Evaluation of National Health Insurance (JKN) Claims at Khidmat Sehat Afiat Hospital, Depok City

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ABSTRACT

The implementation of JKN claims based on previous research shows that there are still several problems. Therefore, it is necessary to evaluate JKN claims at the Khidmat Sehat Afiat Regional Hospital, Depok City. Research objective to find out how JKN claims are evaluated at the hospital. This research method uses qualitative with a case study approach. Data was collected using structured participant observation, document review and interviews. Data sources were obtained from primary data and secondary data. The results of this research are that the trend in the number of JKN claims for inpatient and outpatient visits is fluctuating and there are still pending claims. Evaluation of JKN claims based on a system approach is divided into input components (man, money, method, machines, material), process (complete and appropriate claim form, internal verification and input to the claim application, submission of claims to BPJS Health, issuance of BAHV (Result Minutes). Verification) by BPJS Health, claim payment) and output (accuracy of claim payment). There are several problems with the input component in the form of double jobs, INA CBG costs are lower than the costs incurred by hospitals, SIMRS needs development and problems with the internet network. Meanwhile, obstacles were found in the process components from internal and external factors. Conclusion: that the JKN claim is running well, but there is still a need to make improvements to the problems found.

Keywords: Evaluation, claims, JKN

INTRODUCTION

The mandate of the 1945 Constitution states that being healthy and getting health services is everyone’s right (1). In accordance with the mandate of this law, so that people can get the benefits of health care and protection in meeting basic health needs, the government organizes the Health Insurance Program (JKN) which is managed by the Health Social Security Administering Agency (BPJS) (2). Based on this, social security participation is mandatory for everyone, including foreigners, who have worked for at least 6 (six) months in Indonesia (3).

JKN membership in Depok City has reached 94.19% (ninety-four point nineteen per hundred), while to get the title of Universal Health Coverage (UHC) it must reach 95% (ninety-five per hundred). This means that Depok City is just a little bit away from achieving the UHC title (4). Based on this data, JKN participants in Depok City continue to increase. Based on the Regulation of the Minister of Health of the Republic of Indonesia Number 28 of 2014 concerning Guidelines for Implementing the National Health Insurance Program, one of the rights of JKN participants is to receive health service benefits at health facilities that collaborate with BPJS Health (2). Khidmat Sehat Afiat Hospital, Depok City is one of the advanced health service facilities that collaborates with BPJS Health. Thus, Khidmat Sehat Afiat Hospital, Depok City has an obligation to provide health services for JKN participants. This is also in line with Depok City Regional Regulation Number 17 of 2017 concerning Regional Health Systems article 78 which states that every health facility is prohibited from refusing patients (5).

Apart from that, health facilities that collaborate with BPJS Health as long as they provide health services in accordance with their rights are not allowed to ask for fees from JKN participants. BPJS Health will pay for First Level Health Facilities (FKTP) with capitation. Meanwhile, for Advanced Level Referral Health Facilities (FKRTL), BPJS Health will pay using the INA CBG package system and outside the INA CBG package (2). Therefore, BPJS Health to Khidmat Sehat Afiat Hospital, Depok City, uses the INA CBG package system and is outside the INA CBG package in its payments. This payment is based on submitting claims for both inpatient and outpatient services. Claims submitted by FKRTL will be paid by BPJS Health no later than 15 working days after the complete claim file is received or will be paid on the next
working day if the specified day falls on a holiday. Meanwhile, payments for health services that use systems outside the INA CBG package are further regulated in the provisions of the Minister of Health (2). Claims by health facilities are submitted regularly every month and no later than the 10th of the following month (2). In carrying out claim management, at Khidmat Sehat Afiat Hospital, Depok City, it is carried out by the Casemix unit.

