

SOP: TaifaCare e-Claims processing- PHC Outpatient services

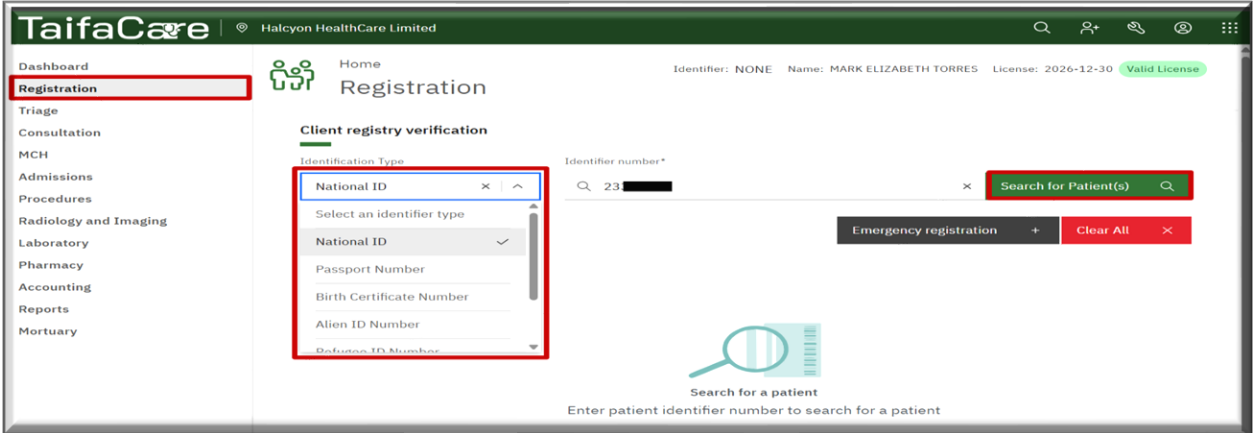
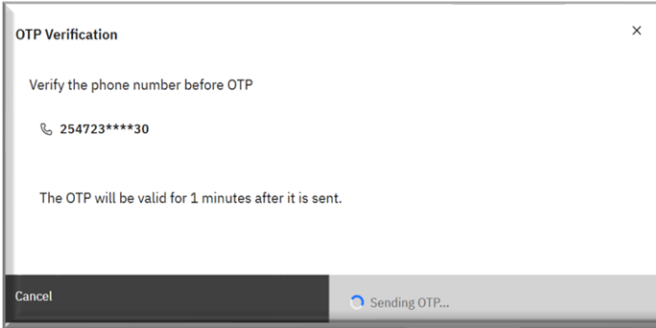
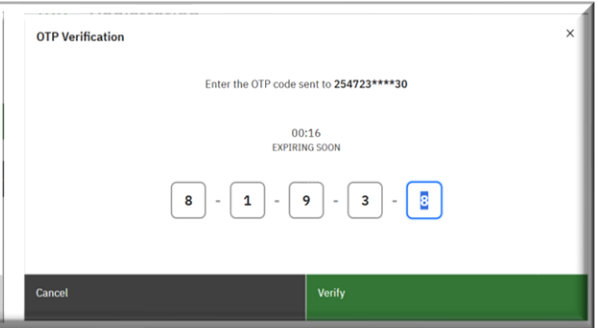
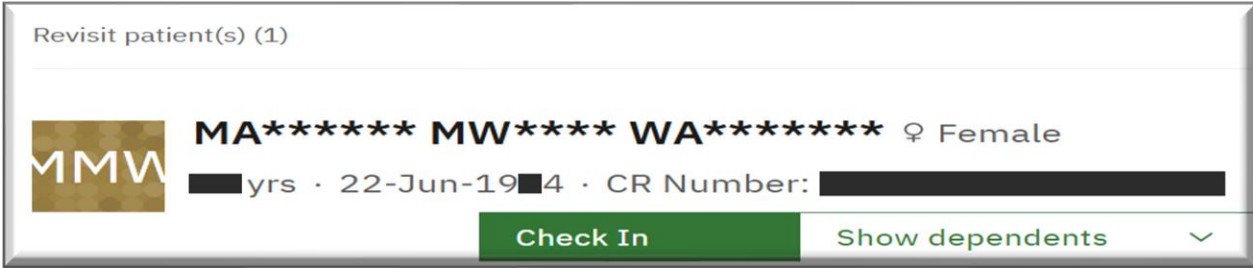
(Last update: July 2026)

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.

