# SOP: TaifaCare-K - Unscheduled Pre-authorization Workflow

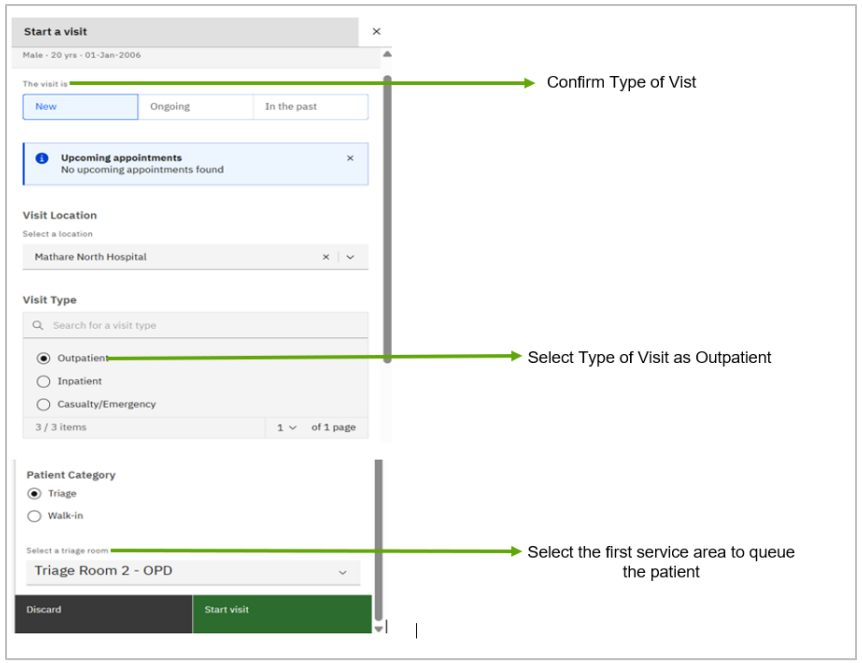
**(Last update: November 2026)**

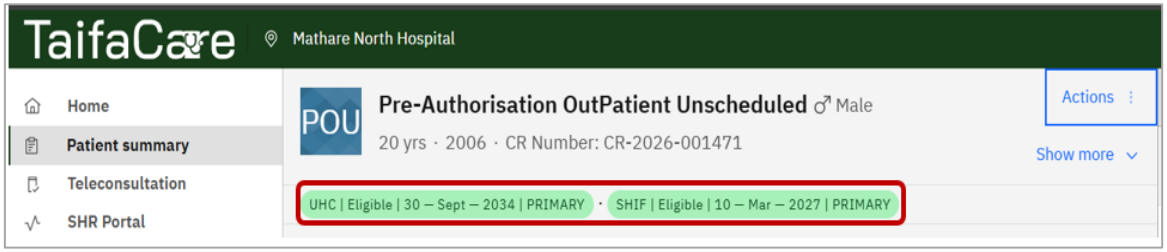
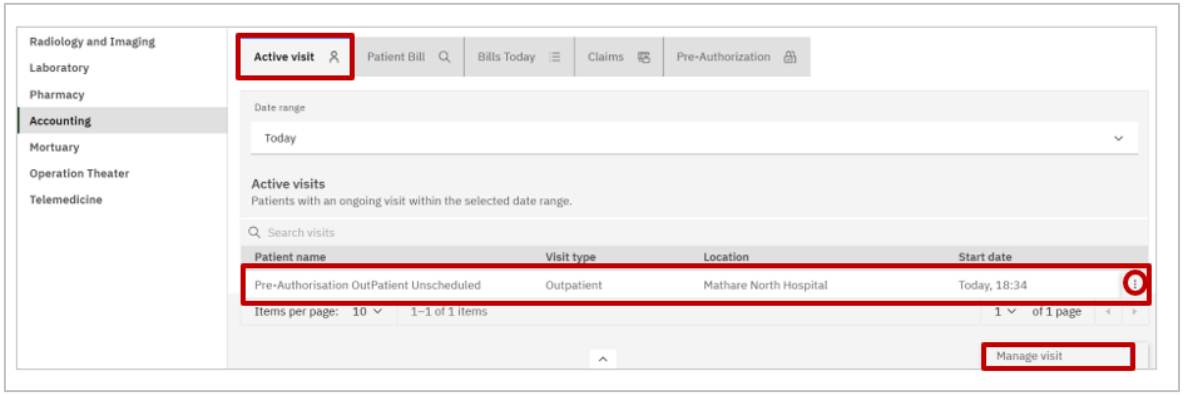
| | |
|---|---|
| **TASK:** | To guide users on how to initiate, submit, track, review, and manage an Unscheduled Pre-Authorization request within the TaifaCare-K system for services that require insurer approval before patient care is provided. |
| **OBJECTIVE:** | Effectively learn how to create and process Unscheduled 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** |

