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## THE INFLUENCE OF MEDICAL RECORD FILING SPEED ON BPJS CLAIMS AT HERMINA ARCAMANIK HOSPITAL

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### Abstract

The speed of filing medical records greatly affects the claim of health bpjs. This research aims to determine the authority of the speed of filing medical records for the claiming of BPJS at Hermina Arcamanik Hospital. The research method used is the quantitative method. The data collection techniques used are using field observations, literature studies, and questionnaires. With a sample of 99 outpatient medical record files and 14 medical record officers. From the observation results, a problem was found, namely the delay in filing medical records, which affected the claim of BPJS Kesehatan. The delay was caused by several factors, namely the INA-CBG's software application which experienced maintenance, and the negligence of medical personnel which caused delays in filing. The author provides suggestions for these problems.

**Keywords:** Influence of medical records filing, BPJS Claims, INA-CBG's

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### Introduction

To improve health status, the government implements various health programs for the community. One of the programs implemented is the JKN program. The JKN (National Health Insurance) program is a government program that aims to provide comprehensive health insurance protection for all Indonesian people in order to live healthy, productive and prosperous lives. JKN developed in Indonesia is part of the national social security system organized by a compulsory social health insurance mechanism.

This is based on Law No. 40 of 2004 concerning SJSN with the aim of meeting the basic needs of decent services without exception. With the JKN program, all people from all walks of life can get health services without having to worry about the cost of health services. And then people who have a KIS card can also receive.

With the JKN program, health services in various health facilities are required to provide services without discriminating between types of patient insurance, one of which is a hospital. Based on the Regulation of the Minister of Health of the Republic of Indonesia No. 340 / MENKES / PER / III / 2010, hospitals are health care institutions that organize comprehensive individual health services that provide inpatient, outpatient and emergency services. We need to know that in providing health services, hospitals need health workers as described in Law No. 36 of 2014 concerning health workers is every person who devotes himself to the health sector and has knowledge and / or skills through education in the health sector which for certain types requires competence to carry out health efforts.

One of the health workers in the hospital is a medical recorder, a PMIK has a role as a patient medical record manager which includes maintenance activities, maintenance and medical record services both manually and electronically to present health information in hospitals, provide health services and maintenance of medical records. As PMIK we have an important role in the implementation of the JKN program, especially managing JKN patient claims so that hospitals get financial treatment from the government in accordance with the services provided by hospitals to JKN patients.

In accordance with the practical guidelines for managing BPJS claims, health facilities must submit claims every month routinely no later than the 10th for the following month, this is very important for PMIK. PMIK is required to make claims quickly, precisely and accurately because hospitals must submit claims by the 10th, because this will affect the speed of payment of BPJS claim funds, so that income from claim funds received by the hospital can run well.

Based on observations made by the author on March 14, 2022 to May 20, 2022, the author found several problems regarding BPJS claims including submission delays, E-claim applications that are still in the maintenance stage, and accumulation of claim files. These things affect the speed of BPJS claims which have an impact on hospital admissions so that the services provided by BPJS are hampered by income from claims. From the background described above, the authors are interested in conducting research with the title "THE INFLUENCE OF SPEED OF MEDICAL RECORD FILING ON BPJS CLAIMS AT HERMINA ARCAMANIK HOSPITAL".

## Method

According to Cecep D Sucipto (2020: 4) the definition of research methodology is to develop of knowledge by get knowledge from the new facts, so that later theories, concepts, laws and rules can be compiled. The research methodology used in this research is quantitative.

According to Sugiyono (2017: 8) quantitative research is a research method based on the philosophy of positivism, used to examine certain populations or samples, collecting data using research instruments, data analysis is quantitative or statistical, with the aim of testing established hypotheses.

According to Cecep D Sucipto (2020: 125) the definition of population is a group of people or objects that have generally observable characteristics, whose characteristics we will predict. The population in this study was 14,267 outpatient medical record files for the period 1 to 31 March 2022 at Hermina Arcamanik Hospital. The research sample consisted of 99 outpatient medical record files in March and 14 medical record officers at Hermina Arcamanik Hospital. The sampling technique used was a simple random sampling technique. Data collection techniques used were literature study, field observations and questionnaires.

The research variable consisted of the independent variable the speed of filing outpatient medical records and the dependent variable was BPJS claims. To find out the relationship between the speed of filing medical records for outpatients and BPJS health claims using hypothesis testing and the coefficient of determination test.

## Results and Description

The process of filing medical records for outpatients at Hermina Arcamanik Bandung Hospital is carried out when the patient returns home after receiving health services. The filing process is carried out after the JKN unit's medical records officer takes the patient's files home yesterday every morning and taken to the casemix room for processing. After the files are in the casemix room, the officer enters patient data into the INA-CBG's software. The data that is entered includes the JKN participant number, SEP number, patient visit date, doctor's name, diagnosis code, and real hospital costs.

The patient files are grouped according to the date of visit. After obtaining the JKN file, the officer starts filing by accessing the hospital's software to download details of services provided to patients such as details of medicine and supporting examinations, then saves the file into a folder that has been grouped by date.

After filing the patient in the form of a soft file, the medical record officer performs the filing of the patient's hard file by sorting the files that must be sent as proof of claim to BPJS in the form of SEP sheets, billing, medicine details, and details of supporting examinations. After that, all files that have been processed are examined by the hospital's internal verifier. Files that have been approved by the hospital's internal verifier are then recorded by the medical record officer.

