

Analysis Of Factors For The Completeness Of The Outpatient Bpjs Patient File Against The Return Of Bpjs Claim Status At Royal Prima Marelan Hospital

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Abstract

The Social Security Organizing Agency (BPJS) health is a government program in the unity of the National Health Insurance (JKN). One of its functions is to handle the contributions of BPJS participants and claims for health costs. The results of the initial survey obtained several BPJS patient files which were returned to the hospital. This study aims to analyze the factors of completeness of outpatient BPJS patient files against the return of patient claim status. This research was conducted at Royal Prima Marelan Hospital, in June 2022. This type of research is cross-sectional analytics, the population is all files returned as many as 52 statuses, sampling technique using Sum sampling. Univariate, bivariate (Chi-Square), and, multivariate (multiple logistic regression) data analysis, with a confidence level of 0.05. The results of the study were the completeness variable of the SEP file, the value of X2 counted by 26,721, the variable of the Medical Record file X2 counted by 29,220, the file variable according to INACBG's X2 count of 36,210, the KIS completeness variable of the value of X2 counted by 43.224, where X2 counted > X2 table means Ha was accepted and Ho was rejected. Multivariate analysis of SEP variables (Participant Reliability Letter) p-value 0.005 < 0.05, Medical Record p-value 0.000 < 0.05, Ina CBGs p-value 0.002 < 0.05, KIS (Healthy Indonesia Card) p-value 0.016 < 0.05. In conclusion, meaningfully the four variables studied affect the value of the Claim with a p-value of < 0.05. The most influential variable is the Medical Record variable, with a p-value of 0.000 the smallest among other variables. Suggestions for the Hospital to be more thorough and correct the incompleteness of the file for claims to BPJS, to minimize the possibility of file returns, thereby causing delays in payments/claims made by BPJS.

Keywords: Claim status, BPJS, Royal Prima Marelan, Medical Records.

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I. INTRODUCTION

One of the Indonesian government's efforts in improving health is to organize a public health insurance program which is then called BPJS (Social Security Organizing Agency) which has been implemented since January 1, 2014 (1). Permenkes No. 71 of 2013 concerning national health services states that health insurance is a guarantee in the form of health protection so that participants get benefits and protection in meeting basic health needs given to everyone who has paid their dues or contributions paid by the government (2). However, several research results show that there are problems with health facilities such as in making claims for health costs to BPJS. In the results of Megawati's research (2016), at PKU Muhammadiyah Hospital Yogyakarta, researchers found problems in the BPJS administration section related to the BPJS insurance claim submission file for inpatients still experiencing problems, the claim file was returned by the BPJS Health verifier (3). This is because there are incomplete requirements or there are items that are not filled in completely. Antonius's research (2018), at Dr. Kanujoso Djatiwibowo Hospital, around 10-15% of claims are delayed in payment because the medical resume is incomplete, BPJS health will return the medical resume. So that the BPJS verifier must first return the claim requirements file to the verifier officer who is in the hospital or the doctor who treats the patient to ask for a complete filling in the required documents (4).

Based on the initial survey conducted by researchers at the Royal Prima Marelan Hospital in October 2022, researchers found problems in the BPJS administration section related to patient claim submission files still experiencing problems, claim files were returned by BPJS health verifactory. This is because there are incomplete requirements or there are items that are not filled in completely such as SEP (Participant Eligibility Letter), Medical Records, Medical Resumes, INACBG's, and Card BPJS, thus slowing down the process of filing BPJS files at Royal Prima Marelan Hospital to BPJS health. Where there are as many as 52 BPJS patient statuses that are returned by BPJS to the Royal Prima Marelan General Hospital every month. Based on the

background described above, the Author is Interested in Conducting a Research analysis of determinants of the completeness of outpatient BPJS patient files on the return of BPJS claim status to Royal Prima Marelan Hospital in 2022.