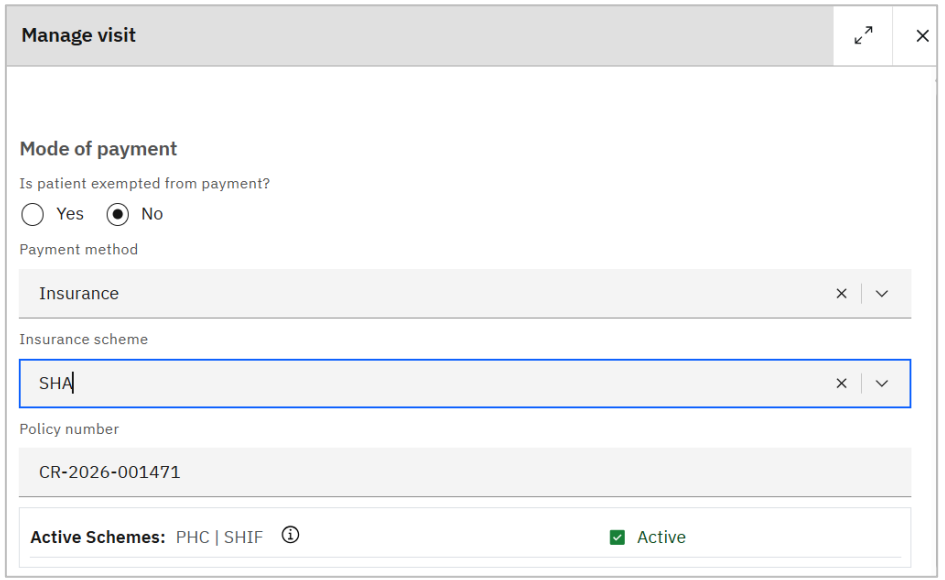
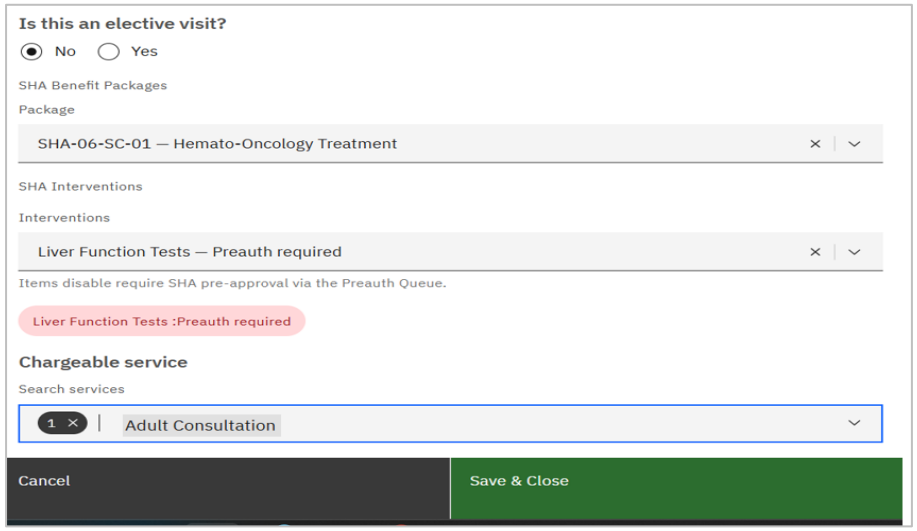

