# FACTORS CAUSING PENDING MEDICAL RECORD CLAIMS FOR INPATIENTS AT TIDAR PUBLIC HOSPITAL, MAGELANG

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**ABSTRACT**

*The problem of pending claims at the hospital is mostly due to the incompleteness of the file, and the accuracy of the diagnosis code. Based on a preliminary study at Tidar Public Hospital, Magelang, it was found that there were 805 documents out of 14,400 files pending for inpatient claims from January to December 2021. This study aims to determine the factors causing pending claims at Tidar Public Hospital, Magelang 2021.*

*The method in this research is descriptive with a cross sectional approach. The research subjects were 2 people, V Claim and Coding officers. The object of the research is the recapitulation of medical records of inpatients who experience pending claims in 2021. The research instruments are in the form of interview guidelines and observation guidelines. Data processing with classification, editing, and data presentation in the form of text and tabulation.*

*The implementation of BPJS claims at Tidar Public Hospital, Magelang has been carried out based on the existing SOP. It is known that there are 805 (5.6%) pending medical record claims and 13,595 (94.4%) medical record claims for inpatients that have passed verification from 14,400 claim files. The classification of pending claims includes: coding aspects (33%), clinical aspects (21%), and administrative aspects (46%). Factors causing pending medical record claims include the Man element, the officer associated with the claim implementation, consisting of DPJP and coder officers. Material element is the completeness of the claim requirements file such as medical resume and SEP. Machine elements are facilities and infrastructure that support*

*services, namely the SIMRS application and the INA CBG's application which often experience system error problems caused by network disturbances.*

KEYWORDS | Pending claims, INA-CBGs, Causal factors



## INTRODUCTION

Increasing the degree of public health is the right of every citizen which must be realized one way is by providing good health services through hospitals. Hospitals are health service institutions that provide complete individual health services that provide inpatient, outpatient and emergency services (Kemenkes RI, 2009). The implementation of health services in hospitals has complex characteristics and organizations, coupled with the establishment of the National Health Insurance (JKN) program in January 2014. (KepMenKes, 058/MENKES/SK/I/2009)

According to Law Number 40 of 2004 explaining that the social security program is mandatory for all residents, including through a social security administering body, which is now known as BPJS Kesehatan, the Ministry of Health issues regulations regarding guidelines for the implementation of the National Health Insurance (JKN) program. provide a reference for the Health Social Security Administering Body (BPJS), the government (central, provincial, district/city) and health service providers in collaboration with the Health Social Security Administering Body (First Level Health Facilities and Advanced Health Facilities), JKN program participants and related parties in the implementation of the National Health Insurance (Permenkes No. 28 of 2014).

BPJS Health claims are submissions for the treatment of BPJS participant patients by the hospital to the BPJS Health which are carried out collectively and billed to the BPJS Health every month. After that, BPJS Kesehatan will approve claims and make payments for proper files, but files that are not eligible for claims or pending claims must be returned to the hospital for re-examination. The incident pending claims is caused by several things including administration, medical, improper coding and so on (Regulation of the Health Social Security Organizing Agency Number 4 of 2020).

The INA-CBG's payment model organized by BPJS in hospitals must go through the document verification stage so that the BPJS Health verifier can verify service management and determine whether the diagnosis and procedures are appropriate for ICD 10 and ICD 9 CM code bills, after which BPJS Health will execute the claim approval and pay for documents that qualify for claims, but documents that do not qualify for claims must be returned to the hospital for confirmation. The process of handling pending claims is carried out based on aspects of planning, organizing, actuating, and controlling.

The problem of pending claims at the hospital is mostly due to the incompleteness of the file, and the accuracy of the diagnosis code. The quality of the diagnostic coding has a very big influence on the financing of health services, namely the INA-CBG's claims from hospitals to BPJS Health. A diagnostic code is said to be of high quality if the code includes reliability, validity, and completeness.

