SOP: TaifaCare-K -Scheduled Pre-authorization Workflow

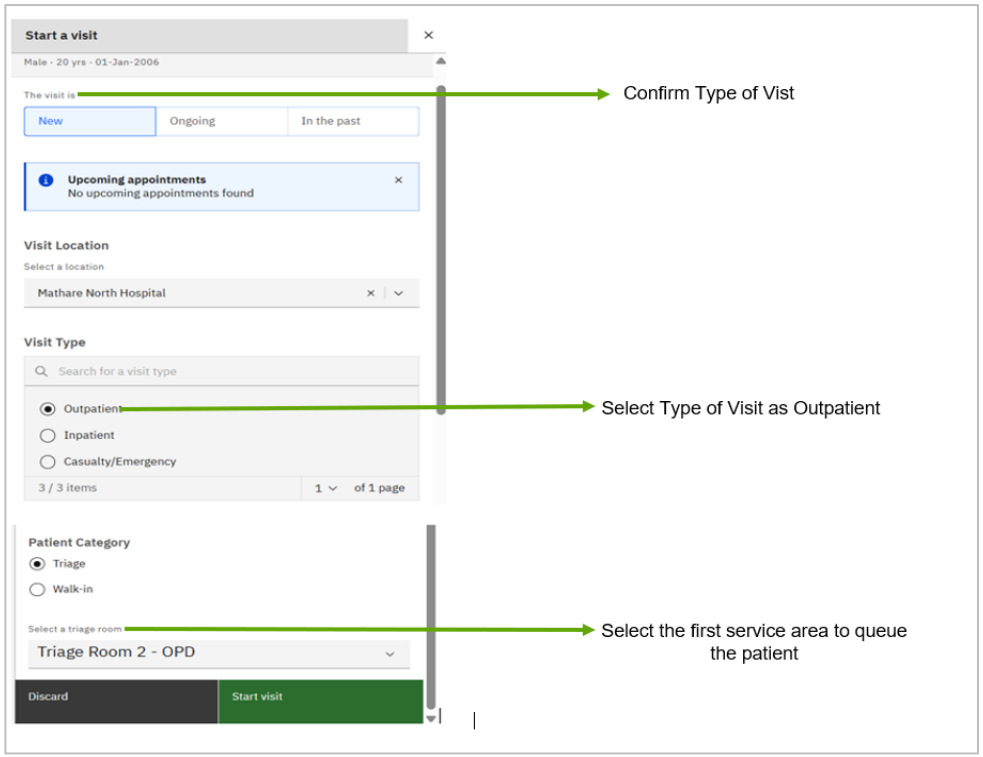
(Last update: November 2026)

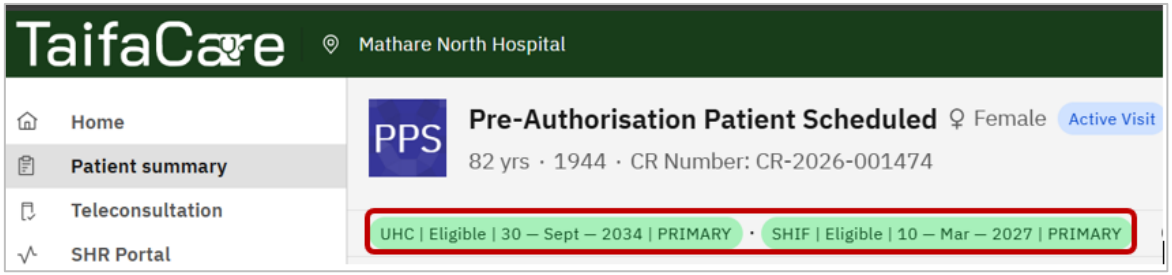
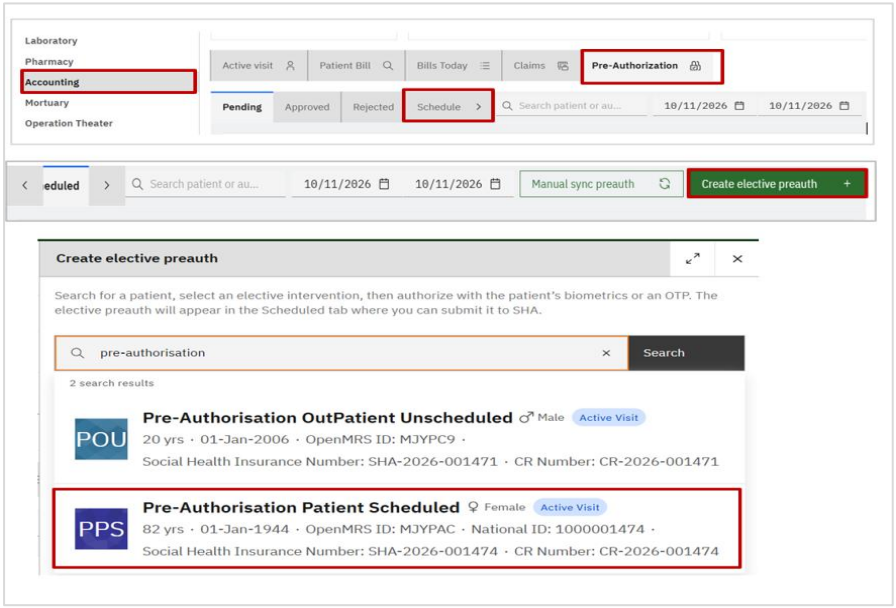
TASK:	To guide users on how to initiate, submit, track, review, and manage a scheduled pre-authorization request within the TaifaCare-K system for services that require insurer approval before patient care is provided.
OBJECTIVE:	Effectively learn how to create and process scheduled pre-authorization requests, attach supporting clinical documents, submit requests to the payer, monitor approval status, and proceed with service delivery based on the authorization outcome.
WHO:	Billing Officers, Cashiers, Nursing Officers, Clinical Officers, System Administrators, ICT Officers, EMR Champions
REQUIRED MATERIALS:	Functional TaifaCare **Version 19.4.4 and above**