Start a visit

The visit is

New

Ongoing

In the past

Upcoming appointments

No upcoming appointments found

Visit Location

Select a location

Halcyon HealthCare Limited

Visit Type

Search for a visit type

Outpatient

Inpatient

Casualty/Emergency

Patient Category

Triage

Walk-in

Select a triage room

Triage Room 2 - OPD

Discard

Start visit

✓

Visit started

Outpatient 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.

Active visit

Patient Bill

Bills Today

Claims

Pre-Authorization

Date range

Today

Active visits

Patients with an ongoing visit within the selected date range.

Search visits

Patient name	Visit type	Location	Start date	
Unit Test One	Outpatient	Halcyon HealthCare Li...	Today, 15:07	
M M	Outpatient	Halcyon HealthCare Li...	Today, 15:02	

Items per page: 10

1-2 of 2 items

Manage 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**

Manage visit

Mode of payment

Is patient exempted from payment?

☐ Yes
 ☒ No

Payment method

Insurance

Insurance scheme

SHA

Policy number

CR6898437491842-2

Active Schemes: PHC | SHIF ⓘ

☒ Active

Is this an elective visit?

☒ No
 ☐ Yes

SHA Benefit Packages

Package

SHA-12-SC-01 — Outpatient Care

SHA Interventions

Interventions

Consultation — Capitation

Consultation: Capitation

Chargeable service

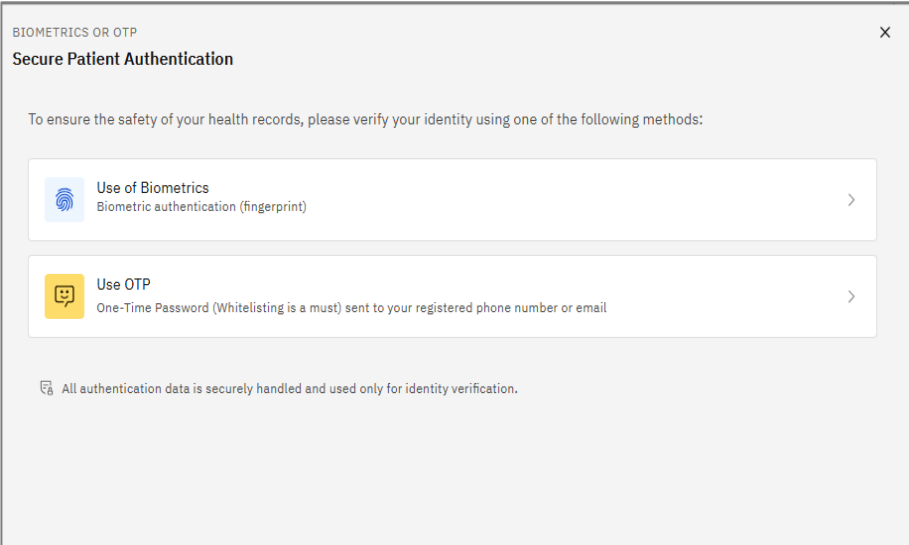
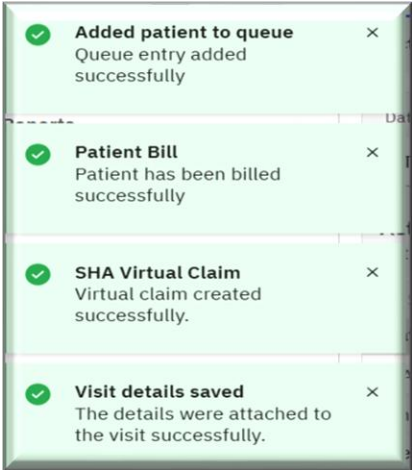
Search services

