

Determining Amounts Generally Billed (AGB)

Following a determination of financial-assistance eligibility, an individual will not be charged more than the amounts generally billed (AGB) for emergency or other medical care provided to individuals with insurance covering that care.

At New England Baptist Hospital, the AGB is determined through the **“Look-back method”** which is calculated as follows:

1. The AGB is calculated by reviewing *all* past claims that have been paid in full to the hospital facility for medically necessary care by Medicare fee-for-service together with all private health insurers paying claims to the hospital in a prior 12-month period. This amount can include coinsurance, copayments and deductibles.

AGB% = Sum of Claims *Allowed Amount \$ / Sum of Gross Charges \$ for those claims.

(*Allowed amount = Total charges less Contractual Adjustments)

2. The AGB for emergency or medically necessary care provided to a financial assistance-eligible individual is determined by multiplying gross charges for that care by one or more percentages of gross charges (called “AGB percentages”).
 - a. The percentages are calculated at least annually by dividing the sum of certain claims paid to the hospital facility by the sum of the associated gross charges for those claims.
 - b. Multiple AGB percentages may be calculated for separate categories of care (for example, inpatient verses outpatient care; or care provided by different departments) or for separate items or services.
3. The percentages are applied by the 45th day after the end of the 12-month period the hospital facility used in calculating the AGB percentage(s).
 - a. New England Baptist Hospital uses data from FY2015 (Oct.1,2014 thru Sep.30,2015)
4. Effective September 1, 2016, the present:
 - a. Inpatient AGB = 72% and
 - b. Outpatient AGB = 60%.