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The Medical Doctor Knowledge, Medical Resume, BPJS Claim Process, and Doctor Compliance Behavior to Filling a Medical Resume At X Hospital Jatinegara

Adisti Indah Lestari^{1,*}, Endang Ruswanti¹, M. Reza Hilmy¹

¹Department of Hospital Administration, Esa Unggul University, Jakarta

This study aims to determine claim process on Indonesian health insurance (BPJS Kesehatan) related to administration for medical doctors related knowledge, medical resumes, and doctors' compliance in filling out medical resumes. The research approach with a quantitative method using path analysis design. The primary data collection method was obtained through observation with 100 medical record documents, sample counting using the Slovin formula with secondary data by in-depth interviews over five informants, doctor in charge of the patient, medical record officer, BPJS officer and two management people. The results showed knowledge had a significant effect on the compliance behaviour of doctors in filling the Medical Resume, compliance behaviour showed a significant effect on the BPJS claim process, and knowledge showed a significant effect on the BPJS claim process. Thus, the research findings related to the BPJS claim process occurred due to incomplete medical records especially data support, identity data with doctor's diagnosis and incorrect code entry. The implication of the research results for hospital management is necessary to increase the supervision of filling the Medical Resume in collaboration with the medical committee team. Problems found in filling out the Medical Resume are discussed and resolved together by involving all stakeholders.

Keywords: medical resume, BPJS, compliance, knowledge

1. INTRODUCTION

The rapid development of medical science and technology and the improvement of socio-economic also for educational conditions have resulted in changes to the public assessment system which demands quality health services. One of the parameters to determine the quality of health services in the hospital by looking the data or information from good and complete medical records. Indicators of the quality of a good medical record are completeness of content, accuracy, punctuality and compliance with legal requirements. The national medical Record is a file containing notes and documents about patient identity, examination, treatment, actions and other services that have been provided to patients [1]. Here, personnel who have the right to fill in medical records include general practitioners, specialist doctors, dentists and dental specialists, visiting doctors who treat patients in hospitals residencies who are currently practicing, nursing paramedics and non-nursing paramedics [2].

*Email Address: adistiindahlestari@gmail.com

The problem is often that a arises in filling out medical records is an incomplete filling process, the writing of doctors who are less specific about the diagnosis. This situation has an impact on the internal and external hospital, because the results of data processing become the basis for making internal hospital reports and hospital external reports. A Medical resume has an important position in the JKN era, this is because a medical resume is a document that must be in the claim file. Claims are made by the hospital through a process of collecting files that can prove a person's illness, then comparing them with the cooperation agreement and determining the benefits paid to insurance participants [3]. The purpose of this study was to analyze the level of knowledge of doctors in filling out medical resumes and to analyze the relationship between DPJP characteristics and compliance behavior in filling out medical resumes for BPJS patients in hospital inpatient installations at X Jatinegara, West Java, Indonesia.

2. METHODOLOGY

This research was conducted with a quantitative approach using path analysis design. The method used in this research is descriptive analysis method and verification. The descriptive analysis model is a method that provides a description about the data for each research variable used in this study while verification is done to test the hypothesis using statistical test tools. Researchers used a questionnaire and interview instruments. The data collection method was obtained through observation with 100 medical record documents, sample counting using the Slovin formula, and secondary data by in-depth interviews to find detailed explanations of the reasons for incomplete medical record documents. Data path analysis using AMOS version 25 software. Here, the dependent variable (Y) in this study from the Indonesian national insurance (BPJS) claim process with measured through indicators (1) timeliness (2) diagnostic accuracy, and (3) completeness of Medical Resume. Furthermore, the first independent variable (X1) is the doctor's knowledge, measured through indicators (1) Duties and responsibilities of doctors towards RM (2) Provisions in RM, (3) Procedures for filling in RM, (4) Important data in RM. The second independent variable (X2) is compliance behavior, measured through (1) Writing a summary (entry and exit) coded RM1, (2) Writing a history of disease coded RM2, (3) Writing a physical examination coded RM3, (4) The recording of the course of disease and medication is coded RM4, (5) Writing the complete name of the doctor, (6) Signing by the doctor.

3. RESULT AND DISCUSSION

The analysis shows data processing at the full model SEM stage was carried out by conducting a model feasibility test and a causality significance test. The path diagram for the full model analysis is presented in Figure 1 while fit model testing presented in Table I, respectively.

