



Factors Inhibiting the Collection of BPJS Receivables in Improving Financial Performance (Case Study at Multazam Hospital, Gorontalo)

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Abstract. This study aims to determine the inhibiting factors in the disbursement of BPJS receivables in improving financial performance at hospitals. Multazam Gorontalo. This type of research is descriptive qualitative approach. The results showed that the inhibiting factor for the disbursement of BPJS receivables in improving financial performance at Multazam Hospital from the HR aspect was that the number of coding officers was only 1 person to verify BPJS patient files and had not recruited due to limited human resources who were experts in coding. The aspect of file completeness, the rate of return of files by BPJS is 5-10% of the total files submitted. Claims that have been revised will be included in new claims submitted to BPJS Health before the 10th. The budget availability aspect for BPJS Health is experiencing a budget deficit caused by participants who are in arrears or do not pay monthly premium contributions. With the disbursement of delayed BPJS patient claim funds, since 2020 the Multazam Hospital has used the SCF program to improve cash flow. It is suggested that the Multazam Hospital needs to recruit coding staff, conduct training related to verification of BPJS patient files (coding system), minimize the return of claim files and complete them in a timely manner, use the integrated BPJS patient claim file application, utilize the supply chain financing (SCF) program from the government effectively and efficiently as possible to maintain cash flow and hospital operations.

Keywords: Disbursement of BPJS receivables, Financial Performance.

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INTRODUCTION

BPJS, which stands for the Implementation of the National Health Insurance Program (JKN), aims to provide health protection in the form of health maintenance benefits to fulfill basic health needs for individuals who have paid premiums or whose premiums are covered by the government under Presidential Regulation No. 32 of 2014 Article 1 (Fernandes, 2014). Meanwhile, as a government partner in implementing the JKN program, healthcare facilities provided to the public, such as hospitals, play a significant role.

According to this reality, there's a shift in the financing pattern for users of hospital services, primary care centers (puskesmas), and clinics from self-financing by individuals to third-party financing. Due to the indirect financing function through health insurance cards, unpaid receivables arise that hospitals must collect to meet the treatment and healthcare needs of patients. These receivables, which should have been hospital revenue, can complicate or hinder hospital financing operations if a substantial portion remains uncollected.

A common issue hospitals face since the introduction of BPJS is related to the collection of overdue receivables, which can't always be fully resolved. If this situation persists for a long time, it can diminish the hospital's capital. Therefore, efficient receivables management requires serious attention and handling to minimize potential risks. In this regard, hospital leadership should actively manage receivables to avoid hindering hospital operations.

Multazam Hospital is one of the healthcare facility partners of BPJS Health in Gorontalo City, from its inception until now, and serves as a referral hospital for participants of the National Health Insurance (JKN) program in the Gorontalo province. The referral system is designed to provide quality healthcare without incurring high costs.

Effective management of receivables is crucial for Multazam Hospital in terms of planning, implementation, and control. A well-organized and appropriate system contributes to stable revenue management, positively influencing the quality of services provided. Effective and efficient management of receivables requires thorough planning and analysis within the financial management framework.

Based on initial observations, there are challenges in the disbursement of receivables by BPJS Health Gorontalo to claims submitted by RS. Multazam Gorontalo. During the periods of 2020 and 2021, numerous claim payments were delayed by BPJS Health Gorontalo, resulting in a total claim amount of IDR 7,081,390,200. During this period, a total of 6,600 claim files (inpatient and outpatient) were verified, yet only 64% of these claims were paid. This was partly due to the limited availability of human resources (staff) for verifying BPJS patient files. At RS. Multazam Gorontalo, there is only one staff member responsible for verifying files, including coding based on diagnoses and complications. This limitation led to delays in submitting claim files to BPJS Health.

Another issue concerns the completeness of claim files from Multazam Hospital. A significant portion of medical record statuses related to claim documents lacked complete information, including patient identities: general information (name, age, date and place of birth, address, phone number, education, occupation, marital status, payment guarantor), specific identities (medical record number, Patient Eligibility Letter (SEP) number, admission date, discharge date). Medical record personnel often forgot to attach patient

referrals and failed to include membership data. Additionally, the return of medical records and the submission of claim documents were not done in a timely manner.

Furthermore, the availability of budget allocations for claim disbursement from RS. Multazam by BPJS Health is an issue. In 2020 and 2021, RS. Multazam had to receive advance funds from Bank Mandiri due to BPJS's limited funds for claim disbursement to all JKN partners in the Gorontalo province. This measure was taken to ensure the hospital's financial performance and cash flow remained unaffected.

