

Completeness of Medical Record Files and The Timeliness of BPJS Claims on Inpatients With Bronchitis Cases at Purwokerto Islamic Hospital

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Abstract. One of the things that determines the quality of medical services provided by hospitals is the availability of adequate and complete data or information regarding medical records so that it will affect the submission of BPJS claims. This study was conducted to describe the completeness of medical record files and the timeliness of BPJS claims on inpatients with bronchitis cases at Purwokerto Islamic Hospital. This study uses quantitative methods with descriptive research design, data collection design using cross sectional. Completeness of medical record file on inpatients with bronchitis cases with indicators of participant eligibility letter, supporting examination, code accuracy, and resume of inpatient bills or billing costs with a complete category of 75 (100%), medical resumes with a complete category of 34 (45,33%) and an incomplete category of 41 (54,67%), and indicators of hospitalization orders with a complete category of 6 (8%) and an incomplete category of 69 (92%). The timeliness of inpatient BPJS claims with the timely category was 49 (65,33%) and the untimely category was 26 (34,67%).

Keywords: completeness, accuracy, claims, medical record

I. BACKGROUND

Hospitals use the INA-CBGs casemix system to submit claims for health service costs to BPJS. Claims covering the costs of treatment received by inpatient BPJS participants will be submitted to BPJS Health every month. The stages in submitting a claim include membership administration, service administration, verification of completeness of claim files and verification of health services (Valentina et al. 2023).

There are several obstacles in the BPJS claim submission procedure, such as rejection of files by the verifier. Incomplete medical resumes, incomplete medical supporting examinations and incorrect diagnosis and action codes can cause delays in the BPJS claim procedure. Pending claim status and claim disputes can result from rejection and return of claim files, especially if it is found that the claim requirements are not met (Valentina et al. 2023).

One of the causes of delays in the claim submission process is incomplete medical record files. This is because patients do not bring referral files, excessive workload on claims managers, insufficient human resources handling claims, claims files are not completed promptly, and lack of knowledge on claims file managers. Incomplete INA-CBG forms due to the doctor in charge of the patient (DPJP), incomplete medical resumes, accumulation of claim files, incomplete patient referral files and claims calculations that are still done manually are examples of types of claim files that are often incomplete (Wulandari et al. 2021).

The main cause of incomplete BPJS Kesehatan claim files is that the diagnosis and procedures required in submitting the claim are not included. This especially applies to inpatient medical record files. The existence of inpatient medical records supports BPJS health claims and shows the accuracy of the guarantees offered by BPJS Kesehatan (Maulida and Djunawan 2022).

Inaccurate claims data entry, lack of supporting examinations, and incomplete diagnoses and procedures are the causes of inpatient medical records not being filled in completely. Incomplete medical records are common even in cases of bronchitis. Bronchitis is a common respiratory tract infection. Serious medical impacts can occur as a result of bronchitis, especially in adult patients. The main airways that carry air to the lungs, the bronchi, are particularly influential in this disease affecting the lower respiratory tract. Inflammation of the bronchial tubes without pneumonia-like symptoms and usually affects individuals without chronic obstructive pulmonary disease (Zahn. 2023).

Characteristics of bronchitis begin with a sudden cough with or without mucus secretion. Bronchitis can be acute or chronic. Bronchitis that can be treated naturally is usually mild and will heal on its own within 1 to 3 weeks. These symptoms are caused by inflammation of the lower respiratory tract, often caused by viruses (Zahn. 2023).

Advanced healthcare providers can be approved for verification fee payment approval by BPJS Health if the information in the medical record is accurate. Thus, to have a positive impact on Advanced Health Facilities (FKTL), BPJS can pay the service costs incurred on time. FKTL does not experience losses from late payments or limited operational costs (Ariyanti and Gifari 2019).

The officer must verify that the BPJS health claim requirements have been met and that medical records are available. This will ensure that the financing provided is appropriate to the patient's needs, has appropriate insurance coverage and is appropriate for the right type of procedure (Maulida and Djunawan 2022).

