ACR to Medicare Conversion Factor Determination

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 *

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	2729	$15.98	$15.50	$14.39	$15.29	$41,741.39	$7.16	$19,539.64	213.62%
A0427	**ALS1-emergency**	296	296	$950.00	$902.50	$845.50	$899.33	$266,201.68	$388.21	$114,910.16	231.66%
A0429	**BLS-emergency**	182	182	$850.00	$807.50	$756.50	$804.67	$146,449.94	$326.91	$59,497.62	246.14%
A0433	**als 2**	12	12	$1,050.00	$997.50	$934.50	$994.00	$11,928.00	$561.88	$6,742.56	176.91%
		978	3219					**$466,321.01**		**$200,689.98**	**232.36%**

ACR to Medicare Conversion Factor Determination

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*

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**	274	5043	$14.73	$12.66	$13.70	$13.69	$69,510.14	$7.16	$36,107.88	192.51%
A0427	**ALS1-emergency**	192	192	$904.43	$795.90	$823.03	$841.12	$161,494.50	$388.21	$74,536.32	216.67%
A0429	**BLS-emergency**	76	76	$803.13	$706.75	$730.84	$746.91	$56,590.50	$326.91	$24,845.16	227.77%
A0433	**als 2**	8	8	$1,018.75	$896.50	$927.06	$947.44	$7,579.50	$561.88	$4,495.04	168.62%
		550	5319					**$295,174.64**		**$139,984.40**	**210.86%**

ACR to Medicare Conversion Factor Determination

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	1474886	EAST JEFFERSON MOBILE EMERGEN*

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**	590	5027	$10.36	$13.23	$14.69	$12.76	$63,907.83	$7.27	$36,546.29	174.87%
A0427	**ALS1-emergency**	269	269	$462.95	$591.00	$871.27	$641.74	$172,628.06	$424.41	$114,166.29	151.21%
A0429	**BLS-emergency**	273	273	$363.31	$463.80	$733.70	$520.27	$142,033.71	$357.40	$97,570.20	145.57%
A0433	**als 2**	5	5	$629.80	$804.00	$0.00	$477.93	$2,389.65	$614.27	$3,071.35	77.80%
		1137	5574					**$380,959.25**		**$251,354.13**	**151.56%**

ACR to Medicare Conversion Factor Determination

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 *

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**	145	951	$16.28	$19.72	$19.29	$18.43	$17,075.49	$7.27	$6,913.77	246.98%
A0427	**ALS1-emergency**	48	48	$769.50	$979.90	$932.70	$894.03	$42,913.44	$424.41	$20,371.68	210.65%
A0429	**BLS-emergency**	96	96	$594.82	$757.46	$720.98	$691.09	$66,344.64	$357.40	$34,310.40	193.37%
		289	1095					**$126,333.57**		**$61,595.85**	**205.10%**

ACR to Medicare Conversion Factor Determination

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 *

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**	981	5043	$13.72	$12.88	$11.62	$12.74	$64,251.15	$7.27	$36,662.61	175.25%
A0427	**ALS1-emergency**	567	567	$891.00	$810.00	$720.00	$807.00	$457,569.00	$395.54	$224,271.18	204.02%
A0429	**BLS-emergency**	393	393	$792.00	$720.00	$640.00	$717.33	$281,910.69	$333.09	$130,904.37	215.36%
A0433	**als 2**	25	25	$990.00	$900.00	$800.00	$896.67	$22,416.75	$572.50	$14,312.50	156.62%
		1966	6028					**$826,147.59**		**$406,150.66**	**203.41%**

ACR to Medicare Conversion Factor Determination

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*

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**	73	1317	$25.20	$28.33	$26.08	$26.54	$32,629.13	$7.27	$9,574.59	340.79%
A0427	**ALS1-emergency**	46	46	$1,039.73	$1,236.32	$1,165.21	$1,147.09	$52,955.28	$395.54	$18,194.84	291.05%
A0429	**BLS-emergency**	27	27	$605.92	$720.48	$679.04	$668.48	$18,022.38	$333.09	$8,993.43	200.39%
		146	1390					**$103,606.79**		**$36,762.86**	**281.82%**

