

Date : 30/01/2025
Ref No. : PND/AA/AC/25/UAE-04
Confidential

Via email

To: Daman Contracted Providers

Subject: Guidelines for MSC Patient Services

Dear Valued Providers,

Greetings from Daman.

In line with Daman's collaboration with the UAE Army and our continuous efforts to enhance healthcare delivery and customer experience,

We would like to reiterate the importance of the MSC guidelines adherence to ensure utmost accuracy and proper documentation for the services provided to MSC patients. It is crucial to notify Daman through MSC designated channel with the initial visit date to ensure updating the ATC (Access to care) validity and avoid any denial to noncompliance.

Healthcare providers are requested to ensure abiding to the ATC validity after communicating the initial visit date, in which expiry date will be updated accordingly.

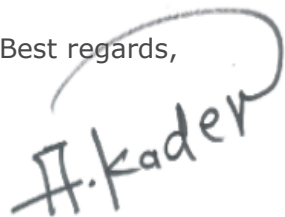
Furthermore, kindly ensure that patients should initiate the treatment within 90 days (for each ATC) from the effective date communicated in the ATC document.

Detailed MSC terms are listed in Appendix A for further information.

Your compliance with these guidelines will greatly assist in streamlining our administrative processes and enhancing patient satisfaction.

For further clarification on the circular, you may email us at MSC@damanhealth.ae

Best regards,



Dr. Abdalqader Alshaw

Senior Vice President

Provider Network

National Health Insurance Company – Daman PJSC

Attachment(s)

Filename (1)

Tel: +971 2 6149555 Fax: +971 2 6149776
PO Box: 128888 Abu Dhabi, United Arab Emirates



هاتف: +٩٧١ ٢ ٦١٤٩٥٥٥ فاكس: +٩٧١ ٢ ٦١٤٩٧٧٦
ص.ب: ١٢٨٨٨٨ أبوظبي، الإمارات العربية المتحدة

الشركة الوطنية للضمان الصحي - ضمان (ش.م.ع)، شركة خاضعة لأحكام القانون الاتحادي رقم (٦) لسنة ٢٠٠٧ ومقيدة في سجل شركات التأمين تحت رقم (٧٣) بتاريخ ٢٠٠٦/٧/١٢، رأس المال المدفوع ٢٥٠,٠٠٠,٠٠٠ درهم.
National Health Insurance Company – Daman (PJSC) is a company subject to Federal Law No. (6) of 2007, with Registration Number (73) dated 12/06/2006 in the Insurance Companies' Register and with Paid Up Capital AED 250,000,000.

ISO 9001:2015 Quality Management System	ISO 22301:2019 Business Continuity Management System	ISO/IEC 20000:2018 IT Service Management System	ISO/IEC 27001:2013 Information Security Management System
---	--	---	---

C E R T I F I E D

Appendix A:

- The ATC validity (effective and expiry date) can be modified subject to receipt of the initial visit date from the provider to ensure providing full treatment period mentioned in MSC approval letter (unless the effective date clearly mentioned in the ATC comment).
- The initial visit should be initiated within 90 days from the ATC effective date.
- This notification must be done within the validity of the initial ATC.
- Failure to obtain the revision by providing Daman with the initial visit date would make the provider liable for the shortage in the treatment period of the members.
- Kindly email MSC@damanhealth.ae for the date revision of the ATC with specific initial visit date.
- Failure to start treatment within the first 90 days will render the ATC invalid and any treatment billed after 90 days will not be paid/and will be recovered by Daman.
- In case the approval was issued for 1 month, the month is calculated on the basis of 30 days.
- Daman will not reimburse any cost after the end of the treatment period specified in the ATC and approvals.
- The patient is treated according to the medical diagnosis stated and must not be referred to another specialty or facility without approval from Daman.
- The room category for the patient is standard.
- The requested services, if available in the provider contract, will be processed in accordance with the contractual terms.
- Quotation or any reflected costs will not be applicable as contractual service cost with Daman will always supersede.

Tel: +971 2 6149555 Fax: +971 2 6149776
PO Box: 128888 Abu Dhabi, United Arab Emirates



هاتف: +971 2 6149555 فاكس: +971 2 6149776
ص.ب: ١٢٨٨٨٨ أبوظبي، الإمارات العربية المتحدة

الشركة الوطنية للضمان الصحي - ضمان (ش.م.ع.) شركة خاضعة لأحكام القانون الاتحادي رقم (٦) لسنة ٢٠٠٧ ومقيدة في سجل شركات التأمين تحت رقم (٧٣) بتاريخ ٢٠٠٦/٦/٢٠ رأس المال المفقوع ٢٥٠,٠٠٠,٠٠٠ درهم
National Health Insurance Company - Daman (PJSC) is a company subject to Federal Law No. (6) of 2007, with Registration Number (73) dated 12/06/2006 in the Insurance Companies' Register and with Paid Up Capital AED 250,000,000.

ISO 9001:2015 Quality Management System	ISO 22301:2019 Business Continuity Management System	ISO/IEC 20000:2018 IT Service Management System	ISO/IEC 27001:2013 Information Security Management System
---	--	---	---

C E R T I F I E D

Date : 30/01/2025
Ref No. : PND/AA/AC/25/UAE-06
Confidential

Via email

To: Daman Abu Dhabi Contracted Providers

Subject: Submission timeline Circular

Dear Valued Providers,

Greetings from Daman.

In reference to the usual cooperation between Daman and MSC members caregivers, we are pleased to inform you that a grace period till 14th Feb 2025 will be permitted to submit all delayed submissions/resubmissions for the service year 2023/2024.

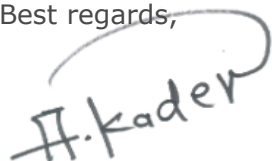
Based on MSC direction to finalize all claims till service date 14th Feb 2025, a timeline for submitting the related invoices with service period (01st Jan 2025 till 14th Feb 2025) will be permitted until 01st March 2025. This will be one time submission to the specified service period hence will be considered as final reconciliation. This is applicable for MSC policy only and not applicable for other portfolios.

Service Year/Period	Claim submission Timeline
2023-2024	14th Feb 2025
01st Jan 2025 - 14th Feb 2025	01st March 2025

Kindly follow the regular submission/resubmission rules.

For further clarification on the circular, you may email us at MSC@damanhealth.ae

Best regards,



Dr. Abdalqader Alshawhi

Senior Vice President

Provider Network

National Health Insurance Company – Daman PJSC

Attachment(s)

- Filename (1)

Tel: +971 2 6149555 Fax: +971 2 6149776
PO Box: 128888 Abu Dhabi, United Arab Emirates



هاتف: +٩٧١ ٢ ٦١٤٩٥٥٥ فاكس: +٩٧١ ٢ ٦١٤٩٧٧٦
ص.ب: ١٢٨٨٨٨ أبوظبي، الإمارات العربية المتحدة

الشركة الوطنية للضمان الصحي - ضمان (ش.م.ع)، شركة خاضعة لأحكام القانون الاتحادي رقم (٦) لسنة ٢٠٠٧ ومقيدة في سجل شركات التأمين تحت رقم (٧٣) بتاريخ ٢٠٠٦/٧/١٢، رأس المال المدفوع ٢٥٠,٠٠٠,٠٠٠ درهم.
National Health Insurance Company – Daman (PJSC) is a company subject to Federal Law No. (6) of 2007, with Registration Number (73) dated 12/06/2006 in the Insurance Companies' Register and with Paid Up Capital AED 250,000,000.

ISO 9001:2015 Quality Management System | ISO 22301:2019 Business Continuity Management System | ISO/IEC 20000:2018 IT Service Management System | ISO/IEC 27001:2013 Information Security Management System

C E R T I F I E D

Date : 31/05/2024
Ref No. : PND/AA/AE/24/UAE-31
Confidential

Via email

To: Home Healthcare Providers

Subject: Publishing New Homecare Standard.

Dear Valued Providers,

Greetings from Daman.

Following the publication of the new Home Healthcare Standard effective 1st June 2024, all home healthcare services authorization requests with a service date effective 1st June 2024, must follow the new standard and service codes as listed below.

With the consideration that for a transitional period of 2 month, all requested home care services can follow the existent referral/recommendation issued in the old referral forms but should be reflected in the new Home Healthcare Assessment forms as filled by the home healthcare providers.

During the transitional period, the home care service providers are required to coordinate with the referring facilities to conduct the periodic assessment for the home care patients by a specialty physician (referral physician or his/her replacement as appropriate) in order to assess the patient progress and fill the new Home Healthcare Referral/Periodic Assessment Forms.