Based on a preliminary study of the completeness figures for medical record files and the timeliness of BPJS claims for inpatients with bronchitis cases in 2023, it was found that the completeness of medical records for inpatients with bronchitis cases was 60%, while the timeliness of BPJS claims for inpatients with bronchitis cases was 70%. In the cooperation agreement between Purwokerto Islamic Hospital and BPJS Health, it is stated that claim files will be sent every 5th of the following month.

II. METHOD

The type of research used is quantitative research. Quantitative research is a research method based on the philosophy of positivism, as a scientific or scientific method that fulfills real or empirical, objective, measurable, rational and systematic scientific criteria (Sugiyono 2020). The main aim of quantitative research is to examine numerical data using appropriate statistical techniques. Research that focuses on problems that arise today is called descriptive research.

This research design uses descriptive. Descriptive research is research to explain or describe a situation as it is (Notoatmodjo 2018). The data collection design in this study was cross sectional. Cross Sectional research is research that approaches, observes or collects data at certain points to examine the dynamics of the relationship between risk factors or independent variables or dependent variables (Notoatmodjo 2018). The sample is a portion of the population and its characteristics. (Sugiyono 2021). Conclusions drawn from the sample will be applied to the population. In 2023, 307 medical record files were taken, 75 of which were taken using the shake or spin method. This sample is calculated based on the Slovin formula calculation.

III. RESULTS AND DISCUSSION

A. Quantitative Analysis of Completeness of Medical Record Files for Inpatients with Bronchitis Cases at Purwokerto Islamic Hospital

Completeness of medical record files for inpatients with bronchitis cases with indicators of Participant Eligibility Letter (SEP), supporting examinations, code accuracy, and inpatient billing or billing resumes in the complete category were 75 (100%), medical resumes in the complete category were 34 (45.33%) and the incomplete category were 41 (54.67%), and the indicators for hospitalization orders in the complete category were 6 (8%) and the incomplete category were 69 (92%).

The completeness of medical record files for inpatients with bronchitis cases at Purwokerto Islamic Hospital is known to be mostly 100% complete in the Participant Eligibility Letter (SEP) indicators, supporting examinations, code accuracy, and resumes of inpatient billing costs or billing, but there are still completeness of medical record files for inpatients with bronchitis cases in the incomplete category in the medical resume and hospitalization order indicators.

This is in line with the results of research conducted (Sugeng et al., 2024) that from the results of a review of the completeness and consistency of diagnoses from 90 inpatient medical record documents, the percentage of completeness was 46 (51.1%) complete and 44 (48.9%) incomplete. the anesthetist's item is the diagnosis on the anesthesia form sheet. This shows that there are still incomplete medical record files.

Based on research by Mawarni and Wulandari (2020), one of the causes of incomplete medical records is that there is no monitoring to ensure the completeness of medical records, which leads to the process of filling out medical records being incomplete. Monitoring aims to measure or evaluate the process of achieving desired results and continuous monitoring, as well as providing information about the obstacles faced by officers when filling out medical records. In this study, the Participant Eligibility Letter (SEP) is complete because it has been signed by the patient or family and is

used as the main document in processing BPJS claims, as well as an important document in BPJS health which explains the patient's eligibility and rights to receive health services. The SEP also contains information regarding the types of care and services that will be covered by BPJS Health.

To submit a BPJS claim, a resume of inpatient billing costs or billing is very important. In this study, the billing sheet which includes consultation fees, supporting examinations, medicines and procedures or actions is used to collect claim requirements and hospitalization orders must be available due to the requirements for the Inpatient Registration Place (TPPRI). There are still completeness figures that do not comply with the hospital's Minimum Service Standards (SPM) which state that the completeness of filling out medical records must be 100%. This is in accordance with Lestari's research (2020) that apart from medical services, quality services also include maintaining medical records well. This is demonstrated by the completeness of medical records, which is a sign of improving the quality of medical services.

