Suspension Claim BPJS Hospitalized Due To Incomplete Medical Record (Case Study at Sari Asih Hospital Karawaci Tangerang)

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ABSTRACT

Abstrak, Social Security Administering Agency (BPJS) is a government program to make the people of Indonesia able to live healthy, productive, and prosperous. RS has an important role in achieving that goal. Data Sari Asih Hospital Karawaci Tangerang the higher the number of patients with incomplete medical record data other than that the number of BPJS claims cases that pending increased in the last three years This study aims to determine the Influence of Medical Record Completeness (Data Identity, Improved Drug Security and Certainty Procedure) Against BPJS Claim Submission at RS. Sari Asih Karawaci Tangerang.

This type of research includes an analytic survey with a causality approach. With this research object data submission claims BPJS patients inpatient in 2017 as many as 9413 people who subsequently sampled as many as 98 patients. Sources of data in the form of secondary data based on RS medical records report of 2017 which is analyzed using Binary Logistic Regression.

The results obtained that the identity of the data significantly influence the submission of claims BPJS. Furthermore, the increase in drug safety significantly affects BPJS claim submission and lastly the certainty of the procedure significantly affects BPJS claim filing. The findings of researchers of the delay BPJS most claims are due to incomplete medical records, especially data support, filling odontogram, identity data, doctor diagnosis and errors enter the code. Implications for RS Management in order to socialize SOP (standard operational procedure) on completeness of filling of medical record to all providers of good care Doctor, nurse, midwife, nutrition, physiotherapy, Pharmacy, in accordance with the Minister of Health number 269 / Menkes / per / III / 2008 about the completeness of medical record and its usefulness

Keywords: medical records, BPJS, hospitalized patients, claims, procedures, drugs, identity

BACKGROUND

National Health Insurance System (JKN) under Law no. 40 Year 2004 is a compulsory Social Health Insurance system in Indonesia. JKN is one of the programs of the National Social Security System (SJSN) through the Social Security Administering Agency (BPJS) established on January 1, 2014 as regulated in Law no. 24 2011. Health insurance that is comprehensive for every Indonesian people is realized through JKN program which is a government program to make the people of Indonesia can live healthy, productive, and prosperous. BPJS aims to realize the implementation of ensuring the basic needs of decent living for each participant or members of his family. Implementation of national social security system based on the principle: 1) mutual cooperation; 2) non-profit; 3) openness; 4) prudence; and 5) accountability. (UU BPJS, 2011).

Hospitals as one health service facility have a roleimportant in achieving the goal of National Health Insurance (JKN) which is expected to provide efficient, effective, and demanded services to provide appropriate health information and produce accurate data in health services, all of which can not be separated from the important role of patient medical records. According to Minister of Health Regulation Number 269 / Menkes /Per/III/ 2008 concerning Medical Record is a file containing records and documents about patient identity, examination, treatment, action and other services that have been given to the patient.

BPJS claims submissions for patients, especially for new inpatients will be accepted what if it meets the various conditions in accordance with the BPJS law (2011), namely: 1) SEP (Letter of Interest of Participants); 2) Inpatient Introduction Letter; 3) Resume of hospitalization; 4) claim sheet; 5) evidence sheet of inpatient service; 6) receipts and 7) other supporting results

The completeness of medical record documents greatly affects the quality of disease statistics and health problems, as well as in the process of payment of health costs with INA CBGs software. Incomplete medical records may indirectly reduce the cost of claims based on INA CBGs software. Based on the results of research Ulfah et al (2011) conducted at RSI Sultan Agung Semarang obtained the result that the importance of medical record data to smooth approval of Jamkesmas claims. Where Of 9 people with incomplete medical record documents are all not approved of Jamkesmas claims, and from the complete medical record records 52.9% are approved by their Jamkesmas claim

