



THE INFLUENCE OF COMPLETENESS OF PATIENT MEDICAL RESUME ON THE TIMELINESS OF BPJS CLAIM AT HOSPITAL X

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ABSTRACT

Problem: If the medical resume is found to be incomplete in terms of filling it out, it can slow down the BPJS claim process because the medical resume contains a diagnosis of the patient's illness which is a benchmark for coding officers to determine the diagnosis code which affects the claim. **Objective:** To determine the effect of the completeness of the medical resume of inpatients on the timeliness of BPJS claims at Hospital X. **Method:** This type of research is quantitative descriptive with a cross-sectional approach with an observation checklist method. The number of samples is 100 medical resumes with the inclusion criteria of BPJS inpatient medical resumes in December 2023. **Results:** incomplete medical resumes filled out with timely BPJS claim submissions were 98 medical resumes (98%), while complete medical resumes filled out with timely BPJS claim submissions were 2 medical resumes (2%). So no conclusion can be drawn regarding the influence of the completeness of the medical resume on the timeliness of BPJS claims. The suggestion given by the researcher is that there is an SOP specifically for filling out inpatient medical resumes which is addressed to all medical personnel responsible for filling them out, Medical personnel responsible for medical resumes are expected to increase their accuracy in filling them out and there is an SOP from the hospital specifically for submitting BPJS claims in accordance with the rules of the BPJS Kesehatan Health Facility Administration Practical Guidebook

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1. INTRODUCTION

Hospitals are institutions in the health sector that provide individual health services and can provide inpatient, outpatient and emergency services. According to Permenkes No. 4 of 2018 concerning Hospital Obligations and Patient Obligations, health care facilities in achieving quality should provide the best service to patients, the availability of complete and accurate data to improve the quality of health services. In improving the level of health services, hospitals need support, one of which is the implementation of medical records. Medical records are documents with

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notes in them that contain the patient's identity, examination, rehabilitation, actions, and other health services belonging to the patient. High-quality medical records refer to whether the medical records are correct, complete, accurate and timely. The results of the examination in the patient's medical record must be filled in immediately if services have been provided by medical personnel, as well as the signature and full name of the doctor or medical personnel used as a complement to the patient's medical record document. A medical resume is one of the forms that is quite important in relation to the assessment of quality.

A medical resume is defined as a summary of the overall care and rehabilitation of a patient that has been provided by health workers and related parties. In a medical resume, it must be completed with the name and signature of the doctor who has provided services to the patient. A medical resume contains a report on the type of treatment received by the patient, the body's response to the drugs given, the status when the patient returns home and further treatment after the patient returns home. The contents of the medical resume at least include the patient's identity, diagnosis when the patient was admitted and indications for the patient to undergo treatment, a summary of the physical examination and additional examinations, final diagnosis, rehabilitation and further actions, also affixed with the name and signature of the doctor or dentist who performed the medical procedure. The completeness of the medical resume will make it easier for medical records officers to manage data as a report for the hospital to evaluate and plan future health services. If an incomplete medical resume is found in terms of filling it in, it can slow down the BPJS claim process because in the medical resume there is a diagnosis of the patient's illness which is a benchmark for coding officers to determine the diagnosis code that affects the claim payment rate.

One of the government's efforts to improve the quality of health is to form a legal entity to manage the public health insurance program or commonly called BPJS Kesehatan which is a public institution that manages the Health Insurance (JKN) program. JKN is a state program designed to provide social protection and welfare guarantees for everyone (Librianti, 2016).

According to data from BPJS, it is known that as of December 1, 2023, there were 27,076 health facilities serving JKN with the number of JKN program participants as of November 30, 2023 being 223,066,814, in City X with a population of 206,598 in 2022, the population registered as JKN participants was 201,639, in City X there are several hospitals serving the JKN program, one of which is Hospital X.

BPJS Health claims are submissions from hospitals to collect patient care costs at BPJS Health which are submitted collectively and billed monthly. Before being submitted to BPJS Health, hospitals must fulfill claim files in order to obtain a refund of costs during treatment based on the Indonesian Case Base Group (INA-CBG). One of the factors that often becomes an obstacle for hospitals in paying for health services in terms of claims is the timeliness of submitting hospital claims to the BPJS office. Often hospitals are usually unable to submit JKN claims on time, which will have an impact on the hospital's financial cycle and also affect health services to patients. A common cause is the return of claim files because the diagnosis on the submitted medical resume sheet is incomplete or inaccurate (Suhadi, 2020).