1 x

Adult consultation

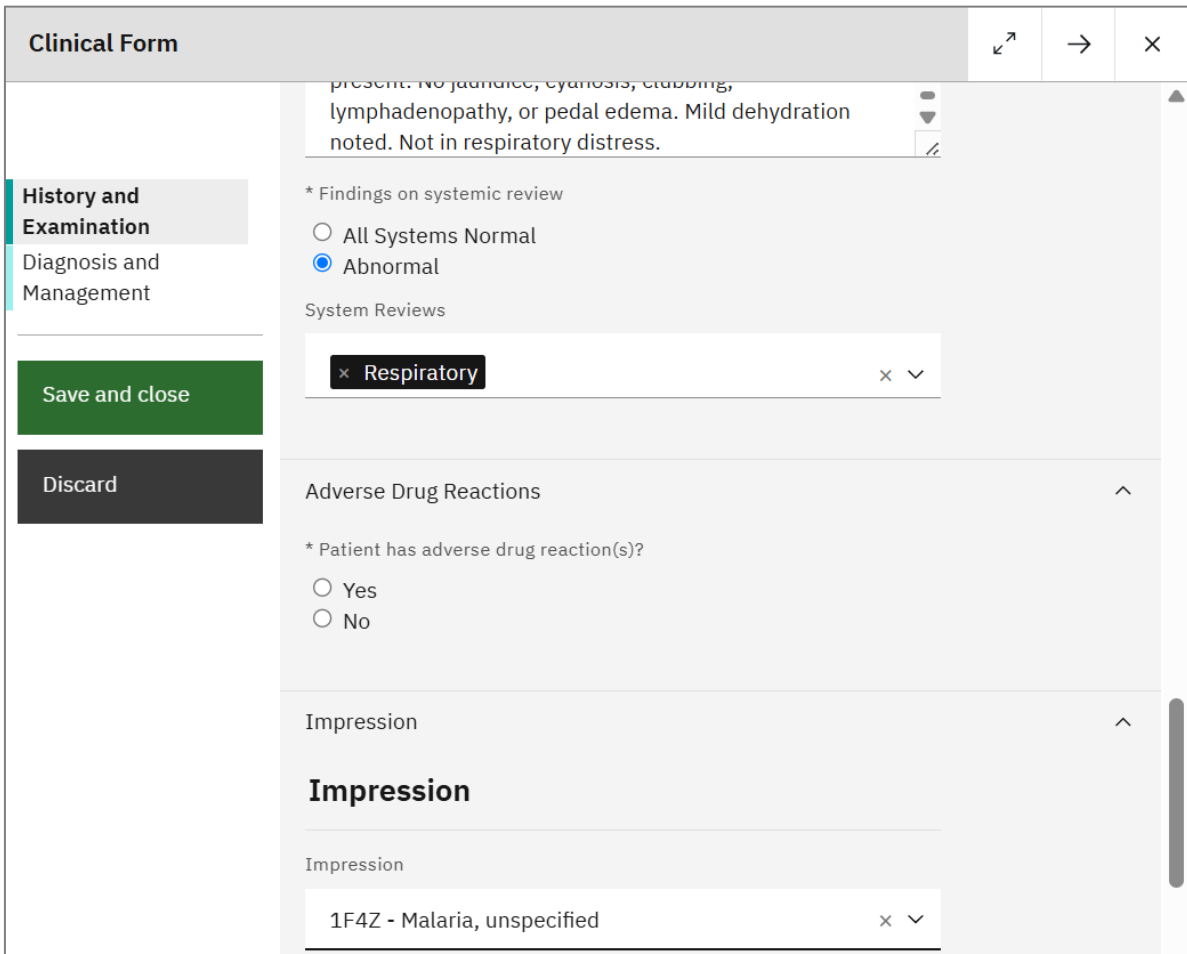
Cancel

Save & Close ⓘ

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:// <i>OTP whitelisting is requested with a reason.</i> 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	Triage Triage Save and close Discard Triage Visit Details * Date: 02/07/2026 * Provider: admin - Mark Elizabeth Torres * Location: Halcyon HealthCare Limited Complaints and History of complaints * Patient having complaint(s) today? ☒ Yes ☐ No Presenting complaints Complaint: Abdominal pain Duration (Days): 1 Onset Status: Gradual Latest Vitals <table><tr><td>Temp °C 38°c</td><td>Pulse (bpm) 94 bpm</td><td>Blood Pressure (mmHg) 120/76 mmHg</td><td>Resp. Rate 18 br/min</td></tr><tr><td>SpO₂ 95%</td><td>Weight 62 kg</td><td>Height 161 cm</td><td>BMI 23.9 kg/m²</td></tr></table>	Temp °C 38°c	Pulse (bpm) 94 bpm	Blood Pressure (mmHg) 120/76 mmHg	Resp. Rate 18 br/min	SpO ₂ 95%	Weight 62 kg	Height 161 cm	BMI 23.9 kg/m²
Temp °C 38°c	Pulse (bpm) 94 bpm	Blood Pressure (mmHg) 120/76 mmHg	Resp. Rate 18 br/min							
SpO ₂ 95%	Weight 62 kg	Height 161 cm	BMI 23.9 kg/m²							

	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.	 The screenshot shows the 'Clinical Form' interface. On the left, there are three tabs: 'History and Examination' (selected), 'Diagnosis and Management', and 'Save and close'. Below these are 'Save and close' and 'Discard' buttons. The main content area is divided into sections: 'History and Examination' (containing a text area with patient history), 'System Reviews' (with radio buttons for 'All Systems Normal' and 'Abnormal', and a list of system reviews including 'Respiratory'), 'Adverse Drug Reactions' (with radio buttons for 'Yes' and 'No'), and 'Impression' (with a text area containing '1F4Z - Malaria, unspecified').
