

**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 for services 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>Amount Generally Billed for Calendar Year 2017</b>			
<b>Effective June 30, 2017</b>			
Facilty Name	Inpatient	Outpatient	
O'Connor	18.00%	31.00%	
Seton	16.00%	36.00%	
Coastside	n/a	65.00%	
St Louise	25.00%	35.00%	
DePaul	n/a	n/a	
St. Francis	21.00%	40.00%	
St. Vincent	19.00%	35.00%	
These percentages only apply to acute inpatient accounts. SNF and sub-acute accounts are not part of this analysis.			
Source: Reimbursement Department			