

Analysis Of Accuracy In Determining Diagnosis Coding And Completeness Of Claim Files For Pending Claims Bpjs Kesehatan Inpatient Services Uobk Simpang Lima Gumul Rsud Kediri District

Finda Sri Wahyuni^{1*}, Amarin Yudhana², Wening Palupi Dewi³

¹ Student Institut Ilmu Kesehatan Strada Indonesia

^{2,3} Lecturer Institut Ilmu Kesehatan Strada Indonesia

*Corresponding author: wahyunisrifinda99@gmail.com

ABSTRACT

Background. BPJS claims are the submission of all BPJS patient care costs by the Hospital to BPJS Health, carried out collectively and billed to BPJS Health every month through a verification process. Inaccuracy in determining diagnostic coding and incomplete claims files are the main problems in pending BPJS Health claims, which can cause losses for hospitals. The aim of the research is to analyze the accuracy in determining diagnostic coding and completeness of claim files for pending BPJS health claims for UOBK inpatient services at Simpang Lima Gumul (SLG) Hospital, Kediri Regency. Research methods. Analytical descriptive quantitative research, using observation data collection of 261 respondents using the Simple Random Sampling Technique method and analyzed using a Logistic Regression test. Research result. The majority had accuracy in diagnostic coding of 223 data (85.4%), the majority had completeness in the BPJS Health Claim File of 242 data (92.7%) and the majority had data that was not pending at 205 (78%). This is also supported by a significance value of $p \text{ value} \leq 0.001$, which means there is a significant influence between accuracy and completeness on pending BPJS Health claims. Conclusion. When the documents are incorrect and incomplete, BPJS Health claims will definitely be pending, so all officers need to be careful in anticipating pending claims.

Keywords : BPJS Health, Coding Accuracy, Claim Files, Pending Claims, , Inpatient

INTRODUCTION

BPJS claims are the submission of all BPJS patient care costs by the hospital to BPJS Health, carried out collectively and billed to BPJS Health every month through a verification process (Elna Kuku, 2022). This claims process is very important for hospitals, as a replacement for the costs of insurance patients who have received treatment. Facilities that collaborate with BPJS Health must be able to submit claims every month on a regular basis no later than the 6th of the following month, accompanied by the required documents that must be completed according to BPJS Health verification procedures.

The process of submitting a claim from the hospital to BPJS Health has stages of verifying file completeness, membership administration, service administration, and health service verification. Incomplete claims submission files can cause delays in submitting claims or even files that cannot be claimed, delays in submitting claims and pending files will cause delays in disbursement of funds that should be received by the hospital (Putra et al., 2016). In line with Ayu Nadya Kusumawati and Pujiyanto's research in 2020, there are causes of pending BPJS Health claims such as 25.2% coding errors, 15.3% errors when inputting into the NCC



(National Casemis Center) system, 21.9% mismatch in diagnosis placement and 37.4% incomplete medical resumes. According to Resti Septiani Nurdiah and Arief Tarmansyah Iman in 2016, there are causes for unclaimed files, namely the knowledge and discipline of inpatient BPJS claims officers is still lacking, the unavailability of Standard Operating Procedures (SPO) related to claims, monitoring of claim files that have not been implemented and the availability of supporting results. incomplete and routine meetings that have not been carried out properly.

Based on a preliminary study (2022) conducted on inpatients at UOBK Simpang Lima Gumul Hospital Kediri, as many as 713 out of 6119 BPJS Health patients experienced pending claims during 2022. Researchers found the factors causing pending claims were due to the determination of diagnosis coding not being in accordance with the agreement. BPJS Health, Incompatibility of diagnosis coding written on resume with action billing, incomplete files and DPJP policy in providing therapy not in accordance with BPJS therapy policy, so the BPJS verifier must first return the claim requirements file to the verifier officer at the hospital or the doctor who treats the patient to ask for completeness in filling out the required documents. Among the cases that can be found, this can cause quite a large impact on the hospital, the impact that can arise is, causing a reduction in BPJS costs, losses to the hospital (cash flow), and reducing the quality of hospital services. Considering the magnitude of the problems that often occur in several hospitals and the existence of several studies that raise similar problems, the researcher intends to analyze the accuracy analysis in determining diagnostic coding and the completeness of claim files for pending BPJS Health claims for UOBK Inpatient Services at Simpang Lima Gumul Regional Hospital (SLG) Kediri Regency.

METHODS

Analytical descriptive research using observational data collection. The population of this study was all files of BPJS Health inpatients at UOBK Simpang Lima Gumul Hospital, totaling 748 files with a sample of 261 (using the Slovin formula). The sampling technique uses simple random sampling technique. The independent variable is Accuracy in determining the Diagnosis and Completeness of Administrative Files, while the dependent variable is Pending BPJS Health Claims. Analysis uses multiple logistic regression tests.