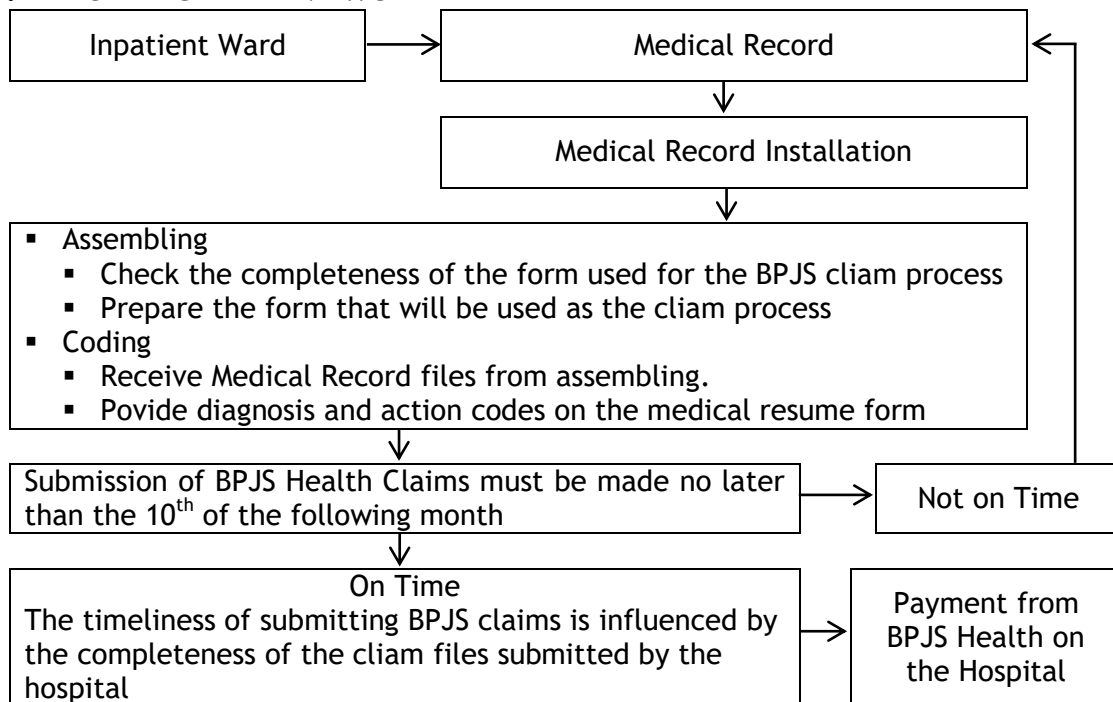
From the results of Librianti's research (2018), it was stated that the BPJS claim process is closely related to filling in medical records, because the main requirement for submitting a claim to BPJS is filling in a medical resume and diagnosis. As an

important requirement for submitting a BPJS claim, the main diagnosis is closely related to the medical resume, so that anything that hinders the completeness of medical records is closely related to the BPJS claim submission process.

Hospital X is one of the large hospitals that is often chosen by the public, especially for those who have BPJS cards. With the large number of patients who come for treatment, of course, the medical record documents at this hospital are increasing and the number of BPJS claims submitted is also increasing. From the results of the initial research study, it was found that the completeness of the inpatient medical resume in November from 128 total medical resumes used as samples, in the review of important reports, 92% were complete (118 medical resumes) and 7% were incomplete (9 medical resumes), while from the authentication review, 78% were found complete (100 medical resumes) and 22% were incomplete (28 medical resumes), the recording review found 94% complete (120 medical resumes) and 6% were incomplete (8 medical resumes) and an interview with the financial officer was conducted, it was found that the submission of BPJS inpatient claims during 2020 was on average on time, there were two delays in submitting claims, namely in May and October 2020. This is because the 10th of that month is a holiday and the claim submission was made after the 10th.

From the initial data, it was found that the level of completeness of filling out the inpatient medical resume at hospital X was on average higher than the incompleteness, and for claim submissions, it was also felt that on average it was on time, this is what made the researcher curious whether the level of completeness of the medical resume affects the timeliness of BPJS claims because one of the requirements for submitting a claim is the presence of a diagnosis on the medical resume. The purpose of this study was to determine the effect of the completeness of the inpatient medical resume on the timeliness of BPJS claims at hospital X.