**SUMMARY:**

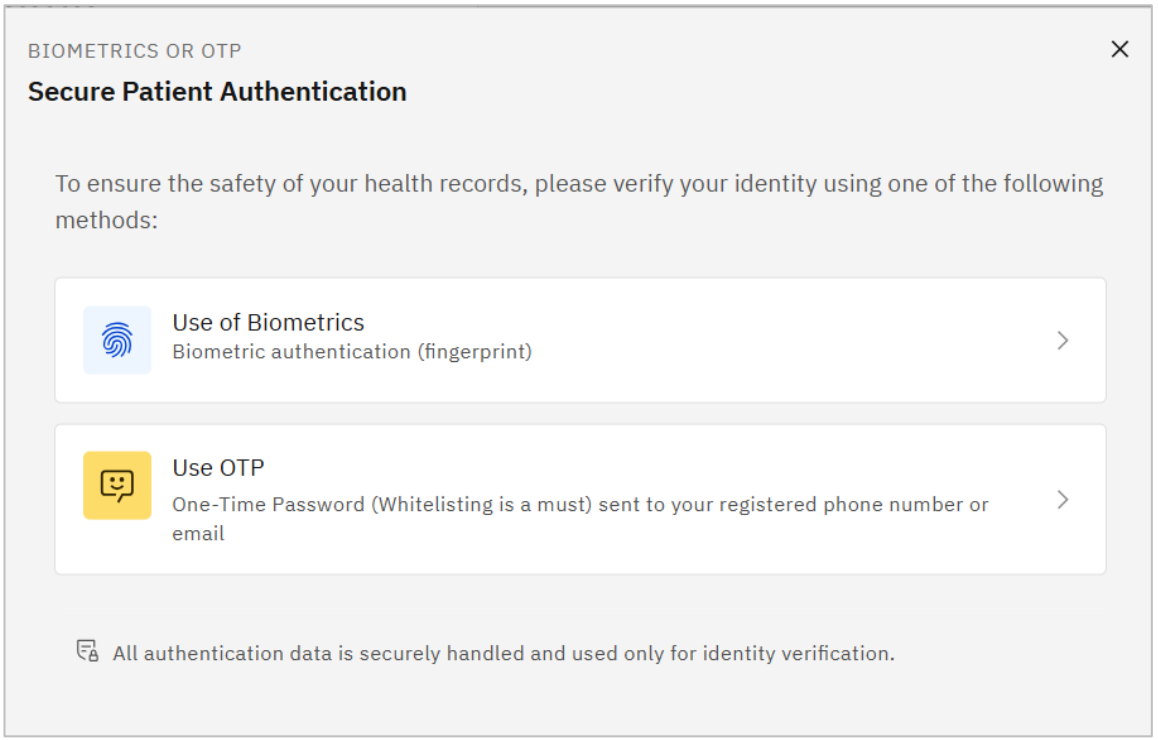
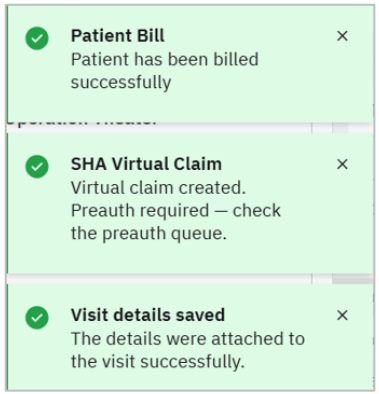
This SOP empowers users to accurately manage Unscheduled Pre-Authorization requests within TaifaCare-K by following standardized workflows for patient verification, request creation, documentation attachment, submission, and status monitoring.

The guide enables technical users to configure, support, troubleshoot, and train end users on the Unscheduled 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 |  |

| | | |
|---|---|---|
| **3.** | Confirm the available scheme cover for the patient,<br><br>Example; the patient is active on both PCH and SHIF schemes |  |
| **4.** | **Manage the Visit**<br><br>1) From the Accounting Module, Locate the patient just checked in under the active visits list.<br>2) Click on the **3 dots** at the far end against the patient's name and Click manage the visit |  |

| | | |
|---|---|---|
| **5.** | **Select the Payment Mode**<br><br>1. Select Patient is not exempted from payment<br>2. Select Insurance as the payment Method<br>**3.** Select SHA as the insurance scheme used. |  |
| **6.** | **Select an Applicable SHA package.**<br><br>The system will validate and load all interventions available for the selected SHA Package.<br><br>The system will highlight interventions that require a pre-authorization approval before.<br><br>**Save and Close.** |  |

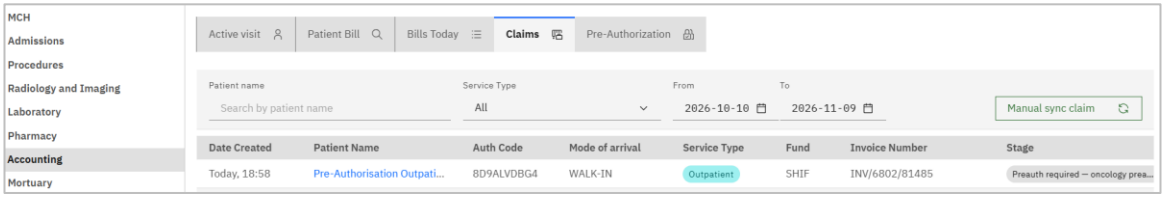
| | | |
|---|---|---|
| **7.** | **Authenticate user via Biometric or via OTP for whitelisted cases.** |  |
| **8.** | **System Feedback on successful patient Authentication**<br>1. A bill line for the first chargeable service will be created<br>2. A virtual Claim form will be started<br>**NB** *a clear reminder that a Preauth is required, and it has been queued is highlighted for the user*<br>**3.** The Visit details will be updated**.** |  |