RESULT

1. Accuracy in determining diagnostic coding for BPJS Health Claims in the UOBK Inpatient Room at Simpang Lima Gumul District Hospital. Kediri

Table 1 Determination of Diagnostic Coding for Pending BPJS Health Inpatient Claims UOBK Simpang Lima Gumul District Hospital. Kediri December 2022

Category	f	%
False	38	14,6%
True	223	85,4%
Total	261	100%

Based on Table 1 above, it shows that the majority of accuracy in diagnostic coding is 223 data with a percentage of 85.4%.

2. Completeness of BPJS Health Claim Files in the UOBK Inpatient Room at Simpang Lima Gumul District Hospital. Kediri

Table 2 Completeness of BPJS Health Claim Files for Pending BPJS Health Inpatient Claims UOBK Simpang Lima Gumul District Hospital. Kediri December 2022

Category	f	%
Complete	19	7,3%
Not Complete	242	92,7%
Total	261	100%

Based on Table 2 above, it shows that the majority of completeness in the BPJS Health Claim File is 242 data with a percentage of 92.7%.

3. Pending Claims for BPJS Health Inpatient Patients at UOBK Simpang Lima Gumul District Hospital. Kediri

Table 3 Pending BPJS Health Inpatient Claims UOBK Simpang Lima Gumul District Hospital. Kediri December 2022

Category	f	%
Not Pending	205	78%
Pending	56	21,5%
Total	261	100%

Based on Table 3 above, it shows that the majority of data that is not pending is 205 with a percentage of 78%.

4. Cross tabulation between accuracy in determining diagnostic coding for BPJS Health Claims in the UOBK Inpatient Room at Simpang Lima Gumul District Hospital. Kediri

Table 4 Cross tabulation between accuracy in determining diagnostic coding for BPJS Health Claims in the UOBK Inpatient Room at Simpang Lima Gumul District Hospital. Kediri

Kategori	Not Pending	Pending
Not Accurate coding	0 (0 %)	38 (14,6 %)
Accurate coding	205 (78,5%)	18 (6,9%)

Based on table 4, the results show that the majority of files with correct diagnostic coding and not pending are 205 with 78.5%.

5. Cross tabulation between Completeness of BPJS Health Administration Files in the UOBK Inpatient Room at Simpang Lima Gumul District Hospital. Kediri

Table 5. Cross tabulation between Completeness of BPJS Health Administration Files in UOBK Inpatient Room UOBK Simpang Lima Gumul District Hospital. Kediri

Category	Not Pending	Pending
Not Complete	0 (0 %)	20 (7,7 %)
Complete	205 (78,5%)	36 (13,8%)

Based on table 4.5, the results show that the majority of files that are complete and not pending are 205 with 78.5%.

6. Analyze the influence of accuracy in determining diagnoses & completeness of BPJS Health Claims Administration Files on pending claims in the UOBK Inpatient Room at Simpang Lima Gumul District Hospital. Kediri

Table 6 Analyzes the influence of accuracy in determining diagnoses & completeness of BPJS Health Claims Administration Files on pending claims in the UOBK Inpatient Room at Simpang Lima Gumul District Hospital. Kediri

I. Variable	II. R2	III. Omnibus	IV. Hosmer
Accuracy			
Completeness	1,000	<, 001	.999

By looking at the Hosmer value, it is known that the data is suitable for analysis using logistic regression, then by looking at the R2 value, it is known that accuracy and completeness have a 100% effect on pending claims, this shows that when the document is incorrect and incomplete there will definitely be a pending claim. claim, this is also supported by the omnibus significance value which is ≤ 0.001 .

DISCUSSION

1. Identifying the accuracy in determining diagnostic coding for BPJS Health Claims in the UOBK Inpatient Room at Simpang Lima Gumul District Hospital. Kediri

The results of research carried out by researchers show that there are 38 inaccuracies in diagnostic coding with a percentage of 14.6% of incorrect data, and the majority of accuracy in diagnostic coding is 223 data with a percentage of 85.4% of correct data.

Accuracy in determining medical diagnoses is an important element in the BPJS Health claims process. If the diagnosis provided is inaccurate, this may result in the claim being denied or delayed. Accurate diagnosis is important because it determines whether the patient's condition meets the criteria for obtaining health insurance benefits and protection in accordance with BPJS Health policy. Mistakes in diagnosis can result in claims being rejected or requiring further clarification. Errors in the accuracy of disease diagnoses are due to the influence of errors in determining disease diagnoses, namely the influence of the clarity of writing diagnoses, the lack of responsibility of doctors, the presence of abbreviated diagnoses, the completeness of writing diagnoses and the determination of primary diagnoses and secondary diagnoses (Oktamianiza, 2016).

