

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 2019-03 July 9, 2019

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, 2019.

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

Example: Butler Hospital inpatient charge \$1000.00
Inpatient adjustment x 50.20 %
Amount paid \$520.00

Hospital	Inpatient	Ambulatory Surgery	Emergency Room
Butler Hospital	50.20 %	N/A	N/A
Kent Hospital	40.71 %	28.56 %	17.13 %
Landmark Medical Center	24.62 %	34.00 %	20.00 %
Miriam Hospital	34.86 %	15.24 %	20.46 %
Newport Hospital	47.14 %	39.43 %	17.31 %
Rhode Island Hospital	38.70 %	36.77%	27.33 %
Rehabilitation Hospital of RI	32.76 %	N/A	N/A
Roger Williams Hospital	43.78 %	32.79 %	11.72 %
St. Joseph Hospital	23.39%	68.42 %	15.13 %
South County Hospital	50.56 %	26.35 %	20.76 %
Westerly Hospital	44.79 %	24.01 %	27.88 %
Women & Infants Hospital	48.71%	43.45 %	28.64 %

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

Sincerely,

Matthew P. Carey, III Chief Administrator

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