Based on the author’s preliminary study, claims at Khidmat Sehat Afiat Hospital, Depok City, from January to July 2023 experienced fluctuations. The following are JKN patient claim submissions based on month of service in 2023:

<table>
<thead>
<tr>
<th>Month of Service</th>
<th>Outpatient</th>
<th>Inpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>9012</td>
<td>697</td>
</tr>
<tr>
<td>February</td>
<td>8786</td>
<td>674</td>
</tr>
<tr>
<td>March</td>
<td>9802</td>
<td>804</td>
</tr>
<tr>
<td>April</td>
<td>7417</td>
<td>656</td>
</tr>
<tr>
<td>May</td>
<td>10099</td>
<td>763</td>
</tr>
<tr>
<td>June</td>
<td>9264</td>
<td>753</td>
</tr>
<tr>
<td>July</td>
<td>9385</td>
<td>719</td>
</tr>
</tbody>
</table>

Source: Data from Khidmat Sehat Afiat Regional Hospital, 2023

Research conducted by Firsia Olivia Susan et al. In 2016 at the Semarang City Hospital, it was found that many patients did not understand the requirements for obtaining services with JKN, the number of officers was insufficient, there was no training for officers, facilities to support the completeness of claim documents were limited, software service hours were problematic, there were no special Standard Operating Procedures (SOP) for JKN services, claim documents are not double checked by all officers, there are no indicators of success to assess officer performance (6).

Another research conducted by Taliana D. Malonda et al. which was carried out from December 2014 to March 2015, the results showed that delays in payment of BPJS Health claims at Dr. Sam Ratulangi Tondano Hospital caused by the existence of several problems in coordination and team work, delays in submission and incomplete documents and the absence of a billing system (7).

Based on the Regulation of the Minister of Health of the Republic of Indonesia Number 28 of 2014 concerning Guidelines for Implementing the National Health Insurance Program, it is stated that in implementing the National Health Insurance, various parties carry out monitoring and evaluation in accordance with their respective authorities (2). Monitoring and evaluation of the implementation of health insurance services is carried out so that health workers in first-level health facilities and advanced-level referral health facilities provide health services in accordance with the authority and standards of medical services determined by the Minister (2).

Based on the above, the author is interested in conducting research in the Casemix unit of Khidmat Sehat Afiat Hospital, Depok City in the hope of understanding more deeply and finding out how the National Health Insurance (JKN) Claim is evaluated at Khidmat Sehat Afiat Hospital, Depok City.

**METHOD**

This research uses a qualitative research method with a case study approach. Case study research is a study that explores a problem with in-depth data collection, detailed limitations, and various sources of information included (8). The research was conducted in the Casemix unit of Khidmat Sehat Afiat Hospital, Depok City from 4 September to 2 October 2023. Data collection in this research used structured participant observation, interviews and document review methods. Structured participant observation is carried out by participating in the entire work implementation process and being part of the Casemix unit of Khidmat Sehat Afiat Hospital, Depok City. Interviews were conducted with 2 informants, namely 1 head of the
unit and 1 other person as implementing staff for the Casemix unit, as well as reviewing documents so as not to give rise to wrong perceptions regarding the information obtained.

Data sources are obtained from primary data and secondary data. Primary data comes from Casemix unit report data, interview results recorded through written notes or audio recording, and taking photos. Secondary data sources are obtained from other people's research results that are relevant to research needs as well as from appropriate literature, books and online data searches. Next, data analysis is carried out by data reduction, namely summarizing, classifying and eliminating data that is not needed, then the data is described in short form, charts, relationships between categories, flowcharts and so on, then the results of the findings will produce conclusions.

RESULTS AND DISCUSSION

Based on the results of a review of the Casemix unit report at Khidmat Sehat Afiat Hospital, Depok City, throughout 2022 the trend in the number of JKN claims for inpatient and outpatient visits is fluctuating. The highest number of claims for inpatient visits was in December, namely 690 claims. Meanwhile, the highest number of pending claims for inpatient visits was 70 claims in November (Graph 1). The highest number of outpatient visits in November was 8,230 claims and the highest number of pending claims was outpatient visits in October with 414 claims (Graph 2).

