



A REVIEW OF THE INPATIENT CLAIMS PENDING CAUSES AT HOSPITAL X SEMARANG (CASE STUDY OF FEBRUARY-MARCH 2023)

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Abstract

The mismatch between medical record requirements in submitting claims is one of the causes of delays in National Health Insurance claims and has an impact on the hospital financing system. Problems occur in the inpatient department due to a lack of understanding of officers about filling out medical resumes and incomplete claim requirements. This study aimed to describe the causes of pending inpatient claims at Hospital X Semarang (Case study February-March 2023). The type of research applied is descriptive observational through interviews and observations. The research subjects were the Head of Casemix and the Inpatient Casemix Officer. The object of this research is inpatient medical record documents that do not meet the requirements of the National Health Insurance claim. The results showed that the number of pending claims in February-March 2023 was divided into three categories, namely medical pending, code pending and administrative pending. Medical pending is caused by the lack of confirmation of diagnostic procedures and is related to pending coding. Code pending is caused by inaccurate action codes. Administrative pending is caused by incomplete supporting examination results. The process flow and SOP for Submitting Claims are following the provisions that apply in the hospital. The use of the INA-CBG's application is a factor in causing pending due to system errors so that the grouping process is hampered. The characteristics of the Casemix Officer are also a contributing factor to pending claims. Casemix officers should be more thorough in submitting claims so that they are not pending or re-pending.

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Introduction

BPJS claims are submissions for treatment costs by the Hospital parties to BPJS every month (1). Pending claims are files that are not claimed or not paid by BPJS Kesehatan (2). Financing System the JKN claim used is the INA-CBG Application. INA-CBG is an application used by all healthcare providers for filing claims that will result in service tariff output (3). Overcome that has been previously reviewed, there are several problems, namely being returned BPJS Kesehatan claim file. The reason for this is a lack of good understanding of outpatient and inpatient officers regarding the procedure for filling out resume sheets for medical treatment resulting in the return of BPJS Health claims. This matter needs to be followed up by

carrying out flow and conveying procedures requirements related to completeness of claim administration and conducting training to improve the quality and quantity of officers (4).

RM completeness is one of the most important elements in the process BPJS Health claims. The discrepancy between the requirements of internal medical records submission of claims is one of the causes of late claims to BPJS Health has an impact on hospital finances. On the other hand, there is the obstacle is that the BPJS Health verifier is no longer within the scope of the hospital which will result in the completion process if there are incomplete files will take longer (5).

Issues reviewed Previously, there was a problem indicating file constraints resulting in the claim file being returned by the relevant BPJS Health verifier submission of BPJS insurance claims for inpatients. This happens because there are complete or incomplete claim requirements. Therefore, the verifier BPJS returns files that do not meet the claim requirements to the hospital verifier or the DPJP. Some hospitals too experienced the same thing as the results of the Yogyakarta Hospital study (6).

Methods

The type of research used in this study is the method of qualitative descriptive research because researchers will describe, describe and explain the results that will be found while doing research. The type of data source used is data primary and secondary data. Primary data is in the form of interviews and observations while the secondary data is in the form of pending minutes. The instruments used in this study were interviews and observation. The researcher conducted interviews with 2 (two) informants, namely inpatient casemix staff and the head of casemix. Apart from that, the researcher also checked the checklist by observing the process flow and submission SOP claims at Hospital X. Data processing in this study uses several methods including collecting which means researchers collect data with way of observation and interviews, then there is editing which means the researcher checks returns from the results of the data that has been collected are appropriate for the purpose or not, then there is verification which means checking again the suitability of the data with the goal research, then there is the presentation of data which means presenting the results found during research using descriptive descriptions.

Results

Based on the results of research conducted on pending month data February to March 2023 at X Hospital, data the result is as follows:

Table 1.

Month February 2023		
Delayed Cause	Frequency (F)	Percentage (%)
Medical	33	50.00
Code	25	37.88
Administrative	8	12.12
Total	66	100
Month March 2023		
Delayed Cause	Frequency (F)	Percentage (%)
Medical	26	47.28
Code	22	40.00
Administrative	7	12.72
Total	55	100

¹. DRM Pending February and March 2023.

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Table 2.

Informant	Job Description	Age	Gender	Length Of Working	Last Education	Training
Head of Casemix	Complete the BPJS pending requirements	54 th	Male	33 year	S1 Statistics	Have attended training every once a year on how to complete pending so as not to be pending
Officer 1	Complete claim requirements and submit claims	31 th	Male	10 year	D3 – Medical Records and Health Information	Ever followed JKN training.

Based on the findings of researchers about the characteristics officer, the 54-year-old head of casemix in charge of conducting completeness of BPJS pending requirements, while the officer is 31 years old who is in charge of completing claim requirements and submitting claims? Productive age starts from the age of 15 years - 65 years, the more the age a person often experiences fatigue in working and making performance at work decreased. The impact will affect the quality or quality of hospital services, especially in the completeness of claim filing. The head of casemix has a bachelor's degree in statistics and has worked for 33 years old, while the officer has an educational background in D3 Medical Records and has been working for 10 years. Educational background influences performance at work, the length of time a person works can also be a benchmark because from work experience a person can hone skills, their knowledge, and professionalism. The two informants attended the training useful training to support the quality of the hospital so that it is better good.