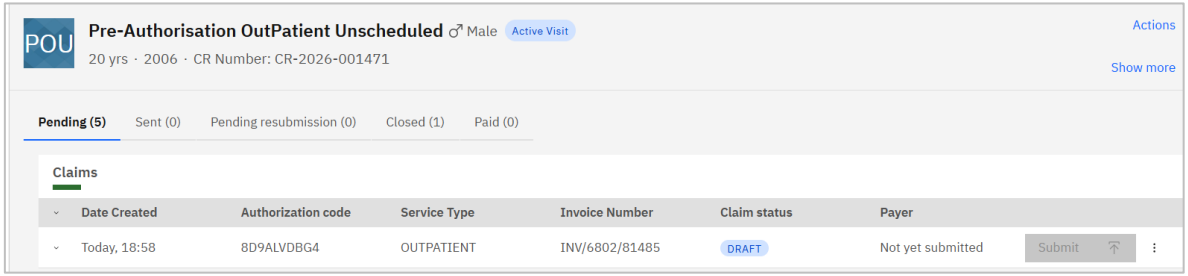
**9.** **A review of the Created Claim form**

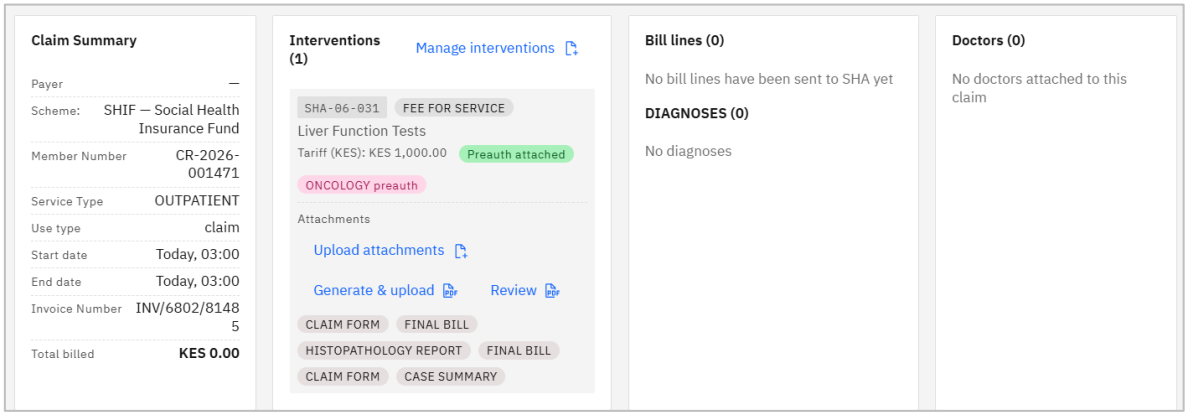
1. From accounting Module, access Claims Tab
2. Locate the created virtual claim form, for the patient; Showing the Time created, Patient name, Authorization code attached, Mode of patient arrival, the primary fund in use and the invoice number and current stage the claim form is at, clearly stated as Preauth Required.
3. Click on the patient's name (Highlighted in blue) to access the virtual claim from.