Graph 1. Recapitulation of JKN Claims Inpatient Visits at Khidmat Sehat Afiat Hospital, Depok City in 2022

Graph 2. Recapitulation of JKN Claims Outpatient Visits at Khidmat Sehat Afiat Hospital, Depok City in 2022

Evaluation of National Health Insurance (JKN) Claims
Based on the results of structured participant observation regarding the evaluation of JKN claims at Khidmat Sehat Afiat Hospital, Depok City, based on a system approach, it is divided into Input Components (man, money, method, machines, materials), Process (complete and appropriate claim form, internal verification and input to the claim application, submission of claims to BPJS Health, publication of BAHV (Verification Result Minutes) by BPJS Health, payment of claims) and Output (accuracy of claim payments).

**a. Input Components**

1) **Man**
   
The implementation of JKN claims at Khidmat Sehat Afiat Hospital, Depok City is carried out by 7 (seven) officers in the Casemix unit consisting of 1 unit head and 6 other people as implementers. As stated by informant 1:
   
   "The number of human resources at Casemix is 7 people, one unit head, 2 RAP claims processing officers, 1 for Rajal claims processing, 3 file scanners".
   
   According to informant 1, the number of Human Resources (HR) in the Casemix unit is not lacking, as stated by informant 1: “That's enough”. However, according to informant 2, this is not sufficient, this is because JKN claims officers also have to work on other insurance claims.
   
   “Not yet”.
   
   “With a lot of collateral that must be claimed, there should be additional human resources”.
   
   All existing human resources have attended training in accordance with their job descriptions, but need to update their knowledge due to changes in regulations. In line with what was conveyed by informant 1:
   
   “All employees in the Casemix unit at Khidmat Sehat Afiat Hospital have all received training regarding JKN claims in accordance with their respective duties and functions, although updating their knowledge is necessary in line with changes in existing regulations”.

2) **Money**
   
The source of funding for JKN claims is BPJS Health. However, the allocation of funds is not yet efficient because there are still many hospital costs that are greater than the claim value, as stated by informant 2:
   
   “It is not yet efficient, because there are still many claim values that are smaller than the costs that the Regional Hospital incurs in providing health services to patients”.

3) **Method**
   
The Casemix Unit of Khidmat Sehat Afiat Regional Hospital, Depok City, in implementing JKN claims, follows the established SOP (Standard Operating Procedure). Apart from the SOP, officers also adjusted to the Minutes of Agreement (BA) issued by BPJS Health and the Ministry of Health and referred to the Minister of Health Regulation (PMK) 26 of 2021. This was in accordance with what was conveyed by informant 1:
   
   “Apart from the SOP when claiming, we also adjust it to the BA agreement, or Minutes of Agreement, we also adjust PMK 26 of 2021”.
   
   The existence of SOPs, BA agreements and PMK 26 of 2021 really supports the success of claims in order to minimize pending claims, as stated by informant 1:
   
   “That's enough to support. So before inputting it into the application, we first verify it according to the applicable regulations to minimize pending claims”.

4) **Machines**
   
   There are several applications used by Casemix officers, including: SIMRS, Vclaim and the INA CBG application. This application is quite supportive for JKN claims, however the Vclaim and INA CBG applications are frequently updated and SIMRS has been integrated with both, so the existing applications, especially SIMRS, need to be developed. This was stated by informant 2:
   
   “…This SIMRS needs to be updated”
Apart from SIMRS needing to be developed, another obstacle often faced by officers is the internet network. As stated by informant 2:

“So the problem that is often experienced is the network. We really depend on the internet network, so we often don’t connect. That’s quite annoying, especially when it’s closing”.

5) Material

The infrastructure required by the Casemix unit for JKN claims consists of 1 set of computer (monitor, keyboard, mouse, CPU), printer and scanner. The required infrastructure is available in the Casemix unit, however, as stated by informant 1, maintenance is rarely carried out so that problems often occur with the required infrastructure.

“Yes, there have been times, like computers crashing, printers crashing, scans have also crashed
“Ideally there would be maintenance, but it seems like there isn't …”.

b. Process Components

Based on the results of observations and interviews, the JKN claim process in the Casemix unit of Khidmat Sehat Afiat Hospital can be described as the flow diagram below:

Figure 1. Flow diagram of the JKN claim process at Khidmat Sehat Afiat Hospital, Depok City

Based on Figure 1 above, the JKN claim at Khidmat Sehat Afiat Hospital Depok City goes through several stages, starting from a complete and appropriate claim file to finally paying the claim by BPJS Health.

