

Information Letter 2020-05 July 7, 2020

## **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, 2020.

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

Butler Hospital inpatient charge Inpatient adjustment Amount paid		arge \$1000.00 <u>x 49.0</u> 490.0	<u>1 %</u>
Hospital	Inpatient	Ambulatory Surgery	Emergency Room
Butler Hospital	49.01%	N/A	N/A
Kent Hospital	43.19%	31.91 %	18.01%
Landmark Medical C	Center 24.62%	34.00 %	20.00 %
Miriam Hospital	33.01%	24.78 %	22.48 %
Newport Hospital	50.25%	38.96 %	19.03 %
Rhode Island Hospit	al 37.72 %	32.95 %	27.99 %
Rehabilitation Hospi	tal of RI 32.76 %	N/A	N/A
Roger Williams Hos	pital 43.53 %	32.93 %	11.85 %
St. Joseph Hospital	23.39%	68.42 %	15.13 %
South County Hospi	tal 48.84 %	24.68 %	22.88 %
Westerly Hospital	43.79 %	21.35 %	25.43 %
Women & Infants Ho	ospital 45.36%	36.73 %	27.79 %

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

Sincerely,

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Matthew P. Carey, III Chief Administrator