SOP: TaifaCare e-Claims processing- Maternity Delivery Workflow

(Last update: July 2026)

TASK:	To guide users on how to navigate & process e-Claims in TaifaCare
OBJECTIVE:	Effectively process insurance claims within a facility.
WHO:	Finance Department, Billing Cashier, Clinical Officers
REQUIRED MATERIALS:	Functional TaifaCare **Version 19.4.2 and above**
DEPENDANCIES:	Facility HIE configuration, Adding clinical charges, Installation of Health ID and Staff training.
SUMMARY: The process e-claim feature in TaifaCare allows facilities to comfortably process insurance claims and share captured information in TaifaCare to the insurance databases through the HIE system.	

The workflow described in this user guide assumes that all bills are generated from the respective service points and that all claims are processed at Central Finance Unit for insurance payments.

It should be noted that for e-claims to be achieved from TaifaCare, the facility EMR must be configured with the correct Token that grants facility access to the Social Health Authority (SHA) portal via the Health Information Exchange protocol.

This user guide provides a clear and practical overview of the Maternity services workflow, it outlines the essential steps and documentation requirements needed to ensure accurate, timely and compliant claims processing.

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<tr><th>No</th><th>Task Description</th><th>Screenshot</th></tr>
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<td>1.</td>
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Client Identification

Refer to [Patient Registration SOP]() available on our website

Existing Patient

- Search for the patient and confirm they are eligible and active on UHC for either PHC/SHIF
- Send OTP for the patient to authorize access to their information.
- Click check in to start the visit for self or check in applicable dependent.

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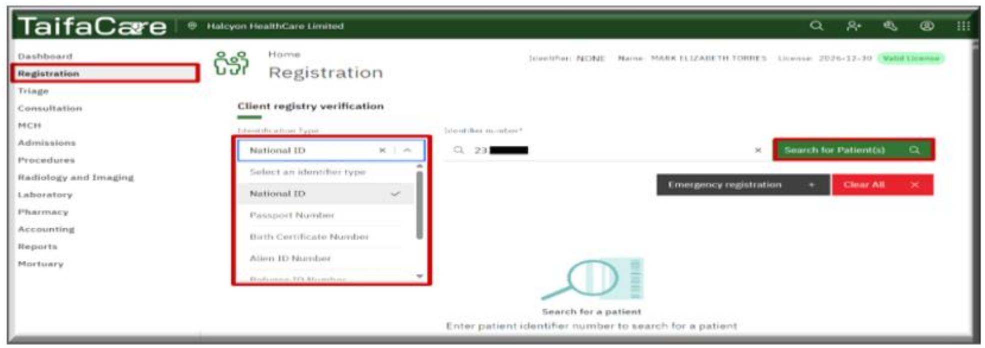

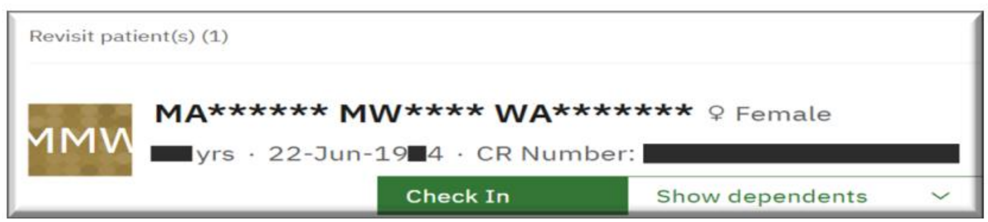

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Starting a Client Visit

Fill the Visit Check in Form

Visit Details:

- Confirm visit Location
- Specify visit type and select Outpatient
- Select Patient Category as Triage.
- Queue Patient for the first point of service.
- Click Start visit to initiate the visit.

The system will display an Outpatient visit has been started successfully.