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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.

Add test order

→

×

[← Back to order basket](#)

Payment methods	Prices
Mobile Money	KES 354.00
Insurance	KES 354.00

Test type

Malaria Rapid Test

Priority

Stat

Additional instructions

47/500

Fever with flu-like symptoms; rule out malaria.

Discard

Save order

Order basket

→

×

Adding to: Outpatient

Current active visit · Halcyon HealthCare Limited

Change

Drug orders (0)

Add +

▼

Lab orders (1)

Add +

^

New

Malaria Rapid Test

Imaging Orders (0)

Add +

▼

Procedures orders (0)

Add +

▼

Medical supply orders (0)

Add +

▼

Cancel

Sign and close

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.

TaifaCare | Halcyon HealthCare Limited

Order reason: --

Instructions: No instructions are provided.

[Reject lab request](#) [Pick Lab Request](#)

Urgency: Stat

Test ordered: Malaria Rapid Test

Status: Order not picked

Order number: ORD-114329

Order date: 06-Jul-2026

Ordered by: admin - Mark Elizabeth Torres

Order reason: --

Instructions: Require results urgently

[Reject lab request](#) [Bill](#)

Bill for Malaria Rapid Test

Bill details

Order Bill Creation ORD-114329
Create bill for order Malaria Rapid Test by selecting the correct unit price

Bill Details

Item
Rapid test for malaria

Quantity
1

Unit price
Insurance - KES 354.00

Total
KES 354.00

SHA Action
Do you need to add, switch, or restore a SHA intervention?
☒ Yes ☐ No

Orders [Results](#)

Laboratory Orders [Add Order +](#)

Order No	Date Ordered	Order	Order reason	Priority	Order By	status
ORD-114116	Today, 14:32	Malaria Rapid Test		Routine	admin - Mark Elizab...	In progress

Orders [Results](#)

Tests [Reset](#) [Expand all](#)