The completeness figure which is not yet 100% is the medical resume. From the research results it is known that the medical resume is incomplete due to the DPJP's signature not being filled in. The DPJP's signature is very important in the claim submission process because this signature proves the validity of the document and is a requirement for the hospital and BPJS to collaborate in submitting claims. In line with research by Masturoh et al (2020), the medical resume sheet must be signed by the treating doctor regarding the contents of the medical resume. Therefore, the doctor's signature is very important as a sign of legitimacy.

Based on research conducted by Ariyanti and Gifari (2019), an incomplete medical resume indicates incomplete medical record information. Incomplete medical resumes result from the absence of the signature of the doctor who is responsible for the patient. Therefore, a medical resume must be carried out by a doctor so that the medical resume is complete, including the signature of the DPJP. But in reality, some doctors do not sign medical resume sheets.

Regulation of the Minister of Health of the Republic of Indonesia Number HK.01.07/MENKES/312/2020 concerning Professional Standards for Medical Recorders and Health Information, states that a medical recorder must be able to determine disease codes and medical actions in health services and management appropriately according to the current classification in Indonesia (ICD-10). The accuracy of the diagnosis code in this study was correct, namely J40 bronchitis, at 100%. This is different from Girato's (2020) research on the accuracy of diagnosis codes for acute bronchitis in outpatients using the fishbone method. The factors causing inaccurate diagnosis codes are lack of coding training by medical record staff, lack of medical record personnel and lack of patient age items in applications or input programs ICD-10.

Apart from determining the diagnosis code, coding officers code by looking at the results of supporting reports that support the diagnosis. In this study, bronchitis patients must submit supporting examinations, namely chest x-rays, because incomplete supporting reports will affect the validity of billing, calculation of patient care costs, and the accuracy of the code that will be enforced. This is in line with Purwanti (2016) that the smoothness of the BPJS claim process depends on the completeness of the claim file, such as supporting sheets are not included in the requirements for submitting an inpatient BPJS claim, diagnosis of the action or procedure carried out requires a supporting report, so the BPJS asks for completeness when returning the BPJS claim. This is different from Saragih (2022) that the completeness of the supporting sheet for bronchopneumonia cases in children does not require laboratory examination results.

Completeness of medical records plays a role in legal and administrative aspects. Complete medical records can be used as evidence in various legal situations, such as insurance claims and health disputes. Complete medical records also streamline the internal and external audit process and help health facilities comply with accreditation standards and regulations set by health authorities.

Incompleteness in filling out inpatient medical record files can affect several things, including hampering the work of claims officers in making BPJS health claims, delays in the claims process if the medical record files are returned to the officer to be completed, incomplete or inconsistent patient data entry causing the discovery of incomplete claims. does not meet the requirements for several INACBGs claims (Sakinah and Yunengsih 2021).

It is important to maintain and improve these standards by continuing to provide training on the importance of accurate and complete medical documentation. Apart from that, the use of information technology must continue to be improved to support a faster medical record process.

B. Quantitative Analysis of Completeness of Medical Record Files for Inpatients with Bronchitis Cases at Purwokerto Islamic Hospital

The timeliness of inpatient BPJS claims in the on-time category was 49 (65.33%) and the timeliness of in-patient BPJS claims in the not-on-time category was 26 (34.67%).

Timeliness is one way to measure transparency and quality of reporting as well as other factors. Submissions must be communicated as soon as possible so that they can become the basis for economic decision making and delay decision making (Abdullah and Widyantoro 2018). Purwokerto Islamic Hospital submitted BPJS health claims for 75 medical record files for in-patients with bronchitis cases which had not yet reached 100%, it is known that most of them were on time, which means it did not exceed ≤ 5 of the following month and there were still medical record files for in-patients. cases of bronchitis are not timely, which means more than > 5 th of the following month.

This is in line with Novalina's (2023) research, the timeliness of submitting inpatient BPJS claims in the on-time category was 53 (61.6%) and the timeliness of submitting in-patient BPJS claims in the not-on-time category was 33 (38.4%). Submission of BPJS claims at Purwokerto Islamic Hospital is submitted on the 5th of the following month. In accordance with the regulations issued by BPJS Health, namely Permenkes RI Number 28 of 2014 concerning guidelines for implementing the JKN program, health facilities submit JKN claims to BPJS. Health facilities are required to submit claims every month no later than the 10th of the following month. BPJS pays service fees according to the INACBGs tariff which is in accordance with the regionalization of tariffs applicable in the area and class determination by the minister of health.

