



Completeness medical resume is a matter of concern, because medical resume plays an important role in ensuring continuity of medical services and is a key requirement in filing claims in hospitals.

Since January 1, 2014 the government officially enacted the National Health Insurance system (JKN). Similarly, the Social Security Implementation Agency (BPJS) also began to be implemented in the hope that all Indonesian people can become BPJS participants. The purpose of this JKN program is to meet the public health needs that are appropriate and provided to everyone who has paid premiums or premiums paid by the government.

Completeness of medical record file is one of the requirements in filing a claim, in addition to the medical record file must be filled with complete also must be timely for the claiming process went smoothly. If the completeness of the medical records file is incomplete, it may result in a rejection by the BPJS verifier so that the claim file must be returned to the Hospital for immediate completion. Thus the process of filing a claim to BPJS becomes too late and the claim process does not go smoothly. This will also affect the delay in disbursement of funds from BPJS.

The delay in disbursement of funds from BPJS will affect the hospital's operational fund so that it becomes a burden for the hospital.

According to a preliminary study of a former researcher at Baptis Batu Hospital, which stated that the completeness of the sample is 199 samples, there are 21 incomplete documents or about 10.6% of the total samples. Incomplete categories include system errors: 1.5%, Medical Resume Sheet: 9.1%. Any errors that occur in the incompleteness of the medical record file should be corrected, the claimant or LPA must rechecked the patient's medical records and corrected his mistakes so they could be sent back to BPJS Health to disburse funds for the hospital. The existence of incomplete requirements on BPJS claims may result in delays in disbursement of treatment funds for inpatients to the hospital.

Given the importance of the complete medical record file that can provide complete and accurate information for legal evidence and as the main requirement of claim submission to BPJS, the authors are interested to further research this research entitled "Medical Files Record Completion Analysis of BPJS Health Claim Settlement in Hospital City Town Baptis".

## METHOD

This research method used descriptive analytic method research with quantitative approach. The population used in this study is the BPJS claim document at Baptis Batu Hospital. Sampling technique using Random Sampling with the number of samples of 191 data. Independent Variable is Completed File Claim BPJS. Variable dependent is Claim Settlement BPJS Health.

## RESEARCH RESULT

Characteristics of Research Variables

**Table 1.** Characteristics of Research Variables

Characteristics of	N	%
<b>Medical record file completeness</b>		
Complete	161	84,3
Not Complete	30	30,7

Data Source: Data analysis



**Table 2.** Characteristics of Research Variables

Characteristics of	N	%
<b>Claim File Completion</b>		
Claimed	161	84,3
Deferred Claim	30	30,7

Data Source: Data analysis

## RESULTS OF STATISTICAL TESTS

The result of statistical test using coefficient of contingency.

**Table 3.** Results of statistical tests using contour coefficient.

Variabel	Value	Sign Value
Medical File Record Medis	700	0,000
Variable Value	700	0,000

The result of statistical test for the completeness of medical record file obtained by significance value  $0,00 < 0,05$  (Reject  $H_0$ ) Reject  $H_0$  then There is influence of medical record file to settling BPJS claim.

## DISCUSSION

### Level of Completeness of Medical Record Files of Patients of BPJS Inpatient at Baptis Hospital Batu

Based on the result of the research, it is known that from 365 randomly sampled samples, 161 (84.3%) complete medical records file and 30 (15,7%) incomplete medical record file. The level of completeness The medical record file can be highly rated but there is still an incomplete medical record file.

According to Permenkes No. 269 of 2008, medical records should be made in writing, complete, and clear. One quality medical record can be seen from completeness of medical record content. The completeness is added with the authentication of the medical record such as the name of the treating doctor, signature, and date of manufacture.

Regulation permenkes is a reference that needs to be considered, so that officers in the field both doctors and paramedics can perform their obligations well. This also means providing services to all stakeholders. In fact the field of many things - things that should not have happened, with the existence of some requirements that must be met while the patient does not know much about the provisions that concern his interests. Therefore, things related to health services for patients need to be socialized.

So with the discovery of incomplete medical records file is still not meet the provisions Permenkes. And also not fulfill as requirement of BPJS claim. Medical resume is a very important and basic sheet in the inpatient form, then the completeness of the contents is the responsibility of all parties involved in filling the resume. A complete medical record is a mirror of the quality of medical records and services provided by the hospital.

At Baptis City Hospital, the medical resume sheet is in duplicate 3 where the first sheet is the sheets stored in the medical record document, the second sheet is the sheet designated by the insurer / guarantor, and the third sheet is to be given to the patient as a handle when the patient controls after inpatient. If a medical resume is incomplete at the time of the patient's return it will certainly affect the three users of the medical resume.

