

ANALYSIS OF THE SUITABILITY OF INA-CGB'S CLAIM CODING AT BPJS KESEHATAN WASIN AT RSUP PROF. DR. I.G.N.G.NGOERAH DENPASAR

Gusti Ayu Eka Sutrisnawati, Fajar Manuaba, Sagung Putri M.E Purwani

Master of Health Law Study Program Udayana University Postgraduate Program Lecturer of Faculty of Law, Udayana University Email : Fajar.Manuaba@gmail.com, sagung putri@unud.ac.id, ekasutrisna37@gmail.com

	ABSTRACT
Wasin	RSLIP Prof

RSUP Prof.Dr.I.G.N.G.Ngoerah Denpasar is an advanced service facility which is INA-CBG's, E-Claim, Wasin Audit, BPJS part of supporting the running of national insurance programs processed by the BPJS agency. The BPJS Health wasin audit aims to ensure that companies or participants have fulfilled their obligations regarding health insurance provided by BPJS Health, where reimbursement for advanced health services costs uses the INA-CGBs E-Claim application. INA-CBG E-Claim is an application specifically designed to assist hospitals in the national health insurance claim process. INA-CBG's is the amount of claim payment by BPJS to health facilities where the INA-CBG's rate uses a coding system with ICD-10 for diagnosis and ICD 9CM for procedures or actions. The aim of this research is to obtain the suitability of INA-CBGs claim coding on BPJS Health wasin at Prof. Dr. IGNGNgoerah Denpasar Hospital. Empirical legal research used in this research, with a quantitative approach. which exists in fact. The results of this research are that the impact of losses from discrepancies in the coding of clinical data affects the financing of health services, so there is a need for a BPJS Health data processing process regarding re-confirmation regarding the advantages and disadvantages of claims that will be paid. In August 2023, there was confirmation that there were 638 inpatient data processing data, 2339 outpatient data. Then action was taken by the hospital to provide training to coding officers and continue to regularly monitor and check the hospital's internal verification.

INTRODUCTION

Keywords:

Background of the problem

Central General Hospital (RSUP) Prof.Dr.I.G.N.G.Ngoerah Denpasar is an advanced service facility that is part of supporting the running of national insurance events processed by BPJS agencies. Medical records have a function as the basis for financing foundations (Cerchione et al., 2023). Since 2014 through the national health insurance program, where reimbursement of advanced health service costs using the INA-CGBs E-Claim application (Mudiono et al., 2023). E-Claim INA-CBG is an application specifically designed to assist hospitals in the process of claiming national health insurance (JKN) (Saputra et al., 2022). INA-CBG's is the amount of claim payment by BPJS to health facilities where INA-CBG's tariff uses a coding system with ICD-10 for diagnosis and ICD 9 CM for procedures or actions (IMAN, 2017). Koder is responsible for providing codification in accordance with the minutes (BA) of

the 2nd and 1st editions of the 2023 agreement so as not to hinder the claim process and expedite the payment of health service costs (Kairu et al., 2023). The INA-CBG'S system is an application used as an application for submitting claims for hospitals, puskesmas and all health service providers (PPK) for the poor of Indonesia (Satria, 2022). *Case Base Groups* (CBG's), which is the way patients pay for care based on relatively similar diagnoses or cases (Marpaung et al., 2022).

The health social security organizing agency (BPJS) uses the latest version of INA-CBG's (Indonesia Case Based Groups) tariff, namely version 4.0 on the National Health Insurance (JKN) payment pattern (Nursiah et al., 2021). This version came into effect in 2014. This provision is in accordance with Presidential Regulation No. 111 of 2013 as a revision of Presidential Regulation No. 12 of 2013 concerning Health Insurance. As before, INA-CGB's version 4.0 is based on hospital data. In accordance with regulations, in INA-CBG's there is quality control in it. This quality control is related to both professions, academics, experts, associations, to the health office (Amaral et al., 2023). It is hoped that this payment pattern can encourage efficiency and improve the quality of health services (Bour et al., 2023). The package includes all components of hospital costs based on disease costing and coding data, which refers to the *International Classification of Diseases* (ICD) compiled by WHO (Fibionisa et al., 2023). The use of ICD 10 to diagnose 14,500 codes and ICD 9 *Chlinical Modifications* which includes 7,500 codes (Maryati et al., 2021). The INA-CBG's tariff consists of 1,077 CBG codes, namely 789 inpatient and 288 outpatient with three levels of severity (Saputra, 2022).

