

SOCIALIZATION OF FACTORS CAUSING PENDING CLAIMS AT RSI. IBNU SINA 'YARSI' PADANG

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Abstract

Coding accuracy is closely related to claims or financial hospital financing. The claim made by the health insurance is the submission of the cost of treating the patient's health insurance participant by the hospital to the health insurance party which is carried out collectively and billed to the health insurance funder every month. Based on a preliminary study on the incidence of pending claims at RSI. Ibnu Sina 'Yarsi' Padang occurred due to inaccuracies in giving the code or incompleteness, incompatibility of supporting document files, or evidence that was in line with the diagnosis written on the medical record documentation. This Community Service Activity (PKM) has been carried out on October 17, 2022, at RSI. Ibnu Sina 'Yarsi' Padang which was attended by 19 participants to provide understanding and knowledge related to examples of factors that affect pending claims cases. The method of implementation is in the form of socialization and delivery of case examples as well as discussion of the discussed cases, then a session of filling in the link of questions related to the material is carried out as well as interviews and direct discussions with medical record officers and participants present during the discussion session. The activity went smoothly, it could be seen that the participants began to understand and were able to analyze the influencing factors and coding rules related to the pending claim case at the RSI Ibnu Sina 'Yarsi' Padang.

Keywords: Claim, Coding, Pending.

INTRODUCTION

Inappropriate disease coding can have an impact on the quality of the resulting information, related to aspects of the 'ALFRED' medical record which has value for administrative, legal (legal), financial, research, education, and documentation purposes (Hatta, 2008). The National Health Insurance (JKN) is administered by the Health Social Security Administering Body (BPJS) as stipulated in Law Number 24 of 2011 concerning Social Security Administering Bodies. BPJS Health Claims are submissions for the cost of treating BPJS participant patients by the hospital to BPJS Health which is carried out collectively and billed to BPJS Health every month. After that, BPJS Health will approve claims and make payments for files that are appropriate, but files that are not eligible for claims or pending (unclaimed) must be returned to the hospital for re-examination. If there is a pending claim, the hospital's cash flow will be disrupted due to problems in paying the claim. Problems with the

claim process can also hinder the payment of obligations for supervisors, suppliers, and employee salaries, and cut hospital maintenance costs.

Coding officers must be able to correctly determine the ICD-10 (Diseases Related Health Problems Tenth Revision) code for the main diagnosis of the patient and the external causes code recorded in the patient's medical record document. The main diagnosis is the main type of disease suffered by the patient after a more in-depth examination. The main diagnosis is seen on the entry and exit summary forms. The coding activity is classifying data and assigning it to represent that data. In other words, coding is the provision of code assignment using letters or numbers or a combination of letters in numbers that represent data components (Sugiarsi, 2012).

Problems due to coding are still found in patient files that are not correct in giving the diagnosis code or procedure, this is one of the causes of pending claims. Pending claims result in non-payment of health services by BPJS Health so that hospital income will decrease and have an impact on operational activities in hospitals. Based on Artanto's research (2016) shows that pending BPJS Health claims cause payment of claims to decrease so that hospital cash flow is disrupted because almost 90% of hospital patients are BPJS Health patients. Based on these problems, understanding, and skills related to coding are needed for medical record officers in hospitals.

Late payments due to pending claims become receivables for the hospital. Hospitals that have problems managing BPJS Health receivables funds due to late payments, become obstacles in service operations, if this continues for a long time it will cause liquidity problems for the hospital. Delays in disbursing BPJS Health receivables will reduce the liquidity capacity of the hospital so that patient services are slow and not optimal (Tiyas, 2018).

Based on the results of research conducted by Indawati, (2019) show that there are differences in perceptions between doctors and BPJS Health verifiers regarding the diagnosis, putting coders in a difficult position. The coder codes according to the doctor's writings which are produced based on the doctor's scientific thinking, but some of them do not comply with the regulations.

The purpose of this Community Service (PKM) activity is to provide socialization, convey knowledge regarding the factors that affect pending claims, and train the ability of medical record officers to analyze these factors to minimize errors that lead to pending claims.

