Hospital APG Base Rates Using Full APG Investment

Peer Group	**Base Rate Code	***Blend Rate Code	Capital Rate Code	Region	12/01/08	01/01/09	04/01/09	07/01/09	10/01/09	12/01/09	01/01/10	07/01/10	10/01/10	01/01/11	04/01/11	07/01/11	01/01/12	05/01/12
Amb Surg	1401	NA	1404	Downstate	$ 162.53	$ 162.53	$ 162.53	$ 156.91	$ 156.91	$ 156.91	$ 228.00	$ 215.50	$ 215.50	$ 197.29	$ 197.29	$ 195.59	$ 195.59	$ 195.59
Amb Surg	1401	NA	1404	Upstate	$ 132.04	$ 132.04	$ 132.04	$ 122.55	$ 122.55	$ 122.55	$ 176.13	$ 166.47	$ 166.47	$ 152.41	$ 152.41	$ 151.09	$ 151.09	$ 151.09
Clinic*	1400	1406	1403	Downstate	$ 276.38	$ 276.38	$ 276.38	$ 258.90	$ 258.90	$ 274.23	$ 304.39	$ 325.95	$ 313.50	$ 240.17	$ 224.47	$ 231.93	$ 199.89	$ 183.53
Clinic*	1400	1406	1403	Upstate	$ 219.69	$ 219.69	$ 219.69	$ 199.00	$ 199.00	$ 210.79	$ 233.97	$ 249.56	$ 240.98	$ 184.61	$ 172.54	$ 178.28	$ 153.65	$ 140.52
Clinic Episode*	1432	1433	1434	Downstate				$ 258.90	$ 258.90	$ 274.23	$ 304.39	$ 325.95	$ 313.50	$ 240.17	$ 224.47	$ 231.93	$ 199.89	$ 183.53
Clinic Episode*	1432	1433	1434	Upstate				$ 199.00	$ 199.00	$ 210.79	$ 233.97	$ 249.56	$ 240.98	$ 184.61	$ 172.54	$ 178.28	$ 153.65	$ 140.52
Clinic MR/DD/TBI*[1]	1501	1502	1503	Downstate								$ 391.14	$ 376.20	$ 288.20	$ 269.36	$ 278.32	$ 239.87	$ 220.23
Clinic MR/DD/TBI*[1]	1501	1502	1503	Upstate								$ 299.47	$ 289.17	$ 221.53	$ 207.05	$ 213.94	$ 184.38	$ 168.63
Clinic MR/DD/TBI Episode*[1]	1489	1490	1491	Downstate								$ 391.14	$ 376.20	$ 288.20	$ 269.36	$ 278.32	$ 239.87	$ 220.23
Clinic MR/DD/TBI Episode*[1]	1489	1490	1491	Upstate								$ 299.47	$ 289.17	$ 221.53	$ 207.05	$ 213.94	$ 184.38	$ 168.63
Emergency Department (ED)	1402	NA	1405	Downstate		$ 189.15	$ 189.15	$ 175.11	$ 175.11	$ 175.11	$ 196.94	$ 184.98	$ 184.98	$ 184.98	$ 193.41	$ 197.38	$ 197.38	$ 197.38
Emergency Department (ED)	1402	NA	1405	Upstate		$ 152.04	$ 152.04	$ 135.27	$ 135.27	$ 135.27	$ 153.81	$ 144.47	$ 144.47	$ 144.47	$ 151.05	$ 154.15	$ 154.15	$ 154.15
School-Based Health Center (SBHC)*	1444	1445	1446	Downstate			$ 276.38	$ 258.90	$ 258.90	$ 274.23	$ 304.39	$ 325.95	$ 313.50	$ 240.17	$ 224.47	$ 231.93	$ 199.89	$ 183.53
School-Based Health Center (SBHC)*	1444	1445	1446	Upstate			$ 219.69	$ 199.00	$ 199.00	$ 210.79	$ 233.97	$ 249.56	$ 240.98	$ 184.61	$ 172.54	$ 178.28	$ 153.65	$ 140.52
SBHC Episode*	1450	1451	1452	Downstate					$ 258.90	$ 274.23	$ 304.39	$ 325.95	$ 313.50	$ 240.17	$ 224.47	$ 231.93	$ 199.89	$ 183.53
SBHC Episode*	1450	1451	1452	Upstate					$ 199.00	$ 210.79	$ 233.97	$ 249.56	$ 240.98	$ 184.61	$ 172.54	$ 178.28	$ 153.65	$ 140.52

For Clinic (effective 12/1/2008) & School-Based Health Center [SBHC] (effective 4/1/2009), while they share the same base payment rates, please note that their rate codes and effective dates differ.

****Schedule provides Base Rates only. For the Existing Rate for Blend and Capital Add-on rates, refer to the Rate by Provider files.***

*****The Blend (Existing Rate for Blend) rates were set to $0 effective 1/1/2012 as the APG payment now reflects 100% of the Base rate.***

[1] MR/DD/TBI Rates: Clinic rate increased by 20%. Rate increase is effective 7/1/2010.

Rates not available during this time period.