Factors Causing Delays in Submitting Inpatient BPJS Claims at General Hospital of dr. H. Koesnadi Bondowoso, Indonesia

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ABSTRACT

The submission of BPJS claims by health care facilities according to the technical verification manual is at least on the 10th of the following month. Meanwhile, in October 2019, the process of submitting inpatient BPJS claims at RSU dr. H. Koesnadi Bondowoso exceeded the 10th of the next month which was 130 days delayed. The purpose of this study analyzes the factors that cause the delays in submitting inpatient BPJS claims. The Type of qualitative research by finding out causal factors based on personal factors, leadership factors, team factors, system factors and contextual/situational factors using Problem Tree Analysis. Data collection techniques are in-depth interviews, observation, documentation and brainstorming. The results showed a lack of knowledge related to the deadline for submitting a BPJS claim and a delay in file submission from inpatient rooms. Incomplete files for inpatient BPJS, internal verifier have multiple jobs and lack of guidance from chief nurse also causes of delay in submitting claims. There are no standard operating procedures, hospital information management system and scanner error, an increase of workload, and less supportive of work environment due to the Covid-19 pandemic. It is recommended to make standard operating procedures for submitting inpatient BPJS claims, discipline the employees, give rewards and add more employees for the Controller Installation.

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Faktor Penyebab Keterlambatan Pengajuan Klaim BPJS Rawat Inap di RSU dr. H. Koesnadi Bondowoso

Kata kunci:
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ABSTRACT

Pengajuan klaim BPJS oleh fasilitas pelayanan kesehatan berdasarkan buku petunjuk teknis verifikasi maksimal tanggal 10 bulan berikutnya. Proses pengajuan klaim BPJS rawat inap di RSU dr. H. Koesnadi mengalami keterlambatan dimana pengajuan bulan Oktober 2019 melebihi tanggal 10 bulan berikutnya yaitu terlambat 130 hari. Tujuan penelitian ini menganalisis faktor yang menyebabkan keterlambatan pengajuan klaim BPJS rawat inap. Jenis Penelitian kualitatif dengan mencari faktor penyebab berdasarkan personal factors, leadership factors, team factors, system factors dan contextual/situational factors menggunakan Problem Tree Analysis. Teknik pengumpulan data dengan wawancara mendalam, observasi, dokumentasi dan brainstorming. Hasil penelitian menunjukkan penyebab keterlambatan pengajuan klaim BPJS rawat inap, keterlambatan setor berkas klaim BPJS rawat inap dari ruangan, ketidaklengkapan berkas klaim BPJS rawat inap, verifikator internal double job, kurangnya bimbingan Kepala Ruangan, kerja sama belum maksimal,
INTRODUCTION

One of the health insurances provided by the Indonesia government is National Health Insurance Program (JKN) which is administered by BPJS Kesehatan (Social Insurance Administration Organization). BPJS collaborates with first health facilities and hospitals as the referral facilities through a cooperation agreement. Hospitals take role as a Health Service Provider (PPK) that has the right to claim service payments to the participants and it is also obliged to continue the payments to health facilities afterwards (Kemenkes RI, 2014). In this case, claims are costs for health service of BPJS participants submitted either individually or collectively by PPK, (Asis et al., 2017). Submitting a claim to the further BPJS offices either in district or city branch must complete the administrative requirements. It relates to the patients’ medical record of their health services. The administrative requirements in filing a claim include a medical resume, service recapitulation, SEP (Participant Eligibility Letter), details of service bills from the hospital and others.

Based on the interview results with the controller officer at (public hospital) RSU dr. H. Koesnadi Bondowoso conducted on November 8th 2019, the process of verification and claim from this hospital were applied through Vedika (Digital Claim Verification) since August 2019. It was found that the submission claim by vedika implementation encountered obstacles which led to delays in submitting claims to the BPJS. Consequently, the hospital exceeded the date given by BPJS about claim verification, which is not more than 10th of the following month. These are the data regarding this issue:

Table 1
The Dates of Claim Submission File to BPJS in October – February 2020

<table>
<thead>
<tr>
<th>Month</th>
<th>Submitted File</th>
<th>Date of Submission</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>October</td>
<td>July 2019</td>
<td>9th October 2019</td>
<td>59 days late</td>
</tr>
<tr>
<td>November</td>
<td>August 2019</td>
<td>5th November 2019</td>
<td>55 days late</td>
</tr>
<tr>
<td>December</td>
<td>September 2019</td>
<td>6th December 2019</td>
<td>54 days late</td>
</tr>
<tr>
<td></td>
<td>July 2019 (follow up)</td>
<td>19th December 2019</td>
<td>130 days late</td>
</tr>
<tr>
<td>January</td>
<td>January 2018 (follow up)</td>
<td>22nd January 2020</td>
<td>122 days late</td>
</tr>
<tr>
<td></td>
<td>October 2019</td>
<td>2nd January 2020</td>
<td>51 days late</td>
</tr>
<tr>
<td>November</td>
<td>December 2019</td>
<td>17th February 2020</td>
<td>37 days late</td>
</tr>
<tr>
<td></td>
<td>October 2019 (follow up)</td>
<td>27th February 2020</td>
<td>104 days late</td>
</tr>
</tbody>
</table>

Source: RSU dr. H. Koesnadi Bondowoso.

From the data above, there is always a delay in submitting inpatient BPJS claims every month. In December, there is a submission of a follow-up claim in July 2019. In January there is a follow-up claim in January 2018, and in February there is a follow-up claim in October 2019. It happens because officers from inpatients room are late to submit the document to the controller, moreover there is some incompleteness of it. See the following table of the hospital’s data:

Table 2
The Incompleteness Data of Claim Files in November – December 2019

<table>
<thead>
<tr>
<th>Month</th>
<th>October</th>
<th>November</th>
<th>December</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>RI</td>
<td>RJ</td>
<td>RI</td>
</tr>
<tr>
<td>Amount of the submitted files</td>
<td>813</td>
<td>7083</td>
<td>786</td>
</tr>
<tr>
<td>Amount of the incomplete files</td>
<td>64</td>
<td>13</td>
<td>62</td>
</tr>
<tr>
<td>Percentage of the files incompleteness</td>
<td>6,58%</td>
<td>0,18%</td>
<td>7,89%</td>
</tr>
</tbody>
</table>

Source: RSU dr. H. Koesnadi Bondowoso

The data shows that incompleteness percentage of the inpatients are greater than the outpatients. The highest percentage is in December which up to 8,18 % meanwhile there is only 0,25% from the outpatients. Some requirements are unable to be fulfilled entirely such as the absence of laboratory result and DPJP’s sign, unclear notes on the medical files, a mismatch between billing and SIMRS, wrong nominal on the casemix, etc. The incomplete data from inpatients’BPJS claims files may cause the case of follow-up claim and delays in its submission. There are also some additional factors that stimulate this problem. Change of the claiming system to BPJS through
vedika which is from hardcopy to softcopy, errors in SIMRS related to its bridging system, and limited scanner tools that affect the claiming process. This matter belongs to the System factors stated by Armstrong and Baron (1998: 16) in (Wibowo, 2017). It is also supported by Noviatri & Sugeng (2016) who reveals that delays in claim submission in Panti Nugroho Hospital are triggered by Machines factor specifically about the errors in BPJS internet server in checking patients’ data and lack of performance on bridging system that only applicable for SEP. Furthermore, low understanding of the hospital officers about deadline in submitting inpatients BPJS claims and their inadequate competences to work on those files become the Personal Factors of the cause. As written in Horas et al. (2019) who found that claim payment delays from JKN participants in RSU GMIM Pancaran Kasih Manado were caused by files incompleteness on patients’ medical record, laboratory and EKG result, etc.

Regarding on Team factors, there is lack of coordination between officers from inpatients rooms and the controllers. Oktviani (2019) said that this problem would cause a fragmented care, conflicts among divisions, and delays in medical checkup and treatments. Besides, from Leadership factors, chief of the controller officers did not fully involved to give guidance to submit the claim in time or punctually. Wibowo (2017) mentioned that work performance in a organization are influenced by the way its leader manage its employees. Based on a interview result, changes in the internal environment due to the implemention of accreditation might also create delays during claim submission. This matter belongs to Contextual/ situational factors conveyed by Armstrong and Baron (1998: 16) in Wibowo (2017). In line with Wibowo (2007) that explained that if work environment provided comfort, it would encourage employee performance.

As the impact of the delays, the disbursement of claim funds from BPJS would be always not on time. Look at this table for the details.

![Figure 1. Disbursement of BPJS Claim Funds 2019 (dr. H. Koesnadi, 2019)](image)

The part marked with a red box is one of the time inaccuracies in the disbursement of claim funds from BPJS. The disbursement of funds in July 2019 was paid by BPJS on 11 December 2019. According to the Claims Administration Technical Guidelines, BPJS is obliged to pay the health facilities for its services provided to participants in at least 15 working days since the claim files received completely at BPJS office. Whereas this fact is very far from the payment schedule that should be made by BPJS. This time inaccuracy of claim funds disbursement will disrupt hospital operations related to service payments to employees, provision of medicines and medical devices and payments for electricity and water.