ACR to Medicare Conversion Factor Determination

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 *

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**	1966	15874	$11.59	$12.97	$13.21	$12.59	$199,858.45	$7.27	$115,403.98	173.18%
A0427	**ALS1-emergency**	1139	1139	$564.71	$532.05	$539.12	$545.29	$621,085.31	$395.54	$450,520.06	137.86%
A0429	**BLS-emergency**	806	806	$564.71	$532.05	$539.12	$545.29	$439,503.74	$333.09	$268,470.54	163.71%
A0433	**als 2**	25	25	$564.71	$532.05	$539.12	$545.29	$13,632.25	$572.50	$14,312.50	95.25%
		3936	17844					**$1,274,079.75**		**$848,707.08**	**150.12%**

ACR to Medicare Conversion Factor Determination

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 *

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**	2625	16474	$19.62	$14.89	$12.85	$15.79	$260,162.35	$7.27	$119,765.98	217.23%
A0427	**ALS1-emergency**	2472	2472	$1,246.00	$1,131.37	$977.71	$1,118.36	$2,766,091.58	$424.41	$1,049,141.52	263.65%
A0429	**BLS-emergency**	127	127	$824.75	$685.09	$584.70	$698.18	$88,642.14	$357.40	$45,389.80	195.29%
A0433	**als 2**	23	23	$1,246.00	$1,224.52	$1,143.26	$1,204.59	$27,705.68	$614.27	$14,128.21	196.10%
		5247	19096					**$3,142,601.75**		**$1,228,425.51**	**255.82%**

ACR to Medicare Conversion Factor Determination

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*

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**	134	3555	$18.75	$18.75	$18.43	$18.64	$66,265.20	$7.16	$25,453.80	260.34%
A0427	**ALS1-emergency**	115	115	$1,019.00	$1,019.00	$1,002.59	$1,013.53	$116,555.95	$388.21	$44,644.15	261.08%
A0429	**BLS-emergency**	3	3	$785.00	$785.00	$772.36	$780.79	$2,342.37	$326.91	$980.73	238.84%
A0433	**als 2**	12	12	$1,285.00	$1,285.00	$1,264.31	$1,278.10	$15,337.20	$561.88	$6,742.56	227.47%
		264	3685					**$200,500.72**		**$77,821.24**	**257.64%**

ACR to Medicare Conversion Factor Determination

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 *

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**	48	577	$16.00	$14.88	$16.00	$15.63	$9,018.51	$7.27	$4,194.79	214.99%
A0427	**ALS1-emergency**	37	37	$950.00	$874.00	$950.00	$924.67	$34,212.79	$395.54	$14,634.98	233.77%
A0429	**BLS-emergency**	11	11	$850.00	$782.00	$850.00	$827.33	$9,100.63	$333.09	$3,663.99	248.38%
		96	625					**$52,331.93**		**$22,493.76**	**232.65%**

ACR to Medicare Conversion Factor Determination

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*

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	3313	$19.45	$11.48	$19.45	$16.79	$55,738.50	$7.16	$23,721.08	234.97%
A0427	**ALS1-emergency**	143	143	$731.69	$432.90	$731.69	$632.10	$90,457.68	$388.21	$55,514.03	162.95%
A0429	**BLS-emergency**	12	12	$500.00	$295.00	$500.00	$431.67	$5,180.04	$326.91	$3,922.92	132.05%
A0433	**als 2**	1	1	$835.00	$507.40	$835.00	$725.80	$725.80	$561.88	$561.88	129.17%
		313	3469					**$152,102.02**		**$83,719.91**	**181.68%**

