

Determinan proses revisi berkas penyebab terhambatnya pencairan klaim BPJS pasien rawat inap di RS. XYZ Jakarta tahun 2015 = The determinants factors in revising process the files that impede the BPJS payment for the in patients in XYZ hospital Jakarta in 2015

Wita Prominensa, author

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Abstrak

Penelitian dengan pendekatan kualitatif dan kuantitatif ini secara umum bertujuan untuk menggali lebih dalam faktor yang berhubungan dengan proses revisi berkas klaim pasien BPJS rawat inap dimana secara tidak langsung menjadi penyebab terhambatnya proses pencairan klaim BPJS rawat inap tahun 2015. Penelitian dilakukan selama 4 (empat) bulan Sejak Februari hingga Mei 2016, dengan mengambil 235 sampel dari total populasi 568 berkas yang bermasalah penyebab klaim pending, yakni berkas yang dikembalikan dan harus direvisi selama 4 bulan terakhir tahun 2015 (September - Desember 2015). Pendekatan kualitatif dilakukan dengan metode wawancara mendalam untuk mencari hubungan faktor 5M (Man, Money, Methode, Material, Machine) terhadap revisi berkas yang mempengaruhi klaim pending. Wawancara dilakukan peneliti kepada seluruh pihak terkait pengelolaan klaim BPJS rawat inap sejumlah 14 informan dengan menggunakan pedoman wawancara. Sementara pendekatan kuantitatif dilakukan dengan metode checklist telaah berkas dan observasi untuk mencari hubungan faktor proses (alur penerimaan berkas, kelengkapan berkas, proses coding, proses entry, verifikasi) terhadap revisi berkas yang mempengaruhi klaim pending.

Hasil penelitian kualitatif, diketahui bahwa kebijakan secara operasional belum dioptimalkan, tim casemix baru dibentuk sejak Februari 2016 (RS menerima BPJS sejak 2014), kinerja masih multijobdesk, sosialisasi dan edukasi belum merata, monitoring atau evaluasi belum diterapkan maksimal. Sementara analisa kuantitatif didapatkan bahwa faktor dominan penyebab revisi pada masing-masing kategori pasien BPJS berbeda, yakni; ada pasien PBI faktor dominan ada pada proses verifikasi yang lama justru menyebabkan revisi menjadi cepat; pada Non PBI sesuai kelas faktor dominan dipengaruhi oleh kelengkapan berkas, sama halnya dengan Non PBI upgrade. Secara umum, proses revisi berkas berhubungan dengan proses coding, kelengkapan berkas, proses entry serta proses verifikasi, dengan faktor dominan dipengaruhi oleh variabel kelengkapan berkas.

Dari penelitian ini diperoleh kesimpulan bahwa sangat diperlukan kebijakan untuk menetapkan Standar Operational Procedure, mengoptimalkan dengan memfokuskan tim Casemix tanpa multi jobdesk, melakukan sosialisasi, motivasi dan edukasi dalam pelaksanaan casemix.

.....In general, the current qualitative-quantitative study aims to investigate the problems related to the file revisions process of the in-patient's BPJS claim that may impede the searching process of the BPJS claim itself in 2015. The study was conducted for four (4) months, from February to May 2016. The study took 235 random sampling of the 568 problematic files in total that cause the claim into pending, in which the files should be returned and revised for the last four (4) months in 2015 (September to December 2015). The qualitative approach was conducted by thorough interview to find out the relationship between 5M factors (Man, Money, Method, Material, and Machine) and the file revision that causes the claim into pending. The interview with the fourteen (14) informants on the BPJS claim management was conducted

based on the interview ethical guidelines. In addition, the quantitative approach was conducted with file searching checklist method and observation. It was conducted to find out the relationship between the process factors (file receiving process, the file completion, coding process, entry process, and verification) and the file revision that causes the claim into pending.

The result of qualitative study illustrates that the operational policy has not been optimized. Moreover, the casemix team has just been established since February 2016 (in fact, the hospital has accepted BPJS since 2014), the multijobdesk still remains, socialization and education on the policy have not been spread evenly, and the monitoring or evaluation has not been applied to the greatest degree. Furthermore, the quantitative study depicts that the prevailing factors of the file revision on each BPJS patient category are different. On the PBI patients, the inverted relationship dominant factor of the lengthy verification process speeds up the revision. On the non-PBIs, the dominant factors are on the file completion, same as Non PBI upgrades. Overall, the prevailing factors of the file revision of BPJS generally are coding process, file completion, entry process and verification. Additionally, the dominant related factors is file completion.

The current study concludes that the policy to formulate the Standard Operating Procedure is required. In addition, it is necessary to optimize the casemix team without multijobdesk. Furthermore, the socialization, motivation, and education in the casemix are required.