

Amounts Generally Billed (“AGB”)

HSS utilizes the “look-back” method to calculate the Amount Generally Billed (“AGB”).

Specific percentages are calculated by applying the average Medicaid collection ratio to the amount charged. It is calculated annually by dividing 12 months of allowed Medicaid claims by the gross charges associated with those claims.

The specific AGB percentages are as follows:

Provider Type	Category	% of Charges
Hospital	Inpatient Services/Non-surgical Outpatient (Radiology/Lab, PT/OT/ST, etc.)	19%
Hospital	Ambulatory/MPU/SPU	6%
Applicable Schedule A Providers	All	5%