The impact of BPJS Health Claiming Requirement's completeness on patient's pending claims at Edelweiss Hospital

[1]Nazwa Aulia Arsy [2]Erix Gunawan

[1]Student, [2]Lecturer
[1]Medical Record and Health Information,
[1]Polytechnic Piksi Ganesha, Bandung, Indonesia

Abstract : The claim procedure is greatly impacted by the completeness and correctness of the claim requirements. The purpose of this study is to determine how Edelweiss Hospital's Pending Claims are affected by the extent to which inpatient BPJS Health claim standards are met. When claims are returned because the files they sent to BPJS were missing or incomplete, this causes delays in processing. Using a descriptive and quantitative study methodology, a sample of 1,008 claim files from August to October 2023 was taken, and a sample of 85 files was computed using the Slovin formula. According to the study's findings, the fulfillment of claim requirements affects pending claims in 23.4% of cases, with the remaining 76.6% being influenced by other medical factors such procedural incompatibility and technological or administrative issues. The failure to complete medical resume files and other supporting results is the primary reason for the delay in processing this claim. Researchers advise the casemix team to perform routine evaluations to lower the likelihood of pending claims each month and to reach out to the Doctor in Charge of Service (DPJP) to enhance medical resume filling.

IndexTerms - **Completeness, Pending Claims, BPJS Health**

I.   INTRODUCTION

Every year, the government makes an effort to ensure that everyone in society has access to quality healthcare services in line with the ever-accelerating pace of social progress. The World Health Organization (WHO) states that a hospital is an essential component of a social and health organization and serves the community by offering comprehensive services, curing sickness, and preventing disease. In addition, the hospital serves as a training ground for medical professionals and a hub for medical research.[1]

A hospital is defined as a health service facility that offers comprehensive individual health services, including inpatient, outpatient, and emergency services, in accordance with Law No. 30 (2020:3). [2]

Hospitals are required to preserve medical records in order to sustain and enhance the quality of their services. As to the Republic of Indonesia's Regulation Number 24 of 2022, the Minister of Health's Article 1 states that medical records are records that include information about a patient's identity, examinations, treatments, procedures, and other services rendered to them. [3]

The purpose of medical records is to facilitate routine management and raise the standard of hospital healthcare. Medical records will not be able to accomplish their goals if administrative regularity is not attained. [2]

Because medical records are a testament to the veracity of patients who get health insurance from BPJS, they are crucial in supporting the elements that determine BPJS health claims. [2]. To ensure that BPJS accurately and in compliance with the standards for each type of treatment delivered, BPJS officers must review the whole contents of the medical record.[2]. The Discharge Summary (resume), SEP (Patient Eligibility Letter), Inpatient Cover Letter, LIP (Individual Patient Claim Sheet), and Billing are among the files that must be completed in order to fulfill the requirements for inpatient BPJS claims.

As a result, the filing of medical records needs to be done carefully and accurately. All hospital parties must coordinate in order to file. An incomplete filing could make the process of submitting a claim more difficult.

The Indonesian government developed the National Health Insurance System (JKN) as a health insurance scheme with the primary goal of giving all Indonesian residents equal access to health care.[4]. As stated in Law Number 24 of 2011 about Social Security Administering Bodies, the Health Social Security Administering Body (BPJS) is responsible for the administration of National Health Insurance (JKN). [5]

Tryas Adhitya in the journal [6] states that BPJS Health claims are hospital requests to BPJS Health for the payment of treatment costs for patients who are BPJS participants on a monthly basis. Files that don't fit the requirements or are delayed need to be sent back to the hospital for examination, and BPJS Health then authorizes and pays claims for those that do.

The process of verifying claims is handled by the BPJS Health Verifier. The hospital will generate a complete bill report that will be sent to the BPJS branch office once they have reviewed claim papers that satisfy the standards for submission and determined the appropriate claim amount.

