JPH RECODE October 2021; 5 (1): 1-7
http://e-journal.unair.ac.id/JPHRECODE
http://dx.doi.org/10.20473/jphrecode.v5i1.19848

DIGITAL VERIFICATION CLAIM SYSTEM (VEDIKA) BPJS KESEHATAN SIDOARJO REGIONAL PUBLIC HOSPITAL IN 2019

Sistem Verifikasi Digital Klaim (Vedika) BPJS Kesehatan di Rumah Sakit Umum Daerah Kabupaten Sidoarjo Tahun 2019

Muhamad Ahid[1], Christyana Sandra[1], Sri Utami[1]
[1]Jember University
ahidmuhamad123@gmail.com

ARTICLE INFO

Article History:
Received:
Juny, 12th, 2020

Revised:
From March, 18th , 2021

Accepted:
July, 14th, 2021

Published online:
September, 30th, 2021

ABSTRACT

*VEDIKA is a system developed by BPJS Kesehatan to reduce the claim of pending, accelerate the process of verifying claims, and reduce the operational burden of BPJS Kesehatan. This is as a follow-up to the emergence of hospital complaints regarding the implementation of INA CBG'S claim payment, The complaint has an impact on hospital satisfaction rate against BPJS Kesehatan decline. This study**to puspose** described the VEDIKA BPJS Kesehatan at Sidoarjo Regional Public Hospital in 2019. **Methode**This descriptive research was conducted by researcher Sidoarjo Regional Public Hospital. The unit analysis in this research is the installation of the Sidoarjo regional public hospital. All collected data and analytical techniques were presented in descriptive or narrative form and using univariate analysis. **Result:** The results showed that the submission of claims at the Sidoarjo Regional Public Hospital was adjusted to the VEDIKA system, the number of hospital staff supported the implementation of the VEDIKA system so that the implementation of the VEDIKA system at Sidoarjo Regional Public Hospital could be carried out properly. **Conclusion:** Sidoarjo Regional Public Hospital has adjusted to the VEDIKA BPJS Health system, but the implementation of the VEDIKA system is still not optimal in minimizing file returns, the use of the Vclaim application which often experiences server downs and maintenance class rights that do not appear in the system output.*
***Keyword:** VEDIKA, claim payment, and pending claim*

ABSTRAK

VEDIKA merupakan sistem yang dikembangkan oleh BPJS kesehatan untuk mengurangi klaim yang tertunda, mempercepat proses verifikasi klaim, dan mengurangi beban operasional BPJS kesehatan. Adanya sistem VEDIKA berawal dari munculnya keluhan rumah sakit terkait penerapan pembayaran klaim INA CBG's sehingga menurunkan kepuasan rumah sakit terhadap kinerja BPJS kesehatan. **Tujuan** penelitian adalah menggambarkan proses VEDIKA BPJS Kesehatan di RSUD Kabupaten Sidoarjo tahun 2019. **Jenis penelitian** yang digunakan dalam penelitian ini adalah Deskriptif dilakukan di instalasi Pejaminan RSUD Kabupaten Sidoarjo. Penelitian ini menggunakan unit analisis dengan mewawancarai semua petugas di instalasi penjaminan. Teknik penyajian dan analisis data dalam penelitian ini adalah bentuk uraian narasi dan univariat. **Hasil** penelitian menunjukkan bahwa pengajuan klaim di RSUD Kabupaten Sidoarjo sudah menyesuaikan dengan sistem VEDIKA, jumlah petugas rumah sakit menunjang dalam pelaksanaan sistem VEDIKA sehingga implementasi sistem VEDIKA di RSUD Kabupaten Sidoarjo dapat dilaksanakan dengan baik. **Kesimpulan** : gambaran RSUD Kabupaten Sidoarjo sudah menyesuaikan dengan sistem VEDIKA BPJS Kesehatan namun pada pelaksanaan sistem VEDIKA masih belum optimal dalam meminimalisir pengembalian berkas, penggunaan aplikasi *Vclaim* yang sering mengalami *server down* dan hak kelas perawatan yang tidak muncul pada *output* sistem.
Kata kunci: VEDIKA, pembayaran klaim, dan *pending* klaim.

