

Determinant Analysis Of Completeness Of Bpjs Patients' Does On Returning Bpjs Claim Status To The Royal Prima Medan General Hospital In 2022

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Abstract.

The history of insurance in Indonesia has a very long process until finally, we can feel its benefits easily this time. Getting to know the history of insurance is very necessary so that we know very well the ins and outs of insurance that many we meet now. The purpose of the study is to find out the relationship factors Completeness of patient Files BPJS Outpatient Against Returns the Status of the claim by the BPJS Health city of Medan To Hospital Royal Prima type B Field the year 2019. The research was conducted in January of 2019. As for the population in this research, the status of the patient in the November 2018 BPJS party discharged as many as 50 patients. No relationship SEP BPJS Outpatient Patients Against Returns the Status of a claim, there is a relationship of the medical record of patients Towards Outpatient BPJS returns, there is a connection INT CBG's BPJS Outpatient Patients Against Returns the Status of a claim, there is a relationship of KIS BPJS Patients Outpatient Against Returns The Status Of The Claim. It is hoped the hospital should still pay close attention to and improve it so that the creation of quality service and high-quality in the hospital Royal Prima Medan.

Keywords: *Completeness of patient Files, Returns the Status of a claim.*

I. INTRODUCTION

In Indonesia, insurance began with the arrival of the Dutch when they colonized Indonesia. Insurance in the colonial era was more directed as a mechanism to secure the colonial government's trading activities in the plantation and trade sectors. At that time Indonesia was famous for its natural commodities such as palm oil, spices, tobacco, and so on. To exploit these commodities, the Dutch colonial government created a system of guarantee mechanisms so that their businesses had protection against harvest risks until they were sent to the Netherlands (Hadijah, 2017). One of the efforts taken by the government in improving health is the existence of a legal entity formed to organize a public health insurance program which was later called BPJS (Social Security Administering Body), Minister of Health 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 that are given to everyone who has paid dues or whose contributions are paid by the government (Megawati, 2016). Based on an initial survey conducted by researchers at the Royal Prima Hospital in Medan in October 2022, researchers found problems in the BPJS administration regarding the patient's claim submission file, the claim file was returned by the BPJS health verifier. This is because there are incomplete requirements or there are items that are not filled out completely. The researcher also found the incompleteness of the BPJS SEP (Participant Eligibility Letter), Medical Record, Medical Resume, INACBG's, BPJS Card) so that it slowed down the process of clamping the BPJS file at Royal Prima Hospital Medan to the BPJS health at Royal Prima Hospital. There are at least 50 BPJS patient statuses that are returned by the BPJS to the Royal Prima Medan General Hospital every month. Based on the background described above, the authors are interested in conducting a study entitled, "Analysis of Determinants of Completeness of Outpatient BPJS Patient Files on Returning BPJS Claim Status to Royal Prima Hospital Medan in 2022".

II. LITERATURE REVIEW

2.1. BPJS Patient File Completeness Factors

According to the technical guidelines for implementing the health social security administration body in 2016, practical guidelines for the administration of claims for BPJS health facilities are submitted to BPJS Kesehatan branch offices/districts/municipalities collectively every month with general administrative

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completeness, including: a) SEP (Eligibility Letter) Participant); b) Medical Records; c) INA CBG's (Indonesia Case-Based Groups); d) KIS (Healthy Indonesia Card).

2.1.1. PEL (Participant Eligibility Letter)

BPJS participant eligibility letter or better known by the abbreviation 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 II Facilities Such as national hospitals (Ice, 2018).

2.1.2. Medical Records

A medical record is a file that contains records and documents about patient identity, examination, treatment, actions, and other services to patients at health care facilities (PMK No. 55 of 2013). Medical records are used as guidelines or binding legal protection because in them there are all records of actions, services, therapy, time of therapy, the signature of the treating doctor, the signature of the patient concerned, and others (Wahyu, 2015).