In this study, the researcher aims to address these challenges by focusing on factors inhibiting BPJS receivables disbursement, namely Human Resources, Completeness of Files, and Budget Availability, in an effort to enhance the financial performance of Multazam Hospital.

LITERATURE REVIEW

1. Human Resources

According to Prasadja (Fabiana Meijon Fadul, 2019), human resources are the formal system designs within an organization to ensure the effective and efficient utilization of human talent in achieving organizational goals. Hasibuan, as cited in (Fabiana Meijon Fadul, 2019), defines human resource management as the science and art of organizing relationships and roles of the workforce to effectively and efficiently contribute to achieving the goals of the company, employees, and society.

2. Completeness of Files

Completeness of files in this study refers to the administrative documentation of claims submitted by the hospital. According to Ilyas (2013:96) as cited in (Zahra & Gemilang, 2021), claim administration is a process consisting of claim acceptance, claim examination, determining the amount of claims to be paid, and making claim payments. Completeness of medical records involves an examination or assessment of the contents of medical records related to documentation, services, and evaluating the completeness of medical records (Huffman, 1999 as cited in Lubis, 2009).

3. Budget Availability

Mardiasmo (2018b:89) as cited in (Chandra et al., 2020) states that financial administration is the effort or activity of management in processing finances, utilizing management functions, mobilizing financial officials or officers, and financial management is formal in nature as it is regulated according to applicable laws and regulations. Furthermore, according to Mardiasmo (2018b:89) as cited in (Chandra et al., 2020), a budget is a statement regarding performance estimates to be achieved over a specific period, expressed in financial terms to measure the company's financial performance.

4. Financial Performance

According to Hery (2016) as cited in (Rifqah & Alam, 2018), financial performance is a formal effort to evaluate a company's efficiency and effectiveness in generating profits and maintaining a certain cash position. Financial performance measurement allows us to assess the growth prospects and financial development of the company based on its available resources. A company is considered successful when it achieves a predetermined level of performance. According to Atma Hayat et al. (2018:13) as cited in (Rasyid &

Nasution, n.d.), financial performance is the results or achievements attained by company management in effectively managing company assets over a specific period. According to Rudianto as cited in (Chasanah et al., 2015), financial performance is the results or achievements attained by company management in effectively managing company assets over a specific period.

METHOD

The type of research conducted is Qualitative research. This research aims to understand and gain an overview of the inhibiting factors of BPJS receivables disbursement in enhancing financial performance at the Hospital, with a focus on human resources (HR), completeness of files, and budget availability. The data analysis technique employed follows the interactive model analysis as proposed by Moloeng (2014:15-20) in (Untari, 2014), consisting of three procedures:

1. Data Reduction

Data reduction involves the process of selection, focusing on simplification, abstraction, and transformation of "raw" data emerging from field notes. This process of data reduction or transformation continues throughout the field research until a comprehensive final report is compiled.

2. Data Display

Data display refers to the organized set of information that allows for drawing conclusions and making decisions. By observing data displays, one can understand what is happening and what actions need to be taken. This is done to facilitate the researcher's understanding of the overall picture or specific aspects of the research data, enabling conclusions to be drawn from the data.

3. Drawing Conclusions/Verification

Drawing conclusions is an ongoing activity throughout the research process. Verification, on the other hand, involves revisiting the thought process of the analyst during note-taking or revisiting field notes and engaging in discussions with peers to ensure accurate understanding.

RESULTS AND DISCUSSION

In this section, the research data will be elaborated, presenting the interview outcomes conducted with research informants regarding the inhibiting factors of BPJS receivables disbursement in enhancing financial performance (Case Study at RS. Multazam Gorontalo) with a research focus on Human Resources, Completeness of Files, and Budget Availability.

1. Human Resources

One of the key components that support the smooth operation in the medical record field is the coding department. If the number of employees is insufficient while the workload continues to increase, it leads to low work productivity and affects the quality of the hospital's services to patients. Conversely, if the number of personnel is higher than the workload, there may be excess time resulting in less effective work. Human resources or healthcare professionals specialized in the coding system at RS. Multazam Gorontalo are employees responsible for verifying BPJS patient files (coding system). Currently, the

number of employees is not ideal, as there is only one staff member assigned as the coding officer. The current number of coding staff is insufficient to carry out all the verification activities for BPJS patient files. Considering the substantial number of files received daily and only one coding staff member, the verification of BPJS patient files is often delayed in being inputted into the financial department. Coding staff at RS Multazam are sometimes assisted by medical record personnel in performing the verification of BPJS patient files. This is done due to the large volume of files that need to be verified every week. Delays in submitting BPJS patient claim files can disrupt the financial performance of RS Multazam. Therefore, there is a need for RS Multazam to add coding personnel to prevent delays in the disbursement of BPJS claim funds.