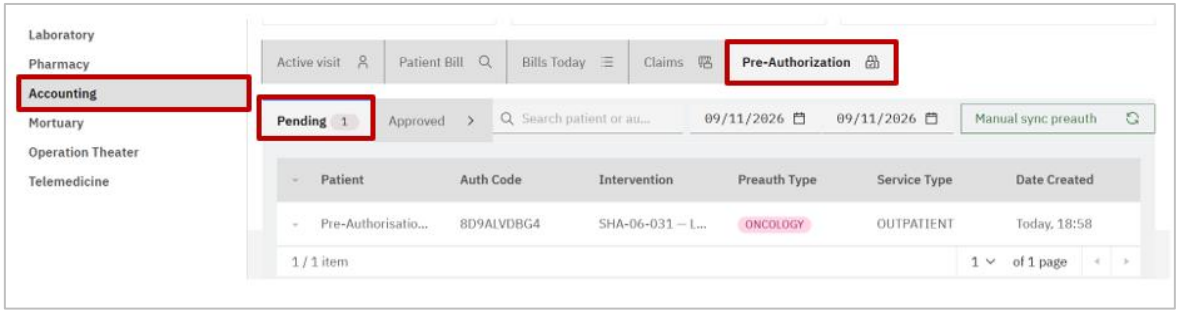
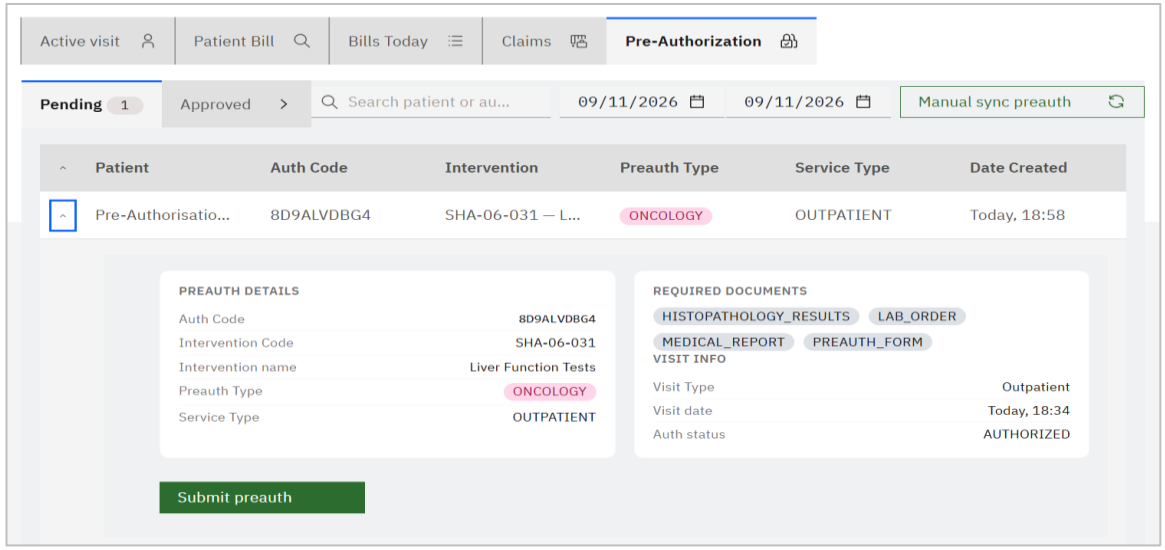
**The virtual Claim form** will require:

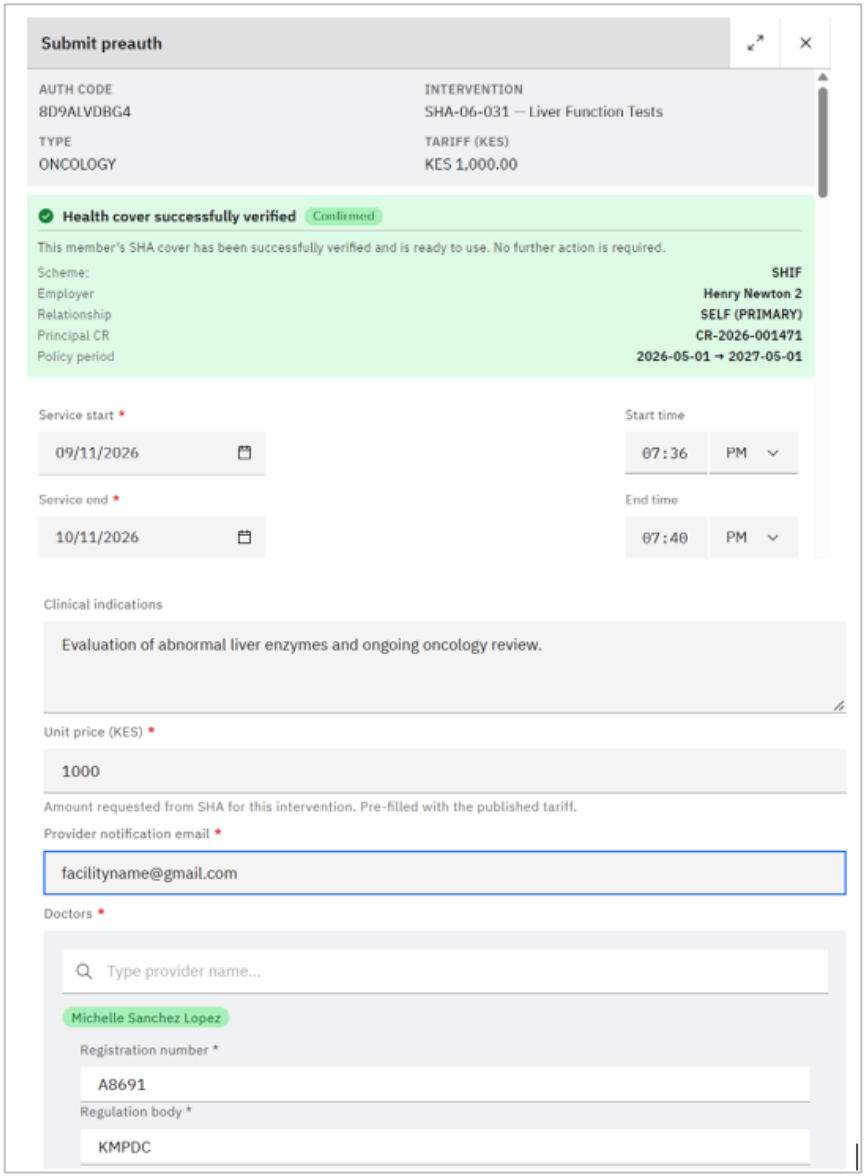
1. An approved pre-authorization
2. Bill lines- clinical charges incurred during care.
3. Total Bill forms the processed and closed bill
4. Generated or uploaded attachments to justify the claim for the intervention being managed.
5. An attached Diagnosis
6. A licensed attending doctor