Report from Sari Asih Karawaci Tangerang Hospital in 2016 showed that 8,793 (14.7%) of inpatients from 59,993 patients overall, from 8,793

inpatients there were 296 (3.4%) patients with incomplete medical record data. While in 2017 showed an increase in hospitalized patients to 10,308 of 85,947 patients as a whole, and from 10,308 inpatients there were 405 (3.9%) patients with incomplete medical record data. Data at RS. Sari Asih Karawaci Tangerang in 2017 indicates that the incompleteness of medical records data mostly occurs at: 1) The accuracy of patient identity (name, medical record number, place of birth date, sex) that is 37 patients (9%); 2) Increase of drug safety (proper drug, correct dose, patient right, proper document, timely and appropriate way of giving) that is as many as 44 patients (11%); 3) Certainty of procedure (date and time of action, result of anamnesa, filling odontogram, diagnosis, action management plan, physical and supporting investigation, informed consent) that is 60 patients (15%).

Also source in RS. Sari Asih Karawaci Tangerang 2015 shows hospitalized patients with claims of BPJS claims 8,855 and 397 (4.4%) of pending claims, this data increased in 2016 from 8,793 cases filed there were 408 (4.6 %) claims in pending, as well as in 2017 increased claims in pending up to 445 (4.7%) of the 9413 submitted cases.

The purpose of this research is to determine the Influence of Medical Record Complete Patient Inpatient BPJS Against Claim Submission.

Contribution of research that is expected as input for hospital to improve health service quality and as evaluation to hospital performance related to medical record matter.

The most important research motivation in this study is the better completeness of RM data so that it will increase the number of approved BPJS claims that will ultimately affect the smooth flow of cash flow (RS) cash flow and improvement of health services..

RESEARCH METHOD

This type of research includes an analytic survey that examines the existing thing without intentional treatment to generate or cause a symptom or condition (Notoatmodjo, 2010). The type of research is causality. This research is done by cross sectional approach, that is data collection of dependent variable and independent variable which is done at the same time (Notoadmodjo, 2010). The technique used in this study to determine the sample size of the population is a systematic random sampling technique (a simple random sample). Data analysis used binary logistic regression analysis.

OPERATIONAL DEFINITION OF VARIABLES

The variable in this research is the dependent variable (Y) is the claim filing BPJS yaiu approval for the guarantee of the health care needs of members BPJS itself. With the instrument in the form of a questionnaire consisting of 9 indicators with a nominal scale. While the independent variable (X) is the completeness of the medical record is a file containing records and documents about identity, examination, treatment, action, and other services that have been given to the patient. In this study consisting of patient identity accuracy, improvement of drug safety, the certainty of the procedure. With a questionnaire instrument consisting of 17 indicators with a nominal scale.

RESEARCH RESULT

The results of the research are shown in the frequency distribution of patient medical record completeness as follows:

Table 4.1

Frequency Distribution of Patient Medical Record Completion

Sub Variabel	Dimensionn	Complete	%	Incomplete	%
Drugs Identity	Name	98	100	0	0
	No. Medical record	98	100	0	0
	Date of Birh	96	98	2	2
	Gender	96	99	1	1
Improved Drug Safety	Precise Drugs	98	100	0	0
	Right Dose	96	98	2	2
	Appropriate Patient	96	98	2	2
	Precise Documents	98	100	0	0
	Right time	96	98	2	2
	The Right Way of Giving	98	100	0	0
Certainty Procedures	Date and time of action	98	100	0	0
	The result of anamnesa	98	100	0	0
	Odontogram Charge	87	89	11	11
	Diagnosis	97	99	1	1
	Action Plan of action	98	100	0	0
	Investigation and physical examination	98	100	0	0
	Informed consent	98	100	0	0

Source: primary data processed (2018)

Based on the above table it can be seen that the medical record completeness variable consists of 3 Dimensions. The first is the data

identity dimension consisting of 4 indicators, the second dimension is the improvement of drug safety consisting of 6 indicators, the third dimension is the certainty of procedure consisting of 7 indicators.

From the table it can be seen that on the identity data of 98 respondents there are 95 documents complete medical records with 97% percentage whereas incomplete medical record document there 3 with 3% percentage, ie 2 files no place, birth date and 1 file no gender.