JPH RECODE October 2021; 5 (1): 1-7
http://e-journal.unair.ac.id/JPHRECODE
http://dx.doi.org/10.20473/jphrecode.v5i1.19848

INTRODUCTION

Data from WHO related to the Universal Health Coverage (UHC) index put Indonesia as one of the countries with the highest achievement in 2013-2017 at 0.53%. One of the strategies to achieve UHC is increasing the individual health service which is the responsibility of the government through the National Health Insurance (JKN) claim mechanism for health facilities (Healthcare and Social Security Agency (BPJS), 2011). The JKN claim mechanism is divided into two procedures, including capitation and Indonesia Case Based Groups (INA CBG's).

Implementation of INA CBG's claim payments met some hurdles that occurred while claiming submission including the delay of the claim. Delayed claim cases occurred because the verifier, as the party who verify the claim, did not approve for the claim to be accepted by BPJS Kesehatan. Another obstacle was the verifier often gives a cross mark on the medical resume and does not confirm the hospital. These hurdles caused an impact on decreasing the health facilities' satisfaction with the policies of BPJS Kesehatan. As a follow-up on these obstacles, BPJS Kesehatan launched a new policy by changing the claim verification system called the VEDIKA system.

VEDIKA is a system that is being developed by BPJS Kesehatan to verify and minimize manual operation in hospitals. Other than that, the main purposes of this system were to increase the hospital satisfaction level with the performance of BPJS Kesehatan, reduce the operational burden of BPJS Kesehatan, and accelerate the claim verification process (Sandi, 2018). The implementation of the VEDIKA system adopted two features to verify the claim files, they were *Vclaim* and *Vidi*.

Circular Letter of Service Director of BPJS Kesehatan Number 18 of 2017 stated that the implementation of VEDIKA was carried out gradually started from January to December 2017. In the first semester of 2018, 1528 Advanced Referral Medical Facilities (FKRTL) throughout Indonesia have implemented the VEDIKA system, and the number increased to 2275 medical facilities in March.

According to data by the Indonesian Hospital Association (PERSI) in 2018, East Java was the first province with a trend of the increasing number of hospitals more than other provinces with a growth rate of 7-8%. Sidoarjo Regional Public Hospital was one of the FKRTLs in East Java appointed to implement the VEDIKA system and categorized as a class B hospital with the highest number of claims in East Java based on INA CBG's claim data from the Indonesian Ministry of Health in 2018.

The implementation of the VEDIKA system at the Sidoarjo Regional Public Hospital began in March 2018. At the beginning of the VEDIKA system implementation, the number of BPJS Kesehatan outpatient visits was 276,156, while inpatients reached 30,796 patients. During the implementation of VEDIKA, on average there were 106 files for outpatients and 213 files for inpatients each month, thus the files will be submitted in the following month. In terms of the amount of cash in Rupiah, the average monthly claim files returned by BPJS Kesehatan for outpatient was IDR 43,832,810.00 and IDR 148,114,170.00 for inpatient.

According to BPJS (2014), claim payments were made 15 days after the record was signed, however, delayed claim payments by BPJS Kesehatan were still frequently occurred. The last claim submissions for December and November 2018 issued by Sidoarjo Regional Public Hospital have not been paid by BPJS Kesehatan until February 2019.

The result of preliminary research by interviewing the Assurance Installation officer, the relocation of the file verification place which was originally located at the BPJS branch at Sidoarjo Regional Public Hospital and now moved to the BPJS Kesehatan Sidoarjo branch office, this condition made it difficult for BPJS and Assurance Installation of Sidoarjo Regional Public Hospital to do intensive coordination if there were any errors in filing.

From these data, it can be concluded that the Assurance Installation and the implementation of VEDIKA-based claim submission were still not optimally carried out in reducing claim file returns, and delayed claim payments by BPJS Kesehatan were still frequently occurred.

Based on these problems and considering that it was a very crucial matter as this affected the hospital cash flow, the

JPH RECODE October 2021; 5 (1): 1-7
http://e-journal.unair.ac.id/JPHRECODE
http://dx.doi.org/10.20473/jphrecode.v5i1.19848

researcher had an urge to conduct a study related to the BPJS Kesehatan VEDIKA system at Sidoarjo Regional Public Hospital in 2019. Thus, the purpose of this study was to describe the process component of the BPJS Kesehatan VEDIKA system at Sidoarjo Regional Public Hospital in 2019.