Tidar Public Hospital, Magelang, is a government-owned plenary A-accredited hospital. All human resources in Tidar Public Hospital, Magelang, both medical and non-

medical staff collaborate with each other to provide the best service for patients. Based on a preliminary study conducted by researchers at Tidar Public Hospital, Magelang, it was found that there were 805 documents pending claims of inpatients from January to December 2021 from 14,400 inpatients who used the National Health Insurance. The monthly data recapitulation of pending claims at Tidar Public Hospital, Magelang is listed in the following picture:

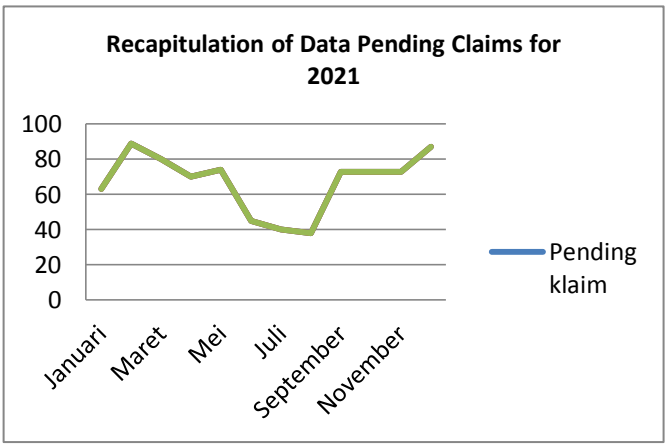


Figure 1. Recapitulation of Data Pending Claims for 2021

From Figure 1, it can be seen that the number of documents that have pending claims in 2021 decreased in July-August 2021, but increased again in September-December 2021. Therefore, in this study, we wanted to know the factors causing pending medical record claims for inpatients at Tidar Public Hospital, Magelang, so that they can be used as consideration in making decisions by hospital management.

## RESEARCH METHOD

The method in this research is descriptive with a cross sectional approach, namely examining the data directly at the time of the study. The subjects used in this study were 2 officers, including V Claim officers and Coding Officers at Tidar Public Hospital, Magelang. The object in this study is the data recapitulation of medical records of inpatients who experience pending claims at Tidar Public Hospital, Magelang in 2021. Based on data from BPJS patient visits from January to December 2021, there are 805 files that have pending claims. The analysis of the causes of pending medical record claims for inpatients is interpreted in the form of text and tabulations

## RESULT AND DISCUSSION

### Flow of medical record claims for inpatients at Tidar Public Hospital, Magelang

Based on the observations made, it can be seen that the implementation of claims at Tidar Magelang Hospital is carried out by the V-Claim section where this section is in charge of managing files and submitting BPJS claims from coding doctors' diagnoses / actions, verifying claim requirements, making txt files to sending claim files to BPJS . In addition, it is known that the number of V-claims or casemix officers at Tidar Public

Hospital, Magelang is 3 people. In the implementation of claims, the hospital has an SOP that regulates the operational procedures for BPJS claims. The BPJS claim implementation flow starts from the medical record file that has been coded by the coder officer, then the diagnosis code will be entered into the INA CBG's digital validation application (group). After that, the filing is done by attaching the claim requirements, the file is then sent to BPJS in the form of a txt file. In the implementation of the claim submission, there are required documents that must be attached in the form of Participant Eligibility Letter (SEP), Traise, Inpatient Assessment, Patient Resume, Clinical pathway, Supporting data (Laboratory results, X-rays, etc.), Operation reports, drug details, and Billing patient.

This is in accordance with the results of research by Nabila et al., (2020) The implementation of a program is strongly influenced by the passage of the flow according to what has been determined, as well as the claim submission process. The implementation of the claim is seen from the existing flow in accordance with the SOP of the hospital, starting from the patient returning home, then processing the claim (coding and checking for completeness), then entry into the INA-CBG'S application.

If in the implementation of the submission there is a file that is returned to the hospital, then the file must be immediately corrected and resubmitted, the deadline for submitting a pending claim for a BPJS claim file is not more than 6 months because the claim expiration time is 6 months from the date of SEP exit. If there is a delay in submitting a pending claim, the hospital suffers a loss and experiences a delay in payment of the claim.

