

THE IMPLICATION OF INCOMPLETE MEDICAL RESUMES ON HEALTHCARE INSURANCE CLAIMS IN INDONESIA: A SYSTEMATIC REVIEW

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ABSTRACT

This research is based on the background of the importance of medical resumes on claims processing of Healthcare Insurance in Indonesia widely known as Healthcare BPJS. The completeness of the medical resume is still a problem as it is not as required in healthcare services. The aims of this research are to review systematically the triggering factors for incomplete medical resumes and to know the implications of incomplete medical resumes on BPJS claims. This research uses the systematic method with the subjects used are books, literature articles, and internet media related to the implications of incomplete medical resumes on BPJS claims. The results of this research are that there are several factors that trigger the incomplete medical resume, which is dominated by the man factor (no in charge doctor of service/DPJ signature), followed by the nature factor, method, and material factors. Meanwhile, the several implications of incomplete medical resumes on BPJS claims, namely, prolonging stay, and cure claim.

Keywords: Incomplete Medical Resume, BPJS Claim

INTRODUCTION

The National Health Insurance Program (JKN) currently taking place in Indonesia is a manifestation of the government's responsibility to ensure the healthiness of Indonesian people, including the poor. To implement this program, the government established BPJS which stands for 'Badan Penyelenggara Jaminan Sosial' or Social Health Insurance Body as the authorized government body. As a state-owned public legal entity, BPJS Kesehatan (hereinafter called Healthcare BPJS) manages the short-term insurance program, which means the payment paid this month are also used to pay claims in the same month. Healthcare BPJS has the principle of 'gotong royong' or mutualism in which every member of BPJS has the same right to obtain healthcare services. The healthcare services that have been received will then be billed by the health service provider by first completing the requirements as stated in Presidential Regulation of the Republic of Indonesia No. 12 (2003) concerning National Health Insurance, article 38 stating that BPJS is obliged to pay the healthcare facilities for services provided to participants no later than fifteen days after the complete claim document

is received.

One of the healthcare BPJS claim documents is a medical resume. A medical resume is a medical record that contains a summary of the documentation of patients' admission and discharge from the healthcare provider, whether the patient is alive or dead. The authentication of medical resume information [1] is useful as an aspect of documentation, namely as evidence that services have been carried out for patients. In authentication, the medical resume must not be signed by anyone other than the in-charge persons (doctor/nurse) who treats the patient. In other words, the information contained in the medical resume must present complete information to ensure the value of the information.

The completeness of the data in the medical resume itself can be seen as according to the Regulation of the Ministry of Health of the Republic of Indonesia 269 of 2008 at least contains: 1. Patient identity; 2. Admission diagnosis and treated patient indication; 3. Summary of results of physical and supporting examinations; 4. The name and signature of the doctor or dentist providing health services. Evidence of services that include diagnoses and procedures as well as the signature of the Doctor in Charge of Service (DPJP) are to be

included in the medical resume file to support the completeness of the medical resume itself [2]. Therefore, if one of these is not included in the medical resume, the medical resume is declared incomplete. Previous research by [3] revealed that incomplete medical resumes were found related to the main diagnostic variables, secondary diagnoses, and main procedures.[4] also indicated that the completeness of medical information affects the accuracy of the diagnosis code. This background shows that the completeness of medical resume affected BPJS claims processing. This research focuses to find out the triggering factors of incomplete medical resumes, as well as to know the implications of incomplete medical resumes on BPJS claims.

LITERATURE REVIEW

Medical Resume

According to the guidelines on management and procedures of hospital medical records, the Ministry of Health of the Republic of Indonesia (2006), a medical resume is a summary of services provided by health workers, especially doctors, during the treatment period until the patient is discharged. In addition, Regulation of Ministry of Health No. 269 (2008) article 4 paragraphs 1 and 2 concerning medical records, it is stated that summary of discharge regulated in article 3 paragraph 2 must be made by a doctor or dentist who treats the patient, and the contents of discharge summary as referred to in paragraph 1 are at least include patient identity, admission diagnosis and treated patient indication, and the name and signature of the doctor and dentist providing health services.