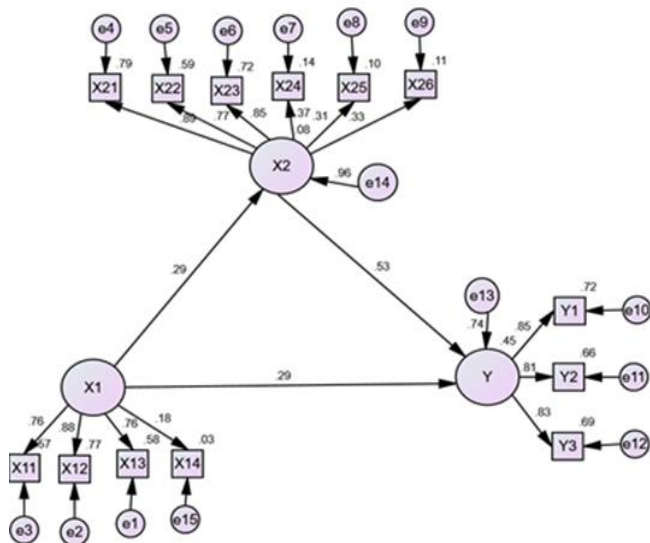


Figure 1. Structural Model Test Picture

Table I. Goodness-of-fit Model Testing Results

Goodness of Fit Measures	Acceptance Limit of Goodness of Fit	Result	Model Evaluation
Chi Square	the smaller the better	141.997	Good
RMSEA	≤0,08	0.000	Good
Probability	≥ 0.05	0.844	Good
CMIN / DF	<2,00	0.887	Good

Source: Data processed from research results

These results indicate that the model used is acceptable. Small chi-square values and probability values that are greater than the critical value indicate a good structural equation model. Based on the results of data processing and acceptance criteria for testing the goodness of fit test model based on the absolute fit measure that determines the degree of prediction of the overall model (measurement structural model) to the correlation and covariance matrices are good. This can be seen with the chi-square value of 141.997 where the smaller the chi-square value, the more suitable the model is. And the Root Mean Square Error of Approximation (RMSEA) value is 0.000 shows that RMSEA is close fit because it is below 0.05.

A. Results of Interviews with Doctors

The results of direct interviews with specialist doctors who filled in the RM showed that basically they had no difficulty understanding each filling in the RM sheet that was their responsibility. The two groups of doctors, namely those who have good behavior and those who have less opinion the same thing that there is too much data that must be filled in on RM and there is the same data that must be filled in again on another RM sheet (repeatedly). Doctors who behave less well feel that the time to fill the RM is very narrow because there are many patients who have to be treated while the doctors are lacking. For each specialty, there is only 1 doctor except for obstetrics and gynecology specialists, there are 3 doctors including 1 hospital director medical doctor. The doctors felt that there was still a lack of socialization about the benefits of RM and the attention from management to filling RM was still lacking. The results of interviews with well-behaved doctors in filling in the RM showed that they had a very good level of knowledge. This is shown from the answers given regarding the Regulation of the Minister of Health and the laws governing medical practice, that it regulates the obligations of doctors in filling RM, procedures for administering RM, uses and benefits of RM, contents of RM, and sanctions for violations. The results of interviews with doctors who had poor behavior in filling in the RM showed that they knew that RM was regulated in the Minister of Health Regulation and the Law. But they do not all know what things are arranged in it. The answers to the interviews indicated that not all of them knew the articles that were regulated in full, for example regarding the procedures for implementing RM, all important data that had to be filled in, and sanctions for violating these regulated provisions.

B. Results of Interview with Officer RM

According to Ka. RM sub-fields so far, the RM file is filled with complete is still lacking. There has been no evaluation done by the hospital management on charging the RM. Returns the RM that has been filled in to the RM room for a maximum of 2 days. The supervision carried out by the RM sector so far is by double-checking every RM that is returned to the RM room. If there is an incomplete RM, the officer will call the officer in the inpatient room to retrieve the incomplete RM file so that it is filled in by the doctor concerned. Based on observations, this has already been done. However, the returned RM file has not been filled in completely. This shows that the doctor's motivation to fill RM is still low even though the policies set to support RM filling have been implemented. So far, for the availability of RM files and making it easier to fill them out, officers in the inpatient room are obliged to control the availability of RM sheets in the inpatient room where he is assigned. If the inventory of RM sheets is running low (almost exhausted), the officers must immediately take them again in the RM room. Therefore, RM sheets are always available if needed by a doctor.