2. THEORETICAL FRAMEWORK



3. METHODOLOGY

This type of research is quantitative descriptive with a cross-sectional approach with an observation checklist method. The number of samples is 100 medical resumes with the inclusion criteria of BPJS inpatient medical resumes in December 2023.

4. RESULTS AND DISCUSSIONS

a. Completeness of Inpatient Medical Resume

Tabel 1. Quantitative Analysis of Inpatient Medical Resumes

No	Analysis Criteria	Complete		Total	%	
		C	I		C	I
Identification						
1	Name	97	3	100	97%	3%
2	Medical Record Number	97	3	100	97%	3%
3	Date of Birth/Age	95	5	100	95%	5%
4	Gender	97	3	100	97%	3%
	Average	97	3	100	97%	3%
Important Report						
5	KRS Date	78	22	100	78%	22%
6	MRS Date	64	36	100	64%	36%
7	Health History	82	18	100	82%	18%
8	Physical Examination	99	1	100	99%	1%
9	Supporting Investigation	98	2	100	98%	2%
10	Indication for Treatment	82	18	100	82%	18%
11	Primary Diagnosis	100	0	100	100%	0%
12	Diagnosa Sekunder	60	40	100	60%	40%
13	Other Procedures	39	61	100	39%	61%
	Average	78	22	100	78%	22%
Autentication						
14	Docter's Name	71	29	100	71%	29%
15	Doktor's Signature	100	0	100	100%	0%
16	Patient/Family Name	68	32	100	68%	32%
17	Patient/Family Signature	81	19	100	81%	19%
18	Filing Date	30	70	100	30%	70%
	Average	70	30	100	70%	30%
Proper Documentation						
19	No Streaks	96	4	100	96%	4%
20	There is no Ex-Type	100	0	100	100%	0%
	Average	98	2	100	98%	2%
	Total	86	14	100	86%	14%

Source : Processed Secondary Data, 2024

Based on the calculation results in table 1, it can be seen that the average completeness of the medical resume reaches 86% while the average incompleteness of the medical resume is 14%. It is known that the identification component is 97% complete and 3% incomplete, the important report component is 78% complete and 22% incomplete, the authentication component is 70% complete and 30% incomplete

and the correct documentation component is 98% complete and 2% incomplete. The completeness figure of 86% is still not in accordance with the hospital SPM standard which states that the completeness of filling in medical records must be 100%. The completeness figure is related to the quality of medical records. This is in line with Lestari's research (2020) which states that quality services are not only medical services but the implementation of medical records is also an indicator in improving the quality of health services which can be seen from the completeness of filling in medical records.

The highest completeness score is in the correct documentation component, from the results of the study it is known that the completeness of the component is the absence of type-ex by 100%, this is in line with the research of Sudra (2017) in Mahmudi (2018) which states that the notes contained in the medical record sheet must be clearly readable. The next highest completeness score is the identification component, from the results of the study it is known that hospital X uses a label in the form of a print out containing the Patient's Name, Date of Birth/Age, Gender and Medical Record No. so that almost all medical resumes are complete in the identification component. In the incomplete medical resume because it does not use a label like the others, but rather handwritten on the available lines.

The next component is the important report component, based on the results of interviews with medical record officers, the incompleteness of filling in important reports is because medical officers are too busy filling in medical resumes because of the large number of patients, doctors who rush to perform surgery and doctors who are off on Saturdays and Sundays, making incomplete medical resumes take a long time to complete. The nurse's lack of accuracy in filling in is also a factor in the incompleteness of filling in medical resumes. In several items in the important report component, doctors or nurses only fill in one item because it is considered to have the same content as other items. The last component is the authentication component, from the results of the study it was found that several medical resumes only contained the doctor's name stamp without being signed, based on the results of interviews with medical record officers, it was stated that doctors were in a hurry to fill in medical resumes.

According to researchers, in filling out this inpatient medical resume, cooperation is required between medical personnel who are responsible for filling it out. From the medical records officer who is expected to be careful in providing identity labels on each sheet of medical records including medical resumes to make it easier for medical personnel to fill it out and save filling time, then the doctor's accuracy in filling out each component of the medical resume is also good but is expected to be improved, especially in filling out the diagnosis, full name and signature which are requirements for submitting a BPJS claim. This will make filling out the medical resume faster and more complete so that the submission of BPJS claims is not hampered because the medical record does not have to be returned for correction.