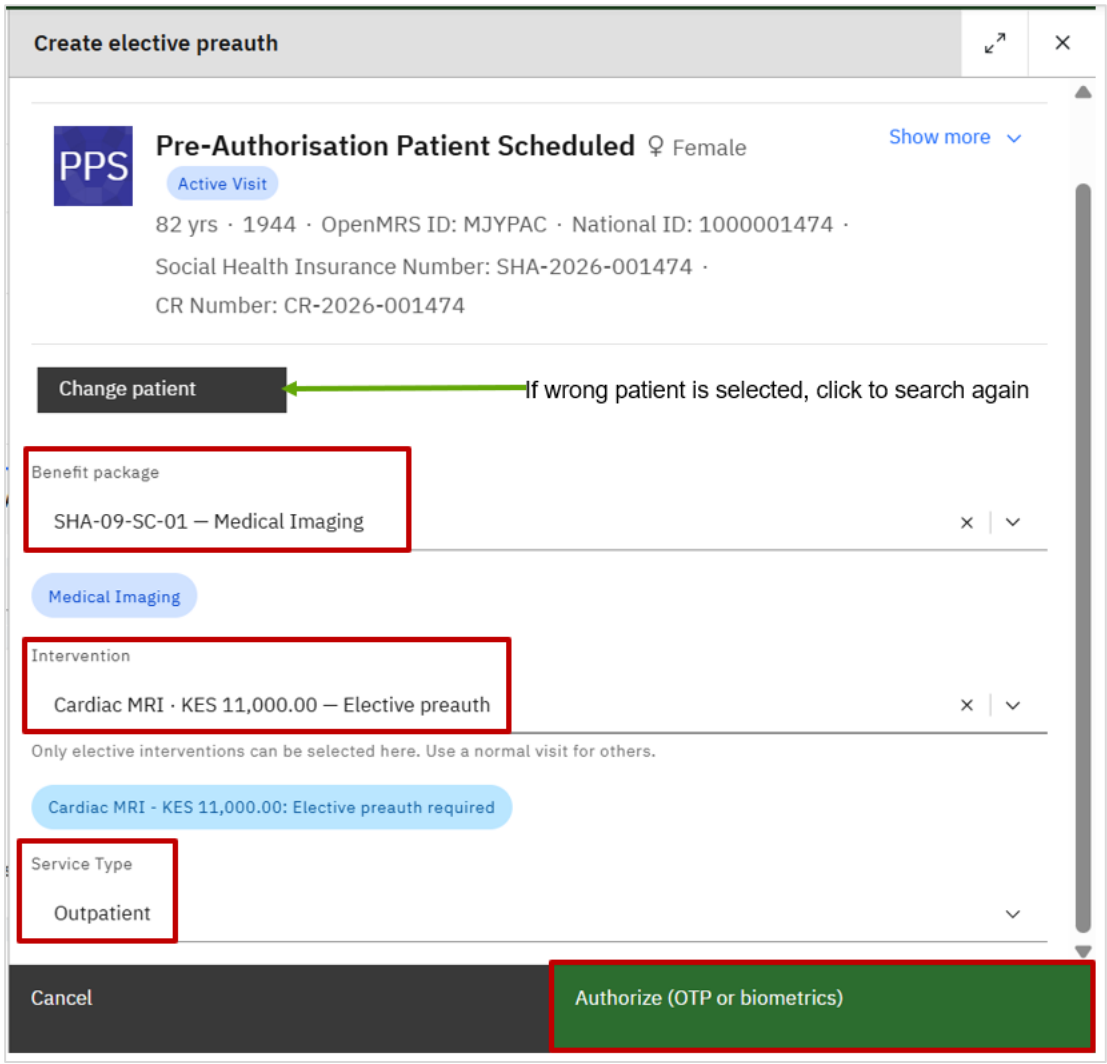
SUMMARY:

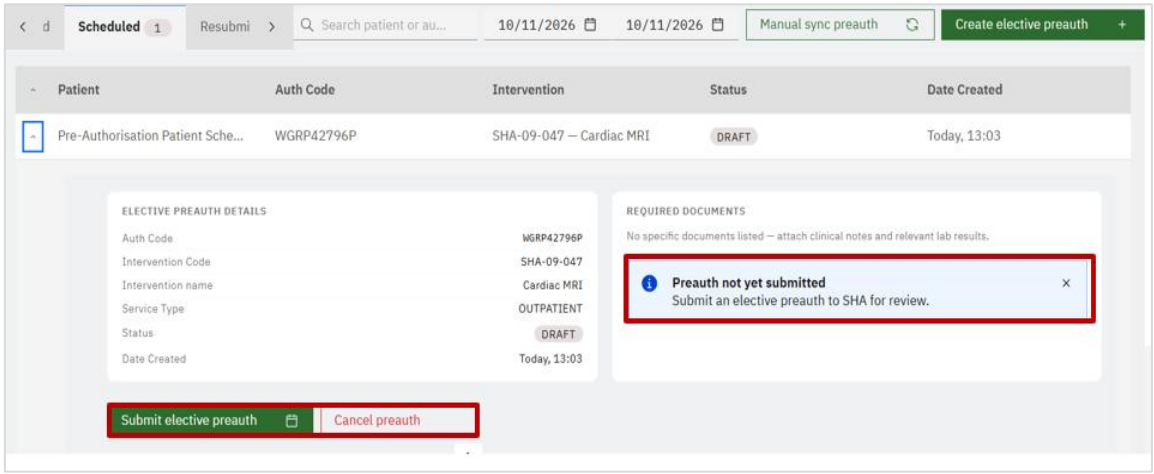
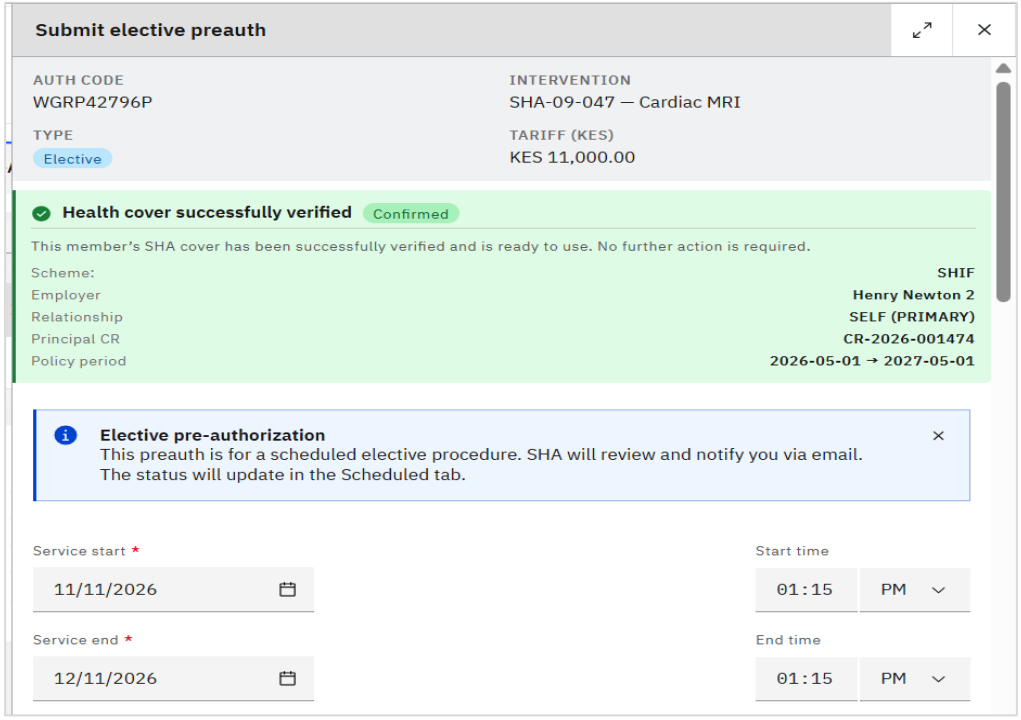
This SOP empowers users to accurately manage scheduled pre-authorization requests within TaifaCare-K by following standardized workflows for patient verification, request creation, documentation attachment, submission, and status monitoring.