II. LITERATURE REVIEW

According to the technical guidelines for the implementation of the health social security implementation agency in 2016, practical guidelines for the administration of BPJS health facility claims are submitted to the branch offices/district/city operational offices of BPJS Health collectively every month with general administrative completeness, among others as follows (5):

1. SEP (Participant Eligibility Letter), a letter of eligibility for BPJS participants or better known as SEP BPJS Health, is a letter issued by BPJS Health to make it easier for participants to obtain health services, especially in advanced health facilities such as health facilities II at Regional General Hospitals, Private Hospitals and Government General Hospitals and Advanced Level Facilities II Such as national hospitals.
2. Medical Record, is a file containing records and documents about the patient's identity, examination, treatment, actions, and other services to patients in health care facilities (6). Medical records are used as guidelines or binding legal protection because they contain all records of actions, services, therapy, therapy times, signatures of the attending physician, signatures of the patient concerned, and others (7).
3. INACBG's (Indonesia Case-Based Groups), is a payment system with a "package" system, based on the disease suffered by hospital patients will get paid based on the ina CBGs (Indonesia Case-Based Groups) rate which is the average cost spent by for a diagnosis group (8); (9).
4. KIS (Healthy Indonesia Card), the Healthy Indonesia Card (KIS) itself is a card that has the function to provide health insurance to the public to get health services for free. Its users can use this KIS function in every first-level and advanced health facility. The Indonesia Sehat Card (KIS) is an identity card for participants in the national health insurance (JKN) managed by the social security organizing agency (BPJS) for health. Starting in March 2015, every new JKN participant will get KIS as a participant's identity card(10); (11).

BPJS claims are submissions for the cost of treating patients participating in BPJS by the hospital to BPJS Health, carried out collectively and billed to BPJS Health every month (12). The way to pay BPJS claims is with the INACBG's system. Based on the Ministry of Health of the Republic of Indonesia Number 440/Menkes/SK/XII/2012 INACBG's stands for Indonesia Case-Base Groups, which is an application used by hospitals to submit claims to the government. The meaning of Case Base Groups (CBG) is a way of paying for patient care based on relatively similar diagnoses or cases(13).

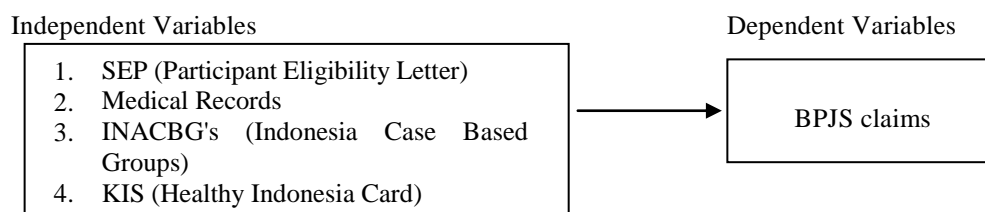


Figure 1. Conceptual Framework

III. RESEARCH METHODS

This type of research is analytical, with a Cross-Sectional research design, where independent and dependent factors are studied simultaneously. The location of the study was conducted at Royal Prima Marelan Hospital, in June 2022 As for the population in this study, it was the status of patients discharged by BPJS as many as 52 patient statuses, and the sampling technique used Sum sampling. The data collection method is carried out using the Sum sampling technique, where all populations are sampled. The instruments used in this study were made in the form of questionnaires compiled by researchers based on literature reviews. An operational definition is a general and comprehensive delineation that implies the intent of the concept or term.

Table 1. Operational Definition

Variable	Operational Definition	Parameters	Measuring Instruments	Measuring Scale	Code
Variabel Independen					
1. SEP	Participant Eligibility Letter	1. Complete 2. Incomplete	Survey Checklist	Nominal	1. Complete (Kode 1)

Variable	Operational Definition	Parameters	Measuring Instruments	Measuring Scale	Code
					2. Incomplete (Kode 2)
2. Medical Records	Files containing records and documents about the patient's identity, examination, treatment, actions and other services	1. Complete 2. In Complete	Survey Checklist	Nominal	1. Complete (Kode 1) 2. Incomplete (Kode 2)
3. INACBG's	Payment systems with the system "package"	1. Complete 2. In Complete	Survey Checklist	Nominal	1. Complete (Kode 1) 2. Incomplete (Kode 2)
4. KIS (Healthy Indonesia Card)	A card that has a function to provide health insurance to the public to get health services for free.	1. Complete 2. In Complete	Survey Checklist	Nominal	1. Complete (Kode 1) 2. Incomplete (Kode 2)
Dependent Variables					
Claim	Mengajukanpermintaanresmi ke padaperusahaanasuransi, untukmemintapembayaranmanfaat asuransi berdasarkanketentuan perjanjian yang tertuangdalam polis asuransi yang merekamiliki	1. Claimed 2. Unclaimable	Survey Checklist	Nominal	1. Claimed (Kode 1) 2. Unclaimable (Kode 2)

