

## Factors Causing Claims Not Eligible to Pay Covid-19 Patients at the Imelda Workers General Hospital Indonesia in 2021

Theresia Hutasoit<sup>1</sup>, Callis Dewi Pancarani<sup>2</sup>

<sup>1,2</sup> Prodi Perekam dan Informasi Kesehatan Universitas Imelda Medan, Medan, Indonesia

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Email :  
theresia.hutasoit20@gmail.com

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### ABSTRACT

Hospitals that provide Covid-19 services can apply for reimbursement of service fees to the Ministry of Health. However, if a discrepancy is found in the administration or service, the claim can be declared unfit to pay which can have an impact on reimbursement of the costs of services that have been provided to the patient. Claims that are not eligible to pay are claims that have been verified by the hospital but do not meet the provisions of both administration and service so that they cannot be paid. The purpose of this study was to find out the factors that caused claims that were not eligible to pay for Covid-19 patients at Imelda Workers Indonesia Hospital in 2022. This type of research was qualitative with a population of 18 claims and the sampling technique used was saturated sampling. The research instruments used were interview guidelines and checklist sheets. The method of data collection is done by observation and interviews. The results of the study obtained that the claim files of Covid-19 inpatients for the period June to September were 286 claims and the number of claims that were not eligible to pay was 18 claims. The factors that cause claims that are not eligible to pay are the criteria for Covid-19 patients not in accordance with the provisions, comorbid diagnoses that are not in accordance with the provisions, incomplete claim documents, supporting examinations that are not in accordance with the provisions and delays in claiming. The main cause of claims that are not eligible to pay for Covid-19 patients at Imelda Worker Indonesia Hospital is the delay in claims that have passed the date determined by the Ministry of Health. It is recommended that you pay more attention and be careful with the due date that has been determined by the Ministry of Health, so that there is no claim delay.

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### 1. INTRODUCTION

Hospital service institutions provide health services to patients with certain emerging infectious diseases, including Covid-19, who are reimbursed for treating patients with certain emerging infectious diseases. Corona Virus Disease 2019 (Covid-19) is an infectious disease caused by Severe Acute Respiratory Syndrome Coronavirus 2 (SARSCoV-2) which is a new type of coronavirus that has never been previously identified in humans. The hospital submits a claim for reimbursement of costs for Covid-19 patient services to be verified via e-mail from the Ministry of Health, local District/City Health Office, BPJS Branch Office and through the Covid-19 payment application (RI Ministry of Health, 2021). Claims for Covid-19 patient services that have been submitted to the hospital and declared as inappropriate claims cannot be resubmitted by the hospital as claims for Covid-19 patient services (Kepmenkes RI, 2021). One of the inappropriate claims is an inappropriate claim which is a claim that has been verified but does not meet the applicable administration and or service requirements so that it cannot be paid (BPJS).

Based on the report on the working visit of the DPR-RI Commission IX to North Sumatra regarding the supervision of the process and payment of Covid-19 claims, the total verification of claims that were not feasible in 2020 was 1181 claims. Whereas in 2021 there will be 169 claims. This is caused by many factors including incomplete documents, system and network disturbances during claim registration, and lack of understanding of technical instructions caused by changing rules (DPR RI, 2021). Based on previous research, data on the development of the dispute process with the status

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of unpaid claim cases on November 14 2020 amounted to 2.3% with a total of 406 claims. Whereas in December 2020 it was 7% with a total of 1999 claims. Caused by an identity not in accordance with the provisions, the criteria for participants of the Covid-19 guarantee that did not comply with the provisions, laboratory supporting examinations did not comply with the provisions, the isolation procedure did not comply with the provisions, the claim file was incomplete, the diagnosis of comorbidities/complications was part of the main diagnosis, the diagnosis comorbidities do not comply with the provisions, hospitalization is carried out outside the isolation room and radiological investigations that are not in accordance with the provisions (Ambarwati, 2020).