2.1.3. INA CBGs (Indonesia Case-Based Groups)

INA-CBG (Indonesia Case-Based Groups) is a payment system with a "package" system, based on the illness suffered by the patient. Hospitals will get paid based on the INA CBGs (Indonesia Case-Based Groups) rate which is the average cost spent by a group diagnosis (BPJS Info, 2014). By using this system, the calculation of service rates is more objective based on the actual costs. Through INA-CBG (Indonesia Case-Based Groups) it is expected to improve the quality and efficiency of hospitals. In accordance with Presidential Regulation No. 111 of 2013 which is a revision of Presidential Decree No. 12 of 2013 concerning Health Insurance, the payment pattern for health services at the advanced level by BPJS Health uses the Indonesian Case-Based Groups (INA-CBG's) payment pattern system. (Info BPJS, 2014).

2.1.4. Healthy Indonesia Card (HIC)

Healthy Indonesia Card (KIS) is a card that has the function to provide health insurance to the public to get free health services. Users themselves can use this KIS function in every first-level and advanced health facility (Cermati, 2015). The Healthy Indonesia Card (KIS) is the identity card of the participants in the National Health Insurance (JKN) which is managed by the Health Social Security Administration Agency (BPJS). Starting in March 2015, every new JKN participant will get a KIS as a participant identification card (Kuncoro, 2015).

2.2. BPJS (Social Security Administering Body)

The Social Security Administering Body (BPJS) is a legal entity established by law to administer social security programs (BPJS, 2014). BPJS is a legal entity formed under the BPJS Law to administer social security programs (Herlambang, 2018). According to Herlambang's (2018) book on hospital health service management, BPJS is divided into two types, namely BPJS Health and BPJS Employment. The benefits of BPJS health are the availability of first-level health services and advanced referral health services (BPJS, 2014).

2.3. Claim

The BPJS claim is the submission of the cost of treating BPJS participants by the hospital to the BPJS Health, carried out collectively and billed to the BPJS Health every month (Manaida, 2017). The method of payment for BPJS claims is the INA CBGs system. Based on the Decree of the Minister of Health of the Republic of Indonesia Number 440/Menkes/SK/XII/2012, INA-CBG stands for Indonesia Case Base Groups, which is an application used by hospitals to file claims with the government. The meaning of Case Base Groups (CBG) is a way of paying for patient care based on relatively similar diagnoses or cases (Megawati, 2016).

III. METHODS

This type of research is analytic, with a cross-sectional research design, where independent and dependent factors are studied simultaneously. The research was conducted at RSU Royal Prima Medan in March 2022. The data collection method was carried out using a total sampling technique, where all of the population was sampled. The population and sample in this study were the statuses of patients who were

repatriated by the BPJS with as many as 50 patient statuses. The data analysis method used in the univariate analysis is carried out on each variable from the results of the study, bivariate analysis is carried out on two variables that are suspected to be related or correlated with chi-square statistical testing, and multivariate analysis is carried out on more than two variables.

IV. ANALYZE AND RESULT

4.1. 4.1. Overview of Royal Prima General Hospital Medan

Royal Prima General Hospital Medan is one of the largest private hospitals and will become a referral center for the community, especially the city of Medan and the people of North Sumatra in general. On February 14, 2013, the Head of the Health Office of North Sumatra Province issued a Temporary Operational Permit to RS Royal Prima Medan No. 440.442/1641/II/TAHUN 2014.

4.2. Analysis

4.2.1. Univariate Analysis

Univariate analysis was carried out to obtain an overview of the frequency distribution of SEP, Medical Records, INA CBGs, KIS (Healthy Indonesia Card), and Claims at Royal Prima General Hospital Medan in 2022.

4.2.1.1. Frequency Distribution based on the frequency of SEP, Medical Records, INA CBGs, KIS, and Claims

The frequency distribution of SEP, Medical Records, INA CBGs, KIS, and Claims can be seen in Table 1 below.