In this process, it is necessary to conduct a BPJS Health wasin audit (Darma et al., 2018). BPJS Kesehatan wasin (mandatory insurance) audit refers to an examination or evaluation carried out on the obligation of companies or participants to register and pay contributions to the Health social security organizing agency (BPJS). BPJS Kesehatan is an institution that organizes health insurance programs in Indonesia (Zanariyah et al., 2021). BPJS Kesehatan wasin audit aims to ensure that companies or participants have fulfilled their obligations related to health insurance organized by BPJS Kesehatan. This audit includes checking the payment of contributions, the activeness of the membership status, and the suitability of data or other information required by BPJS Kesehatan, in addition to being audited by internal supervision (Wasin), BPJS Kesehatan is also audited annually by external auditors including the Audit Board (BPK), the Financial and Development Supervisory Agency (BPKP) and the Public Accounting Firm (KAP).

The impact of losses from mismatches in clinical data codes affects health care financing. Reimbursement of health service financing organized by hospitals is highly dependent on the accuracy of clinical data codes (Cheng et al., 2009). Indonesia applies a prospective payment system based on INA-CBGs. With this payment method, the accuracy of clinical data codes greatly determines the financing of health services (Danuri et al., 2006).¹

In August 2023, there is BPJS Health wasin data regarding reconfirmation related to the excess and lack of claims to be paid, here aims to find out the truth of giving codefication on the INA-CGBs E-Claim application in every service provided to patients, namely inpatient there are 638 data, outpatient data as many as 2339 data.

Problem Statement

The formulation of the problem in this study

How accurate is the codification given by officers in the INA-CBGs E-Claim application at RSUP Prof. Dr.I.G.N.G.Ngoerah Denpasar?

How is the suitability of providing codification according to the Minutes (BA) of the 2nd and 1st editions of the 2023 agreement at RSUP Prof. Dr.I.G.N.G.Ngoerah Denpasar?

Purpose of Writing

This study aims to obtain the suitability of coordinating INA-CBGs claims on BPJS Health wasin at RSUP Prof. Dr.I.G.N.G.Ngoerah Denpasar.

RESEARCH METHODS

The study "Analysis of the Conformity of INA-CBGs Claim Coding at BPJS Health Wasin at RSUP Prof. Dr.I.G.N.G.Ngoerah Denpasar" uses empirical legal research methods with a quantitative approach. The assessment is carried out through primary data sources in the form of direct observation of problems that exist in fact.

RESULTS AND DISCUSSION

Accuracy of Codefication by Officers in the INA-CBGs E-Claim Application at RSUP Prof. Dr.I.G.N.G.Ngoerah Denpasar

E-Claim INA-CBG is an application specifically designed to assist hospitals in the process of claiming national health insurance (JKN). The INA-CBG'S system is an application used as an application for submitting claims for hospitals, puskesmas and all health service providers (PPK) for the poor of Indonesia. *Case Base Groups* (CBG's), which are ways of paying for patient care based on relatively similar diagnoses or cases. The theory of legal protection includes the Law of the Republic of Indonesia number 24 of 2011 concerning the Social Security Administration Agency in article 1 paragraph 1 concerning the Social Security Organizing Agency hereinafter abbreviated as BPJS is a legal entity formed to organize social security programs.²

In the Regulation of the Minister of Health of the Republic of Indonesia Number 3 of 2023 concerning Health Service Tariff Standards in the Implementation of the Health Insurance Program in article 1 paragraph 3 concerning Indonesian-Case *Based Groups* Tariffs, hereinafter referred to as INA-CBG Tariffs, is the amount of claim payment by BPJS Kesehatan to Advanced Referral Health Facilities for service packages based on groupings of disease diagnosis and procedures, Includes all hospital resources used in both medical and non-medical services.³

Article 28 paragraph 1 regarding INA-CBG Tariff consists of outpatient rates and inpatient rates, with 5 (five) tariff groups, namely: a. for: 1. Dr. Cipto Mangunkusumo National Central General Hospital (RSUPN); and 2. Special Hospital consisting of Harapan Kita Heart and Blood Vessel Hospital, Dharmais Cancer Hospital, Anak dan Bunda Harapan Kita Hospital, and Prof. Dr.dr. Mahar Mardjono National Brain Center Hospital. b. for class A government and private hospitals; c. for class B government and private hospitals; d. for class C government and private hospitals; and e. for class D government and private hospitals. Then article 28

