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Factors Causing the Delay of Submission of Health BPJS Claims in Hospital in Sidenreng Rappang District

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Abstract
The implementation of the Health Social Security Organizing Program (BPJS) is still not fullt understood by the hospital where there are still problems between health services received with filing claims, the submission of claims is not in accordance with the procedures and tariffs in the Cooperation Agreement, causing problems for the hospital. The purpose of this study was to analyze the factors causing the delay in submitting BPJS Health claims to hospitals in Sidenreng Rappang District. This type of research is qualitative with a case study approach. The results showed that the factors causing the delay in filing BPJS Health claims were doctors' compliance in completing medical resumes and enforcing diagnoses, information technology, SOPs that were guidelines in the process of filing claims, rewards / compensation and supervision by superiors. The suggestion for the hospital is to provide a circular letter to the doctor regarding the obligation to complete the medical resume, complete the SOP for the patient administration service, and increase supervision in each administrative process of Health BPJS claims.

Keywords: *Health Social Security Organizing Program (BPJS), hospital, claim, reward, supervision*

1.0 INTRODUCTION

Every human being has the right to obtain welfare supported by the fulfillment of adequate health services. The government is responsible for implementing the health services. This is in accordance with the statement that states that everyone has the right to receive health services (Ismainar, 2015). The National Social Security System (SJSN) is one of the government's efforts to improve public health services. The Social Security Organizing Agency (BPJS) is a real definition of government policy to fulfill public health services. BPJS is a public legal entity whose function is to organize social security programs for the entire population of Indonesia. BPJS is divided into two, namely BPJS for Health and BPJS for Employment. Health services in this program implement tiered services in the form of first-level health services and advanced referral services (Mahardika, 2016).

Health care facilities in collaboration with Health Social Security Organizing Program (BPJS) must agree to a Cooperation Agreement with BPJS and fulfill the applicable statutory provisions. BPJS Health will pay first-rate health facilities with Capitation. For the Advanced Level Referral health facility, BPJS Health pays with the INA-CBGs package system. INA-CBGs package rates are payment systems based on diagnosis. The amount of reimbursement for the diagnosis has been agreed upon between the provider / insurance or determined by the previous government. With tariffs applied to the INA-CBGs system, the government seeks to change the rates that previously used the system fee for service to be a prospective payment (Noviatri, 2016). The use of the INA-CBGs system ensures that patients get maximum service from the hospital without additional costs because the patient no longer gets other services other than being adjusted to the diagnosis and the patient may not incur any costs for the hospital. This makes the hospital must provide maximum service and obtain effective financing (Riyantika, 2018).

The process of payment of health services by BPJS Health to the hospital is carried out through the file verification stage which was first submitted by the hospital. The file submitted by the hospital consists of files for inpatient care and outpatient care. Based on cooperation agreements between BPJS and hospitals, submission of claims is made every 10th of the following month. The file submitted is then through the verification phase by the BPJS Health certification so as to produce an agreed value as the cost to be paid by the BPJS Health to the hospital. Reimbursement of patient care costs will be paid after 15 working days after the agreed amount of payment is submitted (Artanto, 2018).

Sidenreng Rappang Regency with a population in 2018 amounting to 299,123 people (Central Bureau of Statistics, 2018) has two public hospitals that are BPJS Health partners to provide health services for the entire community, especially patients with BPJS Health, the Hospitals are Nene Mallomo Hospital and Arifin Nu'mang Hospital. The existence of these two hospitals in Sidenreng Rappang district strongly supports the implementation of the BPJS Health policy and makes it easier for the community to carry out treatment and get health services. This can be seen from the data on the number of patient visits to medical services in the clinical poly outpatient unit and

inpatient medical services for the past five years which are increasing every year. In line with the increasing number of BPJS patients in hospitals, it is also accompanied by problems that arise. One of them is the high number of rejected (pending) claims by the BPJS Health.