2. Completeness of Files

The completeness of BPJS Health claim files is a crucial aspect for every hospital institution. This is related to the content of medical records as well as BPJS patient claims that reflect all information concerning the patient, serving as the basis for determining further actions and as a means of claiming reimbursement from BPJS Health on behalf of the hospital. At RS Multazam, the process of submitting BPJS Health patient claim files is based on the Standard Operating Procedure (SOP) issued by the Multazam hospital. The submission of BPJS Health patient claims at RS Multazam Gorontalo is done collectively, periodically, and comprehensively at the beginning of each month, no later than the 10th day of the month, and disbursement of funds can be carried out in the same month, specifically 15 days after the issuance of the Completeness of Files Agreement (Berita Acara Kelengkapan Berkas - Berita Acara Serah Terima Klaim).

BPJS patient claim files or medical record files hold financial value because their contents can be used to determine the cost of healthcare services in the hospital. Without evidence of treatment or services provided, payment cannot be accounted for. The financial performance of RS Multazam relies on the submission of BPJS Health patient claim files, given that around 70-85% of patients treated are BPJS patients, both inpatient and outpatient.

Incomplete claims that are deemed ineligible are returned to the hospital through the guarantee unit for correction and revision by the guarantee unit. In some cases, the rate of file return by BPJS is 5-10% of the total files submitted. Claims that are incomplete and deemed ineligible are returned to the hospital through the guarantee unit for correction and revision by the guarantee unit. The correction and revision process is conducted by the guarantee unit, involving the signing of the attending physician (DPJP), adjustments to INA CBG's coding, tracing procedures and therapies with the attending physician, or reviewing the medical records of the relevant patient. Revised claims will be included in new claims submitted to BPJS Health before the 10th day of the current month.

3. Budget Availability

The budget disbursement system for BPJS Health patient claims is based on the INA-CBGs (Indonesia Case Base Groups) system, where the amount of claim payment by BPJS Health to advanced-level referral healthcare facilities is based on a codified system of final diagnoses and actions or procedures that serve as the output of services, referencing the International Classification of Diseases, Tenth Revision (ICD-10) and International

Classification of Diseases, Ninth Revision (ICD-9) Clinical Modification (CM) codes prepared by the World Health Organization (WHO). The payment system for BPJS Health patient claims is based on the Standard Operating Procedure (SOP) from BPJS Health, as well as mutual agreements with RS Multazam. However, there are instances of delays in disbursement due to the lack of available budget within BPJS Health.

In the case of RS Multazam's outstanding claims, when BPJS faces a budget deficit, they implement a supply chain financing (SCF) scheme in collaboration with Bank Mandiri. The challenge arises from the obligation to bear the interest payment burden on the loan that is imposed on the Hospital. Delayed disbursement of BPJS Health patient claim funds led RS Multazam to utilize the SCF program in 2020 to maintain cash flow. This represents a short-term solution when BPJS faces a budget deficit.

So, the human resources or healthcare workforce specifically for the coding system at Multazam Hospital Gorontalo consists of employees assigned to verify BPJS patient files (Coding System). Currently, the number is not ideal as there is only one employee designated as the coding officer. However, this limited number of employees is still able to process and verify incoming BPJS patient files. This is done because the availability of skilled employees in the coding system is very limited in Gorontalo. The current number of coding officers is insufficient to carry out all the verification activities for BPJS patient files. As a result, the verification of BPJS patient files is often delayed in being inputted to the financial department. Coding officers at Multazam Hospital are sometimes assisted by medical record personnel in verifying BPJS patient files. This is done due to the high volume of files that need to be verified every week. Especially in the process of submitting BPJS Health claims, which must not experience delays that could result in delayed claim disbursement. Delays in submitting BPJS patient claim files will disrupt the financial performance of Multazam Hospital. Therefore, there is a need for Multazam Hospital to add coding officers to avoid delays in BPJS claim disbursement. This is in line with Handoko's opinion (in Julyta Prisca Aulia, 2018), stating that HRM functions consist of planning, organizing, staffing, directing, and controlling, aimed at designing formal systems within an organization to ensure effective and efficient utilization of human talents to achieve organizational goals.

