#### GOVERNMENT OF ANDHRA PRADESH ABSTRACT

HM & FW Dept. – Inclusion of certain procedures under Dr YSR Aarogyasri Scheme to treat the cases of Suspected and Confirmed positive COVID -19 cases – Orders - Issued.

#### HEALTH, MEDICAL & FAMILY WELFARE (I) DEPARTMENT

#### G.O.Ms.No.77

#### Dated.08.07.2020

#### Read the following:

- 1) Circular DrYSRAHCT/P&C/COVID19/DrYSRAS/2020, dt:11.03.2020
- 2) G.O.Rt.No.215, Health, Medical & Family Welfare(B2) Dept., dt: 24.03.2020.
- 3) From the CEO, Dr.YSRAHCT, Guntur, Lr.No.DrYSRAHCT/COVID-19/1365/DrYSRAS/2019,Dt.28-03-2020.
- 4) G.O.Ms.51, Health Medical & Family Welfare (I.1) Dept., dt: 20.06.2020.
- 5) Circular No. DrYSRAHCT/COVID-19/1365-NP/2020, dt:10.04.2020
- 6) From the CEO., Dr. YSR AHCT, Guntur e-file No.YSRAS-21023/1/2020 EHS-YSRAS, Dt:24.06.2020.

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#### **ORDER:**

The World Health Organisation has declared the COVID -19 as Pandemic and the Government of Andhra Pradesh has taken measures to combat the COVID-19 pandemic and have notified the list of designated Government and Private hospitals for treatment of COVID -19 patients completely at Free of cost. Considering the wide spread of COVID – 19 in the State, the Government vide G.O.4<sup>th</sup> read above, issued orders including the 15 COVID – 19 procedures under Dr YSR Aarogyasri Scheme and accordingly, the CEO., Dr.YSR AHCT has issued guidelines in the circular 5<sup>th</sup> read above.

2. Further, in view of the present situation consequent to the incidence of COVID-19 in the State, the Government instructed to start the isolated rooms/ wards / Blocks in all the private hospitals to treat the suspected COVID – 19 cases duly following the safety measures. Further vide G.O.  $2^{nd}$  read above, the Government issued orders empowering the District Collector & Magistrate to take over the Wards/Rooms/Blocks / entire hospital based on the requirement and for the good faith of the public health.

3. In view of increase in the no. of COVID -19 cases in the State, it is very much necessary to utilise the services of the Private hospitals to treat the COVID patients and there is urgent need to fix the rates in Private hospital during this pandemic. Accordingly, a Technical Committee was constituted and a meeting was convened on 20.06.2020 under the Chairmanship of the Special Chief Secretary, HM&FW department. The Technical Committee has suggested the ceiling rates for packages for treatment of COVID -19 in Designated COVID 19 Government Hospitals/Designated COVID -19 Private Hospitals.

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4. Government after careful examination of the recommendations of the Committee, hereby decided to accept the same and accordingly issue the following orders, in supersession of the orders issued in G.O. 4<sup>th</sup> read above.

i. The Technical Committee has designed Per day cost-based on packages for Critical and Non Critical care for COVID – 19 Cases. The following package cost is fixed for the treatment of COVID -19 cases.

| Total Cost per day for Non Critical and Critical Care for COVID - 19 cases |                          |  |                 |  |  |  |
|--|--------------------------|--|-----------------|--|--|--|
| Includes Medical Personnel, PPE, Disinfection, Investigations, Medicines,  |                          |  |                 |  |  |  |
| Nutrition etc  |                          |  |                 |  |  |  |
| S.No   | Category                 | Treatment  | Rate<br>Per day |  |  |  |
| 1  | Non Critical<br>COVID 19 | Non Critical COVID 19 Treatment per day                                      | 3250*           |  |  |  |
| 2  |                          | ICU without ventilator &without NIV<br>(Nasal O2, CPAP, BIPAP, HFNO) per day | 5480            |  |  |  |
| 3  | Critical Care            | ICU with NIV (Nasal O2, CPAP, BIPAP, HFNO) per day                           | 5980            |  |  |  |
| 4  |                          | ICU with ventilator per day  | 9580            |  |  |  |
| 5  |                          | SEPSIS without ventilator per day<br>SEPSIS with ventilator per day          |                 |  |  |  |
| 6  |                          |  |                 |  |  |  |
| 7  |                          | Septic Shock/ MODS with ventilator per day                                   | 10380           |  |  |  |

