015	8/19/2014	9/15/2015	1337838	EMERGENCY MEDICAL SERVICE *

Criteria Begin: 7/1/2014 Criteria End: 6/30/2015

Procedure Code	Description	Units of Service	Actual Units	Payor 1	Payor 2	Payor 3	Average Commercial Rate	Total ACR	Medicare Non Facility Schedule	Total Medicare Non Facility	Medicare Commercial Factor
A0425	**Ground mileage**	448	448	$14.66	$19.12	$18.21	$17.33	$7,729.95	$7.14	$3,169.98	243.85%
A0427	**ALS1-emergency**	51	51	$769.50	$979.90	$932.70	$894.03	$45,595.53	$414.11	$21,119.76	215.89%
A0429	**BLS-emergency**	54	54	$594.82	$757.46	$720.98	$691.09	$37,318.86	$349.59	$18,877.86	197.69%
A0433	**als 2**	3	3	$1,031.13	$1,313.07	$1,249.82	$1,198.01	$3,594.03	$601.04	$1,803.12	199.32%
		556	556					**$94,238.37**		**$44,970.72**	**209.55%**

ACR to Medicare Conversion Factor Determination-Crossover

Medicaid Payer: **Medicaid Traditional/Shared**

First DOS	Last DOS	First Payment Date	Last Payment Date	Billing Provider Number	Billing Provider Name
7/7/2014	5/10/2015	8/5/2014	10/13/2015	1438219	ST CHARLES PARISH HOSPITAL SE*

Criteria Begin: 7/1/2014 Criteria End: 6/30/2015

Procedure Code	Description	Units of Service	Actual Units	Payor 1	Payor 2	Payor 3	Average Commercial Rate	Total ACR	Medicare Non Facility Schedule	Total Medicare Non Facility	Medicare Commercial Factor
A0425	**Ground mileage**	314	314	$16.02	$18.65	$16.76	$17.14	$2,289.48	$4.96	$628.71	364.16%
A0427	**ALS1-emergency**	3	3	$946.46	$1,125.42	$1,060.68	$1,044.19	$3,132.56	$420.79	$1,262.38	248.15%
		317	317					**$5,422.04**		**$1,891.09**	**286.72%**

ACR to Medicare Conversion Factor Determination-Crossover

Medicaid Payer: **Medicaid Traditional/Shared**

First DOS	Last DOS	First Payment Date	Last Payment Date	Billing Provider Number	Billing Provider Name
7/1/2014	6/30/2015	7/29/2014	10/13/2015	1354023	CITY OF BATON ROUGE DEPT EMS *

Criteria Begin: 7/1/2014 Criteria End: 6/30/2015

Procedure Code	Description	Units of Service	Actual Units	Payor 1	Payor 2	Payor 3	Average Commercial Rate	Total ACR	Medicare Non Facility Schedule	Total Medicare Non Facility	Medicare Commercial Factor
A0425	**Ground mileage**	24706	24706	$11.42	$12.73	$12.94	$12.36	$307,559.35	$7.23	$174,649.11	176.10%
A0427	**ALS1-emergency**	2246	2246	$567.35	$542.70	$548.08	$552.71	$1,241,423.41	$385.43	$865,724.43	143.40%
A0429	**BLS-emergency**	938	938	$565.12	$533.16	$540.14	$546.14	$512,274.66	$324.96	$304,816.08	168.06%
A0433	**als 2**	64	64	$566.80	$540.77	$546.41	$551.32	$35,284.79	$558.50	$35,744.04	98.72%
A0435	**Fixed wing air mileage**	21	21	$0.00	$0.00	$0.00	$0.00	$0.00	$7.07	$0.00	0.00%
		27975	27975					**$2,096,542.21**		**$1,380,933.66**	**151.82%**

ACR to Medicare Conversion Factor Determination-Crossover

Medicaid Payer: **Medicaid Traditional/Shared**

First DOS	Last DOS	First Payment Date	Last Payment Date	Billing Provider Number	Billing Provider Name
7/1/2014	6/30/2015	7/22/2014	10/13/2015	1304905	EMERGENCY MED SERV-CITY/N O *

Criteria Begin: 7/1/2014 Criteria End: 6/30/2015

Procedure Code	Description	Units of Service	Actual Units	Payor 1	Payor 2	Payor 3	Average Commercial Rate	Total ACR	Medicare Non Facility Schedule	Total Medicare Non Facility	Medicare Commercial Factor
A0425	**Ground mileage**	20280	20280	$19.69	$16.07	$14.14	$16.64	$329,472.16	$6.97	$140,490.57	234.52%
A0427	**ALS1-emergency**	3725	3725	$1,245.88	$1,175.83	$1,035.99	$1,152.56	$4,293,132.21	$411.02	$1,530,485.20	280.51%
A0429	**BLS-emergency**	170	170	$813.36	$667.62	$570.24	$683.74	$116,236.30	$344.69	$58,596.79	198.37%
A0433	**als 2**	64	64	$1,246.00	$1,232.08	$1,182.75	$1,220.28	$78,097.88	$593.03	$37,954.10	205.77%
		24239	24239					**$4,816,938.55**		**$1,767,526.66**	**272.52%**

ACR to Medicare Conversion Factor Determination-Crossover

Medicaid Payer: **Medicaid Traditional/Shared**

First DOS	Last DOS	First Payment Date	Last Payment Date	Billing Provider Number	Billing Provider Name
4/1/2013	3/31/2014	5/21/2013	6/17/2014	1309591	ALLEN PARISH AMBULANCE SERVIC*