Hence, this study aims to analyze the factors that cause delays in submitting inpatient BPJS claims based on factors affecting work performance according to Armstrong and Baron (1998: 16) in Wibowo (2017). It consists of Personal factors, Leadership factors, Team factors, System factors and Contextual / situational factors which then they are analyzed by Problem Tree Analysis method.

**Research Subject**

The research subjects consist of the Head of the Control Installation, the Head of the Installation Controller, Internal Verifier, inpatient coding officer, 2 data entry officers, Head of the Room and 3 Room Administration Officers of RSU dr. H. Koesnadi Bondowoso.

**Data Collection**

Data collection methods are taken by in-depth interviews, observation, documentation and brainstorming to determine the solution of existing problems. Data collection was carried out for 4 months starting from September - December 2020.

**Data Analysis**

This research using qualitative data analysis by presenting the results of in-depth interviews, observation, documentation and narrative brainstorming and performing it in the form of a Problem Tree Analysis to analyze the factors that cause delays in submitting BPJS inpatient claims.

**RESULT AND DISCUSSION**

**Analyzing Causing Factors Level 1,2,3. Delays in Submission of Inpatient BPJS Claims Based on Personal Factors**
Personal factors in this study are related to claim submission process based on the officers’ competence. Competence is the ability to carry out a job or task based on the skills or knowledge of the officers about *vedika*, the requirements and its deadline for submitting claims according to the BPJS regulations, which is no later than the 10th of the following month. The finding reveals that the cause of the delays is due to lack of officers’ knowledge about its submission deadline. It is because the officers are still new to work in the department at the control installation. It is also caused when they have never attended training regarding inpatient BPJS claims. Due to the Covid 19 pandemic, meetings related to training or seminars were eliminated considering the recommendation to comply with health protocols. Moreover, the flow of funds for external seminar is also replaced to the Covid 19 service. To obtain productive human resources for the sustainability of an organization or company, they are required to be involved in a special training and development program (Suratman & Eriyanti, 2020).

About the lack competence of officers, it is also caused by the low skills in fulfilling inpatient BPJS claim requirements so that many of it are returned to the room as the files are found incomplete. Some of the reasons are the resume and its supporting results have not been attached, waiting for the doctor filling the required file, and the patient’s medical resume which could not be read clearly. In line with the research conducted by Putri et al. (2019) stated that the cause of delay in submitting claims is because there is an incomplete claim document that must be returned to the treatment room. The process of returning the claim documents may cause delays during the submissions.

Lack of staff competences is also caused by room administration officers who are late to deliver inpatient BPJS claim documents to the control installation. It happens as the doctors do not immediately fill in the patient’s medical resume and the pathology and anatomy results are only completed in about a week. Their insufficient ability is also caused by verification process that are not carried out every day. This is because the internal verifier has double job, and they wait for files to be delivered from the room. Complete medical record files are not immediately brought to the *IP* (Financing Guarantee Installation) but they are waiting to be collected in the service unit room. This delay makes it hard to achieve the target of stage I files every month (Aditya Pradani et al., 2017).

**Analyzing Causings Factors Level 1,2,3. Delays in Submission of Inpatient BPJS Claims Based on Leadership Factors**

Leadership factors in this study refer to instructions (explanations) on how to do something given by the head of the control section and the head of the inpatient room to submit claims for inpatient BPJS punctually. The head of the room has provided guidance, but it is not done every day because the room clerk usually get the new information toward submission of BPJS claims from the *vedika* group and sometimes they provide this information to the head of the room. However, providing guidance through the *WhatsApp* group is less effective and ideally it should be the direct guidance from the head of the room so that the explanation can be right on target. The role of the head of the room is very influential in improving the quality of inpatient rooms’ staffs, therefore it is necessary to continuously train its staff (Matrudang, 2020).