2. Identifying the completeness of the BPJS Health Administration Files in the UOBK Inpatient Room, Simpang Lima Gumul District. Kediri

Completeness of BPJS Health administrative files in the UOBK Inpatient Room at Simpang Lima Gumul District Hospital. Kediri, which showed 19 incomplete data with a percentage of 7.3%, due to incomplete BPJS Health Administration Files, and 242 complete data with a percentage of 92.7%.

Patient documents are one of the most important factors in the BPJS health claim process. The completeness of patient files depends on the level of accuracy in providing financial guarantees by BPJS Health. Officers in the BPJS health claims section must check the completeness of patient information to validate that the financial assistance provided is right on target and in accordance with the specifications of care covered by BPJS health. (Tijar, 2019). If all required administrative documents, such as claim forms, medical records, and other evidence, are submitted completely and accurately, claims will be processed more quickly. Completeness of the files will help BPJS Health verify information and minimize the risk of claim rejection due to unclear or lack of information.

3. Identifying pending BPJS Health Inpatient Paisen Claims at UOBK Simpang Lima Gumul District Hospital. Kediri

The majority of data that is not pending is 205 with a percentage of 78%. And there are 56 pending data with a percentage value of 21.5% in December 2022.

A pending claim occurs if the claim file submitted by the hospital is incomplete and must be returned to the hospital for re-examination. (BPJS Kes, 2022). This is in line with (Indawati, 2019) in her research who said that claim files were returned to the hospital due to incorrect coding information and incomplete claim files, both of which are the main requirements for passing verification.

According to researchers, pending data is dominated by the accuracy of diagnostic coding. However, researchers found other factors such as BPJS Health policies with hospitals and health regulations, system factors, and confirmation from BPJS Health.

4. Analyze the cross tabulation between Accuracy in Determining Diagnosed Coding for BPJS Health Claims in the UOBK Inpatient Room at Simpang Lima Gumul District Hospital. Kediri

Data with incorrect diagnostic and pending coding was 38 with a percentage value (14.6%), while data with correct diagnostic and not pending coding was 205 with a percentage of 78%, and data with correct diagnostic coding but still pending was 18 with a percentage value (6.9%). This shows that the data is correct for coding the diagnosis but is still pending, which is incomplete data in the BPJS Health administration file. In line with research by Gifari & Ariyanti (2019), determining an incorrect diagnosis code can be a problem so that BPJS claims cannot be paid because they violate the provisions set by BPJS. If this continues to happen, the further impact that will be seen is that the hospital's income will decrease and this will impact on hampered hospital operations.

5. Analyzing the cross tabulation between Completeness of BPJS Health Administration Files in the UOBK Inpatient Room at Simpang Lima Gumul District Hospital. Kediri

Incomplete data on BPJS Health Administration Files and pending is 20 with a percentage value (7.7%), then data on Complete BPJS Health Administration Files and not pending is 205 with a percentage of 78.5% and data is Complete on BPJS Administration Files but still pending amounted to 36 with a percentage value (13.8%). This shows that data that is complete but still pending is data that is not appropriate in determining diagnostic coding. In line with Moranda, et al (2015) in their research, the incompleteness of claim documents, especially in supporting files or patient support files, which are part of the completeness of documents and claim procedures, is due to the lack of attention and understanding of officers towards the completeness of medical record documents, so this is one of the the reason for returning the claim file is because based on the BPJS Health Claim Verification Technique Instructions it is explained that the BPJS verifier has the right to confirm to the officer that if there is no evidence, the claim will be returned to the hospital to be completed or corrected (Pitaloka, 2021)

6. Analyze the influence of Accuracy in Determining Diagnostic Coding & Completeness of BPJS Health Claim Administration Files on pending claims in the UOBK Inpatient Room at Simpang Lima Gumul District Hospital. Kediri

Hosmer value means it is known that the data is suitable for analysis using logistic regression, then by looking at the R² value it is known that accuracy and completeness have a 100% effect on pending claims, this shows that when the document is inaccurate and incomplete there will definitely be a pending claim. This is also supported by the omnibus significance value which is ≤ 0.001 .

Pending claims in this study are due to accuracy in determining diagnostic coding & completeness of BPJS Health claims administration files. In accordance with research by Susanti (2018), in her research, when determining the BPJS claim code, the coder encountered difficulties related to the diagnosis made by the doctor and abbreviations that were difficult to understand, the coder had to clarify, and when the clarification process was unsuccessful, the coder used Rule MB1-MB5 to choose return or reselection of the main diagnosis code.

