

Article

BPJS Pending Claim Settlement Strategy In Hospital With Management Approach (Planning, Organizing, Actuating, Controlling)

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Abstract: The pending claim incident at Citra Husada Hospital Jember reached 33 files in December 2021, impacting health services' sustainability. This study aims to formulate a strategic policy review in the settlement of BPJS pending claims in hospitals with the Planning, Organizing, Actuating, and Controlling management approach. This research is qualitative. Data collection techniques using observation, interviews, documentation, and brainstorming. Test the validity of the data using source triangulation and technique triangulation. Based on the study results, the BPJS pending claim settlement strategy at Citra Husada Hospital Jember was implemented with a Planning, Organizing, Actuating, and Controlling management approach. Planning is carried out by preparing the quality of human resources and SOPs. Implementation of Organizing through coordination between officers and between fields, but there are still incomplete files and different interpretations between fields. Actuating is constrained by the system, while controlling is carried out through scheduled supervision.

Keywords: BPJS claim; pending claim; management approach.

1. Introduction

Health is a human right and one of the elements of welfare that must be realized in accordance with the ideals of the Indonesian nation [1]. One of the efforts to realize decent health for the community is through the National Health Insurance Program (JKN) organized by the Social Health Insurance Administration Body (BPJS). The JKN program ensures that the entire Indonesian population is protected by comprehensive, fair, and equitable health insurance [2].

The implementation of JKN has resulted in collaboration between BPJS and hospitals, one of which is related to health financing [3]. The hospital submits a claim to BPJS Kesehatan to obtain reimbursement for the operational costs of patient services. The claim process begins with submitting the claim file by the hospital to BPJS Kesehatan every month. BPJS Kesehatan purifies and verifies claim files based on the applicable claim regulations and agreements.

Payment of claims by BPJS Kesehatan aims for hospitals to maintain cash flow so that health services to patients are delivered on time. The claim file was declared incomplete after going through the claim verification process by BPJS Kesehatan, causing a pending claim which impacts the delay in payment of the claims. The exposure ARSSI stated that the late payment of claims from BPJS Kesehatan disrupted hospital operations [4]. According to Anyaprita, the late payment of claims can affect the financial cash flow of the hospital, so the hospital must prioritize the payment of crucial bills first [5]. This policy affects the service quality in hospitals. In addition, it also causes problems with employees on the payroll, payment of specialist medical services, availability of drugs, and maintenance of hospital facilities and medical equipment [6].

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The incidence of pending claim in several hospitals is still being found. Rohman et al., addressed that Nur Hidayah Hospital had a pending claim due to coding inaccuracies and incompleteness of the file [7]. Muroli et al. stated that the pending claim was caused by the medical resume's incompleteness and coding inaccuracy [8]. The pending claim incident also occurred at Citra Husada Hospital Jember. As a private and emerging hospital, it greatly impacts cash flow.

There is a need for research on the claims process that has been carried out in order to produce a strategic policy for settling pending claims. The management approach (Planning, Organizing, Actuating, Controlling) in settling pending claims can be a policy strategy that can be developed for BPJS patients, inpatient and outpatient. Based on this background, the researcher is interested in researching and analyzing the formulation of a BPJS pending claim settlement policy strategy based on the management approach.

2. Materials and Methods

This study used a qualitative research method [9]. The study was conducted at Citra Husada Hospital Jember from May to October 2022. This study's analysis unit is the medical record unit at Citra Husada Hospital Jember. The subjects in this study were 5 informants, namely 2 medical record officers, 1 BPJS Hospital verifier officer, 1 head doctor (medical committee), and 1 head nurse. Observation techniques, interviews, brainstorming, and documentation collected data. Data were analyzed using a management approach.

3. Results

Management is a typical process that consists of planning, organizing, actuating, and controlling actions carried out to determine and achieve predetermined goals through the utilization of human resources and other resources [10]. Information about these aspects can be used as an evaluation tool [11]. Planning, Organizing, Actuating, and Controlling can be used to arrange the company's strategic factors because the notion of strategic management itself includes environmental observation, strategy formulation (strategic planning or long-term planning), strategic implementation, and evaluation and control [12].

