SOP: TaifaCare e-Claims processing- PHC Outpatient services

(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 and Staff Training

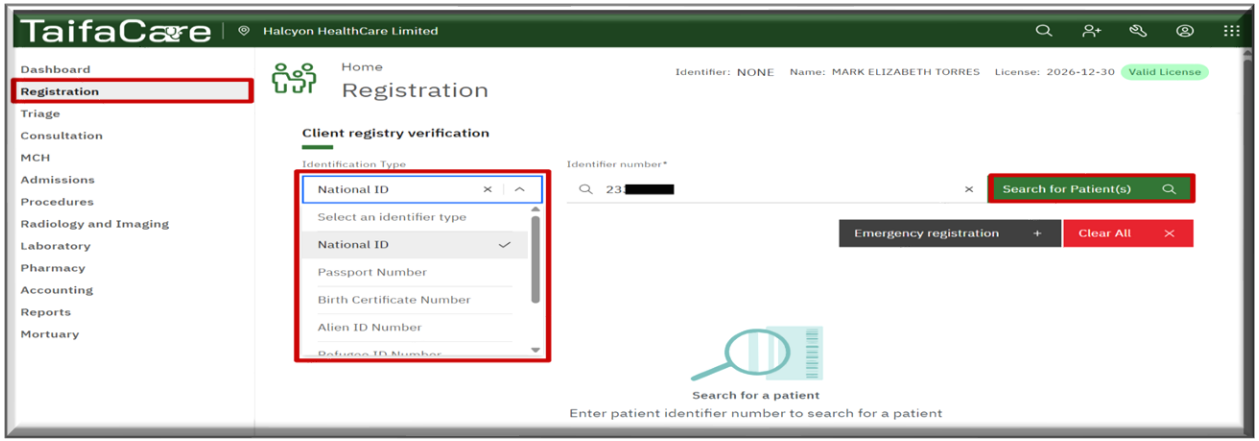
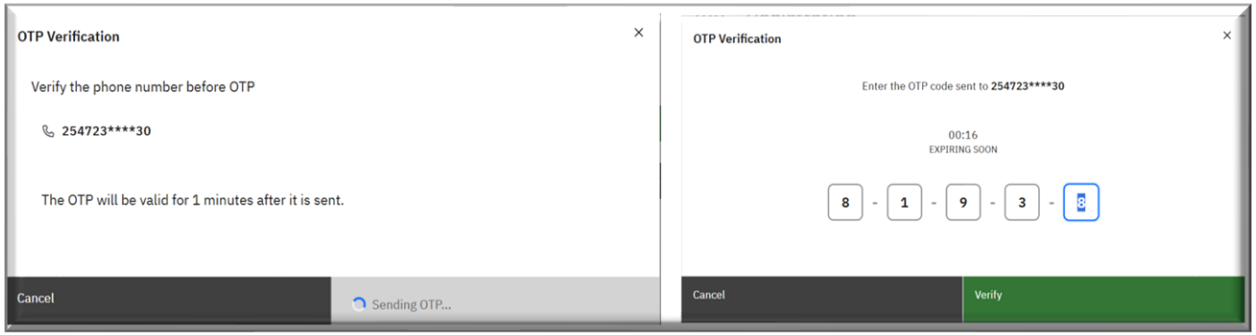
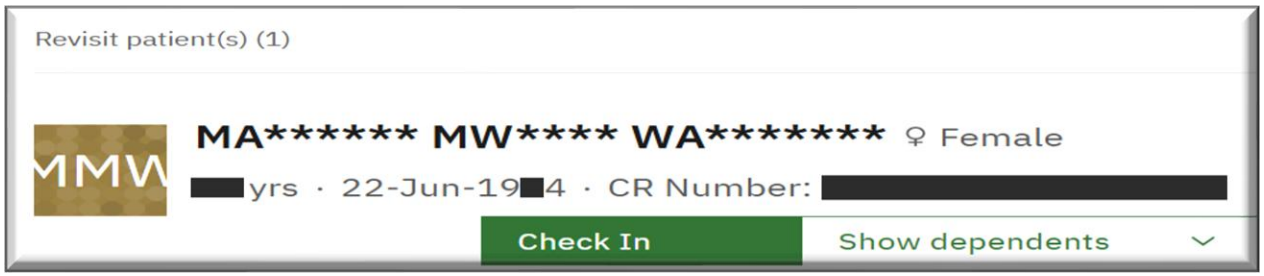
SUMMARY:

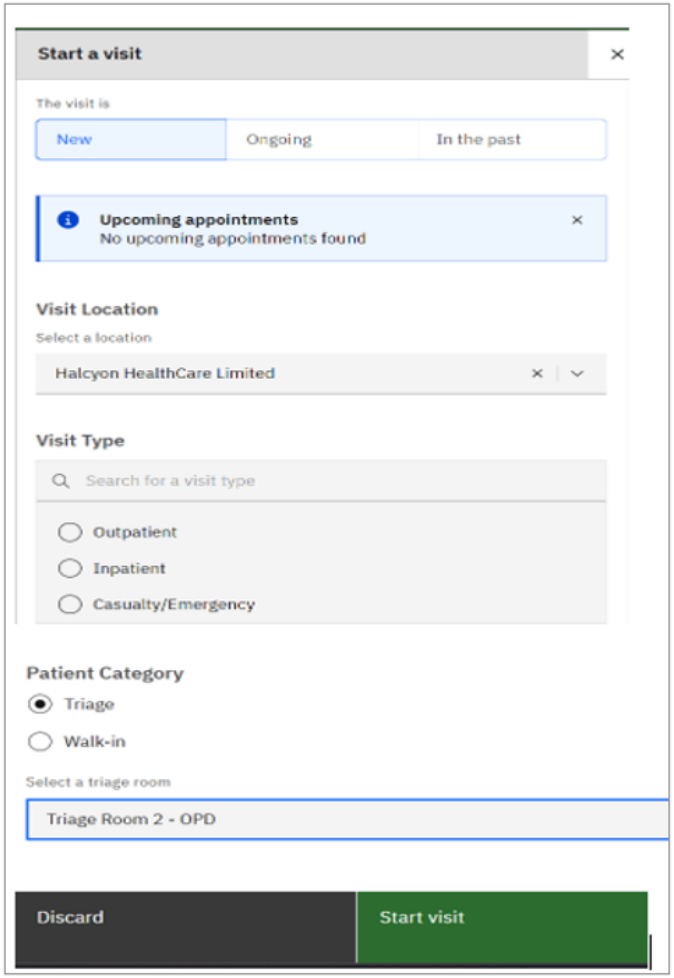
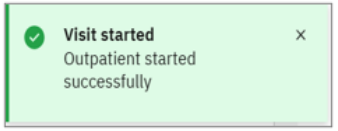
The process e-claim feature in TaifaCare allows facilities to comfortably process insurance claims and share captured information in TaifaCare to the insurance databases through the HIE system.

