

Division of Workers' Compensation P.O. Box 20190, Cranston, RI 02920-0942 Phone 401-462-8100 Fax 401-462-8105 http://www.dlt.ri.gov/wc

Information Letter 2017-03 June 28, 2017

Rhode Island Workers' Compensation Hospital Rates

The inpatient, emergency room and ambulatory surgery adjustments to charges are effective for all hospital services provided on or after July 1, 2017.

Hospital charges should be multiplied by the appropriate percentage listed below.

Example: Butler Hospital inpatient charge \$1000.00
Inpatient adjustment x 54.50 %
Amount paid \$545.00

Hospital	Inpatient	Ambulatory Surgery	Emergency Room
Butler Hospital	54.50 %	N/A	N/A
Kent Hospital	41.84 %	23.92 %	23.44 %
Landmark Medical Center	29.01 %	29.69 %	20.28 %
Memorial Hospital	71.80 %	54.80 %	63.05 %
Miriam Hospital	34.85 %	28.04 %	20.36 %
Newport Hospital	53.71 %	49.67 %	19.84 %
Rhode Island Hospital	40.12 %	38.39%	27.90 %
Rehabilitation Hospital of RI	34.12 %	N/A	N/A
Roger Williams Hospital	45.33 %	32.16 %	30.92 %
St. Joseph Hospital	44.20%	40.55 %	16.39 %
South County Hospital	57.05 %	24.95 %	21.22 %
Westerly Hospital	47.42 %	27.44 %	38.38 %
Women & Infants Hospital	51.00 %	49.87 %	49.89 %

Adjustments are based on approved cost finding methodology and other statistical data furnished by each hospital.

Sincerely,

Matthew P. Carey, III Chief Administrator

Matthew P. Carey MIS