The quality of medical records [5] depends on the completeness of the files and data in the medical record. Incomplete medical record filling has the potential to reduce the quality of the medical record. Factors that affect the quality of medical records include human resources, facilities and infrastructure and the last is monitoring and evaluation. The completeness of the medical resume file should be the responsibility of all parties involved in filling out the medical resume file data. A complete medical resume is a reflection of the quality of medical records and services provided by the hospital [6]. To control the incompleteness of data in the medical resume, a qualitative analysis of medical records is conducted by examining every note written by the health worker who was responsible for direct care to the patient. This analysis ensures the accuracy and correctness of the diagnosis and the completeness of filling out the patient's medical resume can be accounted for. The analysis is made based on the indicators of a complete medical resume as highlighted by [7] including Patient Identification (full name, number of medical record, date of birth), review on important report (admission diagnosis, inpatient indication, disease

history, physical checkup, therapy, main diagnosis, secondary diagnosis, further treatment, medication, visit date), review of documentation (diagnosis writing, readability, error correction), and review of authentication (Doctor and Nurse in charge of treatment, name of doctor or nurse) [8].

The medical resume is made with the intention to ensure firstly the continuity of high quality medical services as well as useful material for doctors who receive when the patient is admitted to the hospital again, secondly to serve as assessment material for the patient's medical staff, thirdly to fulfill requests from official bodies or individuals about the patient care, for example from an insurance company, finally to serve as an official copy for the expert system that requires the records of the patients they have treated. In short, the information in a medical resume serves a vital role for patient care support, hospital documentation, financial statement, as well as communication.

As mentioned above, medical resume have a relationship with BPJS claims as indicated in the research [9] entitled completeness of medical record files and BPJS claims at M. Zein Painan Hospital aimed at finding out the relationship between completeness of medical record files and BPJS claims. This research, using analytical observation and a cross-sectional research approach with 125 complete medical record samples, revealed 66.4% complete medical record and 33.6% incomplete medical record, while BPJS claim approvals was 60.8% and disapproval was 39.2%. This research concluded that there was a relationship between the completeness of medical records and BPJS claims (p -value 0.05, $p = 0.019$).

Healthcare BPJS

Healthcare BPJS is state owned legal entity which is in charge directly to President and functions to implement the health insurance program for all Indonesian residents, including expats who have been living in the country for 6 months or more as stipulated in Law [10]. This BPJS gives the holders some healthcare protections, including basic healthcare provider, advanced healthcare service, and hospitalization service.

Regarding the claims submission, Presidential Regulation [11] stated that the claims submission of healthcare services by healthcare facilities to healthcare BPJS should be no later than six months since the healthcare was provided. In line with this, this regulation mentioned that BPJS is also able to request the medical resume of the patient according to the provision of the effective laws. This medical resume contains at least the identity of patient, diagnosis, and history of billed medical checkup and treatment. In short, this medical resume is a mandatory requirement to fulfill for the smooth process of cost payment for healthcare services. If healthcare BPJS verification finds the requirement not fulfilled, BPJS can declared it pending, dispute or inappropriate [12].

Ali Ghufron Mukti, the director of Healthcare BPJS, furthermore stated in his release dated 12 October 2021 that the above conditions happens, one of which, if the claims submitted by healthcare facilities are not yet complete or inappropriate or disagreement regarding the provided clinical services or treatment. When this happens, the financing process for the healthcare services will be delayed and hampered.

METHOD

In this systematic review, the synthesis grid method is used to collect all the knowledge that has been obtained to compile a new view [13]. The view is derived from books, literature articles/journal, as well as internet media related to the implications of incomplete medical resumes on BPJS claims. The collected sources were then grouped based on the similarities to the results measured to answer the objectives of the research. Research articles that matched the inclusion criteria were then put together and a summary of the articles was made including: researchers, research titles, research methods, research instruments, and research results.

In searching the related material for this research, the Boolean operator keywords (OR, AND, NOT, AND NOT) is used to facilitate the search for the articles needed and also in accordance with the research objectives. In this research, the keywords used were "incomplete medical resume" and "BPJS claims". The data collected for this research is secondary data obtained from the results of the books, articles/journal, and internet media related to the implications of incomplete medical resumes on BPJS claims. The database used in this research is Google Scholar database to search for related literatures to the research objectives. The literatures were retrieved from February to April 2022.