Furthermore, for the improvement of drug safety that there are 92 complete medical records document with percentage 94% while incomplete medical record document there 6 with percentage of 6%, that is, each of 2 files is not exactly patient, 2 files have no proper document, and 2 files are not on time.

Lastly for the improvement of drug safety there are 86 medical record documents complete with 88% percentage whereas incomplete medical records document there are 12 with 12% percentage that is 1 file there is no diagnosis and 11 files there is no odontogram file.

1) Submission of Claim BPJS

Table 4.2

Frequency Distribution Submisson of Claim BPJS

No	Claim Submission	F	(%)
1.	Approved	42	43
2.	not Approved	56	57

Source: primary data processed (2018)

The above table states that there are 56 unacceptable claims with 57% percentage, whereas approved claims are 42% with 43% percentage

2) Cross-tabulation of the completeness of medical record documents against claims submission

Table 4.3

Frequency Distribution of cross-tabulation of medical record documents to the submission of claims

No	RM Document Completed	Claim Submission		Total
		Not Approved	Approved	
1	Complete	40	42	82
2	Incomplete	16	0	16
	Total	56	42	98

Source: primary data processed (2018)

Based on the above table it is clear that RM document is incomplete and not approved as much as 16, RM document is incomplete and approved 0 (zero / none), while RM complete document not approved 40 and complete RM document approved 42.

Hypothesis testing
Simultaneous test of model significance

Table 4.4
Testing Signature model (Omnibus test)

		Chi-square	df	Sig.
Step 1	Step	54.873	3	.000
	Block	54.873	3	.000
	Model	54.873	3	.000

Source: primary data processed spss (2018)

Based on the above table obtained Sig.Model value of 0.000. Because this value is less than 5% then we reject Ho at the 5% significance level so it is concluded that the medical record completeness variables used, together affect the claim submission BPJS

Wald Partial Test

Table 4.5
Wald Test

		Wald	df	Sig.	Information
Step 1[a]	Drug Identity (1)	19.470	1	.000	Be accepted
	Improved Drug Safety	14.303	1	.000	Be accepted
	Certainty Procedur	23.000	1	.000	Be accepted
	Constant	5.543	1	.000	Be accepted

Source: primary data processed spss (2018)

Based on the above table the results of testing individually or partially Based on the above table apat note that the value of wald on each variable of 19,470 (identity data), 14.303 (Improved Security of drugs) and 23,000 (Certainty Procedure) and all sig 0.000 <0.05 (5 %), it can be concluded that the accepted hypothesis is the data identity variable, drug security, the certainty of the procedure partially significant effect on the approval of the claim.

DISCUSSION
a. Medical Record Compliance Inpatient Patient

Based on this research, data from 98 medical record document samples are 82 complete medical records document with percentage of

83,6%, while document of incomplete medical record is 16 with percentage 16,4%. Medical records according to the Indonesian Minister of Health Regulation 269 / MENKES / PER / III / 2008 are files containing records and documents on identities, checks, medications, actions and other services that have been provided to patients. Completeness of medical record is very important nilainnya because a complete medical resume in addition to maintaining the quality of medical records is also used for the administration of insurance claims (Anggraini, 2013) .The results of this study in line with research conducted by ulfah et al (2011) obtained data from 94 samples 85 complete medical record document with percentage of 90%, while incomplete medical records document there are 9 with percentage of 10%.

According to the researchers, the following matters are factors for the incompleteness of the medical record document in this study, because the patient did not fill in the data on the date of birth and sex because the patient forgot to fill in the consultation form. Also seen from the form filling data supporting results that have been prepared but not yet complete for example the diagnosis of febris thypoid must be equipped with blood test results widal, Tuberculosis equipped with sputum examination and thorax photo.

b. Claim Submission

Based on research at Sari Asih Karawaci Hospital of Tangerang, the researcher obtained the result of the claim which has been approved by independent verifier of 98 samples. There are 56 unacceptable claims with 57% percentage, while the approved claim is 42% with 43% percentage. Submission of Claim Approval is activity of verification process by independent verifier to correctness of administration of responsibility of service which has been executed by Hospital. Complete claim requirements then the verification process may be approved, the claim requirements are incomplete then the verification process is not approved and returned to the medical and financial records to complete its administration based on the results of its verification.