Criteria Begin: 4/1/2013 Criteria End: 3/31/2014

Procedure Code	Description	Units of Service	Actual Units	Payor 1	Payor 2	Payor 3	Average Commercial Rate	Total ACR	Medicare Non Facility Schedule	Total Medicare Non Facility	Medicare Commercial Factor
A0425	**Ground mileage**	6373	6373	$18.63	$18.63	$18.36	$18.54	$118,249.02	$10.04	$59,041.02	200.28%
A0427	**ALS1-emergency**	196	196	$1,019.00	$1,019.00	$1,002.67	$1,013.56	$198,657.35	$374.72	$73,256.71	271.18%
A0429	**BLS-emergency**	5	5	$785.00	$785.00	$772.36	$780.79	$3,903.95	$349.44	$1,747.21	223.44%
A0433	**als 2**	28	28	$1,285.00	$1,285.00	$1,264.31	$1,278.10	$35,786.80	$556.33	$15,577.21	229.74%
		6602	6602					**$356,597.12**		**$149,622.15**	**238.33%**

ACR to Medicare Conversion Factor Determination-Crossover

Medicaid Payer: **Medicaid Traditional/Shared**

First DOS	Last DOS	First Payment Date	Last Payment Date	Billing Provider Number	Billing Provider Name
7/2/2014	6/25/2015	8/11/2014	10/6/2015	1471585	CADDO FIRE DISTRICT #1 *

Criteria Begin: 7/1/2014 Criteria End: 6/30/2015

Procedure Code	Description	Units of Service	Actual Units	Payor 1	Payor 2	Payor 3	Average Commercial Rate	Total ACR	Medicare Non Facility Schedule	Total Medicare Non Facility	Medicare Commercial Factor
A0425	**Ground mileage**	957	957	$15.86	$14.89	$15.86	$15.54	$14,893.60	$7.20	$6,876.55	216.59%
A0427	**ALS1-emergency**	60	60	$950.00	$874.00	$950.00	$924.67	$55,480.20	$394.97	$23,761.30	233.49%
A0429	**BLS-emergency**	13	13	$850.00	$782.00	$850.00	$827.33	$10,755.29	$315.71	$4,104.17	262.06%
A0433	**als 2**	2	2	$0.00	$0.00	$0.00	$0.00	$0.00	$558.12	$0.00	0.00%
		1032	1032					**$81,129.09**		**$34,742.02**	**233.52%**

ACR to Medicare Conversion Factor Determination-Crossover

Medicaid Payer: **Medicaid Traditional/Shared**

First DOS	Last DOS	First Payment Date	Last Payment Date	Billing Provider Number	Billing Provider Name
4/1/2013	3/31/2014	4/16/2013	7/8/2014	1550426	JACKSON PARISH AMBULANCE SERV*

Criteria Begin: 4/1/2013 Criteria End: 3/31/2014

Procedure Code	Description	Units of Service	Actual Units	Payor 1	Payor 2	Payor 3	Average Commercial Rate	Total ACR	Medicare Non Facility Schedule	Total Medicare Non Facility	Medicare Commercial Factor
A0425	**Ground mileage**	4119	4119	$18.28	$10.97	$18.28	$15.84	$68,210.19	$9.73	$38,575.84	176.82%
A0427	**ALS1-emergency**	242	242	$769.77	$530.31	$769.77	$689.95	$166,967.81	$466.18	$112,814.96	148.00%
A0429	**BLS-emergency**	67	67	$500.00	$297.17	$500.00	$432.39	$28,970.27	$392.67	$26,308.58	110.12%
A0433	**als 2**	8	8	$835.00	$699.85	$835.00	$789.95	$6,319.61	$676.30	$5,410.40	116.80%
		4436	4436					**$270,467.88**		**$183,109.78**	**147.71%**

ACR to Medicare Conversion Factor Determination-Crossover

Medicaid Payer: **Medicaid Traditional/Shared**

First DOS	Last DOS	First Payment Date	Last Payment Date	Billing Provider Number	Billing Provider Name
7/1/2014	6/30/2015	7/22/2014	7/28/2015	1920932	W CARROLL VOLUNTEER EMERG MED*

Criteria Begin: 7/1/2014 Criteria End: 6/30/2015

Procedure Code	Description	Units of Service	Actual Units	Payor 1	Payor 2	Payor 3	Average Commercial Rate	Total ACR	Medicare Non Facility Schedule	Total Medicare Non Facility	Medicare Commercial Factor
A0425	**Ground mileage**	6525	6525	$16.38	$17.16	$12.60	$15.38	$110,322.38	$8.74	$53,862.65	204.82%
A0427	**ALS1-emergency**	162	162	$679.00	$700.00	$588.00	$655.67	$106,218.54	$390.54	$63,268.00	167.89%
A0429	**BLS-emergency**	43	43	$485.00	$500.00	$420.00	$468.33	$20,138.19	$327.70	$14,091.24	142.91%
A0433	**als 2**	2	2	$776.00	$800.00	$672.00	$749.33	$1,498.66	$563.59	$1,127.17	132.96%
		6732	6732					**$238,177.77**		**$132,349.06**	**179.96%**

ACR to Medicare Conversion Factor Determination-Crossover

Medicaid Payer: **Medicaid Traditional/Shared**

First DOS	Last DOS	First Payment Date	Last Payment Date	Billing Provider Number	Billing Provider Name
7/9/2014	6/24/2015	8/26/2014	7/28/2015	1137227	CADDO PARISH FIRE DISTRICT #4*

Criteria Begin: 7/1/2014 Criteria End: 6/30/2015

Procedure Code	Description	Units of Service	Actual Units	Payor 1	Payor 2	Payor 3	Average Commercial Rate	Total ACR	Medicare Non Facility Schedule	Total Medicare Non Facility	Medicare Commercial Factor
A0425	**Ground mileage**	488	488	$9.93	$9.13	$9.93	$9.66	$4,712.03	$7.09	$3,450.99	136.54%
A0427	**ALS1-emergency**	27	27	$900.00	$792.00	$900.00	$864.00	$23,328.00	$383.33	$10,349.84	225.39%
A0429	**BLS-emergency**	5	5	$800.00	$704.00	$800.00	$768.00	$3,840.00	$325.33	$1,626.64	236.07%
A0433	**als 2**	1	1	$0.00	$0.00	$0.00	$0.00	$0.00	$563.34	$0.00	0.00%
		521	521					**$31,880.03**		**$15,427.47**	**206.64%**