At Baptis City Hospital The claims process has delayed 30 (15.7%) in due to the incomplete factor of medical resume. And the new Claims Process can be done after the medical resume is returned to the inpatient room to be equipped. Incomplete medical resumes



may pose legal problems if at any time the patient needs medical data but can not be found in medical resumes.

Lack of communication and discipline in the treatment room associated with complete medical resume filling became one reason for the incompleteness of medical resume. The incompleteness of a medical resume usually involves a vacuum on the diagnosis of admission / referral / indication of care, lack of detail on the diagnosis of both primary and secondary diagnoses, and no signature of the Patient Responsible Doctors (DPJP). This resulted in the document the medical record should be returned to the treatment room to be completed.

### **Level of Claim Settlement of Medical Record File of Patient of BPJS Inpatient at Baptis Hospital Batu**

Based on the result of the research, it is known that from 191 samples taken randomly in Baptis Hospital Batu can be obtained 161 (84,3%) medical record file can be claimed and 30 (15,7%) medical records file delayed claim.

At Baptis Batu Hospital, the settlement of BPJS claims has been delayed Claim on file due to incompleteness in Medical Resume Filling Sheet signed by Patient Responsible Doctor (DPJP).

According to the BPJS Claim Technical Directive Manual by the Directorate of Service in 2014 that one of the administrative requirements of the BPJS health claim process is the presence of a medical Resume which lists the diagnoses and procedures signed by the Patient Responsible Doctors (DPJP). Based on the description above can be seen that the unfilled sheet of medical resume that has not been signed by the Doctor Patient Responsible Patient (DPJP) it will make a barrier in the BPJS claim process. Not only is it a medical resume sheet which should be when the patient out of the hospital should be made as soon as possible medical resume sheet. Moreover, at the baptismal hospital there are triple stamps of medical resume. One of them is a medical resume sheet for the patient as a handle when the patient controls/post-hospitalization.

### **The Influence of Medical Files Completion of BPJS Health Claim Settlement at Baptis Hospital Batu**

The results of cross tabulation analysis in this study indicate that there is a very strong influence between the completeness of the medical record file of BPJS claim settlement. Similarly, the results of the statistical test of Coefficient of Contingency found that the significant value for the completeness of the medical record file (X) is  $0.000 < \alpha 0.05$  means there is a very big influence between the independent variables of the medical record file to the dependent variable of claim settlement (Y).

Meaning this is in accordance with the Regulation of the Agency for the Provision of Social Security Health No. 3 of 2017 concerning the management of health facility claims administration in the implementation of national health insurance specially Article 19 that the claim filing requirements one of them is there should be supporting evidence which includes information about the validity of the participants and the sheet of Medical Resume.

The result of observation of medical record file of BPJS patient of Inpatient at Baptis Batu Hospital in obtaining 84,3% is complete, in other words that research hypothesis is supported by empirical fact. Another argument in favor of this research is Ilyas Yaslis (2006) which states that claims management units are instrumental in determining a claim to be paid promptly, postponed, or rejected. Indirectly claims management unit is very influential in determining the company's cash flow finance. Thus the completeness of the medical records file is an embodiment of the BPJS Health Administration claim function.

Based on the results of research that the Quality of Medical Record at Baptis Batu Hospital can be stated quite well, this is in accordance with the opinion of Huffman (1994) which states that one of the indicators of good medical record quality is the completeness of the medical record. Similarly, quality medical records reflect the quality of health services provided. Further, Huffman (1994) states that medical record and medical resume quality can be improved through 3 elements: completeness of medical record and medical resume; validity of medical record content and medical resume; sanctions for a negligent doctor. And also according to Josep Juran in the book Quality Management of Health Service written by prof. Dr. A.A Gde Muninjaya, MPH (2012), quality is what consumers expect or decide (quality is a fitness for the used defined by consumer). Therefore, in Batu Baptis hospital for medical record quality is categorized good enough because still found 30 (15,7%) file of medical resume not yet complete there is no signature of doctor responsible person of patient (DPJP). Yag will not only affect the hospital, but to the patient. To improve services, especially for stakeholders, Medical Recorders need to identify problems that often arise. In order not to repeat the same case. Possible steps to consider Analyze data on activities to be performed in relation to supportive or inhibiting factors, Planning activities on the basis of data analysis to determine the perioritas implementation scale, Implement a plan or program that has been compiled in accordance with the desired idea, Evaluate the results of the work whether it is in accordance with predetermined systems and procedures.