\*In non Aarogyasri hospitals, if patient prefers to stay in a private room, an additional amount of Rs. 600/- can be charged a part from the price fixed for Non Critical COVID – 19 cases. **Note:** 

- The Breakup for the above cost worked out is detailed in Annexure I of the order.
- The mandatory investigations which need to be done for each procedure is in Annexure II of the order.
- The indications for the Non-Critical COVID -19 positive category are Fever, Sore Throat, cough etc and Chest X ray should be normal.
- The indications for the Critical care -ICU without ventilator category are Chest X-ray - Abnormal.
- The indications for the Critical care -ICU with NIV category are the Chest X-ray is Abnormal, SPO2 is less than 94 and requires Oxygenation.

- The above indications based on the symptoms are defined based on the opinion of the Technical Committee. However, the Treating doctor can examine and take necessary decision regarding plan of treatment.
- ii. Considering that the State is still in the midst of the Pandemic, all private hospitals shall be classified as: A) Exclusive COVID Treatment Hospitals; B) Hospitals that treat both COVID-19 and non-COVID cases; and C) Hospitals for Treatment of Ailments other than COVID-19.
- iii. Private Hospitals shall be notified by the Government /District Collector as one of the above categories and shall remain so until further review and revision based on the evolving circumstances.
- iv. Private Hospitals equipped to manage patients with COVID-19 (Category A & B) be 'notified upon application and fulfilment of conditions to manage COVID-19 cases based on the 'Verification Report' to be furnished by a team of professionals constituted for this purpose.
- v. Hospitals not notified under the above categories shall be permitted to treat non-COVID patients.
- vi. If any patient presents with medical / surgical / obstetric emergency, such patient shall be admitted and treated without waiting for the RT-PCR test result, duly treating such patients as COVID-19, if they have any contact history or symptoms or both. Such treatment shall be provided by hospitals notified as Category A and B.
- vii. If the above-mentioned emergency case presents itself at Category-C hospital, it shall be the responsibility of the management of Category-C hospital to transfer the patient to either Category A or B patient.
- viii. Patients suspected of having COVID-19 shall be tested using RT-PCR test. Test result must be sent to the officials (Commissioner of Family Welfare / District Collector/DMHO) notified by the Government via web portal.
- ix. If the COVID 19 test is carried out in a private NABL and ICMR approved Labs, the cost of the test will be paid additionally @ Rs. 2400/- as specified in the GO.Rt.No.296, HM&FW (B2), Department, dt: 12.06.2020.
- x. The Category- B hospitals with more than 70 bed capacity must earmark a floor or a block or a ward to treat the COVID 19 cases as and when sent by the District Administration or patients approach on their own and such hospitals can continue to serve non COVID -19 cases also, duly following the strict safety precautionary measure like separate blocks for the two categories, with separate entry, treatment area and exit for patients and staff. In the case, if the hospital is not empanelled under Aarogyasri Scheme, such hospitals can charge the patients as per the rates mentioned above.
- xi. The Commissioner of Family Welfare shall establish web portal that would enable the District Collector to monitor the allocation of beds, their utilisation, deployment of human resources, in both government and private hospitals (Category A and B). This would enable rational management of the beds and manpower. He shall also establish appropriate referral system to prevent waiting and overcrowding of patients.
- xii. The CEO, Dr YSRAHCT should empanel all Category A hospital for providing cashless treatment to the COVID -19 patients under the Scheme.