The following documents are required to be submitted along with the authorization request, failure to do so will result in rejection of the request:

1. Assessment form signed and stamped by the referring physician.
2. Care Plan Consent of the Patient
3. Home Healthcare Patient Monitoring Form

The new codes and the prices will be as follows:

Type	Code	Code Description	Net Price (AED)
Service	17-25-1	Per Diem- Simple Home Visit - <i>Nursing Service, includes all medical services and transportation Excludes medication, consumables, and equipment.</i>	300
Service	17-25-2	Per Diem- Simple Home Visit - Supportive Service (Physiotherapy, Speech Therapy, Occupational Therapy, Respiratory Therapy) Includes all medical services and transportation Excludes medication, consumables, and equipment.	300
Service	17-25-3	Per Diem- Specialized Home Visit - <i>Consultation by Specialty Physician or Psychotherapy services Includes all medical services and transportation Excludes medication, consumables, and equipment.</i>	800



Tel: +971 2 6149555 Fax: +971 2 6149776
PO Box: 128888 Abu Dhabi, United Arab Emirates

هاتف: +٩٧١ ٢ ٦١٤٩٥٥٥ فاكس: +٩٧١ ٢ ٦١٤٩٧٧٦
ص.ب: ١٢٨٨٨٨ أبوظبي، الإمارات العربية المتحدة

الشركة الوطنية للضمان الصحي - ضمان (ش.م.ع)، شركة خاضعة لأحكام القانون الاتحادي رقم (٦) لسنة ٢٠٠٧ ومقيدة في سجل شركات التأمين تحت رقم (٧٣) بتاريخ ٢٠٠٦/٧/١٢، رأس المال المدفوع ٢٥٠,٠٠٠,٠٠٠ درهم
National Health Insurance Company - Daman (PJSC) is a company subject to Federal Law No. (6) of 2007, with Registration Number (73) dated 12/06/2006 in the Insurance Companies' Register and with Paid Up Capital AED 250,000,000.

ISO 9001:2015 Quality Management System | ISO 22301:2019 Business Continuity Management System | ISO/IEC 20000:2018 IT Service Management System | ISO/IEC 27001:2013 Information Security Management System

C E R T I F I E D

Type	Code	Code Description	Net Price (AED)
Service	17-25-4	Per Diem- Routine Home Nursing Care <i>Includes all medical services and transportation, Excludes medication, consumables, and equipment.</i>	900
Service	17-25-5	Per Diem- Advanced Home Nursing Care <i>Includes all medical services and transportation, Excludes medication, consumables, and equipment.</i>	1,800

The below service codes are not billable effective 1st June 2024

Type	Code	Service Description	Base Rate
Service	17-26-1	level 1, simple	0
Service	17-26-2	level 2, intermediate	0
Service	17-26-3	level 3, intensive	0
Service	17-26-4	level 4, complex	0

For clarification on the circular, you may log your query via Provider Services <https://Openjet.inhealth.ae>

Best regards,



Dr. Abdalqader Alshaw

Senior Vice President

Provider Network

National Health Insurance Company – Daman PJSC

Attachments (4)

- Filename (Workshop FAQ's, Assessment Form, Patient Monitoring Form & Referral-Periodic Assessment Form)



Tel: +971 2 6149555 Fax: +971 2 6149776
 PO Box: 128888 Abu Dhabi, United Arab Emirates

هاتف: +971 2 6149555 فاكس: +971 2 6149776
 ص.ب: ١٢٨٨٨٨ أبوظبي، الإمارات العربية المتحدة

الشركة الوطنية للضمان الصحي - ضمان (ش.م.ع.) شركة خاضعة لأحكام القانون الاتحادي رقم (٦) لسنة ٢٠٠٧ ومقيدة في سجل شركات التأمين تحت رقم (٧٣) بتاريخ ٢٠٠٦/٦/١٢ رأس المال المفقوع ٢٥٠,٠٠٠,٠٠٠ درهم
 National Health Insurance Company – Daman (PJSC) is a company subject to Federal Law No. (6) of 2007, with Registration Number (73) dated 12/06/2006 in the Insurance Companies' Register and with Paid Up Capital AED 250,000,000.

ISO 9001:2015 Quality Management System	ISO 22301:2019 Business Continuity Management System	ISO/IEC 20000:2018 IT Service Management System	ISO/IEC 27001:2013 Information Security Management System
---	--	---	---

C E R T I F I E D

Date : 26/01/2024
Ref No. : PND/AA/CG/24/UAE-06
Confidential

Via email

To: Daman Contracted Home Care Providers

Subject: MSC Homecare Services

Dear Valued Providers,

Greetings from Daman!

In line with Daman's collaboration with the UAE Army and our continuous efforts to enhance healthcare delivery and customer experience, we would like to share important guidelines for Home Care Services provided to MSC members.

Effective **service date January 2024**, Health Service Provider is required to submit their invoices on a monthly basis (30 days service period) and ensure service period/provided service's details (such as but not limited to physiotherapy) are added as observation note.

In addition, the following documents are required to be submitted together with the invoice:

1. The confirmation sheet
2. The Daily schedule signed by the patient/relative
3. A temporary interruption in service (emergency admission, travel, etc.)

Clear and consistent documentation is crucial for maintaining transparency and accountability in our operations. We kindly request your full cooperation in the following instructions:

Service confirmation sheet and Patient signature:

- Fill the service confirmation and schedule, by providing accurate details such as the nature of services and dates with the exact number of sessions provided in the quotation.
- For each service rendered, it is vital to have the patient or their authorized representative sign to acknowledge the receipt of the exact services provided.
- Signature should be in blue Pen and not scanned.
- Ensure that the service confirmation and schedule are properly filled out, stamped, and include all signatory information (name, relation, signature and mobile no).
- The cause of the temporary disruption in service if any.

Alignment of Dates:

All documents related to a particular service, including the service confirmation, schedule, and invoice, should have the same provided service period, period with an exact and accurate service start date and end date.



Tel: +971 2 6149555 Fax: +971 2 6149776
PO Box: 128888 Abu Dhabi, United Arab Emirates

هاتف: +٩٧١ ٢ ٦١٤٩٥٥٥ فاكس: +٩٧١ ٢ ٦١٤٩٧٧٦
ص.ب: ١٢٨٨٨٨ أبوظبي، الإمارات العربية المتحدة

الشركة الوطنية للضمان الصحي - ضمان (ش.م.ع)، شركة خاضعة لأحكام القانون الاتحادي رقم (٦) لسنة ٢٠٠٧ ومقيدة في سجل شركات التأمين تحت رقم (٧٢) بتاريخ ٢٠٠٦/٧/٢٢، رأس المال المدفوع ٢٥٠,٠٠٠,٠٠٠ درهم.
National Health Insurance Company - Daman (PJSC) is a company subject to Federal Law No. (6) of 2007, with Registration Number (73) dated 12/06/2006 in the Insurance Companies' Register and with Paid Up Capital AED 250,000,000.

ISO 9001:2015 Quality Management System	ISO 22301:2019 Business Continuity Management System	ISO/IEC 20000:2018 IT Service Management System	ISO/IEC 27001:2013 Information Security Management System
---	--	---	---

C E R T I F I E D

Your compliance with these guidelines will greatly assist in streamlining our administrative processes and enhancing patient satisfaction.

For clarification on the circular, you may send your query through Provider Services <https://Openjet.inhealth.ae>

Best regards,



Dr. Abdalqader Alshaw

Senior Vice President

Provider Network

National Health Insurance Company – Daman PJSC

2 Attachment(s)

- SERVICE_CONFIRMATION_MANUAL_ENTRY (1)
- DETAILED REHABILITATION SCHEDULE



Tel: +971 2 6149555 Fax: +971 2 6149776
PO Box: 128888 Abu Dhabi, United Arab Emirates

هاتف: +971 2 6149555 فاكس: +971 2 6149776
ص.ب: ١٢٨٨٨٨ أبوظبي، الإمارات العربية المتحدة

الشركة الوطنية للضمان الصحي - ضمان (ش.م.ع.) شركة خاضعة لأحكام القانون الاتحادي رقم (٦) لسنة ٢٠٠٧ ومقيدة في سجل شركات التأمين تحت رقم (٧٣) بتاريخ ٢٠٠٦/٦/٢٠ رأس المال المدفوع ٢٥٠,٠٠٠,٠٠٠ درهم
National Health Insurance Company – Daman (PJSC) is a company subject to Federal Law No. (6) of 2007, with Registration Number (73) dated 12/06/2006 in the Insurance Companies' Register and with Paid Up Capital AED 250,000,000.

ISO 9001:2015 Quality Management System	ISO 22301:2019 Business Continuity Management System	ISO/IEC 20000:2018 IT Service Management System	ISO/IEC 27001:2013 Information Security Management System
---	--	---	---

C E R T I F I E D

Date : 24/02/2023
Ref No. : PND/AA/JO/23/UAE-07
Confidential

Via email

To: Daman Contracted Providers

Subject: Access to Care (ATC) for MSC Members: Revision Requests Instructions Based on the Initial Visit Date

Dear Valued Providers,

Greetings from Daman!