According to Notoatmodjo in 2018 data analysis was divided into 3, namely Univariate analysis, bivariate analysis using Chi-square test and multivariate analysis using multiple logistic regression analysis (14).

IV. RESULT AND DISCUSSION

The frequency distribution of SEP, Medical Records, INACBG's, KIS (Healthy Indonesia Card) and Claims can be seen in the table below.

Table 2. Frequency Distribution based on SEP, Medical Records, INACBG's, KIS (Healthy Indonesia Card) and Claimswith n= 52 files

No	Variable	Sum	Percentage %
1	SEP		
	Complete	44	85.0
	Incomplete	8	15.0
	Sum	52	100
2	Medical Records		
	Complete	46	88.0
	Incomplete	6	12.0
	Sum	52	100
3	INACBG's		
	Complete	46	88.0
	Incomplete	6	12.0
	Sum	52	100
4	KIS (Healthy Indonesia Card)		
	Complete	48	92.0
	Incomplete	4	8.0
	Sum	52	100
5	Claimed		
	Unclaimable	52	100
	Sum	52	100

Based on table 2. it can be seen that based on sep completeness the majority of SEP Complete as much as 44 SEP (85.0%), and the sep incomplete minority as much as 8 SEP (15.0%). Based on the Completeness of Medical Records, the majority of Complete Medical Records are 46 Medical Records (88.0%), and the minority of Incomplete Medical Records as many as 6 SEP (12.0%). Based on INACBG's

completeness, the majority of INACBG's Complete is 46 (88.0%) and the INACBG's incomplete minority is 6 (12.0%). Based on the completeness of KIS, the majority of KIS Complete as many as 48 Medical Records (92.0%), and the minority of KIS Incomplete as many as 4 KIS (8.0%). Based on claimed status is that the majority of files cannot be claimed as many as 52 statuses (100%).

Table 3. Relationship of Outpatient BPJS Patient SSEP to Return of Claimed Status by BPJS to Royal Prima Marelان General Hospital in 2022

SEP	Claimed						df	X ² count
	Claimed		Unclaimable		Sum			
	n	%	n	%	n	%		
Exist	0	0	44	(100)	44	(100)	1	26.721
None	0	0	8	(100)	8	(100)		

Based on table 3. above, it can be seen that the completeness of SEP files is 44 SEP (100%), the majority of Claimed files cannot be Claimed as much as 44 SEP (100%) and SEP does not exist as much as 8 SEP (100%), the minority of Unclaimable files as many as 8 statuses (100%).

Statistically, it shows that the value of 26,721 df = 1 with a significance value of 0.05 where X2 count > X2 table means Ha is accepted and Ho is rejected, meaning there is a relationship between SEP to the return of Claimed status.

Table 4. The Relationship of Medical Records of Outpatient BPJS Patients to the Return of Claimed Status by BPJSIn royal prima marelان general hospital in 2022

Medical Records	Claimed						df	X ² count
	Claimed		Unclaimable		Sum			
	n	%	n	%	n	%		
Exist	0	0	46	(100)	46	(100)	1	29,220
None	0	0	6	(100)	6	(100)		

Based on table 4. above, it can be seen that there are 46 medical records (100%), the majority of Claimed files cannot be claimed as many as 46 medical records (100%) and medical record files do not exist as many as 6 medical records (100%), the minority of Claimed Unclaimable status as many as 6 medical record files (100%).

Statistically, it shows that the value of 29,220 df = 1 with a significance value of 0.05 where X2 count > X2 table means Ha is accepted and Ho is rejected, meaning that there is a relationship between SEP to the return of Claimed status.

