FICCI Representation for Costing of COVID-19 beds for Private Sector

Given the rising cases of COVID infections, the need for more hospitalisations and owing to the overloading of public health system, increasing number of private healthcare providers have been admitting and treating COVID-19 positive cases. FICCI COVID-19 response taskforce, with representatives from leading private hospitals in India, have brainstormed and developed an accounting methodology to help bring in a standardisation of cost of COVID treatment in the national interest. This has been categorised with respect to- government referred patients, patients paying from out of pocket and for patients who are covered by TPAs. This has further been sub-categorised to three levels depending on the severity of the case:

1. Patients who do not require intensive care but must be kept in isolation (Isolation ward)
2. Patients requiring intensive care but are not ventilated (ICU without ventilator)
3. Patients requiring intensive care and ventilator support (ICU with ventilator)

FICCI Recommended Rates for	PER PATIENT - ARPOB				PER PATIENT - Average Bill for ALOS 10 days		
	Isolation Ward	**ICU** (without Ventilator)	**ICU** (with Ventilator)		**Isolation Ward**	**ICU** (without Ventilator)	**ICU** (with Ventilator)
Beds reserved for Government	13,600	27,088	36,853		1,36,000	2,70,875	3,68,530
COVID cases treated by Private Hospitals (PAN India)	17,000	34,000	45,000		1,70,000	3,40,000	4,50,000
Patients covered by TPA	20,000	55,000	68,000		2,00,000	5,50,000	6,80,000

*Includes Medicines, Consumables and basic Diagnostics

** Excludes PPE Cost (estimated consumption)	2-3 per day	3-4 per day	3-4 per day

***Excludes Co-morbidities

<u>Note-1</u> Hospital's standard rates will be applicable for expensive/high end medicines
<u>Note-2</u> The estimated PPE count is applicable only when the patients are cohorted in an area
<u>Note-3</u> The above is only an illustration on the basis of basic tests that may be needed for treatment of COVID-19 patients during their stay in wards and CCU (with or without Ventilator support). Actual ALOS & tests may vary on the basis of condition of the patients
<u>Note-4</u> These rates are indicative and there may be individual variations to the extent of 5-10%

The clinical teams of large hospitals consisting of intensivists, pulmonologists, critical care specialists as well as infectious disease specialists have given their inputs in developing the above models. These

models include the costs of materials – i.e. consumables, medicines and basic diagnostics; but exclude the cost of PPEs, high end drugs and any co-morbidities.

It may be prudent to note that all the hospitals are struggling with declining revenues on account of decreased outpatients and falling in-patient occupancy levels. This has resulted in significant cash flow challenges, including managing payroll, material and finance costs. We therefore request the Government to create individual Escrow accounts for each hospital and pay the treatment amounts in advance to ease the liquidity challenges during this difficult period.