IMPLEMENTATION METHOD

Community service activities to socialize the factors that influence pending claims at the hospital are carried out at RSI. Ibn Sina 'Yarsi' Padang, West Sumatra. The method of implementing the community service program consists of socialization in the form of implementation methods in the form of socialization and delivery of case examples as well as discussion of the case examples discussed then a session of filling in the question links related to the material as well as interviews and direct discussions with medical record officers and participants who were present at the during the discussion session. For more details, namely:

- 1) Preparation
 - a. Data collection and review of literature studies related to pending claim issues.
 - b. Compilation of community court programs. This activity aims to develop programs that are right on target to solve problems faced by medical record officers in hospitals. The main program of this service is the socialization of the factors that influence pending claims with the real cases pending claims approach that occurs at RSI. Ibn Sina 'Yarsi' Padang.
- 2) Execution
 - a. Socialization in the form of lectures delivering material. The purpose of this program is to provide material related to applicable rules, especially regarding coding, both the basic rules and the rules from the insurer
 - b. Discussions and interviews in the form of participants were allowed to directly ask questions related to pending claim cases that occurred at RSI. Ibnu Sina by starting with filling in links related to research analysis of influencing factors and sources asking directly related to the question links provided
- 3) Closing
 - a. Activities carried out in the form of resource persons/servants provide conclusions from the material and results of analysis of the real conditions of the factors that affect pending claims at RSI. Ibn Sina 'Yarsi' Padang
 - b. In the closing section, suggestions are also presented to RSI. Ibnu Sina 'Yarsi' regarding the problem of pending claims that occurred
- 4) Reporting

Report preparation is carried out after the entire series of community service programs has been carried out according to a predetermined schedule.

RESULTS AND DISCUSSION

According to the results of the implementation of community service program activities in the form of socializing the factors that influence pending claims at the hospital, the results of this community service program are that medical record officers obtain information and insight regarding the factors that affect pending claims at the hospital, and have the ability to carry out analysis of the factors that influence pending claims to minimize the occurrence of pending claims in hospitals.

This community service program has a positive impact on medical record officers. This can be seen in the discussion sessions and the pre-test and post-test sessions given, medical record officers can convey the conditions that occur, analyze the problems and experience an increase in scores in the pre-test and post-test sessions given.

Community Service Activities (PKM) have been carried out at RSI Ibnu Sina 'Yarsi' Padang. Socialization activities have been carried out on Monday, October 17, 2022, with a discussion regarding the factors that affect pending claims. This activity was attended by 19 people consisting including the Director of the Hospital, the Head of the Medical Record Unit, the Casemix Team, the Head of the Medical Record Unit, FRAUD Team, SPI, Secretariat, Finance Section, Verification, Budget, and several other related fields. The PKM grant team consists of 3 people, consisting of two lecturers and one student.

The first PKM activity was socialization about the factors that influence pending claims

in the 3rd Floor Meeting Room of RSI Ibnu Sina 'Yarsi' Padang.

The PKM activity began with an opening by the Director of RSI Ibnu Sina 'Yarsi' Padang giving remarks, then continued with the delivery of material related to the factors that affect pending claims.



Figure 1. Speeches and opening remarks by the Director of RSI Ibnu Sina 'Yarsi' Padang



Figure 2. Participants participating in PKM activities



Figure 3. Dissemination of material on Factors Affecting Pending Claims by Resource Person Yastori, M.Si



Figure 4. Student committees help implement PKM a.n. Tasya Dresi Cania and Muhammad Naufal



Figure 5. Discussion session of resource persons with PKM participants

Analysis of the results of the questions given by the resource person to the participants regarding the phenomena that occurred at RSI Ibnu Sina 'Yarsi' Padang and the results obtained included the following:

Is the doctor's writing legible?
3 responses

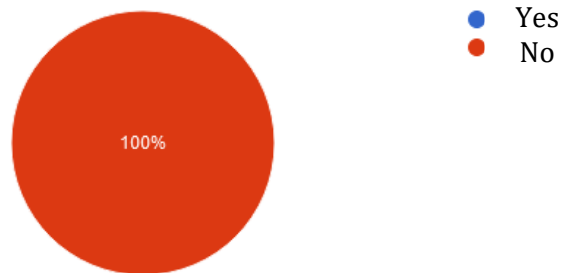


Figure 6. Factors related to the readability of doctor's writing

Is the nurse's handwriting legible?
3 responses

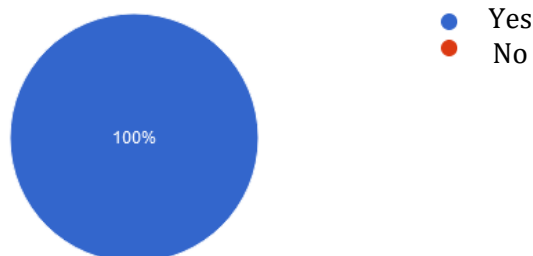


Figure 7. Factors related to the readability of nurse's writing

Is the diagnosis written according to the main diagnostic criteria based on the coding rules?
3 responses