In line with Daman's continuous effort to enhance healthcare delivery related to MSC members having access to care (ATC), please note that we have added instructions to the issued ATC/GOP letters as follows:

ATC effective and expiry dates depend on the patient's initial visit to the physician for the same condition reflected in the approval letter (the initial visit must be initiated within the first 90 days of the ATC/GOP effective date).

Therefore, Network providers must ensure to seek a revision (within 90 days) from Daman if the patient didn't complete the treatment period approved in the MAC letter and specified in the initial ATC. The below should be followed:

- 1- Kindly email msc@damanhealth.ae for the date revision of the ATC with a specific initial visit date.
- 2- E-authorization request (if needed) should be requested on the initial visit date.

Accordingly, Network providers are requested to notify Daman with the date of the initial visit to ensure revising the ATC validity in accordance with the specified period in the MAC approval. Services requested beyond the ATC expiry date will not be approved unless the necessary revision is made. For example, "medication approvals".

Tel: +971 2 6149555 Fax: +971 2 6149776
PO Box: 128888 Abu Dhabi, United Arab Emirates

هاتف: +٩٧١ ٢ ٦١٤٩٥٥٥ فاكس: +٩٧١ ٢ ٦١٤٩٧٧٦
ص.ب: ١٢٨٨٨٨ أبوظبي، الإمارات العربية المتحدة

الشركة الوطنية للضمان الصحي - ضمان (ش.م.ع)، شركة خاضعة لأحكام القانون الاتحادي رقم (٦) لسنة ٢٠٠٧ ومقيدة في سجل شركات التأمين تحت رقم (٧٢) بتاريخ ٢٠٠٦/٧/٢٢، رأس المال المدفوع ٢٥٠,٠٠٠,٠٠٠ درهم.
National Health Insurance Company - Daman (PJSC) is a company subject to Federal Law No. (6) of 2007, with Registration Number (73) dated 12/06/2006 in the Insurance Companies' Register and with Paid Up Capital AED 250,000,000.

ISO 9001:2015 Quality Management System	ISO 22301:2012 Business Continuity Management System	ISO/IEC 20000:2018 IT Service Management System	ISO/IEC 27001:2013 Information Security Management System
---	--	---	---

C E R T I F I E D

The revised date of the ATC will be available in the dashboard.

For Homecare, Rehabilitation & LTC, the services of the full treatment period should be requested at once in one e-authorization request prior to starting the service.

The above-mentioned revision instruction is necessary to enable the MSC patients utilizing the complete treatment specified in the MAC approval validity which starts from the initial visit.

For clarification on the circular, you may email us at PRDqueries@damanhealth.ae

Best regards,



Dr. Abdalqader Alshaw

Acting Senior Vice President

Provider Network

National Health Insurance Company – Daman PJSC

Date : 24/02/2023
Ref No. : PND/AA/JO/23/UAE-08

Confidential

Via email

To: Daman Abu Dhabi Contracted Providers

Subject: Changes in the Receiver ID and Payer ID for GHQ (MSC) Policy Claim Submission

Dear Valued Provider,

Greetings from Daman!

With reference to the Daman circular PRD/JD/JC/20/UAE-47 New Variation Plan – UAE Armed Forces Plan; we would like to inform you about the following changes for submitting **GHQ (MSC)** claims with the new Receiver and Payer IDs, effective immediately.

Claims Submission and Resubmission:

1. Subsequently, respective invoices and claims will be billed to Daman following the agreed prices listed under the Network List uploaded on Daman website.
2. Claims submission and Payment Timelines shall follow the existing Adjudication Rules as well as SPC terms and conditions.
3. For Claims and Prior-requests submission providers must use the below receiver ID and Payer ID.

Product Name	Receiver ID	Payer ID
UAE Armed Forces Plan (MSC)	A001	A001

4. GHQ(MSC) claims shall be submitted in a separate batch from other claims and tag the xml file as shown below example:

- H123-Submission-MSC-IP-FEB 2022
- H123-Resubmission.Correction-MSC-IP-FEB 2022

Tel: +971 2 6149555 Fax: +971 2 6149776
PO Box: 128888 Abu Dhabi, United Arab Emirates

هاتف: +٩٧١ ٢ ٦١٤٩٥٥٥ فاكس: +٩٧١ ٢ ٦١٤٩٧٧٦
ص.ب: ١٢٨٨٨٨ أبوظبي، الإمارات العربية المتحدة

الشركة الوطنية للضمان الصحي - ضمان (ش.م.ع)، شركة خاضعة لأحكام القانون الاتحادي رقم (٦) لسنة ٢٠٠٧ ومقيدة في سجل شركات التأمين تحت رقم (٧٣) بتاريخ ٢٠٠٦/٧/٢٢، رأس المال المدفوع ٢٥٠,٠٠٠,٠٠٠ درهم.
National Health Insurance Company – Daman (PJSC) is a company subject to Federal Law No. (6) of 2007, with Registration Number (73) dated 12/06/2006 in the Insurance Companies' Register and with Paid Up Capital AED 250,000,000.

ISO 9001:2015 Quality Management System | ISO 22301:2012 Business Continuity Management System | ISO/IEC 20000:2018 IT Service Management System | ISO/IEC 27001:2013 Information Security Management System

C E R T I F I E D

We appreciate your continued support and your compliance with these instructions.

For clarification on the circular, you may email us at PRDqueries@damanhealth.ae

Best regards,



Dr. Abdalqader Alshawhi

Acting Senior Vice President

Provider Network

National Health Insurance Company – Daman PJSC

Tel: +971 2 6149555 Fax: +971 2 6149776
PO Box: 128888 Abu Dhabi, United Arab Emirates

هاتف: +٩٧١ ٢ ٦١٤٩٥٥٥ فاكس: +٩٧١ ٢ ٦١٤٩٧٧٦
ص.ب: ١٢٨٨٨٨ أبوظبي، الإمارات العربية المتحدة

الشركة الوطنية للضمان الصحي - ضمان (ش.م.ع.) شركة خاضعة لأحكام القانون الاتحادي رقم (٦) لسنة ٢٠٠٧ ومقيدة في سجل شركات التأمين تحت رقم (٧٣) بتاريخ ٢٠٠٦/٦/٢٢ رأس المال المدفوع ٢٥٠.٠٠٠.٠٠٠ درهم
National Health Insurance Company – Daman (PJSC) is a company subject to Federal Law No. (6) of 2007, with Registration Number (73) dated 12/06/2006 in the Insurance Companies' Register and with Paid Up Capital AED 250,000,000.

ISO 9001:2015 Quality Management System	ISO 22301:2012 Business Continuity Management System	ISO/IEC 20000:2018 IT Service Management System	ISO/IEC 27001:2013 Information Security Management System
---	--	---	---

C E R T I F I E D

Date : 19/02/2025
Ref No. : PND/AA/SV/25/UAE-14

Confidential

Via email

To: Daman Contacted Providers

Subject: Publishing New Adjudication Rule

Dear Valued Providers,

Greetings from Daman.

Daman is pleased to release new Adjudication Rules, which are accessible on Daman website under Billing category.

The Adjudication Rule

- Brain Death
<https://www.damanhealth.ae/billing/>

The Adjudication Rules are developed after intense research of evidence-based medicine and International best practice, coupled with feedback from local expertise.

Daman welcomes feedback and discussions around the content of its published Adjudication Rules to ensure transparency.

For clarification on the circular, you may log your query via Provider Services
<https://Openjet.inhealth.ae.>

Best regards,



Dr. Abdalqader Alshaw

Senior Vice President

Provider Network

National Health Insurance Company – Daman PJSC

Attachment(s)

- Filename (1)

Tel: +971 2 6149555 Fax: +971 2 6149776
PO Box: 128888 Abu Dhabi, United Arab Emirates



هاتف: ٢ ٦١٤٩٥٥٥ +٩٧١ فاكس: ٢ ٦١٤٩٧٧٦ +٩٧١
ص.ب: ١٢٨٨٨٨ أبوظبي، الإمارات العربية المتحدة

الشركة الوطنية للضمان الصحي - ضمان (ش.م.ع)، شركة خاضعة لأحكام القانون الاتحادي رقم (٦) لسنة ٢٠٠٧ ومقيدة في سجل شركات التأمين تحت رقم (٧٢) بتاريخ ٢٠٠٦/٧/٢٢، رأس المال المدفوع ٢٥٠,٠٠٠,٠٠٠ درهم.
National Health Insurance Company – Daman (PJSC) is a company subject to Federal Law No. (6) of 2007, with Registration Number (73) dated 12/06/2006 in the Insurance Companies' Register and with Paid Up Capital AED 250,000,000.