**Analyzing Causings Factors Level 1,2,3. Delays in Submission of Inpatient BPJS Claims Based on Team Factors**

Team factors in this study are related to completing tasks in order to achieve goals by individuals or between the officers, either in the control department or officers in the inpatient unit to submit BPJS claims on time. Based on the research result, giving punishment has been made to officers who are unable to perform well in the form of cutting their services allotment, demotion of the position, postponement of periodic salary increases and termination of employment if the offenses committed by officers are considered very serious. However, giving rewards still cannot be applied regularly because there are no clear parameters about officer discipline. The rewards made by the hospital are related to services because there have been clear quality indicators of it. Wibowo (2017) stated that leaders provide additional income as an effort to appreciate the performance of their workers. The share of incentives links rewards and performance that are given to individuals or groups to increase work motivation.

**Analyzing Causings Factors Level 1,2,3. Delays in Submission of Inpatient BPJS Claims Based on System Factors**

System factors in this study are indicated by the existence of a clear work system and facilities that support the timeliness of submitting inpatient BPJS claims. The system factors in this study include the *vedika* claim submission system, SOP, scanner, supporting applications for claim submission including SIMRS, E-Claim and EMR. *Vedika* or digital claim verification is a process of verifying claims submitted by the Advanced Referral Health Facility (FKRTL), using a digital verification application carried out by an internal verifier at the FKRTL. Based on the results of interviews with officers, the *vedika* claim process helps and makes it easier for officers, but this is if there are supporting facilities. The drawback of the *vedika* system is that officers have to scan files one by one because the claim requirement files are sent online via the E-Claim application, the verification process is also carried out twice, namely matching the BPJS inpatient claim requirements file with the INA CBC’s E-Claim application and requires storage space for stacks of verified claim requirement files and sent to BPJS Kesehatan because only SEP (Participant Eligibility Letter), patient medical resumes and casemixes are sent to BPJS branch offices in hardcopy form.

SOPs or Standard Operating Procedures are instructions or steps to complete a work process that provides the correct and best steps to carry out an activity. SOPs in this study are policies or work procedures related to submitting inpatient BPJS claims, editing inpatient BPJS claim files, data entry on E-Claims and SOPs related to the claim verification process. Based on the results of interviews with several officers, those intended SOPs are still unavailable because the instructions and requirements for submitting BPJS claims are always updated so that the RSU dr. H. Koesnadi Bondowoso directly referred to the technical instructions and regulations sent and informed by BPJS via the *WhatsApp* group. According to Malonda et al. (2015) there is no SOP made by the hospital in the form of a Decree Regarding the Proposal for Submission of Claims at Dr. Sam Ratulangi Tondano to BPJS which become an obstacle in filing claims for health facilities to BPJS.
The scanner referred to in this research is a scanner facility that fulfills the need to assist in the duplication process and keeps the file requirements for submitting claims for inpatient BPJS in softcopy. Based on the results of the interview, the available scanner sometimes makes errors cannot work properly. The number of scanners for inpatient BPJS claims submissions at the Control Installation has not met the need due to the large number of inpatient BPJS claim files, which are almost 1000 files a month. In line with research conducted by Pada et al. (2017), facilities and infrastructure affect the performance of officers, if the facilities and infrastructure are incomplete and not in accordance with standards, it may affect negatively to their work performance. The supporting applications referred to in this study are applications that are used in the process of submitting claims for inpatient BPJS, including E-Claim, V-Claim, SIMRS, EMR and the presence of a bridging system among several applications. Based on the results of the interview, it can be concluded that SIMRS has been available since 2015 but its use is often error-free, the network is sometimes slow, so it is difficult for officers to monitor inpatient files, resulting in delays in the verification process causing officers to work overtime.

In line with Sophia & Darmawan (2017) research, several factors that cause delays in claims are due to facilities and infrastructure such as problems with applications and the internet, no bridging system, and there are hospitals without a billing system. Electronic Medical Record (EMR) is the use of electronic media so that all patients’ medical records are stored in a database management. With the EMR or RMK, it will be easier for officers in the process of submitting claims for inpatient BPJS, so they do not need to scan one by one the claim requirement files, but simply by downloading the notes and results of the patient examination on the EMR. Meanwhile RSU dr. H. Koesnadi Bondowoso has not used this EMR due to the large funds and unqualified human resources at the hospital. EMR is very important for hospital management because they provide integrated and accurate data as well as a solution to improve cost efficiency, increase access and service quality. However, its implementation has many challenges, one of which is the lack of organizational readiness. This is one of the factors that cause health facilities to fail in implementing EMR (Wirajaya & Dewi, 2020).