From the results of interviews with BPJS organizers in both hospitals, information was obtained that the cause of high pending claims was that there were still many patients who did not understand JKN requirements, limited facilities to support claims administration processes, and not all officers re-examined claim documents before submission. Based on the results of Malonda's research (2015) it was found that there were obstacles that could affect the overall proposal for the submission of Health Facility Claims to BPJS Health where most informants stated that the lack of quality and quantity of HR, lack of rewards, not optimal supervision, did not yet SOP exist issued by the Director of the hospital in the form of a Decree Regarding Proposal Submission of Claims Dr. Sam Ratulangi Tondano Hospital to BPJS Kesehatan, and there is no Billing System yet.

2.0 INFORMANT DAN METHOD

2.1 Location and Research Design

This research was conducted at Nene Mallomo General Hospital and Arifin Nu'mang General Hospital, Sidenreng Rappang District from April 4, 2019 - May 3, 2019. The research method used in this study was a qualitative research method with a type of case study research.

2.2 Informant

The informants in this study were all officers in the hospital who were related to the administrative process of the BPJS Health claim. There were 15 informants in each hospital. Table 1. Characteristics of Informants at Nene Mallomo General Hospital and Arifin Nu'mang General Hospital Sidenreng Rappang District in 2019

No	Position
1.	Head of Medical Services and Nursing Section
2.	Head of inpatient registration (Central Hospitalization)
3.	Head of Outpatient Registration
4.	Outpatient Registration Officer
5.	Inpatient Melati administrative staff
6.	Inpatient Dahlia administrative staff
7.	Administrative staff of Poly Surgery
8.	Administrative staff of Poly Dental
9.	SEP Patient Maker staff
10.	Head of Medical Record Installation
11.	Medical Record Officer
12.	BPJS claim administrative staff
13.	BPJS claim administrative staff
14.	Surgical Specialist
15.	Pediatrician

2.3 Data Collection

Data collection in this study was conducted with three methods, namely in-depth interviews, observation and document review. The main instrument in data collection is the researcher. Additional instruments as a tool for researchers in conducting interviews include interview guidelines, recorder tapes, field notes and camera.

2.4 Data Analysis

Data obtained from in-depth interviews were processed manually according to the instructions for processing qualitative data, and in accordance with the objectives of this study. Furthermore, the data is analyzed by the content analysis method, and interpreted and presented in narrative form.

3.0 RESULTS

The results of the study through in-depth interviews, observations and document review found that there were obstacles that could affect the overall proposal for submission of Health Facility Claims to BPJS Health.

3.1 Human Resources

The results of interviews regarding the obstacles in filing claims, most of the informants said that the process of submitting a claim had not run optimally due to a lack of discipline of doctors in completing the patient's medical record documents. The results of interviews and observations in the inpatient room were still seen accumulating medical record documents. The accumulated medical records not only belonged to patients who returned that day but also to patients who had returned home a few days earlier. The buildup is caused by a medical resume that has not been filled in completely, especially the main diagnosis and signature. In addition, after the patient returns home, the medical record document is not immediately completed by the doctor. Visite doctors will immediately sign medical resumes, but only a few doctors write their full medical resumes. Most DPJPs only write the main diagnosis and give a signature. Based on the results of the interview the delay in filling out the medical resume is due to the large number of patients and the busyness of the doctors in dividing the time of practice.

"The patient's medical record is filled after the patient returns home, but it usually piles up if the doctor is busy too, so the doctor usually takes it home or we go if he is in poly, even if it's not busy".

(I5, 29th yo)

"Yes, it must be filled by a doctor. But we are also visite, just finished the visite, continued poly until 12 o'clock, immediately returned to Anugrah. So sometimes it does not have time to complete, especially a lot of things that want to be written, different if we use the electronic, it must be fast.".

(I14, 48th yo)

3.2 Facilities

Based on the results of interviews, the facilities that support the administration of claims for BPJS Health files are still lacking, namely the lack of computer equipment in the administration of patients so that the patient registration process takes a long time. Another obstacle in the claim administration process is that the internet network available at the hospital is still inadequate, so that the administration of claims is also hampered. Sometimes also, officers have to use wifi which is connected from the officers' cellphones.

"If the problem related to technology is definitely a network, it is usual if there is a new patient and the network is not good then it is not input first because it cannot display its RM number".

(I2, 37th yo)

"This is the problem here, because it is online, but for the internet network it has not been facilitated, it still uses its own wifi".

