

Analysis of Factors Affecting the Delay of Submission of Health BPJS Claims in Kertosono General Hospital

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ABSTRACT

Hospital claims are made collectively and billed to BPJS every month, accompanied by supporting documents, namely a photocopy of the BPJS card, referral letter, patient eligibility letter (SEP), nurse evidence, statement letter, fees to be paid. The purpose of this study is to analyze the effect of man, machine and method on delays in submitting BPJS Health claims at Kertosono Hospital. The design of this research is an observational quantitative research with a cross sectional approach with the focus of the research being directed at analyzing the effect of man, machine and method on the delay in submitting BPJS Health claims at Kertosono Hospital. The total population of 164 respondents and a sample of 116 respondents were taken by using Simple Random Sampling technique. In the study, it was found that most of the respondents had sufficient category as many as 58 respondents (50%). Almost half of the respondents have enough machine category as many as 59 respondents (41%). Most of the respondents have the method in the sufficient category as many as 52 respondents (45%). Most of the respondents had delays in the moderately fluent category as many as 56 respondents (48%). Based on the results of Multiple Linear Regression analysis shows that with a p-value of $0.000 < 0.05$ then H1 is accepted so it can be concluded that there is a simultaneous influence of man, machine & method for the delay in submitting BPJS Health claims at Kertosono Hospital with an effect of 81.2%. It is hoped that the hospital management can provide a good breakthrough to help the process of completing the files that will be submitted for BPJS claims with electronic medical records or with other things so that there will be no more delays in the future.

Keywords: Man, Machine, Method & delay

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INTRODUCTION

Since January 1, 2014 the government has officially implemented the National Health Insurance (JKN) program. Likewise, the Social Security Administration Agency (BPJS) has also begun to implement the program. The purpose of implementing this JKN program is to meet the needs of proper public health and is given to everyone who is registered and has paid a premium or the premium is paid by the government.

In accordance with the Regulation of the Minister of Health Number 69 of 2013 concerning Standard Tariffs for Health Services at First Level Health Facilities and Advanced Level Health Facilities, for health services provided to participants by advanced level referral health facilities, BPJS

Kesehatan makes payments based on the Indonesian Case Based Groups (INA) method. CBGs). The purpose of the INA CBGs Tariff is the amount of claim payments by BPJS Health to advanced health facilities for service packages based on disease diagnosis groupings. Where the method of patient care is based on a relatively similar diagnosis or case. In payments using the INA CBG's system, both the hospital and BPJS Health as the paying party no longer detail the bill based on the details of the services provided, but only by conveying the final diagnosis made by the doctor and the procedure given. The amount of reimbursement based on the diagnosis has been determined by the Ministry of Health of the Republic of Indonesia. The grouping code for deliveries via cesarean section is O-6-10 (Permenkes No. 76 of 2016). The amount of INA-CBG's rates paid sometimes does not match the real costs incurred by the hospital so that there is a difference.

Kertosono Regional General Hospital is a Government General Hospital, so it has been serving BPJS Health patients starting January 1, 2014. Based on the Minister of Health No. 52 of 2016, the Kertosono Regional General Hospital is a regional I type C government hospital. Treatment rates in inpatient rooms vary greatly depending on how long they are treated and also the type of service provided

Based on a preliminary study conducted by researchers at the Kertosono Hospital on July 15, 2021, it was found that the BPJS Health patient claim file was submitted to the BPJS Health verifier after the claim entry was completed by the hospital claims officer. In August 2021, RSUD Kertosono submitted a claim in April 2021. There was a delay in submitting a claim by the hospital. RSUD Kertosono experienced a delay in claim n-5 according to the absence of claims by BPJS Kesehatan Kediri Main Branch Office. The delay in submitting the claim file for inpatients is due to the incomplete medical record file returned from the inpatient ward so it must be returned to be completed by the responsible doctor. Then also because the terms and conditions of the claim administration are always changing, many claim files are returned by the verifier so that the process is hampered. In addition, the claim submission process is still manual for hard copies, while BPJS Kesehatan asks for soft copies.