Table 1. Frequency Distribution based on SEP, Medical Records, INA CBGs, KIS, and Claims with n = 50 files

No	PEL	f	%
1.	Complete	43	86.0
	Incomplete	7	14.0
Amount		50	100.0
No	Medical records	f	%
2.	Complete	44	88.0
	Incomplete	6	12.0
Amount		50	100.0
No	INA CBG's	f	%
3.	Complete	46	92.0
	Incomplete	4	8.0
Amount		50	100.0
No	HIC	f	%
4.	Complete	48	96.0
	Incomplete	2	4.0
Amount		50	100.0
No	Claim	f	%
5.	Claim	0	0
	No claim	50	100
Amount		50	100.0

Based on table 1, it can be seen that based on the completeness of SEPs, the majority of complete SEPs were 43 SEPs (86.0%) and the minority of incomplete SEPs were 7 SEPs (14.0%). Based on the completeness of medical records, the majority of complete medical records were 44 medical records (88.0%) and the minority of incomplete medical records were 6 SEP (12.0%). Based on the completeness of INACBGs, the majority of INACBGs are complete as many as 46 (92.0%) and the minority of INACBGs are incomplete as many as 4 (8.0%). Based on the completeness of KIS, the majority of KIS are complete with 48 medical records (96.0%) and the minority with incomplete KIS are 2 KIS (4.0%). Based on the claim status, the majority of files cannot be claimed as many as 50 statuses (100%).

4.2.2. Bivariate Analysis

4.2.2.1. The Relationship of SEP of BPJS Outpatients to the Return of Claim Status by BPJS to the Royal Prima General Hospital

The relationship between the SEP of BPJS outpatients and the return of claim status by BPJS to the Royal Prima Medan General Hospital in 2022 can be seen in Table 2 below.

Table 2. Relationship of SEP BPJS Outpatients Against Claim Status Returns By BPJS To Hospitals

No	SEP	Claim						df	X ² count
		Claim		No Claim		Amount			
		f	%	f	%	f	%		
1	Available	0	0	43	(100)	43	(100,0)	1	25.920
2	Unavailable	0	0	7	(100)	7	(100,0)		

Based on table 2 above, it can be seen that the completeness of the SEP file is 43 SEP (100%), the majority of claim files cannot be claimed as many as 43 SEP (100%) and there is no SEP as many as 7 SEP (100%), the majority of claim files cannot be claimed as many as 7 statuses (100%). Where the completeness of the SEP is very influential on the return of claim status by BPJS to the Royal Prima General Hospital, Medan in 2022. Statistically, it shows that the value is 25,920df = 1 with a significance value of 0.05 where $X^2 \text{ count} > X^2 \text{ table}$ means H_a is accepted and H_o is rejected, meaning that there is a relationship between SEP and return of claim status.

4.2.2.2. Relationship between BPJS Outpatient Medical Records and Claim Status Returns by BPJS to Royal Prima General Hospital

The relationship of outpatient BPJS medical records to the return of claim status by BPJS to the Royal Prima General Hospital can be seen in Table 3 below..

Table 3. The Relationship of BPJS Outpatient Medical Records to the Return of Claim Status by BPJS to Hospitals

No	Medical Records	Claim						df	X ² count
		Claim		No Claim		Amount			
		f	%	f	%	f	%		
1	Available	0	0	44	(100)	44	(100,0)	1	28.880
2	Unavailable	0	0	6	(100)	6	(100,0)		

Based on table 3 above, it can be seen that the completeness of the medical record files is 44 medical records (100%), the majority of claim files cannot be claimed as many as 44 medical records (100%) and there are no medical record files as many as 6 medical records (100%). , the majority of claim status can not be claimed as many as 6 medical record files (100%). Where the completeness of medical records is very influential on the return of claim status by BPJS to the Royal Prima Medan General Hospital in 2022. Statistically, it shows that the value is 28,880df = 1 with a significance value of 0.05 where $X^2 \text{ count} > X^2 \text{ table}$ means H_a is accepted and H_o is rejected, meaning that there is a relationship between medical records and the return of claim status.

4.2.2.3. The Relationship of INACBG's Outpatient BPJS Patients to the Return of Claim Status by BPJS to the Royal Prima General Hospital

The relationship of INACBG's outpatient BPJS patients to the return of claim status by BPJS to the Royal Prima General Hospital can be seen in Table 4 below..