According to the technical instructions for the INACBGs v5 application from the Indonesian Ministry of Health, claims officers open the INACBGs application after confirming the accuracy of medical and administrative records by clicking the coding or grouping menu. Then the officer clicks on the coding menu by entering the patient's name, SEP number or medical record number. If the patient is new then click new patient. Then select "New Claim" from the menu. Next, enter variables including treatment class, age, weight, method of discharge, type of treatment, name of DPJP, type of rate, date of service and LOS, SEP number, diagnosis and action along with ICD 10 and ICD 9 codes. After verifying its authenticity, click "Final Claim" and then "Send Online Claim" to send the data to the Ministry of Health data center.

The BPJS claim process is closely related to filling in medical records. This can be seen from the main requirements for submitting a BPJS claim, namely accuracy, consistency and filling in medical records (Librianti et al., 2019). In this research, the Purwokerto Islamic Hospital already has an SOP regarding claims data entry. It can be concluded that there are more punctual categories, the highest completeness figures are found in the Participant Eligibility Letter indicator, resume of billing or billing costs, supporting checks and code accuracy has reached 100%. The Participant Eligibility Letter or SEP containing participation data entered into the INACBGs is the first stage in verification of participant management to validate the validity of the claim file in accordance with the Practical Guide for Administration of Health Facilities for BPJS Health. Written medical authorization by the hospital director determines whether the procedure is appropriate to the specialty. At the second stage of the service administration verification review, the hospital will receive the file back so that it can be completed if there are any discrepancies.

Code accuracy and appropriate supporting checks can facilitate the accuracy of BPJS claims. According to (Meilany et al., 2020) the results of medical supporting examinations determine the accuracy of a diagnosis code. Because the results of supporting examinations can be used as supporting information if the officer's diagnosis is unclear, their completeness affects the accuracy of the diagnosis code. If the code is in accordance with ICD-10 and ICD-9 based on a diagnosis accompanied by supporting data then the code can be considered accurate.

Apart from that, there are several BPJS claim requirements that are incomplete, such as medical resumes and hospitalization orders that have not reached 100%. This is in accordance with research by Masturoh (2020) which states that internal factors or factors influenced by the hospital can have an impact on how quickly claims are processed, such as finding incomplete medical resume files, missing doctor's signature or full name, diagnosis or diagnosis code. incomplete or incomplete history of disease development.

Things that contribute to the accuracy of submitting a claim include the presence of a medical resume, diagnosis in the medical resume, suitability of the date of service, as well as the Participant Eligibility Letter and not being late in collecting administrative files. This is in accordance with the Practical Guidelines for Administration of Claims for BPJS Health Facilities which states that the following details are included so that advanced BPJS inpatient documents can be considered complete: service summary and supporting documentation including Participant Eligibility Letter (SEP), hospitalization order, medical resume signed by DPJP, therapy protocol and drug administration schedule, details of hospital bills or billing and other necessary supporting files.

IV. CONCLUSIONS AND SUGGESTIONS

Completeness of medical record files for inpatients with bronchitis cases with indicators of Participant Eligibility Letter (SEP), supporting examinations, code accuracy, and inpatient billing or billing resumes in the complete category were 75 (100%), medical resumes in the complete category were 34 (45.33%) and the incomplete category were 41 (54.67%), and the indicators for hospitalization orders in the complete category were 6 (8%) and the incomplete category were 69 (92%). Timeliness of inpatient BPJS claims in the timely category was 49 (65.33%) and in the not timely category was 26 (34.67%).

Purwokerto Islamic Hospital holds regular meetings with all parties involved in the claim submission process, including DPJP, coders, supporting inspection officers and BPJS internal verifiers, thereby minimizing inaccuracies in the time for submitting BPJS Health claims. The hospital makes policies or Standard Operating Procedures for filling in medical record files so that they are filled in completely.

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