ACR to Medicare Conversion Factor Determination

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*

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**	95	4292	$17.15	$17.85	$13.34	$16.11	$72,308.08	$7.27	$31,202.84	231.74%
A0427	**ALS1-emergency**	59	59	$679.00	$700.00	$588.00	$655.67	$38,684.53	$395.54	$23,336.86	165.77%
A0429	**BLS-emergency**	35	35	$485.00	$500.00	$420.00	$468.33	$16,391.55	$333.09	$11,658.15	140.60%
		189	4386					**$127,384.16**		**$66,197.85**	**192.43%**

ACR to Medicare Conversion Factor Determination

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*

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**	12	187	$10.00	$9.10	$10.00	$9.70	$1,813.90	$7.27	$1,359.49	133.43%
A0427	**ALS1-emergency**	9	9	$900.00	$792.00	$900.00	$864.00	$7,776.00	$395.54	$3,559.86	218.44%
A0429	**BLS-emergency**	3	3	$800.00	$704.00	$800.00	$768.00	$2,304.00	$333.09	$999.27	230.57%
		24	199					**$11,893.90**		**$5,918.62**	**200.96%**

ACR to Medicare Conversion Factor Determination

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	*

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**	169	11404	$14.50	$14.95	$14.05	$14.50	$165,346.44	$7.27	$82,907.08	199.44%
A0427	**ALS1-emergency**	75	75	$727.50	$750.00	$705.00	$727.50	$54,562.50	$395.54	$29,665.50	183.93%
A0429	**BLS-emergency**	76	76	$727.50	$750.00	$705.00	$727.50	$55,290.00	$333.09	$25,314.84	218.41%
		320	11555					**$275,198.94**		**$137,887.42**	**199.58%**

ACR to Medicare Conversion Factor Determination

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*

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**	15	200	$15.04	$14.88	$16.00	$15.31	$3,062.00	$7.27	$1,454.00	210.59%
A0427	**ALS1-emergency**	7	7	$737.23	$705.86	$784.29	$742.46	$5,197.20	$395.54	$2,768.78	187.71%
A0429	**BLS-emergency**	7	7	$752.00	$720.00	$800.00	$757.33	$5,301.31	$333.09	$2,331.63	227.36%
		29	214					**$13,560.51**		**$6,554.41**	**206.89%**

ACR to Medicare Conversion Factor Determination

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 *

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**	179	803	$15.68	$16.00	$15.74	$15.81	$12,695.43	$7.27	$5,837.81	217.47%
A0427	**ALS1-emergency**	67	67	$778.40	$785.20	$731.92	$765.17	$51,266.39	$395.54	$26,501.18	193.45%
A0429	**BLS-emergency**	107	107	$681.10	$687.05	$640.43	$669.53	$71,639.71	$333.09	$35,640.63	201.01%
A0433	**als 2**	5	5	$875.70	$883.35	$823.41	$860.82	$4,304.10	$572.50	$2,862.50	150.36%
		358	982					**$139,905.63**		**$70,842.12**	**197.49%**

ACR to Medicare Conversion Factor Determination

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 * *

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**	704	5901	$12.30	$7.61	$6.10	$8.67	$51,307.83	$7.27	$42,900.27	119.60%
A0427	**ALS1-emergency**	481	481	$847.69	$423.84	$357.51	$543.02	$261,188.54	$424.41	$204,141.21	127.95%
A0429	**BLS-emergency**	157	157	$696.86	$348.43	$293.90	$446.40	$70,084.80	$357.40	$56,111.80	124.90%
A0434	**Specialty care transport**	31	31	$1,025.11	$512.56	$432.34	$656.67	$20,356.77	$725.96	$22,504.76	90.46%
		1373	6570					**$402,937.94**		**$325,658.04**	**123.73%**