Tabel5. Relationship of INACBG's Outpatient BPJS Patients to Return of Claimed Status By BPJS On Royal Prima Marelان General Hospital in 2022

INACB G's	Claimed						df	X ² count
	Claimed		Unclaimable		Sum			
	n	%	n	%	n	%		
Exist	0	0	46	(100)	46	(100)	1	36,210
None	0	0	6	(100)	6	(100)		

Based on table 5. above, it can be seen that the completeness of files by INACBG's there are as many as 46 files (100%), the majority of Claimed files cannot be claimed as many as 46 files (100%), and files not by INACBG's as many as 6 files (100%), a minority of Claimed Unclaimable status as many as 6 files (100%). Statistically, it shows that the value of 36,210 df = 1 with a significance value of 0.05 where X2 count > X2 table means Ha is accepted and Ho is rejected, meaning there is a relationship between INACBG's towards the return of Claimed status.

Table 6. The Relationship of KIS of Outpatient BPJS Patients to the Return of Claimed Status by BPJSIn royal prima marelان general hospital in 2022.

KIS	Claimed						df	X ² count
	Claimed		Unclaimable		Sum			
	n	%	n	%	n	%		

Exist	0	0	48	(100)	48	(100)	1	43,224
None	0	0	4	(100)	2	(100)		

Based on table 6. above, it can be seen that there are 48 KIS (100%) of KIS completeness, the majority of Claimed files cannot be claimed as many as 48 statuses (100%) and KIS does not exist as many as 4 KIS (100%), the majority of Claimed Unclaimable statuses as many as 4 statuses (100%). Statistically, it shows that the value of 43.224 df = 1 with a significance value of 0.05 where $X^2_{count} > X^2_{table}$ means H_a is accepted and H_o is rejected, meaning that there is a relationship between KIS and the return of Claimed status.

Table 6. Multivariate Analysis of the Relationship between KIS of Outpatient BPJS Patients to the Return of Claimed Status by BPJS to the Royal Prima Marelan General Hospital in 2022.

Variable	Significant Value	α
SEP (Participant's Letter of Reliability)	0,005	0,05
Medical Records	0,000	0,05
INACBG's	0,002	0,05
KIS (Healthy Indonesia Card)	0,016	0,05

Based on Table 6. It was found that the variables of SEP Completion (Participant Reliability Letter), Medical Records, Ina CBGs, and KIS (Healthy Indonesia Card) meaningfully affect the Claimed value with a p-value of < 0.05. The most influential variable is the Medical Record variable, with a p-value of 0.000 the smallest among other variables.

SEP Variables (Participant's Letter of Eligibility)

Statistically, it shows that the value of 26,721 df = 1 with a significance value of 0.05 where $X^2_{count} > X^2_{table}$ means H_a is accepted and H_o is rejected, meaning that there is a relationship between the sep's completion and the return of the Claimed status. The results of research in the field showed that as many as 44 existing SEP (100%), the majority of Claimed files could not be Claimed as many as 44 SEP (100%) and SEP did not exist as many as 8 SEP (100%), the majority of Claimed Unclaimable statuses as many as 8 statuses (100%) where the SEP's Completeness is related to the Return of Claimed Status by BPJS to the Royal Prima Marelan General Hospital in 2022.

This is following the research of Librianti et al (2019); Malonda et al (2015), where the results showed that the verification of Claimed files starts from health administration verification, service administration verification, service verification, and verification using verification software. The verified Claimed file includes a Participant Eligibility Letter (SEP) and proof of service that lists the diagnosis and procedures as well as the signature of the doctor in charge of the patient (15); (16).

Medical Record Variables

Statistically, it shows that the value of 29,220 df = 1 with a significance value of 0.05 where $X^2_{count} > X^2_{table}$ means H_a is accepted and H_o is rejected, meaning that there is a relationship between SEP to the return of Claimed status. The results of research in the field show that as many as 446 medical records exist (100%), the majority of Claimed files cannot be claimed as many as 46 medical records (100%) and medical record files do not exist as many as 6 medical records (100%), he majority of Claimed Unclaimable status is 6 medical record files (100%) where the completeness of medical records is related to the Return of Claimed Status by BPJS to the Royal Prima Marelan General Hospital in 2022.