**Percentage of Pending Classification of Medical Record Claims of Inpatients at Tidar Public Hospital, Magelang**

The pending claim occurs due to a disagreement between the hospital and BPJS which results in the claim file being returned for repair or confirmation. The results of observations by viewing and reviewing the data on the pending recapitulation of inpatient claims at Tidar Public Hospital, Magelang in 2021 can be seen in the following table:

Table 1. Percentage of Pending Files for Medical Record Claims of Inpatients at Tidar Public Hospital, Magelang in 2021

| Classification | Number of Files | Percentage (%) |
|---|---|---|
| **Data Passed Verification** | 13.595 | 94,4 |
| **Data Pending Claims** | 805 | 5,6 |
| **Total** | 14.400 | 100 |

Based on table 1 above, it can be seen the percentage results of pending medical record claims of inpatients. It is known that there are 805 medical record claim data of inpatients who experience pending claims with a percentage of 5.6% and 13,595 medical record claim data of inpatients who pass verification with a percentage of 94.4% of 14,400 medical record claim files of inpatients in Tidar public hospitals Magelang.

The classification of pending claims is a grouping or category of pending BPJS claims for inpatients at Tidar Public Hospital, Magelang in 2021. The data is obtained from the Excel recapitulation of claim files in the casemix section. Classification Pending claims of inpatients at Tidar Public Hospital, Magelang are grouped into 3 classifications

of causes, namely coding, clinical, and administrative aspects. The following is a classification table for the causes of pending claims:

Table 2. Classification of pending causes of medical record claims for inpatients at Tidar Public Hospital, Magelang in 2021

| Data Pending Claims | Number of Files | Percentage (%) |
|---|---|---|
| **Coding** | 267 | 33 % |
| **Clinical** | 172 | 21 % |
| **Administration** | 366 | 46 % |
| **Total** | 805 | 100 % |

In table 2. above, it can be seen the results of the pending claims for inpatient medical records. It is known that from 805 medical record claim data of inpatients who experience pending claims, the most causes are administrative aspects as much as 46% and the lowest due to clinical aspects as much as 21%.

The classification of the causes of pending medical record claims of inpatients at Tidar Public Hospital, Magelang can be described as follows:

**1. Coding Aspect**

Pending BPJS claims for inpatients at Tidar Public Hospital, Magelang due to coding aspects as many as 267 of the 805 pending files with a percentage of 33%. Data pending claims due to coding can be seen in the following table:

Table 3. Pending Claims on Medical Records of Inpatients Due to Coding at Tidar Public Hospital, Magelang

| No | Results | Total | Percentage (%) |
|---|---|---|---|
| **1** | Confirm ICD code 10 and 9- CM | 206 | 77 |
| **2** | Confirm coding rules | 61 | 23 |

Cases of confirmation of ICD 10 and ICD 9-CM codes because the codes do not match the diagnosis or action on the medical resume. Coding rules are provisions for setting ICD 10 codes, cases of confirmation of coding rules because the code given by the officer is not in accordance with the coding rules based on PMK. Based on the classification of the causes of pending claims above, the following are examples of cases of pending claims due to coding at Tidar Public Hospital, Magelang:

Confirm code ICD 10 and 9-CM : *Code j98.8 to code what? Respiratory failure if the cause of death is not coded in the morbidity insurance code. Recheck the diagnostic code for pneumonia or bronchopneumonia*. Confirmation of coding rules: *How many commas are gcs, look back at the coding rules for the main diagnosis (most resources) look at the coding rules for r code as du*. The results of this study are in line with research by Syafitri E (2021) on filing a claim, it was found that the results of the medical resume were unclear, resulting in misinterpretation in coding, which resulted in losses for the hospital.