Based on the results of the initial survey that was conducted, there were several cases of claims that Covid-19 patients were not eligible to pay. From the data obtained, from June to September 2021 there were 286 inpatient Covid-19 claims that had been submitted from the hospital. In the implementation of filing claims, there is a problem, namely the claim file that is not eligible for payment so that it does not get reimbursement to the hospital. Of the 306 claims, in June there were 1 (0.32%) cases of inappropriate claims, in July there were 7 (2.28%) cases of improper claims, in August there were 1 (0.32%) cases of inappropriate claims worth paying and in September there were 9 (2.94%) cases not worth paying. As for data on outpatient Covid-19 claims in May, out of 14 claims submitted there was 1 (7, 14%) claim cases were not worth paying and in July out of 16 claims submitted there were 6 (37.5%) cases not worth paying. In this study the authors focused more on inpatient cases, because the greater number of cases of inpatient Covid-19 were not worth claiming.

## 2. METHOD

In this study using a type of qualitative descriptive research with observation and interview methods that aim to obtain information about the status or symptoms of a particular population or area (H. Abdullah, 2018). The research was conducted at Imelda RSU Indonesian Workers from May to September 2022. The population used was 18 claim files that were declared unfit for payment with a sample, namely the entire population taken by saturated sampling. The instruments used were checklist sheets and interview guidelines by collecting data, namely observation and interviews. Data analysis was carried out descriptively, namely to obtain a clear picture clear about the factors causing claims that Covid-19 patients are not eligible to pay at the Indonesian Worker Imelda General Hospital.

## 3. RESULTS AND DISCUSSION

The results showed that of the 286 claims files for inpatient Covid-19 submitted from June to September 2021, there were 18 claim files (6.2%) that were not eligible to pay, with detailed data as follows:

Table 1. Frequency Distribution of Ineligible Claim Files for Hospitalization Patients Covid-19 from June to September 2021

Mont	File Claim Filed		Claim Files that are Not Eligible to Pay	
	f	%	f	%
June	59	20,7	1	5.5
July	41	14,3	7	39
Agustus	66	23	1	5.5
Sepetember	120	42	9	50
<b>Amount</b>	286	100%	18	100

The results of the interviews obtained information that there were 2 officers who carried out the claim of Covid-19 patients at Imelda General Hospital for Indonesian Workers with a D-III RMIK background, as shown in table 2.

Table 2 Characteristics Informant

Claims Officer	File Claim Filed		Claim Files that are Not Eligible to Pay	
	f	%	f	%
June	59	20,7	1	5.5
July	41	14,3	7	39
Agustus	66	23	1	5.5
Sepetember	120	42	9	50
<b>Amount</b>	286	100	18	100

The results of an interview with the Covid-19 patient claim officer at Imelda Indonesian Worker Hospital regarding whether there is a policy/SOP for the Covid-19 patient claim section at Imelda Indonesian Worker Hospital, along with excerpts from the interview:

“... Nothing...” (Informant 1)

“... No...” (Informant 2)

Next, they were asked about the flow of the Covid-19 claim procedure at the Indonesian Worker Imelda General Hospital, along with excerpts from the interview:

“...The patient's file is entered and then coded and then completed with data such as if the patient dies a review must be carried out, such as permission from the village head, now like the use of medical devices must be accompanied by a receipt and after completing the file and receipt then we open the INA-CBGs and then submit the claim to the Ministry of Health and uploaded files and receipts that have been completed. After that, we upload it through the e-claim application and then finalize it. Then open the Covid-19 submission in the e-claim application, now we submit it and then after sending it to the Ministry of Health.. open the email but before e-mailing make the submission in hardcopy form. Now for the hardcopy type where there is a submission which will be uploaded to the first email a letter of absolute liability, the second is a request for payment of regular claims for Covid-19 patients.