Table 4. The Relationship of INACBG's Outpatient BPJS Patients to the Return of Claim Status by BPJS to the Hospital

No	INACBG's	Claim						df	X ² count
		Claim		No Claim		Amount			
		f	%	f	%	f	%		
1	Available	0	0	46	(100)	46	(100,0)	1	35.280
2	Unavailable	0	0	4	(100)	4	(100,0)		

Based on table 4 above, it can be seen that the completeness of the files in accordance with INACBG's are 46 files (100%), the majority of claim files cannot be claimed as many as 46 files (100%) and files that do not comply with INACBG's are 4 files (100%) majority status claims cannot be claimed as many

as 4 files (100%). Where the completeness of INACBGs is very influential on the return of claim status by BPJS to the Royal Prima General Hospital Medan in 2022.

Statistically, it shows that the value of $32.280df = 1$ 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 INACBG's on the return of claim status.

4.2.2.4. The Relationship of Outpatient KIS of BPJS Patients to the Return of Claim Status by BPJS to the Royal Prima General Hospital

The relationship between outpatient KIS of BPJS patients and the return of claim status by BPJS to the Royal Prima General Hospital can be seen in Table 5 below..

Table 5. The Relationship of Outpatient KIS of BPJS Patients to the Return of Claim Status by BPJS to Hospitals

No	KIS	Claim						df	X ² count
		Claim		No Claim		Amount			
		f	%	f	%	f	%		
1	Available	0	0	48	(100)	48	(100,0)	1	42.320
2	Unavailable	0	0	2	(100)	2	(100,0)		

Based on table 5, it can be seen that the completeness of KIS is 48 KIS (100%), the majority of claim files cannot be claimed as many as 48 statuses (100%) and there are no KIS as many as 2 KIS (100%), the majority of claim statuses cannot be claimed as much as 2 states (4.0%). Where the completeness of KIS is very influential on the Return of Claim Status by BPJS to the Royal Prima General Hospital Medan in 2022. Statistically, it shows that the value of $42.320df = 1$ 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 and the return of claim status.

4.3. Multivariate Analysis

Multivariate analysis to determine the simultaneous relationship between the dependent variable and the independent variable by using multiple logistic regression tests with the aim of knowing which variable is most dominantly related to the dependent variable. The stages carried out in the multivariate analysis are as follows.

Table 6. Multiple Logistics Regression Test Results

Variable	Significant Value	α
SEP	0,000	0,05
Medical record	0,000	0,05
INACBG's	0,000	0,05
KIS	0,000	0,05

The significant value is 0.000 where <0.05 , so the answers to the hypothesis are:

1. Completeness of the SEP (Participant Eligibility Letter) significantly affects the value of the Claim with a p-value of 0.000 which means H_0 is rejected or H_a is accepted, which means the relationship between SEP (Participant Eligibility Letter) on the return of claim status.
2. Completeness of Medical Records significantly affects the value of Claims with a p-value of 0.000, which means H_0 is rejected or H_a is accepted, which means the relationship between Medical Records and claims status returns.
3. Completeness of Ina CBGs significantly affects the claim value with a p-value of 0.000 which means H_0 is rejected or H_a is accepted, which means the relationship between Ina CBGs to the return of claim status.
4. Completeness of KIS (Healthy Indonesia Card) significantly affects the claim value with a p-value of 0.000 which means H_0 is rejected or H_a is accepted, which means the relationship between KIS (Healthy Indonesia Card) and the return of claim status.

V. CONCLUSION

Based on the results of research on the Relationship of the Completeness Factors of Outpatient BPJS Patient Files to the Return of Claim Status by BPJS to the Royal Prima General Hospital Medan in 2022, the following conclusions were drawn:

1. There is a relationship between the SEP of BPJS Outpatients and the Return of Claims by BPJS to the Royal Prima Medan General Hospital in 2022
2. There is a relationship between BPJS Outpatient Medical Records and the Return of Claim Status by BPJS to the Royal Prima General Hospital Medan in 2022
3. There is a relationship between INACBG's BPJS Outpatients and the Return of Claim Status by BPJS to the Royal Prima General Hospital Medan in 2022
4. There is a relationship between the Outpatient BPJS Patient KISP and the Return of Claim Status by BPJS to the Royal Prima General Hospital Medan in 2022

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