paragraph 3 concerning hospitalization rates as referred to in paragraph (1) consists of class 1 inpatient rates, class 2 inpatient rates, and class 3 inpatient rates. In Chapter V paragraph 2 concerning transitional provisions in terms of 14 (fourteen) days from the promulgation of this Ministerial Regulation: a. falling before the 15th of the current month, payment by capitation at FKTP is made in accordance with the Regulation of the Minister of Health Number 52 of 2016 concerning Health Service Tariff Standards in the Implementation of the Health Insurance Program (State Gazette of the Republic of Indonesia of 2016 Number 1601) as last amended several times by Regulation of the Minister of Health Number 52 of 2016 concerning Health Service Tariff Standards in the Implementation of the Health Insurance Program (State Gazette of the Regulation of the Minister of Health Number 52 of 2016 concerning Health to the Regulation of the Minister of Health Number 52 of 2016 concerning the Third Amendment to the Regulation of the Minister of Health Number 52 of 2016 concerning Health Service Tariff Standards in the Implementation of the Health Insurance Program (State Gazette of the Republic of Indonesia Year 2018 Number 442); or b. falls after the 15th of the current month, payment by capitation on the FKTP for the following month is made in accordance with the provisions in this Ministerial Regulation.

Regulation of the health social security organizing agency number 7 of 2018 concerning the management of health facility claim administration in the implementation of health insurance in chapter III article 10 concerning the administration of claims for benefit payments at health facilities in collaboration with BPJS Kesehatan includes claims for payment of health service benefits at FKTP and FKRTL.⁴ The suitability of BPJS Kesehatan wasin data verification for the INA-CGBs E-Claim application At RSUP Prof. Dr.I.G.N.G.Ngoerah Denpasar in August 2023, there is confirmation of the inpatient wasin data process as many as 638 data, outpatient data as many as 2339 data. Then the action is carried out by the hospital, conduct training to coding officers and continue to monitor and check regularly from the hospital's internal verification.

Suitability of Providing Codification in accordance with the Minutes (BA) of the Agreement Edition 2 and 1 of 2023 at RSUP Prof. Dr.I.G.N.G.Ngoerah Denpasar

In providing codification on INA-CBG's software application, it must be in accordance with the minutes (BA) of the 2nd and 1st editions of the 2023 agreement and the coding method where the minutes of this event are listed the management of carrying out good and correct codification in accordance with predetermined regulations. In the minutes of agreement with guidelines for the management of solutions to INA-CBG's claim problems in 2023 Number: JP.02.03/H.IV/2739/2023, Number 668/BA/0823 regarding coding aspects and problems in codifying in accordance with ICD-10 for diagnosis and ICD 9 CM for procedures or actions.⁵. There are still discrepancies in carrying out the codefication that have an impact on losses from the discrepancy in clinical data codes affecting health service financing. The suitability of BPJS Kesehatan wasin data verification for the INA-CGBs software application At RSUP Prof. Dr.I.G.N.G.Ngoerah Denpasar in August 2023, there was confirmation of the inpatient wasin data process as many as 638 data, outpatient data as many as 2339 data.

CONCLUSION

Analysis Of The Suitability Of INA-CBG'S Claim Coding At BPJS Kesehatan Wasin At RSUP Prof. Dr. I.G.N.G.Ngoerah Denpasar

Based on the discussion above, it can be concluded that INA-CBG's is the amount of claim payment by BPJS to health facilities where INA-CBG's tariff uses a coding system with ICD-10 for diagnosis and ICD 9 CM for procedures or actions. The impact of losses from mismatches in clinical data codes affects health service financing, so it is necessary to process BPJS Health wasin data regarding reconfirmation related to excess and lack of claims to be paid. E-Claim INA-CBG is an application specifically designed to assist hospitals in the process of claiming national health insurance (JKN). The INA-CBG'S system is an application used as an application for submitting claims for hospitals, Puskesmas and all Health Service Providers (PPK) for the poor of Indonesia. Case Base Groups (CBG's), which are ways of paying for patient care based on relatively similar diagnoses or cases. The theory of legal protection in this study refers to legal literature in the form of minutes (BA) of agreements editions 2 and 1 of 2023, coding methods, social security organizing bodies have been regulated by law number 24 of 2011, regulations of health social security organizing bodies number 7 of 2018 concerning the management of health facility claims administration in the implementation of health insurance, and Regulation of the Minister of Health of the Republic of Indonesia Number 3 of 2023 concerning health service tariff standards in the implementation of health insurance programs. In August 2023, there are 638 confirmed inpatient wasin data processes, 2339 outpatient data. Then the action is carried out by the hospital, conduct training to coding officers and continue to monitor and check regularly from the hospital's internal verification.

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