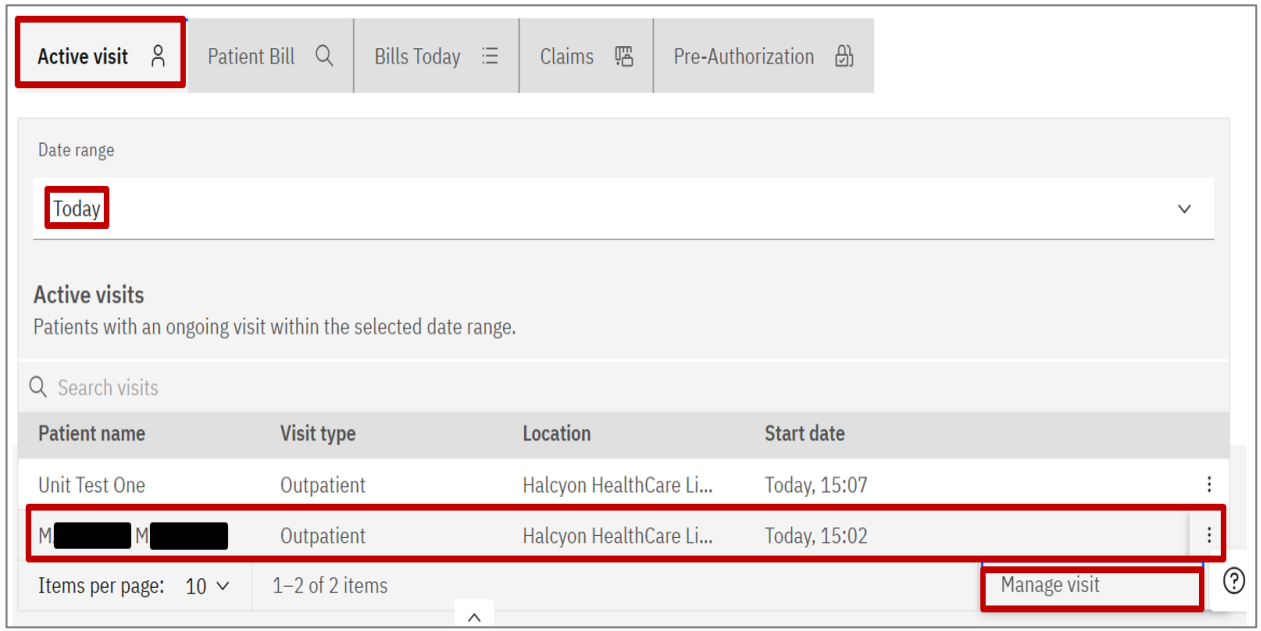
The workflow described in this user guide assumes that all bills are generated from the respective service points and that all claims are processed at Central Finance Unit for insurance payments.

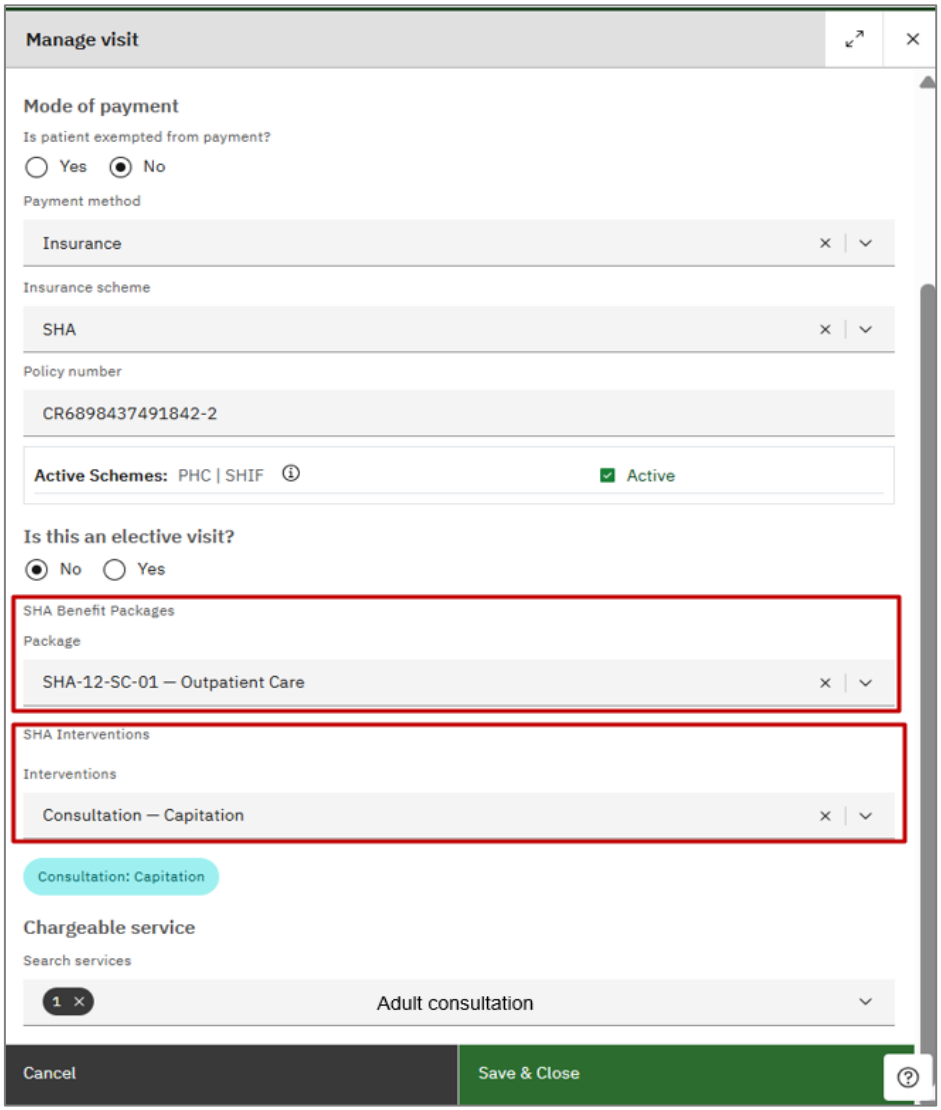
It should be noted that for e-claims to be achieved from TaifaCare, the facility EMR must be configured with the correct Token that grants facility access to the Social Health Authority (SHA) portal via the Health Information Exchange protocol.