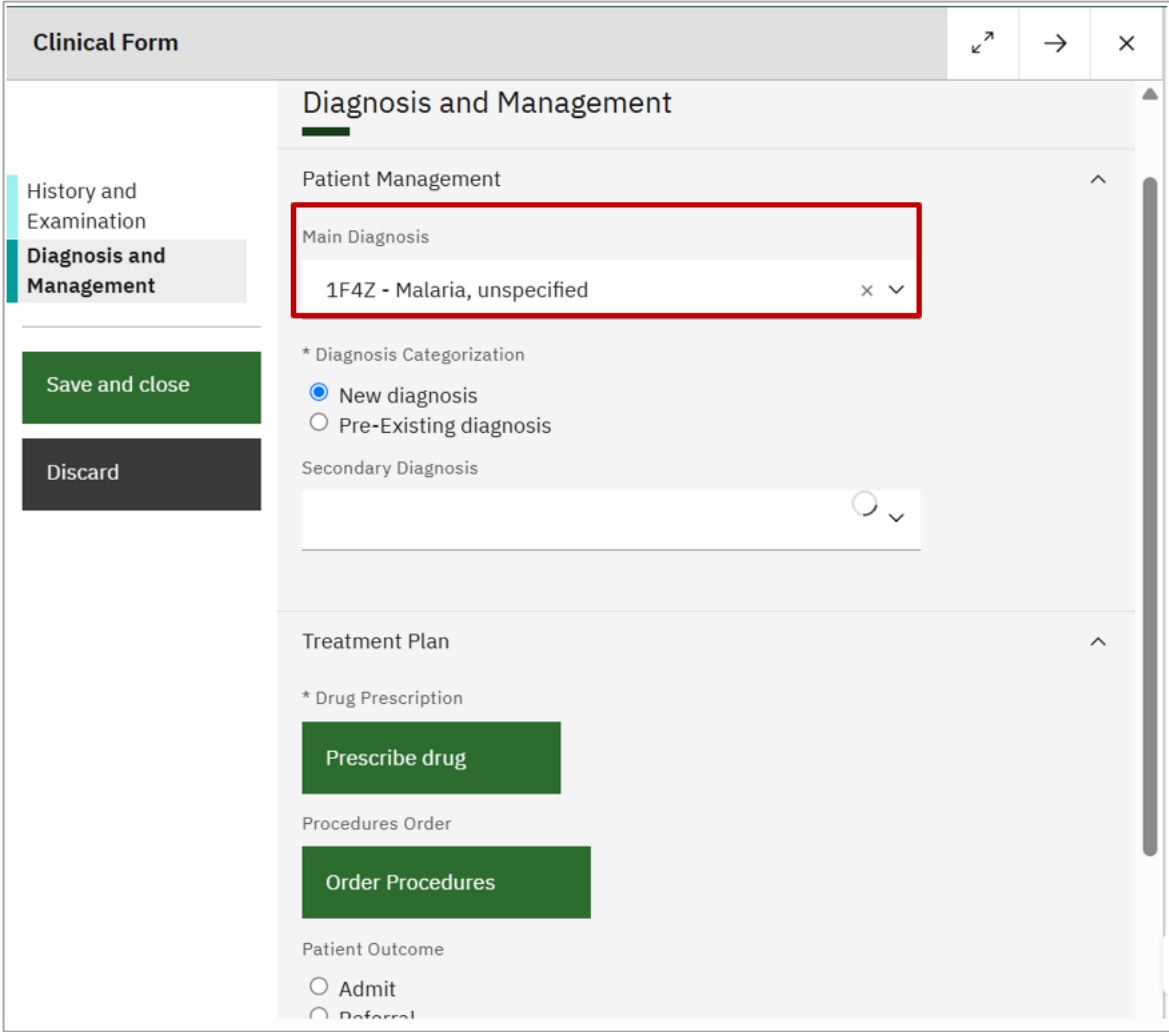
Laboratory Order

- ☐ Influenza Test
- ☐ COMPLETE BLOOD COUNT
- ☐ SERUM ELECTROLYTES
- ☐ Urine Dipstick test

Results (1) [Refresh data](#) View: [Individual tests](#) [Over time](#)

Blood Smear for Malaria Parasites

Test name	Result date	Value	Reference range
Malaria Parasites	Today, 14:32	MPS Seen	--