ACR to Medicare Conversion Factor Determination-Crossover

Medicaid Payer: **Medicaid Traditional/Shared**

First DOS	Last DOS	First Payment Date	Last Payment Date	Billing Provider Number	Billing Provider Name	
7/1/2014	6/30/2015	7/29/2014	10/13/2015	1193925	LAFOURCHE AMBULANCE	*

Criteria Begin: 7/1/2014 Criteria End: 6/30/2015

Procedure Code	Description	Units of Service	Actual Units	Payor 1	Payor 2	Payor 3	Average Commercial Rate	Total ACR	Medicare Non Facility Schedule	Total Medicare Non Facility	Medicare Commercial Factor
A0425	**Ground mileage**	5269	5269	$14.54	$14.99	$14.09	$14.54	$76,649.37	$9.88	$46,011.65	166.59%
A0427	**ALS1-emergency**	216	216	$727.50	$750.00	$705.00	$727.50	$157,140.00	$388.73	$83,966.39	187.15%
A0429	**BLS-emergency**	49	49	$727.50	$750.00	$705.00	$727.50	$35,647.50	$328.20	$16,081.95	221.66%
		5534	5534					**$269,436.87**		**$146,059.99**	**184.47%**

ACR to Medicare Conversion Factor Determination-Crossover

Medicaid Payer: **Medicaid Traditional/Shared**

First DOS	Last DOS	First Payment Date	Last Payment Date	Billing Provider Number	Billing Provider Name
7/3/2014	6/27/2015	8/19/2014	10/13/2015	1955922	CADDO PARISH FIRE DISTRICT #3*

Criteria Begin: 7/1/2014 Criteria End: 6/30/2015

Procedure Code	Description	Units of Service	Actual Units	Payor 1	Payor 2	Payor 3	Average Commercial Rate	Total ACR	Medicare Non Facility Schedule	Total Medicare Non Facility	Medicare Commercial Factor
A0425	**Ground mileage**	656	656	$15.02	$14.86	$15.88	$15.26	$10,027.68	$7.71	$5,130.11	195.47%
A0427	**ALS1-emergency**	39	39	$846.00	$810.00	$900.00	$852.00	$33,228.00	$421.10	$16,486.88	201.54%
A0429	**BLS-emergency**	7	7	$752.00	$720.00	$800.00	$757.33	$5,301.31	$394.99	$2,764.96	191.73%
A0433	**als 2**	5	5	$940.00	$900.00	$1,000.00	$946.67	$4,733.35	$536.39	$2,681.96	176.49%
		707	707					**$53,290.34**		**$27,063.91**	**196.91%**

ACR to Medicare Conversion Factor Determination-Crossover

Medicaid Payer: **Medicaid Traditional/Shared**

First DOS	Last DOS	First Payment Date	Last Payment Date	Billing Provider Number	Billing Provider Name
7/1/2014	6/29/2015	8/11/2014	10/6/2015	1122459	RUSTON LINCOLN AMB SERV *

Criteria Begin: 7/1/2014 Criteria End: 6/30/2015

Procedure Code	Description	Units of Service	Actual Units	Payor 1	Payor 2	Payor 3	Average Commercial Rate	Total ACR	Medicare Non Facility Schedule	Total Medicare Non Facility	Medicare Commercial Factor
A0425	**Ground mileage**	1171	1171	$14.17	$14.36	$14.21	$14.25	$17,814.97	$10.01	$12,344.02	144.32%
A0427	**ALS1-emergency**	165	165	$778.40	$785.20	$731.92	$765.17	$126,253.05	$390.70	$64,466.47	195.84%
A0429	**BLS-emergency**	158	158	$681.10	$687.05	$640.43	$669.53	$105,785.74	$331.79	$52,422.23	201.80%
A0433	**als 2**	15	15	$875.70	$883.35	$823.41	$860.82	$12,912.30	$565.96	$8,489.40	152.10%
		1509	1509					**$262,766.06**		**$137,722.12**	**190.79%**

ACR to Medicare Conversion Factor Determination-Crossover

Medicaid Payer: **Medicaid Traditional/Shared**

First DOS	Last DOS	First Payment Date	Last Payment Date	Billing Provider Number	Billing Provider Name
7/1/2014	6/30/2015	7/15/2014	10/13/2015	1676896	A MED AMBULANCE INC * *

Criteria Begin: 7/1/2014 Criteria End: 6/30/2015

Procedure Code	Description	Units of Service	Actual Units	Payor 1	Payor 2	Payor 3	Average Commercial Rate	Total ACR	Medicare Non Facility Schedule	Total Medicare Non Facility	Medicare Commercial Factor
A0425	**Ground mileage**	16924	16924	$11.63	$7.20	$5.77	$8.20	$145,144.03	$6.83	$118,472.16	122.51%
A0427	**ALS1-emergency**	1603	1603	$848.69	$424.35	$357.93	$543.66	$871,481.90	$411.51	$659,647.68	132.11%
A0429	**BLS-emergency**	487	487	$696.70	$348.35	$293.83	$446.30	$217,348.01	$346.84	$168,912.37	128.68%
A0434	**Specialty care transport**	25	25	$1,025.11	$512.56	$432.34	$656.67	$16,416.75	$664.45	$16,611.35	98.83%
		19039	19039					**$1,250,390.69**		**$963,643.56**	**129.76%**

ACR to Medicare Conversion Factor Determination-Crossover

Medicaid Payer: **Medicaid Traditional/Shared**

First DOS	Last DOS	First Payment Date	Last Payment Date	Billing Provider Number	Billing Provider Name
7/1/2014	6/30/2015	7/22/2014	10/13/2015	1196878	ACADIAN AMBULANCE NEW ORLEANS*