ACR to Medicare Conversion Factor Determination

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*

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**	1123	8278	$15.02	$21.20	$14.66	$16.96	$139,613.70	$7.27	$60,181.06	231.99%
A0427	**ALS1-emergency**	845	845	$882.09	$973.54	$740.94	$865.53	$731,387.72	$424.41	$358,626.45	203.94%
A0429	**BLS-emergency**	217	217	$742.99	$976.95	$743.22	$821.05	$178,186.96	$357.40	$77,555.80	229.75%
A0433	**als 2**	7	7	$974.21	$971.59	$739.14	$894.98	$6,264.88	$614.27	$4,299.89	145.70%
A0434	**Specialty care transport**	56	56	$1,334.62	$1,678.49	$1,276.91	$1,430.00	$80,080.22	$725.96	$40,653.76	196.98%
		2248	9403					**$1,135,533.48**		**$541,316.96**	**209.77%**

ACR to Medicare Conversion Factor Determination

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 *

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**	15250	176913	$14.90	$20.50	$15.51	$16.97	$3,004,424.65	$7.27	$1,286,157.51	233.60%
A0427	**ALS1-emergency**	12196	12196	$872.15	$895.92	$821.38	$863.14	$10,527,363.67	$395.54	$4,824,005.84	218.23%
A0429	**BLS-emergency**	2609	2609	$740.18	$900.54	$825.54	$822.09	$2,144,766.64	$333.09	$869,031.81	246.80%
A0430	**Fixed wing air transport**	3	3	$0.00	$0.00	$0.00	$0.00	$0.00	$2,837.64	$0.00	0.00%
A0431	**Rotary wing air transport**	109	109	$6,187.64	$11,487.46	$10,530.48	$9,401.86	$1,025,617.15	$3,299.18	$359,610.62	285.20%
A0433	**als 2**	171	171	$951.04	$888.62	$814.60	$884.75	$151,144.58	$572.50	$97,897.50	154.39%
A0434	**Specialty care transport**	298	298	$1,333.24	$1,586.77	$1,454.58	$1,458.20	$434,032.74	$676.59	$201,623.82	215.27%
A0435	**Fixed wing air mileage**	3	2453	$8.50	$8.50	$7.48	$8.16	$20,016.48	$8.53	$20,924.09	95.66%
A0436	**Rotary wing air mileage**	111	6268	$63.19	$131.09	$99.12	$97.79	$612,126.18	$22.77	$142,722.36	428.89%
		30750	201020					**$17,919,492.09**		**$7,801,973.55**	**229.68%**

ACR to Medicare Conversion Factor Determination

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*

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**	477	10777	$15.99	$15.99	$14.55	$15.51	$167,246.13	$7.27	$78,348.79	213.46%
A0427	**ALS1-emergency**	333	333	$900.00	$900.00	$783.00	$861.00	$286,713.00	$395.54	$131,714.82	217.68%
A0429	**BLS-emergency**	137	137	$835.00	$835.00	$726.45	$798.82	$109,438.34	$333.09	$45,633.33	239.82%
A0433	**als 2**	4	4	$1,000.00	$1,000.00	$870.00	$956.67	$3,826.68	$572.50	$2,290.00	167.10%
		951	11251					**$567,224.15**		**$257,986.94**	**219.87%**

ACR to Medicare Conversion Factor Determination

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 *

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**	20	20	$14,157.82	$18,938.17	$19,491.33	$17,529.11	$350,717.59	$3,299.18	$65,983.60	531.52%
A0436	**Rotary wing air mileage**	20	2405	$165.00	$156.75	$161.70	$161.15	$333,158.20	$22.77	$54,761.85	608.38%
		40	2425					**$683,875.79**		**$120,745.45**	**566.38%**

ACR to Medicare Conversion Factor Determination

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 *

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**	3	3	$10,030.05	$18,683.41	$19,273.41	$15,995.63	$48,487.61	$3,299.18	$9,897.54	489.90%
A0436	**Rotary wing air mileage**	3	365	$85.72	$162.86	$169.72	$139.44	$35,803.04	$22.77	$8,311.05	430.79%
		6	368					**$84,290.65**		**$18,208.59**	**462.92%**

