MULTIPLE
Journal of Global and Multidisciplinary
https://journal.institercom-edu.org/index.php/multiple
Volume 1 Issue 3 (2023) E-ISSN 2988-7828
INSTITERCOM PUBLISHER

Factors Inhibiting BPJS Receivables Disbursement in Improving Financial Performance (Case Study at Multazam Hospital in Gorontalo)

Nur Fadila Bahmid[1*], Lisda Van Gobel[2], Yahya Antu[3]
[1-3]Universitas Bina Taruna Gorontalo, Indonesia

Article Info:

Submitted:	Accepted:	Approve:	Published:
8 August 2023	20 August 2023	15 September 2023	24 September 2023

Correspondence Author:
Nur Fadila Bahmid,
Universitas Bina Taruna Gorontalo, Indonesia.
Jl. Jaksa Agung Suprapto No.34, Limba U Dua, Kota Sel., Kota Gorontalo, Gorontalo 96138

Email: *fadilanur42@yahoo.com*

Abstrack. This study aims to understand the factors hindering the settlement of BPJS receivables and their impact on the financial performance of RS Multazam Gorontalo. This research adopts a qualitative descriptive approach. The findings reveal several inhibiting factors, such as a shortage of skilled coding personnel, a low rate of document returns by BPJS, a budget deficit in BPJS Health due to unpaid premium contributions, and delayed disbursement of BPJS patient claim funds. RS Multazam has utilized the SCF program to address cash flow issues. Recommendations include recruiting more coding personnel, providing training for BPJS patient document verification, minimizing document return issues, utilizing integrated applications, and efficiently utilizing government SCF programs. All of these actions are aimed at improving cash flow and hospital operations.
Keywords: Disbursement of BPJS receivables, Financial Performance.

1. INTRODUCTION

BPJS (Social Health Insurance Administration) is the implementation of the National Health Insurance Program (JKN) to provide health protection in the form of health maintenance benefits to meet the basic health needs of every person who has paid the premium or whose premiums are paid by the government, as stated in Presidential Regulation No. 32 of 2014, Article 1 (Fernandes, 2014). The government's partner in implementing the JKN program, providing healthcare services to the public, includes hospitals.

Based on this reality, there has been a shift in the financing pattern of healthcare services from direct payment by individuals to third-party financing. This indirect financing is done through health insurance cards, which results in receivables that hospitals must collect to meet the healthcare needs of patients. When receivables that should have been income for the hospital remain uncollected, it can complicate or hinder hospital financing operations.

One common issue faced by hospitals since the introduction of BPJS is the collection of overdue receivables, which cannot always be resolved completely. If this situation persists for an extended

period, it can deplete the hospital's capital. Therefore, the collection of receivables requires serious attention and handling to minimize potential risks. In this regard, hospital management should also actively oversee receivables collection to ensure it does not impede hospital operations.

Multazam Hospital is one of the healthcare facilities partnering with BPJS Health in the city of Gorontalo, from its establishment until now. It serves as a referral hospital for participants in the National Health Insurance (JKN) program in the Gorontalo province. The referral system aims to provide quality healthcare services, achieving service objectives without incurring high costs.

Multazam Hospital in Gorontalo needs to manage its receivables effectively throughout the planning, implementation, and control processes. With a well-organized and appropriately aligned system, effective financial management can stabilize the hospital's income and have a positive impact on the services it provides. In managing financial resources, especially receivables, careful planning and analysis are necessary to ensure that receivables management policies operate effectively and efficiently.

Based on the initial observations conducted by the author, there are challenges in the collection of receivables by BPJS Health in Gorontalo regarding claims submitted by RS Multazam Gorontalo. The research period for RS Multazam's claims to BPJS Health covered the years 2020 and 2021, during which there were delays in claim payments by BPJS Health Gorontalo. The total outstanding bill during this period amounted to IDR 7,081,390,200, with a total of 6,600 claims (inpatient and outpatient) verified. However, only 64% of these claims were paid. Several factors contributed to this, including the limited availability of human resources (staff) for verifying BPJS patient documents. RS.Multazam Gorontalo only had one staff member responsible for verifying documents and performing coding according to diagnoses and complications, a task that required significant effort. This led to delays in reporting claim documents to BPJS Health.