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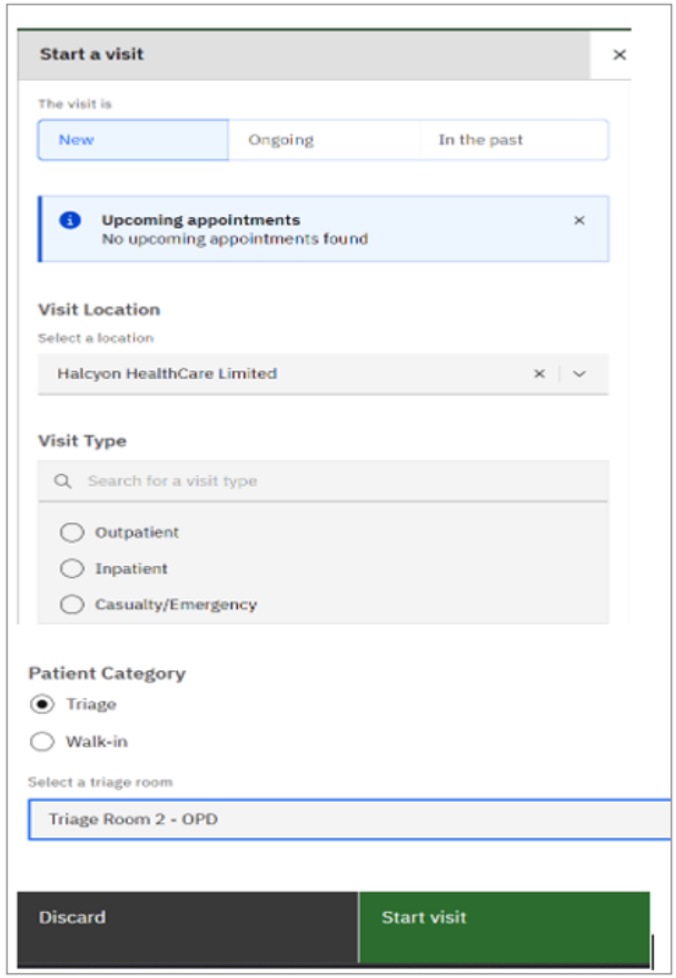

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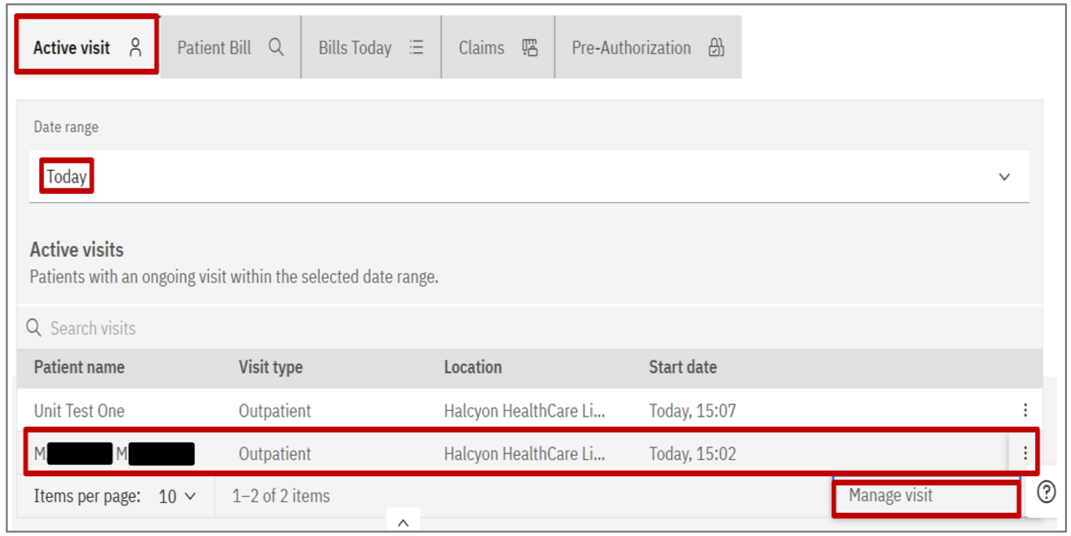
3.	**Manage Active visits** When a visit is started successfully, the client will be automatically queued in the Active visits Queue. Located under; **Accounting Module-Active Visits Tab, Select Date Range accordingly**. **Locate** the client and **click** the 3 dots on the far right against the client's name to Manage the visit.	

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Confirm Payment Eligibility

Check Patient is not exempted from payments
Select Insurance as the payment method
Select SHA as the Insurance Scheme
Select SHA Benefit Package as SHA-8-SC-02-Maternity,Neonatal and Child health services
Select SHA Interventions as

Cesarean Section
Virginal delivery

NB:// Both interventions do not require pre-authorization

Add the first chargeable service as applicable.