Regencies/Cities and BPJS branch office emails then we have to inform the verifier that we have emailed them because if we don't tell them they won't check because there are many hospitals that want to make payments. We are given 2 weeks to wait for reciprocal payments from the Ministry of Health which are appropriate and not feasible. After that we check email, then will there is a notification that the submission that we submitted earlier was appropriate or not from the Ministry of Health. Then printed and signed by the Director...” (Informant 1)

“...Initially the patient files were entered and then coded and completed with data including receipts and once complete, claims were submitted through the INA-CBGs to the Ministry of Health and the completed files and receipts were uploaded. After that, it is uploaded via the e-claim application and then finalized and then we submit it via the e-claim application. After it is sent to the Ministry of Health, we will send an email but before emailing, make a hardcopy submission. But we have to tell the verifier first if we have emailed them. For 2 weeks we are waiting for a reply from the Ministry of Health regarding whether the claim we submitted is appropriate or not. Then the notification was printed and signed by the Director...” (Informant 2).

When asked what were the causes of claims that Covid-19 patients were not eligible to pay at RSU Imelda Indonesian Workers, the informant answered as follows:

“... The reasons are delays in claims, there are criteria for Covid-19 patients who do not comply with the provisions, comorbid diagnoses do not comply with the provisions as well as supporting examinations. And.. incomplete documents can also cause unpaid claims...” (Informant 1).

“... What is often experienced is delays in claims, sometimes there are also supporting examinations that do not comply with the provisions or there are documents that are incomplete...” (Informant 2).

### Identify the Causes of Uneligible Claims related to Patient Criteria Covid-19 Not In Accordance with Terms

Based on the results of interviews with informants, it was stated that one of the causes of claims for not being eligible to pay for Covid-19 patients was that the criteria for Covid-19 patients did not

comply with the provisions. Then asked the informant about the provisions for the criteria for Covid-19 patients at the Indonesian Workers' Hospital Imelda, along with excerpts from the interview:

"... The first and second PCR results must be positive, that is the main criterion. If for fever we can't declare him Covid, there must be positive first and second PCR results..." (Informant 1)

"... The first and second PCR results must be positive..." (Informant 2)

**Identifying the Causes of Uneligible Claims related to Comorbid Diagnoses Not In Accordance with Provisions**

It was stated in questions from interviews with informants that another cause of non-payment claims for Covid-19 patients was comorbid diagnoses that did not comply with the provisions. Questions about what is meant by comorbid diagnoses in accordance with the provisions, informants answered as follows: ". That is, co-morbidities are co-morbidities experienced by patients which then exacerbate symptoms Covid the patient is like DM, hypertension. Then there are or attached appropriate examination results which show the patient has these comorbid diagnoses..." (Informant 1).

"...A comorbid diagnosis is a disease suffered by a patient that exacerbates the symptoms of Covid, such as diabetes, asthma, hypertension, TB and other chronic diseases..." (Informant 2)

**Identifying the Causes of Ineligible Claims related to Incomplete Claim Documents**

Based on a quote interviews regarding the causes of unpaid claims, incomplete claim documents are one of the causes. Then it was followed by questions from informants about what documents needed to be completed in carrying out a claim for a Covid-19 patient, along with excerpts from the interview: "...especially the patient's identity, medical resume, lab examination sheets, PCR results must be completed.

Like receipts for dead patients are also important, for PBJ patients or alive, one of them is PCR, the photothorax result is pneumonia..." (Informant 1)

"...all medical record files must of course be complete, identity, lab examination, support, also PCR must all be completed..." (Informant 2).

**Identifying the Causes of Unpaid Claims related to Supporting Examinations Not in Accordance with the Provisions**

From the results of interviews with informants, one of the causes of claims that are not suitable for Covid-19 patients is the existence of supporting examinations that are not in accordance with the provisions. How are the supporting examinations in accordance with the provisions explained through interviews with informants:

"... there must be lab results, photo thorax, PCR results and EKG results..." (informant 1) "... there are PCR, lab results, photo thorax and also EKG..." (informant 2).