This is by Mainada's research in 2016, concerning the Analysis of the Procedure for Submitting Claimed by the Social Security Organizing Agency (BPJS) for Health inpatients at the Pancaran Kasih General Hospital GMIM Manado. With the results of the research obtained for the recapitulation of services, there are still things that need to be improved, including many nurses who are still often wrong in filling in the date of admission of treatment and date of exit, files that are not filled with disease diagnoses and need to be confirmed again with doctors and others (12). Supported by Artanto's research, in 2018, concerning factors that caused the delayed claimed BPJS Health RSUD Dr. KanujosoDjatiwibowo for the January-March 2016 period, stated that the factor that affects the delayed Claimed is the incompleteness of the medical resume which is dominated by the absence of the signature of the Patient Responsible Doctor (DPJP) due to the presence of double duty in the case manager so that there is a delay in completing the electronic medical resume (4).

INACBG's variables

Statistically, it shows that the value of 36,210 df = 1 with a significance value of 0.05 where $X^2_{count} > X^2_{table}$ means H_a is accepted and H_o is rejected, meaning that there is a relationship between INACBG's to the return of Claimed status. The results of research in the field show that as many as 46 files exist (100%), the

majority of Claimed files cannot be claimed as many as 46 files (100%) and files do not comply with INACBG's non-existent as many as 6 files (100%) the majority of claimed unclaimable status a total of 6 files (100%) that do not comply with INACBG's. Where the INACBG's complete is significantly related to the Return of Claimed Status by BPJS to the Royal Prima Marelán General Hospital in 2022.

This is by Novriati's research in 2016 concerning Factor Analysis of Causes of Delay in Submitting BPJS Claimed at Panti Nugroho Hospital, it was found that the factors causing the delay in Claimed came from the man factor being the verifier officer to the initial Certificate, doctors, and coding officers. The machine factor is because SIMRS has not been integrated with INA-CBG. Methode is due to the implementation of SPO that has not been smooth. Material factors due to inappropriate requirements (1).

KIS Variable (Healthy Indonesia Card).

Statistically, it shows that the value of 43,224 df = 1 with a significance value of 0.05 where X^2 count > X^2 table means H_a is accepted and H_0 is rejected, meaning that there is a relationship between KIS to the return of Claimed status. This is by Anton's research in 2018 on the Causes of Return of Claimed Files of the Social Security Organizing Agency (BPJS) for Inpatients In Terms of the Requirements for Submitting claims at R.A KartiniJepara Hospital, the results of the study obtained an overview of the incompatibility of the incompatible participation administration as many as 35 files (71%), the suitability of the participation administration of 37 files (76%), and the suitability of service administration of 10 files (20%). Completeness and suitability of participation administration indicate a lack of supporting files.

Also supported by the results of Megawati's research in 2016 on the Factors Causing the Return of the Claimed Requirements File for BPJS Inpatients at PKU Muhammadiyah Hospital Yogyakarta, with the results of the analysis of the Completeness there are several incomplete requirements files, namely individual patient reports with a percentage of incompleteness as much as 84%. The file complete variable with a p-value of < 0.05 means that H_0 is rejected, namely the individual patient report (p-value=2,491.10-11) and the supporting report (p-value=0.0115) (3).

The first paragraph under each heading or subheading should be flush left, and subsequent paragraphs should have a five-space indentation. A colon is inserted before an equation is presented, but there is no punctuation following the equation. All equations are numbered and referred to in the text solely by a number enclosed in a round bracket (i.e., (3) reads as "equation 3"). Ensure that any miscellaneous numbering system you use in your paper cannot be confused with a reference [4] or an equation (3) designation.

V. CONCLUSION

Based on the results of the study, the conclusions of this study are the variable SEP (Participant Reliability Letter) p-value of 0.005, Medical Records with a p-value of 0.000, INACBG's with a p-value of 0.002, KIS with a p-value of 0.016, Outpatient BPJS patients have a meaningful relationship to the return of Claimed BPJS with a p-value of < 0.05. In multivariate analysis, the variable that most affects the return of Claimed status by BPJS at the Royal Prima Marelán General Hospital in 2022 is the Medical Record variable with a p-value of 0.000.

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