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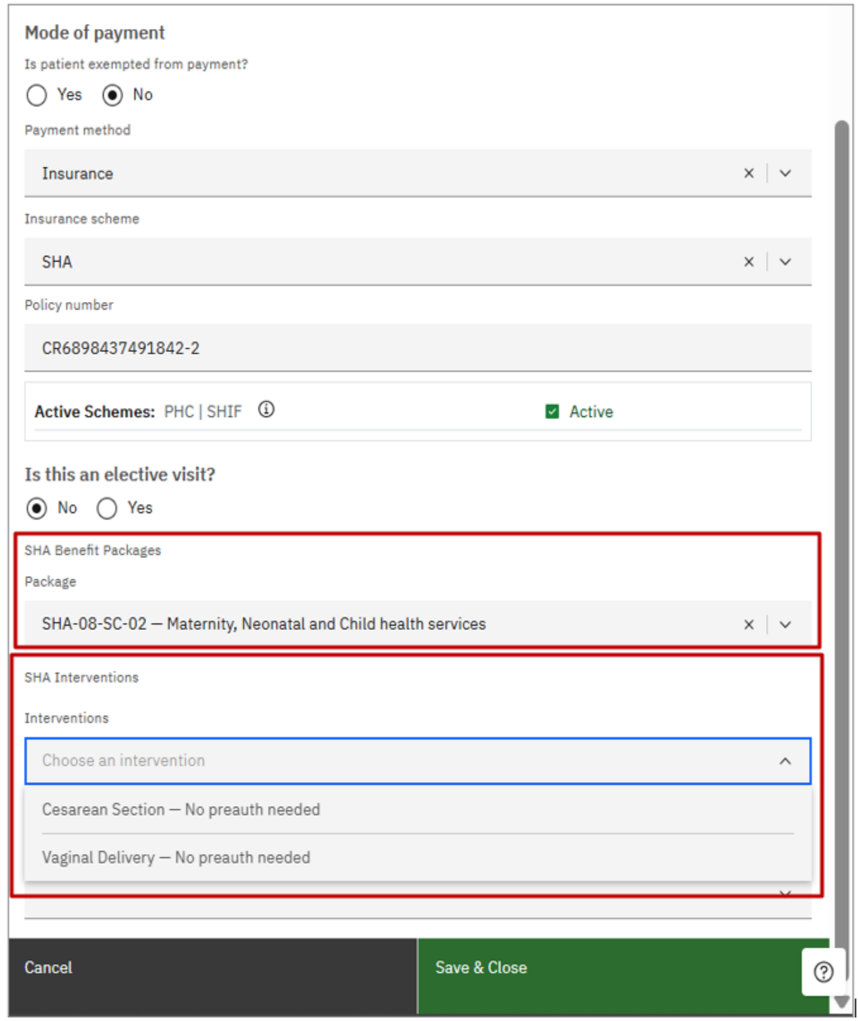