**Identifying the Causes of Unqualified Claims related to Late Claims**

Delay in claiming is one of the causes of claims for non-payment of Covid-19 patients. If the implementation of the claim is not in accordance with the date set by the Ministry of Health, then the claim can be declared pending or even declared unfit for payment. Asked by the informant about how long is the right time to make a claim so that there is no delay, the following is an excerpt of the interview:

"...14 days..." (informant 1)

"...the time is 14 days..." (informant 2)

Based on the results of observations, there are several influences from each cause on patient documents

Table 3 Checklist Sheet for Causes of Non-Eligible Claims to Pay Patients for Inpatient Covid-19

Causes of Undeserved Claims						
No.	No. RM	The criteria for Covid-19 patients do not meet the	Comorbid diagnosis No according	Incomplete claim documents	Inspection support No according	Lateness claim

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	provisions	to conditions	to conditions	
1.	269***			<input type="checkbox"/>
2.	267***			<input type="checkbox"/>
3.	268***	<input type="checkbox"/>		
4.	268***			<input type="checkbox"/>
5.	268***			<input type="checkbox"/>
6.	202***		<input type="checkbox"/>	
7.	268***			<input type="checkbox"/>
8.	268***	<input type="checkbox"/>		
9.	268***			<input type="checkbox"/>
10.	268***			<input type="checkbox"/>
11.	268***			<input type="checkbox"/>
12.	270***		<input type="checkbox"/>	
13.	271***			<input type="checkbox"/>
14.	245***			<input type="checkbox"/>
15.	271***			<input type="checkbox"/>
16.	271***		<input type="checkbox"/>	
17.	270***			<input type="checkbox"/>
18.	272***			<input type="checkbox"/>

## Discussion

### Causes of Claims Not Eligible to Pay for Covid-19 Patients Criteria Covid-19 Patients Don't Meet Terms

Based on the results of the interviews conducted, it was stated that the main criterion for a patient to be declared Covid-19 was having the first and second RT-PCR examination with positive results. According to KMK RI No.HK.01.07 of 2021 the criteria for a Covid-19 confirmation patient are by attaching RT-PCR evidence from a hospital or other health service facility no later than 7 (seven) days before the patient carries out an examination both inpatient and outpatient at home Sick. For outpatient care, ODP/PDP/Confirmed Covid-19 patients with or without comorbid/accompanies, attach evidence of routine blood laboratory tests and chest X-rays and/or other radiology (2). Knowing the characteristics of a disease can facilitate the preparation and application of clinical guidelines in hospitals (Djasri, 2020).

Based on the results of observations, the number of patients with the criteria for Covid-19 patients who did not comply with the provisions was 1 patient. It can be concluded, quite a number of Covid-19 patients meet the requirements of the hospital. With the results of the RT-PCR examination it is enough to meet the main criteria for a confirmed Covid-19 patient at the hospital.

### Causes of Claims Not Eligible to Pay Covid-19 Patients Related to Comorbid Diagnoses Not In Accordance with Provisions

Based on the results of the interview, it was stated that comorbid diagnoses were co-morbidities experienced by patients which then exacerbated the symptoms of Covid-19. The comorbid diagnoses include Diabetes Mellitus, Asthma, Hypertension, Tuberculosis and other chronic diseases. Patients with suspected/probable/confirmed Covid-19 include the results of other tests such as liver function, kidney function and other tests according to indications/according to comorbidities (Burhan et al, 2022). Based on the results of observations, there was 1 case of a patient whose comorbid diagnosis did not comply with the provisions. It is said not according to the provisions, because there are no examination results showing that the patient has comorbidities or comorbidities.

The existence of comorbidities/disease has the potential to require additional hospital resources and will also require additional costs outside of Covid-19 disease (Kepmenkes RI, 2021). For this reason, the hospital must input data at the beginning if there are comorbidities/comorbidities through the e-claim application according to the ICD-10 code for diagnosis and action according to the ICD-9 CM code. Of course, if there are no examination results that support the patient's comorbid diagnosis, then the additional costs cannot be claimed. Because in determining a patient's comorbid diagnosis so

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that it can be claimed, there must be supporting examinations that show patients with comorbid / comorbid diseases.