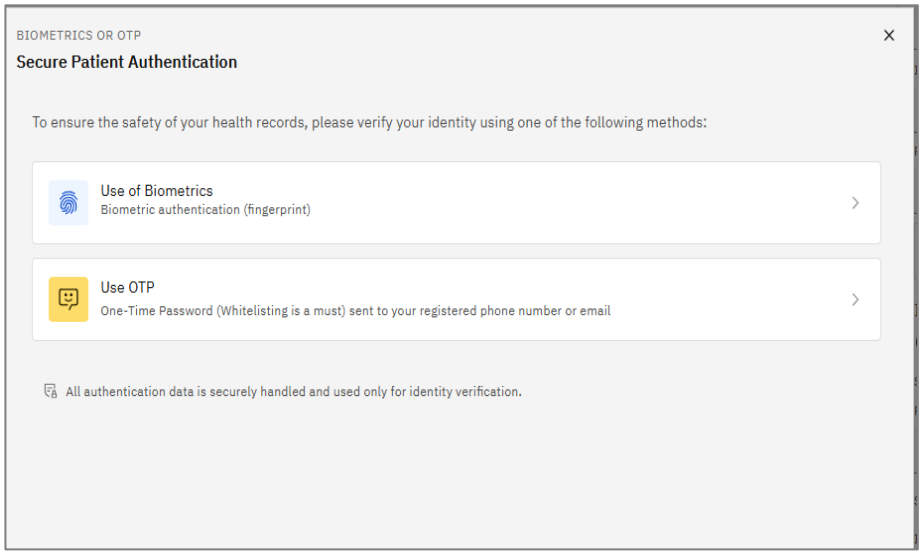
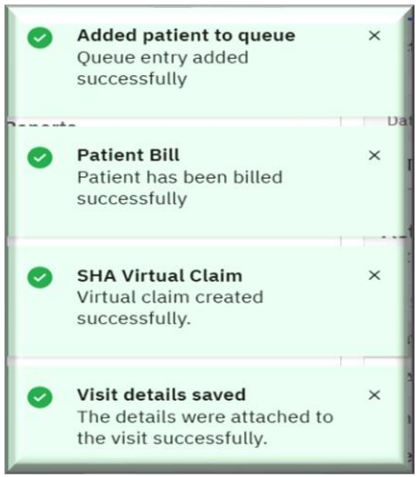
This user guide provides a clear and practical overview of the PHC- Outpatient services workflow, it outlines the essential steps and documentation requirements needed to ensure accurate, timely and compliant claims processing.

No	Task Description	Screenshot
1.	**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	  

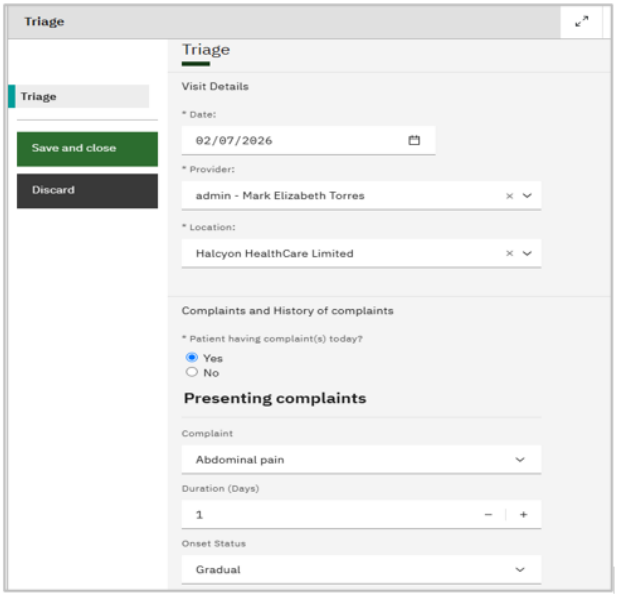
2.	**Starting a Client Visit** **Fill the Visit Check in Form** **Visit Details:** ● Confirm visit Location ● Specify visit type and select Outpatient ● Select Patient Category as Triage. ● Queue Patient for the first point of service. ● Click Start visit to initiate the visit. *The system will display an Outpatient visit has been started successfully.*	 

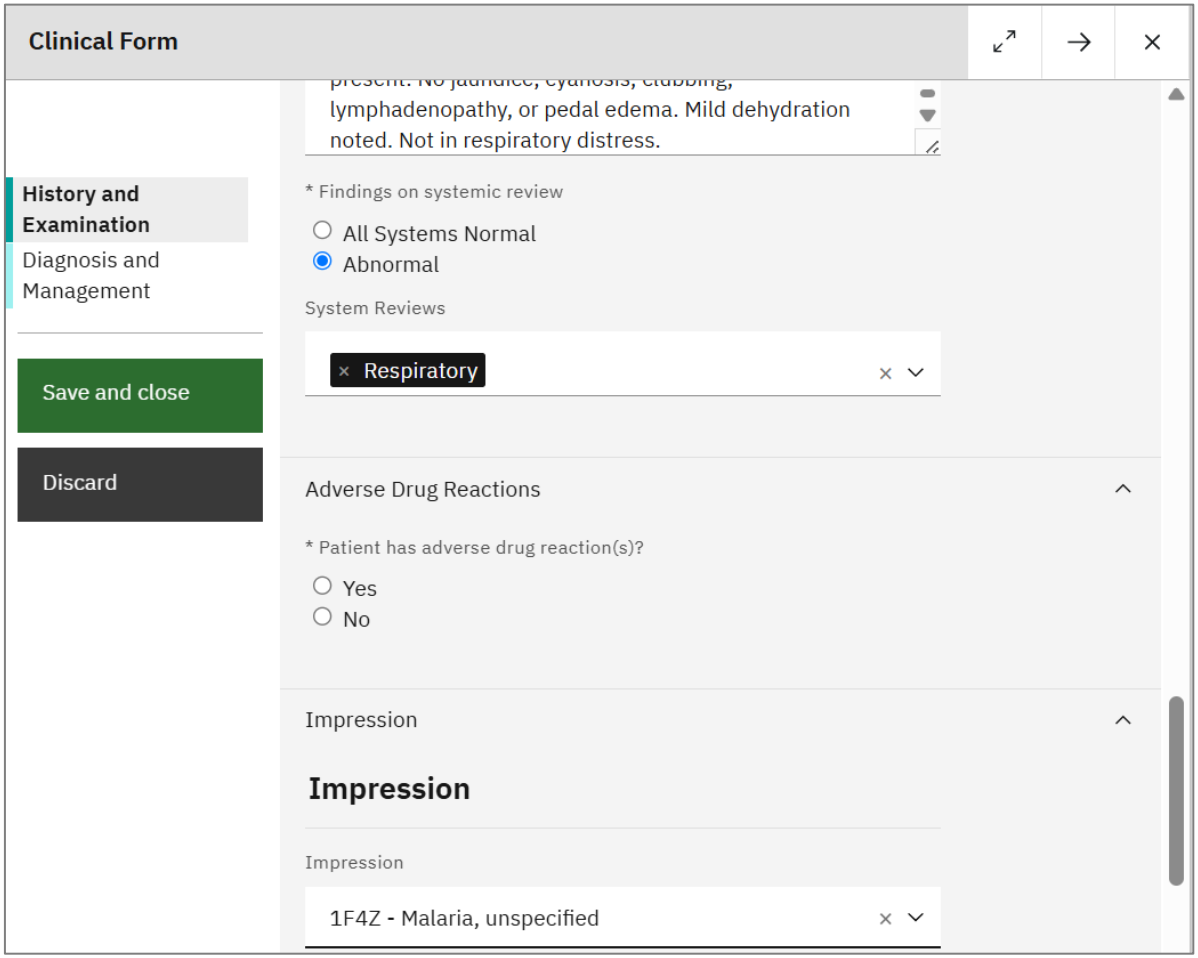
3.	**Manage Active visits** When a visit is started successfully, the client will be automatically queued in the Active visits Queue. Located under; **Accounting Module-Active Visits Tab, Select Date Range accordingly**. **Locate** the client and **click** the 3 dots on the far right against the client's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