Tabel 2. Completeness of Inpatient Medical Resume

Medical Resume	Amount (n)	Persentase (%)
Complete	2	2
Incomplete	98	98
Amount	100	100

Source : Processed Secondary Data, 2024

Based on table 2, it can be seen that the completeness of filling in the medical resume with the complete category was 2(2%) and the completeness of filling in the medical resume with the incomplete category was 98(98%).

The incomplete medical resume from the results of this study has passed BPJS claim verification because all medical resumes have been submitted for claims collectively. Medical resumes that pass claim submission are medical resumes that pass data verification by the verifier. According to the BPJS Kesehatan Claim Verification Technical Practical Guidebook (2014), it is stated that the verifier must ensure that the diagnosis and procedure on the bill match the ICD 10 and ICD 9 CM codes (by looking at the ICD 10 and ICD 9 CM books or soft copies). So it can be said that incomplete medical resumes are filled in according to the existing theory and are complete according to the claim verifier at the Hospital X.

b. Timeliness of BPJS Claims for Inpatient

Tabel 3. Timeliness of BPJS Claims for Inpatient

Claim Time	Amount (n)	Persentase (%)
Appropriate	100	100
Not Exactly	0	0
Amount	264	100

Source : Processed Secondary Data, 2024

Claim submission at hospital X was submitted on time as known from the claim document archive in the claim room, it was found that for 100 inpatient medical resumes in December 2023, claim submission was carried out on January 8, 2024, which means it did not exceed the 10th of the following month. This shows that hospital X has followed the rules issued by BPJS Kesehatan in submitting BPJS claims. Based on the Regulation of the Minister of Health of the Republic of Indonesia No. 28 of 2014 concerning Guidelines for the Implementation of the JKN Program, it is stated that JKN claims are made by health facilities that are submitted to BPJS Kesehatan. Health facilities submit claims every month regularly no later than the 10th of the following month. BPJS will pay service fees according to the INA CBGs tariff, namely according to the determination of the hospital class by the Minister of Health and the regionalization of tariffs that apply in the region.

Based on the results of interviews conducted by researchers with financial officers, it is known that the things that affect the timeliness of claims are the existence of a medical resume for inpatients, there is a diagnosis in the medical resume, the submission of administrative documents is not late, the date of service and the Participant Eligibility Letter (SEP) match. This is in line with research conducted by Kristina (2015) which states that the factors that are obstacles to fulfilling JKN claims include illegible medical resumes, no diagnosis in the medical resume, late submission of administrative documents and an imbalance between the date of service and the SEP (Participant Eligibility Letter). Based on the results of the interview, the resource person added that the documents needed to submit a BPJS claim for inpatients are the Participant Eligibility Letter (SEP), proof of service, billing and supporting documents and a medical resume in softcopy in the form of

scans and hardcopy. If an incomplete medical resume is found, it will be returned to the medical records room to be filled in, especially for the diagnosis. This is almost the same as the provisions of the Practical Guidelines for Claim Administration for BPJS Health Facilities which state that the completeness of BPJS claim documents submitted by the hospital to BPJS includes; recapitulation of patient services and supporting files consisting of Participant Eligibility Letter (SEP), inpatient order letter, medical resume signed by DPJP, other evidence of services, for example; therapy protocol and regimen (drug administration schedule), details of hospital bills (manual or automatic billing) and other necessary supporting files.

Based on the BPJS Kesehatan Health Facility Administration Practical Guide book, it is known that the stages of claim administration verification are; first is participant administration verification, namely a review of the validity of the claim file, namely the Participant Eligibility Letter (SEP) with participant data entered in the INA CBG's application, second is service administration verification, namely a review of the suitability of the claim file with the requirements, if there is a discrepancy, the file is returned to the hospital to be completed and the suitability between the surgical procedure and the operator's specialization is determined by the medical authorization given by the Hospital Director in writing. Based on the interview results, it is known that there is no SOP or policy from the hospital that regulates BPJS services but rather follows the rules that have been set out in the BPJS Kesehatan Health Facility Administration Practical Guide book. According to researchers, the SOP or policy from the hospital is very helpful in determining the date of submission of BPJS claims so that officers can process and verify claim files more quickly.