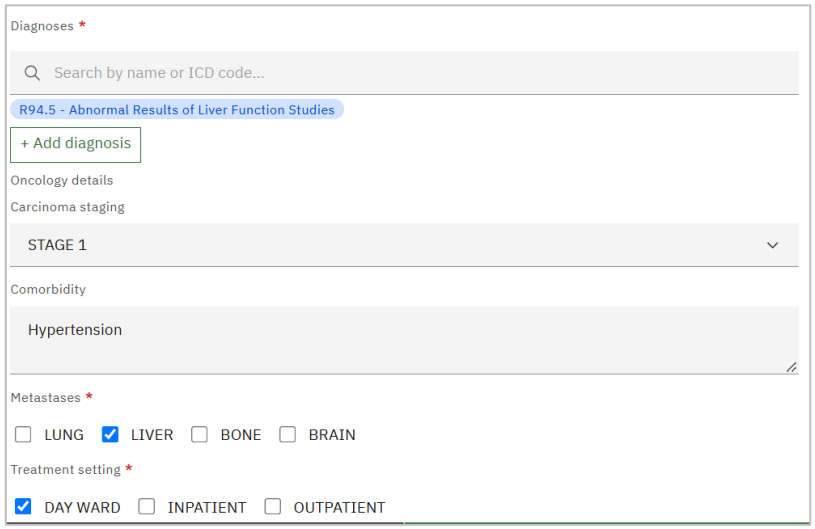
| | | |
|---|---|---|
| **10.** | **Accessing a queued pre-authorization**<br><br>1. From the Accounting Module, Locate the Pre-authorization Tab<br>2. Under the Pending sub-Tab access the queued pre-authorizations request.<br>3. Confirm the patient's name, SHA intervention, Time and Preauth type.<br>4. Access the Drop down, beside the patient's name to access the pre-authorizations. |  |
| **11.** | **Review the pre-authorization Request**<br><br>1. Review and confirm the Preauthorization details<br>2. Review and prepare the required support document for the Preauth<br><br>NB: *These documents can be generated from the system if previously requested for or documented for a previous visit other than this visit, else document manually, scan and upload from within the computer drive.*<br><br>3. When ready with the documents for upload, click on Submit Preauth. |  |