This research is in line with those done by Ulfah et al (2011), which are 9 people with incomplete medical record documents, all of which are not approved by Jamkesmas claim, and from the complete medical record document 52,9% are approved by Jamkesmas claim.

According to the researchers can be seen that the percentage of the approved 57% larger than the approved is 42%, this is according to researchers occur due to several factors. Of 56 unapproved verifiers with 57% percentage, influenced by RM incomplete document factor (no gender identity, TTL, patient exact, proper document, odontogram and diagnostic) and no physician's signature, incompleteness as much as 16 data or 28.6%, then because of diagnostic investigation result (thorac examination and ct scan, blood test, urine examination, therapy or medicine) data with percentage 62.5% and because of coding rules there are 5 data with percentage 8.9%. Based on the number of factors affecting the unapproved claim, the biggest factor affecting the claim is not approved due to the incomplete investigation result

c. Influence Data Identity With Submission of BPJS claims

Wald test results obtained wald value of 19.470 and p-value significance variable data identity of 0.000 <0.05 then reject H0. It can be concluded that there is a significant influence on the data identity of BPJS claim submission with the value of effect coefficient which can be seen based on value (B) of 1.310.

Identity of medical record data is the backbone of effectiveness and efficiency of medical record system (WHO, 2002).

The results of this study are in line with research conducted by Ulfah, et al (2011) where as many as 9% of unapproved BPJS claims are affected by the incompleteness of the RM document including the medical resume containing the identity of the BPJS patient data.

According to the researcher the identity of the data is the recording of all information about the evidence of a person / Individual so as to establish and equalize the information with an individual person. The completeness of the document identity data greatly affects the quality of RM data which will be included in medical resume which is the requirement of BPJS claim submission

According to search results, there was no data of 2% sex and 2% on the place of birth date on the medical record because the patient did not fill out the data on the consultation form and the TPP officer did not ask.

Whereas according to WHO (2002) the identity of patient data must be written clearly and truthfully because the truth of patient identity makes it easier for hospital staff to:

(1) To find out information about patients whenever they come to health services

(2) To connect the arrival of the previous patient or the presence of outpatients and inpatients to enter the targeted health service by using the medical record number

(3) To find the correct medical record if more than one patient has the same name

Given the importance of the patient's data identity in the RM, it is expected that the health worker should be more proactive in assisting the completeness of the patient's medical records file by asking carefully and carefully about the patient's identity and should ensure that the questions asked are clearly and understandable by the patient. In addition there is cooperation between each section to complete the filing of patient medical record files.

d. Effect of Improving Drug Security With Submission of BPJS claims

Wald test results obtained wald value of 14.303 and indigo p-value significance of drug safety improvement variables of 0.000 '<0.05 then rejected H0 which proves that there is a significant effect of increasing the safety of drugs against claims BPJS with the value of coefficient of influence can be seen by value (B) of 0.648.

Increased drug safety means to know precisely the drug, proper dose, patient right, proper document, timely and appropriate way of administration (WHO, 2002).

According to Permenkes no 28 of 2014 states that any reports of drug services reported in BPJS claims should contain data on drug use against individuals ie BPJS participants.

The results of this study are in line with previous research conducted by Feriawati P and Kusunat AP (2015)   on factors of delay in claiming BPJS in Bhayangkara Hospital Semarang, found documents that are not equipped or about 5.7% of the total samples included are incompleteness medical resume data.