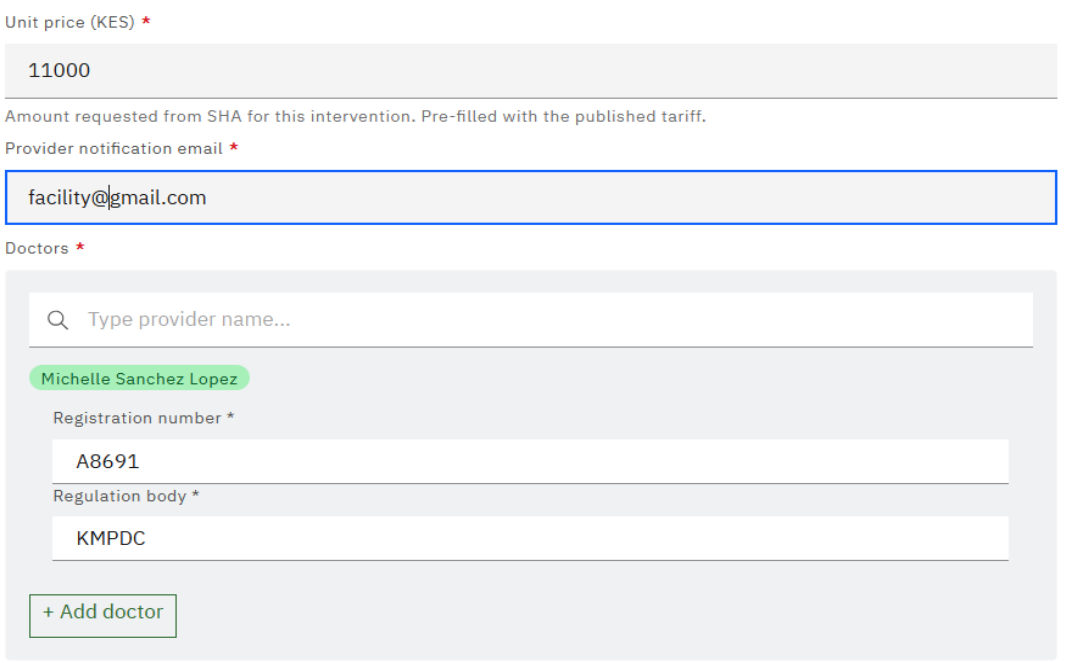
The guide enables technical users to configure, support, troubleshoot, and train end users on the scheduled pre-authorization workflow, ensuring compliance with payer requirements, timely approvals, reduced claim rejections, and continuity of patient care.

No	Task Description	Screenshot
1.	**Onboard patient from the Client Registry**	See the guide on this from https://kenyahmis.org/wp-content/uploads/2025/06/SOP_Client-Registration.pdf
2.	**Start a Visit for the patient**, depending on the visit type as either Outpatient or Inpatient if the patient does not have a current active visit.	

3.	**Confirm the Active scheme cover** Example; the patient is active on both PCH and SHIF schemes	
How to schedule a pre-authorization Request		
4.	**Access Patient** 1. From the Accounting Module, select the Pre-authorization Tab. 2. Click on the Schedule Sub Module 3. Click on the provided create elective Preauth button 4. Enter the patient's name or identifier to search for the patient to create a pre-auth form for. 5. Click on the patient details to load the	