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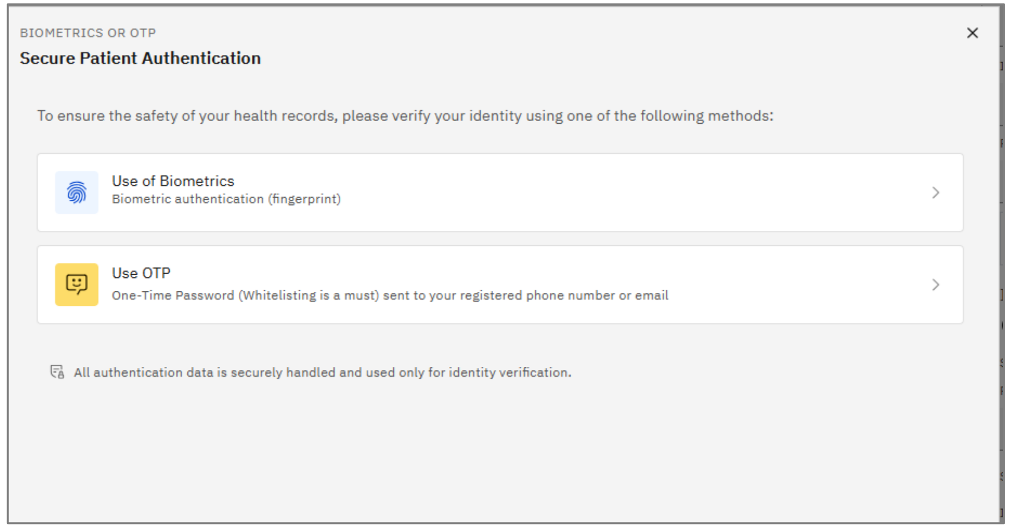
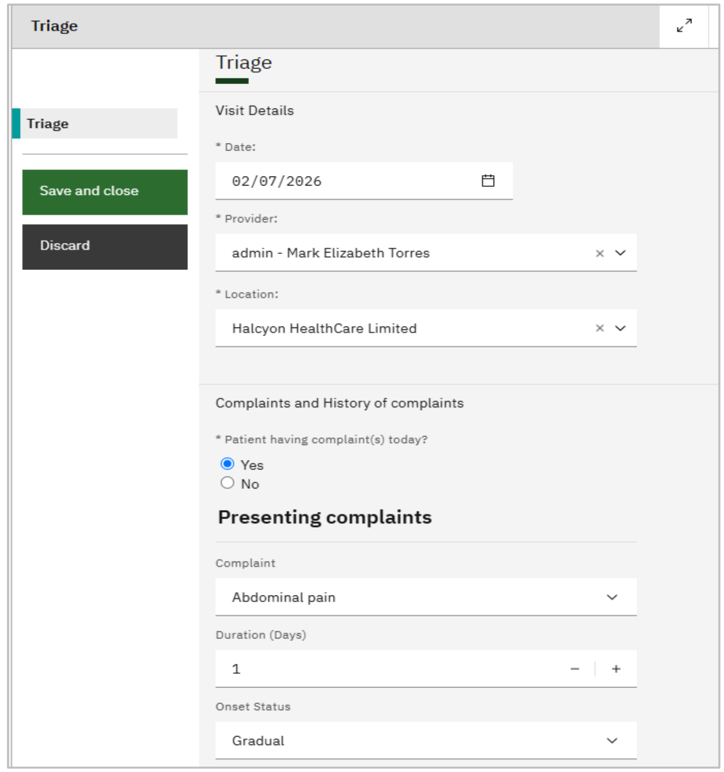
3.	**Authenticate and Verify Client** **1. Use Biometrics** Verify the client's fingerprints against government verification records. Once the OTP is verified, the patient visit will be started**.**	

Clinical Workflow

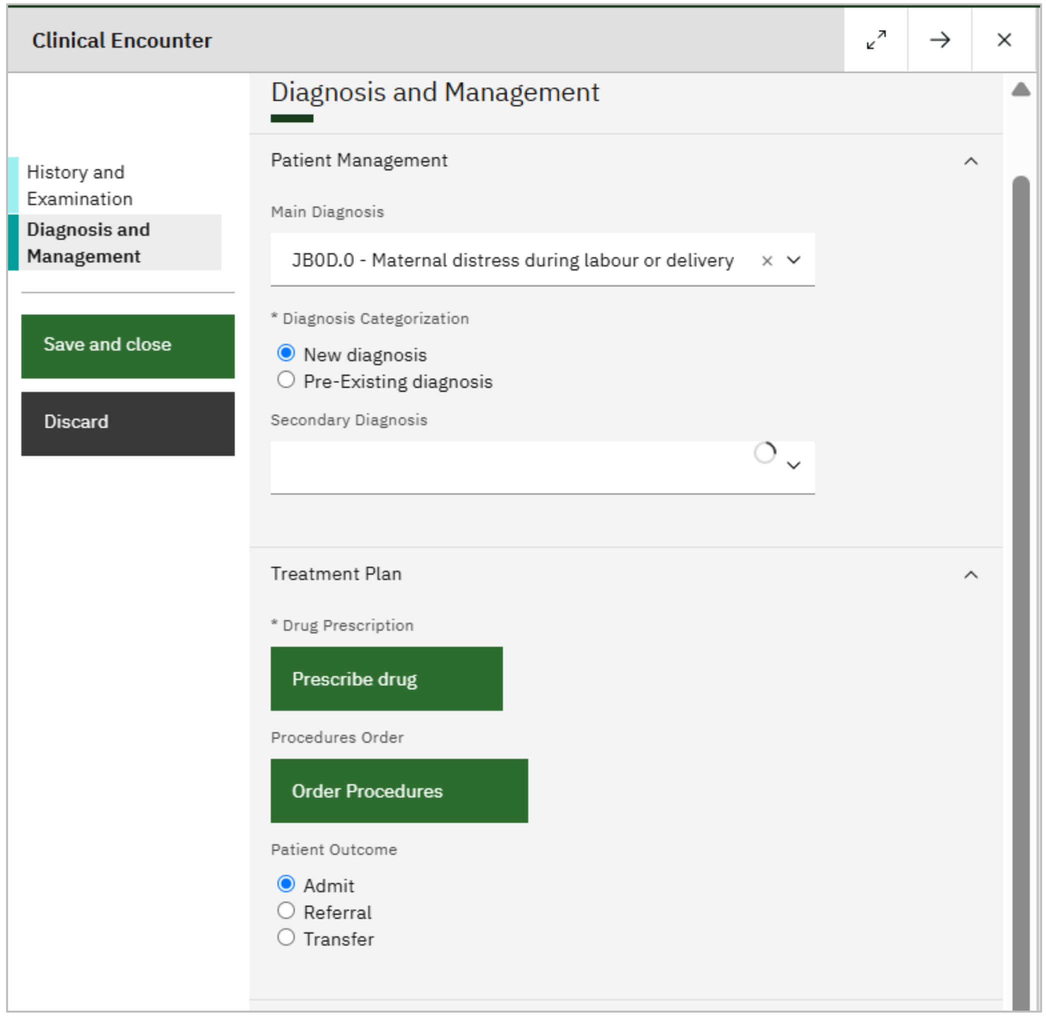
No	Task Description	Screenshot
4.	**1. Triage Client** From MCH Triage queue, pick a client and call for service. Document the Triage form and queue client for Clinical services	 