Hospital claims are made collectively and billed to BPJS every month, accompanied by supporting documents, namely a photocopy of the BPJS card, referral letter, patient eligibility letter (SEP), nurse evidence, statement letter, fees to be paid. The function of the BPJS claim is to submit the cost of treating BPJS participants from the hospital to the BPJS, which previously was borne by the hospital (Ardhitya T, Perry A: 2015).

The claim in question is a request for payment of the cost of health services by a health facility provider to BPJS Health. In the JKN claim collection process, the billing is submitted to the BPJS. Submission of financing from health services to BPJS is required as a condition for claims to be submitted to the verifier. The verification process is carried out by the BPJS Health after receiving the claim file from the health facility or health service then the file will be verified. There are many obstacles in implementing BPJS claim verification, one of which is the claim file which is rejected by the verifier.

One of the factors that causes BPJS health claims to be rejected and returned by the verifier is the incompleteness of the documents to be submitted (Ardhitya T, Perry A: 2015). Likewise with other previous studies which obtained a P-value of 0.000 and an OR of 540, which means that a complete medical record has the opportunity to expedite the claim process by 540 times compared to an incomplete medical record. Completeness of medical record information can be the basis for the approval of the verification fee billing by BPJS Health to advanced health care facility providers, so that the service costs that have been issued will be paid on time by BPJS and will have a good impact on FKTL because they do not experience difficulties in operating costs or experience losses. (Harti T: 2016).

Based on the above conditions, the authors are interested in researching the analysis of factors that affect the delay in submitting BPJS Health claims at Kertosono Hospital

METHODS

In this study, the researcher used an observational quantitative design with a cross sectional approach, which is a study to study the dynamics of the correlation between risk factors and effects, by approaching, observing or collecting data all at once (point time approach), that is, each subject The study was observed only once and measurements were made on the status of the character or variable of the subject at the time of examination. This does not mean that all research subjects are observed at

the same time (Soekidjo, 2012). This research will analyze the effect of man, machine and method on the delay in submitting BPJS Health claims at Kertosono Hospital. The total population of 164 respondents and a sample of 116 respondents were taken by using Simple Random Sampling technique. Data analysis using Linear Regression test. This research has gone through an ethical test with the number SK: 2380/KEPK/III/2021.

RESULTS

Table 1 Results of linear regression analysis analysis of factors that affect the delay in submitting BPJS claims Health at the Kertosono Hospital which was held on August 1-30 2021 with a total of 116 respondents

No	Variable	Sig	B	R^2	Sig
1	(Constant)	0.002	1,546	0.812	0.000
2	man	0.000	1,751		
3	Machine	0.002	1,859		
4	Method	0.000	1,684		

1. Partial

a. Man's Influence on Delay

Based on the results of Linear Regression analysis shows that the p-value 0.000 < 0.05 then H1 is accepted so it is concluded that partially there is the influence of man on the delay in submitting BPJS Health claims at Kertosono Hospital.

b. Effect of Machine on Delay

Based on the results of Linear Regression analysis shows that the p-value is 0.002 < 0.05, then H0 is rejected and H1 is accepted, so it can be concluded that partially there is the influence of the machine on the delay in submitting BPJS Health claims at Kertosono Hospital.

c. Effect of Method on Delay

Based on the results of Linear Regression analysis shows that the p-value 0.000 < 0.05 then H0 is rejected and H1 is accepted so it is concluded that partially there is the effect of the method on the delay in submitting BPJS Health claims at Kertosono Hospital

2. Simultaneous

Based on the results of Multiple Linear Regression analysis shows that with a p-value of 0.000 < 0.05 then H1 is accepted so it can be concluded that simultaneously there is the effect of man, machine & method on the delay in submitting BPJS Health claims at Kertosono Hospital with an effect of 81.2%.

DISCUSSION

A. *man* On Submission of BPJS Claims Health at Kertosono Hospital

The results showed that most of the respondents had sufficient category as many as 58 respondents (50%). In addition, a number of 37 respondents (32%) have a good category. Meanwhile, a number of 21 respondents (18%) had less category man.