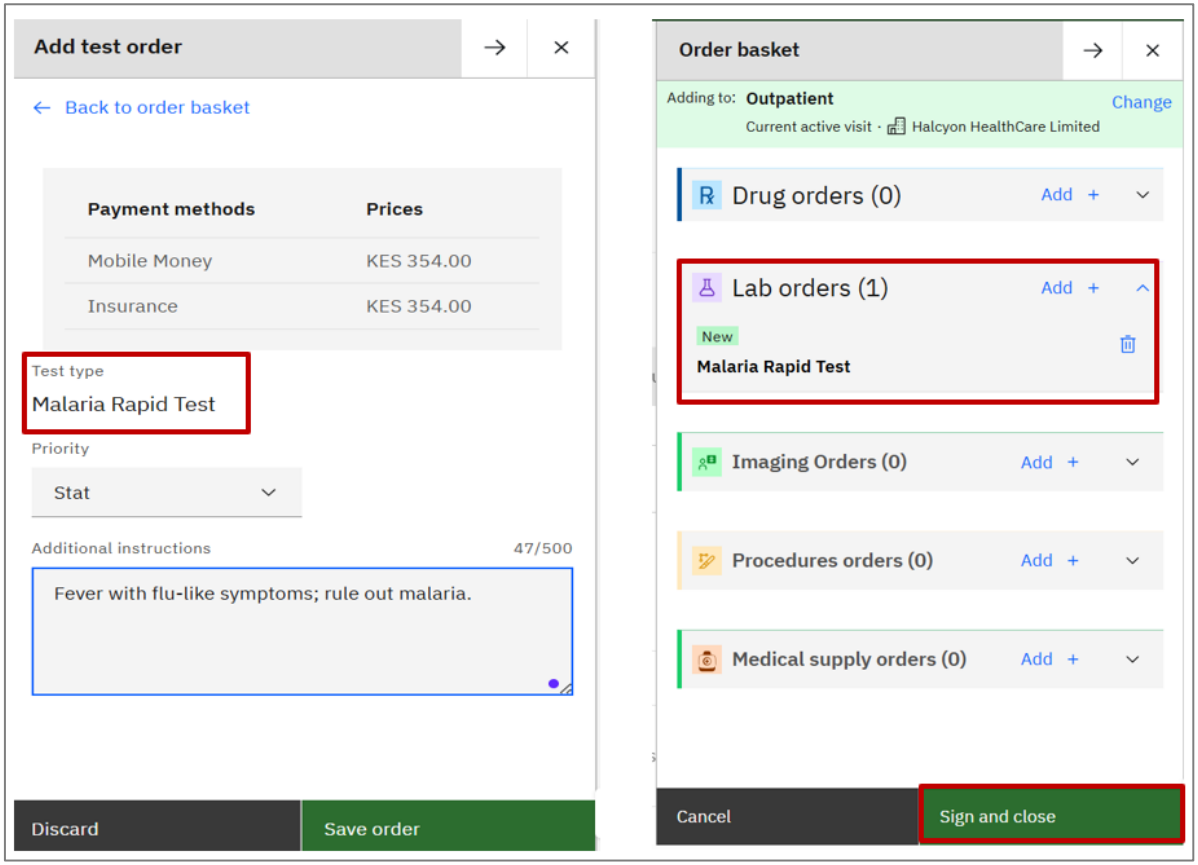
4.	**Confirm Payment Eligibility** • Check Patient is **not** exempted from payments • Select **Insurance** as the payment method • Select **SHA** as the Insurance Scheme • Select SHA Benefit Package as **SHA-12-SC-01-Outpatient Care** • Select SHA Interventions as **Consultation- Capitation** • Add the first chargeable service as **adult consultation**	

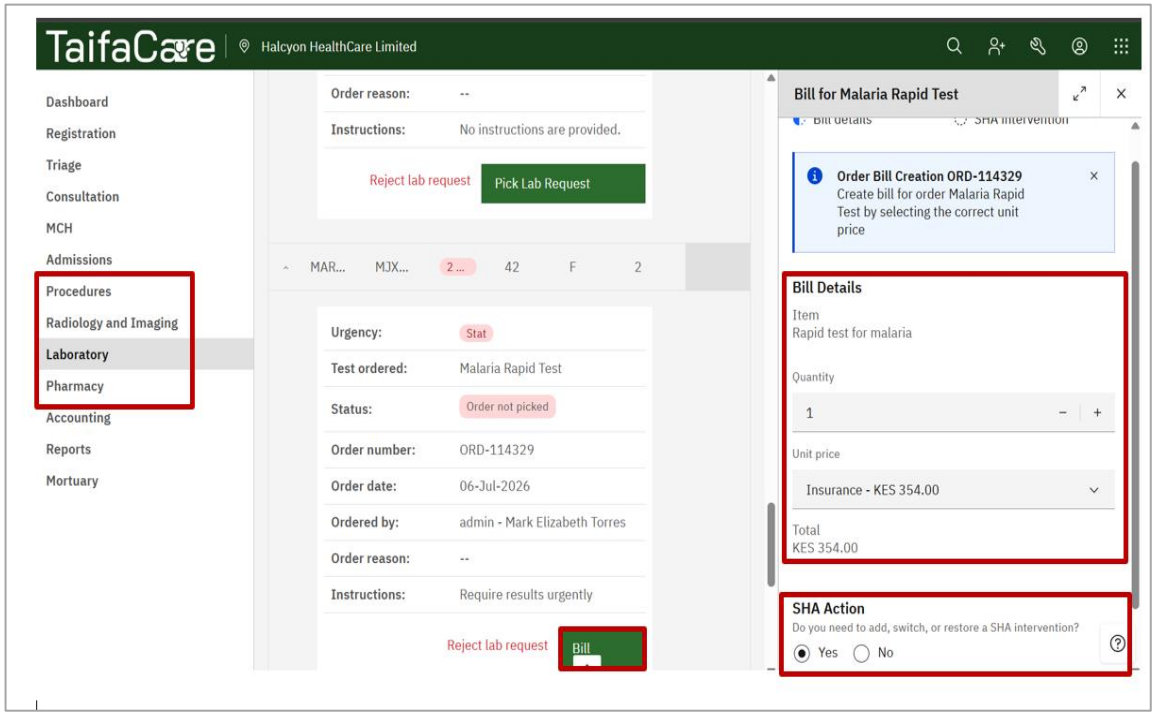
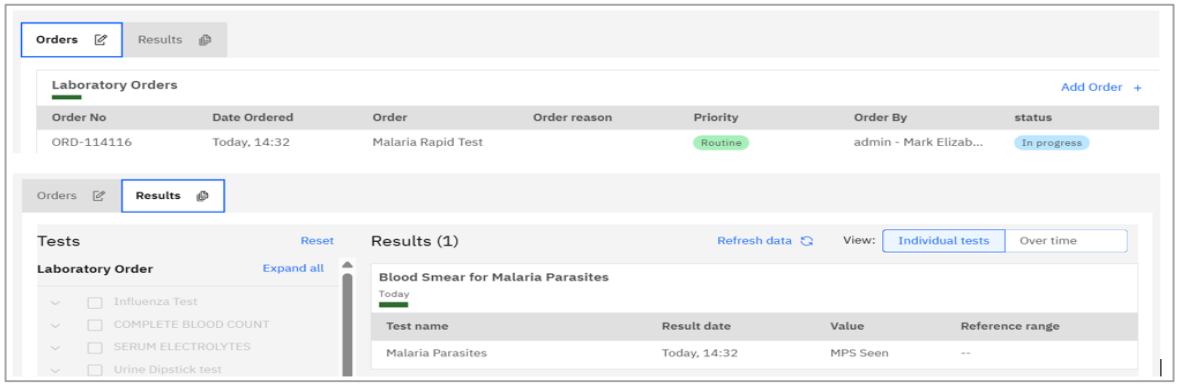
5.	**Authenticate and Verify Client** **1. Use Biometrics** Verify the client's fingerprints against government verification records. 2. **Send OTP** Request for Client Whitelisting to use OTP., only if Biometrics cannot be used. **NB://** *OTP whitelisting is requested with a reason.* Once the client is verified, the patient visit will be started**.**	
6.	**System Confirmations** 1. The client has been added to selected Queue for first service 2. A bill line item has been added to the patient bill 3. A SHA virtual Claim has been created successfully **4.** The visit details have been attached successfully.	

