EVALUATION OF UNFEASIBLE CLAIMSFOR NON-PSYCHIATRIC SERVICES IN 2016 IN Prof. Dr. SOEROJO MAGELANG MENTAL HOSPITAL

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Keyword(s): Non Psychiatry unfeasible payment claim in 2016, Prof DrSoerojoMagelang Mental Health Hospital.

Abstract: Participant of National Health Insurance are served in Prof Dr. SoerojoMagelang Mental Health Hospital but there are still unpaid claims Case in this research is about non-psychiatric unfeasible payment claim in 2016. This research's aim is to find out about the factors that cause non-psychiatric unfeasible claim in January until December 2016. This research is an exploratory case study with single holistic case study design with analyzing data from one hospital. The result shows that up to 235 cases are dominated by one episode treatment. Unfeasible claim has not handled yet on specific way, so that we need settled policies and process set by the Head.

INTRODUCTION

The importance of Health Insurance social protection awareness is in accordance with the mandate of UUD 1945, article 134 paragraph 2 that the state develops a Social Security system for all Indonesians,It is included in the amendment to the 1945 Constitution and published Constitution No 40 of 2004 concerning the National Social Security System (SJSN) and National Health Insurance (JKN) is a way out to overcome the risks that may occur in our lives

In corresponding to the 1945 Constitution, especially to the poor who cannot be the responsibility of the central government or regional government, the 58th World Health Assembly Resolution in Geneva has agreed to guarantee the health to the entire community as one of the human rights, then all countries need to develop Universal Health Coverage through a social health insurance mechanism and to ensure sustainable health financing. It is necessary to hold a National Health Insurance (JKN) through a national social health insurance mechanism, which is based on compulsory, non-profit, mutual cooperation, equity. The Declaration of Human Rights (HAM) states that everyone has the right to obtain an adequate level of life both in health and well-being (World Health Organization).

BPJS Health Service is appointed to manage Indonesia National Health Security PengelolaJaminanKesehatan Nasional di Indonesia ditunjukadalah BPJS Kesehatan. The services provide a very large revenue contribution, because most of the service users at RSUD Prof. dr. SoerojoMagelang is BPJS Health members, both mental and non-life services. Those patients are under the type of RS for Type A in Psychiatric services and Type B Non Psychiatric Services, so there is a difference between the Ina CBG'S type A and Non Psychiatric Type B, using two different software.

Participants of National Health Insurance are served in Prof Dr. SoerojoMagelang Mental Health Hospital, but there are still claims that are not paid

yet.

RESEARCH METHOD

This research type with an exploratory case using a single holistic case study is designed by analyzing data from one hospital. According to Yin (1984), case study is a systematic research that analyzed phenomena in a real-life context, in which the boundary between phenomena and context are not clearly defined, and multiple sources of evidence are utilized. Every strategy used at once for three objectives are exploratory, descriptive and explanatory. Experimental research, also called Exploratory) is a study of unfamiliar things in which the researcher needs to obtain further data about the studied element because there are only major data at hands.

The researcher used a case study where the researcher investigated carefully on a program, event, activity, process or individuals group. The cases were limited by time and activityies then complete information were collected using various procedures based on a predetermined time (Stake, 1995). The study design used a case study with a qualitative method of in-depth interview approach. According to Sutopo (2006), open interviews (in deep interview) is held, when researchers can asked respondents about the main facts of various events, in addition to their opinions about a certain circumstance. Data is usually collected in qualitative methods, where a research is conducted to determined the factors that cause BPJS Health unfeasible claims for non-Psychiatric services from January to December 2016 at Prof.dr. SoerojoMagelang Hospital. The research used a qualitative approach as follows: Mapping case by case unfeasible claims hence the researcher can clearly identify for Non-Life unfeasible claims from January to December 2016. Documents are matched and verified using the results of the mapped case according to the Medical Record evidence from the analysis of the cause of the unfeasible claim Interviews are conducted to find out the causes and solutions to unfeasible claims, to related parties. triangulation might related to the results of interviews from several parties, so that the researcher knows the problems in details. Thus the analyzed existing SPO, the research results and policy designs or SPO need to be constructed.

The subjects of the study include related sides consisting of DPJP doctors, Koder RS, other health services and BPJS Health Verifiers who were stationed in Mental hospital Prof.Dr.SoerojoMagelang. While the object of research were the target to get a data in accordance with the understanding of the object of research proposed by Sugiyono (2011: 38). He stated that the object of research is an attribute or nature or result or value of an object or activity that has a certain variation set by the researcher to study and then the conclusion is drawn up. The object of this study was the unfeasible claim for the services of JKN participants with a Non-Life Research Time from January to December 2016, at the RSJ Prof. Dr. SoerojoMagelang.