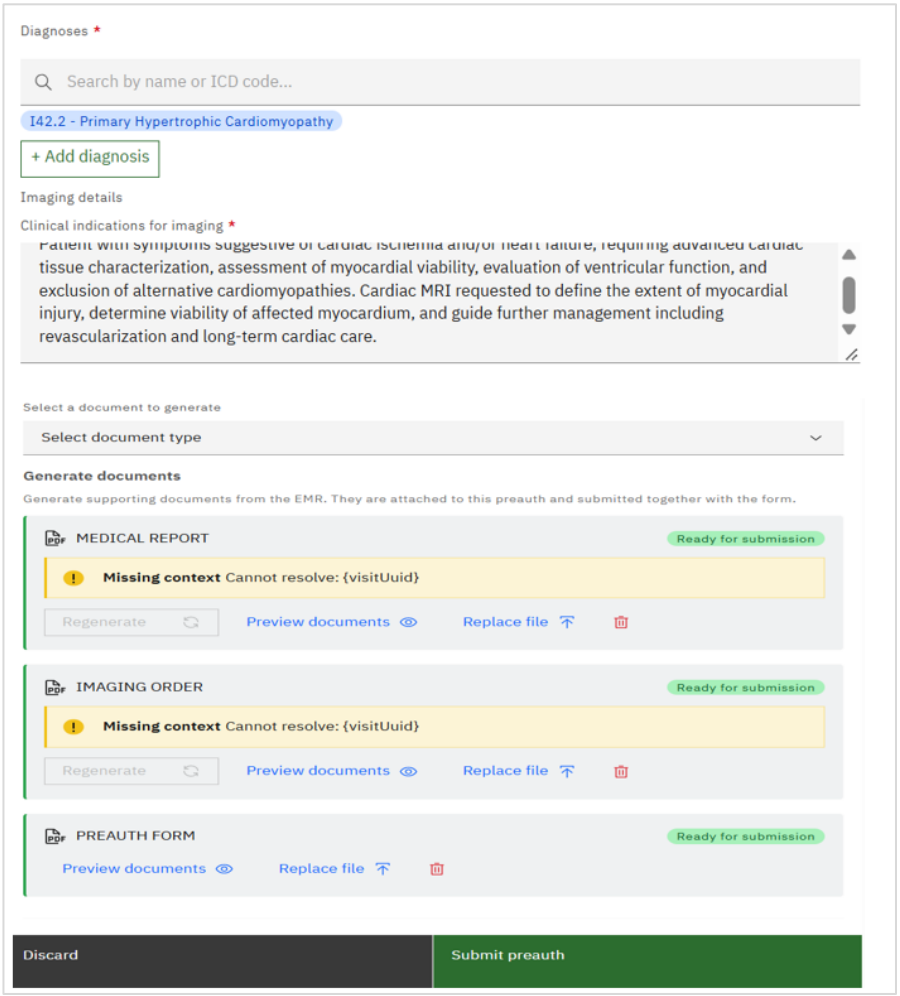
4.	**Document the Schedule Form** 1. The system provides a button to change selected patient by clicking Change patient 2. Select applicable SHA benefit package. 3. Select the correct intervention that requires an elective pre-authorization. 4. Select the Service Type as applicable for either Outpatient or inpatient services 5. Authenticate Patient to authorize the pre-auth request. *The system will give a successful message, that the elective Pre-auth request has been scheduled.*	

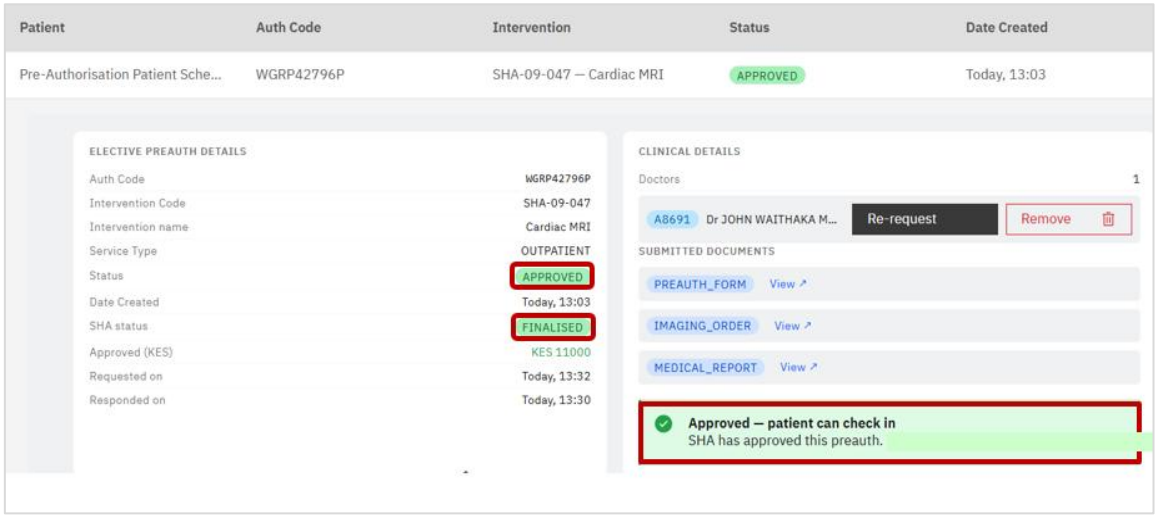
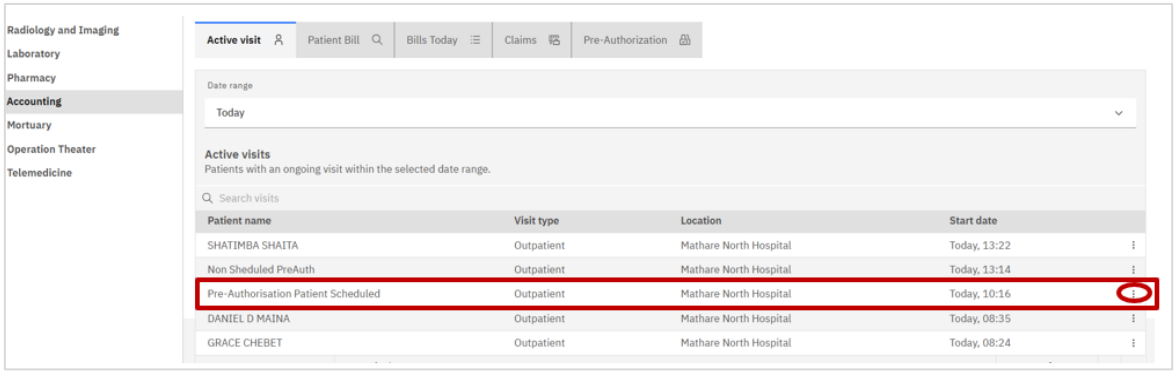
5.	**Verify the Scheduled Pre-auth** 1. The system will alert the user that the pre-auth is not yet submitted 2. They can choose to Submit or Cancel the pre-auth with a reason	
6.	**Document and Submit the Pre-auth Request** **1) Verify SHA insurance can be used** a. Confirm the approved Tarriff for the Intervention and advise patient accordingly b. Adjust the service start date accordingly	

