

Amounts Generally Billed Calculation

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Any patient who is eligible for financial assistance under The Children’s Hospital Corporation d/b/a Boston Children’s Hospital (the “Hospital) Financial Assistance Policy, and who receives Emergency Services or other Medically Necessary Services provided by the Hospital, will not be billed greater than the Amounts Generally Billed (“AGB”) to patients who are covered under (a) a private health insurance/plans; (b) Medicare fee-for-service; and (c) Medicaid.

The Hospital determines the AGB percentage by using the Look Back Method. Annually, the AGB is calculated by dividing (i) the sum of all allowed amounts for claims that have been paid by Medicaid, Medicare fee-for-service and all private health insurers, by (ii) the sum of the associated gross charges for those claims. The AGB will be applied to a patient’s balance, after meeting Financial Assistance eligibility criteria, to determine the amount due.

The AGB for the Hospital is calculated annually, usually in December to obtain the most complete information for claims paid during the prior fiscal year ending September 30th. The Hospital used the following to calculate AGB:

- Look Back Method.
- A twelve (12) month period measuring the most recent fiscal year.
- Medicaid, Medicare fee-for-service, and private health insurance payments.

$$\text{AGB} = \frac{\text{Sum of all Allowed Amounts on Claims Paid by Medicaid, Medicare fee-for-service and all Private Health Insurers/Plans}}{\text{Sum of Gross Charges (\$) for those claims}}$$

Amounts Generally Billed FY2022: 54.0%

Effective: October 1, 2021
