

What does Amounts Generally Billed (AGB) mean?

Amounts generally billed (AGB) means financial assistance-eligible patients will not be charged more than the amounts that are generally billed to individuals who have insurance covering the same care. What this means for our patients is that an individual determined eligible for financial assistance in accordance with Cheyenne Regional Financial Assistance policies will not be charged more for emergency or medically necessary hospital care than the amounts generally billed to individuals with insurance covering such care.

How Amounts Generally Billed (AGB) is Calculated

Cheyenne Regional calculates the AGB percentage under the “look-back method” described in Internal Revenue Service regulations and is calculated as follows:

1. On an annual basis, the AGB percentage is calculated using the prior 12-month period.
2. The AGB percentage is determined by dividing the sum of allowed amounts (including coinsurance, co-payments, and deductibles) by Medicare fee-for-service or a commercial payer by the sum of associated gross charges for those claims.
3. If the patient is eligible for Financial Assistance under Cheyenne Regional Financial Assistance policies, the AGB percentage is applied to the gross charges for the patient’s encounter for emergency or other medically necessary care to determine the maximum amount of the gross charges for which the eligible patient may be personally responsible.

What are the current AGB’s used by Cheyenne Regional and its Affiliates?

Based on Medicare and/or Commercial contractual allowances between July 1, 2025 through June 30, 2026, Cheyenne Regional will charge patients eligible for Financial Assistance no more than **35%** AGB percentage for emergency or medically necessary services received between July 1, 2026 and June 30, 2027.