

# INFORMATION SYSTEM DESIGN FOR BPJS CLAIM VERIFICATION MODEL FOR INPATIENTS AT XYZ

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**Abstract.** Since January 1, the BPJS (Social Security Administering Body) health insurance program has been in operation. One common challenge faced by hospitals is the discrepancy between hospital claims and BPJS payments, often impacting hospital profitability. XYZ Hospital has experienced this issue in recent months, underscoring the need for an effective BPJS claim verification model for inpatient services.

This study employs a qualitative approach through interviews with respondents directly involved in BPJS inpatient claims. Findings indicate that the most significant issue lies in the incomplete documentation by attending physicians (DPJP) in medical records, followed by challenges in the BPJS verification process at discharge. These insights provide valuable considerations for improving the BPJS claim process and ensuring better alignment between hospital claims and BPJS payments.

**Keywords:** *BPJS (Social Security Administering Body), Health insurance program*

## **Introduction**

### **1.1 Background of the Problem**

The government began operating a health insurance program called BPJS (Social Security Administering Body) on January 1, 2014. The implementation of this system requires all hospitals to participate in the program and follow the claim formulas set by the government. One of the common problems encountered in hospitals is the mismatch between income from hospital claims and payments from BPJS, which tends to reduce hospital profits. XYZ Hospital has still been suffering from this problem for several months, and the disease is not always on site. Third, there is a lack of similarity in perception between BPJS auditors and hospitals. Fourth, the rates obtained by hospitals are lower than the rates for submitted claims. Fifth, the coding or grouping of Ina-CBG diagnosis is not appropriate. The conclusion of this investigation is that the implementation of BPJS claim verification by auditors and hospitals has not gone well in XYZ Hospital. The reason for the discrepancy in BPJS claims at XYZ Hospital is that the coding or grouping of diagnoses in the INA-CBG system is not appropriate, so the results of this research can be considered as a good workflow model to verify BPJS claims of inpatients.

The aim of this research is to determine and analyze the completeness of BPJS application files, the implementation of BPJS application review, and the causes of discrepancies in the implementation of BPJS applications at XYZ Hospital.

## **METHODS**

This research is a qualitative research conducted to find out the phenomena experienced by the research subjects. The design of this research is a case study using an open-ended in-depth interview approach (depth interview). General practitioners, nurses, the BPJS hospital team, RM officials and BPJS officials at XYZ. The subjects of this research are medical records. This research was conducted in 2023 from January to April. The data collection techniques of this study used in-depth interviews, documentation studies and participatory observation. The inclusion criteria in this study were BPJS patient records for January to September 2023, doctors in charge, nurses, ward managers, medical records managers, BPJS auditors in XYZ hospitals. The exclusion criteria were damaged medical records and doctors or respondents who do not want to be interviewed. This research uses qualitative data analysis techniques namely data obtained from interviews, FGD, observation and documentation and grouped on the basis of existing indicators as well as on the basis of existing facts and also critical reflections to obtain meaningful results. Therefore, descriptive analysis techniques are used in conducting data analysis.

## **RESULTS AND DISCUSSION**

The major claims issues in XYZ Hospital were that the attending physician had incompletely filled out the medical record. In the context of verifying health services, especially emergency room services in hospitals, day care services and day surgery services including outpatient care are mentioned. Out of the 12 respondents, 5 respondents disagreed that XYZ Hospitals had done this and 7 respondents agreed that XYZ Hospitals had done this. In this case, I agreed with the results of the interviews I conducted, so in this case, all respondents stated that XYZ Hospitals already provide day care services as well as day surgery services including outpatient care. So, it could be said that XYZ Hospitals are in compliance with the 2014 Technical Instructions on Claims Verification. However, there is a lack of common perception among auditors in XYZ Hospital. Then the hospital's implementation of the BPJS application verification in XYZ Gamping Hospital has not gone well due to incompleteness of the medical staff or the doctor in charge of the patient (DPJP) The final conclusion is the cause of the discrepancy in the BPJS details in the hospital XYZ codes or group diagnoses in the INA-CBG system, which is due to a lack of understanding of the medical records at XYZ Hospital, so there is a difference between the INA-CBG's Verifier package and the results in XYZ Hospital.

## **CONCLUSIONS AND RECOMMENDATIONS**

From the results of the above research, several things can be suggested for hospitals. It can be concluded that the implementation of the XYZ application review, namely the BPJS hospital by the auditor in XYZ hospital, needs to communicate quickly, accurately and efficiently, so that if there are problems in the BPJS health field, this will not happen again. Second, management needs to support doctors, especially DPJP, to encourage them to fill out complete medical records.

### **Suggestion**

The next step is regarding the BPJS, namely the need to appoint a permanent BPJS auditor in XYZ hospital to facilitate the review related to the volume of patient hospitalization in XYZ hospital. The last suggestion is for future researchers, namely the need to conduct similar research in other hospitals to find problems and find solutions to these problems.

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