ISO 9001:2015 Quality Management System	ISO 22301:2019 Business Continuity Management System	ISO/IEC 20000:2018 IT Service Management System	ISO/IEC 27001:2013 Information Security Management System
---	--	---	---

C E R T I F I E D

Date : 21/02/2025
Ref No. : PND/AA/SV/25/UAE-16

Confidential

Via email

To: Abu Dhabi Contracted Providers

Subject: Effective Date of Homecare Allocation Automation

Dear Valued Provider,

Greetings from Daman.

Please note that the effective date of Homecare Allocation Automation is 24 February 2025.

Facilities who will be referring patients for homecare services must complete the process as highlighted in the attached Homecare Allocation Automation Guide.

For clarification on the circular, you may log your query via Provider Services
<https://Openjet.inhealth.ae>.

Best regards,



Dr. Abdalqader Alshawhi

Senior Vice President

Provider Network

National Health Insurance Company – Daman PJSC

1 Attachment(s)

- Homecare Allocation Automation Guide

Tel: +971 2 6149555 Fax: +971 2 6149776
PO Box: 128888 Abu Dhabi, United Arab Emirates



هاتف: ٢٦١٤٩٥٥٥ +٩٧١ فاكس: ٢٦١٤٩٧٧٦ +٩٧١
ص.ب: ١٢٨٨٨٨ أبوظبي، الإمارات العربية المتحدة

الشركة الوطنية للضمان الصحي - ضمان (ش.م.ع)، شركة خاضعة لأحكام القانون الاتحادي رقم (٦) لسنة ٢٠٠٧ ومقيدة في سجل شركات التأمين تحت رقم (٧٣) بتاريخ ٢٠٠٦/٧/١٢، رأس المال المدفوع ٢٥٠,٠٠٠,٠٠٠ درهم.
National Health Insurance Company – Daman (PJSC) is a company subject to Federal Law No. (6) of 2007, with Registration Number (73) dated 12/06/2006 in the Insurance Companies' Register and with Paid Up Capital AED 250,000,000.

ISO 9001:2015 Quality Management System	ISO 22301:2019 Business Continuity Management System	ISO/IEC 20000:2018 IT Service Management System	ISO/IEC 27001:2013 Information Security Management System
---	--	---	---

C E R T I F I E D

Homecare Allocation Automation Guide

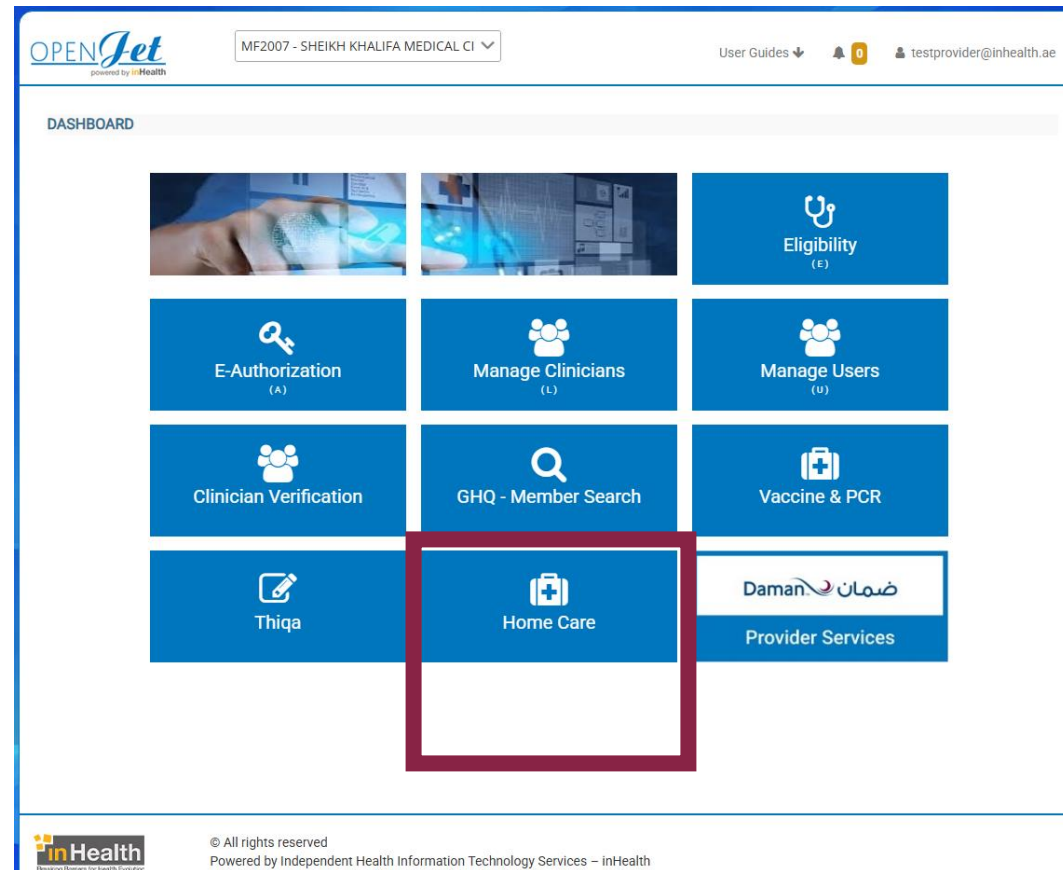
Jan 2025

Homecare Allocation Automation Guide

Step - 1

All providers will now, initiate request from Openjet for Homecare allocation. This guide explains how to raise a homecare allocation request from Openjet.

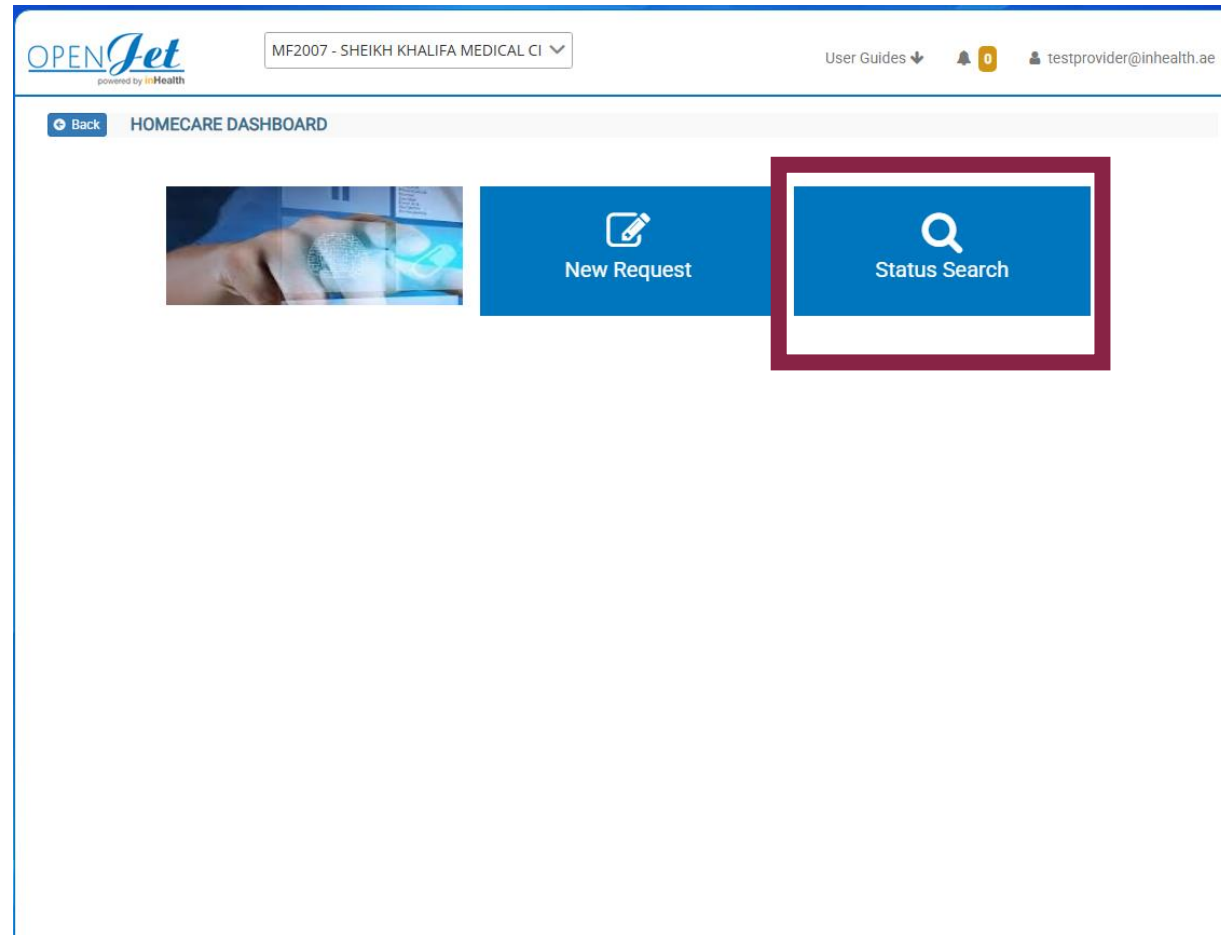
From your Openjet home page, click on “Home care” Icon



Homecare Allocation Automation Guide

Step - 2

In the current screen you can raise a new request or search for existing homecare allocation request status. You can click on status search to see the status of your current raised homecare allocation requests



Homecare Allocation Automation Guide

Step – 2.1

You can now search for your existing requests by date, EID, status etc.