	2) Add the facility email address and licensed doctors as approver/s for the request	

3) **Add Diagnosis, Clinical Indications and attach all required support documents**
4) **Submit the pre-auth and await feedback from SHA**

NB:// *Until feedback on the approval is given from SHA, Documentation of the Patient procedure and clinical interventions, Admission to ward if an inpatient client should NOT be offered in the system.*



7	**Monitoring SHA Feedback** 1. System will pull the approval through HIE from SHA and display for the user, update the service type to approved and SHA Status to finalized 2. If the approval process takes long, a user is advised to click on the re-request tab. 3. An email confirming this approval will also be shared to the provided email while submitting the pre-auth.	
8.	**Manage the patient visit** Once the approval is confirmed, the facility can now proceed to offer the services in line to the intervention and diagnosis being managed. **1. Locate Patient** a. From the Accounting Module, Locate the patient just checked in under the active visits list. b. Click on the **3 dots** at the far end against the patient's name and Click manage the visit	

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2. Select the Payment Mode

1. Select Patient is not excepted from payment
2. Select Insurance as the payment Method

Select SHA as the insurance scheme used.

System will load the CR_ID and all active schemes a client is active on.

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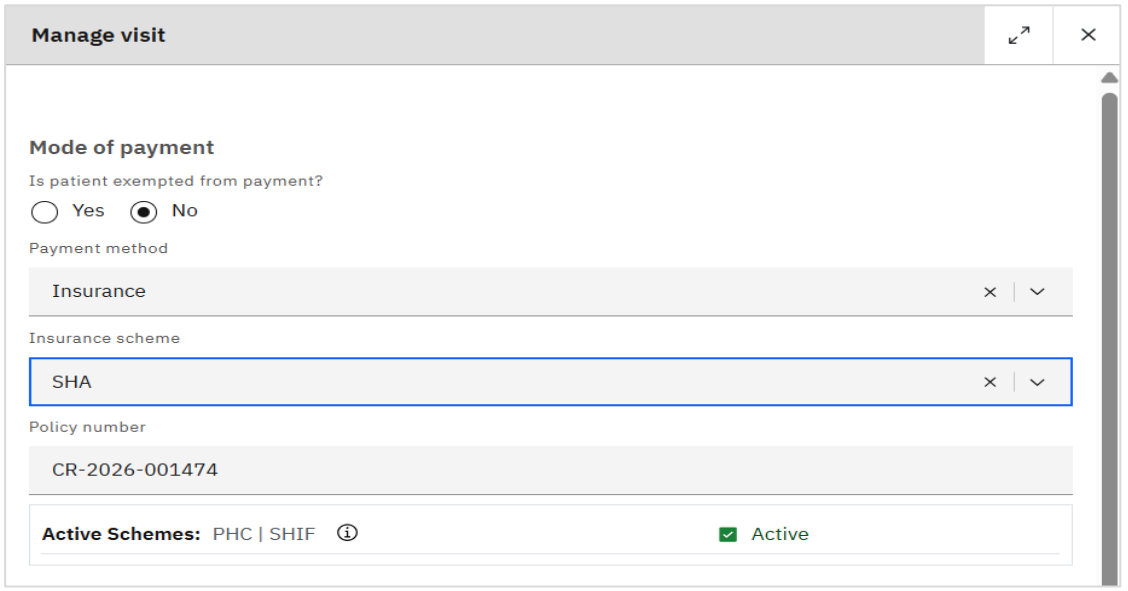