**2. Clinical Aspect**

Pending BPJS claims for inpatients at Tidar Public Hospital, Magelang due to clinical aspects as many as 172 of the 805 pending files with a percentage of 22%. Data pending claims due to clinical can be seen in the following table:

Table 4. Pending Medical Record Claims for Inpatients Based on Clinical Aspects at Tidar Public Hospital, Magelang

| No | Classification | Total | Percentage (%) |
|---|---|---|---|
| **1** | Confirm Patient Medical Resume | 40 | 23 |
| **2** | Treatment at Diagnosis | 57 | 33 |
| **3** | Confirm Signs of Disease Symptoms | 51 | 30 |
| **4** | Main Diagnostic Confirmation | 24 | 14 |

Based on the table above, it is known that the case on the confirmation of the medical resume means that the readability of the writing on the resume is less legible or the scan results of the resume sheet are not clear related to the patient's disease. Most of what doctors give focus on which diagnosis. For cases of confirmation of disease symptoms, it means that the symptoms on the patient's medical resume are in accordance with the diagnosis or not. For cases of confirmation of the primary diagnosis, it means whether the secondary diagnosis is also the primary diagnosis, if so, it can be coded with a single code or a combination code, if not, the primary and secondary diagnoses will be coded themselves.

Based on the classification of the causes of pending claims above, here are examples of cases of pending claims due to clinical aspects at Tidar Public Hospital, Magelang: *Confirmation of Patient Medical Resume: Please complete the resume, the patient enters with complaints, what kind of condition. In the final diagnosis, it is written that there is a suspected Covid-19 drug, oseltamvir too, what complaints does the patient have? Please check again what the case is*. Treatment for diagnosis: *What is the treatment for hepatitis B? Confirmation of Signs and Symptoms of Disease: What are the symptoms for bronchitis? Is the condition of the stroke a re-attack or a sequela of a previous stay?* Confirmation of the Main Diagnosis: *Is the condition of the stomatitis part of the main diagnosis, namely hv? Ttv septicemia according to sepsis pnpk and culture results?*.

The results of this study are in line with the results of previous studies that the incompleteness of the medical resume which is dominated by the absence of the signature of the Patient Responsible Doctor (DPJP) is due to the presence of dual tasks on the case manager so that there is a delay in settlement (Artanto, 2016). This is also in accordance with Santiasih, et al (2021) Pending claims for BPJS Health inpatients in hospitals occur because of discrepancies or incomplete filling of items in filling out patient medical records, such as discrepancies between diagnosis and medical resume, then appropriate therapy. given is not in accordance with the existing diagnosis that has been made by the doctor in charge of the patient (DPJP).

**3. Administrative Aspect**

Completeness of administrative files in the form of a medical resume, chronology of events, and SEP have an effect on verifying BPJS claims. Pending claims due to

administration as many as 366 with a percentage of 45%. Data pending claims due to administration can be seen in the following table:

Table 5. Pending Medical Record Claims Based on Administrative Aspects at Tidar Public Hospital, Magelang

| No | Classification | Total | Percentage (%) |
|---|---|---|---|
| **1** | Confirmation of Examination Results (Supporting Reports) | 51 | 14 |
| **2** | SEP data | 82 | 22 |
| **3** | Claim File Completeness | 20 | 5 |
| **4** | Genesis Chronology Letter | 40 | 12 |
| **5** | Patient Confirmation | 37 | 10 |
| **6** | Billing | 13 | 4 |
| **7** | Traffic Accident Administration | 64 | 17 |
| **8** | Baby Care class confirmation | 59 | 16 |

Based on the table above, it is known that the BPJS verifier asked to complete the results of supporting examinations to establish the diagnosis. For the case of SEP data, it means that the BPJS asks for confirmation on a different date on the SEP with the date of admission or patient care, the SEP file has not been attached. For cases of completeness of the claim file, it means that there are still requirements sheets that have not been submitted to BPJS. For the case of a chronology of events, it means that the BPJS asks for a chronology letter regarding an incident experienced by the patient to determine whether the case is covered by BPJS or not. For the case of confirming the patient to go home, it means confirming how to go home, the time and date of a different patient in the SEP and the discharge sheet. The Billing case means that the BPJS confirms to the hospital because there is a difference in the amount of the proposed fee with the real cost at the hospital. in the case of traffic accident administration, the BPJS verifier asks to check the completeness of the KLL checklist on the claim, as well as a police report that has not been verified to the raharja service. In the case of confirmation of the class of infant care, it means that the non-class infant care billing class is class 3.