2. Clinical Review

Access the Clinical encounter form and fill in the Key areas that must be completed for the processing claims:

- Document presenting complaints as highlighted from Patient History section.
- Document Clinical Impression from History and Examination Section.
- Document Main Diagnosis from the Diagnosis and Management section.
- Admit client to Labour ward.

NB: The Medical Officer or Clinical Officer documenting the Clinical management form should have a valid License, since their name will appear in the claim form.

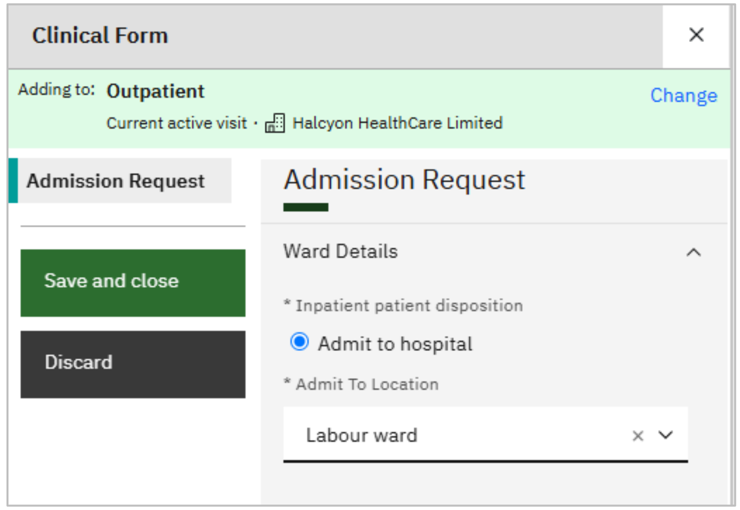


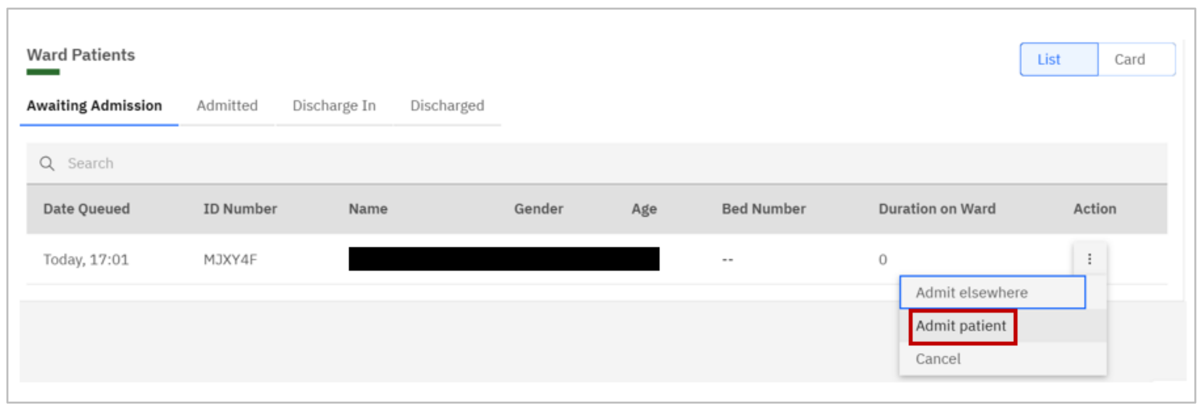
3. Admission to labor ward

A clinician will request admission to the labour ward.