Analyzing Causing Factors Level 1,2,3 Delays in Submission of Inpatient BPJS Claims Based on Contextual/ Situational Factors

Contextual / situational factors in this study are about the workload caused by changes in the external environment, internal and external relationships between staffs in inpatients room and from the Control Installation room. The external environment increases the workload of officers therefor it causes lack of their work achievement especially in the control installation room. The complex Covid 19 claim requirements file with unsupportive working conditions due to reduced use of air conditioning during the Covid 19 pandemic is also a factor that causes delays in submitting claims. The lack of officers submitting inpatient BPJS claims with the addition of Covid19 patient claim files further burdens their workload. According to Clark et. al (1994) in Riyanto (2018), an uncertain environment refers to a situation or condition of the external environment whose changes are difficult to predict. Research conducted by Widiyanti et al. (2020) found that most nurses have too much work so this can reduce productivity at work.

Factors Analysis of Causing Delays in Submission of Inpatient BPJS Claims through Problem Tree Analysis

Based on descriptions of interviews, observation and documentation, the main problem in this study is the delay...
in submitting inpatient BPJS claims. The following figure 2 is a description of the Problem Tree Analysis regarding the causes of delays.

Level 1 causes of the main problem are analyzed based on factors that affect performance according to Armstrong and Baron (1998: 16) in Wibowo (2017) which consists of Personal factors, Leadership factors, Team factors, System factors and Contextual / situational factors. Causes of level 2 and so on are analyzed based on each factor at the cause of level 1.

Determining Solutions Regarding Delays in Submitting Inpatient BPJS Claims using Brainstorming

Based on the explanation regarding the causes of the delays using Problem Tree Analysis, the solution can be determined through brainstorming activity. It was carried out on November 23, 2020, which was attended by research informants consisting of the head of control installation affairs, inpatient coders and data entry officers. The following table is the solutions from the brainstorming results:

<table>
<thead>
<tr>
<th>Tabel 3</th>
<th>Brainstorming Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>No.</td>
<td>Term</td>
</tr>
<tr>
<td>1.</td>
<td>Personal factors</td>
</tr>
<tr>
<td>2.</td>
<td>Leadership factors</td>
</tr>
<tr>
<td>3.</td>
<td>Team factors</td>
</tr>
<tr>
<td>4.</td>
<td>System factors</td>
</tr>
<tr>
<td>5.</td>
<td>Contextual/situational factors</td>
</tr>
</tbody>
</table>

Source: RSU dr. H. Koesnadi, 2020
The solution for contextual/situational factors is that management should add special officers to submit claims for BPJS for Covid-19 patients and design the control installation workspace to make it more ergonomic. This is in line with the research conducted by Valentina & Halawa (2018) which states that the cause of unclaimed BPJS files for inpatients at the Rumah Sakit Umum Imelda Pekerja Indonesia (RSU IPI) Medan is due to insufficient coders so it is advisable to add more human resources to this field.

CONCLUSION AND RECOMMENDATION

These are the causes of delay in submitting BPJS claims in RSU dr. H. Koesnadi Bondowoso based on the following factors:

1. Personal factors show that there is lack of knowledge of the claim submission deadline, lateness to collect claim files from the inpatients room, incomplete claim files, and double job of internal verifier.
2. Leadership factors find out that there is no guidance from the head of the inpatients room to do file claims submission punctually.
3. Team factors reveal that low level of cooperation between Control Installation officers and inpatient officers cause the submission delay.
4. System factors discover that the use of vedika system takes time to make all claim files have to be scanned first, there is no SOP of it, error SIMRS for some occasions, and the absence of EMR.
5. Contextual/ situational factors point out the cause obtained from increased workload and less supportive work environment.
6. Solutions gained during brainstorming; keep updating on regulations or technical instructions of BPJS submission claims, giving rewards to the officers, emphasizing managerial work for the head of the room, checking and balancing among the divisions, making SOPs for submitting claims, adding more officers in controller installation.

The recommendation below are addressed mostly to the authorized parties at RSU dr. H. Koesnadi Bondowoso:

1. Hold training or seminars to new officers at the control installation and room administration related to submitting BPJS claims.
2. Provide budget to not only supply supportive facilities and infrastructure such as best quality of computers and scanners, but also create EMR so that BPJS claims can be submitted on time.
3. Rearrange the workspace in the control installation.
4. Apply SOPs that have been recommended and designed by researchers.
5. Further research is expected to elaborate this study by calculating labor requirements based on workload and analyzing outpatient BPJS claims filing.
Gratitudes

Our gratitude goes to the RSU dr. H. Koesnadi Bondowoso who has given us permission for the data collection. Thanks also to the informants who have been willing to take their time to become research subjects.

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