According to researchers, the human factor is the most decisive. Humans make goals and humans also carry out the process to achieve goals. Without humans there is no work process, because basically humans are working creatures. Therefore, management arises because there are people who work together to achieve goals. Man refers to the human resources owned by the organization.

B. *Machine* On Submission of BPJS Claims Health at Kertosono Hospital

The results showed that almost half of the respondents had enough machine categories as many as 59 respondents (41%). In addition, a number of 35 respondents (30%) have a good machine category. While a number of 22 respondents (19%) have a machine category less.

According to researchers in management to achieve better results, apart from humans who are experts in their fields, they must also be able to use materials as a means. Because material and human can not be separated, without material will not achieve the desired results. In everyday life machines are needed. The use of machines will bring convenience or generate greater profits and create work efficiency.

C. Method On Submission of BPJS Claims Health at Kertosono Hospital

The results showed that most of the respondents had methods in the sufficient category as many as 52 respondents (45%). In addition, 33 respondents (28%) have methods in the good category. Meanwhile, a number of 31 respondents (27%) have methods in the less category.

According to the researcher, in the implementation of work, work methods are needed. A good working procedure will facilitate the work. A method can be expressed as determining how to carry out a task by giving various considerations to the target, the available facilities and the use of time, money and business activities. It should be remembered that even though the method is good, while the people who carry it out do not understand or have no experience, the results will not be satisfactory. Thus, the main role in management remains the people themselves.

D. Delay in Submission of BPJS Claims Health at Kertosono Hospital

The results showed that most of the respondents had a delay in the moderately fluent category as many as 56 respondents (48%). In addition, 35 respondents (30%) had delays in the current category. Meanwhile, a number of 25 respondents (22%) had delays in the slow category.

Social insurance is a mechanism for collecting mandatory contributions from participants, in order to provide protection to participants against socio-economic risks that befall them and or their family members (SJSN Law No. 40 of 2004). The National Social Security System (SJSN) is the procedure for administering the Social Security program by the Social Security Administering Body (BPJS) for Health and BPJS for Manpower. Social Security is a form of social protection to ensure that all people can fulfill their basic needs for a decent life. Thus, the National Health Insurance (JKN) developed in Indonesia is part of the National Social Security System (SJSN). The National Social Security System is implemented through a mandatory (mandatory) Social Health Insurance mechanism based on Law no. 40 of 2004 concerning the National Social Security System. The goal is that all Indonesians are protected in the insurance system, so that they can meet the basic needs of proper public health (Ministry of Health RI, 2020).

Health Insurance Contribution is a sum of money paid regularly by Participants, Employers, and/or the Government for the Health Insurance program (article 16, Presidential Regulation No. 12/2013 concerning Health Insurance).¹³ Presidential Regulation no. 12 of 2013, states that Health Insurance is a guarantee in the form of health protection so that participants receive health care benefits and protection in meeting basic health needs that are given to everyone who has paid contributions or whose contributions are paid by the government. Operationally, the implementation of JKN is stated in Government Regulation no. 101 of 2012 concerning Contribution Assistance Recipients (PBI).

According to Casey (2014) lag is one of the most persistent performance problems and one of the most difficult to change. The definition of delay according to Ervianto (2013) is as an implementation time that is not utilized in accordance with the activity plan, causing one or several activities to follow to be delayed or not completed exactly according to the planned schedule.

According to the researcher, delay is a loss of time, material, capital and has the impact that some follow-up activities are delayed and do not work as expected, the action in the process or method of an effort to achieve something that has been set so that the results can be utilized as much as possible with the available tools.

E. The Effect of Man on the Delay in Submitting BPJS Health Claims at Kertosono Hospital

Based on the results of Linear Regression analysis shows that the p-value $0.000 < 0.05$ then H_1 is accepted so it is concluded that partially there is the influence of man on the delay in submitting BPJS Health claims at Kertosono Hospital.

Human factors that explain the discussion of the main core problems of an activity or about the sources of problems from the core in an activity. The internal factors causing this delay can be explained as follows, namely the error of the work technician, disruption of the structural function of the work and demands for the functional cost of the work

According to Hasibuan (2013), the man factor refers to the human resources owned by the organization. The man factor that causes delays in implementing BPJS claims is found in initial completeness verifier officers who are not careful in checking patient requirements, doctors do not complete resumes, and coding officers carry out other activities.