- xiii. Any asymptomatic COVID-19 positive patient, who chooses to remain in 'home quarantine', but desires to get biochemical / haematological / radiological tests, shall get those tests done in facility of his choice, including Category A and B hospitals. Such patients shall not be turned away under any circumstances.
- xiv. Any patient presenting for admission at any hospital shall be given best possible medical care and subject to tests specified herein and shall not be denied admission without prior approval of the District Collector or the authority delegated to perform such functions
- xv. All the Non Aarogyasri hospitals must display the above "Per day rates" at the reception of the hospitals and provide treatment as per the SOPs, Protocols, guidelines issued by the ICMR and the Government of AP on timely basis.
- xvi. The Category A Hospitals can claim the bills through the Aarogyasri and provide treatment to the COVID 19 cases on cashless basis.
- xvii. For designated COVID 19 Private Hospitals, the PPE charges will not be paid as long as they are provided by the Government.
- xviii.For designated COVID 19 Government Hospitals, the PPE and stay cost per day will not be paid. However, Rs.2,000/- can be claimed for the Ventilator support cases.
- xix. The Non Aarogyasri empanelled hospitals must maintain a detailed case sheet for each patient that should record patients' vital signs, all minor and major events, tests done, medicines administered, care given, etc and should submit the admitted Patients data to the respective DMHOs in the proforma as shared by the DMHO with regard to the condition of the patient on daily basis.
- xx. Every admission, discharge and death shall be reported to the District Collector / Commissioner of Health/DMHO. Every case of death shall be subjected to 'management audit' to be conducted by a team of doctors of professor cadre to be set up by the Director of Medical Education.
- xxi. No Hospital shall undertake Clinical Trail of any nature without prior permission of the Government.
- xxii. Based on the health condition of the patient, he/she can be migrated to other packages, then the respective packages will be applied.

4. The Chief Executive Officer, Dr YSR AHCT shall initiate immediate necessary action to make necessary changes in the system to modify the existing procedures with the above listed procedures for providing cashless treatment to the COVID -19 patients under the scheme.

5. The Director of Public Health & Family Welfare is directed to instruct the District Medical and Health Officers to monitor the strict implementation of the above rates while charging the COVID 19 patients and ensure that no extra amount should be collected from the COVID patients.

(BY ORDER AND IN THE NAME OF THE GOVERNOR OF ANDHRA PRADESH)

### Dr.K.S.JAWAHAR REDDY, SPECIAL CHIEF SECRETARY TO GOVERNMENT

То

The Chief Executive Officer, Dr YSR Aarogyasri Health Care Trust, Guntur. The Director, Public Health & Family Welfare, AP, Vijayawada. The Director of Medical Education, A.P. Vijayawada. The Commissioner, Health & Family Welfare, AP, Vijayawada. All District Collectors in the State. <u>Copy to :</u> The Additional Chief Secretary to CM. The Special Officer to CM. The Spl.C.S. HM & FW Dept.

//FORWARDED :: BY ORDER//

SECTION OFFICER

Contd. Annexure-I

## ANNEXURE - I TO G.O.Ms.No. HM & FW (I) DEPT DATED:08.07.2020

|  | Non<br>Critical<br>Care | Critical  |   |                               |                                     |                              |  |  |
|--|-------------------------|---|---|-------------------------------|-------------------------------------|------------------------------|--|--|
| Component  |                         | ICU<br>without<br>ventilat<br>or<br>without<br>NIV<br>(CPAP,<br>BIPAP,<br>HFNO) | ICU<br>without<br>ventilat<br>or with<br>NIV<br>(Nasal<br>O2,<br>CPAP,<br>BIPAP,<br>HFNO) | ICU<br>with<br>venti<br>lator | SEPSIS<br>without<br>ventilat<br>or | SEPSIS<br>with<br>ventilator | Septic<br>Shock/<br>MODS<br>with<br>ventilator |  |
| Length of<br>Stay  | 10                      | 10  | 10  | 14                            | 14                                  | 14                           | 14   |  |
| Isolation<br>ward /ICU<br>rent,<br>Administrativ<br>e Charges,<br>Nursing,<br>Monitoring,<br>Maintainance<br>charges,<br>Basic<br>invtervention<br>s, etc.,                  | 900                     | 2000  | 2000  | 5000                          | 2000                                | 5000                         | 5000   |  |
| Consultation<br>Charges  | 200                     | 600   | 600   | 800                           | 600                                 | 800                          | 800  |  |
| Drugs and<br>Investigation<br>s  | 500                     | 700   | 700   | 1200                          | 1500                                | 2000                         | 2000   |  |
| O2 and<br>Nebulisation<br>charges  | 0                       | 0   | 500   | 0                             | 0                                   | 0                            | 0  |  |
| Cost of PPE<br>per day @<br>Rs. 400 per<br>PPE<br>(3 for Non<br>Critical,<br>4 for Critical<br>ICU without<br>ventilator<br>and<br>5 for Critical<br>ICU with<br>Ventilator) | 1200                    | 1600  | 1600  | 2000                          | 1600                                | 2000                         | 2000   |  |
| Nutritious<br>diet   | 350                     | 350   | 350   | 350                           | 350                                 | 350                          | 350  |  |
| Disinfection<br>cost per<br>person per<br>day  | 100                     | 230   | 230   | 230                           | 230                                 | 230                          | 230  |  |
| Total Cost<br>per patient<br>per day   | 3250                    | 5480  | 5980  | 9580                          | 6280                                | 10380                        | 10380  |  |