ACR to Medicare Conversion Factor Determination

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 *

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**	361	1908	$7.00	$9.00	$9.00	$8.33	$15,893.64	$7.27	$13,871.16	114.58%
A0427	**ALS1-emergency**	354	354	$402.88	$599.44	$599.44	$533.92	$189,007.90	$395.54	$140,021.16	134.99%
A0429	**BLS-emergency**	2	2	$0.00	$0.00	$0.00	$0.00	$0.00	$333.09	$0.00	0.00%
		717	2264					**$204,901.54**		**$153,892.32**	**133.15%**

ACR to Medicare Conversion Factor Determination

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*

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**	4	41	$8.88	$9.00	$8.82	$8.90	$362.85	$7.27	$298.07	121.73%
A0427	**ALS1-emergency**	2	2	$675.50	$700.00	$675.50	$683.67	$1,334.66	$395.54	$791.08	168.71%
A0429	**BLS-emergency**	1	1	$558.00	$600.00	$558.00	$572.00	$572.00	$333.09	$333.09	171.73%
A0433	**als 2**	1	1	$744.00	$800.00	$744.00	$762.67	$762.67	$572.50	$572.50	133.22%
		8	45					**$3,032.18**		**$1,994.74**	**152.01%**

ACR to Medicare Conversion Factor Determination

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*

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**	17	151	$8.82	$8.64	$8.37	$8.61	$1,300.11	$7.27	$1,097.77	118.43%
A0427	**ALS1-emergency**	13	13	$672.00	$630.00	$644.00	$648.67	$8,432.71	$395.54	$5,142.02	164.00%
A0429	**BLS-emergency**	3	3	$576.00	$540.00	$552.00	$556.00	$1,668.00	$333.09	$999.27	166.92%
		33	167					**$11,400.82**		**$7,239.06**	**157.49%**

ACR to Medicare Conversion Factor Determination

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*

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**	10	210	$6.55	$3.80	$6.35	$5.57	$1,169.70	$7.27	$1,526.70	76.62%
A0427	**ALS1-emergency**	11	11	$695.60	$525.40	$695.60	$638.87	$7,027.57	$395.54	$4,350.94	161.52%
		21	221					**$8,197.27**		**$5,877.64**	**139.47%**

ACR to Medicare Conversion Factor Determination

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 *

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**	47	213	$19.40	$12.00	$12.00	$14.47	$3,082.11	$7.27	$1,548.51	199.04%
A0427	**ALS1-emergency**	23	23	$742.50	$450.00	$450.00	$547.50	$12,592.50	$395.54	$9,097.42	138.42%
A0429	**BLS-emergency**	24	24	$643.50	$390.00	$390.00	$474.50	$11,388.00	$333.09	$7,994.16	142.45%
A0433	**als 2**	1	1	$841.50	$510.00	$510.00	$620.50	$620.50	$572.50	$572.50	108.38%
		95	261					**$27,683.11**		**$19,212.59**	**144.09%**

ACR to Medicare Conversion Factor Determination

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 *

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**	57	273	$18.58	$20.00	$17.74	$18.77	$5,043.52	$7.27	$1,984.71	254.12%
A0427	**ALS1-emergency**	21	21	$802.42	$1,390.00	$443.83	$878.75	$18,453.75	$424.41	$8,912.61	207.05%
A0429	**BLS-emergency**	35	35	$675.72	$1,177.00	$375.82	$742.85	$25,999.75	$357.40	$12,509.00	207.85%
A0433	**als 2**	1	1	$1,036.31	$1,820.00	$581.13	$1,145.81	$1,145.81	$614.27	$614.27	186.53%
		114	330					**$50,642.83**		**$24,020.59**	**210.83%**