METHOD

This research was a descriptive study with a quantitative approach to observe a condition scientifically. The subject of this study was the Assurance Installation officer of Sidoarjo Regional Public Hospital, who was in charge of the VEDIKA system implementation. This study was undertaken from August 2019 to March 2020. The research sequence is as follows: wrote the research proposal, collected the data, identified the data, wrote the research report. Then, the results can be tested.

The data compiled in this study were primary data gathered through observation and interview with questionnaire as the interview guide with the officer, secondary data including the number of claims, the data of delayed claims and delayed payments at the Assurance Installation of Sidoarjo Regional Public Hospital.

This research was undertaken using a unit analysis technique involving 15 Assurance Installation officers of Sidoarjo Regional Public Hospital. They were the head of the Assurance Installation, Outpatient Care Monitoring and Evaluation Coordinator, Inpatient Care Monitoring and Evaluation Coordinator, Anti-fraud Officer, Hospital's JKN Control Officer, and *Vclaim* Entry Officer.

Data processing techniques were performed by editing, coding, and tabulating. Data were presented in the form of a narrative and were analyzed using univariate analysis. It aimed to examine several variables in the process components: planning, organizing, and actuating. This research has passed the ethical review with code number 893.3/0026/438.6.7/2020 on January 4, 2020, at Sidoarjo Regional Public Hospital. The ethical clearance was valid until January 2021.

RESULT

Planning

According to Nadzir (2013), planning is a process to determine the activities that must be done by a group to achieve the desired goals. Planning was a benchmark to facilitate the Assurance Installation to achieve a goal. The purpose of the Assurance Installation is to control claims appropriately with the best quality and proceed according to procedure based on applicable rules and policies.

Submitting claims planning was classified as a good category which was described by how Sidoarjo Regional Public Hospital routinely distributes collective claim files every the 10th of each month through the system (*Vclaim*) to BPJS Kesehatan. Furthermore, the hospital will send the entire complete files (hard file) to the BPJS Kesehatan branch office to support the files that have been sent. According to the respondent's statement, the target was all submitted claim files can be accepted by BPJS Kesehatan, but on average, 10% of the claim files were returned to the hospital every month for revision purposes.

Organizing

According to Herujito (2011), organizing is the activity of delegating works among group members and making terms in a relationship. In this research, organizing referred to the delegation of tasks to the Assurance Installation officer who understands and masters the VEDIKA system. The task distribution at Sidoarjo Regional Public Hospital was sufficient or good enough considering the adequate number of officers to supported the implementation of claim submissions and was suitable with the required competencies.

To execute claim submission, the Assurance Installation of Sidoarjo Regional Public Hospital had several divisions: Inpatient Care Monitoring Coordinator, Outpatient Care Monitoring Coordinator, and Coding Validation Claim Monitoring Coordinator. Every division was collaborating and integrating into submitting claims based on the VEDIKA system. The case-mix unit had seven doctor verifiers, five medical record clerks, six public health personnel, and several other supporting personnel who was in charge of the VEDIKA system exclusively. All of these staff have been adjusted between the job descriptions and their competencies, such as the JKN anti-fraud control team consisting of doctor verifiers, public health personnel, and medical record clerks. The claim entry officer commonly possessed a public health education

JPH RECODE October 2021; 5 (1): 1-7
http://e-journal.unair.ac.id/JPHRECODE
http://dx.doi.org/10.20473/jphrecode.v5i1.19848

background. The coding personnel was the medical record clerks, and everyone was responsible for sending the claim files to BPJS Kesehatan.

Claim Submission Implementation

According to Kartika (2014), if a filing of claim agreement took place, BPJS Kesehatan would make an official report thus it will be feasible for the claim payment to be proceed based on applicable regulations. The regulation or management series of the VEDIKA-based claim process to accelerate the claim submission, claim payment accuracy, and IT optimization. It can be concluded that not all part of the claim submission implementation followed the VEDIKA system implementation objectives as it made the claim submission process became quick and easy, which implied that the claim submission process took 15 days after the verification report was signed.