The articles were collected based on the inclusion criteria stating that the article should be related to the research topic, the result of research should indicate the relationship between the incomplete medical resume and BPJS Claims, and they should be published between 2012-2021. Based on this criteria, using the Google Scholar database and the keywords "incomplete medical resume" and "BPJS claims", a total of 413 articles were obtained. The results of the initial identification using the year of publication >2012 were found to be 32 articles. Then the screening was conducted with inclusions in accordance with the topic of this research and obtained approximately 15 articles. To see the eligibility of the articles, they are viewed whether they are in accordance with the formulation and objectives of the researcher's problem, and finally 6 appropriate journals were obtained for review.

RESULTS AND DISCUSSION

Results

The medical record contains important notes, especially regarding the patient's progress record,

and one of the important files in the medical record is the patient's medical resume. One of the uses of a medical resume is as documentation, as well as a source of financing for patients who are members of healthcare BPJS. This is in line with one of the requirements for a patient's BPJS claim that is the existence of a complete medical resume that includes all documentation of patient data required by BPJS verifier. Therefore, if there is an incompleteness of BPJS claims, for example, in medical resume, it will hamper BPJS claiming process.

~~The following are results found in six most relevant literatures in accordance with the objectives of the research:~~ The first results of the research [10] in the analysis of complete medical resume of BPJS inpatient on Healthcare BPJS Claims processing in Melania Hospital Bogor concluded that the main cause of incomplete medical resume was man factor as found in unreadable medical diagnosis writing reaching 59.43%, incomplete name and signature of doctor (39%) or nurse (47.83%) in charge of treating the patient. This condition was worsened by lack of awareness of paramedics on the importance of filling the medical resume. Hectic schedule and workload were often called as the excuse why paramedics had not enough time to fill this resume.

The second research [14] in the analysis of the factors causing the delay in submitting BPJS claims at the Panti Nugroho Hospital showed that the main cause of the delay in submitting claims was firstly the man factor which triggered the incomplete filling of the medical resume which was initiated because the initial verifier was not careful in checking the files. Such condition then hampered the next work in coding the disease. Secondly is machine as indicated by frequent errors of BPJS server in checking BPJS patient membership, thirdly is method where there are often obstacles in the implementation of SOPs at Panti Nugroho Hospital, and finally is material factor where the requirements are not in accordance with what they should be.

Other research [15] entitled the factors causing delayed claims for healthcare BPJS at RSUD DR Kanujoso Djatiwibowo for the period January-March 2016 revealed that the main factor affecting the delay in BPJS claims was the man factor, which was 90.9% dominated by the absence of a signature from Doctor in Charge of service (DPJP). This occurred because the medical resume at RSUD DR Kanujoso Djatiwibowo was not fully online and hence the input process into the medical resume system must be typed manually. Consequently, the room doctor has a double duty as a functional doctor as well as a case manager and then the data entry was carried out at the end of patient service. The man factor reaching 4.8% was caused by a mismatch of disease coding between the DR Kanujoso Djatiwibowo

Hospital and the BPJS verifier, due to differences in perceptions regarding the diagnosis between DPJP and the hospital coder. While the last 4.3% of the man factor was due to differences in the perception of giving the therapeutic code between DPJP and BPJS verifier, the verifier thought that patients with disease complications should be treated according to their circumstances at that time, while DPJP thought that not all patients had history of complications should be treated.

The next research [9] in the completeness of medical record files and BPJS claims at M.Zein Painan Hospital showed that 76 complete files out of a total of 125 files were 19 files not approved by BPJS verifier, while 49 incomplete files from a total of 125 files showed an increase to 23 files that were not approved by BPJS verifier, namely dominated by incomplete medical resume sheets, supporting results placement sheets, Participant Eligibility Letters (SEP), inpatient service letter and discharge patient summary. The incompleteness of the medical resume was caused by man factors including the lack of awareness of medical officers to complete the medical resume file such as the absence of a DPJP signature.