To achieve claim success, the casemix unit sets several indicators, namely:

1) Claims are made on time (1-5 of the following month)
2) Claims submitted at least 88% of the number of participant eligibility letters issued
3) The number of pending claims is no more than 10% of claim submissions

As stated by informant 1:

“There is. We have indicators. Claims are made on time, at the beginning of every month, usually 1-5, then claims are submitted at least 88% of the number of SEPs issued and the number of pending claims is no more than 10% of claims submitted”.

Apart from having success indicators, the casemix unit claims process faces several obstacles both arising from internal factors and obstacles arising from external factors. Some obstacles that must be faced include:

1) Internal Factors
   a) Incomplete claim files
   b) Lack of understanding of regulations related to JKN for service providers
   c) Internet network disruption under certain conditions

2) External Factors
   a) Differences in perception between BPJS Health verifiers and casemix officers at Khidmat Sehat Afiat Hospital, Depok City regarding applicable regulations
   b) Problems with the vclaim application when submitting a JKN claim

These obstacles are in accordance with those conveyed by informant 2:

“Some of the obstacles come from internal factors and some come from external factors. These internal factors include, for example, insufficient completeness of claim
files, lack of understanding of regulations related to JKN guarantees among service providers, for facilities, slow internet networks in certain conditions. If external factors include differences in perception in understanding regulations between BPJS verifiers and RSUD casemix officers, the BPJS Health system is sometimes slow when submitting claims”.

c. Komponen Output

The success of a JKN claim is the accuracy of claim payment. Based on the results of the documents, claim payments at Khidmat Sehat Afiat Hospital, Depok City are in accordance with regulations (Table 2).

<table>
<thead>
<tr>
<th>Month of Service</th>
<th>Billing Date</th>
<th>Date Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>04/02/2022</td>
<td>21/02/2022</td>
</tr>
<tr>
<td>February</td>
<td>04/03/2022</td>
<td>21/03/2022</td>
</tr>
<tr>
<td>March</td>
<td>07/04/2022</td>
<td>21/04/2022</td>
</tr>
<tr>
<td>April</td>
<td>11/05/2022</td>
<td>27/05/2022</td>
</tr>
<tr>
<td>May</td>
<td>03/06/2022</td>
<td>23/06/2022</td>
</tr>
<tr>
<td>June</td>
<td>04/07/2022</td>
<td>25/07/2022</td>
</tr>
<tr>
<td>July</td>
<td>03/08/2022</td>
<td>22/08/2022</td>
</tr>
<tr>
<td>August</td>
<td>02/09/2022</td>
<td>22/09/2022</td>
</tr>
<tr>
<td>September</td>
<td>04/10/2022</td>
<td>21/10/2022</td>
</tr>
<tr>
<td>October</td>
<td>03/11/2022</td>
<td>22/10/2022</td>
</tr>
<tr>
<td>November</td>
<td>02/12/2022</td>
<td>15/12/2022</td>
</tr>
<tr>
<td>December</td>
<td>03/01/2023</td>
<td>17/01/2023</td>
</tr>
</tbody>
</table>

Source: Data from Khidmat Sehat Afiat Regional Hospital, 2023

The results of the document review above are in line with what was conveyed by informant 1:

“At the beginning of the JKN validity period there was a delay, but now it is in accordance with regulations in the sense of timely payments”.

As stated by informant 1 above, payment of claims by BPJS Health before 2022 experienced delays. The impact of the late payment was that the hospital cash flow was disrupted but not to the point that the hospital could not operate. The impact of late payments is overcome by making income efforts other than JKN as well as efficiency or cost control without reducing service quality (informant 1):

“The hospital's cash flow has been somewhat disrupted, but not to the point that the hospital cannot operate”.

“Hospital overcomes this by making efforts to increase other income outside of JKN and carrying out efficiency/cost control in providing services to patients, of course without reducing the quality of service”.