According to researchers, the delay in submitting BPJS claims is due to the human factor itself, where human workers often make mistakes. Officers who assist in the process of completing

medical record files or filing claims cannot coordinate well between fields of work. Where the delay in submitting the patient's claim file is due to the incomplete medical record file returned from the inpatient ward so it must be returned to be completed by the responsible doctor.

F. The Effect of Machines on Delay in Submitting BPJS Health Claims at Kertosono Hospital

Based on the results of Linear Regression analysis shows that the p-value is $0.002 < 0.05$, then H_0 is rejected and H_1 is accepted, so it can be concluded that partially there is the influence of the machine on the delay in submitting BPJS Health claims at Kertosono Hospital.

According to Wijayanti (2013), management is defined as the art of getting work done through other people. According to Stoner cited by Wijayanti (2013) management is the process of planning, organizing, directing, and supervising the efforts of organizational members and the use of other organizational human resources in order to achieve the organizational goals that have been set.

Gulick in Wijayanti (2013) defines management as a field of science that seeks systematically to understand why and how humans work together to achieve goals and make this system more useful for humanity.

According to researchers, facilities and infrastructure are very important supporters in submitting BPJS claims so that they can be completed on time. This machine or supporting equipment is needed to help the process of completing the medical record file from each room to the BPJS claim section. Where the delay in submitting a claim for BPJS Health is due to the lack of equipment in the hospital, namely the lack of scan equipment in each room and also the absence of an electronic medical record system so that the officer must make a physical file into a digital file when it is submitted.

G. Influence Method Against Delay in Submitting BPJS Health Claims at Kertosono Hospital

Based on the results of Linear Regression analysis shows that the p-value $0.000 < 0.05$ then H_0 is rejected and H_1 is accepted so it is concluded that partially there is the effect of the method on the delay in submitting BPJS Health claims at Kertosono Hospital.

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According to researchers, a late BPJS claim process will cause hospital finances to be a little problematic because wages for health workers who have done work cannot be disbursed. The delay in the method factor where the delay in submitting the claim file for inpatients is due to the ever-changing terms and conditions of the claim administration, resulting in many claim files being returned by the verifier so that the process is hampered. In addition, the claim submission process is still manual for hard copies, while BPJS Kesehatan asks for soft copies.

CONCLUSION

1. Most of the respondents have a moderate category of 58 respondents (50%).
2. Almost half of the respondents have machine category enough as many as 59 respondents (41%).
3. Most of the respondents have the method in the sufficient category as many as 52 respondents (45%).
4. Most respondents have delays in the moderately fluent category as many as 56 respondents (48%).
5. There is the influence of man on the delay in submitting BPJS Health claims at Kertosono Hospital.
6. Ada the influence of the machine on the delay in submitting BPJS Health claims at Kertosono Hospital.
7. Ada the effect of the method on the delay in submitting BPJS Health claims at Kertosono Hospital

SUGGESTION

1. For Respondents
It is hoped that the hospital management can provide a good breakthrough to help the process of completing the files that will be submitted for BPJS claims with electronic medical records or with other things so that there will be no more delays in the future.
2. For Educational Institutions
It is hoped that educational institutions can use the results of this study as learning input in the influence of man, machine & method on delays in submitting BPJS Health claims at Kertosono Hospital and can be developed again for further research to be more useful for readers and for researchers.
3. For Further Researchers
It is hoped that further research needs to be deepened and added more specific research on the influence of internal and external factors on the delay in submitting BPJS Health claims at Kertosono Hospital

ACKNOWLEDGMENT

I solemnly declare that to the best of my knowledge, in this thesis there is no scientific work that has been submitted by another person to obtain an academic degree at a university, and there is no work or opinion that has been written or ordered by anyone. others, except those quoted in this manuscript and mentioned in the citation sources and bibliography.

