

## APPENDIX A

### CALCULATION OF AMOUNT GENERALLY OWED BY INDIVIDUALS ELIGIBLE FOR FINANCIAL ASSISTANCE

The hospital limits the amount owed by individuals eligible under this Financial Assistance Policy who received services except for cosmetic and elective procedures to an Amount Generally Billed (AGB) to patients covered by Medicare. In addition, the hospital also limits the eligible patient's financial responsibility to less than total charges. The hospital shall periodically, at least once a year, update the AGB calculation and re-evaluate the method used. The AGB shall be based on all services provided to Medicare patients fully adjudicated as of the end of a recent 12-month look back period ending no more than 120 days prior to the effective date of the policy or every January 1st thereafter. The calculation of the current AGB is as follows:

$$\text{Total Medicare Expected Reimbursement} / \text{Total Medicare Gross Charges} = \text{AGB Percentage}$$

*(current AGB is 15% effective January 1, 2022)*

The eligible individual's financial responsibility is calculated as follows and applied to the patient liability only (excluding any portion assumed or paid by insurance or other entities on behalf of the patient):

$$\text{Total Gross Charges for the Services Rendered} \times \text{AGB Percentage} = \text{Patient Financial Responsibility}$$

**Below is the FAP Eligibility Percentage and the latest published Federal Poverty Level (FPL) Guideline:**

Annual Income is	FAP Eligibility %
Below 200% of FPL	100% or FREE
201% to less than 250% of FPL	75%
251% to less than 350% of FPL	50%
351% to 400%	25%
Greater than 400%	0%

Persons in Family or Household	100% Poverty Level Annual Income	200% Poverty Level Annual Income	250% Poverty Level Annual Income	300% Poverty Level Annual Income	350% Poverty Level Annual Income
1	\$11,770	\$23,540	\$29,425	\$35,310	\$41,195
2	\$15,930	\$31,860	\$39,825	\$47,790	\$55,755
3	\$20,090	\$40,180	\$50,225	\$60,270	\$70,315
4	\$24,950	\$49,900	\$62,375	\$74,850	\$87,325
5	\$28,410	\$56,820	\$71,025	\$85,230	\$99,435
6	\$32,570	\$65,140	\$81,425	\$97,710	\$113,995
7	\$36,730	\$73,460	\$91,825	\$110,190	\$128,555
8	\$40,890	\$81,780	\$102,225	\$122,670	\$143,115
For families with more than 8 persons, add for each additional person	\$4,160	\$8,320	\$10,400	\$12,480	\$14,560

**SOURCE:** Federal Register, Vol. 80, No. 14, pp. 3236-3237

The AGB will apply to services received from the hospital inpatient and outpatient departments.