The process of submitting claims to BPJS Health is based on Multazam Hospital's SOP. Each month, the files that have been verified are submitted to BPJS Health on the 10th of the current month. Claim files for BPJS patients are processed at the beginning of each month. However, incomplete files are returned to Multazam Gorontalo Hospital. BPJS Health claim files are crucial in measuring the financial performance of the hospital. Based on these claim files, BPJS disburses the entire amount owed to Multazam Hospital. The financial performance of Multazam Hospital depends on BPJS Health claim submission files, as around 70-85% of the patients treated are BPJS patients, both inpatient and outpatient. However, there are cases where claim files are returned due to human errors, incomplete medical records, missing signature resumes, and other reasons, which hinder the disbursement of BPJS Health receivables. All BPJS Health claim files must be submitted to BPJS Health, complete or incomplete. If incomplete, the claim files will be returned to the hospital to be completed and included in pending claims. Incomplete and deemed ineligible claims will be returned to the hospital through the guarantee unit for correction and revision by the guarantee unit. In some cases, the rate of claim file returns by BPJS is 5-10%

of the total submitted. From the corrections and revisions performed by the guarantee unit, including DPJP signatures, adjustment of INA CBG's coding, procedure tracing, and therapy consultation with DPJP, or reviewing the medical records of the patient in question. Revised claims will be included in new claims submitted to BPJS Health before the 10th of the current month. This is in line with Ilyas' opinion (2013:96) as cited in Zahra (2021), explaining that claim administration is a process consisting of claim receipt, claim examination, determining the amount to be paid, and making claim payments.

The BPJS Health patient claim payment system is based on the SOP of BPJS Health and an agreement with Multazam Hospital. However, there are occasional delays in disbursement due to insufficient budget available at BPJS Health. The mechanism for disbursing BPJS Health patient claim budget is based on the SOP of the Ministry of Health and the National Health Insurance (JKN) law. Nevertheless, there have been instances of disbursement delays due to budget deficits at BPJS. For Multazam Hospital's outstanding claims, when BPJS faces budget deficits, they implement a supply chain financing (SCF) scheme in collaboration with Bank Mandiri. The issue here is that the obligation to pay loan interest is borne by the hospital. Delayed disbursement of BPJS patient claim funds led Multazam Hospital to utilize the SCF program to manage cash flow since 2020. This is a short-term solution when BPJS experiences budget deficits. This is in line with Mardiasmo's opinion (2018b:89) as cited in Chandra et al. (2020), stating that financial administration involves efforts or activities by leadership to process finances, utilize management functions, mobilize financial officials or staff, and manage finances formally according to applicable regulations. Moreover, according to Mardiasmo (2018b:89) as cited in Chandra et al. (2020), a budget is a statement about performance estimates to be achieved within a specific period, expressed in financial terms to measure the financial performance of the company.

CONCLUSION

Based on the description of the research results and discussions focusing on the research topic above, it can be concluded that the inhibiting factors for BPJS receivables disbursement in improving financial performance at Multazam Hospital can be seen from the aspect of human resources. The number of coding officers is only one person responsible for verifying BPJS patient files, and up to now, no recruitment efforts have been made for coding officers due to a limited pool of experts in coding and medical records. Regarding the completeness of files, the rate of claim file returns by BPJS is 5-10% of the total submitted. Revised claims will be included in new claims submitted to BPJS Health before the 10th of the current month. In terms of budget availability, inhibiting factors for BPJS receivables disbursement in improving financial performance at Multazam Hospital indicate that BPJS Health experiences budget deficits due to participants who are in arrears or do not pay the monthly premium as established and agreed upon. Delayed disbursement of BPJS patient claim funds led Multazam Hospital to utilize the SCF program to manage cash flow since 2020.

This research is expected to have implications for changes in the company's work arrangement patterns towards the standard operating procedures (SOP) for BPJS

receivables disbursement in collaboration with BPJS Health, aimed at improving the company's financial performance.

The limitations of this study include the small number of informants, only 5 individuals willing to provide information related to research data. This number is insufficient to fully depict the actual situation. The study's focus was only on budget availability, human resources, and file completeness, which do not entirely represent the financial performance of the company. Additionally, the data provided by respondents may not accurately reflect their true opinions due to differences in thoughts and understandings among respondents.

Recommendations from this research include the need for Multazam Hospital to recruit coding personnel and provide training, especially for the medical records department, related to verifying BPJS patient files (coding system). Efforts should also be made to minimize the return of claim files, ensure timely completion of BPJS patient claim files, utilize an integrated BPJS patient claim file application, and effectively and efficiently use the government's supply chain financing (SCF) program to manage cash flow and hospital operational activities.

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