C. Results of Interviews with BPJS Officers (Casemix)

Casemix officers revealed that the different educational backgrounds and experiences of each casemix team member made knowledge different. The need for training on verification of existing coding is important. Another complaint is that the file management is still manual. For example, the division of cabinets for various data is still mixed so that it is difficult when looking for old data to be reused. The need for a special room and special storage media for the Casemix division so that data management is more efficient.

D. Results of Interviews with Hospital Management

The hospital director admitted that there is too much incompleteness in filling the RM by specialist doctors. Efforts to provide an understanding of the importance of filling in RMs have been carried out by the management by conducting outreach to medical and paramedical personnel. The socialization was carried out during monthly meetings which were also attended by specialist doctors on duty at X Jatinegara Hospital, west java, Indonesia. The director of RS X Jatinegara said he was not sure what caused the doctor not to complete the RM data. The management has difficulty in motivating doctors, especially specialist doctors to complete medical record filling due to the scarcity of specialist doctors who are willing to be assigned to X Jatinegara Hospital. Therefore, giving punishment is difficult to do. Efforts to improve the form and method of RM management have been carried out by conducting comparative studies. The management has visited other accredited hospitals to see how the RM management starting from the RM form model to the RM documentation is implemented. The medical committee has not played a role in motivating doctors to charge RM. So far, the medical committee has not carried out direct

supervision or checking of RM filling. Although as a referral center hospital in Pidie, this hospital does not yet have one standard work environment. The workspace is still uncomfortable and does not yet have standard operating procedures for charging RM. Based on the results of the study, it is known that the influence between knowledge and compliance behavior has a CR value of 2.702 ($p = 0.007 \leq 0.05$) so H_0 is rejected and H_a is accepted, meaning that there is a positive influence between knowledge and obedience behavior. Hypothesis H_1 , there is an effect of knowledge of accepted compliance behavior. Human resources are a very vital factor in the organization, so it is necessary to improve efficiency, quality and productivity. Therefore, it is necessary to develop an atmosphere of Knowledge (Knowledge) that can generate an active role and working conditions that can encourage them to develop and improve their abilities optimally. To achieve this condition, the organization makes efforts that can be taken, namely by creating conducive Knowledge. These results indicate that job interest will support better job completion. Employees like what they do [5]. This means that it is easier to motivate people to do certain jobs compared to other jobs. Thus, job characteristics are the key to employee motivation [6]. One boring and monotonous job hinder motivation to do well, while a challenging job increases motivation. Three things that are contained in a challenging job are diversity, autonomy, and the authority to make decisions. Using this concept, the RM is a document that is a source of information to determine medical action which becomes the autonomy and authority of the doctor who handles or is responsible for the patient. The results showed that the work itself had a significant relationship with doctors' behavior in filling RM. The better response to work will contribute to the better behavior tendency of specialist doctors [7]. Knowledge (Knowledge) has a very strategic role to encourage and improve the performance of doctors, both in the short and long term. The role of Knowledge (Knowledge) is a tool to determine the direction of the organization, direct what doctors can and should not do, how to allocate and manage organizational resources, and also as a tool to deal with problems and opportunities from the organizational environment. Knowledge (Knowledge) is "good" must be adaptable so that it can support in adapting to environmental changes. Knowledge (Knowledge) is good does not arise and grows by itself, but is consciously planted and grown, and also takes time (process). Attitude is an attitude that reflects a loyalty to the organization and a continuous process in which members of the organization express their concern for their work and success and continuous progress [8]. A person who has a good attitude in his life will see themselves as dedicated members of the organization, they will ignore sources of job dissatisfaction and have a long tenure with the organization. Whereas someone who does not have an Attitude in his life will express things about his dissatisfaction more openly, and will have a short period

with the organization. Besides that, behavior (attitude) has other benefits. Doctors who have good behavior tend to have a better performance which is reflected in the completeness of RM and a longer work period than doctors who have poor behavior. The creation of good Knowledge in the organization can increase the doctor's Attitude, so that with high Attitude, the doctor will produce optimal performance that can have a positive influence on organizational success reflected in the success of the BPJS claim process.