Criteria Begin: 7/1/2014 Criteria End: 6/30/2015

Procedure Code	Description	Units of Service	Actual Units	Payor 1	Payor 2	Payor 3	Average Commercial Rate	Total ACR	Medicare Non Facility Schedule	Total Medicare Non Facility	Medicare Commercial Factor
A0425	**Ground mileage**	14938	14938	$14.20	$19.36	$13.69	$15.75	$250,792.82	$7.02	$106,982.68	234.42%
A0427	**ALS1-emergency**	2084	2084	$882.43	$991.71	$967.36	$947.16	$1,973,829.36	$408.45	$852,682.72	231.48%
A0429	**BLS-emergency**	432	432	$741.68	$989.82	$883.83	$871.78	$376,676.05	$344.82	$148,995.51	252.81%
A0433	**als 2**	23	23	$992.00	$992.00	$992.00	$992.00	$22,816.00	$594.82	$13,680.80	166.77%
A0434	**Specialty care transport**	84	84	$1,350.35	$1,764.00	$1,659.07	$1,591.14	$133,655.84	$707.43	$59,424.50	224.92%
		17561	17561					**$2,757,770.07**		**$1,181,766.21**	**233.36%**

ACR to Medicare Conversion Factor Determination-Crossover

Medicaid Payer: **Medicaid Traditional/Shared**

First DOS	Last DOS	First Payment Date	Last Payment Date	Billing Provider Number	Billing Provider Name
7/1/2014	6/30/2015	7/15/2014	10/13/2015	1118214	ACADIAN AMBULANCE SERVICE *

Criteria Begin: 7/1/2014 Criteria End: 6/30/2015

Procedure Code	Description	Units of Service	Actual Units	Payor 1	Payor 2	Payor 3	Average Commercial Rate	Total ACR	Medicare Non Facility Schedule	Total Medicare Non Facility	Medicare Commercial Factor
A0425	**Ground mileage**	347802	347802	$14.78	$20.04	$15.50	$16.77	$6,018,018.56	$8.04	$2,841,488.24	211.79%
A0427	**ALS1-emergency**	28781	28781	$882.56	$991.15	$985.44	$953.05	$27,431,237.64	$386.26	$11,137,421.98	246.30%
A0429	**BLS-emergency**	5744	5744	$743.29	$988.51	$963.32	$898.37	$5,160,593.33	$326.65	$1,877,378.20	274.88%
A0431	**Rotary wing air transport**	138	138	$6,187.64	$11,639.91	$10,670.23	$9,499.26	$1,310,898.10	$4,246.50	$586,016.91	223.70%
A0433	**als 2**	442	442	$992.00	$992.00	$992.00	$992.00	$438,464.00	$560.35	$247,676.28	177.03%
A0434	**Specialty care transport**	620	620	$1,350.35	$1,762.17	$1,758.13	$1,623.55	$1,007,144.15	$663.54	$412,099.70	244.39%
A0436	**Rotary wing air mileage**	5159	5159	$63.32	$133.37	$100.93	$99.20	$512,843.16	$29.20	$149,733.20	342.50%
		388686	388686					**$41,879,198.94**		**$17,251,814.51**	**242.75%**

ACR to Medicare Conversion Factor Determination-Crossover

Medicaid Payer: **Medicaid Traditional/Shared**

First DOS	Last DOS	First Payment Date	Last Payment Date	Billing Provider Number	Billing Provider Name
7/1/2014	6/30/2015	8/5/2014	10/13/2015	1566691	ADVANCED EMERGENCY MEDICAL SE*

Criteria Begin: 7/1/2014 Criteria End: 6/30/2015

Procedure Code	Description	Units of Service	Actual Units	Payor 1	Payor 2	Payor 3	Average Commercial Rate	Total ACR	Medicare Non Facility Schedule	Total Medicare Non Facility	Medicare Commercial Factor
A0425	**Ground mileage**	19130	19130	$14.32	$14.32	$13.20	$13.95	$293,123.26	$9.13	$165,237.53	177.40%
A0427	**ALS1-emergency**	827	827	$900.00	$900.00	$783.00	$861.00	$712,047.00	$438.49	$362,633.17	196.35%
A0429	**BLS-emergency**	395	395	$835.00	$835.00	$726.45	$798.82	$315,533.90	$371.93	$146,910.45	214.78%
A0433	**als 2**	10	10	$1,000.00	$1,000.00	$870.00	$956.67	$9,566.70	$625.86	$6,258.58	152.86%
		20362	20362					**$1,330,270.86**		**$681,039.73**	**195.33%**

ACR to Medicare Conversion Factor Determination-Crossover

Medicaid Payer: **Medicaid Traditional/Shared**

First DOS	Last DOS	First Payment Date	Last Payment Date	Billing Provider Number	Billing Provider Name	
7/3/2014	6/23/2015	8/26/2014	9/1/2015	2152271	AIR EVAC EMS INC	*

Criteria Begin: 7/1/2014 Criteria End: 6/30/2015

Procedure Code	Description	Units of Service	Actual Units	Payor 1	Payor 2	Payor 3	Average Commercial Rate	Total ACR	Medicare Non Facility Schedule	Total Medicare Non Facility	Medicare Commercial Factor
A0431	**Rotary wing air transport**	30	30	$14,986.36	$19,812.64	$20,061.21	$18,286.73	$548,602.02	$4,675.31	$140,259.24	391.13%
A0436	**Rotary wing air mileage**	2316	2316	$193.65	$183.96	$189.77	$189.13	$428,744.00	$32.24	$74,013.98	579.27%
		2346	2346					**$977,346.02**		**$214,273.22**	**456.12%**

ACR to Medicare Conversion Factor Determination-Crossover

Medicaid Payer: **Medicaid Traditional/Shared**

First DOS	Last DOS	First Payment Date	Last Payment Date	Billing Provider Number	Billing Provider Name	
7/24/2014	6/11/2015	9/9/2014	10/6/2015	2145223	AIR EVAC EMS INC	*