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3.Manage for an Elective Visit

2. Select Yes, the visit is an Elective visit
3. Select the Authorization code provided for the approval given by SHA for the intervention

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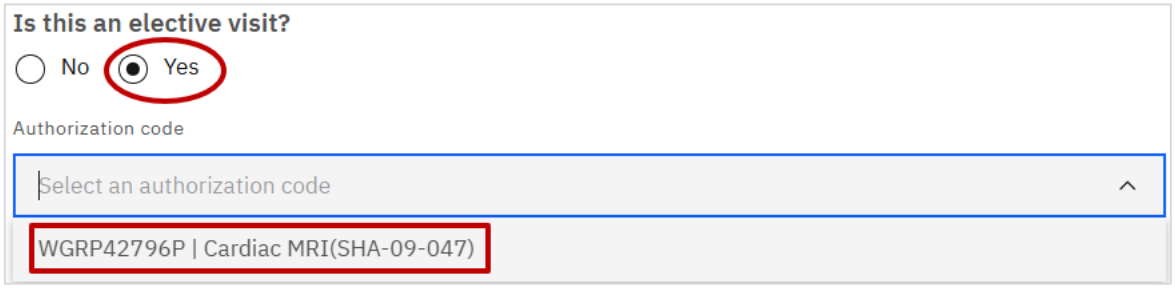