Claims returns that are pending can be attributed to a variety of issues, including improper file handling, coding, and administration. A hospital's or health service's revenue may decline as a result of BPJS refusing to pay for medical services due to pending claims.

Inpatient services are defined as non-specialist individual health services provided in first-level healthcare facilities for the purposes of observation, diagnosis, treatment, and other health services, as per Minister of Health Regulation Number 71 of 2013 concerning Health Services. [7].

The doctor in charge of the service (DPJP) must complete and sign complete inpatient files, which include a medical resume, before assigning ICD-10 CM diagnosis codes and ICD-9 CM procedures. This is based on research reported by [6] in his journal, "Analysis of the Causes of Pending Inpatient BPJS Health Claims at RSUD DR." Other challenges with claiming include files that are still being delivered after a long delay, which leads to officers coding files incorrectly. A further contributing issue is the disagreement over the completeness of the claim file between the hospital and the BPJS validator.

1,008 medical resume files for BPJS Health inpatient claims were returned in August, September, and October of 2023, based on preliminary observations made by researchers at Edelweiss Hospital in April 2024.

Researchers found 14 medical resume files that resulted in pending claims in August, and 315 medical resume files that were successfully claimed. In September there were 11 medical resume files that resulted in pending claims, and 327 medical resume files that were successfully claimed. In October there were 7 medical resume files that resulted in pending claims and 334 medical resume files that were successfully claimed.

a. Hospital

According to Minister of Health Regulation Number 3 of 2020, it is stated that a hospital is a health service institution that provides comprehensive individual health services that provide inpatient, outpatient and emergency services. Hospitals also have objectives and functions as regulated in Law number 44 of 2009, namely:

1. Offering care and services for health recovery in compliance with hospital service requirements.
2. Maintaining and improving individual health through comprehensive second and third level health services according to medical needs.
3. Setting up human resource education and training programs to improve capacity for delivering health services.
4. Research and technology development in the health industry carried out while exhibiting scientific ethics. [8]

b. Medical Record

Article 1 of Republic of Indonesia Minister of Health Regulation Number 24 of 2022 Medical records are files that hold notes and documentation about the identities of patients, their examinations, treatments, and other activities and services they have received.

An essential component of the BPJS claims procedure are medical records. Medical personnel completes and reviews the status of the medical records needed for claims. The correctness and integrity of the data that the hospital provided to BPJS are reflected in the completeness of the medical records.[9]

c. National Health Insurance (JKN)

A government organization known as National Health Insurance often offers benefits for preserving public health in the form of health protection. Those who make monthly contributions that are overseen by BPJS are eligible for health protection.

d. Claims

The procedure of paying medical expenses that the hospital submits to BPJS Health is called a claim. A claim, as defined by the Big Indonesian Dictionary (KBBI), is a request for acknowledgement that an individual has the right to something.

There are multiple steps in the BPJS Inpatient claim verification procedure, specifically:

1. There are no participant fees associated with the INA CBGs package, which covers the cost of advanced inpatient care.
2. The Minister of Health of the Republic of Indonesia established Minister of Health Regulation Number 69 of 2013 on Health Service Tariff Standards in First Level and Advanced Level Health Facilities in the Health Insurance Program. These regulations are followed by INA CBGs package rates.
3. The total cost of services rendered to participants, including administrative expenses, services, facilities, tools/consumables, medications, lodging, etc., is included in the INA CBGs package charge.
4. Health facilities collectively submit claims to BPJS Health in hardcopy and softcopy form by the 10th of the subsequent month, depending on the Ministry of Health's INA CBGs application and claim supporting documentation.
5. After being authorized and signed by the BPJS Health Verifier Officer and the Director/Head of Advanced Health Facilities, claim bills at secondary health facilities are deemed legitimate.
6. Complete general administration and other supporting documents, such as service recapitulation and supporting files for each patient, such as the Participant Eligibility Letter (SEP), Hospitalization order, medical resume signed by DPJP, proof of additional services signed by DPJP (if necessary), and other necessary supporting files, are submitted collectively with claims to the BPJS Health Regency/City Operational Branch Office each month. [10]

e. Pending Claim

Pending claims are claims that have been verified but cannot be paid by one party due to administrative deficiencies, and are still in the confirmation stage. [11]

