

FACTORS INFLUENCING THE OCCURRENCE OF PENDING INPATIENT CLAIMS IN HOSPITALS

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ABSTRACT

Social Security is a form of social protection that allows everyone to meet their basic life needs. Social security includes all social welfare efforts aimed at improving the quality of human life and overcoming backwardness, dependency, neglect and poverty. One form of social health security in Indonesia is the social security violation agency or commonly known as BPJS. In the implementation of the use of BPJS Health, claims will be made, which will be carried out after the patient has completed treatment, in the process of submitting claims from the Hospital to BPJS Health with several stages of verifying the completeness of files both in terms of membership administration, service administration and health service verification. The aim of this research is to determine the factors that influence pending claims for inpatient care at home. Pending claims that occur are caused by several factors, namely, inappropriate or incomplete filling in of items in the patient's medical record, such as a mismatch between the diagnosis and the medical resume, then the therapy given does not match the existing diagnosis that has been made by the patient. doctor in charge of the patient (DPJP). This research is descriptive qualitative in nature, which was carried out at the hospital from April 2024 to May 2024. Data collection was carried out by interviewing several related informants and from secondary data in the form of recapitulation data of pending inpatient treatment. Based on the results obtained from secondary data in the form of recapitulation data for pending inpatient care and the results of interviews with several informants in the casemix unit, it was found that there were factors causing claims for pending inpatient care at the hospital, one of which was incomplete patient administration files. This is also supported by data from interviews conducted with 5 informants in the casemix unit, 1 inpatient cashier, and 2 nurses, as well as observations made which showed that there were still several patient administration files that were incomplete, where assembling was always coordinate with the relevant service unit and search for and complete incomplete files in the medical record.

Keywords: *pending claims, BPJS claims, BPJS inpatient care*

INTRODUCTION

In practice, claims are made after the patient has completed treatment. No less important are the causes of pending claims from the administrative requirements in

the form of the file requirements process including the participant eligibility letter (SEP), namely proof of service that includes the diagnosis and procedure and is signed by the doctor in charge of the

patient (DPJP) the process of verifying the completeness of the patient's claim administration carried out by the officer. assembling is still very far from what was expected, the accuracy and process of checking incoming files from each room is not checked early by paying attention to the suitability of the incoming data and the results of the examination so that they can be submitted to the coding officer, resulting in pending claims from the Health Social Security Administering Agency in the hospital (Puspaningsih, 2022). Claim files that are found to be incomplete in the verification process will result in delays in submitting claims or even the files cannot be claimed. After the verification stage, BPJS Health approves claims and makes payments for appropriate files, however pending files must be returned to the hospital to be examined and will be submitted again the following month (Oktamianiza, 2022).

How quickly or slowly the claims submitted by the hospital are disbursed will be influenced by several factors, one of which is the completeness of the patient's documentation during treatment (Simbolon, 2023). Return of a claim file is an incomplete claim file, namely, inappropriate or incomplete filling in of items in the patient's medical record, such as a discrepancy between the diagnosis and the medical resume, then the therapy given does not match the existing diagnosis that has been made by the patient. patient responsible doctor (DPJP) (Santiasih, 2021). Based on the background above, the author is interested in researching "Factors that Influence the Occurrence of Pending

METHOD

This research is a type of qualitative research. Qualitative research is research that intends to understand phenomena about what is experienced by research subjects, for example, behavior, perception, motivation, action, etc., and by describing them in the form of words and language, in a special natural context and by utilizing various natural methods (Fiantika, 2022). Research design with in-depth interviews and observations as well as document review to find out clearly and in more depth about the factors that influence the occurrence of pending inpatient claims in hospitals. Interviews were conducted with several informants, namely 5 informants in the casemix unit, 1 inpatient cashier, and 2 nurses.

Table 3.1 Research Informants

No	Informant	total	Informant Code
1.	Key Informant: Casemix Unit	5	K1,K2,K3,K4 ,K5
2.	Main Informant: Inpatient Cashier	1	U1
3.	Supporting Informant : Nurse	2	P1,P2

RESULT AND DISCUSSION

Based on the results obtained from secondary data in the form of recapitulation data for pending inpatient care and the results of interviews with several informants in the casemix unit, it was found that there were factors causing claims for pending inpatient care at the hospital, one of which was incomplete patient administration files. This is also supported by data from interviews conducted with 5 informants in the casemix unit, 1 inpatient cashier, and 2 nurses, as well as observations made which showed that there were still several patient administration files that

were incomplete, where assembling was always coordinate with the relevant service unit and search for and complete incomplete files in the medical record. The parties involved in completing inpatient files are all medical and non-medical staff at the hospital. Meanwhile, the parties responsible for the continuity of claims and completeness of files at the Hospital are:

1. Administrative officer
2. Doctor in Charge of Services
3. Nurse
4. Inpatient cashier
5. Casemix
6. Medical Records

An alternative solution to problems that occur in hospitals is through socialization and training carried out for medical and non-medical personnel who work in service-related units regarding the importance of compliance in filling out patient inpatient document checklists to complete patient administration files in Supporting the effectiveness of services in hospitals, where this socialization and training is expected to reduce the occurrence of incomplete patient administration files which can lead to pending inpatient claims in all hospital inpatient rooms. Then there is an update to the SOP regarding the obligation to fill out the inpatient document checklist sheet as well as imposing sanctions on workers who are negligent in completing patient files, which is expected to minimize the occurrence of pending inpatient claims caused by incomplete inpatient patient files. This is because casemix is the final door to patient files which should be complete and then processed into monetary values that will be paid by the Social Security Administering Body (BPJS).

CONCLUSION

From the results of interviews and

data obtained, as well as observations at the hospital, suggestions that can be outlined include :

1. A deeper approach and coordination between DPJP and on-call doctors and
2. in-patient nurses regarding the completeness of the patient's medical resume.
3. There needs to be regular maintenance of scan machines that jam when in use.
4. It is necessary to display SOPs in each service unit relating to the completeness of patient administration files.
5. Adequate space to support the efficiency of all work in the casemix unit.
6. There are sanctions for officers who do not complete patient administration files.
7. There is an update regarding the SOP which confirms the obligation to fill out the final document checklist.
8. and Socialization to DPJP, attending doctors, nurses, admissions and cashiers regarding the obligation to fill out patient document checklists, both documents in SIMEDOK and manually

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