Criteria Begin: 7/1/2014 Criteria End: 6/30/2015

Procedure Code	Description	Units of Service	Actual Units	Payor 1	Payor 2	Payor 3	Average Commercial Rate	Total ACR	Medicare Non Facility Schedule	Total Medicare Non Facility	Medicare Commercial Factor
A0431	**Rotary wing air transport**	6	6	$10,433.80	$19,435.52	$19,932.81	$16,600.71	$99,604.27	$4,547.32	$27,283.90	365.07%
A0436	**Rotary wing air mileage**	587	587	$91.35	$173.56	$180.59	$148.50	$83,863.39	$31.37	$18,252.59	459.46%
		593	593					**$183,467.66**		**$45,536.49**	**402.90%**

ACR to Medicare Conversion Factor Determination-Crossover

Medicaid Payer: **Medicaid Traditional/Shared**

First DOS	Last DOS	First Payment Date	Last Payment Date	Billing Provider Number	Billing Provider Name
7/1/2014	6/30/2015	8/11/2014	10/13/2015	1368288	BALENTINE AMBUL SERVICE INC *

Criteria Begin: 7/1/2014 Criteria End: 6/30/2015

Procedure Code	Description	Units of Service	Actual Units	Payor 1	Payor 2	Payor 3	Average Commercial Rate	Total ACR	Medicare Non Facility Schedule	Total Medicare Non Facility	Medicare Commercial Factor
A0425	**Ground mileage**	8962	8962	$7.00	$9.00	$9.00	$8.33	$74,653.46	$6.85	$62,492.21	119.46%
A0427	**ALS1-emergency**	1606	1606	$402.89	$600.00	$600.00	$534.30	$858,085.80	$385.30	$618,797.61	138.67%
A0429	**BLS-emergency**	11	11	$0.00	$0.00	$0.00	$0.00	$0.00	$323.89	$0.00	0.00%
A0434	**Specialty care transport**	23	23	$631.72	$1,750.00	$1,750.00	$1,377.24	$31,676.52	$658.25	$15,139.72	209.23%
		10602	10602					**$964,415.78**		**$696,429.54**	**138.48%**

ACR to Medicare Conversion Factor Determination-Crossover

Medicaid Payer: **Medicaid Traditional/Shared**

First DOS	Last DOS	First Payment Date	Last Payment Date	Billing Provider Number	Billing Provider Name
8/15/2014	6/26/2015	9/30/2014	7/28/2015	1805971	CADDO PARISH FIRE DISTRICT #5*

Criteria Begin: 7/1/2014 Criteria End: 6/30/2015

Procedure Code	Description	Units of Service	Actual Units	Payor 1	Payor 2	Payor 3	Average Commercial Rate	Total ACR	Medicare Non Facility Schedule	Total Medicare Non Facility	Medicare Commercial Factor
A0425	**Ground mileage**	143	143	$8.55	$8.70	$8.48	$8.58	$1,255.86	$7.00	$1,041.05	120.63%
A0427	**ALS1-emergency**	22	22	$651.00	$700.00	$651.00	$667.33	$14,681.26	$397.84	$8,815.95	166.53%
A0429	**BLS-emergency**	3	3	$558.00	$600.00	$558.00	$572.00	$1,716.00	$323.71	$971.12	176.70%
A0433	**als 2**	1	1	$744.00	$800.00	$744.00	$762.67	$762.67	$563.34	$563.34	135.38%
		169	169					**$18,415.79**		**$11,391.46**	**161.66%**

ACR to Medicare Conversion Factor Determination-Crossover

Medicaid Payer: **Medicaid Traditional/Shared**

First DOS	Last DOS	First Payment Date	Last Payment Date	Billing Provider Number	Billing Provider Name
7/4/2014	6/11/2015	8/26/2014	7/28/2015	1409278	CADDO PARISH FIRE DISTRICT #6*

Criteria Begin: 7/1/2014 Criteria End: 6/30/2015

Procedure Code	Description	Units of Service	Actual Units	Payor 1	Payor 2	Payor 3	Average Commercial Rate	Total ACR	Medicare Non Facility Schedule	Total Medicare Non Facility	Medicare Commercial Factor
A0425	**Ground mileage**	370	370	$8.46	$8.32	$8.08	$8.28	$2,553.74	$6.96	$2,148.79	118.85%
A0427	**ALS1-emergency**	32	32	$672.00	$630.00	$644.00	$648.67	$20,757.44	$395.87	$12,667.78	163.86%
A0429	**BLS-emergency**	2	2	$576.00	$540.00	$552.00	$556.00	$1,112.00	$321.68	$643.36	172.84%
A0433	**als 2**	2	2	$768.00	$720.00	$736.00	$741.33	$1,482.66	$676.45	$1,352.89	109.59%
		406	406					**$25,905.84**		**$16,812.82**	**154.08%**

ACR to Medicare Conversion Factor Determination-Crossover

Medicaid Payer: **Medicaid Traditional/Shared**

First DOS	Last DOS	First Payment Date	Last Payment Date	Billing Provider Number	Billing Provider Name
7/28/2014	6/2/2015	9/2/2014	10/13/2015	1982351	CAMERON PRSH AMB SERV DIST #2*

Criteria Begin: 7/1/2014 Criteria End: 6/30/2015

Procedure Code	Description	Units of Service	Actual Units	Payor 1	Payor 2	Payor 3	Average Commercial Rate	Total ACR	Medicare Non Facility Schedule	Total Medicare Non Facility	Medicare Commercial Factor
A0425	**Ground mileage**	236	236	$6.55	$3.80	$6.35	$5.57	$1,314.52	$6.45	$1,521.06	86.42%
A0427	**ALS1-emergency**	11	11	$719.82	$625.60	$719.82	$688.41	$7,572.54	$426.61	$4,692.66	161.37%
A0429	**BLS-emergency**	1	1	$540.00	$525.40	$540.00	$535.13	$535.13	$321.68	$321.68	166.35%
		248	248					**$9,422.19**		**$6,535.40**	**144.17%**