3.1. Planning

BPJS pending claim settlement strategy at Citra Husada Hospital Jember reviewed based on the determination of qualified human resources. The accuracy of the number of human resources as needed is an element of planning that needs to be considered. For effective and efficient claims management targets to be achieved, human resources support in both quantity and quality is needed. The availability of human resources in the inpatient case mix has been as needed based on workload calculations using the Full Time Equivalent (FTE) method. This was supported by an interview with one of the coding officers. Interview excerpts: "Yes, I think it is appropriate. There are 18 officers who manage claims in inpatient case mix" (Information 1). The education quality of the officers seen from the educational background is also following the established statutory standards. The education of coding officers in inpatient case-mix is in accordance with the Regulation of the Minister of Health of the Republic of Indonesia Number 55 of 2013 concerning the Implementation of Medical Record Work, which is a minimum of Diploma III medical records. The planning aspect of the guidelines to complete the work or the Standard Operational Procedure (SOP) was also carried out at Citra Husada Hospital Jember. The inpatient case mix has a Coding SOP that provides guidance and convenience in carrying out inpatient coding. Based on the observation results of the SOP implementation in the inpatient case mix, it was known that the coding officer properly followed all the instructions in the SOP document. The compliance of the coding officer in resolving claims according to the established SOP avoids the occurrence of incomplete file returns.

3.2. Organizing

The availability of coding SOP provides ease for officers in carrying out their duties and responsibilities. Each officer coordinates with each other to avoid delaying the claim file. However, there are several causal factors in organizing the work of officers, including the completeness of the requirements file that is not appropriate. BPJS Health will return files that are otherwise incomplete to the hospital for completion. The return of incomplete claim files by BPJS Kesehatan is due to the non-attachment of the KLL chronology, operation reports, and evidence of the use of prostheses, where this is due to the lack of filters in the process of meeting the completeness of claim files from the room to the claim administrator, which involves the room's Administrative Officer (TU), PJRM, coding officer, internal verifier, and claim administration officer. An interview with informant 5 supported the statement. The interview excerpt is as follows: "The incompleteness of the claim file is due to the hospital's lack of accuracy in attaching the claim supporting file, the lack of time in working on the hospital claim team compared to the file that must be done because it is related to the claimed target and the lack of running filters in the process of completing the completeness of the claim file from the room to the claim administrator" (Informant 5). The return of claim files by BPJS Kesehatan was due to differences in the perception of the hospital coder and the BPJS Kesehatan verifier on the applicable coding rules and claim rules because there were no more detailed explanations or detailed information on ICD 10, ICD 9, or claims regulation, resulting in multiple interpretations.

3.3. Actuating

The implementation of tasks in resolving file claims was carried out effectively and efficiently. This is inseparable from the smoothness of the claim application used, including the INA CBG's grouper, SIM RS, and the Jasa Raharja Claim Application. Based on observations, it is known that the Bridging system has been carried out on SIM RS and INA CBG's Grouper so that the work became more efficient in energy and time. However, in its actualization, there were obstacles from the machine aspect, namely Jasa Raharja Claim Application. System disruption in applications integrating hospitals, Jasa Raharja, and BPJS Kesehatan in processing claims for Traffic Accident cases where hospital officers have input data was not connected to BPJS Kesehatan. The return of the accident case claim file by BPJS Kesehatan was caused by a system disruption in an application that integrates Jasa Raharja and BPJS Kesehatan, where the claim administration officer had checked the application for validating participant data. However, the data failed to connect with BPJS Kesehatan.

3.4. Controlling

Supervision activities should be carried out in all aspects of the tasks or work in settling BPJS Kesehatan claim files. Controlling can be in the form of a leader or direct superior supervision to check the actual conditions in the field. In addition, it can also take the form of reconfirming each managed claim file before it is encoded and uploaded to the system.

4. Discussion

BPJS's pending claims settlement strategy at Citra Husada Hospital Jember using a Planning approach was carried out by preparing the quality of HR officers and the preparation of SOP. The quality of HR in terms of quantity and quality has met the standards required of a medical officer. In addition, the quality of human resources was supported by training that can increase the officers' insight, skills, and expertise.

If the number of officers is not met in terms of quantity or quality, the settlement of claims will be delayed. Research conducted by Valentina & Halawa showed that one of the causes of unclaimed BPJS files at the Imelda Indonesian Workers General Hospital (RSU IPI) Medan is that the number of human resources related to coder officers is still

lacking where officers handle the coding of inpatients as well as outpatients, both BPJS patients, general, and other insurance [8].