This is in line with Agiwahyuanto et al, (2022) that one of the causes of pending claims is due to incompleteness or lack of requirements when making claims. The results of the interview with the casemix coordinator regarding the percentage of claim refunds caused by incomplete file requirements. This is also in accordance with Santiasih, et al (2021) regarding the completeness of the claim file between the hospital's internal verifier and the BPJS Health verifier which also affects pending claims.

**Factors causing pending medical record claims of inpatients at Tidar Public Hospital, Magelang.**

Pending claims are claims that are returned by the BPJS Health verifier to the hospital for revision which can later be resubmitted. based on the results of interviews, the causes of pending claims for medical records of inpatients at Tidar Public Hospital,

Magelang in 2021 include Man factors, Material factors, and Machines. The following are excerpts from interviews conducted by researchers with V-claim officers and inpatient coding officers:

**1. Man Element**

Man referred to in this study is human resources or medical record officers who are involved in implementing the BPJS claim process on the medical record file. Based on the results of interviews with inpatient coding officers, it can be seen that the cause of the pending BPJS claims is because the coder officers have difficulty in coding patient diagnoses and actions. This is because the writing is difficult to read, and there are several abbreviations of medical terms that are not known by the officers. This explains that the level of knowledge of officers that needs to be improved by participating in special coding training for BPJS claims. Training is needed for officers, especially in reading doctor's writings and abbreviated codes so that officers do not do harm to the hospital. This is in line with the results of previous studies that the cause of pending claims from the man factor, namely delays in implementing BPJS claims, were met by initial completeness verifier officers who were not careful in checking patient requirements, doctors incompletely filled out resumes, and coding officers who carried out other activities. (Noviatri & Sugeng, 2016). The man factor that causes delays in the implementation of BPJS claims is found in the initial completeness verifier officer who is not careful in checking the patient's requirements, the doctor incompletely filled out the resume, and the coding officer carried out other activities

**2. Material Element**

The completeness of the BPJS claim file is the completeness of the claim file and the completeness of filling in the information on the claim document. The complete claim file consists of Participant Eligibility Letter (SEP), medical resume, results of supporting examinations, billing, and other necessary supporting files. The incompleteness of the claim requirements file results in the claim being returned, the lack of a requirement sheet can result in the diagnosis submitted has not been established. This is in accordance with the results of Kusumawati and Pujiyanto's research (2020) that claim completeness files such as incomplete medical resumes occur because the DPJP is still unable to complete a comprehensive medical resume related to history starting from history to therapy. Incomplete medical resumes are the cause of pending claims. BPJS Kesehatan will directly ask for confirmation if there is no data needed in the medical resume for the verification process. The completeness of a medical resume is very influential on hospital income (Apriyantini. 2016).

**3. Machine Element**

The machine referred to in this study is the facilities and infrastructure used in the medical record work unit in carrying out the BPJS application process activities. The system currently running at Tidar Public Hospital, Magelang is an integrated computerized system, where the hospital management information system has been integrated with INA CBG's. Constraints that are often experienced by officers when

submitting claims are the SIMRS application and the INA CBG's application which often experience system error problems caused by network disturbances so that claim submissions are not included in BPJS verification monitoring.
The results of this study are in line with Nabila, et al (2020) that computer networks often experience errors that can hinder the work of officers because the Healthy Plus and INA-CBG's applications cannot be accessed, resulting in a buildup of claim files. Based on these problems, technology has an important role in overcoming the problem of pending claims in hospitals.

## CONCLUSION

The implementation of BPJS claims at Tidar Public Hospital, Magelang has been carried out based on the existing SOP. It is known that there are 805 (5.6%) pending medical record claims and 13,595 (94.4%) medical record claims for inpatients that have passed verification from 14,400 claim files. The classification of pending BPJS claims for inpatients at Tidar Public Hospital, Magelang, includes: coding aspects (33%), clinical aspects (21%), and administrative aspects (46%). Factors causing pending medical record claims include the Man element, the officer associated with the claim implementation, consisting of DPJP and coder officers. Material element is the completeness of the claim requirements file such as medical resume and SEP. Machine elements are facilities and infrastructure that support services, namely the SIMRS application and the INA CBG's application which often experience system error problems caused by network disturbances.

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