The VEDIKA system made the claim submission process faster and easier. It was due to BPJS Kesehatan offered to the hospital that the claim payment will be made 15 days after the verification report was signed. The claim submission process was convenient to do because the implementation was guided by the Standard Operating Procedure (SOP) from BPJS Kesehatan, hence the hospital quickly adapted to the new system. However, some of the respondents did not agree that the VEDIKA system affected the efficiency of human resources and infrastructure because the process of submission claim required many officers to send the collective files to BPJS Kesehatan. Other than that, the file returns including file purification, file returns that required confirmation, and pending files often encountered by the hospital.

***Vclaim* App Usage**

The Vclaim app is an application or software for several purposes such as making Participant Eligibility Letter (SEP), synchronizing patient discharge date data, approving SEP making, sending txt file to the verifier, and making SEP for referral needs (Iskandar, 2016). The result of the research showed that the implementation of the Vclaim app was yet running optimally in assisting the filing claim process. This was since the Vclaim app often crashes or stops functioning properly as the server usually gets down when sending the files. Server down in the Vclaim app occurs at least 1-2 times a week, this problem hinders the claim submission operational as the respondents' stated. In addition, there was the Vclaim app upgrade notification by BPJS Kesehatan without prior confirmation to the hospital, so that there was a lack of information in the hospital related to the use of the new system. Another obstacle regarding the Vclaim app operation encountered by the hospital was the right of service class did not appear in the Vclaim output, this made it difficult for the hospital to evaluate each claim submission

Standard Operating Procedure of VEDIKA System

Standard Operating Procedure (SOP) is a set of guidelines or instructions to ensure that the operational activity of an organization or company performs efficiently (Soemohadiwidjojo, 2014). SOP for VEDIKA system at Sidoarjo Regional Public Hospital was starting from filling the SEP number through *Vclaim*, then the entry process via INA CBG's E-claim, uploading txt file through *Vclaim* (send file menu), sending the claim files to BPJS Kesehatan branch office, the files arrived at the branch office, then calculating the files, verification report signing, and waiting about 15 days for claim payment. The SOP has been well implemented, it can be seen from the officers who excellently understand the SOP.

Socialization

Socialization is required to disseminate information about a program from one party to another (Health Department, 2005). BPJS Kesehatan organized socialization to the hospital in order to introduce the submission claim based on the VEDIKA system. The result of this study showed that BPJS Kesehatan did not carry out the early socialization of the implementation of the VEDIKA system related to *Vclaim* app upgrading. Furthermore, at the beginning of the VEDIKA system implementation, technical training was not executed by BPJS Kesehatan that the officers did not fully comprehend the system.

BPJS Kesehatan organized 2-3 times socialization related to the VEDIKA system for Sidoarjo Regional Public Hospital. These socializations were related to the technical implementation of the VEDIKA system whose target was hospital management. There was a lack of information regarding the VEDIKA system that the Assurance Installation of

JPH RECODE October 2021; 5 (1): 1-7
http://e-journal.unair.ac.id/JPHRECODE
http://dx.doi.org/10.20473/jphrecode.v5i1.19848

Sidoarjo Regional Public as the casemix unit Hospital did more coordination with PERSI to obtain detailed information about the implementation of VEDIKA.

Communication between Implementers

Communication between implementers in this study means the relationship between the officers in the implementation of VEDIKA-based claimed submissions, both between hospital staff and BPJS Kesehatan. Communication between hospital staff and BPJS Kesehatan was classified as poor category because there were perception differences and lack of communication in the implementation thus the claim submission became less than optimal.

Differences in perceptions between hospital staff and BPJS occurred especially related to their understanding about the Minister of Health Regulation Number 76 of 2016 on service episodes, for example, a patient who should have had 2 different service episodes but on the other hand when a claim was made, BPJS Kesehatan assumed that the patient was still in the first service episode. Another difference in perception was related to the accuracy of the diagnosis code on the document of the BPJS Kesehatan patient. The patient's diagnosis coding process which is not equipped with supporting assessment, such as laboratory test results, made the diagnosis code inaccurate and affected the pending claim so it needed to be reconfirmed by the doctor at the hospital.