Discussion

Based on the results of research conducted at Hospital X, states that the causes of pending claims consist of 3 (three) categories namely Medical, Coding, and Administrative. The average cause of pending in February to March 2023 due to the absence of management diagnosis by KMK or Minutes, not attached supporting data and supporting documents, incomplete medical resumes and billing, code inaccuracies action between BPJS and Hospital Officers, because officers are lacking attach medical supporting data (X-ray results, EKG results, operation reports, police report). According to the 2014 BPJS claim verification technical guidelines, officer the BPJS verifier will verify the claim file according to the requirements. If there are files that do not match, then the claim files will be returned by BPJS verifier. Files that are not approved by the BPJS verifier are meaningless the file is rejected but must be corrected by completing the requirements administration by applicable regulations (7).

Based on the results of research conducted at X Hospital, the head of casemix and officers were aware of pending SOPs and filing claims and carried out their work in accordance with SOPs that applies in the hospital, this is not a factor in the occurrence of pending claims at X Hospital. Other studies shows that the claim submission process is appropriate, but there is a delay submission of claims caused by a lack of human resources, lack of facilities and infrastructure and the absence of SOPs related to filing claims (8).

Based on the results of research conducted at X Hospital, casemix heads have never experienced problems when entering data into INA-CBG. While the officers experienced problems when entering data to INA-CBGs, because according to the officers, there were too many items that had to be filled in on INA-CBG such as blood pressure, temperature, pulse, and others requires the officer to see again from the beginning when the patient entered and the officer felt it was a waste of time. There was an error in the implementation verification of DRM claims, the head of casemix stated that there had been a case re-pending in February 2023. Due to disagreement on answers between the BPJS verifier and the hospital so that the hospital does repetition of answers and regrouping.

While the officer experienced an error in giving coding because no coding guidelines and incomplete file submissions for example operation report and chronological appendix in traffic accident patient. Hospital X has implemented bridging. Its enforced bridging implementation because the bigger the data, the bigger the capacity storage. Therefore, bridging is used to transfer data easily without reducing the accuracy of the data being processed. This matter facilitate officers in the process of input and output data to be more efficient (9).

Officers have encountered problems when using the INA- CBGs, the problem is experiencing server interruption or server error either on a national or local scale. This will have a deep effect process of filing claims due to delays in the grouping process. The impact that arises as the result of an ineffective claim filing process can have a direct impact on the fulfillment of hospital health services (10).

Based on the results of interviews conducted at X Hospital, it was found that the age of the casemix head was 54 years and the inpatient casemix officer was 31 years old. According to the Ministry of Health of productive age, a person is 15 – 64 years (11). This can be one of the causes file incomplete so that the file becomes pending, because As we get older, the quality of human performance decreases.

Based on the results of interviews conducted at X Hospital, it was found that the two informants were male so in work there has been inaccuracy or incompleteness in carrying out administrative requirements. Sometimes productivity levels women are taller than men. In work, women usually have high patience and thoroughness (12).

Based on the results of interviews conducted at X Hospital, it was found that the working period of the casemix head was 33 years and the inpatient casemix officer is 10 years. Working time can affect a person's performance at work because it has earned various experiences in the field being occupied (13).

Based on the results of interviews conducted at X Hospital, it was found that the head of casemix had a background education in S1 Statistics, and inpatient casemix officers have a background education in D3 Medical Records and Health Information. According to Permenkes No.55 The year 2013 article 1 Medical recorder is a person who has completed an education Medical Records and Health Information by laws and regulations invitation (14). This is one of the factors causing incompleteness of administrative files because education is not continuous against his job.

Based on the results of interviews conducted at X Hospital, that once a year the casemix head attends training on how to solve pending so it doesn't become pending. Officer 1 also often attend training held by JKN. Terms follow training held must obtain permission from the director of the house Sick. Training plays an important role in improving officer performance (15)

Conclusion

Based on the results of the research found at Hospital X, the number of Pending Claims for February March 2023 at Hospital X is divided into 3 categories namely medical pending, code pending, and administrative pending. Medical pending caused by the lack of confirmation of diagnostic management and there is a relationship with pending coding. Pending code is caused by inaccuracy Action code. Administrative pending is caused by incomplete results support.

This study also found SOP Process Flow and Claim Submission carried out by officers at Hospital X is by the theory and SOP that applies in the hospital. Use of the INA-CBG's Application as a support in making service tariff claims. Hospital staff experienced no problems when using the application it's just that server interference has occurred in the application. Characteristics Casemix officer is 54 years old with undergraduate education Statistics, while the officer is 31 years old with a D3 RMK education. Second The informant is male, of the two informants who have worked the longest is the casemix head. Both informants have attended the training.

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From this study, researchers also provide some suggestions that casemix officers can improve their accuracy in making submissions claims so that pending or re-pending does not occur, casemix officers are always there perform backups to anticipate system downtime or re-input on the INA-CBG's software, casemix officers can set time targets in completing tasks related to submitting claims.

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