According to the research results of researchers on incomplete RS documents (2%), right patient (2%) and timely (2%) this happens because there are still health workers who are not disciplined in identifying patients with identification bracelet so they can not inputted in RM data. In addition, because of time limitations in the collection of RM documents

According to researcher, drug safety improvement becomes part of file verification in BPJS claim filing that is in verification stage of hospital service included in medical resume. If the hospital can meet the

completeness of documents, the faster the process of disbursement of claims BPJS.

e. The Influence of Certain Procedures With Submission of BPJS claims

Wald test results obtained wald value of 23,000 and value of p-value significance of the certainty of the procedure of 0.000 '<0.05 then reject H0 which proves that there is a significant influence the certainty of the procedure against the approval of BPJS claims with the value of coefficient of influence can be seen based on value (B) of 0.893.

Certainty of procedure is the certainty of action seen from the date and time of action, the results of the history, the filling of the odontogram, the diagnosis, the plan of action management, the investigation and the physical, informed consent (WHO, 2002).

This result is in line with previous researchers conducted by Ulfah, et al (2011) where as many as 9% of unapproved BPJS claims are affected by incompleteness of RM documents including most of which are medical resumes containing diagnoses and investigation results.

The researcher found that odontogram filling was incomplete 11%. This is because the dentist feels like overwhelmed because he has so many patients can not make or prepare medical record records odontogram in practice. While 1% (1 medical record) there is no doctor diagnosis of the matter because the doctor did not write the diagnosis or the doctor's writing is unreadable.

The medical recorder will return to the polyclinic through a nurse. However, if this is still allowed (the doctor still does not write the diagnosis), then the medical recorder will take back the medical record and not coding the diagnosis. Medical record officers rarely reprimand doctors for being reluctant and have no binding rules such as Standard Operation Procedure (SOP).

According to the researcher the certainty of the procedure becomes the condition of the completeness of the medical record contents which in the medical record should contain sufficient information about the patient, giving the reason in applying the diagnosis and equipment and recording the entire examination result. Services obtained by the patient during treatment or medical treatment. Certainty of procedure becomes one of these sections of medical record files that have administrative value in BPJS claims due to their contents concerning actions based on authority and responsibility as medical and paramedical personnel in

achieving health service goals. Therefore the more complete the document the faster the submission of claims BPJS.

f. Medical Record Completeness Relation (Data Identity, Improvement of Drug Security, Certainty of Procedure) with claim submission of BPJS

Medical Record Completeness Relation (Data Identity, Improvement of Drug Security, Certainty Procedure) together can be seen from omnibus test obtained Sig.Model value of 0.000 <0.05 so it is concluded that the medical record completeness variable (X) used, together affect the claim submission BPJS (Y)).

Medical records according to the Indonesian Minister of Health Regulation 269 / MENKES / PER / III / 2008 are files containing records and documents on identities, checks, medications, actions and other services that have been provided to patients. The completeness of the medical record is of great importance as a complete medical resume in addition to maintaining the quality of medical records is also used for the administration of insurance claims (Anggraini, 2013).

Medical records are an important part of patient management. RM is important for doctors and medical officers as the patient's medical documentation correctly in addition to the importance of medical records due to two things namely; The first is to help patients evaluate appropriately and plan treatment protocols. Second, the legal system relies primarily on documentary evidence in case of medical negligence. Therefore, medical records must be properly written and maintained to serve the interests of the physician as well as his patients (Amit, Bali et al, 2011). Referred to the completeness of medical records in this study is the completeness of medical record documents in terms of accuracy of data identity, improvement of drug safety and certainty of procedures.

According to Ilyas (2013) the claim is a request of one of the two parties having a bond, so that his rights are fulfilled. One of the two parties who commit the bond will file his / her claim to the other party in accordance with the agreement or policy provision mutually agreed upon by both parties. In this case the claim is claimed BPJS with one of the requirements is the completeness of the medical record.