The request will queue the client under Awaiting admissions queue.

Once a client is admitted and assigned a bed, further Clinical review can be documented in the system as required.





4. Maternity Clinical management forms

A user will access the inpatient clinical forms from the client home page, inpatient module.

Sample Inpatient Clinical forms that can be filled for a client

Date & time	Visit type	Encounter type	Form name
01-Jul-2026, 18:27	Inpatient	Admission	In-Patient Admission Form
01-Jul-2026, 18:26	Inpatient	Consultation	Clinical Encounter
01-Jul-2026, 12:25	Inpatient	IPD Discharge	Inpatient Discharge Clinical Form
01-Jul-2026, 12:15	Inpatient	Doctor's Note	Doctor's Note Clinical Form
01-Jul-2026, 12:08	Inpatient	Transfer	In-Patient Admission Form
01-Jul-2026, 12:06	Inpatient	MCH Mother Consultation	Delivery
01-Jul-2026, 11:49	Inpatient	Pre-Operation Checklist	Pre-Operation Checklist Clinical ...
01-Jul-2026, 11:30	Inpatient	MCH Inpatient	Maternity Inpatient
01-Jul-2026, 11:25	Inpatient	Consultation	Clinical Encounter
01-Jul-2026, 10:46	Inpatient	Triage	Triage

5. Decision guide for a cesarean section delivery

By filling in the Labor care guide

This will support the decision on the delivery mode, as either **SVD** or **CS**.

Shared Decision Making	Assessment	Companion N: encourage Pain relief N: she declined
	Plan	Prepare for emergency CS
	Action	Emergency Caesarean section Prescribed

Ordering for a Delivery Procedure as applicable.

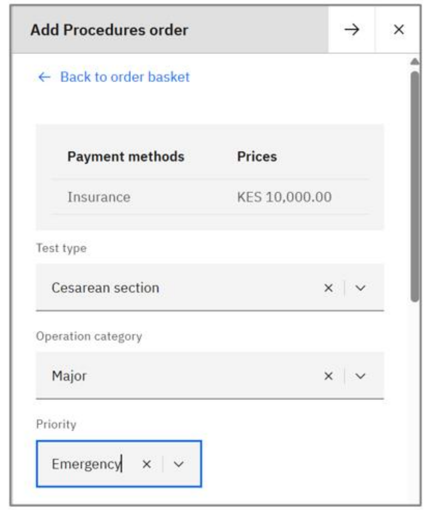
- Normal delivery
- cesarean Procedure

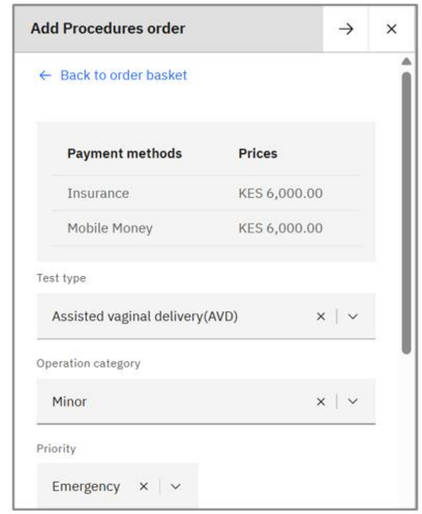
Note: Ensure all Investigation orders have been added as clinical charge items and have prices attached for each service. Raised orders will generate bills that can be accessed from the billing module**.**

Refer to the Lab Order SOP, Drug Orders SOP and Procedures Orders SOP for a detailed explanation on raising orders in TaifaCare-(K) system.

- Deliver the baby through the selected method and fill all applicable forms.
- Add all patient bill items for services and commodities issued to the client and the baby.
- Fill in the **Delivery form** and **Doctor's Notes** and **Discharge** the patient from Labour care and fill in the discharge summary form.