Based on the research results, it is known that the effect of compliance behavior with the BPJS claim process has a CR value of 5.392 ($p = 0.000 \leq 0.05$), so H_0 is rejected and H_a accepted, meaning that there is a positive influence between compliance behavior with the BPJS claim process. Hypothesis H2, there is the effect of compliance behavior on the BPJS claim process is accepted. A doctor's attitude in an organization is a condition where the doctor sided with an organization and the goals of the organization and intends to maintain its membership in that organization. Organizational attitude is also more than just a formal membership, because it includes an attitude of liking the organization and a willingness to exert a high level of effort for the benefit of the organization to achieve its goals. Attitude shows a strong belief and support for the values and goals the organization wants to achieve. In this view, individuals who have high attitudes will prioritize the interests of the organization over their personal or group interests. With a high organizational attitude, achieving organizational goals is important. On the other hand, a doctor with a low organizational attitude will have an interest in achieving organizational goals and tend to try to fulfill personal interests. Based on the research results, it is known that the influence between knowledge and the BPJS claim process has a CR value of 3.009 ($p = 0.003 \leq 0.05$), so H_0 is rejected and H_a is accepted, meaning that there is a positive influence between knowledge and the BPJS claim process. Hypothesis H3, there is an influence of knowledge against the BPJS claim process received. The results of this study also show that there is a positive relationship between good and whether a doctor's knowledge of RM filling behavior is not. In the results of the questionnaire answers, it is known that in general the doctor's knowledge of the regulations governing RM, use of RM, responsibilities, and how to fill in RM is good and very good, so with good knowledge doctors can fill in RM completely. Based on the results of this study, it can be explained that knowledge is directly related to behavioral tendencies, that is, the better one's knowledge will contribute to the better the completeness of the RM file. This is in line with the statement of the WHO working team in a certain way because of four main reasons, namely: a) thoughts and feelings, namely in the form of knowledge, perceptions, attitudes, beliefs and values towards an object; b) important people as references; c) resources and: d) normal behavior, namely habits and values [9].

The results show that knowledge has a significant relationship with the behavior of specialist doctors in filling in RM that knowledge is directly related to the behavior of specialist doctors as the same respondents in this study [10]. This study concluded that the better the knowledge of a specialist, the better the specialist doctor's behavior tends to be.

Based on the interview, it is known that the workload of doctors is high because the workforce of specialist doctors in hospitals is very low. This results in less time to fill in RM. Therefore, additional specialist doctors are required. Most of the specialist doctors still have a poor knowledge of the contents of regulations and laws relating to RM. Therefore, there is still a need for socialization regarding this matter. This can be done not only with regular monthly meetings as stated by the director. But also through other media, such as written RM information submitted to doctors, training on RM, and preparation of RM Standard Operating Procedures (SOPs) which so far did not exist. The RM form which contains repeated data is recommended by doctors to simplify. This is important to save time and make it easier to recharge RM. This simplification can be done with the agreement of the parties involved in not violating the rules and standard provisions of the RM form. The work procedure for the RM Sub Division by controlling the RM file that is filled in by the doctor and returning it again if it is not complete is good. However, this has not shown any results because the RMs that were returned were still not equipped. In this condition, the existence of the medical committee should be more functional to motivate doctors in filling RM. This can be done by checking directly on the RM that has been filled by the doctor and giving rewards, for example awards as a doctor one of the elements of an assessment is RM filling behavior.

4. CONCLUSION

There is an influence between the knowledge and behavior of doctors' compliance in filling the RM with the BPJS claim process at X Jatinegara Hospital, West Java, Indonesia. The most dominant influence is found in the compliance behavior variable (X_2). Here, Hospital management needs to socialize SOP (Standard Operating Procedure) to complete medical records 1 X 24 hours after completion of services to all doctors, nurses, midwives, nutrition, physiotherapy, pharmacy and socialization about the needs of BPJS patients so that medical records can be on time. Furthermore, to medical record officers, the conditions of the work space, equipment and equipment that support RM filling activities must be continuously improved. To improve the quality of the verifier personnel, special coding training should be given to coders to sharpen the coder's ability to code diagnoses according to coding procedures. Thus, to the doctor in charge, it is necessary to increase recognition by providing appropriate rewards for doctors at X Jatinegara Hospital who have filled in the RM completely and transparently and the

application of strict sanctions (punishment) in the form of verbal and written warnings for doctors who are negligent in filling the RM. Primary data collection using the questionnaire that is subjective in nature, so the truth depends on the honesty of the respondent. This limitation is anticipated by explaining the purpose of the study, the confidentiality of the questionnaire, and explaining that in filling out the questionnaire there is no element of coercion. Because researchers are a novice researcher who have not much experience in the field of research, researchers find it difficult to explore questions. Limitations of reference materials. Reference and library materials on existing medical records are still very limited. In this regard, between theoretical and field implementation in this study, it is still not optimal.

Based on this research, further research can be developed by testing other motivational factors and using factor analysis to determine the dominant factor. Research can also be developed by expanding respondents to become paramedics and using the mean difference test to see if there are differences in paramedic behavior in filling in RM.

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