GOVERNMENT OF ODISHA PLANNING AND CONVERGENCE DEPARTMENT

No. 4768 30) the Bhubaneswar 8th April 2020

From

Shri Suresh Chandra Mahapatra, IAS Development Commissioner-cum-Additional Chief Secretary

To

All Collectors

Sub: Guidelines for Admission of Patients and Settling Claims for Covid-19 Hospitals

In view of the ensuing COVID-19 pandemic outbreak Government has taken steps to establish a number of COVID-19 Hospitals. The following procedures shall be adopted:

A. Fixation of Fixed Costs

- i. The hospitals shall be reimbursed on per bed per day basis irrespective of whether the bed is occupied or not, wherever it is fixed as such.
- ii. The fixed cost for ICU beds and General beds shall be decided by the Committee constituted at District level as per the letter no. 4717 of this department.
- iii. The decision of the Committee shall be communicated to the State Level Authorized Officer (Prof Umakanta Satpathy, Joint DMET) designated by Health & FW Department for examination and final approval.

B. Patient Admission Process

The admission of Covid-19 patients to such hospitals will be upon approval of the Authorized Medical Officer as given in the prescribed format (**Annexure A**).

C. Guidelines for Settling Claims of COVID19 Hospitals related to patients.

The claims of the COVID19 Hospitals related to patients shall be submitted every fortnight to the Authorized Medical Officer designated for the hospitals in the prescribed format (**Annexure-B**).

The hospitals shall submit the following documents related to the patients as mentioned below and submit the same along with the claims.

Documents required to be submitted along with claim are as under:

- Copy of case sheet mentioning the name, age, sex, address, contact i. numbers
- Referral slips if applicable. ii.
- iii. Approval letter of Authorized Medical Officer for admission of the patient in the hospital (Annexure A)
- iv. Discharge Summary indicating the clinical findings and detail procedures followed during hospitalization.
- Reports of all investigations.
- vi. Final Bill indicating the detail items for which claim is made including consumables.
- vii. While claiming for reimbursement the above documents shall be attached with signature of the Superintendent/Nodal Officer of the COVID Hospital with seal on each document.

The cost of consumables like medicines, toiletries, diet, investigations, dead body transportation and disposal, PPEs etc. shall be reimbursed as per actuals.

Scrutinization of the Submitted Claim

On receiving the bills, the Authorized Medical Officer shall scrutinise the above documents. The Final Claim shall be countersigned by the Authorized Person and sent for payment to the funding agency by the concerned Collector & DM.

Development Commissioner-cum-ACS

Memo No. ______/P., Dt., 8th April, 2020

Copy forwarded to PS to Principal Secretary, Health & FW Deptt. for information of Principal Secretary, Health & FW Deptt.

Deputy Secretary to Government

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Bhubaneswar for information.

Deputy Secretary to Government

APPROVAL LETTER FOR ADMISSION BY AUTHORIZED MEDICAL OFFICER

The In- Charge
The following patient may please be admitted in the COVID-19 hospital.
1. Name of Patient
2. Age/Sex
3. Address
4. Referred from
5. Status of COVID test
6. Brief complaints

Authorized Medical Officer

Annexure B

APPLICATION FORM FOR CLAIM SETTLEMENT

Name of Hospital -

SI No.	Particulars	Data
1	Name of the patient	
2	Age / Gender	es la trescar es wollet jest
3	Address and Phone Number	
4	Date & time of admission	
5	Type of bed (ICU or General bed) If both beds were used mention the period of stay in each bed.	
6	Date & time of discharge	
7	If death, cause of death	
8	Diagnosis	
9	Clinical course in brief	
10	Investigations done	
11	Treatment given in brief	
12	Number of PPE used	
13	Transport of dead body and disposal (where applicable)	

14	Cost for medicines	
15	Cost for Diet	
16	Cost for Toiletries	
17	Cost for Investigations	
18	Cost for PPEs	
19	Cost for disposal of deceased body	
20	Cost for transportation of deceased body	
21	Total	

Submitted by

Authorized Signatory

...... COVID19 Hospital

Scrutinized and approved by Authorized Medical Officer

Countersignature of Authorized Person