Throughout 2022, the trend in the number of JKN claims for inpatient and outpatient visits will fluctuate. The highest number of claims for inpatient visits was in December, namely 690 claims. Meanwhile, the highest number of pending claims for inpatient visits was 70 claims or 13% of the total number of claims submitted. Previous research stated that pending inpatient claims occurred due to incomplete filling in of medical records, input errors by officers, as well as differences in understanding between internal verifiers and BPJS Health verifiers regarding the completeness of claim files. (9). Apart from that, other research results showed that the pending inpatient claim factors were man, machine and method factors. Human factors include the officer’s inaccuracy in determining coding, the officer’s error when inputting claim data, the doctor’s incompleteness in writing information supporting the diagnosis and action on the
medical resume. The machine factor comes from the Jasa Raharja application system which is problematic, as well as the method factor due to differences in perception between BPJS Health coders and verifiers regarding coding rules and claims regulations (10).

The highest number of outpatient visits in November was 8,230 claims and the highest number of pending claims was outpatient visits in October with 414 claims or 5.2%. The results of previous research stated that pending outpatient claims were caused by medical indications not being written down clearly by doctors, officers being less thorough in processing claims, incomplete requirements for claim files, differences in perception between the hospital and BPJS Health, and SOP that had not been properly socialized (11). Other research states that the factors causing pending outpatient claims are a series of outpatient procedures, a series of hemodialysis procedures, confirmation of diagnosis or action coding, confirmation of thalassemia dosage administration, and the absence of valid SOP for pending claims (12).

The existence of pending claims has a major influence on the inflow of funds to hospitals and can affect the quality indicators of the health insurance team (10).

**Evaluation of National Health Insurance (JKN) Claims**

**a. Input Components**

1) **Man**

The number of JKN claims officers is 7 (seven) officers, consisting of 1 unit head and 6 other people as implementers. According to informant 2, the number of officers does not yet meet the needs, due to double jobs (dual roles). In fact, based on the results of previous research, it was found that there was a strong correlation between the variables of multiple roles, work stress, and work motivation on employee performance (13). Therefore, it is necessary to adjust the number of officers, because human resources that do not keep up with the large number of claims can cause officers to become tired and become less focused in carrying out their duties (10).

2) **Money**

The source of funding for JKN claims is BPJS Health. However, the allocation of these funds is not yet efficient because there are still many claims that are smaller than the costs incurred by the hospital. This is in line with the results of previous research on inpatient diabetes mellitus at the PKU Muhammadiyah Hospital in Yogyakarta, which showed that the INA CBG rate was lower than the hospital rate (14). Likewise, other previous research on inpatient hypertension showed a significant difference between the real costs incurred by the hospital and the INA-CBGs rates in class 1 patients with a significance value of $p<0.05$ (0.039) (15). Other research conducted on outpatient services found negative differences or hospital rates greater than the INA-CBGs rates (16).

The difference between hospital rates and INA CBG rates has the potential to cause losses for hospitals and potentially reduce the quality of service (14). So, hospitals need to carry out strategies to improve service quality and hospital cost efficiency. The hospital's strategy for efficiency in hospital costs and improving service quality includes conducting medical audits and utilization reviews, creating and implementing clinical pathways and standardizing the use of pharmaceuticals and supporting examinations. (17).

3) **Method**

The Casemix Unit of Khidmat Sehat Afiat Hospital, Depok City, in implementing JKN claims, follows the established SOP (Standard Operating Procedure). The existence of SOP makes an organization work actively, effectively and (18). Because, if there is no SOP, it will lead to non-standard procedures in carrying out evaluations (19).

Apart from the SOP, officers also adapt to the Minutes of Agreement (BA) issued by BPJS Health and the Ministry of Health. Based on circular number JP.02.03/3/1693/2020 regarding the introductory letter for the submission of minutes of mutual agreement on guidelines for implementing solutions to INA CBG claim problems in 2019, it is stated that the minutes of agreement are a reference for resolving cases which are declared as cases of disputed claims and pending as well as the INA-CBGs
claim verification process (20). Thus, the use of BA agreements by the Casemix unit in JKN claims is in accordance with regulations.