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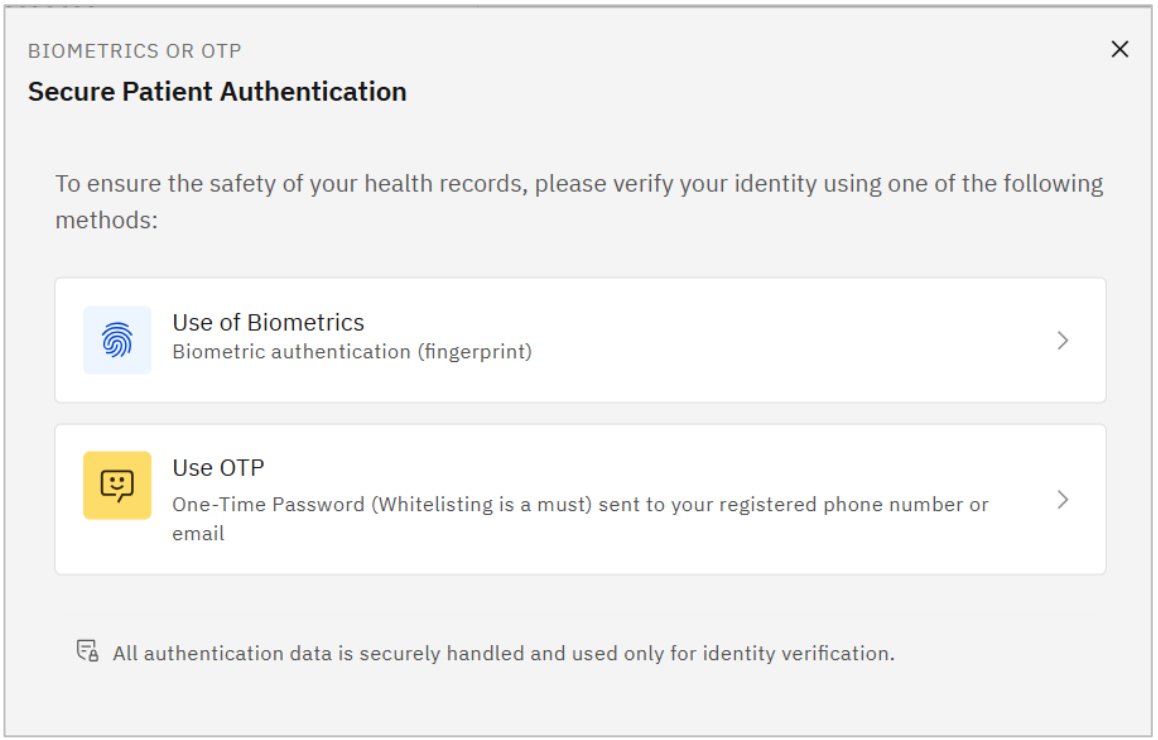
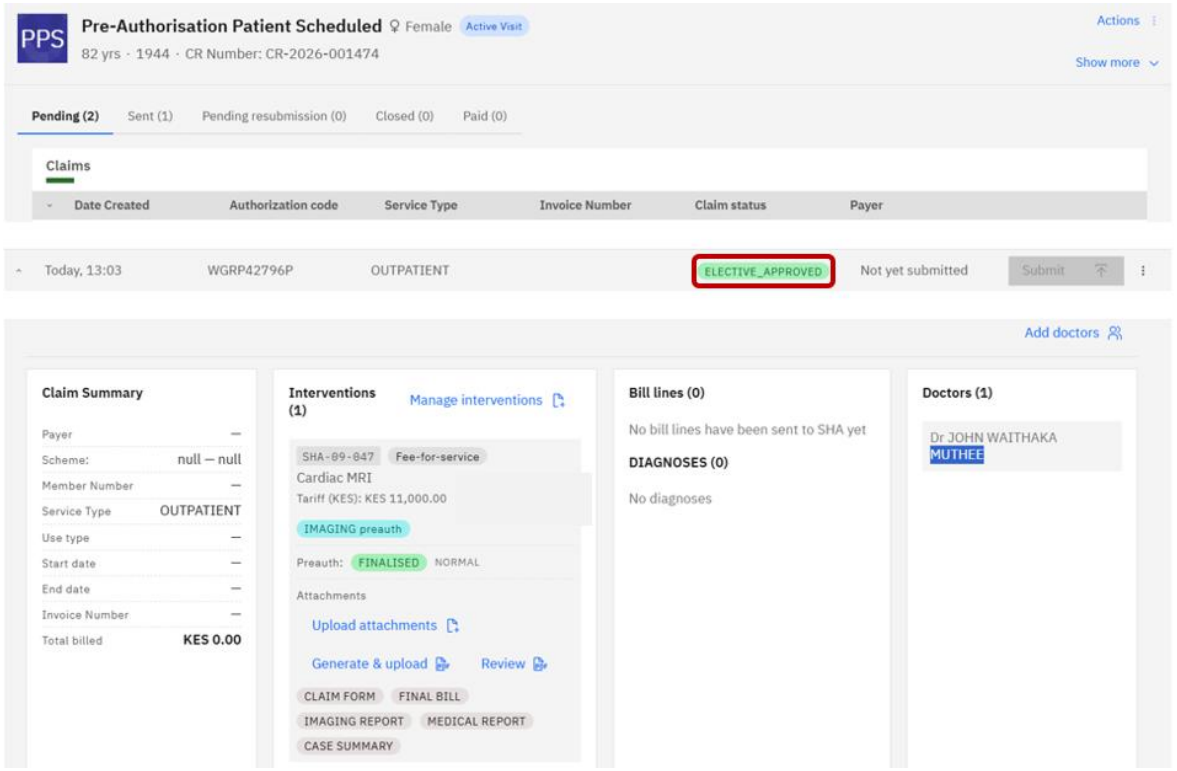
7.	**Authenticate user via Biometric or via OTP for whitelisted cases.** **System Feedback on successful patient Authentication** 1. A bill line for the first chargeable service will be created 2. A virtual Claim form will be started 3. The Visit details will be updated**.**	

9.	**A review of the Created Claim form** 1. From accounting Module, access Claims Tab 2. Locate the created virtual claim form, for the patient; Showing the Time created, Patient name, Authorization code attached, Mode of patient arrival, the primary fund in use and the invoice number and current stage the claim form is at, clearly stated as Preauth Required. 3. Click on the patient's name (Highlighted in blue) to access the virtual claim from. **The virtual Claim form** will require: 1. An approved pre-authorization 2. Bill lines- clinical charges incurred during care. 3. Total Bill forms the processed and closed bill 4. Generated or uploaded attachments to justify the claim for the intervention being managed. 5. An attached Diagnosis 6. A licensed attending doctor	

14.	**Next Steps** **Commence offering the patient the intervention.** 1. Lab order /procedure order as applicable 2. Document the applicable clinical management forms at OPD- clinical encounter, or through Special Clinics management forms or Program specific management forms. 3. Capture Main Diagnosis, specify whether it's a new or existing diagnosis 4. Add all applicable bill items as per costs incurred during care. 5. Process the bill, take note of the approved SHA Tariff and add co-payment options if bill exceeds the tarrif. 6. Close patient Bill 7. Access the patient claim form and review the Claim for: • Interventions being managed • Bill lines and the claims total alignment. • Added Diagnosis and a licensed Doctor. • Submit the Claim Form and monitor for different statuses
THE END	