II.   RESEARCH METHODOLOGY

1. Kind of Research

Quantitative research is a research approach grounded on positivism, according to Sugiyono (2019) in [12]. Because it satisfies requirements like being concrete or grounded in practical experience, objective, measurable, logical, and methodical, it is regarded as a scientific technique. This study employed a quantitative technique in conjunction with a descriptive research methodology.

2. Research Subject

in [13] population is a generalization area that includes objects or subjects with quantities and characteristics that have been determined by researchers for study and drawing conclusions. The population taken in this study were 1,008 inpatient medical resume files. The sampling technique in this research was using Probability Sampling. According to Sugiyono (2018:81) in [14] Probability Sampling is a sampling method where each element in the population has an equal opportunity to be selected as part of the sample. The samples obtained in this research were 85 samples which were calculated using the Slovin formula.

$$n = \frac{N}{(1+(N(e)2)}$$
$$= \frac{1.008}{(1+(1.008(0,1)2)} = 85,4 = 85$$

Information :
n = Number of samples
N = Number of Population
e = degree of confidence (0.1 or 10%)

3. Data Collect Method

A questionnaire is defined by Sugiyono (2021: 199) in [15] as a data collection technique in which respondents are provided with a set of questions or written statements to complete. A questionnaire is the research tool used in this study. At the hospital where the study was done, casemix officers received questionnaires from researchers.

III.   RESULTS AND DISCUSSION

Table.1 Number of Claim Files and Number of Pending Inpatient Files at Edelweiss Hospital in August-October 2023

No	Month	Number of Claim Files	Number of Pending Files
1	August	329	14
2	September	338	11
3	October	341	7
Amount		1.008	32

Source: Processed by the Author (2024)

Based on the information presented in the table, it can be inferred that from August to October, 1,008 inpatient cases were scheduled for submission of claims, whilst 32 files were still seeking resolution.

A formula can be used to determine the percentage of JKN Inpatient Claim files that are still waiting.

$$P = \frac{n}{N} \text{ x } 100\%$$
$$P = \frac{32}{85} \text{ x } 100\%$$
$$P = 0.37 \text{ x } 100\%$$
$$P = 37 \%$$

Information :
P = Percentage
n – Number of pending files
N = Number of samples studied

Therefore, it can be said that 63% of files have passed claims, while 37% of files still have pending claims.

Tabel.2 Test the Validity of Questionnaire Statements

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
X1	15.60	18.938	.850	.935
X2	15.63	17.551	.885	.927
X3	15.43	16.944	.933	.918
X4	15.60	17.145	.834	.937
X5	15.87	17.499	.782	.947

Source: SPSS Processed by Author (2024)

Every statement on the Corrected Item-Total Correlation has a positive r value. This number can be compared to the r value found in the significant values table, which has degrees of freedom df=(N-2), or df=(32-2)=30, with a total of 32 respondents and a one-way test significance level of $\alpha= 0.05$.

1. Test the Validity of Questionnaire Statements

Table 3. Results of Questionnaire Validity Test

No	Question Items	Rcount	Rtable	Validity
1	X1	0,898	0,361	Valid
2	X2	0,927	0,361	Valid
3	Y1	0,959	0,361	Valid
4	Y2	0,899	0,361	Valid
5	Y3	0,866	0,361	Valid

Based on table 3 above, all of the results had legitimate items with values greater than 0.3. It was necessary to compare the determined correlation value with a value greater than 0.3; in this case, a's significant value from rtable N= 32 respondents is 0.3, and the Rtable value that was used is 0.361. When the comparison is completed, each component of the statement has a result $R_{count} > R_{table}$, which indicates that the result is legitimate.