The results of the research from other author [16] in the factors causing the return of BPJS claim requirements file for inpatients at PKU Muhammadiyah Yogyakarta Hospital found the main factor was due to the rejected medical resume file. A total of 35 medical resume received a refusal to verify and returned, while those who did not receive a rejection were only 3 files out of a total of 38 incomplete medical resume. Meanwhile, from a total of 38 complete medical resume, there were only 6 medical resume rejected by the verifier and 35 files were not rejected by the verifier. Some complete medical resume were rejected either due to incomplete BPJS claim submission files such as patient support reports, copy of patient's BPJS sheets. The main factor of this incompleteness was non-compliance of medical officers in filling out medical resume data, as well as the lack of evaluation of the codification officer in enforcing the disease diagnosis code in the medical resume.

The last research [17] in the factors causing the return IGD medical resume in RSCM by Healthcare BPJS verifier showed from a total 270 files taken randomly of 855 returned medical resumes, it was found that a total of 65 medical resumes could not be read properly, making the review process difficult. A total of 64 medical resumes are also incomplete, which means that incomplete medical resumes also contribute to returned file by BPJS verifiers. Nearly half of the factors involved in returning medical resumes were 132 cases that did not describe an emergency condition, so there was a difference in the diagnostic criteria between the BPJS verifier and the codification officer in the medical resume. About 61 disease code was found inappropriate to diagnosis written in medical resume.

Discussion

The research collected from six articles above revealed the fact that the incomplete medical resumes are caused by man factor [9, 16, 17], and others are caused by machine, methods, and material factors (Noviatri et al., 2016). In addition, based on facts from research, there are several implications of incomplete medical resumes on BPJS claims, such as delay in BPJS claims [9, 14], the return of files from BPJS [9, 16, 17].

Based on the review on findings and aforementioned theories, it was found that the observations namely [14], the incompleteness of medical resume was caused by several main factors, namely man, nature, method and material that brought a major impact on the delay in submitting the claim from Parti Nigro Hospital to the verifier. Parameters with double duty resulted in not optimum quality work as in accordance with the objectives. Other than this, the difference in perception between the hospital and BPJS verifier is also one of the factors causing the delay of BPJS claims [18]. [9] revealed that the BPJS failed to verify was caused mostly by incomplete DRP signatures, meanwhile there was an increase in approval of completed claims namely 63 files out of a total 76 files, while for incomplete files that received approval only 26 of total 49 files [14] indicated that incomplete medical resumes were the main factor in returning the claim requirements file. With the same total 38 of either complete or incomplete medical resume, there was a significant increase of BPJS claims approval, namely from a total of 38 complete files, 35 files were received by BPJS while from a total of 38 incomplete files, only 3 files were received by BPJS and the rest 35 other files were returned by BPJS [17] revealed that different perceptions in completing diagnosis in medical resumes made the data contained in medical resumes invalid. In addition, poor medical resume writing that makes it difficult to read is another factor that causes the medical resume file to be returned by the BPJS. This finding was also indicated by [19] that the returned claims from Healthcare BPJS were due to not only incomplete medical resume but also unreadable medical diagnosis. These existing conditions created some implications, namely happened work of claims officer in submitting the Healthcare BPJS Claims, delayed claim processing due to files return to authorized officer to complete it, not observed claims on INACB's claims due to incomplete or inappropriate data of patient.

CONCLUSION

Based on the results of research on the implications of incomplete medical resumes on BPJS claims, several conclusions can be drawn as follows: firstly, there were several factors that trigger the incompleteness of medical resumes, including the man factor as the main factor which is dominated due to the non-compliance of medical officers in filling out medical resume data, and other factors are machine, method, and material factors. Secondly, some implications of incomplete medical resume on BPJS claims were delayed/pending claims payment and returned claims. These conclusions also highlighted the importance of periodic evaluations regarding the compliance of officers in filling out medical resume that will be submitted to BPJS verifier. There must also be a high level of awareness for medical record officers, DPJP, and patient nurses to complete the medical resume file properly as the effort to minimize the incompleteness of the medical resume. Other efforts are of necessarily taken to increase discipline in filling out medical resumes, one of which is by implementing reward and punishment policies to DPJP. Intense coordination with Healthcare BPJS can also be established to solve machine problem in server errors. The method factor can be handled by disseminating the importance of filling out and completing medical resumes properly for the benefit of the hospital to health workers, especially DPJP, patient nurses, and medical record officers. The last effort, but not the least, in terms of material factor, more socialization can be made through any means such as banners, leaflet, paper, advertisement and social media regarding requirements to fulfill by BPJS patients to have healthcare services.

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