VEDIKA System Document Completeness at Sidoarjo Regional Public Hospital

The documents that supported the preparation of VEDIKA-based claim submission were used as the basis to perform these activities.

Table 1. VEDIKA System Document Completeness at Sidoarjo Regional Public Hospital

No.	Document	No	Yes
a.	Collectively to BPJS Kesehatan Branch Office		
1	Absolute Responsibility Statement Letter		✓
2	Claim Examination Statement Letter from the Hospital's Anti-fraud Team		✓
3	Claim File Submission Letter		✓
4	Hospital's Claim Checklist		✓
b.	Completeness of the Advanced Outpatient Claim File		
5	Soft copy of the Hospital Claim Submission Output	✓	
6	Printout of the Hospital Claim Submission Output	✓	
7	Proof of Service		✓
8	Billing Fee Details		✓
9	Supporting Assessment Result		✓
10	Action Report		✓
c.	Completeness of the Follow-Up Hospitalization Claim File		
11	Participant Eligibility Letter (SEP)		✓
12	Printout of the Hospital Claim Submission Output		✓
13	Hospitalization Warrant		✓
14	Medical Resume		✓
15	Billing Fee Details	✓	
16	Billing Fee of Assessment Result		✓
17	Action Report		✓

Table 1 showed the result of observation regarding the file completeness used as a preparation process for sending claim files based on the VEDIKA system to BPJS Kesehatan. The files consisted of 17 items and the Sidoarjo Regional Public Hospital has completed the majority of the documents except for a few items, especially item number 5, 6, and 15, they were soft copy of the hospital claim submission output, printout of the hospital claim submission output, and billing fee details, respectively.

Based on the obtained observation result, for the collective documents that were fully complete that the file will be sent to BPJS Kesehatan with direct approval from the Hospital Director, they consisted of absolute responsibility statement letter, claim examination statement letter from the hospital's anti-fraud team, claim file

JPH RECODE October 2021; 5 (1): 1-7
http://e-journal.unair.ac.id/JPHRECODE
http://dx.doi.org/10.20473/jphrecode.v5i1.19848

submission letter, hospital's claim checklist. While the completeness of the advanced outpatient claim file, including soft copy of the hospital claim submission output, the printout of the hospital claim submission output, proof of service, billing fee details, supporting assessment result, and action report, were all available. Excluding the soft copy of the hospital claim submission output and printout of the hospital claim submission output, the hospital did not send these files to BPJS Kesehatan as the soft copy file was not meant to be sent to BPJS and per month, there were approximately thirty thousand printout files so it was impossible to be printed.

The completeness of the follow-up hospitalization claim file, including Participant Eligibility Letter (SEP), the printout of the hospital claim submission output, hospitalization warrant, medical resume, billing fee details, billing fee of assessment result, and action report. They were all available except the billing fee details as the soft file will be sent to BPJS Kesehatan and the assessment result files were not in a separate document but they have been incorporated into the medical resume document.

CONCLUSION

The planning and organizing of claim filing at Sidoarjo Regional Public Hospital were classified as good. However, the implementation of the VEDIKA system had not yet significantly affected to reduce the number of file returns and there was a lack of efficiency of infrastructures and human resources. The usage of *Vclaim* app was not optimally helpful for submission claim officers because there were some problems such as the app server usually gets down and the right of service class did not appear in the *Vclaim* output. Sidoarjo Regional Public Hospital has adjusted the implementation of claim submission SOP to the VEDIKA system guidelines.

The early socialization of the VEDIKA system implementation related to how to use the *Vclaim* app, the VEDIKA guideline, and system updating, were not often organized by BPJS Kesehatan at Sidoarjo Regional Public Hospital. Inadequate socialization held by BPJS Kesehatan affected the lack of knowledge of the officers in the implementation of the VEDIKA system. Regarding the communication between the implementers, the officers at Sidoarjo Regional Public Hospital and BPJS Kesehatan often have a different understanding of the regulation of service episode and the accuracy of the diagnosis code on the document of BPJS Kesehatan patient. Sidoarjo Regional Public Hospital has completed the majority of the documents except for a few items that did not have to be attached such as the printout of the hospital claim submission output.