The system will queue the client to Discharge- in until the inpatient bill is cleared.





Recommended Inpatient forms to Fill by Delivery Mode

No	Normal Vaginal Delivery	Cesarean Section Delivery
1	Maternity Inpatient form	Maternity Inpatient form
2	Labour Care Guide	Labour Care Guide
3	Initial Cardex	Initial Cardex
4	Cardex Nursing Plan	Cardex Nursing Plan
5	Treatment sheet	Treatment sheet
6	Fliuds intake	Fliuds intake
7	Delivery form	Pre-anasthesia checklist
8	Doctor's Follow-up Note	Surgical safety checklist
9	Disharge Summary	Delivery form
10		Post Operative form
11		IPD procedure form
12		Newborn Unit Admission
13		Doctor's Follow-up Note
14		Disharge Summary

6. **Process the Client Bill**

Click on the **Accounting Module** to access the services and items billed for the client. Click on the client's name to access the bill processing section.

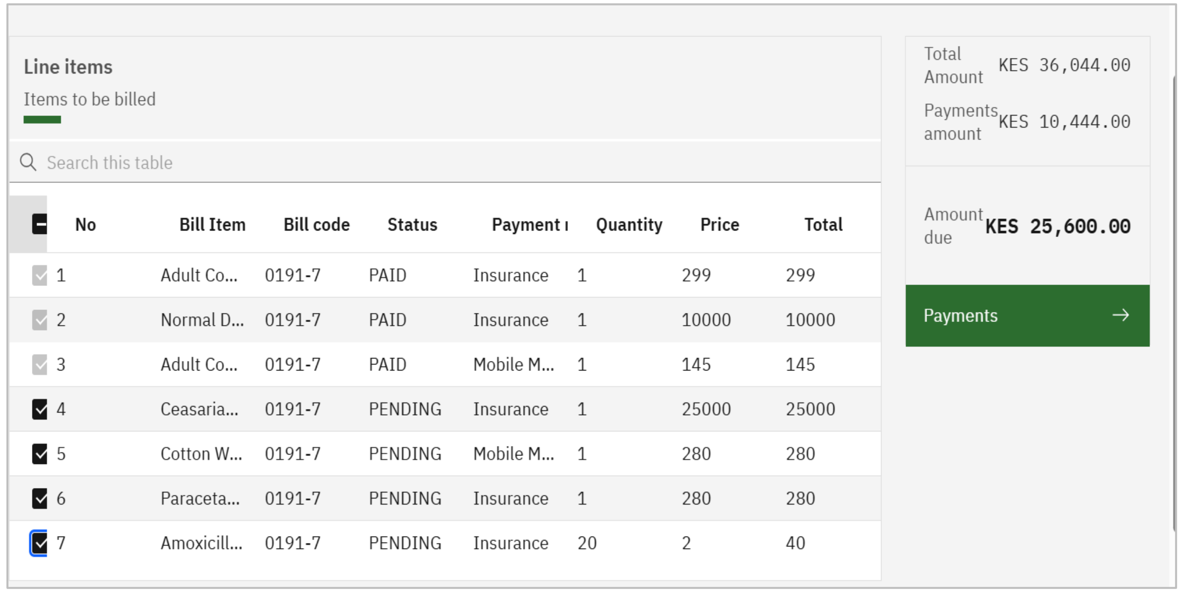
NB: All applicable clinical charges should have a price in the system first.

Each intervention has a different Tariff.

Select the items to be billed by checking the Checkboxes against each Line item.

Click Payment Link under Total amount bill and select **Insurance payment** mode

Select **SHA** and applicable intervention. Process the payment, save and print the receipt for the client.



8. **Close Client Bill**

From Accounting module, Close the Patient bill to activate the Submit Claims button.