OPENJet
powered by inHealth

MF2007 - SHEIKH KHALIFA MEDICAL CI

User Guides

0

testprovider@inhealth.ae

Back

STATUS SEARCH

Indicates required field *

Transaction From Date *

01/09/2024

Transaction To Date

05/02/2025

Status

9 items selected

✓

Submitted

✓

Waiting HCP Allocation

✓

Rejected

✓

Under Review

✓

More Information

✓

Completed

Emirates ID

Emirates ID

Clear

Search

inHealth
Breaking Barriers for Health Evolution

© All rights reserved
Powered by Independent Health Information Technology Services – inHealth

Homecare Allocation Automation Guide

Step – 2.2

You can raise a new request from clicking on “new request” from step 2. and fill in the details.

OPEN Jet powered by InHealth

MF2007 - SHEIKH KHALIFA MEDICAL CI

User Guides 0 testprovider@inhealth.ae

[Back](#) REQUEST DETAILS

Indicates required field *

First Name *	Last Name *	Card Number *	Thiqa Type *
<input type="text" value="First Name"/>	<input type="text" value="Last Name"/>	<input type="text" value="Card Number"/>	<input type="text" value="Thiqa Type"/>
Emirates Id *	Phone Number (971XXXXXXXX) *	Clinician *	Patient Home Service Location *
<input type="text" value="Emirates ID"/>	<input type="text" value="Phone Number"/>	<input type="text" value="Select Clinician"/>	<input type="text" value="Patient Home Location"/>
House/Apartment Number *	Street Number *	Neighborhood *	City *
<input type="text" value="House/Apartment No."/>	<input type="text" value="Street Number"/>	<input type="text" value="Neighborhood"/>	<input type="text" value="City"/>

Is Patient discharged *

☐ Yes ☐ No

Attachment

[+ Choose](#)

Note: The face-to-face form is mandatory to fill out. Please complete it by [clicking here](#)

[Clear](#) [Submit](#)

- 1) Input all the mandatory fields.
- 2) Fill in the face-to-face form by clicking the link.

Homecare Allocation Automation Guide

Step – 2.2.1

Fill in all the details in the face-to-face form.



Home Healthcare Referral/Periodic Assessment Form

The purpose of the form

☒ Referral (For initiation of Home Healthcare services)

Referring Facility Details

Facility Name *

SHEIKH KHALIFA MEDICAL CITY

Facility License *

MF2007

Personal Information

Patient Name *

Test Test

Date of Birth *

Emirates ID Number *

784-1944-1754159-9

Patient Language/s *

Choose

Gender *

Select Gender

Insurance

Type

Select Insurance

Card Number

112215

Residence

☐ Alone

☐ With Family

Patient is referred for Home Health Care from

☐ An in-patient hospital

☐ Directly from the community

☐ Long Term Facility

Submit

Home Healthcare Referral/Periodic Assessment Form

In the past two months, patient was admitted to which of the following settings other than the one mentioned in the previous point

☐ An in-patient hospital

☐ Home Health Care Services

☐ Long Term Facility

☐ Rehabilitation Hospital

☐ Other

Please Specify Diagnosis

Please Specify the diagnosis

Face-to-face encounter confirmation

A physician must order Home Health Care services and must certify a patient's eligibility for the benefit.

- The face-to-face requirement ensures that the orders and certification for Home Health Care services are based on a physician's current knowledge of the patient's clinical condition.
- Prior to certifying a patient's eligibility for the Home Health Care benefit, the referring physician must document that he or she has had a face-to-face encounter with the patient.
- Documentation regarding these face-to-face encounters must be presented on certifications for patients within 30 days prior to the start of Home Health Care, or within the 60 days after the start of care.
- As part of the certification form itself, or as an addendum to it, the physician must document when the physician saw the patient and how the patient's clinical condition as seen during that encounter supports the patient's homebound status and need for skilled services.

The clinical reason for the encounter was... [brief statement on the main reason why patient was admitted]

The patient's clinical condition, as observed, during the encounter supports the patient's homebound status as follows... [brief statement on the main reason why patient is referred for care through a home health facility]

Reasons for Home Care Referral

Submit

damanhealth.ae

<Data Classification> | 05/02/2025 | 6

Homecare Allocation Automation Guide

Step – 2.2.2

Fill in all the details in the face-to-face form.



Home Healthcare Referral/Periodic Assessment Form

Reasons for Home Care Referral

Note:

Patient can be referred to Homecare Services only if he/she is Homebound (status where patient is medically confined to his/her home and require skilled healthcare services)

• Homebound:

A status where patient is medically confined to his/her home and require skilled health care services as certified by the Referring Physician due to:

• An illness or injury resulting in the patient's inability to leave the patient's place of residence without assistance by another individual or the aid of a supportive device; or

• Having a condition such that leaving the place of residence requires a taxing effort or is medically contraindicated; and

• May only leave his/her residence or for absences that relate to seeking medical care, and concern attending religious service, family event, or memorial service.

Domains of Care

(mark all required skilled services and provide duration and details on service as applicable)

Note: Please select at least one option and provide the duration.

Medication Management

Duration (in Hours)

☐ Intravenous infusion (IV)

Duration (in Hours)

☐ Intramuscular injections (IM)

Duration (in Hours)

☐ Administration of Narcotic analgesics (opioid)

Duration (in Hours)

☐ Enteral multiple medications (Minimum 3 medications)

Duration (in Hours)

Nutrition/Hydration

Duration (in Hours)

☐ Continuous NGT for feeding or patient with NGT inserted with frequent ER visits due to NGT complications

Duration (in Hours)

☐ Continuous GT, JT feeding via mechanical pump or patient with frequent ER visits due to pump complications

Duration (in Hours)

☐ IV supplement administration for patient 'at risk' nutritional status

Duration (in Hours)

☐ Total parenteral Nutrition (TPN)

Duration (in Hours)

Submit

Home Healthcare Referral/Periodic Assessment Form

☐ Total parenteral nutrition (TPN)

Duration (in Hours)

☐ Patients 'at risk' nutritional status require assessment of failure to thrive or nutritional status

Duration (in Hours)

Respiratory Care

Duration (in Hours)

☐ Initiation of and adjustment of medical gases

Duration (number)

☐ Dual O2 and BiPAP therapy at least 16 hrs./day with BiPAP

Duration (number)

☐ Insertion and replacement of tracheal cannula (Indicate frequency)

Duration (number)

☐ Frequent daily suctioning as a part of complicated tracheostomy care

Duration (number)

☐ Tracheostomy care for pediatrics less than 6 years old

Duration (number)

☐ Home Invasive Mechanical Ventilator management

Duration (number)

☐ Continuous O2 therapy (at least 16 hrs./day) with requirements for periodic assessment and monitoring

Duration (number)

☐ Pulmonary disease with history of more than one ER visit or hospital admission in last 3 months

Duration (number)

Skin & Wound Care

Duration (hours)

☐ Wound Care for Multiple >2 wounds/pressure sore stage II in various areas of the trunk and pelvis

Duration (number)

☐ Wound care for stage III or IV pressure sore

Duration (number)

☐ Complex wound care and/or sterile dressing changes for any wound or skin condition or NPWT

Duration (number)

Submit

damanhealth.ae

<Data Classification> | 05/02/2025 | 7

Homecare Allocation Automation Guide

Step – 2.2.3

Fill in all the details in the face-to-face form.