The results of this research are in line with previous research conducted by Ulfah et al (2011) conducted at RSI Sultan Agung Semarang obtained the result that the importance of medical record data to the smooth submission of claims BPJS. Where Of 9 people with incomplete medical record documents all are not approved by BPJS claims, and from complete medical records records 52.9% are

approved by BPJS claims. In his research Ulfah, et al (2011) stated that SOP of claim submission already exist, but still not according to procedure, patient often do not bring requirement, delay of claim process BPJS happened partly because some of data incomplete, often inconsistent name of patient.

Feriawati (2015) states that an incomplete DRM file such as the absence of a doctor's signature and the doctor's bright name, the diagnosis has not been filled / not yet written / the diagnostic code, the history of the course of the disease has not been completely filled. This will lead to a delay in the process of submitting a claim to BPJS.

Another study by Changfu (2013) states that the accuracy and appropriateness of medical record document information will help the Hospital in making claims to the insurance provider against the cost of services that have been issued by the Hospital. The Hospital will easily obtain fees for compensation in accordance with the applicable rules and agreements this is because a complete and accurate medical record document can meet all legal procedures, regulations and audit requirements.

According to the researchers the completeness of the medical record document is one of the supporting in improving the quality of hospital health services. Proper and correct documentation will affect the quality of medical records as well as ongoing medical records and patient care. Completeness of DRM also affects the smoothness of the insurance claim process both government and private insurance karna to know the amount of payment to be paid, from the information contained in the medical record. In this research, the incompleteness of medical record document is because there is no diagnosis by doctors, incomplete data such as evidence of laboratory results etc, and errors enter the code.

Given the importance of medical record completeness in the effort to file BPJS claim therefore health officers should be more accurate in collecting files so that there is no shortage of files in the previous section, especially data completeness investigation so that at the time of claiming can be faster than that remind doctors to enforce diagnosis according to the standard of medical service according to the specialization of the case and complete the complete and correct resume as well as training for medical record officer according to coding theory that is book of ICD-10 volume 2 in order to meet the coding performance accuracy> 84%, and medical record officers need to perform quantitative and qualitative analysis.

RESEARCH FINDINGS

The findings of research results based on interviews and observations using various data analysis can be expressed as follows:

1. It causes incomplete medical records file that is:
   a. The patient did not fill out the data on the consultation form and the TPP officer did not ask
   b. Health workers are not disciplined in identifying patients with identification bracelet so it can not be inputted in medical record
   c. Limitations of time in document collection medical record

2. The thing that causes the claim submission is not approved
   a. Medical record documents are not complete and there is no signature of the treating physician
   b. Completeness of investigation results such as: laboratory results, rotgen photo and therapeutic results, are given
   c. Error enter the code

CONCLUSION

There is a significant influence between the Medical Record of Inpatient Patients of BPJS on Claim Submission at RS. Sari Asih Karawaci Tangerang Year 2017 this thing

IMPLICATIONS

1. To the hospital management to conduct socialization of SOP (Standard Operational Procedure) complete medical record 1 X 24 hours after completion of service to all doctors, nurses, midwives, nutrition, physiotherapy, pharmacy and socialization about patient requirement of BPJS. Medical records can be on time.
2. Attending or conducting training training or seminar seminars on the completeness of the medical record for perfection in the service as well as for law and claim
3. Creating service excellence training for all officers at registration officer
4. Make the Internal Verifier Worker, who will perform the completeness check of the bpjs claim submission requirements

LIMITATIONS RESEARCH

1. Variable completeness of medical record in this research is only limited to data identity variables, drug security improvement and certainty
2. This research only covers in Sari Asih Hospital Karwaci Tangerang only with the number of respondents is limited so it is still possible to do further development with the number of respondents and research variables more

SUGGESTION

1. Conducting socialization of SOP (*Standard Operating Procedure*) on the filling of Medical Record.
2. Revised Standard Operating Procedure claims as a guide in carrying out routine work.
3. Regular evaluation of the incompleteness of medical records file at Sari Asih Karawaci Hospital Tangerang.
4. Increase the power for the hospital's Internal Verifier, who will perform the initial verification before submitting to BPJS.
5. Conduct routine evaluation in the implementation of BPJS services

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