The results of the recording are proof of handover that the file has been submitted to the BPJS verifier. Then the medical record officer submits the JKN file to the BPJS verifier along with the recording results consisting of 2 (two) copies or printouts. Print 1 for the RMIK section, Print 2 for the BPJS verifier. The medical record filing process at Hermina Arcamanik Hospital is in accordance with the procedure.

In accordance with the Decree of the Main Director Nr. 039/KEPDIR/MH/I/2021 in filing outpatient medical records, coders must code as many as 200-250 files/day/person and must do outpatient paperwork of 150-200 files/day/person.

From the results of the study, an overview was obtained regarding the speed of filing patient medical records from 99 samples, 99 files (100%) were on time in the coding process, 81 files (82%) were on time and 18 files (18%) were not on time in the INA Grouping process. CBG's, 96 files (97%) were on time and 3 files (3%) were not on time during the softfile filing process, as many as 99 files (100%) were on time in the file sorting process. The conclusion of all the inaccuracies in filing that must be corrected is that the INA- CBG's software application, which is maintained for days, causes the claim officer to be unable to group INA- CBG's, causing delays in claiming claims to BPJS. The results of the validity test using SPSS 16 are valid, because the value of all rcounts is greater than rtable, which is equal to 0.457. While the reliability test shows reliable results because the Cronbach alpha value is  $> 0.6$ .

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	-.828	.939		-.882	.395
	X	.808	.062	.967	13.094	.000

a. Dependent Variable: y

Sumber: Diolah Oleh Penulis, SPSS (2022)

On the results of a simple linear regression test, the regression equation is obtained:

$$Y = -0.828 + 0.808 X$$

Which means the results of the simple linear regression test above show that the regression y over x can only explain y in the possible range of x values. Because the results of the regression equation and the interpretation of the simple regression analysis are: The value of the constant (a) is negative, namely - 0.828, meaning that if the speed of filing is equal to zero (0), BPJS claims will decrease. The regression coefficient value of the filing speed variable is 0.808, meaning that speed has a positive effect on BPJS health claims.

The result of the calculation of the tcount test is 13.094 with a ttable value of 1.782. The research hypothesis (H1) can be accepted and the alternative hypothesis (H0) is rejected if the tcount  $>$  ttable. And the results of hypothesis testing show a significant value of 0.000. Based on the test results, it can be concluded that the research hypothesis statement (H1), namely the speed of filing outpatient medical records has an effect on BPJS Health claims at Hermina Arcamanik Bandung Hospital, is acceptable, because the tcount value is 13.094  $>$  the ttable value is 1.782 and the significant value  $< 0,05$ .

The results of the test for the coefficient of determination obtained an Adjusted R square value of 0.929 which means that the effect of the speed of filing outpatient medical records on BPJS Health claims at Hermina Arcamanik Hospital Bandung is 92.9% while the remaining 7.1% is influenced by other variables. The results showed that the speed of filing medical records for outpatients affected BPJS Kesehatan claims at Hermina Arcamanik Hospital.

There are several problems related to the filing of medical records and BPJS claims, namely:

1. The timeliness of filing outpatient medical records was due to incomplete filling in of several items on the outpatient medical record sheet.
2. The negligence of the health officer regarding the storage of billings and other proof of transactions so that the files could not be processed because the files were left behind or tucked in the poly for days.
3. The INA-CBG's software application was undergoing maintenance, causing officers at the JKN unit to be unable to carry out grouping for several days.

All of this causes delays in the filing process resulting in delays in submitting BPJS health claims which has an impact on the disbursement of BPJS health claim funds.

The efforts to solve this problem are:

1. To overcome the problem of incomplete outpatient medical records, the hospital must provide an evaluation to health workers so that they work quickly and accurately.

2. Officers should be more careful in managing and storing files so that files will not be left behind or tucked away in the poly for days.
3. To overcome the problem of the INA-CBG's software application that is undergoing maintenance, the BPJS should always update regarding application maintenance and send circulars to hospitals so that JKN unit officers can make preparations so as to minimize untimely files.

### Conclusion

The speed of filing greatly affects BPJS health claims so that if there is a delay in one of the filing processes it will cause a delay in submitting BPJS health claims so that the claim submission file sent by Hermina Arcamanik Bandung Hospital to BPJS Health does not match the specified date so that the funds Claims received are also experiencing delays.

Based on the results of research that has been done, delays in filing are caused by several factors, namely the INA-CBG's software application which is undergoing maintenance so that medical record officers cannot do grouping, besides that the negligence of medical staff is also one of the factors causing delays in filing.

As for efforts to solve the problem regarding the Effect of Speed of Filing Outpatient Medical Records on BPJS Health Claims at Hermina Arcamanik Hospital in Bandung, the hospital must provide evaluations to health workers so that they work quickly and precisely. Officers should be more careful in managing and storing files so that files will not be left behind or tucked away in the poly for days.

To overcome the problem of the INA-CBG's software application that is undergoing maintenance, the BPJS should always update regarding application maintenance and send circulars to hospitals so that JKN unit officers can make preparations so as to minimize untimely files.

### Suggestion

1. Monitoring and evaluating medical record filing, accompanied by notification of the importance of medical record filing speed for BPJS health claims.
2. Involve medical record officers in seminars on medical records to increase knowledge and quality of hospital services.
3. Provide reprimand and direction to medical staff to manage medical record files in accordance with specified standards so as to facilitate the process of claiming BPJS Kesehatan.

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