Home Healthcare Referral/Periodic Assessment Form

☐ Complex wound care and/or sterile dressing changes for any wound or skin condition or NPWT

Duration (number)

☐ Primary dressing for therapeutic or protective covering as part of treatment for surgical wounds or wound debridement

Duration (number)

☐ Complex stoma care (infected, frequent leaking, mucocutaneous junction separation, peristomal skin damage)

Duration (number)

☐ Pressure sores at stage II for patients with spasticity or multiple joints contractures

Duration (number)

☐ Wound care of Severe Epidermolysis Bullosa (Junctional or Dystrophic)

Duration (number)

Bowel and Bladder Care

Duration (hours)

☐ Catheter care in the presence of UTI, Nephropathy or GUT abnormalities that may be affected by catheterization or requiring Catheter care with daily Bladder irrigation/wash

Duration (number)

☐ Bowel and bladder training (indicate the duration for training)

Duration (number)

☐ Rectal enemas in Inflammatory BD, Malignancy and after bowel surgery (indicate the duration for transitional/training period)

Duration (number)

☐ Indwelling catheter change (indicate frequency)

Duration (number)

☐ Peritoneal dialysis service for patient with history of peritonitis or HF and at risk of fluid overload

Duration (number)

☐ Newly Initiated Intermittent catheterization program or Sterile Intermittent catheterization for patients unable for selfcare

Duration (number)

Palliative Care

Duration (hours)

☐ Relieving pain and/or ease symptoms related to malignancy and advanced stage 'D' heart failure

Duration (number)

Submit

Home Healthcare Referral/Periodic Assessment Form

☐ Relieving pain and/or ease symptoms related to malignancy and advanced stage 'D' heart failure

Duration (number)

Observation and/or Close Monitoring Services

Duration (hours)

☐ Patient at high risk of serious physical harm due to severe spasticity refractory to medication (MAS >3/4)

Duration (number)

☐ Patient with status of intractable epilepsy refractory to multiple antiepileptic medication with respiratory status at risk requiring observation and monitoring

Duration (number)

☐ Patient with fluctuating vital signs, symptoms of drug toxicity, abnormal/fluctuating lab values related to acute episode of illness requiring observation and monitoring

Duration (number)

Post-Hospital Discharge Transitional Care/Training Period

Duration (hours)

☐ Newly inserted feeding tube for bolus feeding for transitional care/training period (indicate the duration for transitional/training period)

Duration (number)

☐ New Colostomy, Urostomy or Cystostomy management for transitional care and training for ostomy care (indicate the duration for transitional/training period)

Duration (number)

☐ Newly initiated Peritoneal dialysis for transitional care/training period (indicate the duration for transitional/training period)

Duration (number)

☐ Assess the patient respiratory status and technique for patient recently discharged to home with respiratory care & equipment for a transitional/training period (indicate the duration for transitional/training period)

Duration (number)

☐ Ensuring cardiorespiratory stability for patient recently discharged post critical care requiring a transitional period (indicate the duration for transitional period)

Duration (number)

Palliative Care

Duration (hours)

☐ Daily care for patient with advanced stage D Heart Failure

Duration (number)

Submit

Homecare Allocation Automation Guide

Step – 2.2.4

Fill in all the details in the face-to-face form.



Home Healthcare Referral/Periodic Assessment Form

Palliative Care

☐ Relieving pain and/or ease symptoms related to malignancy and advanced stage 'D' heart failure

Duration (hours)

Duration (number)

Observation and/or Close Monitoring Services

☐ Patient at high risk of serious physical harm due to severe spasticity refractory to medication (MAS >3/4)

Duration (number)

☐ Patient with status of intractable epilepsy refractory to multiple antiepileptic medication with respiratory status at risk requiring observation and monitoring

Duration (number)

☐ Patient with fluctuating vital signs, symptoms of drug toxicity, abnormal/fluctuating lab values related to acute episode of illness requiring observation and monitoring

Duration (number)

Post-Hospital Discharge Transitional Care/Training Period

☐ Newly inserted feeding tube for bolus feeding for transitional care/training period (indicate the duration for transitional/training period)

Duration (number)

☐ New Colostomy, Urostomy or Cystostomy management for transitional care and training for ostomy care (indicate the duration for transitional/training period)

Duration (number)

☐ Newly initiated Peritoneal dialysis for transitional care/training period (indicate the duration for transitional/training period)

Duration (number)

☐ Assess the patient respiratory status and technique for patient recently discharged to home with respiratory care & equipment for a transitional/training period (indicate the duration for transitional/training period)

Duration (number)

☐ Ensuring cardiorespiratory stability for patient recently discharged post critical care requiring a transitional period (indicate the duration for transitional period)

Duration (number)

Palliative Care

☐ Daily care for patient with advanced stage D Heart Failure

Duration (hours)

Duration (number)

Submit

Home Healthcare Referral/Periodic Assessment Form

Palliative Care

☐ Daily care for patient with advanced stage D Heart Failure

Duration (hours)

Duration (number)

☐ Daily Assessment and symptoms relief for patient with terminal illness includes the use of Narcotics for pain management

Duration (number)

Physiotherapy & Rehabilitation Services

☐ Patient require physical therapy with reasonable expectation of significant improvement in a predictable and reasonable time (Indicate the expected outcome and estimated frame time)

Duration (number)

☐ Patient require speech therapy & regular assessment by speech language pathologist (Indicate the expected outcome and estimated frame time)

Duration (number)

☐ Patient require occupational therapy to improve functions with set clear goals (Indicate the expected outcome and estimated frame time)

Duration (number)

☐ Patient with high potential to develop complications require maintenance physiotherapy training period (indicate the duration for training)

Duration (number)

☐ Patient require respiratory therapy sessions as performed by respiratory therapists with set clear goals as recommended by specialist within the scope of practice

Duration (number)

Devices and Aids Needed

☐ Patient needs devices and aids

Duration(In Hours)

☐ Patient does not need devices and aids

Duration(In Hours)

Needs the following devices:

Respiratory Care Cardiac and Vascular Care Nutritional and Fluid Management Diagnostic Tests

Submit

Homecare Allocation Automation Guide

Step – 2.2.5

Fill in all the details in the face-to-face form.



Home Healthcare Referral/Periodic Assessment Form

Respiratory Care

Choose

Cardiac and Vascular Care

Choose

Nutritional and Fluid Management

Choose

Diagnostic Tools

Choose

Renal Care

Choose

Mobility and Patient Support

Choose

General Monitoring and Support

Choose

Other Medical Information

The clinical reason for the encounter was... [brief statement on the main reason why patient was admitted]

The patient's clinical condition, as observed, during the encounter supports the patient's homebound status as follows... [brief statement on the main reason why patient is referred for care through a home health facility]

Other Diagnosis, comorbidities and complications not covered in previous points:

Addition details on required care/service

Required Home Healthcare Services

Required services	Frequency	Maximum number of hours	Duration
Skilled Nursing Services *	Select Frequency		Select Duration
Physiotherapy	Select Frequency		Select Duration

Submit

Home Healthcare Referral/Periodic Assessment Form

Required Home Healthcare Services

Required services	Frequency	Maximum number of hours	Duration
Skilled Nursing Services *	Select Frequency		Select Duration
Physiotherapy	Select Frequency		Select Duration
Occupational Therapy	Select Frequency		Select Duration
Speech Therapy	Select Frequency		Select Duration
Respiratory Therapy	Select Frequency		Select Duration

Date of the next assessment/follow up

Homecare Discharge Plan

Discharge Plan for services require transitional/training period, for services with set goals/outcomes to be achieved within estimated and defined timeline, or as indicated by the treating physician/referring physician.

After completion of transitional period

After completion of training period

Other reason to plan for discharge:

other reason

Extension of Home care Service

Extension of Home care Service

Submit

Homecare Allocation Automation Guide


Step – 2.2.6

Fill in all the details in the face-to-face form.

☐ Extension of Home care Service

I certify that a face-to-face encounter was performed on the above-named patient on [date] by [physician name].

Expected date (duration) to discharge from home care service



Treating Physician

Name *

Specialty *

License Number *

Referring Physician

Name *

Specialty *

License Number *

Submit

Note :- Without filling in all the details in face-to-face form, you cannot proceed with submission of the request.

Homecare Allocation Automation Guide

Step – 2.3

Once all the details have been filled in correctly , the submit button will become active

OPENJet
powered by inHealth

MF2007 - SHEIKH KHALIFA MEDICAL CI

User Guides

0

testprovider@inhealth.ae

Back

REQUEST DETAILS

Indicates required field *

First Name *

Last Name *

Card Number *

Thiqa Type *

Test

Test

112215

C2

Emirates Id *

Phone Number (971XXXXXXXX) *

Clinician *

Patient Home Service Location *

784-1944-1754159-9

971506682286

LATHIKA . MENON(GD11093)

Abu Dhabi

House/Apartment Number *

Street Number *

Neighborhood *

City *

101

40

Al Shamnkha

Abu Dhabi

Is Patient discharged *

Attachment

☐ Yes ☒ No

+ Choose

Re Allocation Flow.pdf 48.089 KB

Note:The face-to-face form is mandatory to fill out. Please complete it by [clicking](#) here

Clear

Submit

inHealth
Breaking Barriers for Health Evolution

© All rights reserved
Powered by Independent Health Information Technology Services – inHealth

Note :- Each allocation request should be accompanied by the following documents :-

- 1) Updated Periodic assessment form
- 2) Updated Medical report.