1. Reliability Test

Table 4 Reliability Test Results
Reliability Statistics

Cronbach's Alpha	N of Items
.946	5

Source: SPSS Processed by Author (2024)

With five statements and a rtable value of 0.349, the reliability test results showed that the Cronbach's Alpha value had achieved 0.946. Reliability is demonstrated by this result since r_{count} 0.946 > r_{table} 0.361.

2. Normality Test

Table.5 Normality Test Result
Tests of Normality

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Kelengkapan Klaim BPJS	.134	30	.182	.945	30	.128
Pending Klaim BPJS	.157	30	.056	.932	30	.056

a. Lilliefors Significance Correction

Source: SPSS Processed by Author (2024)

The Sig value is known based on the output of the normalcy test shown above. The Sig value for variable X (BPJS Claim Accuracy) is 0.128. It is 0.056 for variable Y (Pending BPJS Claim). Using the results of the Shapiro-Wilk normality test above, it is possible to conclude that variables X and Y are normally distributed because the Sig values for both variables are more than 0.05.

3. Linear Regression Test

Table.6 Linear Regression Test Result
Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	11.176	5.366		2.083	.047
	Kelengkapan Klaim BPJS	.848	.290	.484	2.926	.007

a. Dependent Variable: Pending Klaim BPJS

Source: SPSS Processed by Author (2024)

As can be seen from the above linear regression test results, the calculated t value = 2.926 from the variable completion of BPJS claims (X) versus pending BPJS claims (Y) and the t table of 2.04841 indicate that t calculated > t table. The Sig. equal to (0.007), or sig value (< 0.05). As a result, Ho is denied and H1 is approved, indicating that the BPJS claim pending variable (Y) is influenced by the BPJS claim completeness variable (X).

4. **Coefficient of Determination Test**

Table.7 1. Coefficient of Determination Test Result
Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.484ᵃ	.234	.207	2.119

a. Predictors: (Constant), BPJS Claim Completeness

Source: SPSS Processed by Author (2024)

It may be inferred from the output of the SPSS test above that the correlation or relationship value (R) is (0.484). This result indicates that the independent variable completeness of BPJS claims (X) has a 23.4% influence on the dependent variable (pending BPJS claims/Y). This is indicated by the coefficient of determination (R square) of (0.234). Whereas other factors or errors influence the remaining 76.6% of the result, the BPJS claim completeness variable influences just 23.4% of it.

4. CONCLUSION

Based on this research, it can be concluded that pending claims are impacted by the completeness of claim requirements in 23.4% of cases, while other factors affecting 76.6% of cases were not examined because the author only examined the completeness of claims, even though pending claims are impacted by a number of factors. such as medical assistance, long-waiting files, inaccurate classification, and so forth.

Researchers advise hospitals to reach out to the Doctor in Charge of Services (DPJP) and provide information about completing a medical resume. This must be done within the allotted time frame, which is two times a day, following the patient's hospital discharge. It is recommended that hospitals and casemix teams do regular evaluations to lower the likelihood of pending claims each month.

REFERENCES

[1]. A. Mathematics, "Keputusan Menteri Hukum Dan Hak Asasi Manusia Republik Indonesia Tahun 2017," pp. 1–23, 2016.

[2]. R. Minii and I. Sari, "Pengaruh Kelengkapan Persyaratan Klaim Pasien Bpjs Unit Rawat Inap Terhadap Keterlambatan Klaim Rsud Majalaya," INFOKES (Informasi Kesehatan), vol. 6, no. 1, pp. 14–20, 2022, doi: 10.56689/infokes.v6i1.714.