ACR to Medicare Conversion Factor Determination

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 *

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**	146	2555	$8.93	$8.63	$8.93	$8.83	$22,728.84	$7.27	$18,574.85	122.36%
A0427	**ALS1-emergency**	56	56	$650.00	$568.49	$584.16	$600.88	$33,649.28	$395.54	$22,150.24	151.91%
A0429	**BLS-emergency**	88	88	$649.15	$567.74	$583.39	$600.09	$52,808.11	$333.09	$29,311.92	180.16%
		290	2699					**$109,186.23**		**$70,037.01**	**155.90%**

ACR to Medicare Conversion Factor Determination

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*

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**	771	35374	$17.98	$15.57	$16.10	$16.55	$584,069.57	$7.27	$257,168.98	227.12%
A0427	**ALS1-emergency**	312	312	$829.00	$754.39	$712.94	$765.44	$238,817.28	$395.54	$123,408.48	193.52%
A0429	**BLS-emergency**	454	454	$0.00	$695.24	$0.00	$231.75	$105,214.50	$333.09	$151,222.86	69.58%
A0433	**als 2**	1	1	$859.00	$781.69	$738.74	$793.14	$793.14	$572.50	$572.50	138.54%
		1538	36141					**$928,894.49**		**$532,372.82**	**174.48%**

ACR to Medicare Conversion Factor Determination

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 *

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**	295	3621	$12.93	$9.60	$12.80	$11.78	$42,830.50	$7.27	$26,324.67	162.70%
A0427	**ALS1-emergency**	212	212	$750.00	$392.02	$712.50	$618.17	$131,052.04	$395.54	$83,854.48	156.29%
A0429	**BLS-emergency**	74	74	$650.00	$330.12	$617.50	$532.54	$39,407.96	$333.09	$24,648.66	159.88%
A0433	**als 2**	10	10	$800.00	$416.00	$760.00	$658.67	$6,586.70	$572.50	$5,725.00	115.05%
		591	3917					**$219,877.20**		**$140,552.81**	**156.44%**

ACR to Medicare Conversion Factor Determination

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	*

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**	13	13	$15,750.91	$19,811.73	$18,940.97	$18,167.87	$234,688.81	$3,299.18	$42,889.34	547.20%
A0436	**Rotary wing air mileage**	13	1197	$142.19	$171.31	$162.75	$158.75	$143,212.06	$22.77	$27,255.69	525.44%
		26	1210					**$377,900.87**		**$70,145.03**	**538.74%**

ACR to Medicare Conversion Factor Determination

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*

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**	871	4184	$14.84	$14.84	$14.84	$14.84	$62,143.50	$7.27	$30,417.68	204.30%
A0427	**ALS1-emergency**	574	574	$727.52	$727.52	$727.52	$727.52	$417,588.92	$395.54	$227,039.96	183.93%
A0429	**BLS-emergency**	298	298	$719.68	$719.68	$719.68	$719.68	$215,901.13	$333.09	$99,260.82	217.51%
A0433	**als 2**	10	10	$1,075.53	$1,075.53	$1,075.53	$1,075.53	$10,755.31	$572.50	$5,725.00	187.87%
		1753	5066					**$706,388.86**		**$362,443.46**	**194.90%**

ACR to Medicare Conversion Factor Determination

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*

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**	467	13631	$17.31	$16.96	$19.09	$17.78	$241,406.04	$7.27	$99,097.37	243.60%
A0427	**ALS1-emergency**	457	457	$719.23	$696.76	$719.23	$711.74	$325,264.63	$395.54	$180,761.78	179.94%
A0429	**BLS-emergency**	7	7	$720.00	$697.50	$720.00	$712.50	$4,987.50	$333.09	$2,331.63	213.91%
		931	14095					**$571,658.17**		**$282,190.78**	**202.58%**