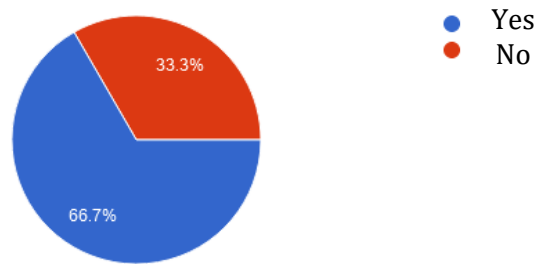


Figure 8. Factors related to writing a diagnosis

Are the notes in the medical record document written completely?
3 responses

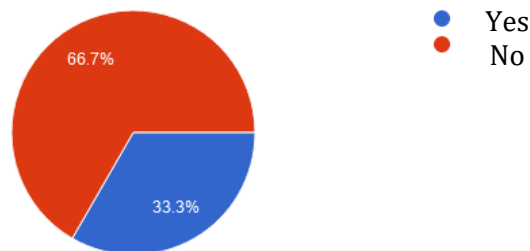


Figure 9. Factors related to the completeness of writing medical record documents

Based on the results of the analysis of filling in the questions given, it can be concluded that there are problems in the field of coding and management at RSI Ibnu Sina 'Yarsi' Padang.

According to research results, (Leonard, 2016) pending claim files are caused by incomplete medical record files and inaccuracies in writing diagnosis codes and action codes. According to Persi in the journal (Alfiansyah et al., 2019) if an incomplete requirement file is found, it is likely that the claim file will be returned, which can harm the hospital by slowing down the claim payment process. Hospital cash flow was disrupted due to problems in paying claims (Ariqurna Bayu Triatmaja, 2022)

In the results of the percentage calculation, there are 33 (35%) claim files which are in second place as one of the factors, namely the occurrence of errors and deficiencies in other medical supporting confirmations. Documentation of requests for other medical support is incomplete because the support form is not attached to the BPJS inpatient claim request file, a diagnostic case is found in a procedure that requires support, and as a result, the BPJS verifier requests a complete return of BPJS claims, support reports are an important requirement for submitting claims (Sonaria Tambunan, 2022)

The implementation of filing claims does not always go well, sometimes problems arise that cause the implementation of filing claims to be disrupted. Existing facilities and

infrastructure such as maintenance from the Ministry of Health, Server maintenance, or maintenance are activities to maintain or maintain the quality of a software server so that it can continue to function properly as its initial conditions. server or internet connection that often errors, and power outages. Facilities and infrastructure are a set of tools used in an activation process, both tools are auxiliary equipment and main equipment, both of which function to realize the goals to be achieved (Lathifah Kartika Defi).

A good claim process can use planning, organization, actuating, and controlling through the utilization of human resources and other resources. In addition, the absence of SOP also affects effective communication. The SOP makes it easier for the leadership to provide instructions for each officer so that the final results of the officers at work are still far from expectations, such as not knowing the work process in managing BPJS claim requirements files, and not knowing the causes of problems. Having a fixed schedule allows the leadership or chairman of the BPJS controller (Doctors) can measure the success of programs or goals that have been set. (Nuraini, 2019)

The man factors that caused delays in the implementation of BPJS claims were found in case-mix staff with an educational background, not medical records, and a shortage of coding staff. Efforts made by officers in overcoming the causes of delays from the man factor are providing information to patients so that in the future patients will bring complete requirements. The coding officer communicates with the doctor so that the doctor immediately completes the patient's resume. Medical record officers also try to recruit medical record staff (Faik Ahgiwayuanto, 2019).

Most of the personal problems/obstacles faced by coders faced by officers were medical resumes that did not yet exist/were not complete, new terms that were not yet familiar and required DPJP confirmation for common perceptions, coordination with DPJP which was difficult resulting in incomplete claim files. This then becomes one of the factors causing pending claims personally within the coder (Cut Juli Muroli, 2019).

Factors causing the incomplete outpatient BPJS claim requirements can be identified by using an Ishikawa diagram or a fishbone diagram. Making a causal diagram aims to be able to show the root causes and the quality characteristics of the effect caused by these causal factors. Generally, a causal diagram shows 5 factors, namely man, method, material, machine, and money. Fishbone diagrams are usually prepared based on information obtained from brainstorming. Cause and effect diagrams are used for needs such as helping to identify the root cause of a problem, helping to generate ideas for solutions to a problem, and assisting in investigations or finding further facts (Hebdra Rohman, 2021).