Based on Standart Operational Procedure (SOP).

File Submission Claim Patient BPJS Inpatient at Baptis Batu Hospital that claim file must be filled within 2x24 hours, but happened based on research data show 161 (84,3%) complete file and 30 (15,7%) file not complete. This is after a more in-depth interview to the LPA, teryatanya irregularness sheet medical resume due to the factor of the doctor responsible is not from the hospital, in other words the doctor is a doctor who is outside the hospital. And the location is quite far away.

According to the Ministry of Health (2008) on technical guidance of claims administration and verification of the National Community Health Insurance program, that the completeness of the documents for the submission of claims are referral letters, inspections, diagnostic support services and medical actions that have been endorsed by the responsible doctors. The results of research in Batu Baptis Hospital shows that most have implemented this rule (84.3%), only a small part has not been implemented (15.7%). This means that Baptis Batu Hospital has implemented Regulation of the Minister of Health of the Republic of Indonesia Number 903/Menkes/Per/V/2011 About Guidelines for Implementation of Public Health Insurance Program article 1.

Based on Permenkes RI Number 903/Menkes/Per/2011 on Guidelines for Implementation of National Community Health Insurance Program. If one of the requirements does not exist or items are not filled in completely will result in the success of the claim process. so based on the above description in Batu Baptis Hospital actually has been guided by the implementation of National Community Health Insurance Program, it can be seen from the result of research that the requirements for successful claims are 161 (84.3%) files.

Viewed from the Technical Manual of BPJS Claim Verification (2014) that Baptis Batu Hospital has performed BPJS Health Claim verification quite well, since most have been claimed, but there are still 15.7% postponement of claims, due to the absence of resume sheets medical services that have been signed by the Patient Responsible Doctors (DPJP). While the BPJS claims technical verification technical guidelines (2014) state that the requirements for verification of BPJS patient claims file Inpatient care should include claims administration requirements that include inpatient, Participation Letter (SEP). Medical

resumes signed by DPJP, proof of service which includes diagnoses and procedures and signed by DPJP doctors, Therapy protocols, as well as other necessary supporting files.

This is similar to that disclosed by Basaryadi (2013) supporting report is a report of a series of medical examinations conducted on certain indications in order to obtain more complete information. If the supporting report is missing or incomplete in the submission of the BPJS claim requirement on the BPJS verifier will be returned for completion or attachment.

With the delay of BPJS Health Claim at Baptis Batu Hospital, it can cause the delay of BPJS health fund down to the hospital, which will further impair the hospital's cash flow. Because the claim returned may be re-submitted by the health facility on the claim filing in the following month.

Based on the Health Agency Regulation No. 3 of 2017 on the management of Health Facilities Claim Administration in the Implementation of National Health Insurance, particularly article 24 stating the existence of the lack of claim file BPJS Health will return Claim to Health Facility to be completed by attaching the report of the claim return event. based on the description if viewed from the results of the research then this will cause officers claim Hospital Section (LPA) will do 2 times work in other words less efficient. Because it must complete and ask the doctor in charge of the patient (DPJP) to complete the sheet of medical resume.

## CONCLUSIONS AND RECOMMENDATIONS

### Conclusion

Based on the results of research conducted by researchers it is known that from 191 samples taken randomly obtained 30 (15,7%) incomplete medical record file due to incomplete filling of medical resume sheet.

2. Based on the results of research conducted by researchers it is known that of 161 (84.3%) medical record files can be claimed and as many as 30 (15,7%) medical records file pending claims
3. There is a very strong relationship between the completeness of the medical record file on the settlement of BPJS health claim at Baptis Batu Hospital.

### Suggestion

1. For Hospital Management
  - a. Hospitals need to discipline health workers related to the filling of medical record documents so that medical records can be filled completely and correctly.
  - b. The policy of the Responsible Physician in each inpatient installation.
  - c. Should conduct a socialization to the doctor DPJP to complete the complete sheet of patient medical records in accordance with the provisions of BPJS.
  - d. Conduct evaluation of medical record file every three months for DPJP doctors.
  - e. Each workbench is attached and affixed to fill the medical resume in a prescribed manner, for doctors and nurses to better understand the significance of the full use of medical resume.
2. For Doctors
  - a. Preferably after the patient will go home medical resume sheet to be completed immediately.
  - b. Improve communication and coordination with the nurse so that there is continuity and fluency in the performance of medical resume filling.
3. For Nurses

- a. Better nurses are more reminiscent to the doctor DPJP for filling sheet medical resume.
- b. Write a memo for the doctor in requesting completeness so that doctors understand which items are still incomplete.

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