#### Contd...Annexure-II

# Annexure - II TO G.O.Ms.No. HM & FW (I) DEPT DATED:08.07.2020

| Non<br>Critical<br>Care | ICU<br>without<br>ventilator | ICU<br>with<br>NIV<br>(Nasal<br>O2,<br>CPAP,<br>BIPAP,<br>HFNO) | ICU with<br>ventilator | SEPSIS<br>without<br>ventilator | SEPSIS<br>with<br>ventilator | Septic<br>Shock/<br>MODS<br>with<br>ventilator |
|-------------------------|------------------------------|---|------------------------|---------------------------------|------------------------------|--|
| Chest X-                | Serum                        | Serum   | Serum                  | Serum                           | Serum                        | Serum  |
| Ray                     | ferritin                     | ferritin  | ferritin               | ferritin                        | ferritin                     | ferritin                                       |
| Hemogr<br>am            | CRP                          | CRP   | CRP                    | CRP                             | CRP                          | CRP  |
|                         |                              | D-  |                        | D -                             | D -                          | <b>D D</b> '                                   |
| ECG                     | D - Dimer                    | Dimer   | D - Dimer              | Dimer                           | Dimer                        | D - Dimer                                      |
| LFT                     | Troponin                     | Troponi<br>n  | Troponin               | Troponi<br>n                    | Troponi<br>n                 | Troponin                                       |
| RFT                     | Chest X-<br>Ray              | Chest X-<br>Ray   | Chest X-<br>Ray        | Chest X-<br>Ray                 | Chest<br>X-Ray               | Chest X-<br>Ray                                |
|                         | Hemogra<br>m                 | Hemogr<br>am  | Hemogra<br>m           | Hemogr<br>am                    | Hemog<br>ram                 | Hemogram                                       |
|                         | ECG                          | ECG   | ECG                    | ECG                             | ECG                          | ECG  |
|                         | RFT                          | RFT   | RFT                    | RFT                             | RFT                          | RFT  |
|                         | LFT                          | LFT   | LFT                    | LFT                             | LFT                          | LFT  |
|                         | ABG                          | ABG   | ABG                    | ABG                             | ABG                          | ABG  |
|                         | Electrolyt                   | Electroly   | Electrolyt             | Electroly                       | Electrol                     | Electrolyte                                    |
|                         | es                           | tes   | es                     | tes                             | ytes                         | S  |
|                         |                              |   | LDH                    | LDH                             | LDH                          | LDH  |
|                         |                              |   | Procalcito<br>nin      | Procalcit<br>onin               | Procalc<br>itonin            | Procalciton<br>in                              |
|                         |                              |   | CT -<br>Chest          | CT -<br>Chest                   | CT -<br>Chest                | CT - Chest                                     |
|                         |                              |   |                        | Blood<br>Culture                | Blood<br>Culture             | Blood<br>Culture                               |

Dr.K.S.JAWAHAR REDDY SPECIAL CHIEF SECRETARY TO GOVERNMENT