

**Saint Luke's Health System
Anderson County Hospital**

Amounts Generally Billed Calculation Summary

Saint Luke's Health System provides financial assistance to medical indigent patients meeting the eligibility criteria outlined in the Financial Assistance Policy for Medically Indigent Patients. Based on policy, after the patient's account(s) is reduced by the financial assistance adjustment, the patient is responsible for the remainder of his or her outstanding patient account balance(s) which shall be no more than amounts generally billed (AGB) to individuals who have Medicare fee for service and/or private health insurance for emergency and other medically necessary care. The Look Back Method is used to determine AGB. Patients or members of the public may obtain the AGB summary document at no charge by contacting the hospital billing office.

Amounts Generally Billed is the sum of all amounts of claims that have been allowed by health insurers divided by the sum of the associated gross charges for those claims.

$$\text{AGB \%} = \text{Sum of Claims Allowed Amount \$} / \text{Sum of Gross Charges \$ for those claims}$$

Allowed Amount = Total charges less Contractual Adjustments

If no contractual adjustment is posted then total charges equals the allowed amount.

Denial adjustments are excluded from the calculation as denials do not impact allowed amount.

The AGB is calculated for each hospital on an annual basis.

- The Look Back Method is used. (Twelve (12) month period)

- Includes Payers: Commercial, Managed Medicare, and Medicare CAH cost based.
Note: Medicare fee for service not applicable to Critical Access Hospitals (CAH)

- Excludes Payers: Medicaid, Managed Medicaid, Medicaid pending, uninsured, self-pay case rates, motor vehicle and liability, Veteran's Administration, and worker's compensation.

Effective: January 1, 2017

Hospital: Anderson County Hospital

Amounts Generally Billed: 59.3%

Not a Part of the Permanent Medical Record