Apart from the SOP and BA agreement issued by BPJS Health and the Ministry of Health in the Casemix unit JKN claim, it also refers to Minister of Health Regulation (PMK) 26 of 2021, this is in accordance with what is stated in article 1 that the PMK was made as a reference for FKRTL, BPJS Health and other related parties regarding the INA-CBG payment method in implementing health insurance service claims (21).

4) Machines

There are several applications used by Casemix officers, including: SIMRS, Vclaim and the INA CBG application. This application is quite supportive for JKN claims. However, the Vclaim and INA CBG applications are frequently updated, and SIMRS is already integrated with both, so the SIMRS application needs to be developed. This is in accordance with the results of research conducted by Diastri (2018) on Firdaus Sholehah et al. (2021) which states that the implementation of SIMRS must proceed in accordance with what is to be achieved or the target being aimed at (22). Thus, so that the quality of the information system can fully meet the needs of all system users, system development needs to be carried out based on user needs or input (23).

Apart from SIMRS needing to be developed, another obstacle often faced by officers is the internet network. In fact, the information system will run smoothly if the network has no problems. So efforts need to be made to avoid internet network problems (22).

5) Material

The infrastructure required by the Casemix unit for JKN claims consists of 1 set of computer (monitor, keyboard, mouse, CPU), printer and scanner. The required infrastructure is already available in the Casemix unit. The availability of the necessary facilities and infrastructure can improve employee performance (24). This is in accordance with the results of previous research which states that if there are complete work facilities, the completion of work will be more optimal (25).

However, it is necessary to carry out routine maintenance, because as stated by informant 1, maintenance is rarely carried out so that there are often problems with the required infrastructure. This is in line with previous research which states that poorly maintained work equipment will become an obstacle that can hinder performance (25).

b. Process Components

The JKN claim process at Khidmat Sehat Afiat Hospital Depok City goes through several stages, starting from the complete and appropriate claim file to finally paying the claim by BPJS Health.

To achieve claim success, the casemix unit sets several indicators, namely:

1) Claims are made on time (1-5 of the following month)
2) Claims submitted at least 88% of the number of participant eligibility letters issued
3) The number of pending claims is no more than 10% of claim submissions

The indicators set by the casemix unit in the JKN claim are in accordance with regulations. For example, the indicator that claims are made on time is in accordance with the Regulation of the Minister of Health of the Republic of Indonesia Number 28 of 2014 concerning Guidelines for the Implementation of the National Health Insurance Program which states that claims are made every month on a regular basis and no later than the 10th of the following month (2). In addition, the claim indicator submitted is a minimum of 88% of the number of participant eligibility letters issued which is also in accordance with BPJS Health provisions as conveyed by the Head of the Benefit Guarantee and Utilization Section in the fingerprint implementation meeting materials in Participant Eligibility Validation on 08 September 2023 (26).

Apart from having indicators of success, during the casemix unit claim process we encountered several obstacles, both arising from internal factors and obstacles from external factors. Some obstacles that must be faced include:

1) Internal factors
   a) Incomplete claim files
b) Lack of understanding of regulations related to JKN for service providers

c) Internet network disruption under certain conditions

2) Faktor Eksternal External Factors

a) Differences in perception between BPJS Health verifiers and casemix officers at Khidmat Sehat Afiat Regional Hospital, Depok City regarding applicable regulations

b) Problems with the vclaim application when submitting a JKN claim

These obstacles need to be overcome so as not to disrupt the JKN claim process. This is similar to the results of previous research which showed that there was a delay in JKN claims at the Bahteramas General Hospital, Southeast Sulawesi Province, which occurred due to the completeness of the claim files, ignorance and non-compliance with SOPs, calculating the proportion of HRK workload for JKN claim managers was not carried out, and was not evenly distributed. existence of information technology (27).

c. Output Components

The success of a JKN claim is the accuracy of claim payment. Based on the results of the documents, claim payments at the Khidmat Sehat Afiat Hospital, Depok City do not exceed 15 working days, this is in accordance with the Presidential Regulation of the Republic of Indonesia Number 82 of 2018 concerning Health Insurance article 76 which states that BPJS Health is obliged to make payments to FKRTL no later than 15 (fifteen) days from the publication of the minutes of the claim file completion or if the 15 (fifteen) days fall on a holiday then payment to FKRTL is made on the following working day (28). The accuracy of claim payments needs to continue to be maintained and improved so that delays previously experienced do not happen again. This is because delays in claim payments have an impact on the effectiveness, efficiency, competence, security and comfort of services (29).