(I3, 46th yo)

3.3 Standard Operational Prosedure

SOP which is a reference in work should be available in the claim administration process. However, based on observations there are still a number of SOPs that are not yet available regarding the process. Based on the results of the interview, because there were no SOPs available in all units, the officers worked according to the training that had been attended. In addition, officers also refer to the regulations of the BPJS that are disseminated through social media groups.

"There are no SOPs for poly admin, but only the admin tasks explained".

(I7, 28th yo)

3.4 Rewards

Based on the results of the interview, the informant said that the obstacle in the process of recapitulation by medical records officers was that there was still a lack of reward / compensation obtained when compared to the workload. With the number of rewards felt still lacking, the number of patients should increase and more, claim documents automatically affect the work that is getting more and more, then in terms of income increasing the reward received should also increase.

"The amount of rewards given has not been proportional to the files worked. The number of files that work a lot, while the reward is still very small. It should increase according to the increase in hospital income".

(I11, 28th yo)

3.5 Supervision

Supervision activities aim to orient all officers related to the administrative process of BPJS Health claims. This activity is expected to be an effort to raise awareness in carrying out their duties and functions as claim administration officers.

Based on the results of in-depth interviews, it was found that most informants stated that supervision by superiors was still lacking. Supervision carried out is only limited to examining the work of the claim administration officer, but lacks guidance in proposing the submission of claims for health facilities to BPJS Health. Whereas the

supervision expected by the officer is the existence of discussion so that the supervisors also provide input or suggestions relating to the administrative process of claims so that the obstacles faced are also reduced.

"Still lacking supervision from management, they only examined our work, but did not provide guidance and provide solutions to claims".

(I12 , 28th yo)

4.0 DISCUSSION

In filing a BPJS Health claim, an important factor is the role of doctors in completing medical resumes and enforcing diagnoses, information technology, SOP which is a guideline in the process of filing claims, rewards / compensation and supervision by superiors. The administrative process of BPJS Health claims relates to the completeness of claim documents in the form of filling out diagnoses and actions given by the doctor in charge (Agussalim et al., 2017). As well as completing the results of investigations carried out by administrative officers. However, based on the results of the observations, there was an incomplete medical resume filled out by the doctor (Aulia, 2017). This is contrary to the Regulation of the Minister of Health of the Republic of Indonesia Number 269 of 2008 concerning Medical Records and Regulation of the Minister of Health of the Republic of Indonesia Number 76 of 2016 concerning Guidelines for Indonesian Case Base Groups (INA-CBGs) that the doctor must complete the medical resume completely and clearly (Health Minister of RI, 2016).

According to the research of Dyah Ernawati (2015) states that in order to be able to provide good health services, many conditions must be met. One of the conditions in question is the availability of complete data. In addition to the state of health of patients who are the responsibility of the doctor but also about the state of the physical environment and the non-physical environment of each. Everything needs to be recorded and stored as well as possible. Then if necessary, it can be easily taken back, in accordance with the interests. The role of doctors and medical record officers in health services is relatively very important (Mangentang, 2015). Based on the results of interviews with doctors who provided services at the hospital, there were two factors that caused the incomplete writing of the medical record file, the first being that there were so many patients in the hospital, both outpatients and inpatients.

The second factor is the doctor's busyness because of practicing in other hospitals, which causes the time to write a medical resume is reduced. For this reason, it takes the role of the administrative officer to check the completeness of the medical records that have been filled in by the doctor, then report if there are deficiencies to be completed by the doctor. In addition, the doctor in charge stated that there was a need for a policy made by the hospital management regarding the obligation to complete a medical resume on time and apply punishment in the event of a violation. As it is known that doctors who fail in filling out or making medical records will get sanctions such as in Minister of Health Regulation No 269 of 2008 in article 17 paragraph 2, namely administrative measures in the form of verbal reprimand, written warning, and revocation of licenses. However, before applying the policy, the management needs to provide socialization regarding the obligation to complete the medical record file by the doctor and make a guideline for completing the medical record writing and the suitability of writing a diagnosis based on ICD.