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The Submit Claim Button will be availed after the Bill closure.
Clicking the Submit Claim button will direct a user to the patient claims management page.
Client Claim form page:
1- Claim Status at EMR
2- Claims status at Payer
3- Review the claim Summary
4- Review added SHA interventions
5- Add required attachments, generate from the system or upload.
6- Confirm Chargeable Bill items
7- Confirm Diagnosis
8- Add a Doctor with a valid license to the claim
Submit claims to the payer after confirming all the information reviewed is okay.
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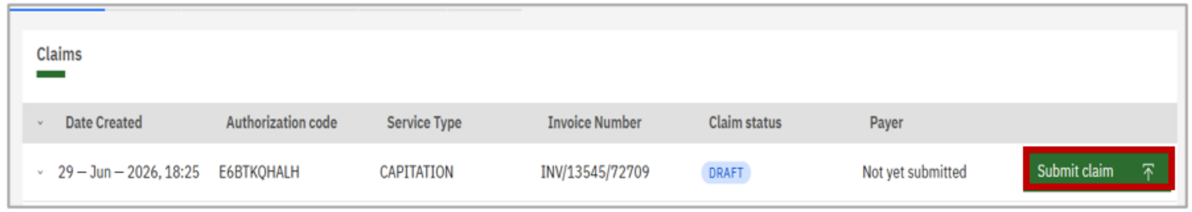

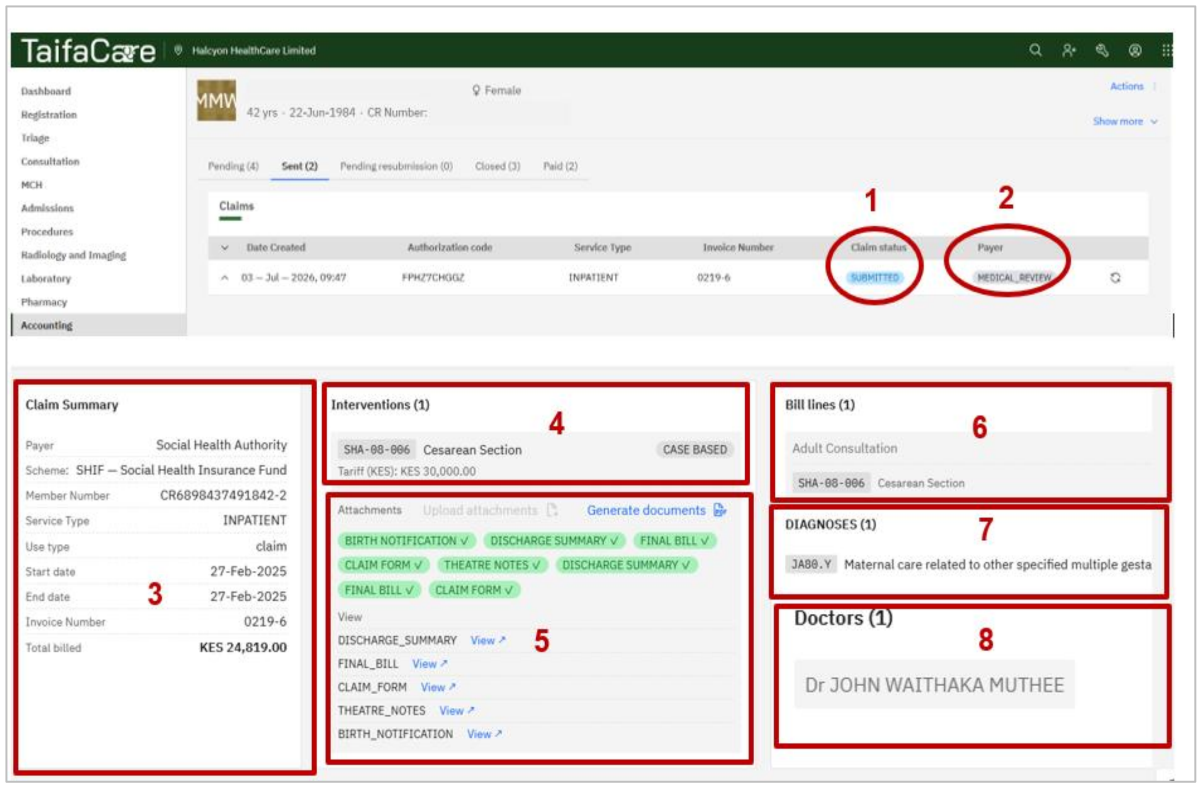

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<td>10.</td>
<td>Claims status and feedback from the payer

Send OTP to the client to validate the claim form, add OTP to submit the claim.

Once submitted the Claim will move to the Sent tab, The Claims and Payer status will change according to the claims review processes, changing the status from Submitted to Approved or Rejected with reasons.

Expand to view payer activities until the final Claim status is given and end a client visit.</td>
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