CONCLUSION

Throughout 2022, the trend in the number of JKN claims for inpatient and outpatient visits will fluctuate. The highest number of inpatient visit claims was in December with the highest number of pending claims in November. Meanwhile, the highest number of outpatient visits were in November with the highest number of pending claims in October.

Evaluation of National Health Insurance (JKN) Claims

Evaluation of JKN claims at Khidmat Sehat Afiat Hospital, Depok City based on a system approach is divided into Input Components (man, money, method, machines, materials), Process (complete and appropriate claim form, internal verification and input to the claim application, submission of claims to BPJS Health, publication of BAHV (Verification Result Minutes) by BPJS Health, claim payments) and Output (accuracy of claim payments).

1. Input Components

a. Man

The implementation of JKN claims at Khidmat Sehat Afiat Hospital, Depok City is carried out by 7 (seven) officers in the Casemix unit consisting of 1 unit head and 6 other people as implementers. This number is still not sufficient for needs due to the dual roles that affect the performance of officers. So it is necessary to adjust the number of officers so that the officers focus on carrying out their duties.

b. Money

The source of funding for JKN claims is BPJS Health. However, the allocation of these funds is not yet efficient because many hospital costs are still greater than the claim value. The difference between hospital rates and claim rates has the potential to cause losses for hospitals and potentially reduce the quality of service. So, hospitals need to implement hospital cost efficiency strategies and improve service quality, including by conducting medical audits and utilization reviews, implementing clinical pathways and standardizing the use of pharmaceuticals and supporting examinations.

c. Method

Implementation of JKN claims follows established SOPs (Standard Operating Procedures). Minutes (BA) of the agreement issued by the Ministry of Health and BPJS Health and referring to Minister of Health Regulation (PMK) 26 of 2021. This is in accordance with the provisions.
d. *Machines*

The applications used by Casemix officers for JKN claims are: SIMRS, Vclaim and the INA CBG application. This application is sufficient to support JKN claims, however the Vclaim and INA CBG applications are frequently updated and SIMRS has been integrated with both, so the SIMRS application needs to be developed, so that the quality of the information system can fully meet the needs of all parties who use it, it is necessary to develop SIMRS accordingly, user requirements or user input. Apart from that, internet network problems often occur, so efforts need to be made to avoid these internet network problems.

e. *Material*

The infrastructure required by the Casemix unit for JKN claims consists of 1 set of computer (monitor, keyboard, mouse, CPU), printer and scanner. The required infrastructure is already available in the Casemix unit, but routine maintenance needs to be carried out so as not to hamper performance.

2. *Process Components*

The JKN claim process at Khidmat Sehat Afiat Hospital Depok City goes through several stages, starting from the complete and appropriate claim file to finally paying the claim by BPJS Health. In the process, the casemix unit has determined several indicators of success that are in accordance with applicable regulations. However, during the casemix unit claim process we encountered several obstacles, both arising from internal factors and obstacles arising from external factors. These obstacles need to be overcome so as not to disrupt the JKN claim process.

3. *Output Components*

The success of a JKN claim is the accuracy of claim payment. Payment of claims at Khidmat Sehat Afiat Hospital, Depok City does not exceed 15 working days, this is in accordance with the Presidential Regulation of the Republic of Indonesia Number 82 of 2018 concerning Health Insurance article 76. The accuracy of claim payments needs to continue to be maintained and improved so that delays previously experienced are not avoided. reoccur. This is because delays in claim payments have an impact on the effectiveness, efficiency, competence, security and comfort of services.

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