

INTISARI

Latar Belakang : Pendekatan *managed care* pada program Jaminan Kesehatan Nasional (JKN) menempatkan rumah sakit sebagai fasilitas kesehatan rujukan dengan sistem pembayaran prospektif. Sejalananya pasien yang berobat dapat selesai ditangani di fasilitas kesehatan primer. Namun, angka rujukan pasien ke rumah sakit di era JKN justru masih tinggi. Dampaknya rumah sakit dihadapkan pada meningkatnya pengajuan klaim ke BPJS Kesehatan. Di RSUD Pontianak, tahun 2016 tercatat sebesar 6,98% dari nilai pendapatan rumah sakit berasal dari *dispute* klaim pasien JKN, dan sebagian berkas dikembalikan. Perlu penelitian tentang penyebab pengembalian berkas klaim di RSUD Pontianak

Tujuan penelitian : Untuk mengetahui penyebab pengembalian berkas klaim pasien peserta JKN di RSUD Pontianak

Metode penelitian : Penelitian ini merupakan penelitian studi kasus exploratoris dengan pendekatan desain studi kasus tunggal.

Hasil : Proses klaim di RSUD Pontianak masih belum baik karena tidak pernah tuntas tiap bulannya. Penyebab pengembalian berkas klaim adalah kesalahan administrasi dan alasan medis. Kesalahan administrasi berupa kesalahan pengetikan, tanggal, belum diparaf dokter. Alasan medis berupa ketidaksepakatan koding, beda persepsi tentang asuhan khusus dan diagnosa sekunder serta tidak adanya pemeriksaan penunjang. Kinerja pengkodean terkendala pada perbedaan persepsi antara koder dan verifikator BPJS Kesehatan, respon dokter positif terhadap berkas klaim yang dikembalikan, persepsi verifikator BPJS Kesehatan terkendala pada kapasitas, latar belakang pendidikan, perbedaan pemahaman dengan koder tentang reseleksi kode dan regulasi.

Kesimpulan : Kesalahan teknis proses administrasi klaim, perbedaan persepsi pengkodean, perbedaan pemahaman terhadap pemeriksaan penunjang, asuhan khusus dan input diagnosa sekunder, serta perbedaan persepsi terhadap regulasi JKN antara pihak rumah sakit dan verifikator BPJS Kesehatan menjadi penyebab pengembalian berkas klaim pasien JKN di RSUD Pontianak.

Kata kunci : Pengembalian Berkas Klaim, Ketidaksepakatan Koding, Persepsi Verifikator.

ABSTRACT

Background : Approach of *managed care* in the National Health Insurance Program (JKN) puts hospitals as a health facility referral with the prospective payment system. Treatment of patients should be done and handled in primary health facilities. Although the number of patient referral to hospitals in JKN era remains high. The impact of the hospital is faced with an increase in claims bills to BPJS Kesehatan. By 2016 in RSUD Pontianak it was noted that 6.98% of the income came from JKN hospital patients which had not been paid by BPJS Kesehatan, so some were returned. A research needs to be conducted on the cause of the returned claim file from BPJS Kesehatan verifier to RSUD Pontianak.

Research Objective : To find out the cause of the claims pending in RSUD Pontianak.

Method : The research is an exploratory case study with a single case study design approach.

Results : The claim process at RSUD Pontianak is still not as good as never completed every month. Most of the causes of returned claims are administrative errors and medical reasons. Mal-administration in the form of typing errors, dates, but a sign from the doctor. Medical reasons include coding disagreements, differences in perceptions about specific inspection directions, lack of support, differences in perceptions about secondary diagnostic inputs. Performance coding is limited to differences in perceptions between Coder and BPJS Kesehatan Verifier, positive physician response to file claims reversed, BPJS Kesehatan Verifier perceptions are constrained in capacity, differences in educational background, differences in understanding with Coder on Reselected Coding, and differences in regulatory implementation in the claims process.

Conclusion Technical error of claims administration process, difference of perception of coding, difference of comprehension about complementary examination, special treatment and secondary diagnosis input, and difference of perception to JKN regulation on verifier of cause of claim file of JKN patients return to RSUD Pontianak.

Keyword: Claims Pending, Coding Disagreement, Perception Verifier.