SUGGESTION

BPJS Kesehatan is expected to redevelop the *Vclaim* app output by displaying the right of service class to facilitate the hospital to do evaluation and minimize server downs for the *Vclaim* app. BPJS Kesehatan needs to implement a paperless claim submission policy hence the hospital staff does not need to send the files to the branch office.

As an effort to minimize the file returns because of the file purification, file returns that required confirmation, and pending files, Sidoarjo Regional Public Hospital must organize training on coding guidelines, technical rules of the VEDIKA system in order to improve the understanding of the officers based of the applicable procedures. Conduct a benchmarking with other same-level hospitals to share and exchange ideas addressing the problem of file returns and obtain information related to VEDIKA system updating. In order to synchronize the perception about claim submission (for example the difference understanding about the regulation of service episode) between the top-level management to the lower level management of the hospital and BPJS Kesehatan, they are expected to conduct FGDs to reach a mutual agreement.

It is recommended for future researchers to examine the topic more deeply by linking the VEDIKA system with its impact on the Sidoarjo Regional Public Hospital's cash flow.

REFERENCES

BPJS. 2011. Buku pegangan sosialisasi Jaminan Kesehatan Nasional (JKN). Buku Pegangan. Jakarta: Kementerian Kesehatan Republik Indonesia. [Serial Online]. https://www.depkes.go.id/resources/jkn.pdf [26 Juni 2019]

BPJS. 2014. Petunjuk Teknis Verifikasi Klaim. Tersedia [Serial Online]:

JPH RECODE October 2021; 5 (1): 1-7
http://e-journal.unair.ac.id/JPHRECODE
http://dx.doi.org/10.20473/jphrecode.v5i1.19848

https://www.pemerhatiinacbg.or.id [20 Agustus 2019]

Kementerian Kesehatan Republik Indonesia 2016. Peraturan Menteri Kesehatan R.I Nomor 11 tahun 2016 Tentang Penyelenggaraan Pelayanan Rawat Jalan Eksekutif Di Rumah Sakit. Jakarta: Sekretariat kabinet Negara..

Herujito, Y. 2001. Dasar - Dasar Manajemen. Bogor: Grasindo.

Iskandar. (2016). Analisis Prosedur Klaim Badan Penyelenggara Jaminan Sosial (BPJS) Kesehatan di Rumah Sakit Bhakti Asih Brebes. Vol. 1 No.2 Jurnal Strategik , 10-14.

Kartika, D. (2014). Analisis Ketepatan Waktu Penyelesaian Klaim Rawat Inap Pasien BPJS di RSUD Dr. Adjidarmo Kabupaten Lebak . *Tesis*. Depok: Fakultas Kesehatan Masyarakat

Nadzir.M. 2013. Perencanaan Pembelajaran Berbasis Komputer . Volume 1 no. 2 *Jurnal Pendidikan Islam* 1(2), 1-4. Tersedia [Serial Online]. https://media.neliti.com/media/publications/117338-ID-perencanaan-pembelajaran-berbasis-karakt.pdf

PERSI. 2018. PERSI Data 2018: Jumlah RS di Indonesia Pertumbuhan RS Publik. [Serial Online] https://persi.or.id/images/2017/litbang/rsindonesia418.pdf

Kementerian Republik Indonesia. 2014. Buku Pegangan Sosialisasi. Jaminan Kesehatan Nasional (JKN). Jakarta: Sekretariat kabinet Negara. Soemohadiwidjojo. 2014. Mudah Menyusun SOP. Jakarta: Penebar Swadaya Grup

Sandi, P. 2018. Konsep dan Implementasi VEDIKA serta kelengkapannya. tersedia [online]: https://www.pemerhatiinacbg.or.id [20 September 2019]

WHO.2017. WHO Data 2017: Data Availability for UHC Index of essential service coverage (%). [Serial Online]. https://www.who.int/data/gho/data/indicators/indicator-details/GHO/data-availability-for-uhc-index-of-essential-service-coverage-(-) [14 November 2020]