07. TMS-ENROLMENT PROCESS FLOW

- Identification of Subsidy Groups
- Enrolment Facilitation:
  
  **Department of Health TMS**
  
  Enrolment Lists, Documentation & Member Contribution
  
  **Settlement Office /DoHe Health Center**
  
  - Pre-enrolment Activity
  - Setting up of Enrolment Camps
  - Collection of Member Contribution
  - Delivery of ID-Cards & Member Handbook

  **TMS Members**
08. CLAIMS PROCESS UNDER TMS HEALTH PLAN

Consult health care center under (TVHA) Department of Health or any branch of Men-tse-khang with your TMS identity card.

Consult settlement officers of your respective Settlements and contact doctors of TMS, if healthcare centers of DoHe is not available in your locality.

Only if treatment cannot be done at TVHA hospital, then the Doctor/Nurse/TMS Contract Doctor/Men-tse-khang Doctor will provide a referral slip to Government/Corporate hospital depending on the disease.

Another referral letter is needed from the Government/Corporate hospital in case of need for further and continuous treatment to higher Medical Centre wherein the patient should be hospitalized for 24 hours or more to avail the benefit.

If no healthcare centers of DoHe or no contract doctor of TMS is available in your locality, you can go ahead and consult either Government or private hospitals. But you are obliged to inform your respective executive secretary or settlement officer within 48 hours of your admission.

After discharge from the hospital, documents mentioned in no. 2 "needed documents" must be submitted to settlement officer or the executive secretary of your hospital within seven days.

The documents once received at the Department of Health, CTA, will be considered for the final claim, and no further submission of documents will be allowed.

The claimant will receive benefit only if the patient is hospitalized for 24 hours or more.
1. During Emergency
Enrolled member can be admitted in to any nearest hospitals to save life. But you must inform the concerned enrolment officer within 48 hours of admission in that hospital. Death of PatientTMS covers reimbursement of claimed amount for its members if unfortunate death occurs in hospital before 24 hours of hospitalization.

2. Needed Documents for Reimbursement of Medical Expenses
i) Referral Slip from Settlement Doctor
ii) Supporting letter from Settlement Officer or Executive Secretary of your Settlement
iii) Doctor’s medical prescription
iv) Discharge Certificate or summary (Can send copy if original needed for follow up)
v) Detailed Itemized Original bills
vi) Investigation and Radiology Reports (Can send copy if original needed for follow up)
vii) Original Payment Receipts
viii) Original Receipt of advance payment
ix) Filled Claim Form along with the Declaration signed by the Patient or Spouse or attending relative

*Note: If a patient is referred to third hospital, reference from second hospital must be submitted.*

3. Payment of Claim
i) Submit all your inpatient medical documents mentioned above to your TVHA health care centre or settlement office within 7 days from the discharged date and within 30 days for those who availed medical facilities outside the respective settlement. Thereafter, TVHA health centre or settlement office will forward the duly signed claim form and all the needed information/documents to the TMS Section, Department of Health.

ii) On receipt of the complete set of claim documents, Department of Health will make the payment for the admissible amount, along with a settlement statement.
4. Post-hospitalization expenses
i) These are costs of care incurred after discharge from the hospital. 50% costs of medicines only incurred up to 15 days after discharge are reimbursed under TMS Health Plan.
ii) Reimbursement of post hospitalization expense for medicines is subject to production of original bill incurred on medical expenses.

09 TMS – CLAIMS PROCESS FLOW

TMS Member visits referred Hospital along with Referral Slip provided by DoHe Health Centre

TMS Members

DoHe/TMS sends payable claim amount to TMS Members through the Settlement Office/DoHe Health Center

Department of Health /TMS

Hospital provides treatment.

On discharge:
- TMS Member pays for the treatment
- Obtains Discharge Summary, Prescription, Itemised Original Bills & Receipts, Investigations Reports
- TMS Member submits these documents along with Referral Slip to Settlement Office/DoHe Health Center

Referred Hospital

Settlement Office/DoHe Health Center, after initial verification, sends the documents to DoH/TMS for claims processing

Settlement Office/DoHe Health Center
11 BENEFIT LIMIT

PATIENT ADMITS IN A HOSPITAL FOR A DISEASE

Medical Case
(Where patient is treated in Hospital with conservative management)

Per Diem Rates
(Inclusive of Room Rents & All Hospital Charges)

(Suppose patient is in Non ICU)
Day 1 to 2 = INR 3500/Day
Day 3 to 5 = INR 1500/Day
Day 6 Onwards = INR 1000/Day

Surgical Case
(Where patient requires certain kind of surgery)

Package Rates (Annex I)
(Paid up to the maximum of package rates only)

Co-Pay
INR 1 - INR 30,000 (5%)
INR 30,001 - INR 50,000 (10%)
INR 50,001 - 70,000 (15%)
INR 70,001 - 100,000 (20%)
INR 100,001 - INR 120,000 (25%)

(If patient is in ICU)
Day 1 to 2 = INR 7000/Day
Day 3 to 5 = INR 3000/Day
Day 6 Onwards = INR 2000/Day

Note:
1. When applying package rates, no Co-Pay deduction will be made.
2. Room entitlement of 1% yearly benefit in Non ICU and 2% of yearly benefit in ICU will be applicable in Co-Pay.