Another issue is the completeness of claim documents from Multazam Hospital. Most of the medical record statuses related to claim documents were not filled out completely. These incomplete sections included patient identities, general information (name, age, place and date of birth, address, phone number, education, occupation, marital status, payment guarantor), specific identities (medical record number, patient eligibility letter number (SEP), admission date, discharge date). Medical record staff often forgot to attach patient referrals and did not record membership data. Furthermore, returning medical records and submitting claim documents were not done in a timely manner.

Additionally, there is an issue with the availability of funding for the disbursement of claims by BPJS Health to RS. Multazam. In 2020 and 2021, RS.Multazam had to receive bridging funds from Bank Mandiri due to the insufficient funds held by BPJS for the disbursement of claims to all JKN partners in the Gorontalo province. This was done to ensure the financial performance and cash flow of the hospital were not disrupted.

This research aims to address the issues related to factors hindering the collection of BPJS receivables, namely Human Resources, Document Completeness, and Budget Availability, in an effort to improve the financial performance of RS. Multazam.

2. THEORETICAL STUDIES

2.1 Human Resources

According to Prasadja (Fabiana Meijon Fadul, 2019), Human Resources is a formal system design within an organization to ensure the effective and efficient utilization of human talents to achieve the organization's goals. According to Hasibuan (Fabiana Meijon Fadul, 2019), Human

Resource Management is the science and art of organizing the relationships and roles of the workforce to effectively and efficiently assist in achieving the goals of the company, employees, and society.

2.2 Completeness of Documents

The completeness of documents in this research refers to claim administration submitted by the hospital. According to Ilyas (2013) in (Zahra & Gemilang, 2021), claim administration is a process that involves receiving claims, examining claims, determining the amount of claims to be paid, and making claim payments. The completeness of medical records is an examination or assessment of the content of medical records related to documentation, services, and/or evaluating the completeness of medical records, as described by Hufftman (1999) in (Lubis, 2009).

2.3 The availability of budget

Mardiasmo (2018b) in (Chandra et al., 2020) states that financial administration is the effort or activity of leadership in processing finances, using management functions, mobilizing financial officials or officers, and this financial management is formal because it is regulated according to applicable laws and regulations. Furthermore, according to Mardiasmo (2018b) in (Chandra et al., 2020), a budget is a statement of performance estimates to be achieved within a certain period of time stated in financial terms to measure the financial performance of the company.

2.4 Financial Performance

According to Hery (2016) in Rifqah & Alam (2018), financial performance is a formal effort to evaluate a company's efficiency and effectiveness in generating profit and maintaining a specific cash position. By measuring financial performance, the prospects for the company's growth and financial development can be assessed based on its available resources. A company is considered successful when it has achieved a certain predetermined level of performance. According to Atma Hayat et al. (2018) in Rasyid & Nasution (n.d.), financial performance is the results or achievements obtained by company management in effectively managing the company's assets over a specific period. According to Rudianto in Chasanah et al. (2015), financial performance is the results or achievements obtained by company management in effectively managing the company's assets over a specific period.

3. METHOD

The type of research conducted is qualitative research. This research aims to understand and obtain an overview of the factors hindering the disbursement of BPJS receivables in improving the financial performance of the hospital, with a focus on human resources (HR), document completeness, and budget availability. The technique used to analyze the data refers to the interactive model analysis, as described by Moloeng (2014:15-20) in Untari (2014), which consists of three procedures: a) Data Reduction Data reduction is intended as a process of selection, focusing on simplifying, abstracting, and transforming "raw" data that emerges from written records in the field. The data reduction or transformation process continues after field research until a complete final report is structured.b) Data Presentation Data presentation or display is intended as an organized set of information that allows for drawing conclusions and taking action. By examining data presentations, it is possible to understand what is happening and what needs to be done. This is done to facilitate the researcher in seeing an overall picture or specific parts of the research data, allowing conclusions to be drawn from the data.c) Drawing Conclusions/Verification Drawing conclusions is an activity that involves the configuration of a whole during the research process. Verification, on the

other hand, is a process of rethinking that occurs in the analyst's thinking while recording, reviewing field notes, or revisiting and exchanging ideas with colleagues.