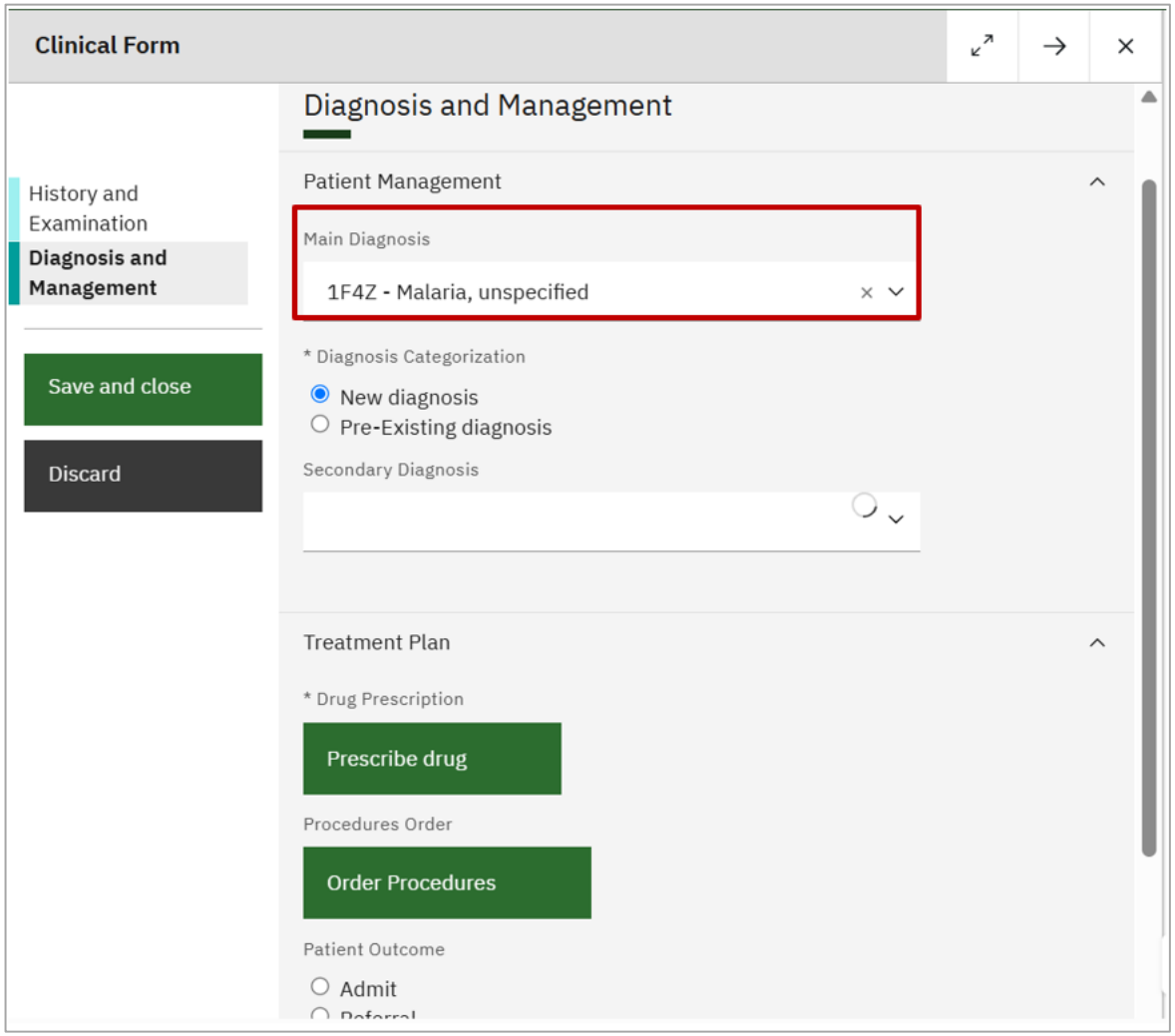
Outpatient Clinical Workflow

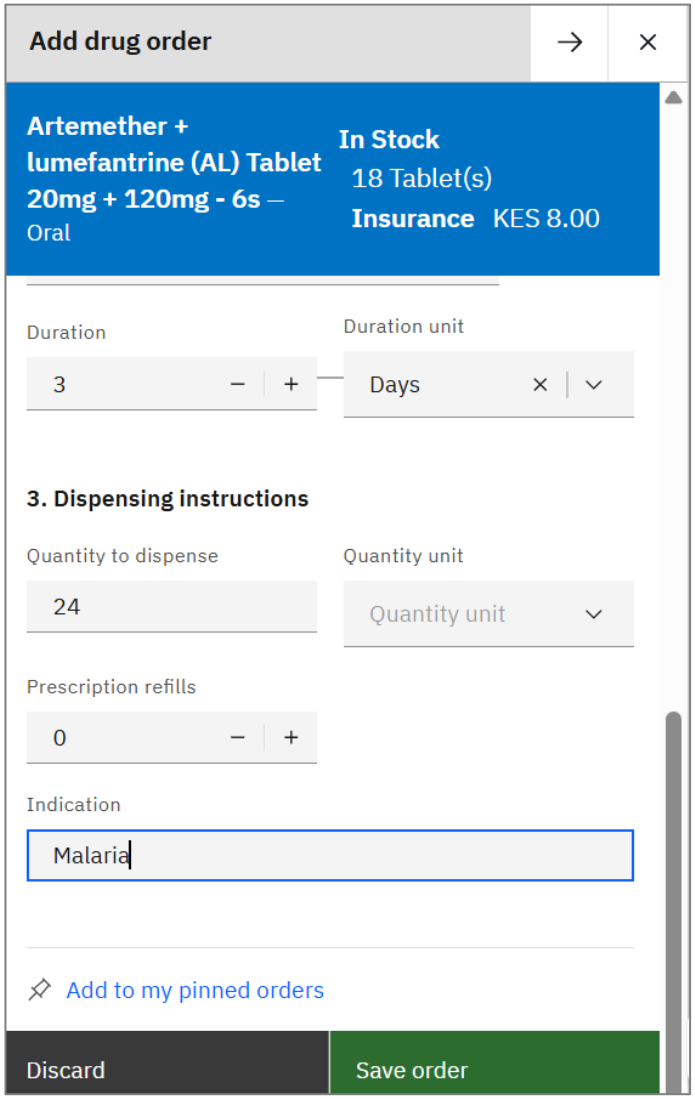
No	Task Description	Screenshot
1.	**Triage Services** From a Triage queue, select the client and call for service. **Document the Triage form** and **queue client for Clinical services**	 

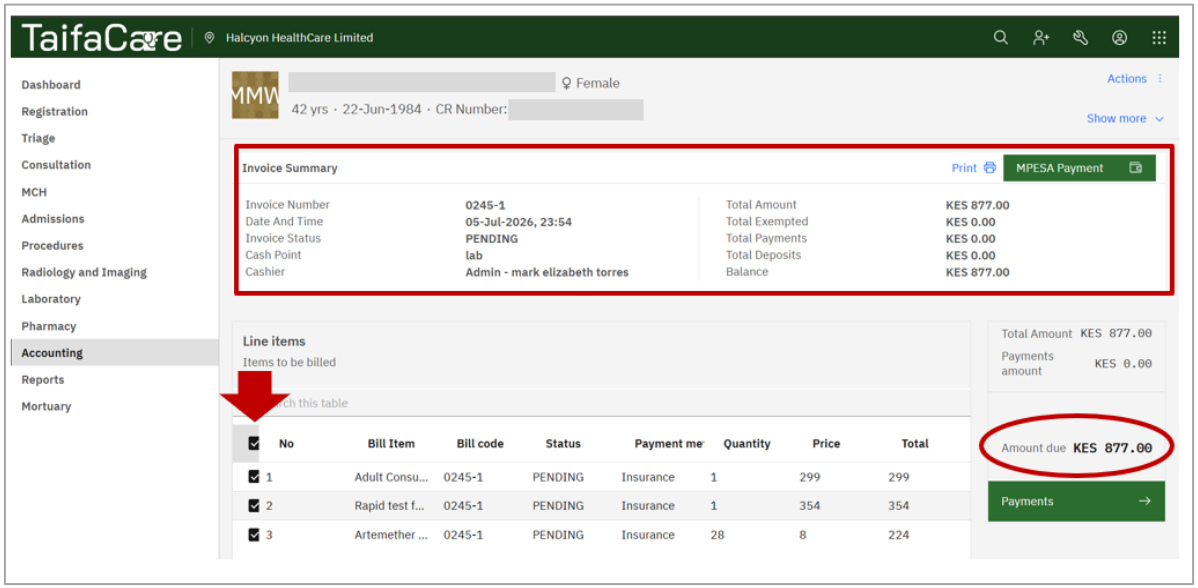
2.	**Clinical Consultation** Access the Clinical encounter form from OPD MCH, Special clinic or Inpatient forms as applicable to the Visit Type and clinical intervention being sought by the client. Fill in the Key areas that