ACR to Medicare Conversion Factor Determination-Crossover

Medicaid Payer: **Medicaid Traditional/Shared**

First DOS	Last DOS	First Payment Date	Last Payment Date	Billing Provider Number	Billing Provider Name
7/14/2014	6/29/2015	8/26/2014	10/6/2015	1008745	CITY OF GONZALES FIRE/RESCUE *

Criteria Begin: 7/1/2014 Criteria End: 6/30/2015

Procedure Code	Description	Units of Service	Actual Units	Payor 1	Payor 2	Payor 3	Average Commercial Rate	Total ACR	Medicare Non Facility Schedule	Total Medicare Non Facility	Medicare Commercial Factor
A0425	**Ground mileage**	452	452	$18.55	$11.99	$11.99	$14.18	$5,964.43	$7.12	$2,954.65	201.87%
A0427	**ALS1-emergency**	43	43	$742.50	$450.00	$450.00	$547.50	$23,542.50	$387.82	$16,673.64	141.20%
A0429	**BLS-emergency**	38	38	$643.50	$390.00	$390.00	$474.50	$18,031.00	$325.16	$12,355.92	145.93%
A0433	**als 2**	4	4	$841.50	$510.00	$510.00	$620.50	$2,482.00	$557.75	$2,231.00	111.25%
		537	537					**$50,019.93**		**$34,215.21**	**146.19%**

ACR to Medicare Conversion Factor Determination-Crossover

Medicaid Payer: **Medicaid Traditional/Shared**

First DOS	Last DOS	First Payment Date	Last Payment Date	Billing Provider Number	Billing Provider Name
7/3/2014	6/24/2015	9/16/2014	9/22/2015	1392006	CITY OF WESTWEGO E M S *

Criteria Begin: 7/1/2014 Criteria End: 6/30/2015

Procedure Code	Description	Units of Service	Actual Units	Payor 1	Payor 2	Payor 3	Average Commercial Rate	Total ACR	Medicare Non Facility Schedule	Total Medicare Non Facility	Medicare Commercial Factor
A0425	**Ground mileage**	755	755	$16.43	$19.03	$15.46	$16.97	$5,824.67	$6.93	$2,371.66	245.59%
A0427	**ALS1-emergency**	40	40	$802.42	$1,390.00	$443.83	$878.75	$35,150.00	$414.09	$16,563.60	212.21%
A0429	**BLS-emergency**	34	34	$675.72	$1,177.00	$375.82	$742.85	$25,256.90	$349.93	$11,897.72	212.28%
A0433	**als 2**	2	2	$1,036.31	$1,820.00	$581.13	$1,145.81	$2,291.62	$599.34	$1,198.68	191.18%
		831	831					**$68,523.19**		**$32,031.66**	**213.92%**

ACR to Medicare Conversion Factor Determination-Crossover

Medicaid Payer: **Medicaid Traditional/Shared**

First DOS	Last DOS	First Payment Date	Last Payment Date	Billing Provider Number	Billing Provider Name	
7/2/2014	6/30/2015	7/29/2014	9/8/2015	1138002	DESOTO PARISH EMS	*

Criteria Begin: 7/1/2014 Criteria End: 6/30/2015

Procedure Code	Description	Units of Service	Actual Units	Payor 1	Payor 2	Payor 3	Average Commercial Rate	Total ACR	Medicare Non Facility Schedule	Total Medicare Non Facility	Medicare Commercial Factor
A0425	**Ground mileage**	6192	6192	$8.68	$8.47	$8.68	$8.61	$53,272.06	$7.77	$48,020.45	110.94%
A0427	**ALS1-emergency**	155	155	$650.00	$568.49	$584.16	$600.88	$93,136.40	$387.97	$60,135.25	154.88%
A0429	**BLS-emergency**	202	202	$637.75	$557.77	$573.15	$589.55	$119,089.87	$326.99	$66,051.70	180.30%
		6549	6549					**$265,498.33**		**$174,207.40**	**152.40%**

ACR to Medicare Conversion Factor Determination-Crossover

Medicaid Payer: **Medicaid Traditional/Shared**

First DOS	Last DOS	First Payment Date	Last Payment Date	Billing Provider Number	Billing Provider Name
7/1/2014	6/30/2015	7/15/2014	10/13/2015	1951277	MED EXPRESS AMBULANCE SERV IN*

Criteria Begin: 7/1/2014 Criteria End: 6/30/2015

Procedure Code	Description	Units of Service	Actual Units	Payor 1	Payor 2	Payor 3	Average Commercial Rate	Total ACR	Medicare Non Facility Schedule	Total Medicare Non Facility	Medicare Commercial Factor
A0425	**Ground mileage**	29388	29388	$17.15	$15.08	$15.56	$15.93	$481,983.74	$10.39	$250,188.98	192.65%
A0427	**ALS1-emergency**	1046	1046	$829.00	$754.39	$712.94	$765.44	$800,650.24	$415.48	$435,025.41	184.05%
A0429	**BLS-emergency**	464	464	$0.00	$696.12	$0.00	$232.04	$107,668.50	$340.40	$157,945.50	68.17%
A0433	**als 2**	13	13	$859.00	$781.69	$738.74	$793.14	$10,310.82	$602.15	$7,827.94	131.72%
A0434	**Specialty care transport**	1	1	$0.00	$0.00	$0.00	$0.00	$0.00	$824.23	$0.00	0.00%
		30912	30912					**$1,400,613.30**		**$850,987.83**	**164.59%**

ACR to Medicare Conversion Factor Determination-Crossover

Medicaid Payer: **Medicaid Traditional/Shared**

First DOS	Last DOS	First Payment Date	Last Payment Date	Billing Provider Number	Billing Provider Name
7/1/2014	6/30/2015	8/5/2014	10/13/2015	1996220	MED LIFE EMERGENCY MED SERVS *