CONCLUSION

Based on the results of the analysis of the problems faced by the Community Service (PKM) partners, the service team provides several solutions so that cases of pending claims can be minimized. This can be a benefit and advantage for the hospital and the community. The servant also conveyed suggestions that the need for several things to be carried out by the hospital such as providing training for medical record officers, ensuring that human resources work according to qualifications, facilities, and infrastructure, especially in the coding section, are appropriate and can support coders' work, as well as the need for quality management analysis in RSI. Ibn Sina's 'Yarsi' further.

ACKNOWLEDGEMENTS

The author would like to thank LPPM Apikes Iris for funding this activity in the 2022 PKM Grant program. Thanks also to the Director of the Ibnu Sina 'Yarsi' Hospital Padang dr. Zurrahmi. Thanks to the community engagement team Muhammad Naufal, Tasya Dresi Cania and Ferni Valencia.

REFERENCES

- Ariqurna Bayu Triatmaja, R. A. (2022). Tinjauan Penyebab Klaim Pending Badan Penyelenggara Jaminan Sosial di RSUD Haji Surabaya. *J-REMI ; Jurnal Rekam Medik dan Informasi Kesehatan*, 3.
- Artanto. 2016. Faktor-Faktor Penyebab Klaim Tertunda BPJS Kesehatan RSUD Dr. Kanujoso Djatiwibowo Periode Januari-Maret 2016. *Jurnal Administrasi Rumah Sakit*, Vol.4 No.2.
- Budi, S.C. 2011. Manajemen Unit Kerja Rekam Medis. Yogyakarta: Quantum Sinergi Media.
- Cut Juli Muroli, T. B. (2019). Faktor-Faktor Yang Mempengaruhi Terjadinya Pending Klaim Rawat Inap Oleh BPJS Di RSAB Harapan Kita Jakarta Barat. *Jurnal Manajemen dan Administrasi rumah Sakit Indonesia*, 196.
- Djatiwibowo Periode Januari-Maret 2016. *Jurnal Administrasi Rumah Sakit*, Vol.4 No.2
- Faik Ahgiwayuanto, S. O. (2019). Analisis Implementasi Total Quality Management (TQM) Pada Kasus Pending Klaim Jaminan Kesehatan Nasional (JKN) Di RSUD Kendal Tahun 2018. *Jurnal manajemen Kesehatan Indonesia*, 5-6.
- Hatta, G. 2008. Pedoman Manajemen Informasi Kesehatan di Sarana Pelayanan Kesehatan. Jakarta: UI Press
- Hebdra Rohman, A. W. (2021). Analisis Penundaan Pembayaran Klaim Pada Sistem Vedika Bpjs Kesehatan Di Rumah Sakit Nur Hidayah Yogyakarta. *Jurnal Wiyata*, 77.
- Indawati, L. (2019). Analisis Akurasi Koding Pada Pengembalian Klaim BPJS Rawat Inap Di RSUP Fatmawati Tahun 2016. *Jurnal Manajemen Informasi Kesehatan Indonesia*, 7(2), 113.
- Lathifah Kartika Defi, L. W. (n.d.). Tinjauan Pelaksanaan Pengajuan Klaim Pasien Bpjs Rsjd Dr. Rm. Soedjarwadi Di Provinsi Jawa Tengah. *SIKESNAS*, 4-5.
- Nuraini, N. (2019). Optimalisasi Manajemen Penanganan Klaim Pending Pasien Bpjs Rawat Inap Di Rumah Sakit Citra Husada Jember. *Jurnal Kesmas Indonesia*, 3-9.
- Oktaviana, Firma. 2008. Pola Cedera Kecelakaan pada Kendaraan Bermotor Roda Dua Berdasarkan Data RSUPN Dr. Cipto Mangunkusumo, Jakarta Tahun 2003 - 2007. Skripsi, Ilmu Kesehatan Masyarakat Universitas Indonesia.
- Sonaria Tambunan, D. H. (2022). Tinjauan Faktor Penyebab Klaim Bpjs Kesehatan Rawat Inap Tertunda Di Rsud Tarakan. *COMSERVA*, 5.
- Tiyas, A. W. (2018). Analisis Pengelolaan Dana Piutang BPJS (Studi Kasus RSUD Kertosono, RSUD Jombang, dan RSUD Kabupaten Kediri). 1–19.
- WHO Library Cataloguing in Publication Data. 2006. *Medical Records Manual: A Guide for Developing Countries, Revised and Update*. WHO Regional Office for the Western Pacific.