

**ATTACHMENT B1**

**AMOUNT GENERALLY BILLED CALCULATION**

Verity Health System provides financial assistance and charity care to patients meeting the eligibility criteria outlined in the Financial Assistance Policy (FAP). After the patient’s account(s) is reduced by the financial assistance adjustment based on the policy, the patient/guarantor is responsible for the remainder of their outstanding liability which shall be no more than the amounts generally billed (AGB) to individuals who have insurance for emergency or medically necessary care. Verity Health System determines AGB by utilizing the “look-back” method. The AGB percentage is calculated by using claims allowed by Medicare fee for services (FFS) with a discharge date from the previous fiscal year (July – June). For these claims, the sum of all allowable reimbursement amounts is divided by the associated gross charges. The AGB percentage is applicable as of July 1st of each year.



<b>Amounts Generally Billed – Medicare FFS only</b>		
<b>Effective June 30, 2019</b>		
<b>Amounts Generally Billed</b>		
<i>Hospital</i>	<i>Inpatient</i>	<i>Outpatient</i>
Seton	14.00%	10.00%
Seton – Coastside	n/a	10.00%
St. Francis	21.00%	8.00%

These percentages only apply to acute inpatient accounts. SNF and subacute accounts are not part of this analysis.

Source: Reimbursement Department