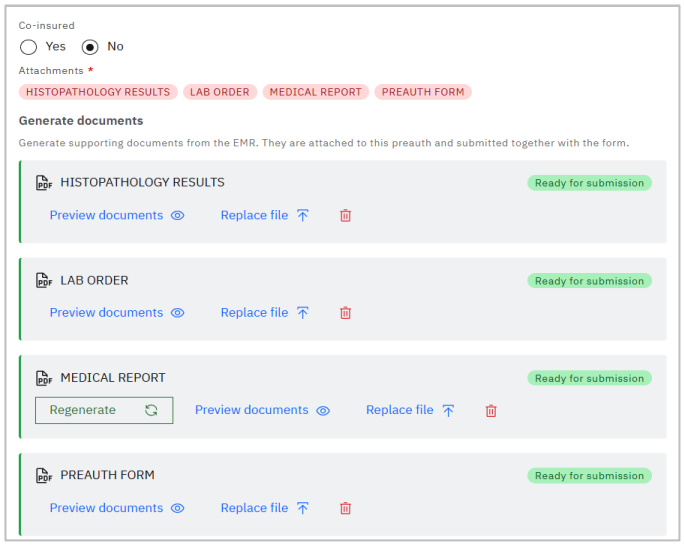
| | | |
|---|---|---|
| **12.** | **Pre-authorizations form Requirements**<br><br>1. HIE will validate the cover and confirm if it's ready for use.<br>2. Define the estimated service time for the intervention depending on the type of visit.<br>3. Give the clinical indication in line with the intervention being managed.<br>4. Confirm the unit price requested for is within the Tariff amount<br>5. Provide an email address- feedback on the pre-auth will be shared to this email.<br>6. Add licensed Doctor/s to approve this preauthorization request. |  |

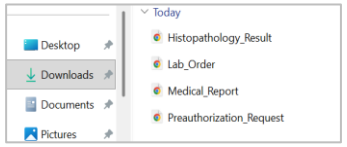
7. Add an applicable Diagnosis
8. Add pre-auth type details as applicable for intervention being managed. i.e. Oncology details.
9. Provide applicable Treatment setting.
10. Upload required attachments or generate from what is available from previous visits in the system.
11. Submit the pre-auth and wait for feedback.

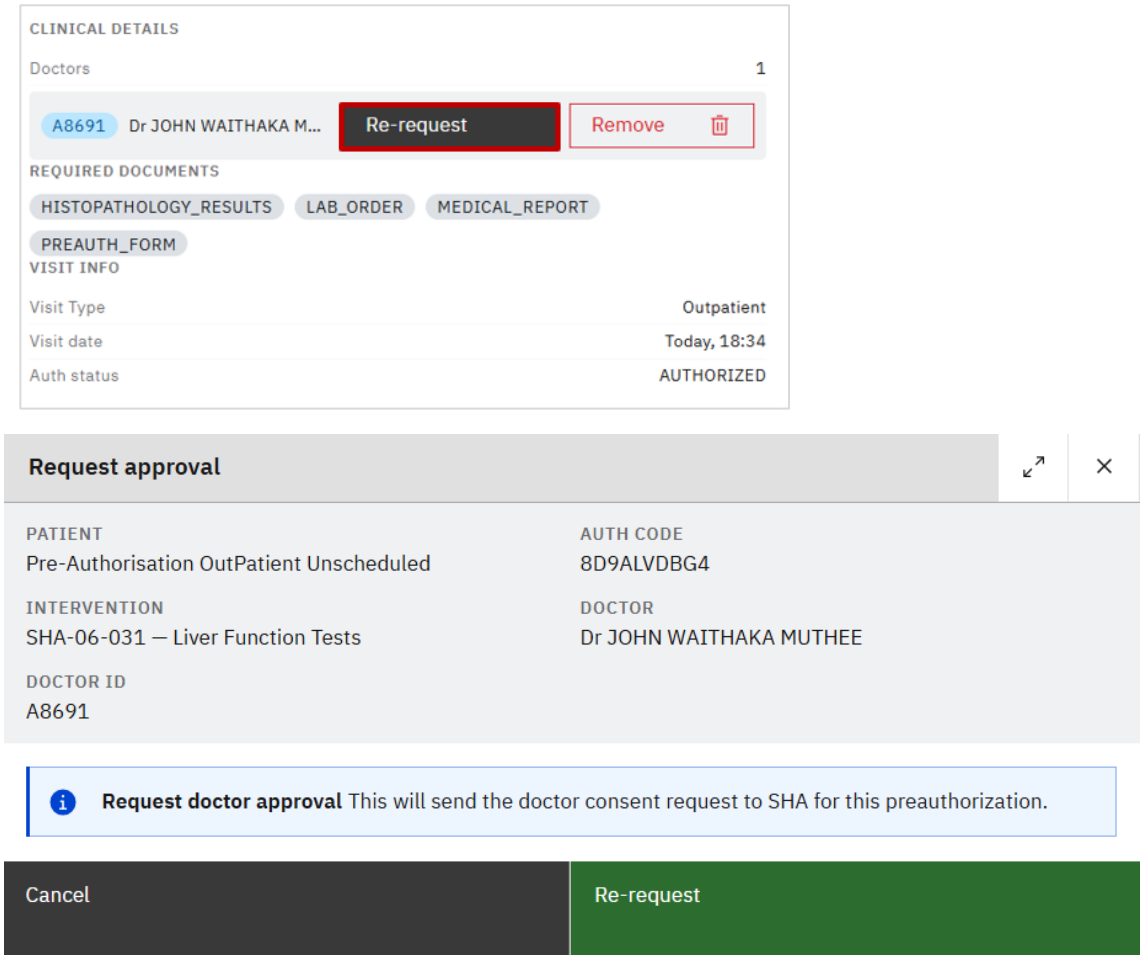
**NB://** *Until feedback on the approval is given from SHA, Documentation of the Patient procedure and clinical interventions, Admission to ward if an inpatient client should NOT be offered in the system.*