[3]. Permenkes No. 24, "Peraturan Menteri Kesehatan RI No 24 tahun 2022 tentang Rekam Medis," Peratur. Menteri Kesehat. Republik Indones. Nomor 24 Tahun 2022, vol. 151, no. 2, pp. 1–19, 2022.

[4]. F. S. Adiyanta, "Urgensi Kebijakan Jaminan Kesehatan Semesta (Universal Health Coverage) bagi Penyelenggaraan Pelayanan Kesehatan Masyarakat di Masa Pandemi Covid-19," Adm. Law Gov. J., vol. 3, no. 2, pp. 272–299, 2020, doi: 10.14710/alj.v3i2.272-299.

[5]. N. F. K. H. M. A. Yastori1, "Optimalisasi Kemampuan Koder Dalam Implementasi Rekam Medis Elektronik Di Rsi. Ibnu Sina 'Yarsi' Bukittinggi," J. Abdimas Bina Bangsa, vol. 4, no. 1, pp. 676–682, 2023, [Online]. Available: https://jabb.lppmbinabangsa.id/index.php/jabb/article/view/459%0Ahttps://jabb.lppmbinabangsa.id/index.php/jabb/articl e/download/459/263

[6]. W. A. Santiasih, A. Simanjorang, and B. Satria, "Analisis Penyebab Pending Klaim Bpjs Kesehatan Rawat Inap Di Rsud Dr.Rm Djoelham Binjai Analysis of Pending Causes of Bpjs Health Claim Installing in Rsud Dr. Rm Djoelham Binjai," J. Healthc. Technol. Med., vol. 7, no. 2, pp. 2615–109, 2021.

[7]. N. Stocks, "済無No Title No Title No Title," pp. 1–23, 2016.

[8]. G. P. Kumble et al., "No 主観的健康感を中心とした在宅高齢者における 健康関連指標に関する共分散構造分析 Title," Acta Univ. Agric. Silvic. Mendelianae Brun., vol. 53, no. 9, pp. 1689–1699, 2020, [Online]. Available: https://learn-quantum.com/EDU/index.html%0Ahttp://publications.lib.chalmers.se/records/fulltext/245180/245180.pdf%0Ahttps://hd l.handle.net/20.500.12380/245180%0Ahttp://dx.doi.org/10.1016/j.jsames.2011.03.003%0Ahttps://doi.org/10.1016/j.gr.2 017.08.001%0Aht

[9]. R. Yudhistira, "Literature Review Faktor Keterlambatan Proses Akses Pelayanan Klaim Badan," STIKES Panakkukang Makasar, 2021, [Online]. Available: https://stikespanakkukang.ac.id/assets/uploads/alumni/973e995cbaff5f29267520130c62dc1e.pdf

[10]. Suliantoro, "Analisis pengajuan klaim BPJS kesehatan rawat inap," J. Ekon. Manaj. Parawisata dan Perhotelan, vol. 1(2), no. 2, 2022.

[11]. I. Pujilestari, R. D. Monica, and R. Indriyan, "Analisis Pending Klaim BPJS Guna Menunjang Kelancaran Klaim JKN di RS AU Lanud Sulaiman Bandung Tahun 2021.," Ejournal Poltektedc., vol. 17, no. 3, pp. 245–251, 2023.

[12]. Sugiyono, "Bab Iii (3)," Metodol. Penelit., p. 102, 2018.

[13]. S. Wahyuningsih, "Pengaruh Harga, Cita Rasa, dan Kualitas Pelayanan Terhadap Kepuasan Pelanggan Di Angkringan Acil Jakarta Pusat," Skripsi, no. 2018, pp. 32–41, 2022.

[14]. Deepublish, "Teknik Pengambilan Sampel dalam Penelitian," Penerbitbukudeepublish, pp. 40–54, 2021.

[15]. T. Tâm, N. C. Ú U. Và, C. Ề N. Giao, C. Ngh, and Ẳ N B Ụ I Chu, "Indonesia," vol. 01, pp. 1–23, 2016.