Criteria Begin: 7/1/2014 Criteria End: 6/30/2015

Procedure Code	Description	Units of Service	Actual Units	Payor 1	Payor 2	Payor 3	Average Commercial Rate	Total ACR	Medicare Non Facility Schedule	Total Medicare Non Facility	Medicare Commercial Factor
A0425	**Ground mileage**	10123	10123	$11.63	$8.91	$11.56	$10.70	$118,008.70	$9.60	$95,459.13	123.62%
A0427	**ALS1-emergency**	529	529	$750.00	$392.02	$712.50	$618.17	$327,011.93	$389.52	$206,074.76	158.69%
A0429	**BLS-emergency**	362	362	$650.00	$330.12	$618.04	$532.72	$192,844.46	$327.81	$118,667.99	162.51%
A0433	**als 2**	49	49	$800.00	$416.00	$760.00	$658.67	$32,274.83	$565.30	$27,699.82	116.52%
		11063	11063					**$670,139.92**		**$447,901.70**	**149.62%**

ACR to Medicare Conversion Factor Determination-Crossover

Medicaid Payer: **Medicaid Traditional/Shared**

First DOS	Last DOS	First Payment Date	Last Payment Date	Billing Provider Number	Billing Provider Name	
7/10/2014	6/23/2015	9/2/2014	10/6/2015	1893421	MED-TRANS CORPORATION	*

Criteria Begin: 7/1/2014 Criteria End: 6/30/2015

Procedure Code	Description	Units of Service	Actual Units	Payor 1	Payor 2	Payor 3	Average Commercial Rate	Total ACR	Medicare Non Facility Schedule	Total Medicare Non Facility	Medicare Commercial Factor
A0431	**Rotary wing air transport**	12	12	$16,164.51	$19,889.22	$19,273.26	$18,442.33	$221,308.01	$4,687.29	$56,247.46	393.45%
A0436	**Rotary wing air mileage**	408	408	$173.39	$208.52	$198.46	$193.46	$79,027.80	$32.35	$13,389.70	590.21%
		420	420					**$300,335.81**		**$69,637.16**	**431.29%**

ACR to Medicare Conversion Factor Determination-Crossover

Medicaid Payer: **Medicaid Traditional/Shared**

First DOS	Last DOS	First Payment Date	Last Payment Date	Billing Provider Number	Billing Provider Name
7/1/2014	6/30/2015	7/29/2014	10/13/2015	1991988	METRO AMBULANCE SERV RURAL IN*

Criteria Begin: 7/1/2014 Criteria End: 6/30/2015

Procedure Code	Description	Units of Service	Actual Units	Payor 1	Payor 2	Payor 3	Average Commercial Rate	Total ACR	Medicare Non Facility Schedule	Total Medicare Non Facility	Medicare Commercial Factor
A0425	**Ground mileage**	13385	13385	$15.31	$15.31	$15.31	$15.31	$203,977.38	$7.07	$96,244.13	211.94%
A0427	**ALS1-emergency**	2261	2261	$728.38	$728.38	$728.38	$728.38	$1,647,032.84	$383.87	$868,102.57	189.73%
A0429	**BLS-emergency**	636	636	$736.18	$736.18	$736.18	$736.18	$468,205.09	$323.72	$205,858.20	227.44%
A0433	**als 2**	25	25	$1,327.19	$1,327.19	$1,327.19	$1,327.19	$33,179.69	$549.25	$13,731.31	241.64%
		16307	16307					**$2,352,395.00**		**$1,183,936.21**	**198.69%**

ACR to Medicare Conversion Factor Determination-Crossover

Medicaid Payer: **Medicaid Traditional/Shared**

First DOS	Last DOS	First Payment Date	Last Payment Date	Billing Provider Number	Billing Provider Name
7/1/2014	6/30/2015	7/29/2014	10/13/2015	1560782	NORTHEAST LOUISIANA AMBULANCE*

Criteria Begin: 7/1/2014 Criteria End: 6/30/2015

Procedure Code	Description	Units of Service	Actual Units	Payor 1	Payor 2	Payor 3	Average Commercial Rate	Total ACR	Medicare Non Facility Schedule	Total Medicare Non Facility	Medicare Commercial Factor
A0425	**Ground mileage**	38174	38174	$16.36	$15.99	$18.33	$16.89	$669,772.34	$9.59	$340,059.13	196.96%
A0427	**ALS1-emergency**	1721	1721	$720.00	$697.50	$720.00	$712.50	$1,226,213.95	$423.87	$729,483.29	168.09%
A0429	**BLS-emergency**	44	44	$720.00	$697.50	$720.00	$712.50	$31,350.00	$342.06	$15,050.57	208.30%
A0433	**als 2**	5	5	$816.00	$790.50	$816.00	$807.50	$4,037.50	$661.93	$3,309.67	121.99%
		39944	39944					**$1,931,373.79**		**$1,087,902.66**	**177.53%**

ACR to Medicare Conversion Factor Determination-Crossover

Medicaid Payer: **Medicaid Traditional/Shared**

First DOS	Last DOS	First Payment Date	Last Payment Date	Billing Provider Number	Billing Provider Name	
7/1/2014	6/30/2015	7/22/2014	10/13/2015	1463698	NORTHSHORE EMS LLC	*

Criteria Begin: 7/1/2014 Criteria End: 6/30/2015

Procedure Code	Description	Units of Service	Actual Units	Payor 1	Payor 2	Payor 3	Average Commercial Rate	Total ACR	Medicare Non Facility Schedule	Total Medicare Non Facility	Medicare Commercial Factor
A0425	**Ground mileage**	13938	13938	$11.66	$11.42	$10.90	$11.33	$175,024.29	$9.66	$129,003.87	135.67%
A0427	**ALS1-emergency**	1152	1152	$857.95	$809.33	$707.58	$791.62	$910,991.09	$390.36	$449,749.13	202.56%
A0429	**BLS-emergency**	145	145	$715.51	$614.87	$511.54	$613.97	$89,026.21	$324.70	$47,081.69	189.09%
A0433	**als 2**	22	22	$975.00	$969.58	$923.55	$956.04	$21,032.97	$560.71	$12,335.57	170.51%
A0434	**Specialty care transport**	25	25	$1,245.27	$1,216.82	$1,103.92	$1,188.67	$29,716.70	$665.90	$16,647.49	178.51%
		15282	15282					**$1,225,791.26**		**$654,817.75**	**187.20%**