The researcher has a special position in qualitative research, i.e. as a planner, data collectors, data analyzer, data interpreter and reporter of the results of his research (Moleoang 2010 '168). Thus, the researcher as a key instrument who collected data based on acceptable criteria. Qualitative data collection techniques are data collection with descriptive data meaning data in the form of categorized symptoms or in other forms such as photographs, documents, artifacts and field notes when the research was carried out, Jonatan Sarwono (2006: 259)

The researcher uses primary data analysis and secondary data. The data was made by grouping the claims on each case of unfeasible data non-psychiatric service in the period of January to December 2016. The analysis was related to the occurence of the cause of the unfeasible claim, by verifying the completeness of the claim file and the records contained in the medical record. Then record the verification results of the service case card according to the table checklist made. Primary data applied by the researcher was to conduct in-depth interviews with research respondents at RSUD Prof. Dr. SoerojoMagelang.

The research stages prepared in general are is following the completion of thesis proposal and receiving the research permit from RSJ Prof.Dr.SoerojoMagelang, the researcher will do the observation. In conducting research in general, the researcher need to hand in several stages with the following details, i.e. data obtained by researchers directly from DPJP doctors, Koder Officers, Head of Health Insurance Installation, Registration Officer, Hospital Head, and BPJS Health Verifier. While the secondary data was collected by unfeasible claim non psychiatric services from January to December 2016. Also data is prepared by compiling interview guidelines, questionnaires and conducting in-depth interviews with respondents. After that, the data is processed and analyzed by identifying all available data and conduct data checklist, followed by the coordinating it with data in Medical Records. These steps would be completed by supervisor consultation

RESULT AND DISCUSSIONS

Magelang Mental hospital was built in 1916, when the Dutch government led by Scholtens planned to build a "Krankzinningengesticht" (Mental Hospital) in Central Java. Prof.Dr.Soerojo Hospital is located 4 kilometers from the center of Magelang, surrounded by the row of Merapi mountain, Merbabu, Andong and Telomoyo on the east, Ungaran on the north, Sumbing and Menoreh on the west and Tidar hill ("The Nail of Java "). RSJ Prof.Dr. SoerojoMagelang is strategically located on the side of the highway that connects cities of Yogyakarta, Semarang and Purworejo, Wonosobo and the surrounding towns, within an area of 40 acres.

Based on the Decree of the Minister of Health of the Republic of Indonesia No. 756 / Men.Kes / SK / VI / 2007 dated on June 26, 2007 and Decree of the Minister of Finance of the Republic of Indonesia No. 278 / KMK.05 / 2007 dated on June 21, 2007, RSJ. Prof. Dr. SoerojoMagelang became a Government Agency under the Ministry of Health RI by implementing the Public Service Financial Management System (PPK BLU). In 2009, the community's need to get comprehensive health services was responded by RSJ Prof. Dr. SoerojoMagelang. The opening of a non-medical health service is supported by the Decree of the Director General of Medical Services Development of Indonesia Ministry of Health, regarding to the letter of consent to implement Non-mental Health Services at Prof. Dr. SoerojoMagelang Mental Hospital in accordance with the Decree No.HK.03.05 / I / 441/09. The decree regulates Prof. Dr. SoerojoMagelang to open Non-Mental health services with a maximum number of 15% of available beds. Medical specialists are supported by pediatricians, internists, surgeons, neurologists, Radiologists, anesthesia specialists and obstetricians as well as gynecologists.

Prof.Dr.SoerojoMagelang Hospital is supported by several different installations, i.e. Outpatient Installation, Emergency Room Installation Inpatient I (Psychiatry), Inpatient Installation 2 (Non Life), Child and Youth Mental Health, Community Mental Health, Medical Record, Mental Capacity Assessment, Psychosocial Rehabilitation, Pharmacy, Laboratory, Radiology, and Nutrition Installation.

The following medical practitioners in the Prof.Dr.SoerojoMagelang Hospital Medical staff at Prof.drSoerojoMagelang Mental Hospital:

Table 1.Condition Of Health Personnel

NO	TYPES OF HEALTH SERVICES	NUMBER OF CASES	TOTAL COST
	Psychiatric		
1	Outpatient	105	38.583.100
2	Inpatient	6	33.818.300
	Total	111	72.401.400
	Non-Psychiatric		
1	Outpatient	279	62.040.900
2	Inpatient	4	16.271.200
	Total	283	78.312.100
	Grand total	394	150.713.500

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In the Health BPJS Service, there are the unfeasible claims. In BPJS Health services there are claims that are not paid

Table2. Unfeasible claim in 2016 Claims not eligible for 2016.

No	HEALTH WORKERS	QUANTITY	
1	Psychiatrists	13	people
2	Psychologists	9	People
3	Neurologists	3	People
4	Internists	3	People
5	Surgeons	2	People
6	Anesthesia Specialists	1	People
7	Obgyn	2	People
8	Orthodontic	1	People
9	Dermatologists	1	People
10	Dentists	2	people
11	Radiologists	1	People
12	Pathology Clinical	1	People
13	Medical Rehabilitation	1	People
14	General Practitioners	9	people

Table 2. The unfeasible claims for Psychiatric cases are 111 cases with a total claim value of Rp. 72.401.400 while for non psychiatric services are 284 cases with a claim value of Rp.78,312,100.

