



ST. VINCENT'S HEALTH SYSTEM, INC.

AMOUNT GENERALLY BILLED CALCULATION

Last Updated: June 30, 2021

St. Vincent's Health System, Inc., calculates the AGB percentages below using the "look-back" method and includes Medicare fee-for-service and all private health insurers that pay claims to the Organization, all in accordance with IRS Reg. Sec. 1.501(r)-5(b)(3), 1.501(r)-5(b)(3)(ii)(B) and 1.501(r)-5(b)(3)(iii). The details of those calculations and AGB percentages are described below.

The AGB percentage for St. Vincent's Health System, Inc., is as follows:

AGB: St. Vincent's Medical Center, Inc (Ascension St. Vincent's Riverside)	20.2%
AGB: St. Luke's-St. Vincent's HealthCare, Inc. (Ascension St. Vincent's Southside)	22.4%
AGB: St. Vincent's Medical Center – Clay County, Inc. (Ascension St. Vincent's Clay County)	22.1%
AGB: St. Vincent's Ambulatory Care, Inc. (Ascension Medical Group)	31.6%
AGB: St. Vincent's Healthcare Consolidated Lab Services	25.3%

This AGB percentage is calculated by dividing the sum of the amounts of all of the hospital facility's claims for emergency and other medically necessary care that have been allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility by the sum of the associated gross charges for those claims. The only claims that are utilized for purposes of determining the AGB are those that were allowed by a health insurer during the 12-month period prior to the AGB calculation (rather than those claims that relate to care provided during the prior 12 months).

Notwithstanding the foregoing AGB calculations, St. Vincent's Health System, Inc., has chosen to apply a lower AGB percentages for all facility charges, professional fees and lab services as follows:

AGB: 20.2%