4. RESULTS AND DISCUSSION

In this section, the research findings in the form of interview results with research informants regarding the factors hindering the disbursement of BPJS receivables in improving financial performance (A Case Study at RS. Multazam Gorontalo) will be described. The research focuses on human resources, document completeness, and budget availability.

One of the aspects that supports the smooth operation in the medical record department is the coding department. If the number of employees is insufficient while the workload is increasing, it results in low work productivity, which can affect the quality of hospital services to patients. Human resources or healthcare workers specifically for the coding system at RS. Multazam Gorontalo consist of employees responsible for verifying BPJS patient files (coding system). Currently, their numbers are less than ideal, with only one employee assigned as a coding officer. The current number of coding officers is inadequate to carry out all the verification activities for BPJS patient files. Since a significant number of files arrive daily, having only one coding officer leads to delays in verifying BPJS patient files in the finance department. Occasionally, the coding officers at RS. Multazam are assisted by medical record personnel in verifying BPJS patient files. This is done due to the large number of files that need verification every week. The delay in submitting BPJS patient claims can disrupt the financial performance of RS. Multazam. Therefore, it is necessary for RS. Multazam to hire additional coding officers to avoid delays in the disbursement of BPJS claims.

Completeness of BPJS Health claim documents is crucial for every hospital. It is related to the content of medical records and BPJS patient claims that reflect all information about patients, serving as a basis for further actions and as a claim from the hospital to BPJS Health. At RS. Multazam, the process of submitting BPJS Health patient claim documents is based on the hospital's SOP. The submission of BPJS Health patient claims at RS. Multazam Gorontalo is done collectively, periodically, and completely at the beginning of each month, no later than the 10th day of each month. The disbursement of funds can be done in the same month, precisely 15 days after the issuance of the Completeness of Documents Handover Report (Berita Acara Serah Terima Klaim). BPJS or medical record claim files have financial value because their contents can be used to determine the cost of healthcare services at the hospital. Without proof of treatment or service records, payments cannot be justified. The financial performance of RS. Multazam depends on BPJS patient claim files, as approximately 70-85% of the patients treated are BPJS patients, both inpatient and outpatient. However, there are instances of claim file returns due to human errors, incomplete medical records, missing signatures, and other reasons, which hinder the disbursement of BPJS Health receivables. All BPJS Health patient claim files must be submitted to BPJS Health, whether complete or incomplete. If incomplete, the claim files will be returned to the hospital for completion and included in pending claims. In some cases, the return rate of claim files by BPJS is 5-10% of the total submitted. The correction and revision of claims are carried out by the assurance unit, including obtaining signatures from DPJP (attending physicians), adjusting INA CBG's coding, reviewing procedures and therapy with DPJP, or reviewing the medical records of the relevant patients. The revised claims will be included in new claims submitted to BPJS Health before the 10th day of the current month.

The budget disbursement system for BPJS Health patient claims is based on the INA-CBGs (Indonesia Case Base Groups) system, a coding system for final diagnoses and actions or procedures that constitute the output of healthcare services, referring to the International Classification of

Diseases Tenth Revision (ICD-10) and International Classification of Diseases Ninth Revision Clinical Modification (ICD-9 CM) developed by the World Health Organization (WHO). The payment system for BPJS Health patient claims follows the SOP set by BPJS Health and agreements with RS. Multazam. However, there are occasional delays in disbursements due to a lack of available budget at BPJS Health. When RS. Multazam's BPJS claims experience a budget deficit, they collaborate with Bank Mandiri under a supply chain financing (SCF) scheme. However, the issue is that the obligation to pay loan interest is charged to the hospital. The delayed disbursement of BPJS Health patient claim funds led RS. Multazam to utilize the SCF program to improve cash flow starting from 2020. This served as a short-term solution when BPJS faced a budget deficit.