After HR, the thing that becomes a supporting factor in the BPJS Health claim process is the use of supporting technology. In the JKN era, the use of information technology in hospitals was very important. The same thing also stated that in the implementation of JKN technology is very much needed especially the health information system on accurate comprehensive medical record recording and the use of computerized systems and the use of computers that facilitate the payment system of INA-CBGs (Thabrany, 2014). Based on the results of observations and interviews, information was obtained that the claim administration process at Nene Mallomo General Hospital and Arifin Nu'mang Hospital had used information technology that supported the claims administration process. The application that is used is the Hospital Management Information System (HMIS) registration used in the outpatient registration and inpatient section. The HMIS application is an application that is used to enter patient data and create a patient medical record number. Finally, the application of INA-CBGs is used for data coding and entry processes. The INA-CBGs application can be used to determine BPJS claims to hospitals by inputting diagnostic codes and actions taken and referring to the INA-CBGs rates (Nugraheni, 2015).

However, several obstacles were found in the use of information technology, namely the availability of computer devices and internet networks that were still inadequate. This is in line with the research conducted by Taliana (2015) which showed a delay in coding and inputting due to Dr. RSUD. Sam Ratulangi Tondano Hospital does not yet have an adequate internet network system. Next is the availability of SOP. The use of SOP in organizations is important and aims to ensure the organization operates consistently, effectively, efficiently, systematically and well managed, to produce products that have consistent quality in accordance with established standards (Soemohadwijojo, 2014).

Based on the results of document review and interviews, it can be seen that SOP is available, namely SOP for facilities and infrastructure for each room, but not all BPJS claim administrative activities have SOP as a reference in work. There are several parts that work in accordance with the knowledge gained from the training that has been followed. Availability of SOP is expected to prevent incomplete claims. This is in accordance with Kusairi's research (2013) related to the factors that influence the completeness of the claims file for Jamkesmas patients, one of which is caused by the absence of SOP. Likewise, there is a mistake in filing claims of patients who refuse doctor's actions. The file should not be accompanied by SEP but accompanied by a rejection form that has been filled and signed by the patient. In such cases socialization has been held for handling it, but there is no clear SOP regarding the procedure for carrying out it.

The next supporting factor is giving rewards. Rewards are rewards, gifts, awards or rewards given to employees based on their performance. Based on the results of the interview to the informants, information was obtained that the work carried out by the medical record officers included quite heavy work, for which the hospital needed to reward the hard work (Utami, 2016). However, the awarding of this reward has not been applied at Nene Mallomo General Hospital and Arifin Nu'mang General Hospital. Based on the results of research conducted by Taliana (2015), the lack of rewards can directly influence the submission of claims submitted by Dr. Sam Ratulangi Hospital to BPJS Health. To overcome the obstacle by providing an additional number of rewards and this is also a form of concern and appreciation from the hospital with the consideration that the medical record officer will work in accordance with his duties in completing the medical record recording and the timeliness of submission of claim documents.

In addition to giving rewards, supervision activities are also very important in the administration process of BPJS Health claims. Supervision activities aim to build conducive and comfortable working conditions that cover the physical environment, work atmosphere and the amount of resources needed to complete a task. For this reason, supervision activities are directed at giving orientation to all officers related to the administration of BPJS Health claims. This supervision activity is an effort to improve human resource understanding of their responsibilities and build their awareness to focus on work (Nurfadhilah, 2017).

Based on the results of in-depth interviews, it was found that most of the informants stated that supervision activities had not been carried out optimally. Where the superior is still limited to checking but still lacking in conducting discussions and giving input regarding the right steps to overcome problems in the administrative process of claims. The BPJS Health claim administration officer hopes that the management will not only ensure the officers work according to the SOP or instructions, but also actively engage in discussions regarding the obstacles faced in the claims administration process.

5.0 CONCLUSION AND SUGGESTION

In filing a BPJS Health claim, an important factor is the role of doctors in completing medical resumes and enforcing diagnoses, information technology, SOP which is a guideline in the process of filing claims, rewards / compensation and supervision by superiors.

The suggestion for the hospital is to provide a circular letter to the doctor regarding the obligation to complete a medical resume, complete the SOP for patient administration services, and increase supervision in every administrative process of the BPJS Health claim.

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