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.	 The screenshot displays the 'Clinical Form' interface. On the left, a sidebar contains two tabs: 'History and Examination' and 'Diagnosis and Management', with the latter being the active tab. Below the tabs are two buttons: 'Save and close' (green) and 'Discard' (dark grey). The main content area is titled 'Diagnosis and Management' and is divided into several sections. The 'Patient Management' section is expanded, showing a 'Main Diagnosis' field with a red border containing the text '1F4Z - Malaria, unspecified'. Below this is a section for '* Diagnosis Categorization' with two radio buttons: 'New diagnosis' (selected) and 'Pre-Existing diagnosis'. Further down is a 'Secondary Diagnosis' field. The 'Treatment Plan' section is also expanded, showing a '* Drug Prescription' section with a 'Prescribe drug' button, a 'Procedures Order' section with an 'Order Procedures' button, and a 'Patient Outcome' section with two radio buttons: 'Admit' and 'Referral'.

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.

Add drug order

→ ×

Artemether + lumefantrine (AL) Tablet

20mg + 120mg - 6s – Oral

In Stock

18 Tablet(s)

Insurance KES 8.00

Duration

3

– +

Duration unit

Days

× | ∨

3. Dispensing instructions

Quantity to dispense

24

Quantity unit

Quantity unit ∨

Prescription refills

0

– +

Indication

Malaria

✚ Add to my pinned orders

Discard

Save order

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.

The screenshot displays the TaifaCare Accounting Module interface. On the left is a sidebar menu with options: Dashboard, Registration, Triage, Consultation, MCH, Admissions, Procedures, Radiology and Imaging, Laboratory, Pharmacy, **Accounting**, Reports, and Mortuary. The main content area shows a patient profile for 'MMW' (42 yrs, 22-Jun-1984, CR Number: [redacted], Female). Below this is an 'Invoice Summary' section with a red border, containing fields for Invoice Number (0245-1), Date And Time (05-Jul-2026, 23:54), Invoice Status (PENDING), Cash Point (lab), and Cashier (Admin - mark elizabeth torres). To the right of the summary is a table with financial details: Total Amount (KES 877.00), Total Exempted (KES 0.00), Total Payments (KES 0.00), Total Deposits (KES 0.00), and Balance (KES 877.00). Below the summary is a 'Line items' section with a table of items to be billed. A red arrow points to the first checkbox in the table. The table has columns: No, Bill Item, Bill code, Status, Payment me, Quantity, Price, and Total. The first three items are checked. To the right of the table is a summary box showing Total Amount (KES 877.00), Payments amount (KES 0.00), and Amount due (KES 877.00, circled in red). At the bottom right is a green 'Payments' button with a right arrow.

No	Bill Item	Bill code	Status	Payment me	Quantity	Price	Total
☒ 1	Adult Consu...	0245-1	PENDING	Insurance	1	299	299
☒ 2	Rapid test f...	0245-1	PENDING	Insurance	1	354	354
☒ 3	Artemether ...	0245-1	PENDING	Insurance	28	8	224

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.

Payment workspace

Total amount due

The total amount due for the selected line items is KES 877.00

Fully allocated

KES 877.00 of KES 877.00 allocated
KES 0.00 remaining

Payment Mode

Insurance

Amount

877

SHA intervention

SHA-12-001 · Consultation · Capitation — KES

Choose which active intervention this Insurance payment is recorded against.

SHA-12-001 Consultation Capitation

TARIFF KES 0.00

Print Preview Receipt 0245-1

Madhavi North Hospital

Date: 05-Jul-2026 23:54:08

Receipt No: 0245-1

Patient: [REDACTED] 42 Years

Patient ID: MUXKMN

Qty	Item	Price	Total
1	Adult Consultation	299.00	299.00
1	Rapid test for malaria	354.00	354.00
28	Artemether + lumefantrine (AL) Tablet 20mg + 120mg - 6s	8.00	224.00
Total			877.00

Close

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.

TT

Test Testing ♂ Male

26 yrs · 31-May-2000 ·

Actions

Show more

Invoice Summary

Print

Close Bill

The **Submit Claim Button** will be available after the Bill closure.

Clicking the Submit Claim button will direct a user to the patient claims management page.