CONFLICT OF INTEREST

In this study, there is no interest whatsoever regarding myself or with other institutions other than the Indonesian Strada Institute of Health Sciences, Kediri City.

REFERENCES

- Ardhitya T, Perry A. 2015. Analisis Karakteristik individu dan motivasi ekstrinsik terhadap kinerja dokter dalam kelengkapan pengisian rekam medik pasien rawat jalan di rumah sakit Hermina Depok. Tesis. Depok: Universitas Indonesia.
- Arikunto, Suharmi. 2010. Prosedur Penelitian Suatu Pendekatan Praktik Edisi VI. Jakarta: Rineka Cipta
- Azrul, A., 2016. Pengantar Administrasi Kesehatan Edisi Ketiga. s.I.: Binarupa Aksara.
- BPJS. 2017. Peraturan Badan Penyelenggara Jaminan Sosial Kesehatan No. 3 Tahun 2017 tentang Pengelolaan Administrasi Klaim Fasilitas Kesehatan Dalam Penyelenggaraan Jaminan Kesehatan. No. 23. Jakarta : Badan Penyelenggara Jaminan Sosial.
- Casey, 2014. Analisis hubungan perilaku dokter spesialis surgical dalam pengisian kelengkapan resume medik pasien rawat inap di RSUP Fatmawati tahun 2014.
- Ekawati, Dianti, 2012. Pengaruh Pemberdayaan Struktural Terhadap Kepuasan Kerja Perawat RSU Bhakti Asih Dengan Pemberdayaan Psikologis Sebagai Variabel Antara. Skripsi. Fakultas Ilmu Sosial Dan Ilmu Politik, Universitas Indonesia.

- Ervianto, Hasanah U, Mahawati E, Ernawati D. Analisis perbedaan klaim INA-CBGs berdasarkan kelengkapan data rekam medis pada kasus emergency sectio cesaria trimester I tahun 2013 di RSUD KRT Serjonegoro Kabupaten Wonosobo. *Jurnal Manajemen Informasi Kesehatan Indonesia*. 2013; 1 (2): 53-9.
- Harti T. G.R. 2016. *Pedoman Manajemen Informasi Kesehatan Di Sarana Pelayanan Kesehatan*. Jakarta: Universitas Indonesia.
- Hasibuan, Ika AW, Sugiasi S.2013. Analisis perbedaan tarif riil dengan tarif paket INA-CBG pada pembayaran klaim jamkesmas pasien rawat inap di RSUD Kabupaten Sukoharjo. *Jurnal Manajemen Informasi Kesehatan Indonesia*.
- Pemerintah Indonesia. 2011. Undang-Undang No. 24 Tahun 2011 tentang Badan Penyelenggara Jaminan Sosial. No. 2. Jakarta : Sekretariat Negara.
- Permata., H. & Mila., F., 2016. *Asuransi Konvensional, Syari'ah dan BPJS*. Yogyakarta: Parama Publishing.
- Petunjuk Teknis Verifikasi Klaim BPJS Kesehatan Tahun 2014. [internet]. <http://www.bpjs-kesehatan.go.id>. Diakses pada tanggal 19 Desember 2015.
- Soekidjo, 2011. *Metode Penelitian Kuantitatif, Kualitatif, dan R&D*. Bandung: PT. Alfabeta.
- Sugiyono, 2011. *Metode penelitian kuantitatif dan kualitatif dan R & D*. penerbit Alfabeta Bandung.
- Sukawan A. 2014. Hubungan kelengkapan pengisian resume medis terhadap tarif INA-CBGs di rumah sakit umum pusat Fatmawati. Skripsi. Fakultas Ilmu Kesehatan. Jakarta: Universitas Esa Unggul.
- Wijayanti, RS. 2013. Analisis kelengkapan rekam medis di instalasi rawat inap RS Family Medical Centertahun 2013. Fakultas Kesehatan Masyarakat. Depok: Universitas Indonesia.
- Yuniati. 2012. Analisis hasil koding yang dihasilkan oleh coder di RSUP Dr. Kariadi Semarang Tahun 2012. Fakultas Kesehatan Masyarakat. Depok: Universitas Indonesia.