#### **Causes of Ineligible Claims to Pay Covid-19 Patients Related to Incomplete Claim Documents**

Based on the results of the interview, it was stated that the claim documents that needed to be completed were the patient's identity, medical resume, lab examination sheets, and PCR results as well as chest photo results which showed the patient had pneumonia. According to KMK No.HK.01.07 of 2021, claim files uploaded via the E-Claim application consist of: medical resume, treatment room description, laboratory results, radiology results, other supporting results, drug/medical device prescriptions, billing (billing) hospital, patient identity card, patient certificate if the patient dies, and letter of approval/confirmation for reimbursement of Covid-19 insurance payments (Kepmenkes RI, 2021). One of the hospital's problems in submitting claims is that claims are not approved because the completeness of the documents submitted does not meet the requirements (Supriadi, 2019). If there is a discrepancy in the claim file with the requirements, the claim file will be returned by the verifier to the hospital for repairs. This claim file is very important in the process of submitting a claim as proof that the hospital has provided services to patients.

Based on the results of observations, the cause of claims for ineligibility for Covid-19 patients related to incomplete documents occurred in 2 patients. It can be said that the problem of incomplete documents is not a major influence in the occurrence of claims that are not eligible to pay for Covid-19 patients. However, the completeness of the documents in filing a claim remains an important factor so that the claim submission is accepted by the Ministry of Health.

#### **Causes of Claims Not Eligible to Pay Covid-19 Patients Related to Supporting Examinations Not in Accordance with Provisions**

Based on the results of the interviews, it was stated that supporting examinations must have lab results, chest photos, PCR results and EKG results. According to KMK No.HK.01.07 of 2021, one of the health services for Covid-19 patients being funded is diagnostic support examinations (laboratory and radiology according to the medical needs of Covid-19 patients). (Kepmenkes RI, 2021). If the supporting examination is not attached in accordance with the provisions, the maintenance fee cannot be claimed and is considered not worth paying for.

From the results of observations, there was 1 patient whose supporting examination did not comply with the provisions. Problems regarding supporting examinations that are not in accordance with the provisions do not really affect claims that Covid-19 patients are not eligible to pay. However, this remains an important matter in the process of claiming costs for treating Covid-19 patients.

#### **Causes of Claims Not Eligible to Pay Covid-19 Patients Related to Late Claims**

Based on the results of the interview, it was stated that the right time to carry out the claim so that there was no delay was 14 days. According to KMK RI No. HK.01.07 of 2021, submission of claims is made no later than 14 (fourteen) working days by the hospital. If after the specified time, the claim is declared a dispute. In this case clarification is required from the hospital, the dispute claim applicant must fulfill the required supporting data no later than 10 (ten) working days after receiving the notification of insufficient fulfillment of the requirements (2). And when passing from the specified time, then the claim is declared ineligible to pay. Delays in submitting claims will have an impact on hampering hospital operations such as delays in the availability of drugs and medical devices, and payment of employee incentives so that they can affect the quality of health services provided by the hospital. (Harnanti, 2018)

Based on the results of observations, the cause of non-payable claims for Covid-19 patients related to late claims occurred in 13 patients. This shows that the delay in claiming is the main cause of claims for non-payment of Covid-19 patients at the Indonesian Workers' Hospital Imelda Hospital. Because this happened to all patient documents that were declared unfit for payment from June to September 2021.

#### **4. CONCLUSION**

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Based on the results and discussion of the research on the Factors Causing Claims Not Eligible to Pay Covid-19 Patients at Imelda Indonesian Workers General Hospital, it can be concluded that the criteria for Covid-19 patients do not comply with the provisions, comorbid diagnoses do not comply with the provisions, claim documents are incomplete, examination supporting services are not in accordance with the provisions and delays in claims are the cause of claims that are not eligible to pay for Covid-19 patients. However, the main cause of unpaid claims is delays in claims that exceed the time limit set by the Ministry of Health. It is suggested to the Covid-19 claim unit that they should pay more attention and be careful about the due date determined by the Ministry of Health, so that there are no delays in claims for both Covid-19 patients and claims for other diseases. And so that hospitals make SOPs regarding claiming Covid-19 so that they can be carried out systematically and reduce the occurrence of errors. As well as continuing to remind claimants regarding the due date for claiming Covid-19 patients.

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