ACR to Medicare Conversion Factor Determination-Crossover

Medicaid Payer: **Medicaid Traditional/Shared**

First DOS	Last DOS	First Payment Date	Last Payment Date	Billing Provider Number	Billing Provider Name
7/1/2014	6/30/2015	7/22/2014	10/13/2015	1558176	PAFFORD EMERGENCY MEDICAL SER*

Criteria Begin: 7/1/2014 Criteria End: 6/30/2015

Procedure Code	Description	Units of Service	Actual Units	Payor 1	Payor 2	Payor 3	Average Commercial Rate	Total ACR	Medicare Non Facility Schedule	Total Medicare Non Facility	Medicare Commercial Factor
A0425	**Ground mileage**	18753	18753	$11.24	$15.97	$16.03	$14.41	$285,586.08	$9.99	$180,686.65	158.06%
A0427	**ALS1-emergency**	1510	1510	$979.22	$1,004.61	$1,006.82	$996.89	$1,505,298.82	$441.22	$665,774.39	226.10%
A0429	**BLS-emergency**	234	234	$906.97	$939.76	$942.61	$929.78	$217,568.08	$369.21	$86,394.58	251.83%
A0430	**Fixed wing air transport**	1	1	$9,120.00	$9,469.60	$9,500.00	$9,363.20	$9,363.20	$4,115.52	$4,115.52	227.51%
A0431	**Rotary wing air transport**	25	25	$11,597.95	$11,934.98	$11,942.80	$11,825.24	$295,631.05	$4,436.97	$110,924.14	266.52%
A0433	**als 2**	42	42	$1,049.75	$1,057.87	$1,058.57	$1,055.40	$44,326.68	$637.35	$26,768.89	165.59%
A0434	**Specialty care transport**	69	69	$1,044.79	$1,056.12	$1,057.10	$1,052.67	$72,634.20	$695.61	$47,997.31	151.33%
A0435	**Fixed wing air mileage**	217	217	$91.20	$94.70	$95.00	$93.63	$20,317.71	$12.40	$2,690.45	755.18%
A0436	**Rotary wing air mileage**	2230	2230	$80.87	$118.27	$118.91	$106.02	$236,117.00	$30.65	$68,725.53	343.57%
		23081	23081					**$2,686,842.82**		**$1,194,077.46**	**225.01%**

ACR to Medicare Conversion Factor Determination-Crossover

Medicaid Payer: **Medicaid Traditional/Shared**

First DOS	Last DOS	First Payment Date	Last Payment Date	Billing Provider Number	Billing Provider Name
7/3/2014	6/29/2015	8/5/2014	8/10/2015	2118595	RED RIVER PARISH EMS *

Criteria Begin: 7/1/2014 Criteria End: 6/30/2015

Procedure Code	Description	Units of Service	Actual Units	Payor 1	Payor 2	Payor 3	Average Commercial Rate	Total ACR	Medicare Non Facility Schedule	Total Medicare Non Facility	Medicare Commercial Factor
A0425	**Ground mileage**	2706	2706	$19.50	$18.33	$19.30	$19.04	$51,522.24	$10.16	$23,736.00	217.06%
A0427	**ALS1-emergency**	198	198	$800.00	$768.00	$696.00	$754.67	$149,424.66	$476.48	$94,343.64	158.38%
		2904	2904					**$200,946.90**		**$118,079.64**	**170.18%**

ACR to Medicare Conversion Factor Determination-Crossover

Medicaid Payer: **Medicaid Traditional/Shared**

First DOS	Last DOS	First Payment Date	Last Payment Date	Billing Provider Number	Billing Provider Name
7/5/2014	5/21/2015	7/22/2014	10/6/2015	1110779	ST TAMMANY FIRE DISTRICT 11 *

Criteria Begin: 7/1/2014 Criteria End: 6/30/2015

Procedure Code	Description	Units of Service	Actual Units	Payor 1	Payor 2	Payor 3	Average Commercial Rate	Total ACR	Medicare Non Facility Schedule	Total Medicare Non Facility	Medicare Commercial Factor
A0425	**Ground mileage**	157	157	$9.82	$9.36	$7.74	$8.97	$1,403.97	$7.11	$1,104.62	127.10%
A0427	**ALS1-emergency**	15	15	$800.00	$785.39	$616.26	$733.89	$11,008.29	$384.08	$5,761.19	191.08%
A0429	**BLS-emergency**	1	1	$630.50	$559.00	$416.00	$535.17	$535.17	$327.76	$327.76	163.28%
		173	173					**$12,947.43**		**$7,193.57**	**179.99%**

ACR to Medicare Conversion Factor Determination-Crossover

Medicaid Payer: **Medicaid Traditional/Shared**

First DOS	Last DOS	First Payment Date	Last Payment Date	Billing Provider Number	Billing Provider Name
7/1/2014	6/28/2015	7/29/2014	10/6/2015	1474860	WEST JEFFERSON MEDICAL CENTER*

Criteria Begin: 7/1/2014 Criteria End: 6/30/2015

Procedure Code	Description	Units of Service	Actual Units	Payor 1	Payor 2	Payor 3	Average Commercial Rate	Total ACR	Medicare Non Facility Schedule	Total Medicare Non Facility	Medicare Commercial Factor
A0425	**Ground mileage**	37	37	$12.13	$0.00	$19.74	$10.62	$393.52	$8.33	$321.49	122.41%
A0429	**BLS-emergency**	1	1	$446.60	$812.00	$714.97	$657.86	$657.86	$351.68	$351.68	187.06%
A0433	**als 2**	2	2	$737.00	$935.00	$1,179.87	$950.62	$1,901.24	$552.77	$1,105.54	171.97%
		40	40					**$2,952.62**		**$1,778.71**	**166.00%**