Homecare Allocation Automation Guide

Step – 3

Important to note

- 1) Only one active request can be submitted for a patient.
- 2) A request become closed if it has been rejected or a homecare provider has been allocated.
- 3) For re-allocation of ongoing homecare allocation cases, the provider should reach out to Daman contact center.
- 4) Any requests without the above-mentioned attachments will be rejected automatically.

Thank you

Date : 28/02/2025
Ref No. : PND/AA/SV/25/UAE-17

Confidential

Via email

To: SEHA and Other Abu Dhabi Public Non SEHA Network Providers

Subject: Enhancement on Thiqa C3 Enrollment Process

Dear Valued Providers,

Greetings from Daman.

As part of our ongoing efforts to enhance and improve the services we provide to our customers, we have made an important upgrade to the C3 automation process for UAE nationals.

All requests should be submitted through the OpenJet system, and it will be processed automatically. This enhancement aims to streamline the process and ensure faster and more efficient handling of requests.

Before Enhancement	After Enhancement
Providers submit requests through Open Jet and expect processing within 24 hours	Providers can now submit requests 24/7, and they will be processed directly from the system.

Please note that the following requests will be directly rejected:

- Non-UAE National requests
- Duality of insurance
- Pending requests (those submitted by the customer prior to the provider enrollment request submission).

To follow up for pending request submitted by the customer, provider can send email to thiqac3provider@damanhealth.ae with the consent form approved by the customer and copy of member's EID.

For clarification on the circular, you may log your query via Provider Services <https://Openjet.inhealth.ae>.

Best regards,



Dr. Abdalqader Alshawi

Senior Vice President

Provider Network

National Health Insurance Company – Daman PJSC

Attachment(s)

- Filename (1)



Tel: +971 2 6149555 Fax: +971 2 6149776
PO Box: 128888 Abu Dhabi, United Arab Emirates

هاتف: +٩٧١ ٢ ٦١٤٩٥٥٥ فاكس: +٩٧١ ٢ ٦١٤٩٧٧٦
ص.ب: ١٢٨٨٨٨ أبوظبي، الإمارات العربية المتحدة

الشركة الوطنية للضمان الصحي - ضمان (ش.م.ع)، شركة خاضعة لأحكام القانون الاتحادي رقم (٦) لسنة ٢٠٠٧ ومقيدة في سجل شركات التأمين تحت رقم (٧٣) بتاريخ ٢٠٠٦/٧/١٢، رأس المال المدفوع ٢٥٠,٠٠٠,٠٠٠ درهم.
National Health Insurance Company – Daman (PJSC) is a company subject to Federal Law No. (6) of 2007, with Registration Number (73) dated 12/06/2006 in the Insurance Companies' Register and with Paid Up Capital AED 250,000,000.

ISO 9001:2015 Quality Management System | ISO 22301:2019 Business Continuity Management System | ISO/IEC 20000:2018 IT Service Management System | ISO/IEC 27001:2013 Information Security Management System

C E R T I F I E D

Date : 17/03/2025
Ref No. : PND/AA/SV/25/UAE-20

Confidential

Via email

To: Daman Contacted Providers

Subject: Publishing New Adjudication Rule

Dear Valued Providers,

Greetings from Daman.

Daman is pleased to release new Adjudication Rules, which are accessible on Daman website under Billing category.

The Pharmaceutical Adjudication Rule

- Anti migraine -CGRP inhibitors
<https://www.damanhealth.ae/billing/>

The Adjudication Rules are developed after intense research of evidence-based medicine and International best practice, coupled with feedback from local expertise.

Daman welcomes feedback and discussions around the content of its published Adjudication Rules to ensure transparency.

Effective date will be on 17th April 2025, after a month of publishing this communication.

For clarification on the circular, you may log your query via Provider Services
<https://Openjet.inhealth.ae>.

Best regards,



Dr. Abdalqader Alshawhi

Senior Vice President

Provider Network

National Health Insurance Company – Daman PJSC

Attachment(s)

- Filename (1)

Tel: +971 2 6149555 Fax: +971 2 6149776
PO Box: 128888 Abu Dhabi, United Arab Emirates



هاتف: ٢٦١٤٩٥٥٥ +٩٧١ فاكس: ٢٦١٤٩٧٧٦ +٩٧١
ص.ب: ١٢٨٨٨٨ أبوظبي، الإمارات العربية المتحدة

الشركة الوطنية للضمان الصحي - ضمان (ش.م.ع)، شركة خاضعة لأحكام القانون الاتحادي رقم (٦) لسنة ٢٠٠٧ ومقيدة في سجل شركات التأمين تحت رقم (٧٣) بتاريخ ٢٠٠٦/٧/١٢، رأس المال المدفوع ٢٥٠,٠٠٠,٠٠٠ درهم.
National Health Insurance Company – Daman (PJSC) is a company subject to Federal Law No. (6) of 2007, with Registration Number (73) dated 12/06/2006 in the Insurance Companies' Register and with Paid Up Capital AED 250,000,000.

ISO 9001:2015 Quality Management System | ISO 22301:2019 Business Continuity Management System | ISO/IEC 20000:2018 IT Service Management System | ISO/IEC 27001:2013 Information Security Management System

C E R T I F I E D

Date : 18/03/2025
Ref No. : PND/AA/SV/25/UAE-21

Confidential

Via email

To: Daman ABM Contracted Providers

Subject: Communication Channel for ABM Enrolment Related Escalations

Dear Valued Providers,

Greetings from Daman.

With reference to the above-mentioned subject, and in our ongoing effort to provide the best possible service to our valued customers, we would like to inform you that a new channel has been created effective 21st March 2025, to address all your ABM queries, escalations, delays, grievances, and complaints through OpenJet, ensuring a timely response.

Kindly choose ABM Enrollment as service and service subtype in Open Jet Provider Query module.

Please bear in mind that for the time being, this will not affect the current process for submission of ABM enrolment requests via emails.

In case you need further support in the clarification of the reply received, you may contact the Assistant Manager in the ABM Unit Dr Zainab Hadi at zainab.hadi@damanhealth.ae

For clarification on the circular, you may log your query via Provider Services <https://Openjet.inhealth.ae>.

Best regards,



Dr. Abdalqader Alshaw

Senior Vice President

Provider Network

National Health Insurance Company – Daman PJSC

Attachment(s)

- Filename (1)

Tel: +971 2 6149555 Fax: +971 2 6149776
PO Box: 128888 Abu Dhabi, United Arab Emirates



هاتف: ٦١٤٩٥٥٥ ٣ ٩٧١ فاكس: ٦١٤٩٧٧٦ ٣ ٩٧١
ص.ب: ١٢٨٨٨٨ أبوظبي، الإمارات العربية المتحدة

الشركة الوطنية للضمان الصحي - ضمان (ش.م.ع)، شركة خاضعة لأحكام القانون الاتحادي رقم (٦) لسنة ٢٠٠٧ ومقيدة في سجل شركات التأمين تحت رقم (٧٣) بتاريخ ٢٠٠٦/٧/١٢، رأس المال المدفوع ٢٥٠,٠٠٠,٠٠٠ درهم.
National Health Insurance Company – Daman (PJSC) is a company subject to Federal Law No. (6) of 2007, with Registration Number (73) dated 12/06/2006 in the Insurance Companies' Register and with Paid Up Capital AED 250,000,000.

ISO 9001:2015 Quality Management System	ISO 22301:2019 Business Continuity Management System	ISO/IEC 20000:2018 IT Service Management System	ISO/IEC 27001:2013 Information Security Management System
---	--	---	---

C E R T I F I E D

Date : 18/03/2025
Ref No. : PND/AA/SV/25/UAE-22

Confidential

Via email

To: Daman Contracted Providers

Subject: Defense Health Organization (MSC) Plan Extension

Dear Valued Providers,

Greetings from Daman.

Reference to the above-mentioned subject, we hereby inform you that we have extended our collaboration with the Defense Health Organization (MSC) plan for one month. Subsequently, the MSC policy is extended until April 15th, 2025.

Accordingly, you are kindly requested to perform eligibility check prior to receiving members at your facility or seeking approvals for medical services.

In the instance where you encounter an expired approval, but the member still undergoes the same diagnosis related services, you are kindly required to send a request to Daman for re-approval to seek a renewed ATC or a revised pre-approval for e-authorization submissions. Failure to seek a revised pre-approval letter will lead to rejection at claims level.

In the event you have encountered a rejected or expired service, please ensure that members are sent back to The Armed Forces committee for pursual of any additional medical need.