Characteristics of the RespondentsIn conducting the research, the researchers used in-depth interview guidelines to get information from Hospital Managers, Specialists, General Practitioners, Hospital Administration, Koder Hospital, and Head

of Health Insurance Installation.

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There are several factors raising the Unfeasible claims, one of which is communication. The interconnected communication structure to classify the information processes will help the managers to coordinate their subordinates to change behavior in achieving organizational goals as a basis for continuous actions (Marciareeiello and Kirby, 1994). Communication is also important in the management Control system because it is a tool to monitor or to observe the implementation of company management in directing the organizational goals in the company's performance, which would be accounted to stakeholders (Soobaroyen , 2006).

It can be conveyed that the Hospital Head has received information related to the unfeasible claims for the non psychiatric services in 2016. By looking at the previous case, the head of the hospital has carried out the socialization. However, the information is not delivered orderly from the head of the hospital to the practitioners.

To achieve an organizational goal all claims are expected to be paid by BPJS Health. Yet with this unfeasible claims, an agreement and understanding is needed to clarify the National Health Insurance Policy, especially in RSUD Prof. Dr. SoerojoMagelang. The Hospital Heads recognizes the BPJS Health rules and has received regular report information for such unfeasible claims. Yet a comprehensive follow-up hasn't yet carried out, and orderly socialization has been carried out with less affect in the technical areas of practitioners, so that a problems arise that harms the hospital it self.

The attitude of the doctors related to the doubtful claim for an act of interest, needs to be confirmed to the DPJP, then confirmed to the legal medico aspect. The general policy of National Health Insurance policy is recognized by doctors yet a more detailed – technical manners needs to be socialized. The unfeasible medical claims are accompanied by documents, which becomes an audited aspect of medical management in hospitals from the Medical and Nursing Directorate.

The Quality Control and Hospital Cost Control Team is legally coordinated by the President Director while the Quality Control is under the Medical Committee. The participation of the medical committee and the Medical Staff Group related to unfeasible claims showed that there is no organizational structure and is not properly applied. Besides, the medical committee -as the expert staff- was not properly functioned by the President Director to manage the problems. Unfeasible claims are expected to release documents which resulted in unpaid claims from the related installations that manage claims. If screening emerges medical technical problems would be continued by the Medical and Nursing Directorate, and if it is related to technical claims, it can be coordinated with hospital coding and other related technicalities. Hospitals' change on the organizational structures is related to the quality control and cost control of the hospital .

Standard Operating Procedures at RSUD Prof.Dr. SoerojoMagelang is needed to be released in several areas, i.e. the existing SOP and Checklist claim administration requirements SOPs for unfeasible claims, and procedures for implementing SOPs for claim verification and there will be technical SPO coding for retention patients and new patients. The involvement SOP of the Quality Control Team and Hospital Cost Control related to the National Health Insurance service was urgently needed for the successful implementation of the National Health Insurance claim.

CONCLUSIONS

Treatment episodes was dominated the highest number for unfeasible claims, so Standard Procedures for inpatient and guidelines for inpatient were needed, with the SOP expected to be socialized, regarding to the National Health Insurance which relate to the socialization of the National Health Insurance in detail, especially the Medical Functional Staff (KSM).

The Head gave a positive response related to unfeasible claims, by socializing the regulations that must be shared orderly for the continuous implementation of the National Health Insurance, thus minimizing unfeasible claims, with details in related units. This might happen as BPJS health regulations often change into technical constraints in the field. Not only the Head, but also doctors at Prof.dr. Soerojo Hospital Magelang responded positively, hoping to be involved in the Medical Committee, Quality Control and Cost Control Team and Medical Staff Group at RSUD Prof.Dr. SoerojoMagelang , and hope that there will be an alteration in Organizational Structure for the Quality Control and Cost Control Team. Thus, there will be a special assignment for the President Director of RSJ Prof. Dr. SoerojoMagelang. Standard Operating Procedures for unfeasible claims were not yet

available at Prof.dr. SoerojoMagelang Hospital.

The Standard Operating Procedure for verification of internal claims Magelang Mental hospitalProf.dr. Soerojo has not yet been attended by Prof. Dr. SoerojoMagelang Hospital. Operational Standards Procedures for coding retention patients and new patients have not yet been attended by Prof. Dr. SoerojoMagelang Hospital. Operational Standards Incomplete claim returned procedures for the results of internal RSJ Prof.Dr.SoerojoMagelang's internal verification, both the coding and the administration of claims to the relevant Unit, before being sent to BPJS Kesehatan, need to be presented by Prof. Dr. SoerojoMagelang Hospital. Operational Standards Procedure for determining a medical resume does not yet exist because it will involve a certain nominal amount of hospital claims due to Type A Psychiatric services and Type B Non-Life Services. The Operational Standards Procedure for patients to get different class, which is still unavailable would be needed because the value of package rates is paid by the patient. However, the verification result with the change in diagnostic code will affect the value of the claim.

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