must be completed for the processing claims: • Document the History and Examination section. • Add working diagnosis under impression i.e. **Malaria unspecified.** • Order for a procedure to confirm the working diagnosis as required. • Example a Lab test for Malaria. • Save the Clinical encounter form and send client to the Lab.	

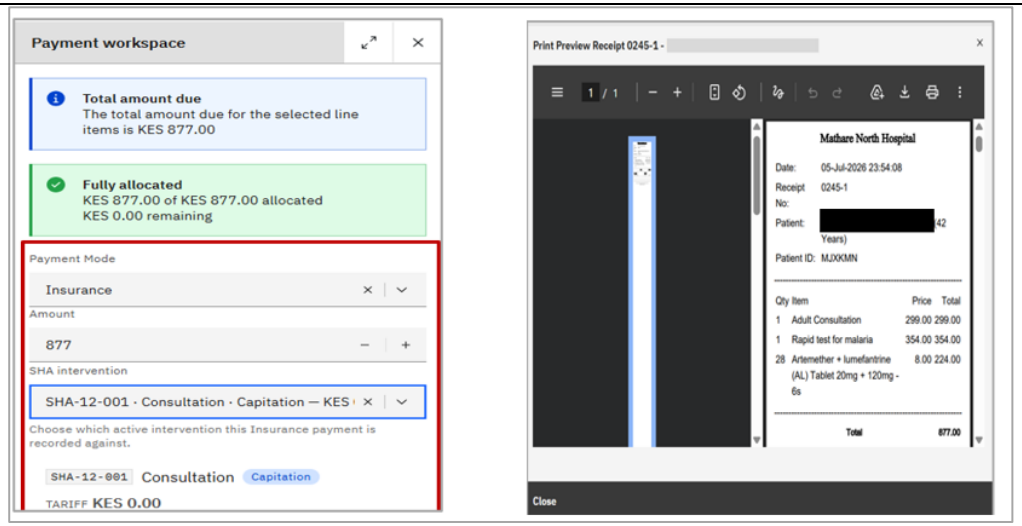
3.	**Order for investigations and procedures as applicable.** Example: Order for a **Malaria Rapid Test**. ***The client will be queued at the Lab under active orders, send client to the Lab.***	

