

AMOUNTS GENERALLY BILLED (AGB) PERCENTAGE FY 2022

RHI determines the amounts generally billed (AGB) for any emergency or medically necessary care provided to a patient eligible for financial assistance under the “look-back” method by multiplying the gross charges for that care by the AGB percentage. The AGB percentage is calculated annually by dividing the sum of amounts of all emergency and medically necessary claims allowed by Medicare fee-for-services and private health insurers by the sum of the associated gross charges. The AGB percentage for the above reference year is 41%. No FAP eligible will be charged more than AGB for emergency or other medically necessary care.

How the AGB is applied to Federal Poverty Guidelines (FPL):

Income between 0% and 200% of FPL, discount from billed charges is 100%.

Income between 201% and 249% of FPL, discount from billed charges is 75%.

Income between 250% and 400% of FPL, discount from billed charges is 59%