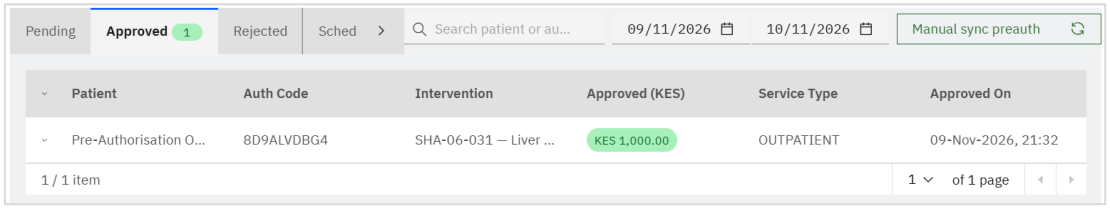
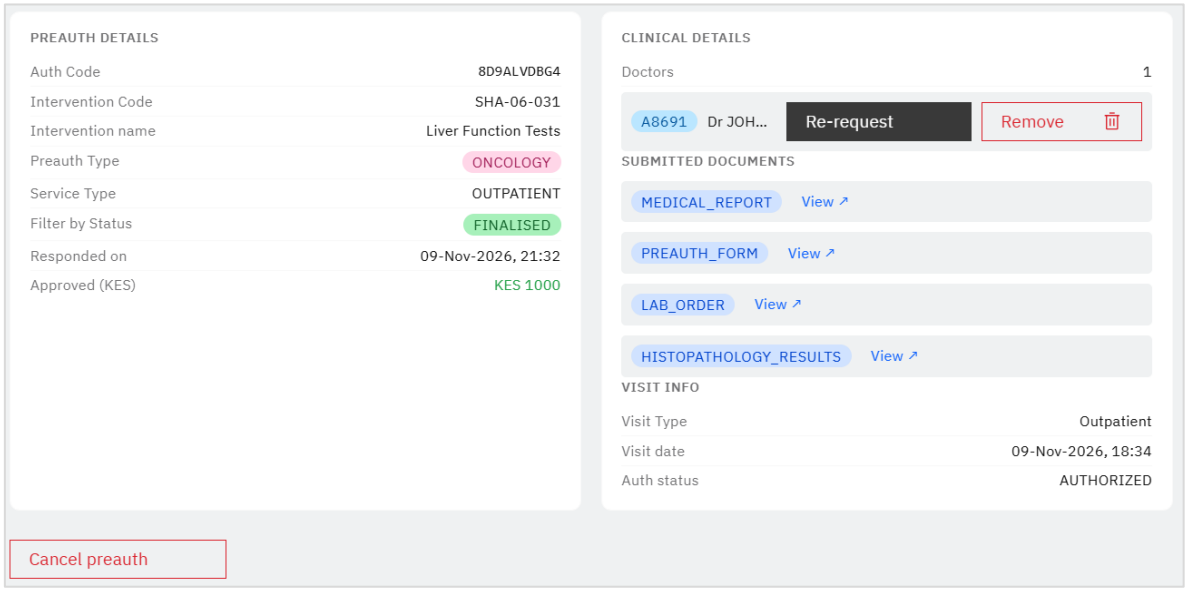
12. Once submitted the system will indicate Claim status as "**Pending-Doctor's Approval**".



| | | |
|---|---|---|
| **13.** | **Request Approval Re-request**<br><br>This feature can be used if the feedback process takes long. |  |

| | | |
|---|---|---|
| **13.** | **Approved pre-authorization**<br><br>Once the doctor approves the pre-Auth, it moves from pending to Approved tab.<br><br>• Amount approved is clearly visible.<br>• The pre-authorizations status changes to finalized and Authorized.<br>• The pre-auth can be cancelled with a reason or proceed to offer the service through the clinical journey by intervention. | <br> |

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