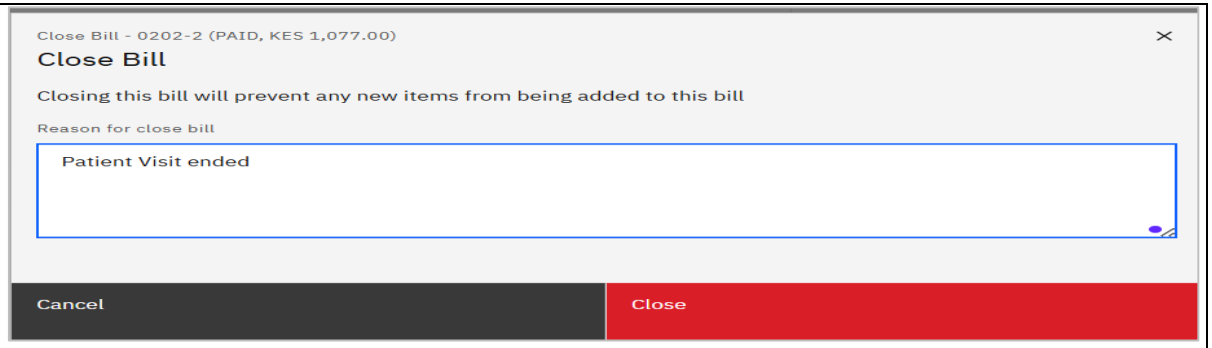
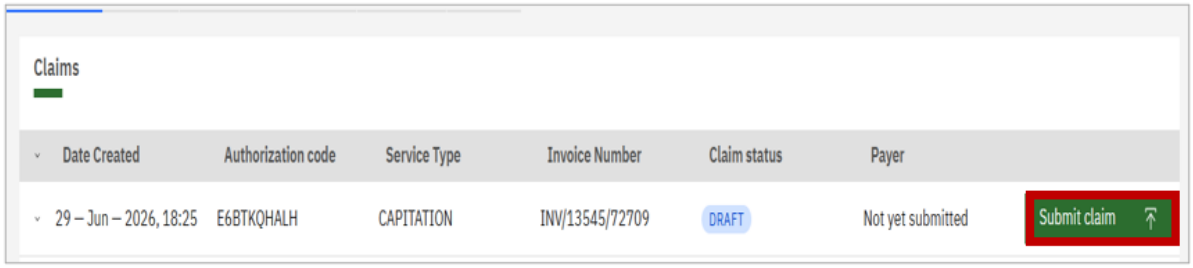
4.	**Raise a Bill for the Lab Order** From the Laboratory, confirm the test can be performed and Raise the Bill to add line items to the client bill. • Confirm Quantity and select the Unit price. • Under **SHA Action**, only select Yes if adding, Switching or restoring a SHA intervention is required. Proceed to Pick the Request and add Results for the Lab Order. Transition Client back to the Clinician.	 

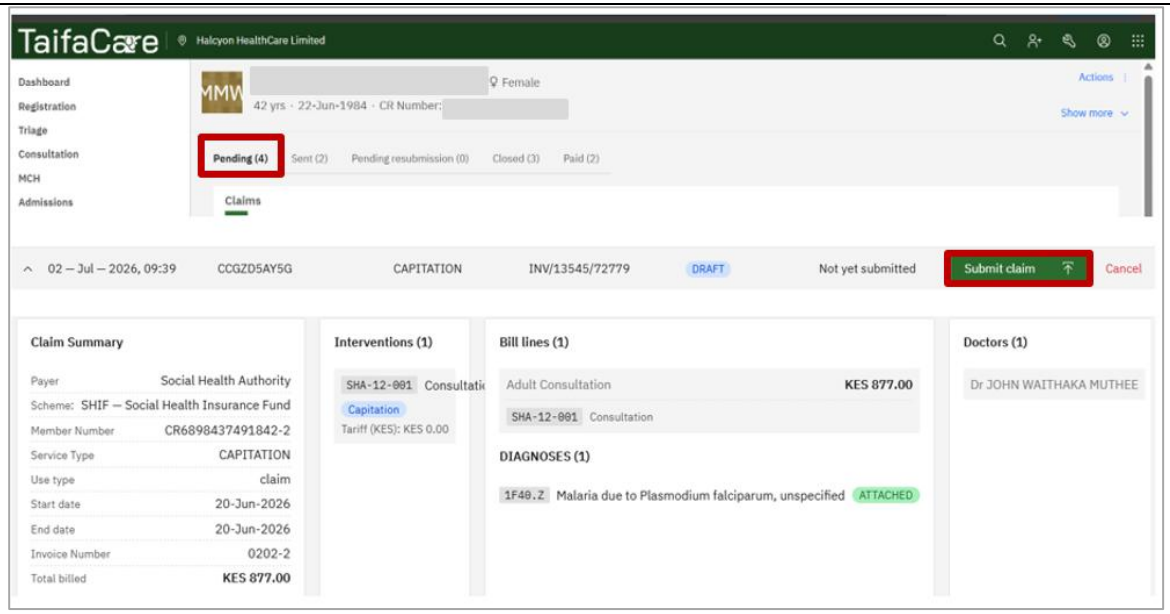
5.	**Update the Clinical Encounter** Select **Continue with care** to load the clinical encounter for the client up to where the clinician had documented**.** Add the Main diagnosis and management section and save the form.	

6.	**Prescribing Medication** A clinical will prescribe medication to the client, for the management of the presenting diagnosis. Save order to queue Client to Pharmacy. The Pharmacists will confirm the drug is available in stock and raise a bill for the medication under Insurance payment mode and send the client to Billing.	

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.*	
	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 then save and close the form to process the payment in the system. **Issue Payment Receipt**	

	The system will automatically avail a receipt after saving the Payment form.	
7.	**Close the Client Bill** From Accounting module, Click the **Close Bill Button**, add a reason for closing the bill and Click Close to activate the Submit Claims button.	

	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.	 
8.	**Submit a Claim Form** **Review the claim form and ensure:** 1. The correct intervention is selected as per the scheme used 2. The intervention diagnosis is added as applicable. 3. The bill line item reflects the amount owed to the client.	

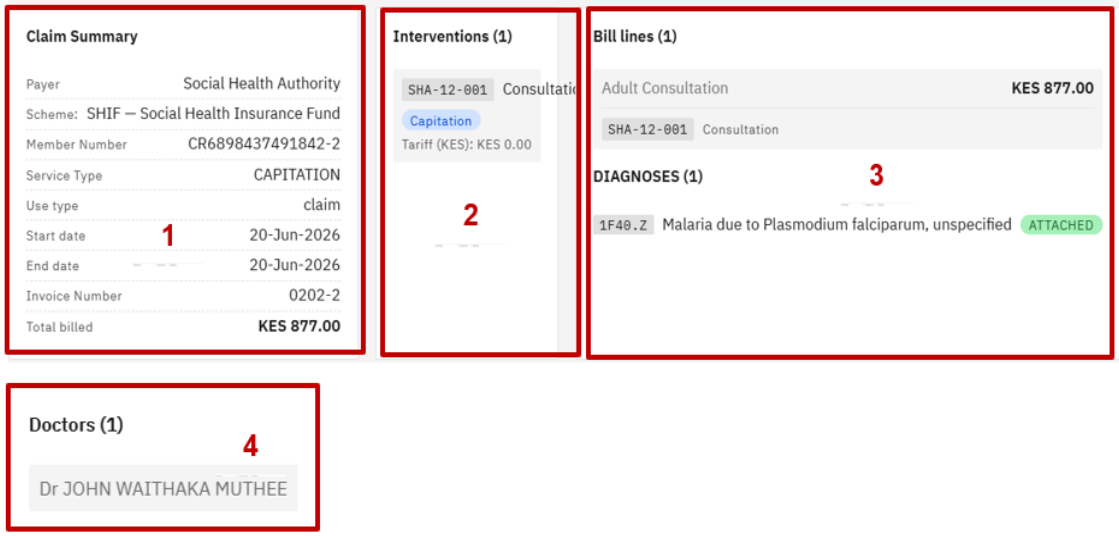
	4. A Doctor with a valid license is added to the claim form. Click the **Submit Claims** button when the user confirms the Claim is okay. The **Claim summary form** is loaded. • Confirm the Claim amount. • Add a discharge reason and continue to submit.	
9.	**Patient Claims Page** The system provides a record of each claim raised in Taifacare-K over time. • **Pending**- Draft status yet to be submitted to Payer. • **Sent**- All claims that have been submitted to payer.	