The number of workers who do not meet the needs also causes an excessive workload (overload), causing physical, mental, and emotional fatigue. This is in accordance with research conducted by Rohman et al., showing that the number of claims not balanced by adequate human resources can cause officers to become tired and less focused in carrying out their duties [7].

The impact of claim implementation if it was not supported by a coding officer with a medical record education background, the resulting coding was inaccurate so that it can cause the return of the claim file by BPJS Kesehatan. This is in accordance with the research of Irmawati & Nazillahtunnisa, which stated that there was 68% inaccurate coding at Kagok Health Center because coding officers did not have a medical record education background [13].

The implementation of SOP according to the division of work of each officer is also a strategy for resolving BPJS pending claims. The impact of unavailability and non-compliance with coding SOP is one of the factors causing pending claims. This is in line with the research of Nurdiah & Iman, which indicated that the unavailability of SOP related to the claim is one of the causes of unclaimed files [14].

Organizing or coordinating tasks between individuals and fields at Citra Husada Hospital to avoid pending claims implemented according to SOP. However, in the implementation, there was still the work implementation that was not synchronous and not integrated in terms of file completeness. The accuracy between officers in checking and attaching completeness of files to be submitted from one field to another was still not well organized.

This is in accordance with the research of Sitorus et al., stating that one of the reasons for BPJS pending claims is due to the incompleteness of the attached claim file requirements, namely the non-attachment of the operation report and medical supporting evidence [15]. The study conducted by Rohman et al. also stated that the claim materials factor still found incomplete claims files submitted to the BPJS office, so the claim submitted to the BPJS office experienced pending claims [6]. Something similar is shown by the research of Muroli et al., which stated that the cause of pending claims includes the incompleteness of the claim file 29.7% in Harapan Kita Children and Mother Hospital, West Jakarta [8].

Asynchronous and non-integrated interpretation is also experienced regarding coding guidelines, namely the difference in perception of BPJS Kesehatan coders and verifiers on coding rules and less detailed claim regulations. This is in line with the research of Indawati, indicating that there were differences in perception between doctors and BPJS Kesehatan verifiers regarding diagnosis-making, which put the coder in a difficult position [16]. The coder coded according to the doctor's writing which was produced based on the doctor's scientific thinking, but there were some incompatibilities with the regulations.

Implementing Actuating in settling BPJS pending claim files cannot run smoothly due to obstacles from the Jasa Raharja Claim Application system. The equipment factor (machine) was one of the factors causing pending claims related to system disturbances in applications that integrate hospitals, Jasa Raharja, and BPJS Kesehatan in processing claims for Traffic Accident cases where the data that hospital officers have input was not connected to BPJS Kesehatan. This is in line with the research by Noviatry & Sugeng, which showed that the factor causing the delay in claims comes from the machine factor [17].

Controlling or supervision activities should be carried out in all aspects of tasks or work in settling BPJS Kesehatan claim files. Controlling can be in the form of a leader or direct superior supervision to check the actual conditions in the field. In addition, it can

also take the form of reconfirming each managed claim file before it is encoded and uploaded to the system.

5. Conclusions

The planning approach as a settlement of BPJS pending claims at Citra Husada Hospital Jember was well implemented through HR quality and SOP implementation. The organizing approach has not been implemented properly due to poor coordination and multi-interpretations of coding guidelines. The Actuating approach has not been implemented effectively due to obstacles in the application system. The Controlling approach was carried out through scheduled supervision.

6. Patents

Study Design, Rossalina Adi Wijayanti, Sustin Farlinda, Novita Nuraini ; **Data Collection**, Rossalina Adi Wijayanti, Riskha Dora C. D, Sustin Farlinda, Novita Nuraini; **Supervision**, Rossalina Adi Wijayanti , Sustin Farlinda, Novita Nuraini; **Data Analysis**, Rossalina Adi Wijayanti, Riskha Dora C. D, Sustin Farlinda, Novita Nuraini; **Manuscript Writing**, Rossalina Adi Wijayanti, Riskha Dora C. D; **Literature review**, Rossalina Adi Wijayanti, Riskha Dora C. D; **Reference**, Rossalina Adi Wijayanti, Riskha Dora C. D; **Manuscript Revision**, Rossalina Adi Wijayanti, Riskha Dora C. D, Sustin Farlinda, Novita Nuraini. All authors have read and agreed to the published version of the manuscript

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