

ABSTRACT

In the application of the current Indonesian Case Based Groups system (INA-CBG's), the hospital can submit a claim when it has finished providing services to Social Security Administrator for Health (BPJS) patients or commonly called a fee for service. Every month the Hajj Public Hospital Surabaya receives 3 types of claims from those submitted. One of them is a pending claim file or revised claim file returned by Social Security Administrator for Health. Pending claim files can be caused by various factors. Based on observations of inpatient pending files returned by Social Security Administrator for Health in 2019, it was found that 42.67% was caused by the error of the coder in inputting data and coding in the INA-CBG coding process which caused the return of the claim file by Social Security Administrator for Health. The purpose of this study is to analyze the factors that influence the performance of the coder in the coding process of INA-CBG's hospitalization at Hajj Public Hospital Surabaya.

This research was a descriptive observational study and was conducted cross-sectionally during May 2020 through the distribution of questionnaires and observation of a pending claim file to see the performance of coders. This study uses a total sampling of 10 coder officers who are in the Casemix Unit of Hajj Public Hospital Surabaya.

The results of this study indicate that there are 12 strategic issues that are likely to be the low performance of coders in the INA-CBG's coding process, namely educational background, knowledge, abilities, perceptions related to changes in regulations, subjective workload of coders, training, facilities and infrastructure, accuracy of collection claim file, complete claim file, clarity of doctor's writing on medical resume, completeness of medical resume and availability of resources. The high rate of return of claim files or pending files each month is largely due to errors of the coder. This shows that the performance of coders in the INA-CBG coding process is still not good.

ABSTRAK

Pada penerapan sistem INA-CBG's saat ini, rumah sakit dapat mengajukan klaim apabila telah selesai memberikan pelayanan kepada pasien BPJS atau biasa disebut *fee for service*. Setiap bulannya rumah sakit haji menerima 3 jenis klaim dari yang diajukan. Salahsatunya adalah berkas klaim pending atau berkas klaim revisi yang dikembalikan pihak BPJS. Adanya berkas klaim pending dapat disebabkan oleh berbagai faktor. Berdasarkan hasil observasi berkas pending rawat inap yang dikembalikan BPJS Kesehatan selama tahun 2019 diketahui sebanyak 42,67% disebabkan oleh kesalahan petugas koder dalam menginput data dan encoding dalam proses coding INA-CBG's yang menyebabkan adanya pengembalian berkas klaim olhe pihak BPJS Kesehatan. Tujuan penelitian ini yaitu menganalisis faktor yang mempengaruhi kinerja petugas koder dalam proses coding INA-CBG's rawat inap di RSUD Haji Surabaya

Penelitian ini merupakan penelitian observasional deskriptif dan dilakukan secara *cross-sectional* selama bulan Mei 2020 melalui penyebaran kuisisioner dan observasi berkas klaim pending untuk melihat kinerja petugas koder. Penelitian ini menggunakan *total sampling* yaitu sebanyak 10 orang petugas koder yang berada di Unit Casemix RSUD Haji Surabaya.

Hasil penelitian ini menunjukkan terdapat 12 isu strategis yang menjadi kemungkinan rendahnya kinerja petugas koder dalam proses coding INA-CBG's, yaitu latar belakang pendidikan, pengetahuan, kemampuan, persepsi terkait perubahan peraturan, beban kerja subyektif petugas koder, pelatihan, sarana dan prasarana, ketepatan pengumpulan berkas klaim, kelengkapan berkas klaim, kejelasan tulisan dokter dalam resume medis, kelengkapan resume medis dan ketersediaan sumberdaya. Tingginya tingkat pengembalian berkas klaim atau berkas pending setiap bulannya sebagian besar disebabkan oleh kesalahan petugas koder. Sehingga kinerja petugas koder dalam proses coding INA-CBG's masih belum baik.