In conclusion, based on the research findings above, it is found that the human resources or healthcare workers specifically for the coding system at RS. Multazam Gorontalo consist of employees responsible for verifying BPJS patient files (coding system). Currently, their numbers are less than ideal, with only one employee assigned as a coding officer. However, the current number of employees is still able to process and verify the BPJS patient files that arrive. This is due to the limited availability of skilled coding employees in Gorontalo. The current number of coding officers is inadequate to carry out all the verification activities for BPJS patient files. As a result, the verification of BPJS patient files is often delayed before being submitted to the finance department. The coding officers at RS. Multazam are sometimes assisted by medical record personnel in verifying BPJS patient files due to the significant number of files that require verification every week. Particularly in the BPJS Health claim submission process, there should be no delays as it affects the claim disbursement process. Therefore, RS. Multazam needs to consider hiring additional coding officers to avoid delays in the disbursement of BPJS claims. This aligns with the opinion of Handoko (in Julyta Prisca Aulia, 2018) stating that HRM functions consist of planning, organizing, personnel arrangement, directing, and controlling, ensuring that the formal systems within an organization ensure the effective and efficient use of human talents to achieve organizational goals.

The process of submitting claims to BPJS Health is based on RS. Multazam's SOP. Claims that have been verified are submitted to BPJS Health every month, with the submission occurring at the beginning of each month. However, incomplete files are returned to RS. Multazam. The BPJS Health patient claim files are crucial in measuring the financial performance of the hospital. This is because BPJS uses these claim files to disburse the entire outstanding amount owed to RS. Multazam. The financial performance of RS. Multazam depends on the submission of BPJS Health patient claim files, as approximately 70-85% of the patients treated are BPJS patients, both inpatient and outpatient. However, some claim files are returned by BPJS due to human errors, incomplete medical records, missing signatures, and other reasons, which hinder the disbursement of BPJS Health receivables. All BPJS Health patient claim files must be submitted to BPJS Health, whether complete or incomplete. If incomplete, the claim files will be returned to the hospital for completion and included in pending claims. In some cases, the return rate of claim files by BPJS is 5-10% of the total submitted. Corrections and revisions are carried out by the assurance unit, including obtaining signatures from DPJP, adjusting INA CBG's coding, reviewing procedures and therapy with DPJP, or reviewing the medical records of the relevant patients. The revised claims will be included in new claims submitted to BPJS Health before the 10th day of the current month. This aligns with the opinion of Ilyas (2013:96) in Zahra (2021), which explains that claim administration is a process that includes claim receipt, claim examination, determination of the amount to be paid, and claim payment.

The budget disbursement system for BPJS Health patient claims is based on the SOP of the Ministry of Health and the National Health Insurance Law. However, there are occasional delays in

disbursements due to a lack of available budget at BPJS Health. When RS. Multazam's BPJS claims experience a budget deficit, they collaborate with Bank Mandiri under a supply chain financing (SCF) scheme. However, the issue is that the obligation to pay loan interest is charged to the hospital. The delayed disbursement of BPJS Health patient claim funds led RS. Multazam to utilize the SCF program to improve cash flow starting from 2020. This served as a short-term solution when BPJS faced a budget deficit. This aligns with the opinion of Mardiasmo (2018b:89) in Chandra et al. (2020), stating that financial administration is the effort or activity of management in processing finances, using management functions, mobilizing financial officials or officers, and financial management is formal as it is regulated according to prevailing laws and regulations. Additionally, according to Mardiasmo (2018b:89) in Chandra et al. (2020), a budget is a statement of performance estimates to be achieved within a specific period stated in financial terms to measure the financial performance of the company.