ACR to Medicare Conversion Factor Determination

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	*

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**	325	5870	$12.35	$12.11	$11.61	$12.02	$72,279.52	$7.27	$42,674.90	169.37%
A0427	**ALS1-emergency**	262	262	$834.79	$768.26	$653.95	$752.33	$197,110.90	$395.54	$103,631.48	190.20%
A0429	**BLS-emergency**	43	43	$710.63	$609.49	$507.10	$609.08	$26,115.79	$333.09	$14,322.87	182.34%
A0433	**als 2**	4	4	$975.00	$943.00	$821.26	$913.09	$3,652.35	$572.50	$2,290.00	159.49%
A0434	**Specialty care transport**	5	5	$1,129.45	$1,001.08	$833.54	$988.02	$4,940.11	$676.59	$3,382.95	146.03%
		639	6184					**$304,098.67**		**$166,302.20**	**182.86%**

ACR to Medicare Conversion Factor Determination

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*

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**	561	8030	$11.51	$16.83	$16.92	$15.09	$121,055.60	$7.27	$58,378.10	207.36%
A0427	**ALS1-emergency**	425	425	$916.12	$951.24	$954.29	$940.55	$400,843.52	$395.54	$168,104.50	238.45%
A0429	**BLS-emergency**	124	124	$930.39	$966.05	$969.15	$955.20	$118,444.48	$333.09	$41,303.16	286.77%
A0430	**Fixed wing air transport**	1	1	$6,144.00	$6,379.52	$6,400.00	$6,307.84	$6,307.84	$2,837.64	$2,837.64	222.29%
A0431	**Rotary wing air transport**	21	21	$10,617.60	$11,024.61	$11,060.00	$10,900.74	$229,152.00	$3,299.18	$69,282.78	330.75%
A0433	**als 2**	10	10	$969.60	$1,006.77	$1,010.00	$995.46	$9,954.56	$572.50	$5,725.00	173.88%
A0435	**Fixed wing air mileage**	1	360	$43.20	$44.86	$45.00	$44.35	$15,966.00	$8.53	$3,070.80	519.93%
A0436	**Rotary wing air mileage**	21	1911	$71.89	$105.13	$105.71	$94.24	$172,620.72	$22.77	$43,513.47	396.71%
		1164	10882					**$1,074,344.72**		**$392,215.45**	**273.92%**

ACR to Medicare Conversion Factor Determination

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 *

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
A0427	**ALS1-emergency**	16	16	$800.00	$768.00	$696.00	$754.67	$12,074.72	$395.54	$6,328.64	190.79%
		16	16					**$12,074.72**		**$6,328.64**	**190.79%**

ACR to Medicare Conversion Factor Determination

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 *

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**	29	221	$10.00	$9.82	$8.16	$9.33	$2,053.77	$7.27	$1,606.67	127.83%
A0427	**ALS1-emergency**	16	16	$794.00	$738.63	$554.61	$695.75	$11,131.97	$395.54	$6,328.64	175.90%
A0429	**BLS-emergency**	13	13	$630.77	$559.24	$416.18	$535.40	$6,960.70	$333.09	$4,330.17	160.75%
		58	250					**$20,146.44**		**$12,265.48**	**164.25%**

ACR to Medicare Conversion Factor Determination

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*

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**	1012	8352	$12.09	$0.00	$19.74	$10.61	$88,681.17	$7.27	$60,719.04	146.05%
A0427	**ALS1-emergency**	493	493	$530.75	$935.00	$849.68	$771.81	$380,502.33	$424.41	$209,234.13	181.85%
A0429	**BLS-emergency**	391	391	$447.49	$812.00	$715.21	$658.24	$257,377.40	$357.40	$139,743.40	184.18%
A0433	**als 2**	25	25	$737.00	$935.00	$1,179.87	$950.62	$23,765.50	$614.27	$15,356.75	154.76%
		1921	9261					**$750,326.40**		**$425,053.32**	**176.53%**