Close Bill - 0202-2 (PAID, KES 1,077.00)

Close Bill

Closing this bill will prevent any new items from being added to this bill

Reason for close bill

Patient Visit ended

Cancel

Close

Claims					
Date Created	Authorization code	Service Type	Invoice Number	Claim status	Payer
29 - Jun - 2026, 18:25	E6BTKQHALH	CAPITATION	INV/13545/72709	DRAFT	Not yet submitted
					Submit claim

8. Submit a Claim Form

Review the claim form and ensure:

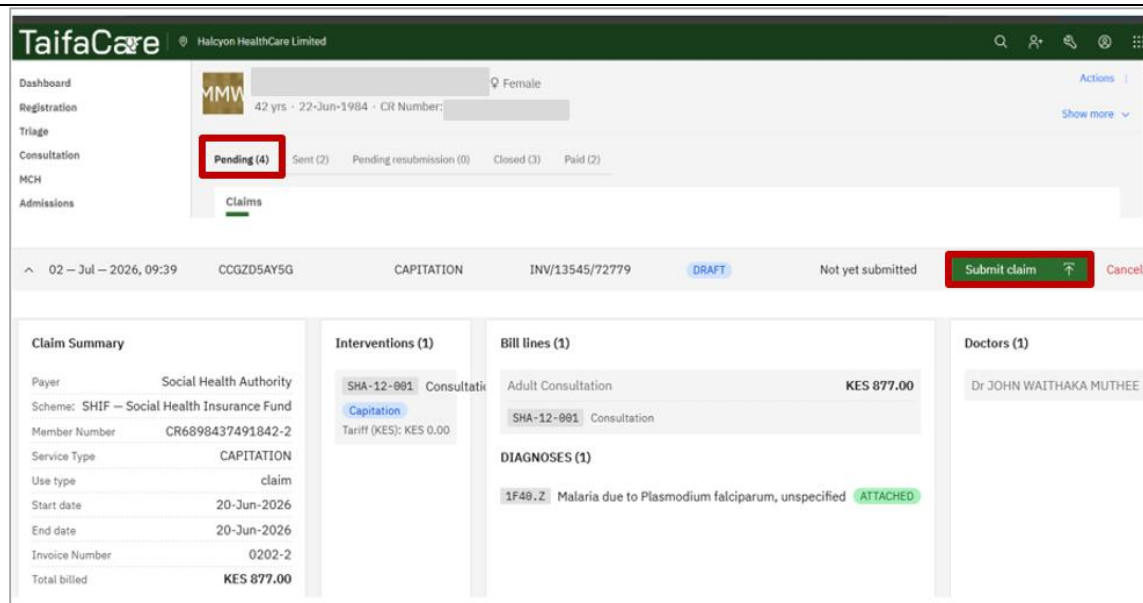
- The correct intervention is selected as per the scheme used
- The intervention diagnosis is added as applicable.
- The bill line item reflects the amount owed to the client.

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 sent 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.*

Pending (1) Sent (2) Pending resubmission (0) Closed (3) **Paid (2)** → Client Claims status dashboard over time

Claims

Date Created	Authorization code	Service Type	Invoice Number	Claim status	Payer
02 – Jul – 2026, 14:45	BCE6V8DFPU	CAPITATION	0202-2	SUBMITTED	APPROVED
01 – Jul – 2026, 14:47	3S69UBHF2H	CAPITATION	0185-9	SUBMITTED	APPROVED

Claim Summary

Payer: Social Health Authority

Scheme: SHIF – Social Health Insurance Fund

Member Number: CR6898437491842-2

Service Type: CAPITATION

Use type: claim

Start date: 20-Jun-2026

End date: 20-Jun-2026

Invoice Number: 0202-2

Total billed: KES 877.00

Interventions (1)

SHA-12-001 Consultation

Capitation

Tariff (KES): KES 0.00

Bill lines (1)

Adult Consultation KES 877.00

SHA-12-001 Consultation

DIAGNOSES (1)

1F40.Z Malaria due to Plasmodium falciparum, unspecified ATTACHED

Doctors (1)

Dr JOHN WAITHAKA MUTHEE

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.