c. The Influence of Completeness of Medical Resumes on Timeliness of BPJS Claims

Tabel 4. The Influence of Completeness of Medical Resume on Timeliness of BPJS Claim

Criteria	Claim Time				Total
	Appropriate		Not Exactly		
	n	%	n	%	
Medical Resume					
Complete	2	2	0	0	2
Incomplete	98	98	0	0	98

Source : Processed Secondary Data, 2024

Based on table 4, it is known that out of 100 medical resumes, it is known that the incomplete medical resumes filled out with timely BPJS claim submission are 98 medical resumes (98%), while the complete medical resumes filled out with timely BPJS claim submission are 2 medical resumes (2%). So that the incomplete medical resumes with timely claims are both 0 medical resumes (0%).

Tabel 5. Chi-Square Tests

	Value
Pearson Chi-Square	
N of Valid Cases	100

Based on table 5, it is known that the p value does not appear. This is because the value of the claim timeliness is constant where all with the code "1 = on time", so the statistical test cannot be run. The requirements for the chi square test include no cells with a reality frequency value or called Actual Count (F0) of (0) zero. So from table 5.5, no conclusion can be drawn between H0, namely that there is no influence between the completeness of the medical resume on the timeliness of submitting BPJS claims and H1, namely that there is an influence between the completeness of the medical resume on the timeliness of submitting BPJS claims. This is different from the research conducted by Dzakiy (2020), it is known that the P value = 0.576%, so this is greater than the P value of 0.576 > 0.05 and it can be concluded that H0 is accepted, which means that there is no influence of the completeness of the medical resume on the timeliness of BPJS claims and this is also reinforced by the phi correlation value where 0.021 < 0 means that in the correlation coefficient criteria $r = 0$ there is no relationship between the two variables. This also contradicts the rules in the BPJS Kesehatan Health Facility Administration Practical Guidelines which state that claims are submitted to the BPJS Kesehatan Regency/City Branch Office/Operational Office collectively every month with complete general and other administrative information as follows: service recapitulation, supporting files for each patient including the Patient Eligibility Letter (SEP), medical resume signed by the DPJP and other evidence of services signed by the DPJP.

Before a claim is submitted, there is a claim approval process, which is a verification process activity by the verifier regarding the correctness of the service accountability administration that has been carried out by the hospital. If the claim submission application is complete, the verification can be approved, if the claim submission application is incomplete, the process will not be approved and the application will be returned to the medical records section to be completed based on the results of the verification examination. In the verification process, the verifier examines each content of the medical record, one of which is the medical resume, the verifier checks the patient's name with the patient's name on the BPJS membership card, the doctor's diagnosis and the conformity of the diagnosis code, actions and procedures if any, and the full name and signature of the treating doctor. Not only that, but also checks the completeness of the patient's administration such as matching the date of service, matching the medical record number with the medical resume provided by the health service provider, matching the diagnosis and procedure codes (including the responsible doctor) included in the medical resume and supporting files (receipts, billing, prescriptions).

Based on the Technical Instructions for the INA-CBGS Application v5 of the Ministry of Health of the Republic of Indonesia (2016), after verifying the completeness of the medical records and administration, the claim entry is continued by the claim officer opening the INA CBG's software application and clicking the Coding/Grouping menu and entering the medical record number/SEP number/patient name if the patient is old, click new patient for new patients. Then click the "New Claim" menu and fill in the variables containing the type of care, date of service and LOS, SEP number, DPJP name, type of rate, diagnosis and procedure along with ICD 10 and ICD 9 CM codes, class of care, age, birth weight and how to go home. After the data is considered valid, then click "Final Claim", after final click "Send Online Claim" to send the data to the Ministry of Health data center. From the results of the

study, it can be concluded that the medical resume submitted for the claim is a complete medical resume that has been verified so that it has passed to be submitted. Although from the results of the study using the medical resume completeness checklist sheet, it is known that there are only 2 medical resumes that are complete in theory. So no conclusion can be drawn regarding the influence of the completeness of the medical resume on the timeliness of BPJS claims.

5. CONCLUSION

The completeness of the medical resume in the file and the timeliness of the claim submission affect whether the claim is passed by the BPJS verifier, and vice versa.

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