5. CONCLUSION

Based on the research findings and discussions concerning the research focus, it can be concluded that the inhibiting factors for the disbursement of BPJS receivables in improving the financial performance at RS Multazam, when viewed from the aspect of human resources, include the fact that there is only one coding officer responsible for verifying BPJS patient files. Moreover, there has been no recruitment effort for additional coding officers due to a shortage of personnel with expertise in coding and medical records. Regarding the completeness of documents, the return rate of files by BPJS is approximately 5-10% of the total files submitted, and revised claims are included in new claims submitted to BPJS Health before the 10th day of the current month. In terms of budget availability, it is observed that BPJS Health faces a budget deficit due to participants who are in arrears or completely fail to pay the monthly premiums as stipulated and agreed upon. To address the delayed disbursement of BPJS patient claim funds, RS Multazam has been utilizing the SCF program since 2020 to improve cash flow.

This research is expected to have implications for changes in the company's work arrangements related to the Standard Operating Procedure (SOP) for BPJS receivables disbursement, in collaboration with BPJS Health, to enhance the company's financial performance.

However, there are limitations in this study, such as the small number of informants (only 5 individuals) willing to provide information related to the research data. This limited number may not fully represent the actual situation. The study focused solely on budget availability, human resources, and document completeness, which may not fully depict the financial performance of the company. Additionally, the data provided by respondents may not necessarily reflect their true opinions due to differences in perspectives and understandings among respondents.

Recommendations from this research include the need for RS Multazam to recruit coding personnel and provide training, especially to the medical records department, regarding the verification of BPJS patient files (coding system). It is also important to minimize the return of claim files and ensure the timely completion of BPJS patient claim files. Utilizing an integrated BPJS patient claim file application and effectively leveraging the government's supply chain financing (SCF) program to manage cash flow and hospital operations efficiently is advised.

REFERENCE

Chandra, C. A., Sabijono, H., & Runtu, T. (2020). Efektivitas Dan Kontribusi Penerimaan Pajak Bumi Dan Bangunan Perdesaan Dan Perkotaan (Pbb-P2) Terhadap Penerimaan Pendapatan Asli Daerah (Pad) Di Kota Gorontalo Tahun 2016-2018. *Going Concern : Jurnal Riset Akuntansi*, *15*(3), 290. https://doi.org/10.32400/gc.15.3.28541.2020

Chasanah, A. U., Yaningwati, F., & Endang, M. G. W. (2015). Penilaian Kinerja Keuangan Perusahaan Menggunakan Analisis Rasio Keuangan dan Konsep Economic Value Added (EVA). *Jurnal Administrasi Bisnis (JAB)*, *20*(1), 1–6.

Fabiana Meijon Fadul. (2019). *Strategi Dan Peran Public Relations Dalam Pembentukan Citra Perusahaan Go-Jek* (pp. 17–37).

Fernandes, H. P. (2014). *No Title*. *1*, 139.

Lubis, A. N. (2009). Gambaran Pengetahuan Tenaga Kesehatan dengan Ketidaklengkapan Resume Medis Rawat Inap RS Hospital Cinere Tahun 2009. *Gambaran Pengetahuan Tenaga Kesehatan Dengan Ketidaklengkapan Resume Medis Rawat Inap RS Hospital Cinere Tahun 2009*, 6–37.

Rasyid, A., & Nasution, M. D. (n.d.). *Anajemen euangan*.

Rifqah, A., & Alam, P. (2018). Analisis Likuiditas Dan Profitabilitas Pada P.T. Mnc Land, Tbk Andi. *Jurnal Economix*, *6*(2), 13–24.

Untari. (2014). *Implementasi kegiatan ekstrakurikuler kesenian angklung dalam meningkatkan rasa cinta tanah air siswa Universitas Pendidikan Indonesia*.

Zahra, I. A., & Gemilang, S. (2021). Pengaruh Self Assessment System dan Sanksi Pajak Terhadap Kepatuhan Wajib Pajak Badan pada UKM. *Jurnal Ekonomi Dan Bisnis*, *1*(2), 1–15. https://doi.org/10.56145/ekonomibisnis.v1i2.12