MMW Female
Policy Number: [redacted] Insurance scheme: SHA Active Visit OPD Triage RM 1 Assign to next queue
42 yrs - 22-Jun-1984 - CR Number: [redacted] Show more

Pending (1) **Sent (1)** Pending resubmission (0) Closed (3) Paid (1)

Date Created	Authorization code	Service Type	Invoice Number	Claim status	Payer
Today, 14:45	BCE6V8DFPU	CAPITATION	0202-2	SUBMITTED	AWAITING_PAYER_REVIEW

Claims

Date Created	Authorization code	Service Type	Invoice Number	Claim status	Payer
Today, 14:45	BCE6V8DFPU	CAPITATION	0202-2	SUBMITTED	SUBMITTED_PAYER

Payer activity

Notes from SHA (2)

- Loaded to payer
AUTOMATIC_CHECKS_DONE adapter1 User (adapter@provider-uat.sha.go.ke)
- Capitation claim successfully loaded
AUTOMATIC_CHECKS_DONE adapter1 User (adapter@provider-uat.sha.go.ke)

Timeline (4)

- Today, 15:59 SUBMITTED_PAYER → AUTOMATIC_CHECKS_DONE
- Today, 15:59 AUTOMATIC_CHECKS_DONE → SUBMITTED_PAYER
- Today, 15:59 SUBMITTED_PROVIDER → AUTOMATIC_CHECKS_DONE
- Today, 15:59 DRAFT_PROVIDER → SUBMITTED_PROVIDER

Payer activity

Notes from SHA (3)

- APPROVED adapter1 User (adapter@provider-uat.sha.go.ke)
- Loaded to payer
AUTOMATIC_CHECKS_DONE adapter1 User (adapter@provider-uat.sha.go.ke)
- Capitation claim successfully loaded
AUTOMATIC_CHECKS_DONE adapter1 User (adapter@provider-uat.sha.go.ke)

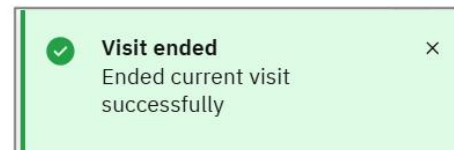
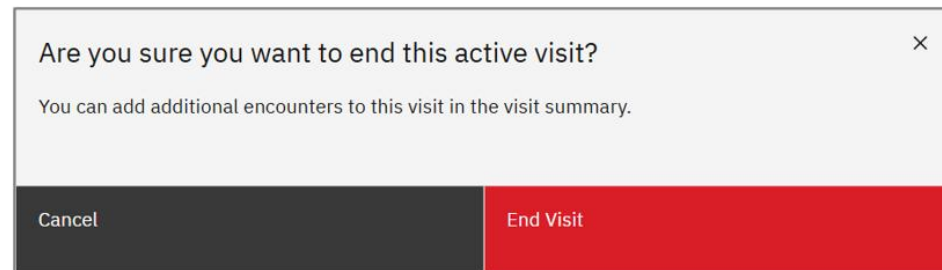
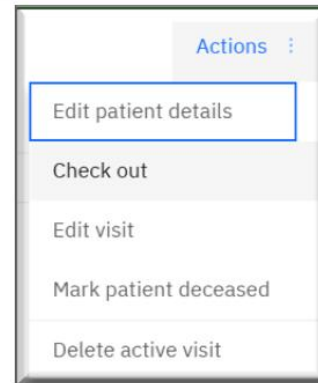
Timeline (5)

- Today, 16:04 SUBMITTED_PAYER → APPROVED
- Today, 15:59 SUBMITTED_PAYER → AUTOMATIC_CHECKS_DONE
- Today, 15:59 AUTOMATIC_CHECKS_DONE → SUBMITTED_PAYER
- Today, 15:59 SUBMITTED_PROVIDER → AUTOMATIC_CHECKS_DONE
- Today, 15:59 DRAFT_PROVIDER → SUBMITTED_PROVIDER

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.



THE END