For clarification on the circular, you may email us at MSC@damanhealth.ae

Best regards,



Dr. Abdalqader Alshaw

Senior Vice President

Provider Network

National Health Insurance Company – Daman PJSC

Attachment(s)

- Filename (1)

Tel: +971 2 6149555 Fax: +971 2 6149776
PO Box: 128888 Abu Dhabi, United Arab Emirates



هاتف: +٩٧١ ٢ ٦١٤٩٥٥٥ فاكس: +٩٧١ ٢ ٦١٤٩٧٧٦
ص.ب: ١٢٨٨٨٨ أبوظبي، الإمارات العربية المتحدة

الشركة الوطنية للضمان الصحي - ضمان (ش.م.ع)، شركة خاضعة لأحكام القانون الاتحادي رقم (٦) لسنة ٢٠٠٧ ومقيدة في سجل شركات التأمين تحت رقم (٧٣) بتاريخ ٢٠٠٦/٧/١٢، رأس المال المدفوع ٢٥٠,٠٠٠,٠٠٠ درهم.
National Health Insurance Company – Daman (PJSC) is a company subject to Federal Law No. (6) of 2007, with Registration Number (73) dated 12/06/2006 in the Insurance Companies' Register and with Paid Up Capital AED 250,000,000.

ISO 9001:2015 Quality Management System | ISO 22301:2019 Business Continuity Management System | ISO/IEC 20000:2018 IT Service Management System | ISO/IEC 27001:2013 Information Security Management System

C E R T I F I E D

Date : 15/04/2025
Ref No. : PND/AA/SV/25/UAE-58

Confidential

Via email

To: Daman Contracted Providers

Subject: Defense Health Organization (MSC) Plan Extension - Updated

Dear Valued Providers,

Greetings from Daman.

Reference to the above-mentioned subject, we hereby would like to inform you that we have extended our collaboration with the Defense Health Organization (MSC) plan for one month. Subsequently, the MSC policy is extended until May 14th, 2025.

Accordingly, you are kindly requested to perform eligibility check prior to receiving members at your facility or seeking approvals for medical services.

In the instance where you encounter an expired approval, but the member still undergoes the same diagnosis related services, you are kindly required to send a request to Daman for re-approval to seek a renewed ATC or a revised pre-approval for e-authorization submissions. Failure to seek a revised pre-approval letter will lead to rejection at claims level.

In the event you have encountered a rejected or expired service, please ensure that members are sent back to The Armed Forces committee for pursual of any additional medical need.

For clarification on the circular, you may email us at MSC@damanhealth.ae.

Best regards,



Dr. Abdalqader Alshaw

Senior Vice President

Provider Network

National Health Insurance Company – Daman PJSC

Attachment(s)

- Filename (1)

Tel: +971 2 6149555 Fax: +971 2 6149776
PO Box: 128888 Abu Dhabi, United Arab Emirates



هاتف: +٩٧١ ٢ ٦١٤٩٥٥٥ فاكس: +٩٧١ ٢ ٦١٤٩٧٧٦
ص.ب: ١٢٨٨٨٨ أبوظبي، الإمارات العربية المتحدة

الشركة الوطنية للضمان الصحي - ضمان (ش.م.ع)، شركة خاضعة لأحكام القانون الاتحادي رقم (٦) لسنة ٢٠٠٧ ومقيدة في سجل شركات التأمين تحت رقم (٧٢) بتاريخ ٢٠٠٦/٧/٢٢، رأس المال المدفوع ٢٥٠,٠٠٠,٠٠٠ درهم.
National Health Insurance Company – Daman (PJSC) is a company subject to Federal Law No. (6) of 2007, with Registration Number (73) dated 12/06/2006 in the Insurance Companies' Register and with Paid Up Capital AED 250,000,000.

ISO 9001:2015 Quality Management System | ISO 22301:2019 Business Continuity Management System | ISO/IEC 20000:2018 IT Service Management System | ISO/IEC 27001:2013 Information Security Management System

C E R T I F I E D

Date : 29/04/2025
Ref No. : PND/AA/SV/25/UAE-60

Confidential

Via email

To: Daman Contracted Providers

Subject: Publishing the New wheelchair pre-approval form

Dear Valued Providers,

Greetings from Daman.

In our efforts to ensure transparency, and accurate reporting of patient information, we would like to notify you that, effective 1st May 2025, Daman will no longer be accepting the PT (physiotherapy) form for wheelchair preauthorization requests. Alternatively, the attached wheelchair pre-approval form must be attached with each Wheelchair request submitted.

The form is also available for download on the link below:

https://www.damanhealth.ae/wp-content/uploads/2025/04/F-13588_250417_Wheelchair-Pre-approval-Form_V1R0-1.docx

Please note the following documentation must be submitted along with the wheelchair authorization requests:

1. A completed, signed, and stamped wheelchair pre-approval form from a physiotherapist, occupational therapist, rehabilitation specialist, or consultant (*please ensure the form is not older than 1 month*).
2. Wheelchair brand warranty.
3. An updated medical report from the treating physician (*the report should be no older than 3 months*).
4. Please make sure the copy of these approval forms is always maintained in patient records for future references.

Failure to provide any of the required information or documentation will result in rejection.

We appreciate your cooperation and understanding.

Tel: +971 2 6149555 Fax: +971 2 6149776
PO Box: 128888 Abu Dhabi, United Arab Emirates



هاتف: +٩٧١ ٢ ٦١٤٩٥٥٥ فاكس: +٩٧١ ٢ ٦١٤٩٧٧٦
ص.ب: ١٢٨٨٨٨ أبوظبي، الإمارات العربية المتحدة

الشركة الوطنية للضمان الصحي - ضمان (ش.م.ع)، شركة خاضعة لأحكام القانون الاتحادي رقم (٦) لسنة ٢٠٠٧ ومقيدة في سجل شركات التأمين تحت رقم (٧٣) بتاريخ ٢٠٠٦/٧/١٢، رأس المال المدفوع ٢٥٠,٠٠٠,٠٠٠ درهم.
National Health Insurance Company - Daman (PJSC) is a company subject to Federal Law No. (6) of 2007, with Registration Number (73) dated 12/06/2006 in the Insurance Companies' Register and with Paid Up Capital AED 250,000,000.

ISO 9001:2015 Quality Management System	ISO 22301:2019 Business Continuity Management System	ISO/IEC 20000:2018 IT Service Management System	ISO/IEC 27001:2013 Information Security Management System
---	--	---	---

C E R T I F I E D

For clarification on the circular, you may log your query via Provider Services
<https://Openjet.inhealth.ae>.

Best regards,



Dr. Abdalqader Alshaw
Senior Vice President
Provider Network
National Health Insurance Company – Daman PJSC

1 Attachment(s)

- Wheelchair Pre-approval Form

Tel: +971 2 6149555 Fax: +971 2 6149776
PO Box: 128888 Abu Dhabi, United Arab Emirates



هاتف: +971 2 6149555 فاكس: +971 2 6149776
ص.ب: ١٢٨٨٨٨ أبوظبي، الإمارات العربية المتحدة

الشركة الوطنية للضمان الصحي - ضمان (ش.م.ع.) شركة خاضعة لأحكام القانون الاتحادي رقم (٦) لسنة ٢٠٠٧ ومقيدة في سجل شركات التأمين تحت رقم (٧٣) بتاريخ ٢٠٠٦/٦/٢٢ رأس المال المدفوع ٢٥٠,٠٠٠,٠٠٠ درهم
National Health Insurance Company – Daman (PJSC) is a company subject to Federal Law No. (6) of 2007, with Registration Number (73) dated 12/06/2006 in the Insurance Companies' Register and with Paid Up Capital AED 250,000,000.

ISO 9001:2015 Quality Management System	ISO 22301:2019 Business Continuity Management System	ISO/IEC 20000:2018 IT Service Management System	ISO/IEC 27001:2013 Information Security Management System
---	--	---	---

C E R T I F I E D

Date : **22nd February 2022**
Ref No.: **PND/JD/JC/22/UAE-11**

Confidential

Via email

To: Daman Contracted Provider

Subject: Official Email Address & Letter of Appointment

Dear Valued Provider,

As held in Daman's official notification sent to all Providers on 14th May 2019 and pursuant to relevant laws and regulations, please note that Daman will not communicate with Providers through any non-official email domains and/or domains that are hosted outside of the UAE.

With regards to letters issued by Providers that appoint a designated contact person, such appointments only extend to communication and negotiation matters, and do not constitute valid powers of attorney authorizing such nominee to execute contracts on behalf of the Provider.

We appreciate your full understanding and we will be waiting for your course of action to the aforementioned points.

Best regards,



Dr. Jihan Dennaoui

Director

Provider Network Department, Daman