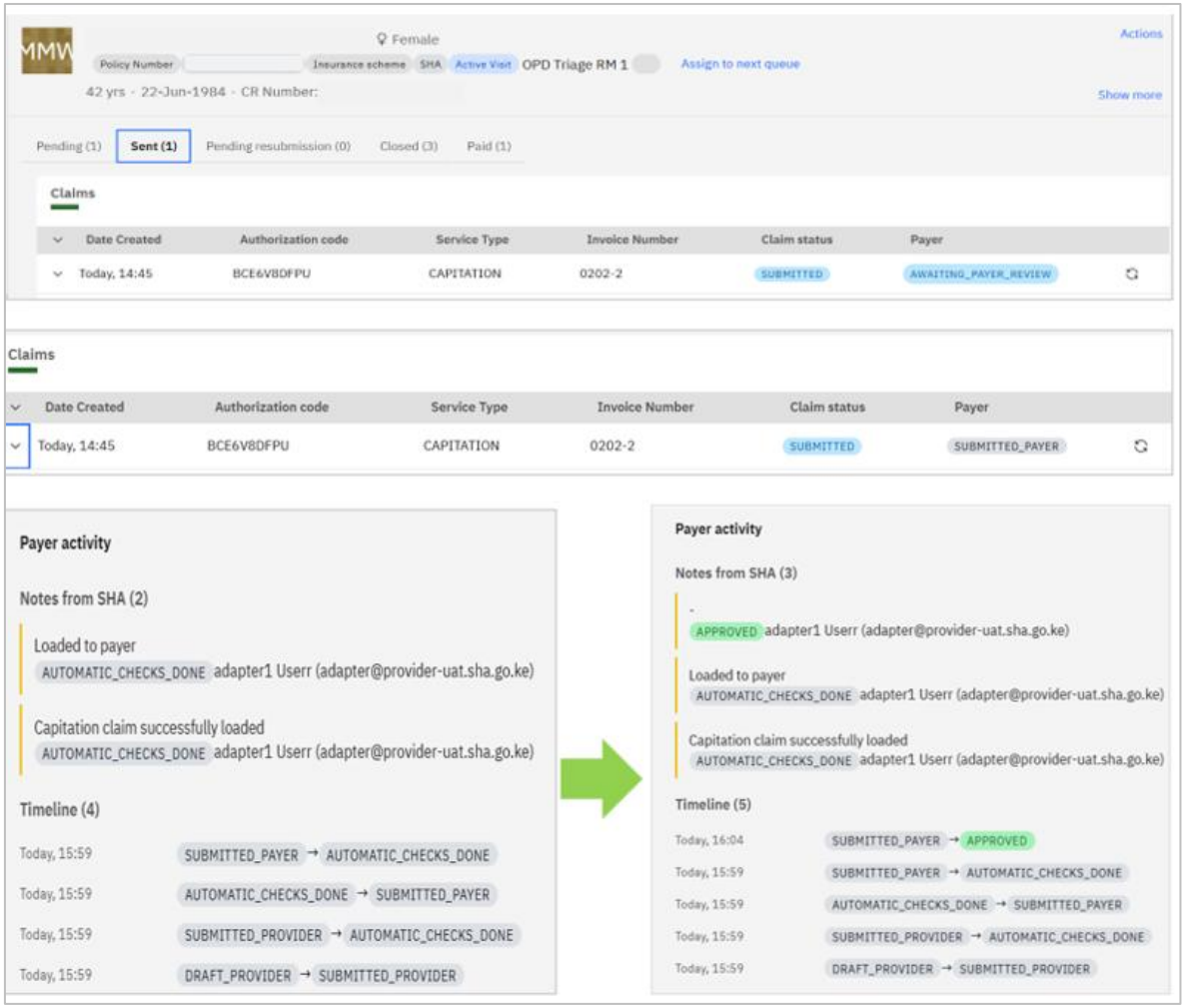
- **Pending resubmission**- Claims dent back from payer with a reason and option for resubmission after fulling the payer concern.
- **Closed**- Submitted claims with final feedback from the payer.
- **Paid**- Claims that have been reimbursed by the Payer to the facility for the claim amount as per the Scheme Tarrif.

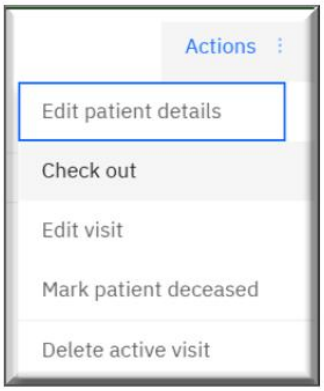
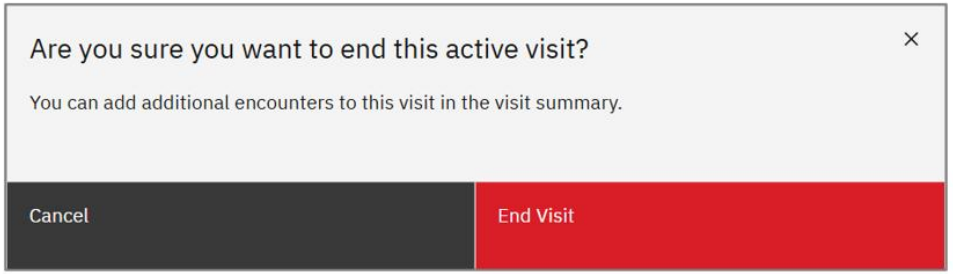
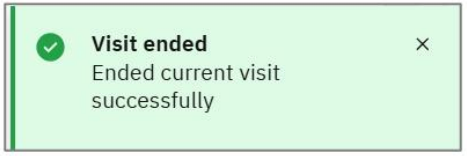
Expanding a Claim record will allow the user to review the:

1. Claims Summary
2. Interventions- All Provided interventions
3. Bill line – Total Bill amount
4. Doctor – With a valid license

NB*: The system will authenticate the client to confirm they received services at the facility submitting the claim form.*



10.	**Payer Interactions Review:** The system will pull and log the interactions between the payer and the Taifacare-K for each claim form from the time a form is submitted. • Review the claims status and feedback from the payer and act accordingly. • 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 *Once the Payer provides the last response; End the client visit.*	

11.	**Final Visit Services** Send client to the pharmacy to collect drugs with printed receipts as proof of payment. End the Patient visit to remove clients from the Active visits queue.	  
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