

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 2015-04 June 30, 2015

## **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, 2015.

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

Example:	Butler Hospital inpatient charge	\$1000.00
	Inpatient adjustment	<u>x 53.40 %</u>
	Amount paid	\$ 534.00

Hospital	Inpatient	Ambulatory Surgery	Emergency Room
Butler Hospital	53.40 %	N/A	N/A
Kent Hospital	40.89 %	34.41 %	25.45 %
Landmark Medical Center	29.00 %	23.45 %	21.55 %
Memorial Hospital	63.50 %	48.80 %	91.70 %
Miriam Hospital	31.81 %	24.76 %	21.59 %
Newport Hospital	63.91 %	38.61 %	53.15 %
Rhode Island Hospital	40.54 %	43.56 %	35.51 %
Rehabilitation Hospital of RI	47.42 %	N/A	N/A
Roger Williams Hospital	47.12 %	34.28 %	23.85 %
St. Joseph Hospital	46.17%	47.86 %	28.02 %
South County Hospital	42.64 %	27.32 %	21.84 %
Westerly Hospital	47.65 %	30.06 %	41.89 %
Women & Infants Hospital	47.50 %	41.51 %	58.21 %

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

Sincerely,

Matthew P. Carey MB

Matthew P. Carey, III Assistant Director

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