In line with (Nofri, 2023) the completeness of the claim file based on the results of observations and interviews with the person in charge of inpatient casemix shows that the files required for submitting a BPJS claim include Participant Eligibility Letter (SEP), individual patient report, patient supporting report, medical resume, verification form JKN (INA-CBG's), certificates (inpatient orders, emergency letters, referral letters) and patient identity (KTP and BPJS card). Based on the results of observations and interviews with the person in charge of inpatient casemix, the incomplete claim submission file was caused by incomplete supporting examination reports and medical resumes due to the failure to check the completeness of the claim file by the assembling officer and the lack of rechecking by the coder and data inputter INA- CBG's in the casemix section.

The importance of these two factors lies in transparency and integrity in submitting claims. Hospitals, physicians, and patients must work together to ensure that diagnoses are accurate and medical documentation is complete. Claims submitted with clear and accurate information will have a better chance of being approved by BPJS Health.

If a claim is rejected, either due to an inappropriate diagnosis or incomplete administrative files, the hospital has the right to submit an appeal or clarification to BPJS Health to correct the error or provide more complete information. In this case, good communication and understanding of BPJS Health claim requirements will be very helpful in overcoming this problem.

CONCLUSION

Pending claims can be caused by accuracy in determining diagnostic coding & completeness of BPJS Health claims administration files (omnibus significance value ≤ 0.001). Therefore, all officers involved need to be careful in filling out medical records.

REFERENCES

- Ariyanti, Fajar, and Muhammad Tijar Gifari (2019). Analisis Persetujuan Klaim BPJS Kesehatan Pada Pasien Rawat Inap. *Jurnal Ilmu Kesehatan Masyarakat* 8, no. 04: 156–66. <https://doi.org/10.33221/jikm.v8i04.415>.
- Avinsa & Putra, (2014). *Model Verifikasi Klaim Bpjs Pasien Rawat Inap Di Rs Pku Muhammadiyah Gamping*. Daerah Istimewa Yogyakarta : RS Muhammadiyah Gamping
- F. Ariyanti and M. T. Gifari, “Analisis Persetujuan Klaim BPJS Kesehatan pada Pasien Rawat Inap,” *J. Ilmu Kesehat. Masy.*, vol. 8, no. 04, pp. 156–166, 2019, doi: 10.33221/jikm.v8i04.415.
- Indawati, L. 2019. *Analisis Akurasi Koding pada Pengembalian Klaim BPJS Rawat Inap di RSUD Fatmawati Tahun 2016*. Jurnal Manajemen Informasi Kesehatan Indonesia, Vol.7 No.2.
- Kurnia, Elna Kuku, and Mahdalena. (2022) *Faktor Penyebab Pending Klaim BPJS Kesehatan Pasien Rawat Inap Di Rumah Sakit X Periode Triwulan 1 Tahun 2022*. *Prosiding Seminar Informasi Kesehatan Nasional (SIKESnas)*, 173–77.

- Nofri Heltiani., Loili Nababan. 2023. Analisis Kelancaran Pengajuan Klaim BPJS Kasus Melahirkan di RS. X Kota Bengkulu. *J-REMI Jurnal Rekam Medik dan Informasi Kesehatan*. 4(3):132-141
- Oktamianiza. (2016). Ketepatan Pengodean Diagnosa Utama Penyakit Pada Rekam Medis Pasien Rawat Inap Jkn (Jaminan Kesehatan Nasioanal) Di RSI Siti Rahmah Padang Tahun 2016. *Jurnal Penelitian dan Kajian Ilmiah*, 10(1). 159-167.
- S. Pitaloka and N. Ningsih. 2021. “Penyebab Pengembalian Berkas Klaim Badan Penyelenggara Jaminan Sosial (BPJS) Pasien Rawat Inap ditinjau dari Syarat-Syarat Pengajuan Klaim di Rumah Sakit Tk 02.07.02 Lahat,” *Cerdika J. Ilm. Indones.*, vol. 1, no. 12, pp. 1733–1741, 2021, doi: 10.36418/cerdika.v1i12.275.
- Susanti, M. E. (2018). Tinjauan Peran Koder Untuk Klaim Bpjs Kesehatan Dalam Pelaksanaan JKN Di RSUD Darmayu Ponorogo. *Global Health Science*, 245-251
- T. D. Malonda, A. J. M. Rattu, and T. Soleman. 2015. “Analisis Pengajuan Klaim Badan Penyelenggara Jaminan Sosial (BPJS) Kesehatan di RSUD Dr . Sam Ratulangi Tondano,” *Jikmu*, vol. 5, no. 5, pp. 436–447.